

2 ACCESS TO HEALTH CARE

Access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life. Access to quality health care includes services such as preventive, primary, emergency, long-term or rehabilitative care, mental health care, and dental care. Many factors influence access to health care, such as cost, health insurance coverage, having a usual source of care, and patient and provider beliefs and understanding about health care and preventive care needs.

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2.1 ADULT HEALTH INSURANCE COVERAGE

HP 2010 Objective 1-1: Increase the proportion of persons with health insurance to 100%.

Jefferson County Status: 91% of respondents to the 2003 Community Health Survey had health insurance coverage.

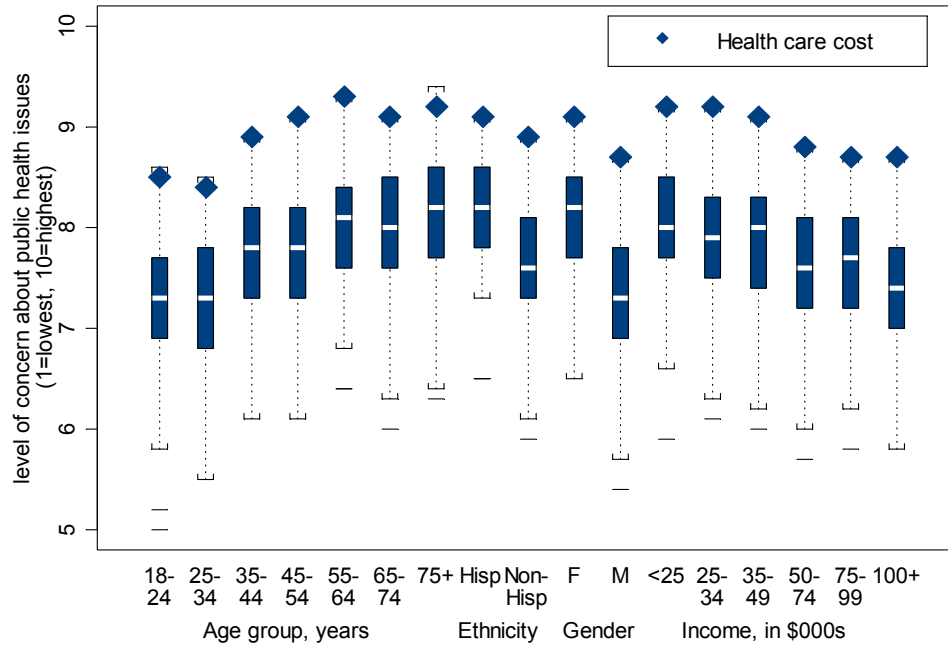
An important measure of access to quality health care is the ability to pay for care. Although coverage by health insurance assists with affordability of and access to health care, high premium costs create an additional barrier.

The proportion of people in the U.S. with health insurance coverage declined during the 1980s. Since then, the proportion has remained essentially level, at about 85% between 1989 and 1997 for persons under 65 years of age. In Colorado in 2001, 85% of adults were covered by some form of health insurance⁵. Disparities for health insurance coverage among special population groups are notable by age, gender, race and ethnicity.

Jefferson County Findings

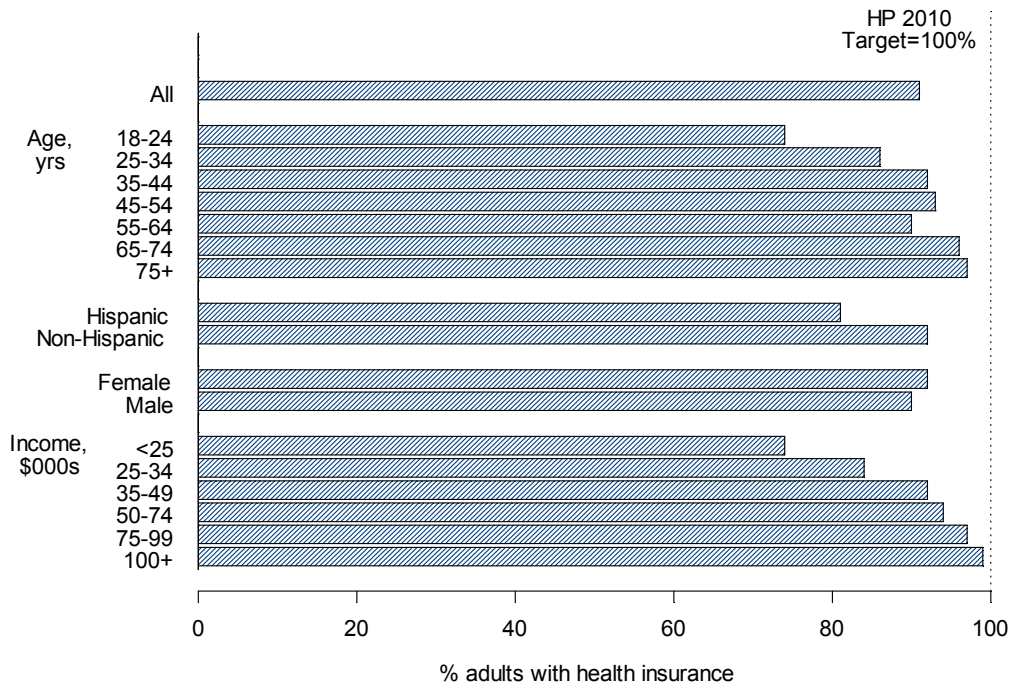
- Respondents to the 2003 Community Health Survey ranked cost of health care as their greatest concern among all public health issues. This high level of concern spanned all age, gender and ethnic groups (Figure 2.1).
- Overall, county residents had a higher level of insurance coverage than did the state: 9% of county survey respondents reported they had no health insurance coverage (Figure 2.2). In 2000-2001 in Colorado, 16% of respondents to the Behavioral Risk Factor Surveillance System⁵ reported having no health insurance. In Jefferson County there are an estimated 48,000 adults aged 18 years and older who lack health insurance coverage.
- Health insurance coverage was lowest among young adults aged 18 – 24 years, Hispanics and those in the lowest income categories.
- According to results from the 2003 Community Health Survey, the highest proportion of adults lacking health insurance coverage, by location in the county, was in the central-eastern sector, including portions of Edgewater and Lakewood (Figure 2.3). Uninsured rates reached 22% in this area.

