

Maintaining good physical health throughout adulthood is an important gateway to opportunity. Good health contributes to improved job productivity and increased self-worth and self-sufficiency.

Poor adult health presents a major barrier to the Cycle of Opportunity by reducing earnings, increasing medical expenses and diminishing overall quality of life. In previous sections, we highlighted some of the modifiable behaviors that lead to negative health outcomes, and we touched on the high costs to individual opportunity and to society. Unhealthy lifestyle choices in adulthood—such as cigarette smoking, sedentary lifestyle and overweight—also contribute to disability and disease. Much illness and disability are avoidable through known prevention measures, such as regular access to medical care.





Indicators

We have chosen three indicators to measure adult health status in Colorado. They are: 1) the rate of smoking among young adults; 2) the incidence of diabetes among adults; and 3) the percentage of adults without health insurance. These are important because:

- The potential barriers to the Cycle of Opportunity for smokers, diabetics and uninsured adults are serious.
- Smoking is a modifiable and costly behavior that leads to disease, disability, lost productivity and death.
- Diabetes can cause a variety of debilitating, life-threatening and costly medical problems such as kidney disease, heart disease, blindness, and nerve damage leading to limb amputations.¹
- Adults without health insurance often get inadequate care, which can result in poorer health and ultimately premature death.

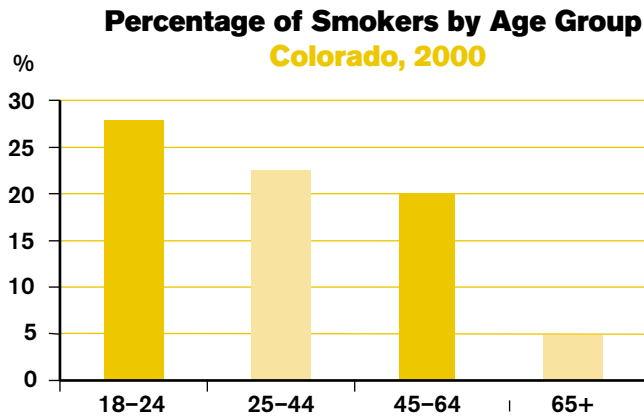
Indicator 1: The prevalence of young adult smokers

In 2000, 28.2% of Colorado adults age 18 to 24 were cigarette smokers.²

20% of Colorado's adults smoke, which is lower than the national average. However, smoking rates are high among Colorado's 18-24-year-olds.³ This group may be at the largest disadvantage when it comes to the adverse affects of smoking on both long-term health and productivity. If the prevalence of smoking among our young adults is not addressed, the health and economic impacts could be grave.⁴

- Cigarette smoking is the single largest preventable cause of death and disease in the U.S.⁵ According to the Centers for Disease Control and Prevention (CDC), the average Colorado smoker loses approximately 13 years of life.⁶
- Smoking contributes to lost productivity, lost wages to families and lost contribution to our economy. According to a recent CDC study, each pack of cigarettes sold costs society \$3.73 in lost productivity

alone.⁷ Overall, smoking places a \$1.8 billion burden on Colorado's working families for related health care expenditures and productivity losses. In 1998, 17% of the state's Medicaid expenditures were spent on smoking-related illness and disease.⁸



The stunning toll that smoking takes on life is unacceptable. States and communities can and should do more to reduce the impact of smoking on the physical and financial health of their communities.

—Rosemarie Henson, director, CDC Office on Smoking and Health⁹

Indicator 2: The prevalence of diabetes among adults

In year 2000, 5.1% of Colorado adults had diagnosed diabetes.¹⁰

Adult diabetes is increasing both nationwide and in Colorado. A statewide increase from 3% to 5.1% in diagnosed diabetes over a five-year period (1996-2000) is not just associated with genetic disposition and a growing aged population, but also to an increase in associated and modifiable behaviors such as sedentary lifestyles and poor eating habits.¹¹ If the associated risk factors for diabetes are not minimized and the rate continues to grow, the data suggest that diabetes will have an increasing impact on health care costs and on Colorado's economy.

