

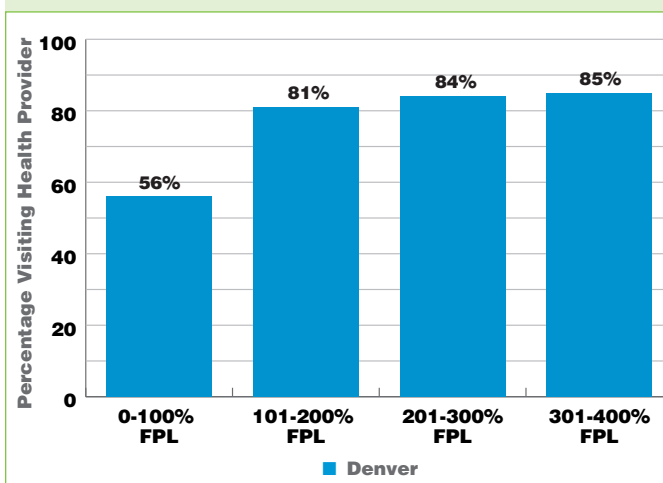
ACCESS TO HEALTH CARE

Overview

Denver has many health disparities. Access to health care and the ability to control or recover from an illness are not the same for everyone. Socioeconomic factors are important as poverty reduces access to care and impacts health status. Families with higher incomes are more likely to have health insurance benefits, receive care, and feel better about their health (FIGURES 1 AND 2).

FIGURE 1

Percentage who Visited a Provider in the Past 12 Months by Income Level* DENVER, 2008 AND 2009



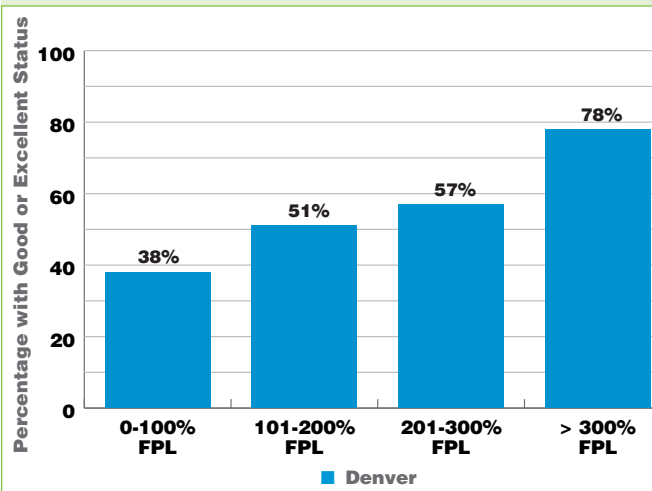
In 2011, the Federal Poverty Level (FPL) for a family of four was \$22,350 in gross yearly income. People living below 100% of that level are less likely to visit a provider. Income has a major effect on access to care through insurance status.

SOURCE: Colorado Household Survey

*Income is shown as a percentage of the Federal Poverty Level (FPL)

FIGURE 2

Percentage Self Reporting Health Status as Very Good or Excellent by Income Level* DENVER, 2008 AND 2009



As income increases, the percent of people reporting their health status as “very good or excellent” increases.

SOURCE: Colorado Household Survey

*Income is shown as a percentage of the Federal Poverty Level (FPL)

In recent surveys, more Denver residents (21%) lacked health insurance benefits as compared to elsewhere in Colorado (16%) (FIGURE 3). Hispanic, American Indian, and Alaskan Native communities were more likely to be uninsured (FIGURE 4). However, fewer uninsured people in Denver (32%) avoided medical care due to cost, as compared to Colorado (44%) (FIGURE 5). Access to safety-net clinics improves the likelihood that residents will seek care earlier and more frequently. The Colorado Indigent Care Program (CICP) supports increased access through safety-net clinics. Denver is among the highest CICP-funded counties in Colorado, supporting increased access and utilization (FIGURE 6). For CICP patients, Denver Health and its network of eight Federally

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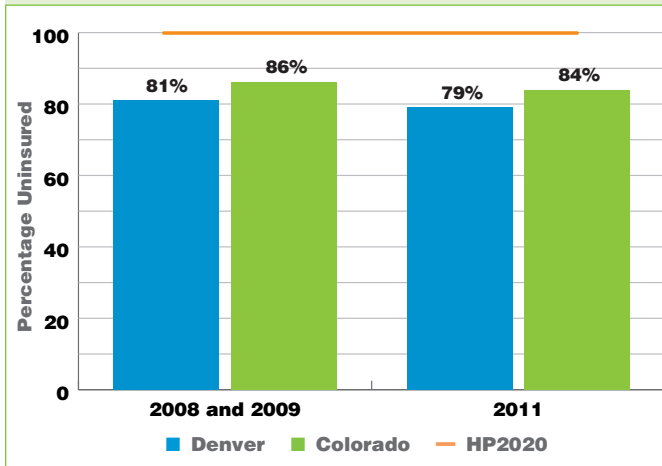
Cost Facts

