



# HEALTH DIVIDES

A quarterly publication examining equity and economics in health care

## Colorado counties vary widely in important measures of public health



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Colorado is, overall, one of the healthiest states in the country. But with the population growing both larger and older, one of the side effects is a widening disparity in the health ratings of the state's 64 counties.

Where you live in the state does make a difference.

Residents of the mountain communities on the Western Slope generally rank as the healthiest in Colorado, while residents in southeast Colorado and in the San Luis Valley report less healthy numbers, according to data released by the Robert Wood

Johnson Foundation and analyzed by Rocky Mountain PBS News.

For Summit County Commissioner Dan Gibbs, the reasons the Western Slope counties score so well are right outside the front door.

"The amount of sunshine, the world class skiing, hiking, fly fishing, the ability to go right outside your backyard and experience nature," Gibbs said.

He said the healthy atmosphere inspires people to move to the mountains and stay there. Gibbs has lived in Summit County for more than a decade, and said he's not surprised to learn it's listed as one of the top 10

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**Colorado Counties**

## Rural broadband connects rural communities to better health care

By Alex Meyers  
CFI Policy Fellow

Support Health care for residents of Colorado's rural communities could be improved through development of a basic utility: broadband internet. Fostering greater high-speed internet connectivity in rural communities would help health providers deliver greater services for their communities.

But there are a lot of roadblocks to providing health care in rural areas. It's significantly more expensive to offer health care in Summit County than it is in Denver County. Part of the reason for the gap stems from the demographics of rural counties, which skew toward the elderly, who require more expensive care, and lower income residents with more dangerous jobs such as mining or logging. In addition, it is difficult for rural communities to attract and retain health care professionals, with one 2014 estimate placing the retention rates at a very low 39.7 percent.

All of these roadblocks, coupled with a

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healthiest Colorado counties.

“People really believe in healthy living. When you’re at a restaurant or bar, people are always quick to say, ‘Hey what are you doing tomorrow? What kind of mountain bike do you have? Do you want to go hiking, fishing, or backpacking?’”

The Johnson Foundation report, released in 2015, looked at a range of factors, from smoking to binge drinking to obesity to premature death.

The RMPBS News analysis of the data found that five out of the 10 healthiest counties were on the Western Slope, including Pitkin, home to Aspen, which ranked as the healthiest in the state. Douglas County, a Denver suburb, which also happens to be the wealthiest county in Colorado, scored second.

Counties in other regions didn’t fare as well.

“We know that southeastern Colorado, for example, has been one of the most economically depressed areas in the state,” said Jeff Bontrager, director of research on coverage access for

The least healthy of Colorado’s 64 counties included Huerfano, Conejos, Costilla, Las Animas and Rio Grande, all in or adjacent to the southernmost tier.



Along the Front Range, there are big health disparities. Both Adams County, 34th in the rankings, and Denver, 40th, were in the bottom half of the rankings. El Paso County was in the middle at 31st. Boulder County was the 4th healthiest.

Colorado Children’s Campaign, which tracks the health of Colorado kids. She said that it’s important for policy makers to take a broad look at health that would

include everything from education to economic development.

“Just focusing on those things that we think of as being traditionally health-related, like health coverage, or access to healthy foods, won’t necessarily be enough to improve the overall health of Coloradans.”

Colorado has seen some positive trends. Smoking rates are going down, and over the last decade fewer teens have been sexually active and fewer are binge drinking. Colorado is still the thinnest state in the country, but that doesn’t show the whole picture.

“Although many people perceive

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Colorado Health Institute, the Denver based non-profit. “Also, when you look at rural areas they may not have as many resources available, especially if it’s an economically depressed area.”

“When you look at where counties ranked in terms of being healthy, it aligns so closely to the pattern that we see in poverty rates in the state,” said Sarah Hughes, research director for the

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Colorado being the healthiest state in the country, when you take a look down at the specific data about what's making Colorado healthy and what's making us not healthy, there are definitely areas for us to improve," said Kyle Legleiter, policy director for the Colorado Health Foundation.

"We have remained consistently the leanest state in the country for adults, but when we compare our adult obesity rate for this year to what it was back in 2006, our actual ranking for today would make us one of the most obese states 10 years ago."