Figure 2.1. Level of concern about health care cost by age, ethnicity, gender and household income, 2003



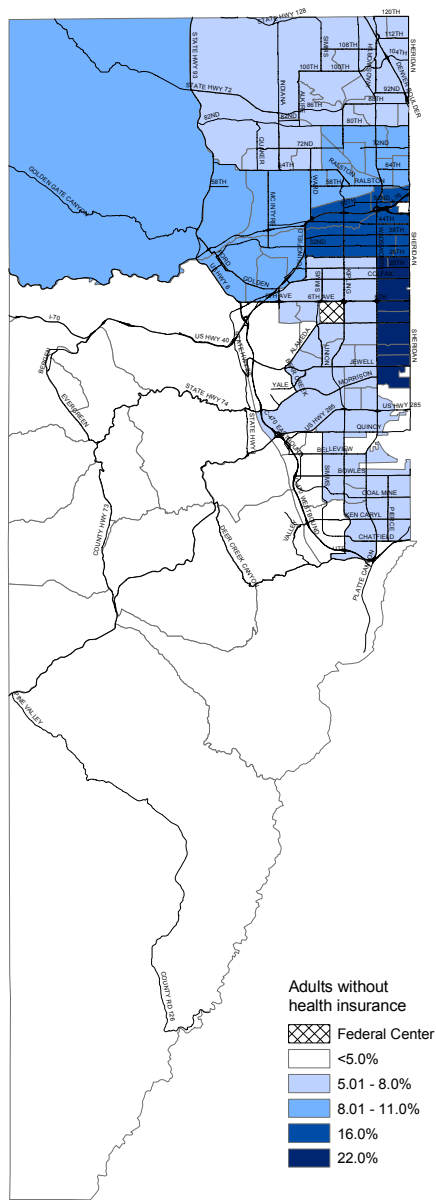
Source: JCDHE Community Health Survey, 2003

Figure 2.2. Health insurance coverage among adults, by age, ethnicity, gender and household income, 2003



Source: JCDHE Community Health Survey, 2003

Figure 2.3. Percent of adults without health insurance coverage in Jefferson County 2003 JCDHE Community Health Survey.



2.2 COVERAGE AMONG INSURED ADULTS

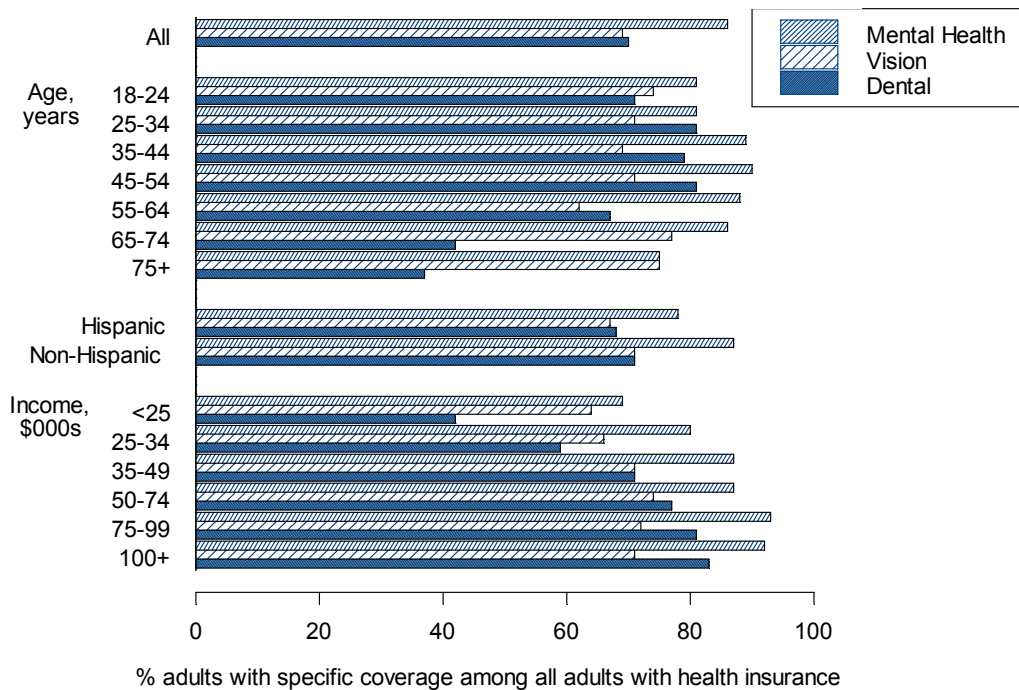
HP 2010 Objective 1-2 (Developmental, targets not yet set): Increase the proportion of insured persons with coverage for clinical preventive services.

