

knowledge
compassion
action
www.janegoodall.org

Our Health & Human Services

What are we going to do about health care?

INDICATORS IN THIS CHAPTER

Adult alcohol use

Adult physical activity

Behavioral risk factors

Child abuse

Children's health

Crime statistics

Domestic violence

Health status

Health care access

Health coverage

Insurance rates

Mental health

Prenatal care

Teen birth rates

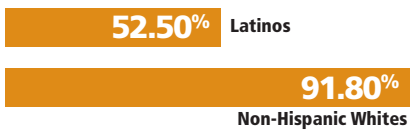
Youth risks and behaviors

The question has dominated the national debate for years and has been a key issue in the last five presidential elections. And yet, for all our talk and all those think tanks, a suitable solution eludes us. The quality of a person's health is determined for the most part by factors other than a doctor -- your everyday behavior, your environment, your mental wellness, and according to much research, whether or not you have insurance. Boulder County scores highly on many of these factors, thanks to a community wide commitment and some extraordinary resources.

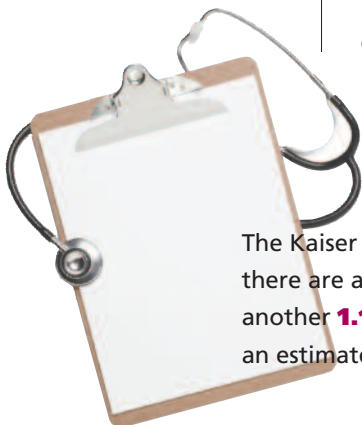
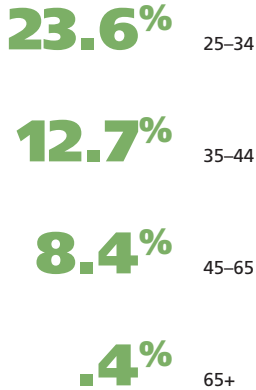


Health Care Coverage

HEALTH CARE COVERAGE BY ETHNICITY



ADULTS LACKING HEALTH COVERAGE BY AGE



The number of uninsured individuals nationally reached 45.7 million in 2008. This is a decrease from just two years earlier. Much of that decrease is attributed to a corresponding increase in the number of people enrolling in public benefits (such as Medicaid and Medicare).

Because the majority of health care policies are tied to employment, the loss of jobs nationwide is likely to take a large chunk of health care coverage with it – while simultaneously decreasing state revenues to cover the increased demand for Medicaid.

Keep in mind that health care coverage is not the same as health care access. It is of growing concern that many Americans are enrolled in a health care plan but cannot access a number of preventative, specialized, dental, behavioral, and pharmaceutical treatments. It's called "underinsurance," and its eating at the very underbelly of our health care system. Still, some coverage is better than no coverage, particularly when it comes to managing chronic diseases. **Five chronic diseases account for 75% of all health spending in the United States annually – more than \$16.5 billion in Colorado alone.** These include: heart disease, diabetes, hypertension, asthma, and depression. In addition to the serious health consequences, there are severe financial threats to going without coverage.

The average family health plan costs \$12,680 annually, with employers picking up 74% of the tab. **In Colorado, health insurance premiums have risen 35% in the last four years.** And while 99% of Colorado employers with 50 or more employees offered health coverage in 2007, just 41% of those with fewer than 50 employees offered health benefits.

Medicaid and Medicare account for 13% and 12% of all Colorado coverage, respectively, but qualifying for these programs is extremely difficult as a non-pregnant or non-disabled adult. Colorado in 2008 expanded eligibility for Colorado's Children's Health Plan Plus (CHIP+) to children in households earning 225% of Federal Poverty Level (FPL), up from 205% previously.

The Kaiser Family Foundation estimates that for every **1% increase in unemployment** there are a corresponding **1 million** new applicants for **Medicaid** coverage and another **1.1 million** people who go **uninsured**. At the same time, state revenues drop an estimated 3 to 4%.

Who's at risk

Roughly 750,000 people lack health insurance in Colorado. That's 17% of the state's population, and 159,000 of them are children. The majority of the uninsured, nationally and in Colorado, come from households earning less than 200% of poverty. (See chapter on the Economy for 2009 poverty measures.) Minority groups comprise more than half of the uninsured nationwide. In a recent 50-state comparative study, Colorado had the fourth-highest percentage of low-income working families with at least one uninsured parent.*

Between 15% and 20% of adults are uninsured in Boulder County. Those numbers show a significant disparity between non-Hispanic white residents and Latinos, when it comes to coverage. Only 45% of all Boulder County residents report access to dental insurance.

