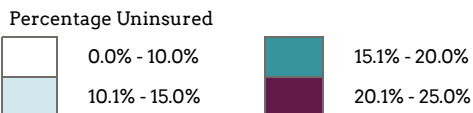
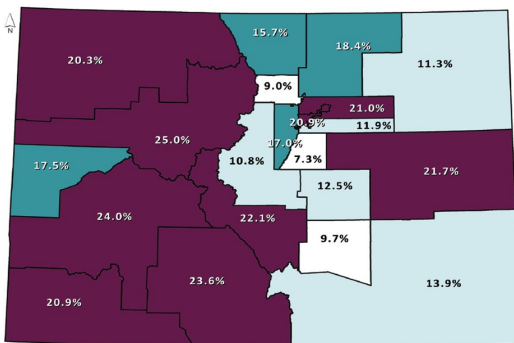


Fact Sheet: Health Care Access

Since early 2011, Colorado HealthStory has been collecting stories from around the state about Coloradans' experiences with health. From these stories, several common themes emerged. Trouble accessing health care is an issue in both rural and urban communities across the state. These storytellers are not alone. Data shows that many Colorado residents face significant barriers to accessing their basic health care needs.

Uninsured Rates in Colorado, 2011



Source: The 2011 Colorado Health Access Survey

Health Insurance Coverage

In 2011, 829,000 Colorado residents (one in six) were uninsured.¹ An additional 675,000 Coloradans are underinsured, meaning they have insurance, but cannot afford to pay co-pays and other out-of-pocket health care expenses.¹ In total, there are 1.5 million uninsured and underinsured Coloradans.

Coloradans living in rural areas are more likely to be in this situation because of the high number of self-employed farmers, ranchers and small business owners, as well as those working in low-wage positions in the service industry. Those employees that are offered insurance typically have limited options for carriers and face high premiums.²

Health Care Access

Even for individuals with health insurance, access to high quality and timely health care is not guaranteed. Access to care is limited for three main reasons:

1. Too few primary care providers in Colorado (particularly in rural areas)
2. Lack of after hours care options
3. Not being able to get a timely appointment.^{1,3}

A lack of access results in more visits to the emergency department, the most expensive and inefficient place to get care.

Approximately 12% of Coloradans did not have a “usual source of care” in 2011. A usual source of care, or a “health care home”, is a doctor’s office, a community clinic, or a local health department, where a family or an individual goes for basic health care, such as check-ups, sick visits, minor accidents, treatment of chronic diseases, and immunizations. Patients with a sustained health care home are more satisfied with their care, take advantage of more preventive care measures, and utilize the emergency department less frequently.⁴

Access to specialty care is a particular concern for Coloradans. When certain specialty care is not available in rural areas, residents must travel to urban centers, such as Denver, adding transportation and time costs to their bottom line.⁵

Conclusion

Getting everyday Coloradans involved in the conversation about health in their community is critical, because those decisions are too important and too personal to be made only by someone else. Colorado HealthStory invites you to join the conversation and get involved in the health of your community.

¹ Colorado Health Access Survey. Colorado Health Institute (2011).

² The Magnitude of Underinsurance in Colorado Issue Brief, The Colorado Trust (2010).

³ County Health Rankings. Colorado Health Factors. Available at: <http://www.countyhealthrankings.org>. Accessed on May 30, 2012.

⁴ Gill JM, Fagan HB, Townsend B, and Mainous AG 3rd. Impact of providing a medical home to the uninsured: evaluation of a statewide program. *Journal of Health Care for the Poor and Underserved*. 2005; 16(3): 515-35.

⁵ Summit County Health Needs Assessment 2007. Corona Research.

Join the Conversation

Colorado HealthStory is working to create an appreciation of our shared experiences of health, one conversation at a time. It is a project of the Colorado Rural Health Center, the Colorado Coalition for the Medically Underserved and ClinicNET, and is funded by The Colorado Trust and the Colorado Health Foundation.

 coloradohealthstory.org

 [facebook.com/coloradohealthstory](https://www.facebook.com/coloradohealthstory)

 twitter.com/cohealthstory

Lamine



“I remember a friend of mine was waiting until the point he was crying to go to the doctor. He said, ‘If they send me a bill how am I going to take care of my family?’ It’s really sad for me to immigrate to the United States and find that the best, the greatest country in the whole world lacks health care.”

Ken & Charlette



“We had to find another insurance company, and then I couldn’t find anybody that would take me because I had a preexisting condition. Finally we found one HMO that would accept me. There are a lot of things that you could get on Medicare that I can’t get because I’m in an HMO.”

Tesfahunega



“In 2006, they diagnosed me with congestive heart failure. Since I don’t have no insurance I always go to the Emergency Room. I’ve been going back and forth for over 1500 times. I used to drive city buses; I used to work in shops. But I couldn’t perform none of those. So I applied for disability, and they denied it. They give you phone numbers where it just keeps ringing, ringing, ringing just to get an appointment. Where do you go?”