Colorado Coalition for the Medically Underserved

2012 Issue Brief Series

Health Connections

HEALTH IN COLORADO

The Colorado Coalition for the Medically Underserved presents this summary brief as the conclusion to the Colorado Health Connections Issue Brief Series. Developed using Colorado health survey data, this series explores the connection between the health of Coloradans and other defining aspects of our lives—where we live, our educational attainment, our race, our incomes, and our interactions with the health care system. Together, the data shows the complex nature of individual and community health and the differences between the experiences of those in good health and those in fair or poor health.

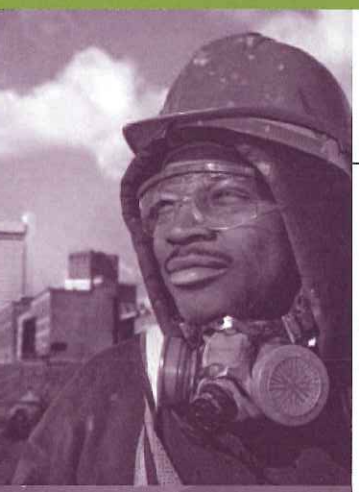
Q. Is there a connection between a person's health and life circumstances?

A. Data from multiple studies shows that our life circumstances, including interactions with the health care system, have a significant impact on our health.

The vast majority of Coloradans are in good health. However, data from the Colorado Health Access Survey shows that nearly 800,000 Coloradans, 15% of our population, are in fair to poor health (Fig. 1).[1]

Fig. 1: Self-Reported Health Status

Source: 2011 Colorado Health Access Survey



HEALTH & SOCIAL CONDITIONS

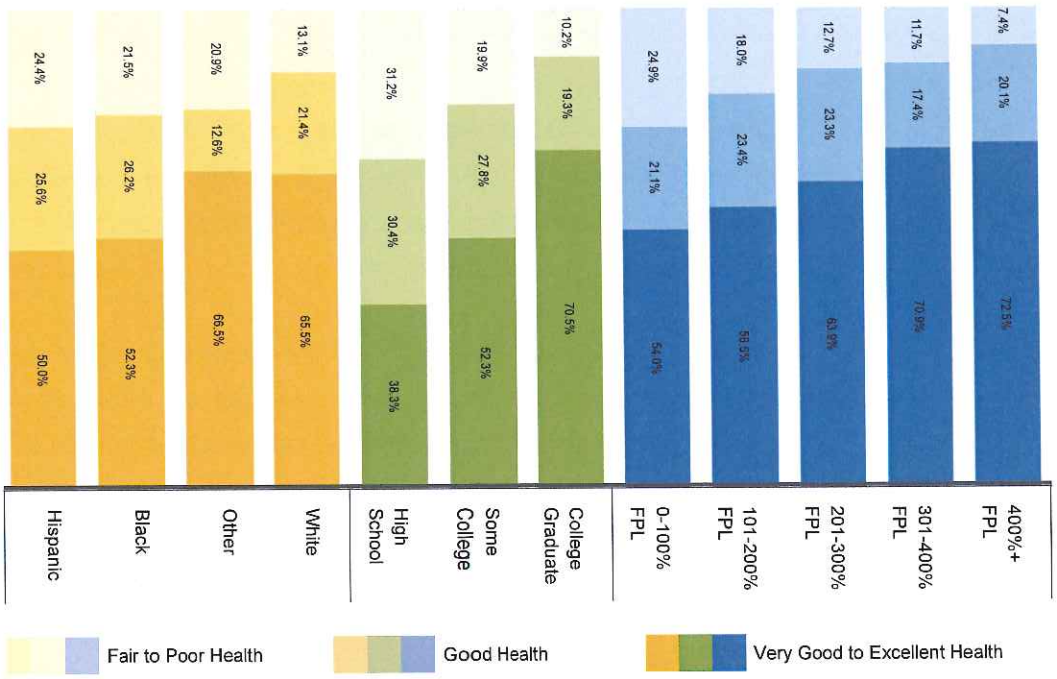
The circumstances of our lives—where we live, our educational attainment, and our racial and ethnic backgrounds—impact our health and well-being in significant and complex ways. Data from the Colorado Health Access Survey shows that Coloradans of racial and ethnic minority groups[2], those with lower educational attainment, and those with lower incomes are in fair or poor health more often than white Coloradans, Coloradans with higher educational attainment, and those with higher incomes (Fig.2).