Boulder County is home to more than 69,000 children aged 0-18, and 91% of them are estimated to have some type of health coverage. Approximately 13,300 of them are currently enrolled in Medicaid or CHP (11,100 and 2,200, respectively). However, another 3,200 children are estimated to be eligible for one of these programs but are not currently enrolled. To address this gap in service provision, Boulder County has begun a CHP/Medicaid Outreach and Enrollment Program. Only 59% of Boulder County kids have an identified regular primary care provider. This is slightly lower than the state rate of 62%.

We are incredibly fortunate to have a wealth of health care resources among our local safety net including: Clinica Campesina (including People's Clinic), Salud Clinic, Women's Health, Dental Aid, and our Public Health Department.

* Low-income working family is defined as a family earning less than 200% of the poverty income threshold.

COLORADO MEDICAID AND CHILDREN'S HEALTH PLAN (CHP+) COVERAGE

Group	Eligibility by % of Federal Poverty Level (FPL)
Children	
0 – 5	133%
6 – 19	100%
SCHIP	225%
Pregnant Women	225%
Parents	60%
SSI disabled (non-elderly)	74%

NUMBER OF CHILDREN AGE 0-18 ELIGIBLE BUT NOT ENROLLED IN MEDICAID AND CHP+

Medicaid	Eligible	Not Enrolled	
Boulder County	13,075	2,070	15.8%
Colorado	357,655	47,604	13.3%
CHP+	Eligible	Not Enrolled	
Boulder County	3,453	1,190	34.5%
Colorado	100,764	30,626	30.4%

CHILD HEALTH SURVEY, HEALTH STATISTICS

- 91%** Children age 1-14 who had any type of health insurance coverage
- 59%** Children age 1-14 who had a regular health care provider
- 20%** Households with children age 1-14 that often / sometimes relied on low-cost foods in past year
- 11%** Children age 2-14 who were overweight
- 9%** Children age 2-14 who were obese
- 26%** Parents who reported behavioral or mental health problems in children age 1-14



Maternal and Child Wellness

An average of 3,450 babies were born in Boulder County annually from 2005 through 2007. Our teen fertility rate (rate of live births to women ages 15-17 per 1,000 women within the same age range) was significantly lower than the state (14 compared to 23). However, these births were overwhelmingly among Latina teens (70%). At the same time, an average 29% of all births countywide for the past three years have been to foreign-born mothers (compared to 24% in the state).

Boulder County does impressively well in making sure that mothers receive adequate prenatal care (73%), but that still leaves an average of more than 900 pregnant women annually going without essential preventative health care. Latina women were at

substantially higher risk of receiving late or no prenatal care compared to non-Hispanic white women (25% verses 10%). Prenatal wellness is significantly tied to healthy birth weights and infant development.

A full 20% of children reported food insecurity in the past year. Ensuring access

to proper nutrition is essential to child development and may impact behavioral health. While food insecurity implies a lack of access to food, often low-cost food lacks the nutritional content children need or it may be higher in sugars and fat. Nearly 20% of Boulder County kids ages 1-14 are overweight or obese. More than one quarter of parents (26%) report behavioral or mental health problems in children ages 1-14.

The Mental Health Center of Boulder and Broomfield Counties has done a tremendous job in collaborating to offer services with our local community clinics, but additional funding is needed to expand behavioral health screenings and training among early childhood providers. Studies show that the earlier parents and providers can identify the need for behavioral intervention, the more effective treatments can be and the more resources can be saved.

Keeping Our Community Safe

Reported domestic violence cases increased 10% from 2006 to 2007. Longmont accounted for 37% of them. The defendant had used drugs or alcohol at the time of nearly 40% of the incidents. Children were present at 504 formally reported domestic violence incidences in 2007, and were witnesses to one-fifth (239) of all cases. As startling as that seems, it's actually an improvement from the 597 kids present at domestic violence incidents in 2003.

The defendant was charged with child abuse in addition to other charges in 71% of the 2007 cases. **More than a third of domestic violence perpetrators had previously been arrested for domestic violence charges at least once before in Boulder County, a statistic that has risen over the last three years.**

Total reported crime rates in Boulder County increased nearly 10% between 2007 and 2008 – with jumps up in larceny/theft, robbery, and arson. These may be a reflection of recessionary pressures. Total assaults, however, were down. In contrast, Colorado experienced an overall decrease in crimes between 2007 and 2008, with a significant drop in auto thefts. Worth heightened concern was a statewide, as well as local, increase in the number of reported rapes and attempted rapes, up 4% between 2007 and 2008.