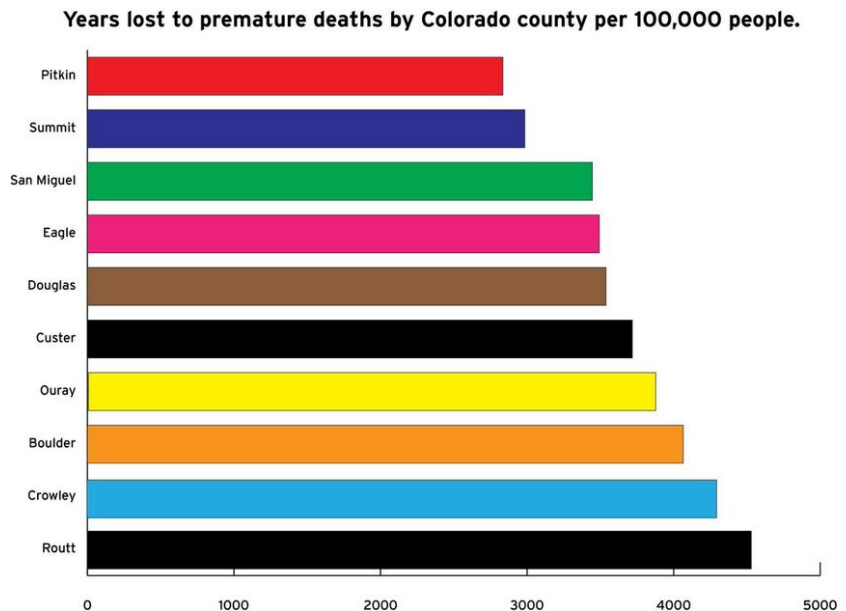
And even the healthiest counties aren't healthy in every measure. Take binge drinking. According to the analysis, only 9 percent of people in Lincoln County on the Eastern Plains and Rio Grande County in southwest Colorado binge drink. In healthy Summit County, that number jumps to 33 percent.

"Anecdotally, we do hear from grassroots network members in the mountain communities that they do see higher rates of drinking and substance abuse in their communities," Hughes said. "(I've) kind of heard people attribute that to the vacation tourism atmosphere they have up there."

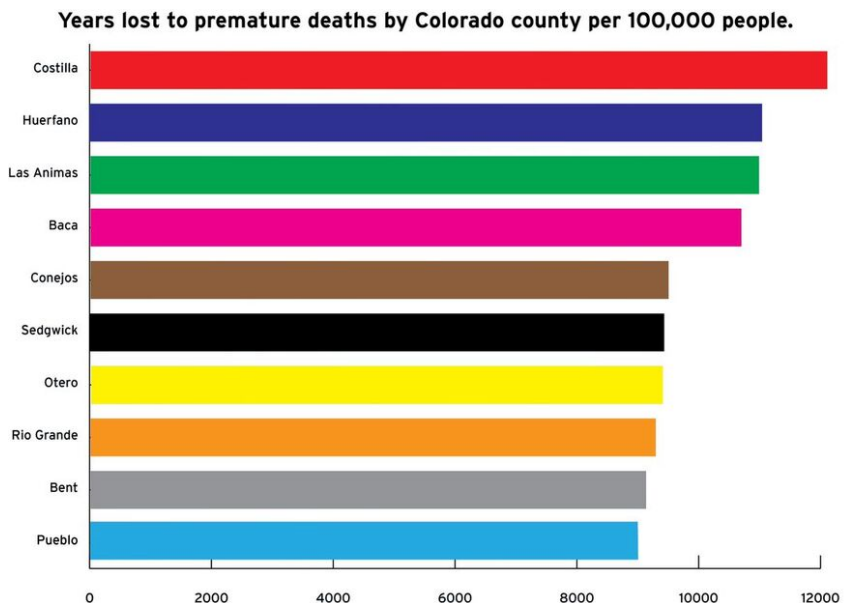
The Johnson Foundation report also contains a category for "years lost because of premature death." It's an age-adjusted calculation per 100,000 people of those who die before age 75. A person who died at 65, for example, would be adding 10 years to his or her county's premature death total. Most counties don't have 100,000 people, so the numbers are extrapolated.

The resulting range is a high of 10,879 years lost to premature death in Costilla County, to a low of 3,532 years in Douglas County. The Johnson report cited the National Center for Health

**Table 1: Healthiest Counties Colorado Counties**



**Table 2: Least Healthy Colorado Counties**



**Source: Robert Wood Johnson Foundation**

Statistics as the source for the mortality ratings, with the data coming for this component of the survey from the 2010 -2012 files.

Meanwhile, this legislative session, state lawmakers will be taking a closer look at how to lower the cost of health

insurance. Fewer Coloradans are now covered through work, and in the mountain regions, the insurance rates are still among the top five highest in the country.



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lack of choices in health care providers leading to less competition and higher prices, have led to a relatively more unhealthy population. The February issue of Health Divides addressed how residents of rural communities have a “greater incidence of chronic illnesses and obesity, more limited access to health care and shorter lifespans than people in urban areas.”

High speed internet access creates numerous methods of solving this problem. Broadband internet access can help alleviate health care provider costs by providing health information technology such as electronically accessible health records, telephone communication over the internet and even the transmission of high definition images during an emergency. These technologies make health care more efficient in rural communities, while simultaneously increasing the ability of health care providers to offer life-saving services to patients.

Despite these benefits, there are many challenges to building a greater internet infrastructure in these communities. Rural broadband development is expensive, as the low population of rural counties discourages telecommunications companies from investing in a larger infrastructure, not to mention the high costs of running communications cable long distances through sometimes rugged terrain. Unfortunately, there simply is not an economic incentive for many private companies to expand broadband infrastructure.

