Health Care Access & Use

Key Findings

- Countywide, 8 in 10 insured residence residents (80%) had a regular source of care when they were sick or needed advice about health care; however, only about 5 in 10 (46%) of the uninsured had a regular source of care.

- For those with a regular source of care, nearly 9 out of 10 residents (89%) said their regular source of care was a doctor’s office of private clinic. Six percent said they usually went to a community health clinic or public health clinic.

- About 9 out of 10 Greeley/Evans residents (93%) got their care in Weld County compared to only 5 out of 10 residents (53%) in the Southeast region of the county (17% went to Adams county). About 3 out of 10 residents (32%) in the Southwest region of the county got their care in Boulder County. Nearly 4 out of 5 residents (79%) in the North region of the county got their care in Weld County.

How does Weld compare?

According to the 2015 Colorado Health Access Survey, 87% of Coloradans report having a regular source of care.

Has Regular Source of Care

- Insured vs. Uninsured

- Regular Source of Care

- Doctor’s Office, 89%
- Urgent care/Retail Store, 2%
- 24/7 ER, 1%
- Community or Public Health Clinic, 6%
- None/Other, 2%

Location of Regular Care

- Greeley/Evans
  - Weld County: 92.9%
  - Larimer County: 0.7%
  - Boulder County: 4.1%
  - Other/Not Sure: 3.0%

- Southeast
  - Weld County: 52.6%
  - Larimer County: 18.9%
  - Boulder County: 27.9%

- Southwest
  - Weld County: 44.9%
  - Larimer County: 14.1%
  - Boulder County: 32.1%

- North
  - Weld County: 78.7%
  - Larimer County: 19.0%
  - Boulder County: 2.0%
Weld County
2016 Community Health Survey

Key Findings

- Residents were asked if they delayed or went without needed health care in the 12 months prior to being surveyed. Countywide, 27% reported they delayed or went without needed care. About 4 in 10 (38%) low income residents delayed or went without needed care compared to 26% of residents who were not low income. (Low income was defined as less than or equal to 100% of the federal poverty level.)

- Regardless of income status, the cost of health care was the most frequently reported barrier to getting needed health care. More than half (52%) of low income residents and 62% of residents who were not low income did not get needed health care because it cost too much.

- For low income residents, scheduling barriers (34%) and transportation problems (31%) were the next most frequently mentioned barriers to getting needed health care. In 2013, half of low income residents (50%) had cited lack of insurance as a barrier, whereas in 2016 fewer than 1 in 4 low income residents reported this barrier (21%).

- For residents who were not low income, scheduling barriers (22%) and lack of insurance (21%) were the next most frequently mentioned barriers to getting needed health care.

- Residents with Medicare or Medicaid had more frequent visits to their regular health care provider. About 4 out of 10 Medicare and Medicaid users had three or more visits to their regular health care provider in the 12 months prior to being surveyed.

- Most uninsured residents (59%) did not see a regular health care provider in the 12 months prior to being surveyed.

### Barriers to Health Care* by Income Status

<table>
<thead>
<tr>
<th>Did not get care due to...</th>
<th>Low Income (≤100% FPL)</th>
<th>Not Low Income (&gt;100% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>52.0%</td>
<td>61.5%</td>
</tr>
<tr>
<td>No insurance</td>
<td>21.2%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Problem not covered by insurance</td>
<td>15.8%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Couldn’t find provider who accepted insurance</td>
<td>22.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Provider not available in area</td>
<td>20.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>30.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Scheduling barriers</td>
<td>34.0%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Could not miss work</td>
<td>5.1%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

* Responders could check all that apply; includes medical, dental, mental health, and therapies.

**FPL** Federal Poverty Level: Low income residents were defined as having income at or below 100% of the Federal Poverty Level (FPL) in 2015 ($11,770 for an individual, $24,250 for a family of four).

### Frequency of Regular Health Care Provider Visits by Insurance Type

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>No Visits</th>
<th>1-2 Visits</th>
<th>3+ Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>58.6%</td>
<td>25.2%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Individual Insurance</td>
<td>25.3%</td>
<td>58.2%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Employer-Sponsored</td>
<td>25.4%</td>
<td>47.3%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Medicare</td>
<td>17.4%</td>
<td>39.4%</td>
<td>43.2%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>22.4%</td>
<td>35.3%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

Questions?
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Weld County
2016 Community Health Survey

About the Survey

Description of Responders

The Survey Explained

- In order to periodically assess the health status of county residents, between September 6, 2016 and November 17, 2016, Weld County Department of Public Health & Environment contacted 8,494 households by mail requesting an adult to complete the 55-item survey or complete it online.

- Question topics included health, health care access and insurance, health conditions and lifestyle habits, preventive screenings, environmental issues, community concerns and needs, and demographics.

- Households were selected randomly by first dividing the mailing list into four regions (see map below) and two household types (single-family vs. multi-family). The list was certified by the post office but did not contain residents' names.

- After multiple contacts, 2,080 community residents returned usable surveys for a 25 percent response rate. The results are representative of the population within a ±5.0 percent margin of error.

- To see the actual survey go to: www.weldhealth.org