In the U.S., insurance coverage for specific services improved substantially during the 1990s, but there remains significant variability in the type of services covered depending on the plan and type of insurance. Although health insurance coverage by itself is not sufficient to eliminate existing gaps in the delivery of preventive services, it is an important factor influencing who receives recommended services.

Jefferson County Findings

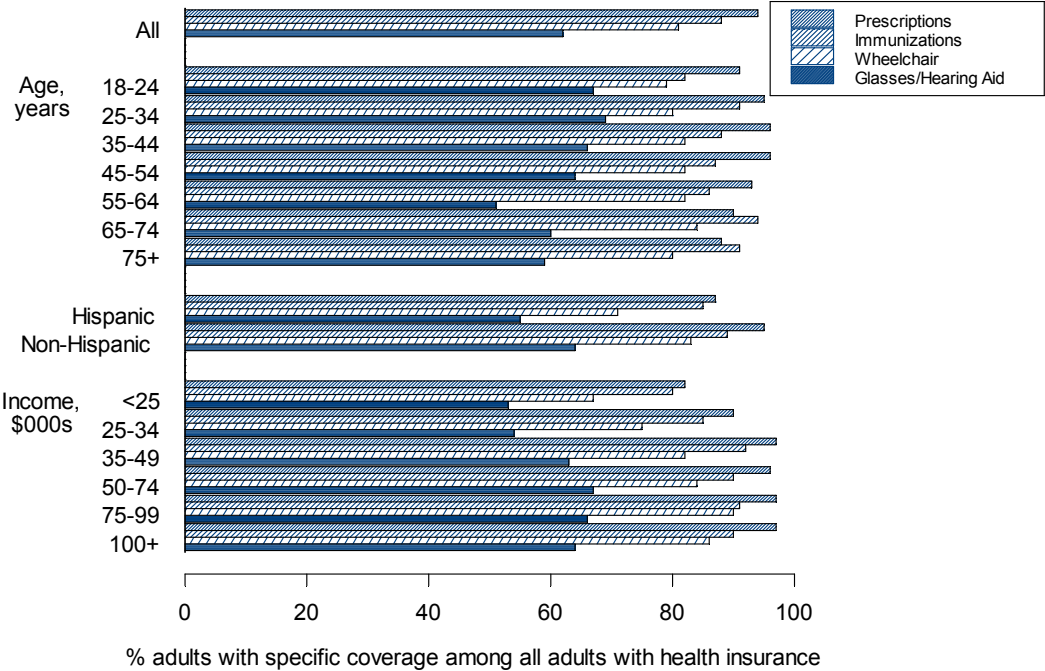
- Even among all adults with health insurance coverage, significant disparities remain in type and quality of coverage (Figures 2.4 and 2.5). 2003 Community Health Survey respondents reported lower levels of coverage for dental services and for glasses and hearing aids.
- Prescription coverage was close to 100% in many groups, however Hispanic survey respondents were more likely than non-Hispanics to be lacking this coverage.
- Older adults, Hispanics and those in the lowest income groups were less likely to have coverage than respondents who were younger, had higher incomes and who were non-Hispanic.

Figure 2.4 Mental health, vision and dental coverage, by age, ethnicity and income, by percent, Jefferson County, 2003



Source: JCDHE Community Health Survey, 2003

Figure 2.5 Prescription, immunization, and assistive device coverage, by age, ethnicity and income, by percent, Jefferson County, 2003



Source: JCDHE Community Health Survey, 2003

2.3 REGULAR SOURCE OF ONGOING CARE

HP 2010 Objective 1-4: Increase the proportion of persons who have a specific source of ongoing care to 96% for adults.

Jefferson County Status: 91% of 2003 Community Health Survey respondents reported seeking care in a doctor’s office, health maintenance organization (HMO) or clinic.