The complex relationship between health and social conditions is well-documented. Poor access to care among some racial groups accounts for some of the differences in health; however, racial differences in key factors that affect our health, such as living and working conditions, educational attainment[3], and poverty[4], also play a role (Fig. 3).[5]

Education impacts health in part because higher educational attainment enables better job opportunities and higher incomes, greater levels of understanding about health and healthy behaviors, and improved community and social factors—including social standing and social supports.[6] Families with higher incomes are often able to afford better quality housing, healthier foods, and more educational opportunities. Families with lower incomes may have difficulty providing the same resources for their families.[7]

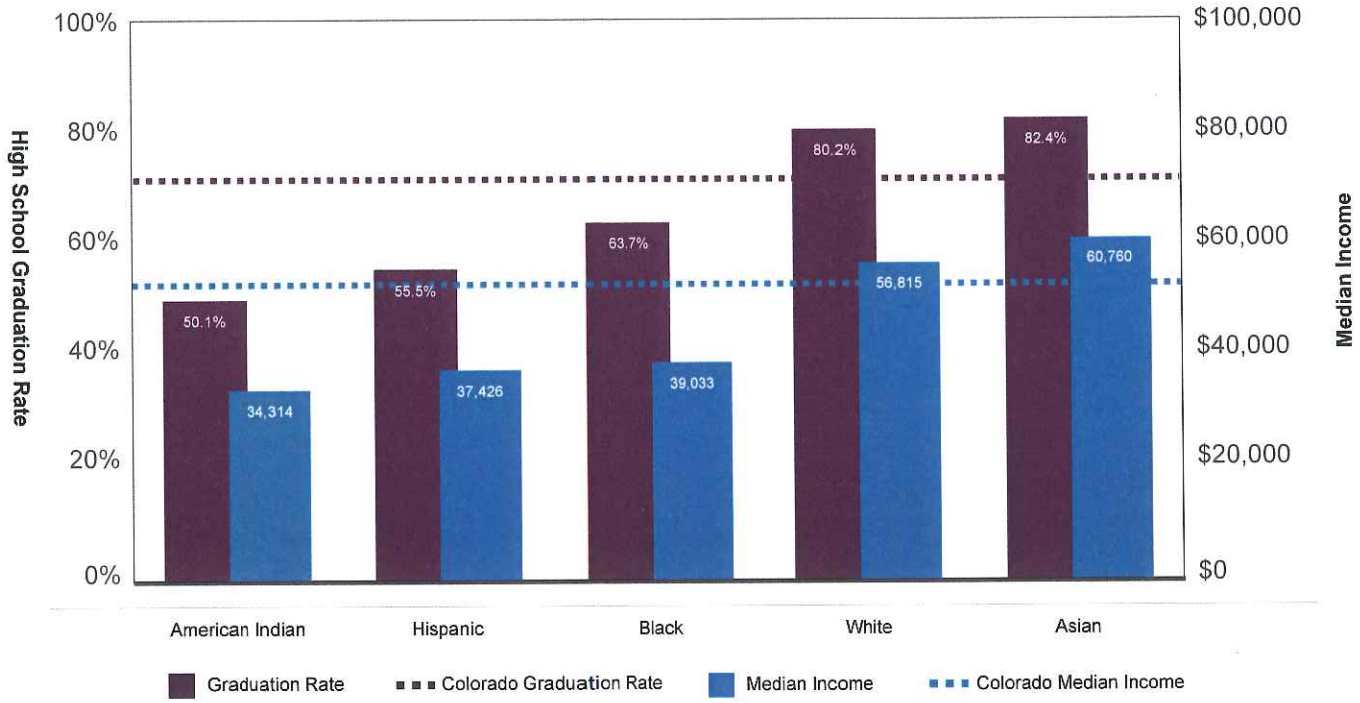
Data from the Colorado Department of Education and the United States Census indicates that there are notable differences in high school graduation rates and median household incomes among the various racial and ethnic groups in Colorado. There is a clear interdependence between social conditions and health. As we work to improve health in Colorado, these connections require that we approach public policy and health improvement initiatives in communities with a broad focus that includes addressing both health and social issues concurrently.