- Health spending in the U.S. averaged \$8,086 per person in 2009. This equals \$2.5 trillion, or 18% of the U.S. economy. This is up from 13% of the GDP in 1990.⁴
- A middle-income family seeking individual coverage typically spends 22% of household income on health care. This is compared to 8% for employer-sponsored coverage. Family coverage premiums through an employer rose to \$15,073 in 2011, a 160% increase since 1999. On average, workers paid \$4,129 of that total in 2011. This is an almost 50% increase in worker contribution since 2005.⁵⁻⁷

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FIGURE 3

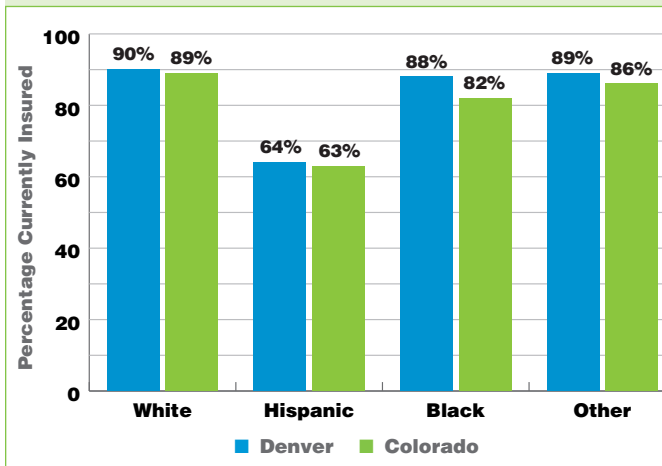
Percentage Currently Insured
DENVER AND COLORADO, 2008 - 2009



The percentage insured has increased over the past 2 years.
SOURCE: Colorado Household Survey and Colorado Health Access Survey

FIGURE 4

Percentage Currently Insured by Race and Ethnicity
DENVER AND COLORADO, 2009



Ability to access health care is often associated with access to health insurance. The proportion of people with no insurance is significantly higher for Hispanic populations when compared to other racial and ethnic groups.

SOURCE: Behavioral Risk Factor Surveillance System

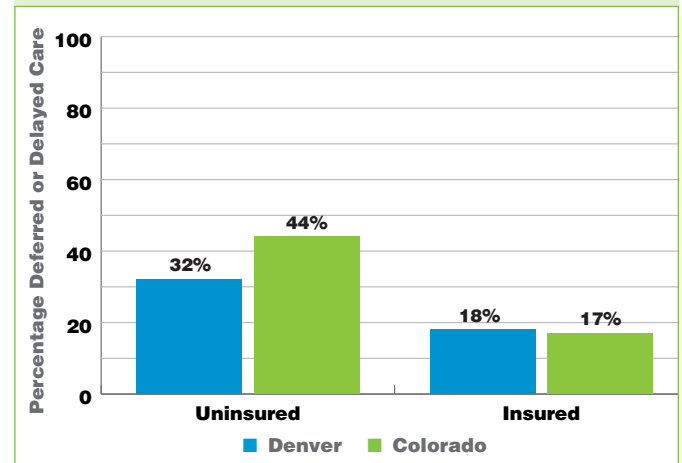
Qualified Health Centers provide access to both primary and specialty care services. However, access to CICIP-supported care through other safety-net providers often does not include comprehensive specialty care. For some people in Denver, specialty services are often difficult or impossible to obtain.

The Federal Poverty Level for a family of four is \$22,350 of income per year.² Poverty (living at or below 100% of the Federal Poverty Level) is greater in Denver (one in four) as compared to the rest of Colorado (one in five). Eligibility for CICIP and other insurance programs are determined by family income, but families with lower income are often unaware of these programs. Many children eligible for Child Health Plan Plus (CHP+) or Medicaid are not enrolled in these health benefit plans. In 2010, the Affordable Care Act was signed into law by President Obama. This Act will expand health insurance coverage by expanding eligibility to Medicaid and subsidizing the cost of purchasing health insurance among low-income families. The majority of these changes are to take place by 2014. Greater access to health care increases availability of preventive care and decreases illnesses and preventable deaths.