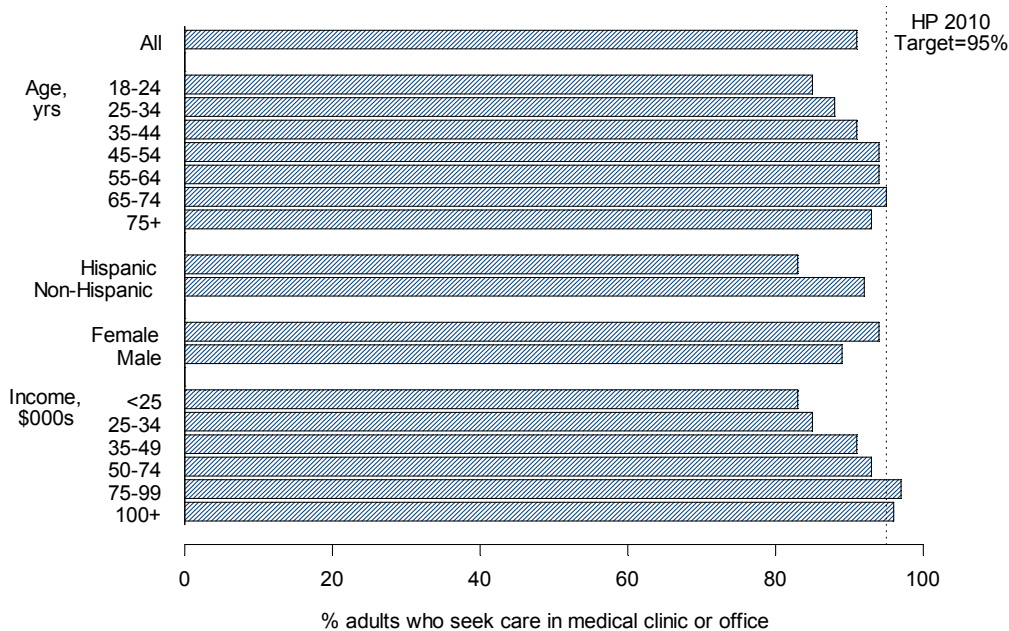
Access to quality care depends in part on having access to a regular or ongoing source of care. People with a usual source of health care are more likely than those without a usual source to receive a variety of preventive and other health care services. In the U.S., 15% of adults lack a usual source of care.

A usual source of care can vary among groups according to their age, race and ethnicity, and health insurance coverage. Hospital emergency departments are not considered a usual source of care.

Jefferson County Findings

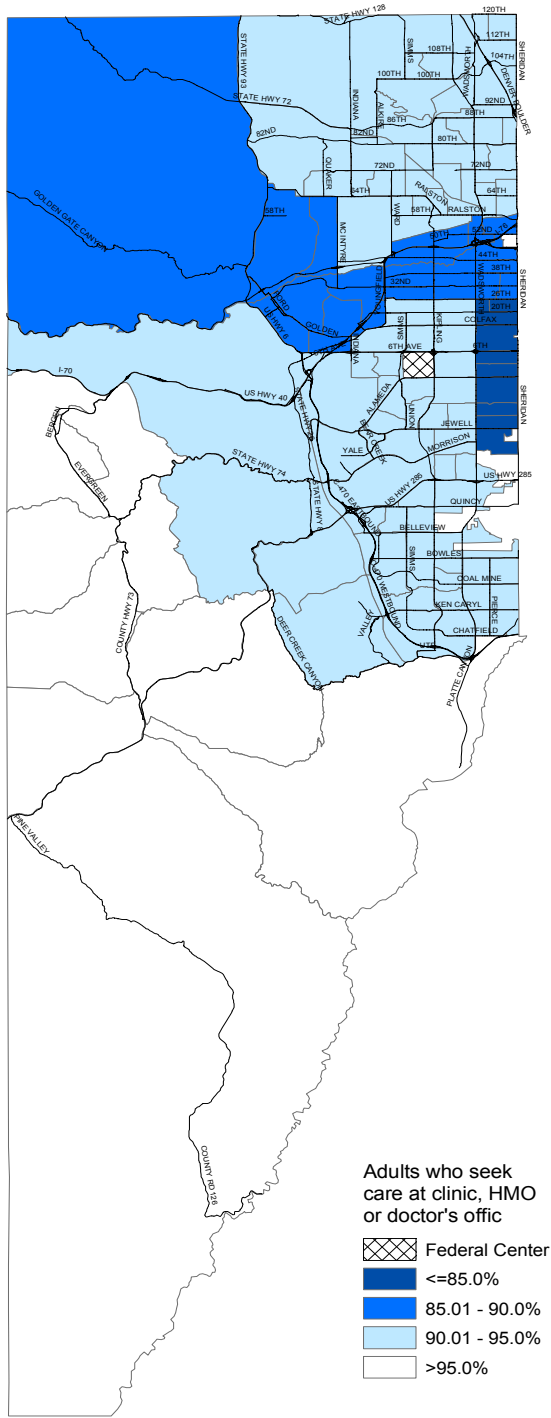
- The 2003 Community Health Survey asked respondents where they routinely sought health care. Among all respondents, 91% reported that they sought care in a doctor’s office, HMO or clinic (Figure 2.6). This varied by age, gender and ethnicity: Hispanics were much less likely to have a regular source of care, as were younger persons, those with lower incomes, and males.
- Six (6) percent of respondents reported that they “do not seek care” when they are ill; another three (3) percent reported seeking care at a hospital emergency room.
- Care source varied by geographical area: fewer than 85% of adults in the central-eastern sector of the county had a regular source of care (Figure 2.7).

Figure 2.6 Regular source of care at clinic, HMO or doctor’s office, by age, ethnicity, gender and income, by percent, Jefferson County, 2003



Source: JCDHE Community Health Survey, 2003

Figure 2.7. Percent of adults who seek health care at a doctor's office, clinic or HMO, Jefferson County JCDHE 2003 Community Health Survey.