Fig. 2: Health Status by Race, Education, and Income

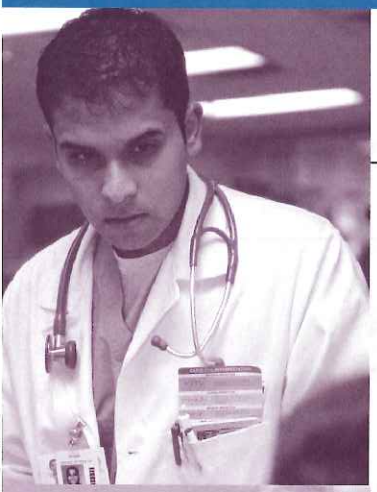


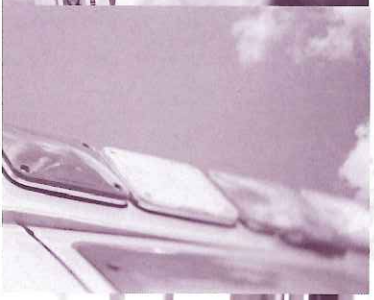
Source: 2011 Colorado Health Access Survey

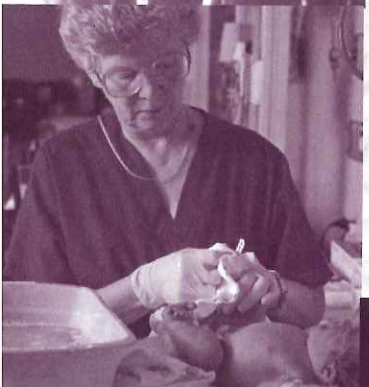
Fig. 3: High School Graduation Rate and Median Income by Race



Source: 2010 Colorado Department of Education and 2010 American Community Survey







HEALTH & THE HEALTH CARE SYSTEM

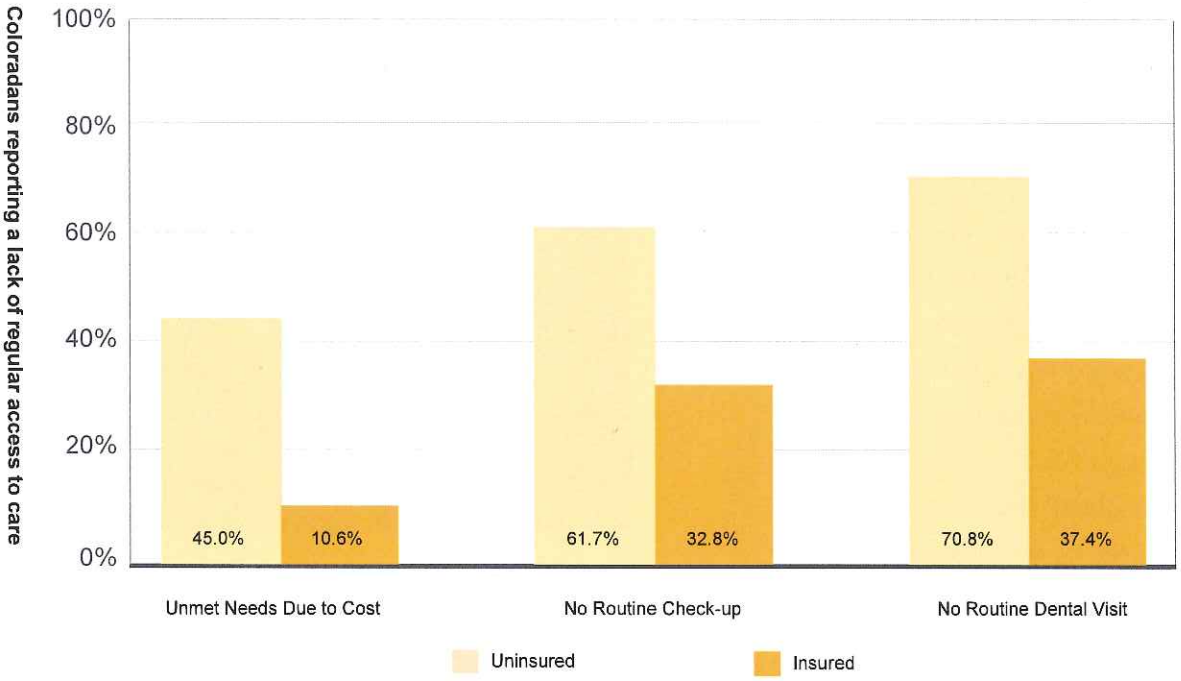
Access to health care has an impact on health, whether the impact is immediate—through the delivery of needed health care services—or longer term—because of access to important preventive services such as immunizations, screenings, or health advice.