Access to dental insurance coverage is also related to income. Dental visits in the past 12 months increase with higher income (FIGURE 7). At the Federal Poverty Level income, dental coverage and care is limited. While brushing, flossing, and eating a balanced diet are important, regular dental visits can help spot oral health problems early when treatment is likely to be simpler and more affordable. Oral health is also an important part of overall health: recent research suggests an association between gum disease and serious health conditions such as heart disease, stroke and diabetes.³

FIGURE 5

Percentage Who Deferred or Delayed Care During Past 12 Months Due to Cost, DENVER AND COLORADO, 2008 - 2009



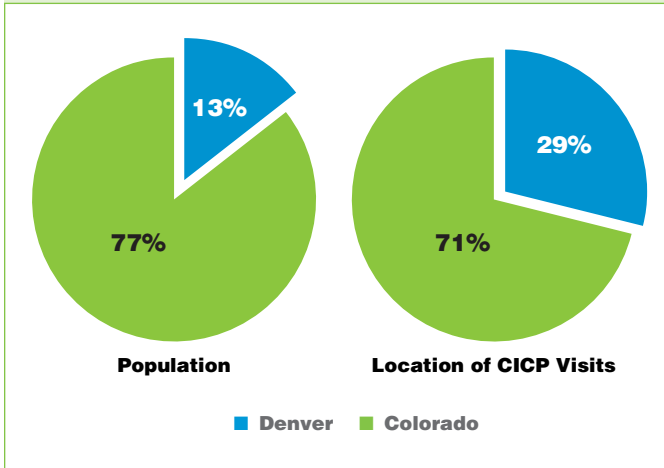
Insurance does not guarantee health care. Regardless of insurance status, many people choose to defer care (e.g., not fill a prescription or not go to a doctor or specialist). Among the uninsured, the deferral of care rate is lower in Denver than the rest of Colorado.

SOURCE: Colorado Household Survey

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FIGURE 6

Use of Colorado Indigent Care Program (CICP)
DENVER AND COLORADO, FISCAL YEAR 2009 AND 2010

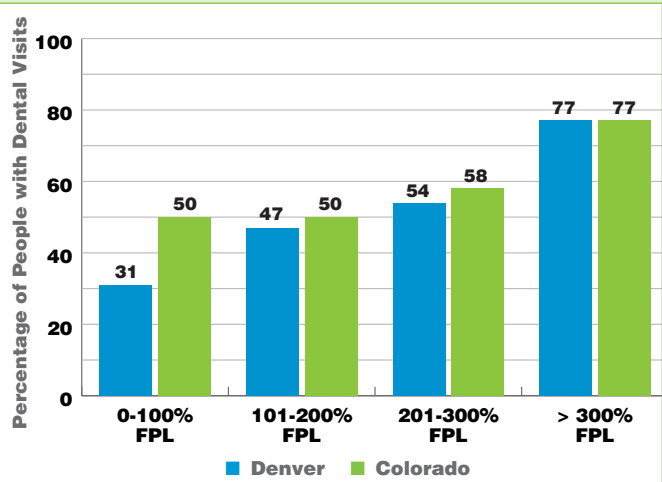


Denver actively enrolls and provides CICP services to residents. Of CICP recipients, 13% live in Denver but 29% of CICP visits and hospitalizations statewide are for Denver residents.

SOURCE: Department of Health Care Policy and Financing

FIGURE 7

Dental Visit in the Past 12 months by Income Level*
DENVER AND COLORADO, 2008 AND 2009



The percentage of people with a dental visit in the past 12 months increases with higher income.

SOURCE: Colorado Household Survey

*Income is shown as a percentage of the Federal Poverty Level (FPL)

Local Story

CICP: The Challenges of Specialty Care

CICP provides health care to residents who would otherwise have no access to care. A 75-year old female Denver CICP patient was seen at the Colorado Alliance for Health Equity and Practice, a safety-net clinic. She complained of shortness of breath when moving about. Her clinic accepted Colorado Indigent Care Program (CICP) funds so she was able to be seen, but they did not have a cardiologist on staff. The family searched unsuccessfully for two months to find a specialist that accepted CICP, or would agree to set up a payment plan. One evening, the patient was seen in the Emergency Department. By the end of that night, she was referred to a hospice and died shortly thereafter.



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Comparison Story

Oregon: Does Medicaid Make a Difference?

In 2008, Oregon wanted to offer Medicaid to more residents. Funds were available for only 10,000 more residents. Since 90,000 applied to receive Medicaid, government officials decided to pick residents by lottery. This created a chance to study how insurance affects health care use. It was discovered that people who received Medicaid were more likely to go to a clinic or see a doctor. They were also less depressed and better able to maintain financial stability. They were more likely to use prescription drugs, or be admitted to a hospital. They felt better and were more likely to say their health was good or excellent. Medicaid did what all insurance—homeowner's, auto, health—is designed to do: shield people from financial catastrophe. Those with insurance were less likely to have an unpaid bill sent to a collection agency. They were less likely to borrow money or fail to pay other bills because they had to pay medical bills. Study findings showed what relief health insurance brings and how much health insurance can improve health status.⁸



Did You Know

- In 2009-2010, Denver's school-based clinics had 8,622 users. These users had a total of 32,000 visits for medical, mental, and health education services. Of these, 19,442 were medical visits.⁹
- Almost 28% of pregnant women in Denver delay prenatal care, starting care after the recommended 1st trimester of pregnancy.¹⁰
- Annually, the U.S. pays \$2,500 to \$5,000 more per person on health care than in Japan and countries in Europe.⁷