2.4 HEALTH BEHAVIOR COUNSELING

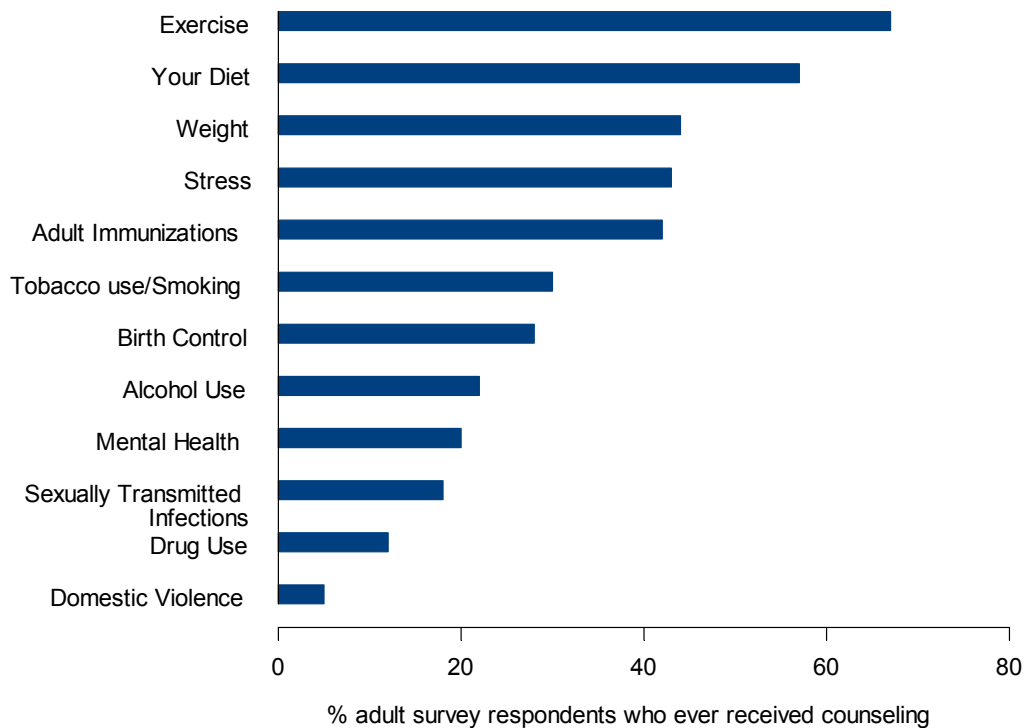
HP 2010 Objective 1-3 (Developmental, targets not yet set): Increase counseling on health behaviors among persons at risk.

Recent research has shown that assuming a healthy lifestyle at any age can have positive impacts on longevity and quality of life. Health behavior screening and counseling services are important components of regular visits with health care providers. Improving nutrition, decreasing or eliminating tobacco use, increasing physical activity and reducing substance use are measures that have been shown to prevent death, disease and disability. Patients may not routinely receive counseling about these behaviors by health care providers.

Jefferson County Findings

- More than 40% of the 2003 Community Health Survey respondents reported having had a health care provider talk with them about weight, exercise, diet, stress or adult immunizations (Figure 2.8)
- Only 5% of survey respondents reported having had a health care provider talk with them about domestic violence, 12% about drug use, 18% about sexually transmitted infections, 20% about mental health, 22% about alcohol use and 30% about tobacco use (Figure 2.8).

Figure 2.8 Adults who have ever received counseling about specific health risks from a health care provider, by percent, Jefferson County, 2003



Source: JCDHE Community Health Survey, 2003

2.5 CHILDREN'S HEALTH INSURANCE COVERAGE

HP 2010 Objective 1-1: Increase the proportion of persons with health insurance to 100%

Jefferson County Status: An estimated five (5) percent of county children are lacking health insurance.