One important factor in access to health care is health insurance. Health insurance alone doesn't ensure an individual's health, but it does afford more consistent access to the health care system. Individuals with health insurance are less likely to have unmet health needs due to cost and more likely to have routine check-ups and dental visits than those who do not have health insurance (Fig. 4).[8]

Differences in racial and ethnic backgrounds, levels of educational attainment, and family income add further complexity to the health insurance coverage picture in Colorado. Health insurance coverage for Coloradans is lowest among Hispanic Coloradans, Coloradans with lower levels of educational attainment, and Coloradans with lower incomes (Fig. 5).[9] Since health insurance plays such a critical role in access to health care, it is important to understand and account for these differences as we pursue efforts to improve health insurance coverage and access to health care in Colorado.

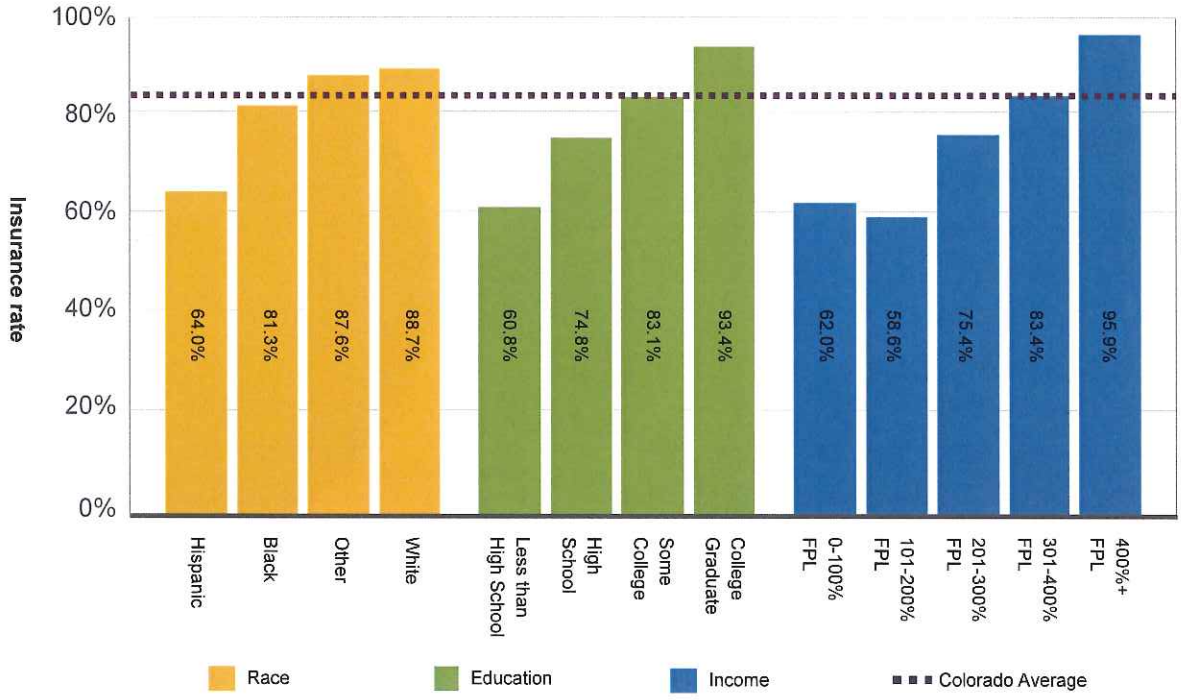
Health insurance is not the only factor that impacts access to health care. Colorado's unique geography also plays a role in health. Across the state there are geographically isolated urban centers surrounded by diverse suburban and rural communities. Nearly 77% of our state, or 80,000 square miles, is rural. Coloradans living in rural areas tend to be older and have lower incomes compared to urban dwelling Coloradans[10], which can affect their ability to access needed care. In each of our communities there are unique economic conditions, health care system resources, and community characteristics that impact health.