REPORTED HATE CRIMES 2007

	Race	Religion	Sexual Orientation	Ethnicity
Boulder	10	4	3	3
Louisville	1	1	0	0
Lafayette	2	0	0	1

These reflect only the official crimes reported that are motivated by biases based on race, religion, sexual orientation, ethnicity/national origin, and disability.

Teen Health

Several trends have emerged from the Boulder County Youth Risk Behavior Survey since its inception in 2001. Administered biennially in a partnership between Boulder County, St. Vrain Valley School District, and Boulder Valley School District, the survey monitors high-priority health behaviors, asthma, and obesity among high school students. While it has become clear that there are behaviors, values, and attitudes already in play among our community's youth that should continue to be reinforced, there are also behaviors that should be prevented and those that require immediate intervention. The survey also seeks to identify health disparities between subpopulations of youth such as students of color and gay, lesbian, bisexual, and questioning students (GLBQ).

The promising trends include declines in the disparities between heterosexual and GLBQ students among 30-day alcohol use, binge drinking, and early initiation of risk behaviors. **Research has shown that early initiation of risk behaviors, such as drinking alcohol, smoking cigarettes or marijuana before age 13, increases a youth's risk of addiction and participation in other risk behaviors.** Overall harassment between students is declining, but harassment based on race/ethnicity is showing an upward trend (7.3% in 2003, 9.8% in 2007).

Questions added to the survey in 2005 gauged parental influence on participation in risk behaviors. **Parental influence can help reduce or prevent many risk behaviors,** data from 2007 continue to show. If a teen believes that her parent feels it's wrong, she is half as likely to have ever drunk alcohol, 20% less likely to ever drink or smoke cigarettes before age 13, 12 times more likely to believe cigarettes are harmful, and 25 times more likely to believe marijuana is harmful.



Boulder County high school students identified illegal/prescription drug use, stress, alcohol use, and depression as the most important health issues facing today's teens when asked at a Youth Summit in 2008. Students talked about the difficulties in balancing the competing demands and pressures in their lives and how they may choose to use drugs or alcohol to alleviate stress and depression. They pointed to the perception that alcohol and drugs are easily available and accessible. Just over 30% of high school students were offered, sold, or given an illegal drug on school property during the year preceding the survey, according to the 2007 survey.

A middle school summit was added to the survey strategy in 2007. Many students indicated they felt judged, labeled, and caught up in drama in school and out. **Text messaging and other social media have created new opportunities for students to fuel that drama.** Rumors, bullying, conflicts with friends, homework, and other areas were cited as sources of real feelings of stress and depression. The seventh and eighth graders participating in the youth summit identified stress and depression, alcohol and drugs, peer pressures and other pressures among their top concerns. The middle schoolers also reported that for the most part they were happy, healthy, and safe.

Despite the concerns about stress, substance use, and other troubles, 81% of high school students participating in the high school youth summit indicated they felt prepared to make healthy decisions for their lives. When asked where they get information about health topics, parents received the most votes followed by doctor/health clinic, other adult, or health class at school.

The middle and high school students who participated in the youth summits said they were doing ok overall. They recognize that with their growing independence comes increased responsibility. They see that issues impacting their health are interrelated and connected. They want information that is relevant to their experiences and real, open conversations; not lectures or scare tactics. While they are experiencing some uncertainty about the future, they are excited about it.

Seventh and eighth graders participating in **Boulder County's Youth Summit** identified stress and depression, alcohol and drugs, peer pressures and other pressures among their top concerns. Boulder County high school students identified illegal/prescription drug use, stress, alcohol use, and depression as the most important health issues facing today's teens.



FRASIER MEADOWS

Adult Health

Boulder County adults are a healthy bunch on the whole. We meet, if not exceed, many of the objectives established on a national level by Healthy People 2010. We're extremely successful in addressing women's health screenings (pap smears and mammograms), and show higher rates of physical activity than most places around the country. However, we still struggle with identifying regular sources of primary care provision and our rates of binge drinking are higher than recognized goals.