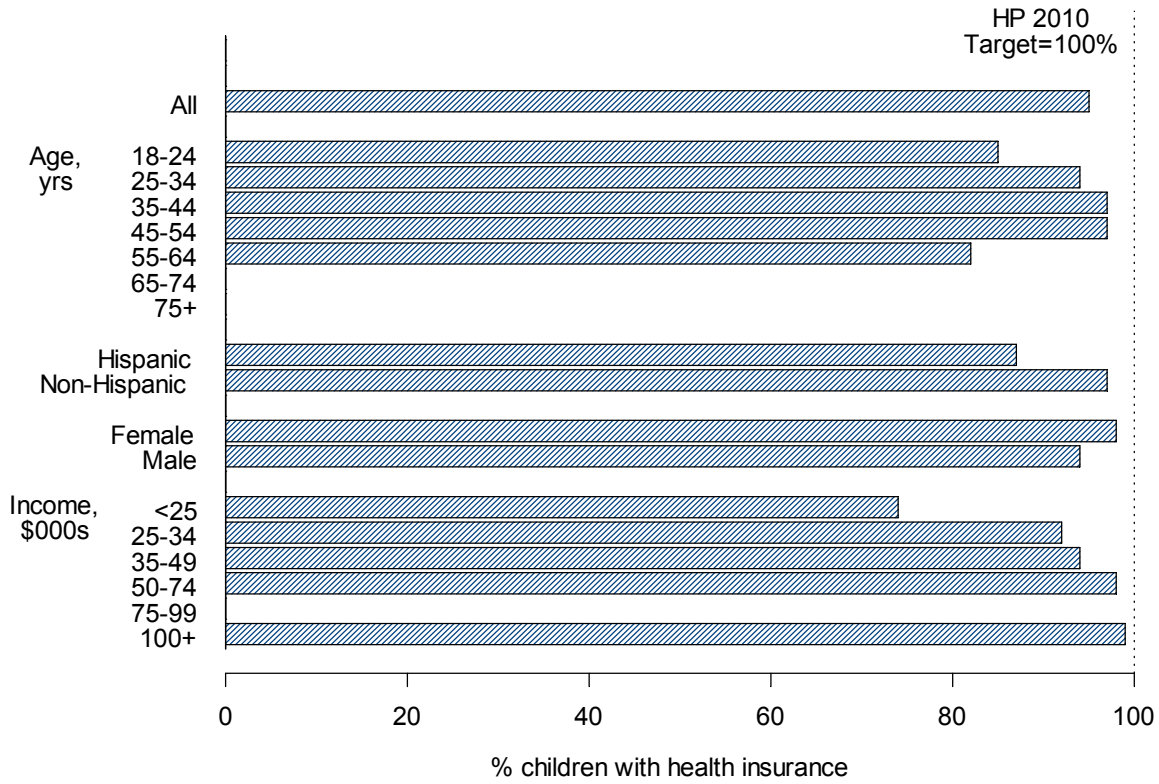
Health insurance coverage is one of the most important factors in a family's ability to access health care for their children. Between 1988 and 1998, the percentage of children insured through Medicaid in the U.S. increased from 15.6% to 19.8%, and the percentage of children without health insurance increased from 13.1% to 15.4%. The increase in the percentage of uninsured children was primarily due to fewer children having employer-sponsored health coverage.

In an effort to insure children 18 years and younger for basic health care services, the U.S. Congress passed legislation in 1997 that allowed states to provide health insurance to more children in working families. Child Health Plan Plus (CHP+) is Colorado's low-cost insurance for working families.

Jefferson County Findings

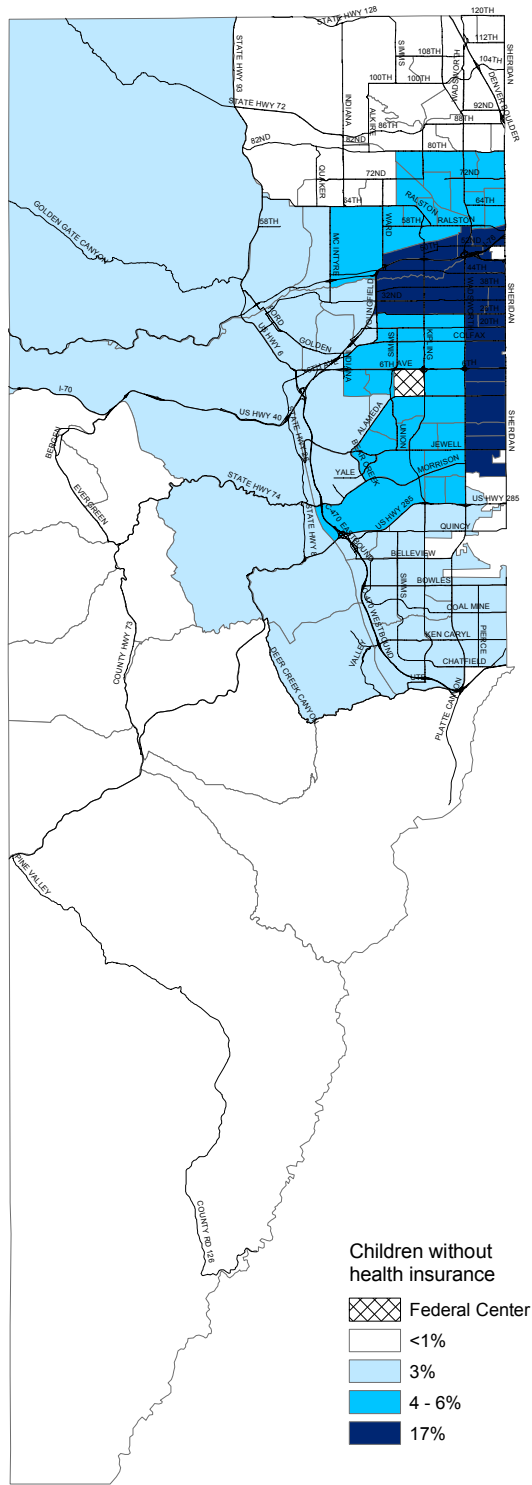
- According to the 2003 Community Health Survey, among children aged 18 years or younger, 82% had commercial health insurance coverage, eight (8) percent were covered under Medicaid, four (4) percent had CHP+ coverage and five (5) percent were uninsured.
- Significant disparities occurred in children's health coverage according to the age, ethnicity, income and location of residence for adult survey respondents (Figures 2.9 and 2.10):
 - Younger (18 – 24 years) and older (55 – 74 years) survey respondents with children residing in the home were least likely to have insurance coverage for children.
 - Hispanic respondents were less likely than non-Hispanic respondents to have coverage for children.
 - Households in the lowest income group were much less likely to have coverage.
 - The most urban areas of the county were least likely to have coverage for children (Figure 2.10), with uninsured rates reaching 17%.