Fig. 4: Access to Health Care by Insurance



Source: 2010 Behavioral Risk Factor Surveillance System Survey

Fig. 5: Insurance Rates by Race, Education, and Income

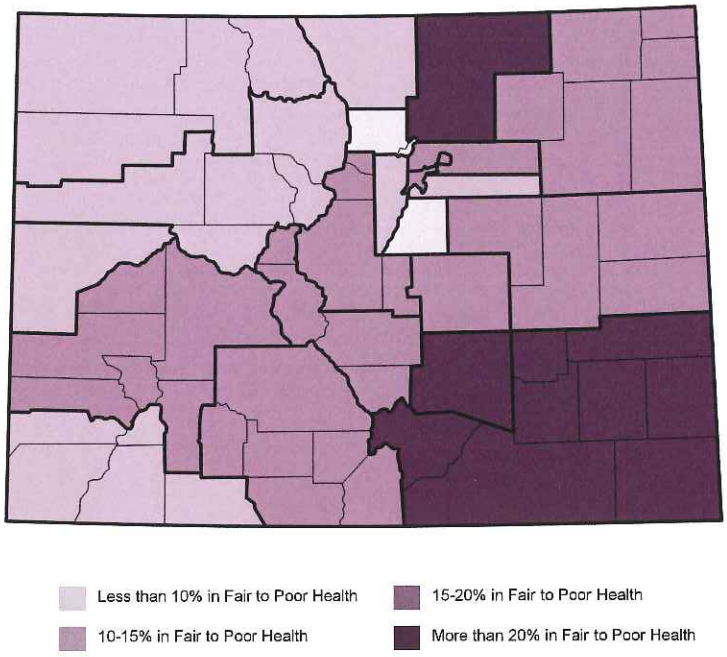


Source: 2010 Behavioral Risk Factor Surveillance System Survey

Data from the Colorado Health Access Survey shows differences in health across Colorado. Over 20% of Coloradans living in areas of Northeast and Southeast Colorado are in fair or poor health. In comparison, 10% of Coloradans living in Broomfield, Boulder, and Douglas counties are in fair or poor health (Fig. 6).[1] In order to successfully improve health in Colorado, we must think carefully about the unique needs of these individuals and communities when creating public policy or launching community health initiatives.

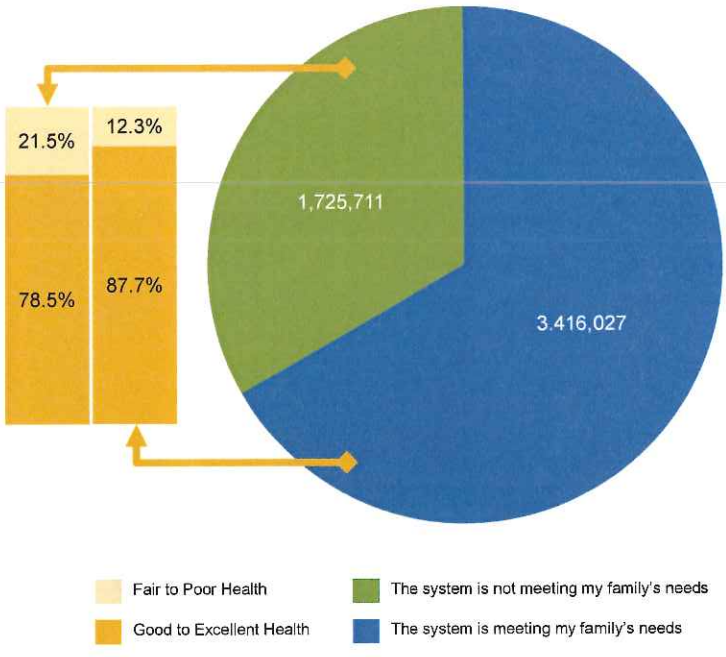
Another interesting component of the connection between the health care system and the health of Coloradans is our overall satisfaction with the system. Data from the Colorado Health Access Survey shows that over 1.7 million Coloradans, one-third of our state's population, report that the health care system is not meeting their family's needs.[1] Of these Coloradans, nearly 80% are in good to excellent health and just over 20% are in fair or poor health. By comparison, 12% of the 3.4 million Coloradans who report that the health care system is meeting their family's needs are in fair or poor health (Fig. 7). The perspectives of Coloradans about how well the health care system is meeting their family's needs makes it clear we have work to do to improve the health care system for all Coloradans.