Organizations like the Colorado Telehealth Network (CTN) have helped to fill the gap created by an absence of



major private internet providers. Expanding broadband internet infrastructure is essential to providing these modern medical technologies to rural communities. Federally subsidized

play a large role in broadband development by incentivizing private investment in broadband infrastructure. The federal government already offers grants through the FCC's

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### **BROADBAND INTERNET ACCESS CAN HELP ALLEVIATE HEALTH CARE PROVIDER COSTS BY PROVIDING HEALTH INFORMATION TECHNOLOGY SUCH AS ELECTRONICALLY ACCESSIBLE HEALTH RECORDS, TELEPHONE COMMUNICATION OVER THE INTERNET AND EVEN THE TRANSMISSION OF HIGH DEFINITION IMAGES DURING AN EMERGENCY.**

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organizations such as CTN can work with health information technology entities in Colorado to provide the broadband infrastructure that is so essential to rural health care.

By providing support through grants, the federal government, as well as state and local governments, can all

Healthcare Connect Fund for “health care providers that offer telecommunications and broadband services necessary for the provision of health care,” which can total up to \$400 million annually.

State and local governments have the

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## Access to care – Asian American Coloradans and the “model minority” myth

By Harry Budisidharta, deputy director Asian Pacific Development Center

Aditi Ramaswami, public policy coordinator, Colorado Coalition for the Medically Underserved

In a New York Times column last year, Nicholas Kristof wrote that “it’s no secret that Asian-Americans are disproportionately stars in American schools, and even in American society as a whole. Census data show that Americans of Asian heritage earn more than other groups, including whites. Asian-Americans also have higher educational attainment than any other group.”

The column sparked a heated discussion and many readers sent letters to the editor in response to the column. They argued Kristof failed to distinguish between different Asian American and Pacific Islander (AAPI) ethnic groups and

that he perpetuated a harmful “model minority” myth that all AAPIs are successful because of hard work, strong families and emphasis on education. This is a dangerous stereotype, though, and one that disregards the diversity of the Asian population. It’s also becoming more and more outdated, especially with the burgeoning population of Asians who come to America escaping politically unstable countries, only to find that their new reality conflicts with the one perpetuated by a lingering myth. The problem is the data: it’s very

they are better off than any other racial or ethnic group: the high school graduation rate for AAPI Coloradans is 85 percent compared to 77 percent for all Coloradans, the median household income of AAPI Coloradans is nearly \$14,000 more than the state median, and 11 percent of AAPI Coloradans live in poverty compared to 13 percent of all Coloradans. Moreover, AAPIs appear to enjoy optimal health, outperforming other populations on everything from maternal child health to risky behaviors to life expectancy.

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deceiving.

Colorado is home to approximately 185,000 descendants of and immigrants from 30 Asian and 25 Pacific Island nations, making the Asian American and Pacific Islander (AAPI) population the most diverse in the state. Viewing the AAPI population as a whole, it appears

Again, though, the problem is the data. The experiences of the Japanese generally differ from those of Hmong individuals, which are different than those of Indians — yet, they are all lumped together to make up the Asian dataset. For example, in the U.S., 6 percent of all Asians report frequent mental distress, compared to 11 percent of all Americans; however, 21 percent of Bhutanese refugees in America suffer from depression, and their suicide rate is nearly twice the national rate. While overall, the percentage of uninsured Asian Americans was slightly below the national average of 16 percent in 2012, 20 percent of Vietnamese Americans and 25 percent of Korean Americans were uninsured. Another example: a California survey revealed that while 19 percent of the state’s residents visited the ER in the past year, 13 percent of the state’s Asians and 34



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## Asian Americans

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percent of its Pacific Islanders did. Disaggregating the data is the only way to reveal these differences between the various Asian populations.

To understand the true mosaic of what it means to be Asian, we need more granular, Colorado-specific data. Without it, we won't recognize areas of great need within a diverse population. Nationally, the Centers for Disease Control and Prevention are beginning to document important trends, and locally, organizations like the Asian Pacific Development Center are working to ensure that patients receive integrated and culturally appropriate care. That being said, there is much more work to be done.

Experiencing the “model minority myth” as an Asian in the U.S. no longer seems like the norm. Every day, low-income Asians in Colorado experience problems finding affordable housing, steady

If you would like to learn more about the disparities within the AAPI community, I urge you to read the “A Community of Contrasts” reports that were published by Asian Americans

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incomes and easily accessible health care — just like other low-income Coloradans of color. With the lack of disaggregated data limiting our understanding of the health disparities facing Asian populations, though, it's hard to know where to start to address them. We suggest we start with rethinking our dataset.

Advancing Justice. You can obtain a free copy of the reports by going to the Advancing Justices website

([www.AdvancingJustice.org](http://www.AdvancingJustice.org)).

## Rural Broadband

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ability to contribute to rural broadband development as well. In the current legislative session, the state legislature has heard arguments for bills such as Senate Bill 16-136, which would have allowed local governments greater ability to provide internet service in

Colorado's underserved rural communities.

While SB 136 was postponed indefinitely this session, it represents a growing recognition of the importance of broadband development to the health of rural communities and a greater emphasis on expanding rural broadband capabilities.

Bills like these can help to reduce the health care cost gap between rural and urban communities and create a more connected health care system.



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