Figure 2.9. Health insurance coverage among children, by age, ethnicity, gender and income of adult survey respondent, 2003



Source: JCDHE Community Health Survey, 2003

Figure 2.10. Percent of children without health insurance, Jefferson County 2003 JCDHE Community Health Survey.



2.6 DELAYED HEALTH CARE FOR CHILDREN

HP 2010 Objective 1-6: Reduce to seven (7) percent the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.

Jefferson County Status: 17% of families with children have experienced delays in obtaining health care.

Health insurance coverage does not guarantee that health care is obtainable. General health, dental, vision and other coverage type vary significantly. Often families must delay needed health and dental care due to cost, transportation or other limitations.

Jefferson County Findings

- According to the 2003 Community Health Survey, 17% of adult survey respondents had delayed children’s health care due to cost (Figure 2.11), and 25% of adult survey respondents had delayed children’s dental care due to cost (Figure 2.12).
- Delayed care was much more likely among younger (18 – 24 years) and older (55 – 64 years), Hispanic, female and lower income adult survey respondents (Figures 2.11 and 2.12).
- Delayed care varied geographically: families living in the central-eastern portion of the county were more likely to report delaying children’s care (Figures 2.13 and 2.14).

Figure 2.11 Delayed health care for children in Jefferson County, by age, ethnicity, gender and income of survey respondent, by percent, 2003

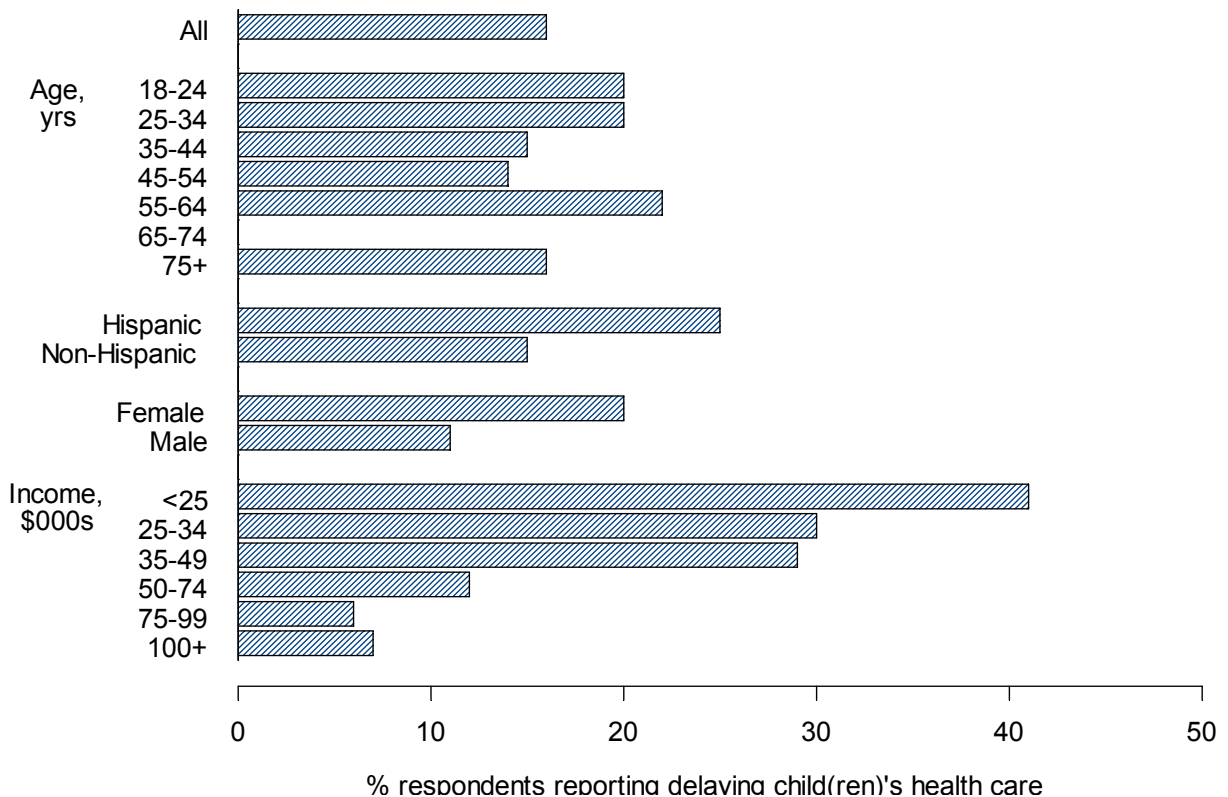
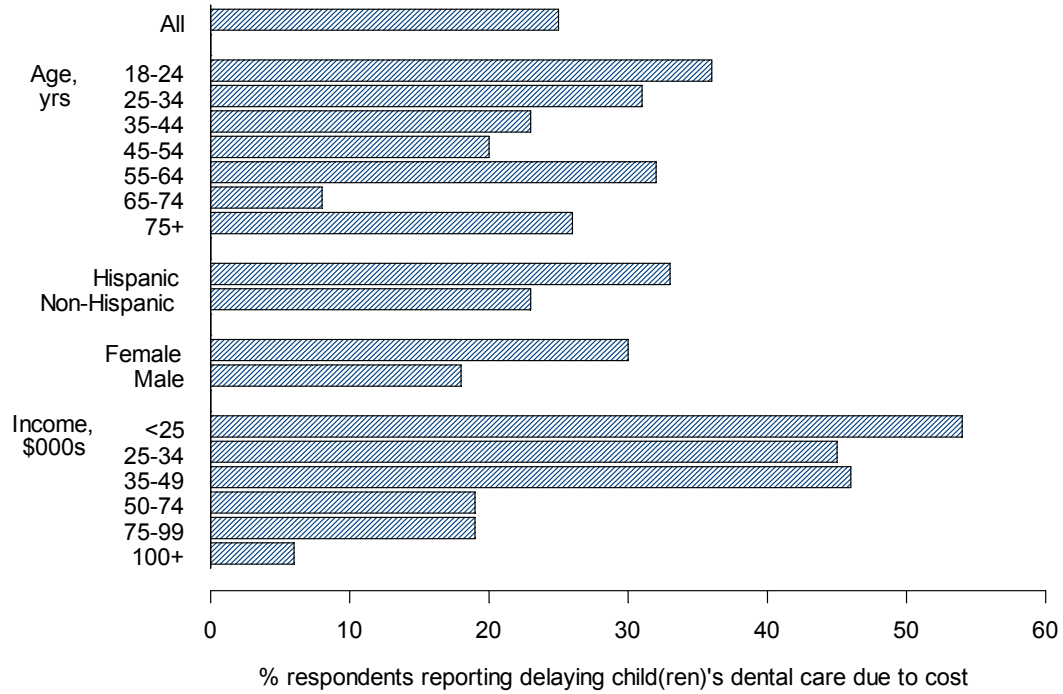