BOULDER COUNTY ADULTS WHO CLASSIFY THEIR HEALTH AS 'GOOD' OR BETTER

92.3% All Adults
94.9% Non-Hispanic White Adults
72.8% Latino Adults

BOULDER COUNTY BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM 2008

Risk Factor	Boulder County	Healthy People 2010 Goal
Health Insurance – Adults	85%	100%
Source of Ongoing Primary Care – Adults	76%	96%
Pap Smear – Within Past Three Years	86%	90%
Mammogram – With Past Two Years – 40+ Years	74%	70%
Diabetes – Diagnosed	3.8%	2.5%
Influenza Immunization – Within Past Year – 65+ Years	77%	90%
Overweight – Adults with a BMI 25–29	32.5%	N/A
Obese – Adults with a BMI 30+	15%	15%
No Permanent Teeth Pulled Due to Cavities (35–44 Years)	72%	42%
No Physical Activity	13%	20%
Adult Binge Drinking, During Past Month	14%	6%
Adult Cigarette Smoking	12%	12%

Cardiovascular disease continues to be the No. 1 killer of Boulder County residents, accounting for nearly one third of total deaths. Cancer is responsible for another 22% of deaths. Both age-adjusted rates are lower than the state rate, however, and lower still than the national rate.

Suicide in Boulder County has been on the rise since 2003. The number of deaths due to suicide in 2006 was more than double the number of motor vehicle accidents (48 compared to 23). Where the state of Colorado saw a decrease in its age-adjusted suicide rate in 2006 (from 16.9 to 14.9 between 2005 and 2006), Boulder County experienced an increase (from 15.8 to 16.3). In the same time period our community saw a dramatic decrease in the number of motor vehicle deaths, from 32 to 23, reflecting a larger downward statewide trend.

Network of Care

Network of Care is Boulder County's new comprehensive, interactive website designed to help both the public and service providers access and navigate a breadth of information and countywide human services. The Network of Care site, www.bouldercountyhelp.org, serves as a single access point to a wide variety of information- from seniors and people with Disabilities to Behavioral Health and Wellness. The site also provides an easy, one-click approach to follow current legislature and contact elected officials, and serves as a countywide Resource Book as well.



Dental Aid, Boulder County's low-income and uninsured oral health safety net saw over **7,600** unduplicated patients in 2007 – **82%** of their adult patients were uninsured.

82%

Sources:

State Coverage Initiatives, Robert Wood Johnson Foundation, 2006-2007.
www.statecoverage.org/coverage/colorado

"Colorado Births and Deaths 2006," Colorado Department of Public Health and Environment.
www.cdphe.state.co.us/hs/vs/2006/Colorado_2006.pdf

"The 2009 HHS Poverty Guidelines," United States Department of Health and Human Services.
<http://aspe.hhs.gov/POVERTY/09poverty.shtml>

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2008, www.kff.org

"Charting a Course: Preparing for the Future, Learning from the Past," State of the States, Academy Health, January 2009. www.statecoverage.org/files/State%20of%20the%20States-2009.pdf

"Governor Ritter Announces 'Building Blocks for Health Care Reform' Package," Office of Governor Bill Ritter, Jr. February 13, 2008.
www.colorado.gov/cs/Satellite?c=Page&cid=1201542320220&pagename=GovRitter%2FGOVRLayout

Colorado Children's Health Insurance 2009 Update. www.coloradohealthinstitute.org/documents/sn/EBNE.pdf

Brandon Roberts and Deborah Povich "Still Working Hard Still Falling Short: New Findings on the Challenges Confronting America's Working Families," www.workingpoorfamilies.org.

Larsson, Eric. "Intensive Early Intervention using Behavior Therapy is No Longer Experimental." Lovaas Institute For Early Intervention (LIFE). Web. 13 July 2009 <http://rsaffran.tripod.com/ieibt.html>.

"Child Health." Colorado Children's Campaign. Web. 13 July 2009
www.coloradokids.org/our_issues/child_health.html

Libertun, Gisela, Boulder County Domestic Abuse Prevention Project, Year End Statistical Report: January – December 2007 www.domesticviolence-bouldercounty.org.

John Z. Ayanian, Betsy A. Kohler, Toshi Abe, and Arnold M. Epstein, The Relation between Health Insurance Coverage and Clinical Outcomes among Women with Breast Cancer, The New England Journal of Medicine, Volume 329:326-331, Number 5, July 29, 1993.

Diane Rowland, Sc.D, Health Care and Medicaid - Weathering the Recession, The New England Journal of Medicine, Volume 360:1273-1276, Number 13, March 26, 2009.

Dental Aid, www.dentalaid.org

Child Health Survey, Health Statistics Section, CDPHE, 2005-2007

FEELING INSPIRED?

Support early behavioral health screenings for kids aged 0–5.

Advocate for increased funding to mental health.

Sign up to be a mentor to a Boulder County youth.

Talk to your kids about what's on their minds.

Help support our community clinics treating the uninsured.

Practice preventative care and get health screenings.

Fight obesity by playing in Boulder County's great outdoors.