Fig. 6: Health Status by Health Statistic Region

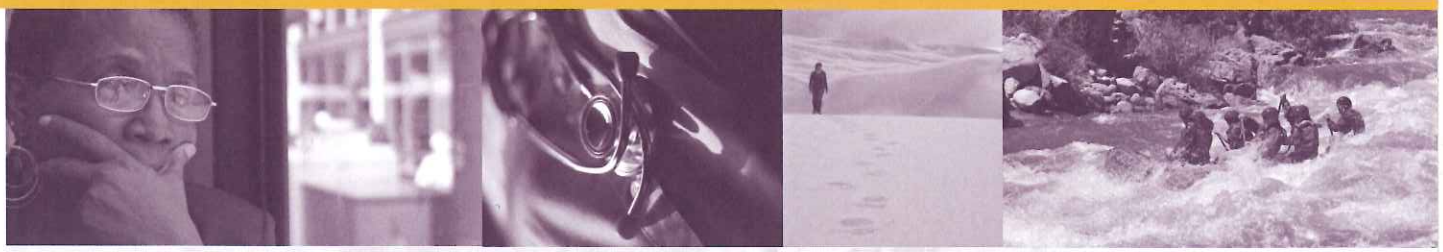


Source: 2011 Colorado Health Access Survey

Fig. 7: Satisfaction with the Health Care System



Source: 2011 Colorado Health Access Survey



CONCLUSION

The evidence is clear: our health is impacted by social conditions and our interactions with the health care system. Many Coloradans enjoy good health and report that the health care system in Colorado is meeting their family's needs, but not all share this experience, and some face poorer prospects for good health and health care.

To maximize health in Colorado, we must broaden our thinking about health to something that starts in our families and communities and is impacted by our race, our education, our income and the availability of health care services. The more we think of health this way, the more opportunities we have to improve it, and the more we are able to pursue policy and community health systems changes that will enable everyone in Colorado to have the opportunity to live a healthy life.

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[1] Colorado Health Access Survey. 2011. Denver, CO: The Colorado Trust. The 2011 CHAS was a telephone survey of 10,000 randomly selected households in Colorado, administered from May 2011 to August 2011. The CHAS was funded by The Colorado Trust and administered by the Colorado Health Institute. The CHAS was stratified by the 21 Health Statistics Regions (HSRs) developed by the Colorado Department of Public Health and the Environment (Figure 1), and as a result is a reliable source of sub–state estimates on health insurance, etc. All estimates have been weighted to the 2011 Colorado population.

[2] "Other" is defined as Asian American, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or some other race.

[3] High School Graduation Rates. 2010, Denver, CO: Colorado Department of Education.

[4] Median Household Income, American Community Survey. 2010. Washington, DC: US Census Bureau.

[5] Race and Socioeconomic Factors Affect Opportunities for Better Health, 2009. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

[6] Education Matters for Health, 2009. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

[7] Overcoming Obstacles to Health, 2008. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

[8] Behavioral Risk Factor Surveillance System Survey Data, 2000 and 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. This analysis was published in Virtually Every State Experienced Deteriorating Access to Care for Adults over the Past Decade. 2012. Princeton, NJ: The Robert Wood Johnson Foundation and Urban Institute. Kenney, GM, et al.

[9] Behavioral Risk Factor Surveillance System Survey Data, 2010. Atlanta, Georgia: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention. The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

[10] Snapshot of Rural Health in Colorado, 2011 Edition. Colorado Rural Health Center, The State Office of Rural Health. Aurora, CO.

[11] Where We Live Matters for our Health: Neighborhoods and Health Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

We believe everybody should have the opportunity to lead a healthy life. We are an agent of change. Thought leaders. Collaborators. Advocates.

Colorado Coalition for the **Medically Underserved**

Contact CCMU

› **Website:**
www.ccmu.org

› **Phone:**
720.583.1760

› **Mailing Address:**
PO Box 18877
Denver, CO 80218

› **Email:**
inquiry@ccmu.org