Figure 2.12. Delayed dental care for child(ren), by age, ethnicity, gender and income of survey respondent, 2003



Source: JCDHE Community Health Survey, 2003

Figure 2.13.
 Percent of families who have delayed children's health care due to cost, Jefferson County 2003 JCDHE Community Health Survey.

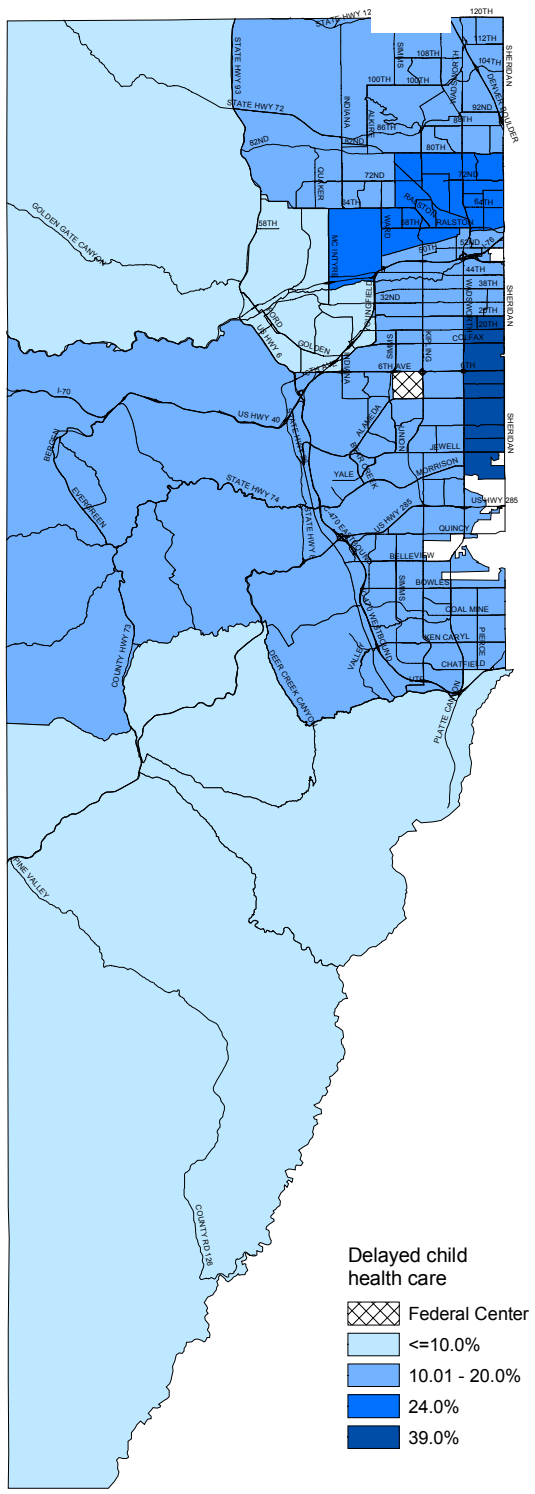


Figure 2.14. Percent of families delaying children's dental care due to cost, Jefferson County 2003 JCDHE Community Health Survey.