■ Due to the health-related complications of diabetes, it has become a major cause of lost work and disability. The American Diabetes Association (ADA) estimates that medical costs of diabetes amounted to \$44 billion nationally in 1997, yet the indirect economic cost was \$54 billion due to disability, lost days from work and productivity losses. According to the ADA, people with diabetes age 18-64 miss on average seven days more from work each year compared to people without diabetes.¹²





■ Having health insurance and a regular source of care is essential for early detection of diabetes and to prevent diabetes complications.¹³

Indicator 3: Health insurance coverage among adults

In 1999, 14% of Colorado's non-elderly adults were without health insurance. 38% of adults in poverty and 33% of Hispanic adults were uninsured.¹⁴

■ Adults with insurance are more likely to benefit from earlier detection and treatment of illness, giving them a better chance at a healthier life. Uninsured adults are more likely to experience poorer health due to diminished access to preventive care and delayed diagnosis and often are subject to premature death.¹⁵

■ More than 80% of Colorado's uninsured adults are employed either full or part time.¹⁶ Even when the economy is good, these adults cannot afford to purchase health insurance for themselves and their families and thus are more likely to delay care, which can result in increased hospital visits and health costs. In a time of recession and escalating health care premiums, many employers have been forced to

increase their employees' share of premium costs. For some workers, particularly low-income, those costs are prohibitive to maintaining coverage.¹⁷

■ Compounding the problem, a recent rise in unemployment coupled with poor state funding of health care programs may decrease access to health insurance for even more families. A recent study showed that for every 100 people who lose their jobs, the number of uninsured grows by roughly 85 people.¹⁸

■ The problem of uninsurance isn't just linked to employment. Colorado has one of the leanest Medicaid programs in the country in terms of eligibility for benefits based on income. Very low-income, uninsured adults who do not qualify for Medicaid put a tremendous strain on the private sector, the state and taxpayers. Costly emergency room care, in lieu of preventive care, and providers being forced to increase fees to make up for uncompensated care have an impact on all sectors of the state. This cost shifting then drives up the cost of insurance, greatly affecting Colorado's businesses, individuals and families.¹⁹

Gateway 7 | A Healthy Adult Life

If the problem of uninsured adults is not addressed, and an economic downturn occurs, many more of Colorado's hard working adults could be vulnerable to losing health coverage. This delays preventive and life-saving care and places an even more significant strain on the economy.

Why is a healthy adult life important to the Cycle of Opportunity?

Illness or injury is cited in 25% of all personal bankruptcy filings.²⁰

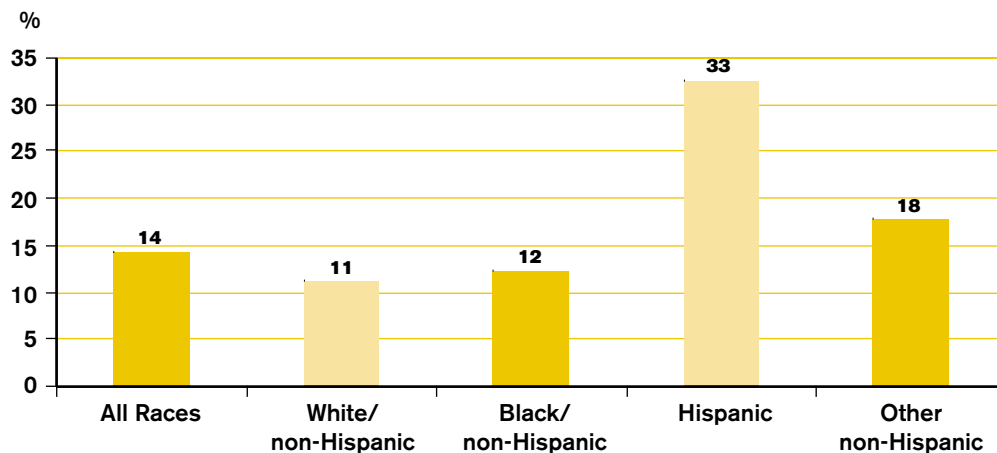
■ The health status of adults affects their ability

to support their families and maintain wealth. Uninsured adults expose their families to losing large portions of their income and assets to illness or injury, placing that family's economic stability at risk.

■ Poor health contributes to productivity loss, not only affecting the business sector but the economy as a whole.

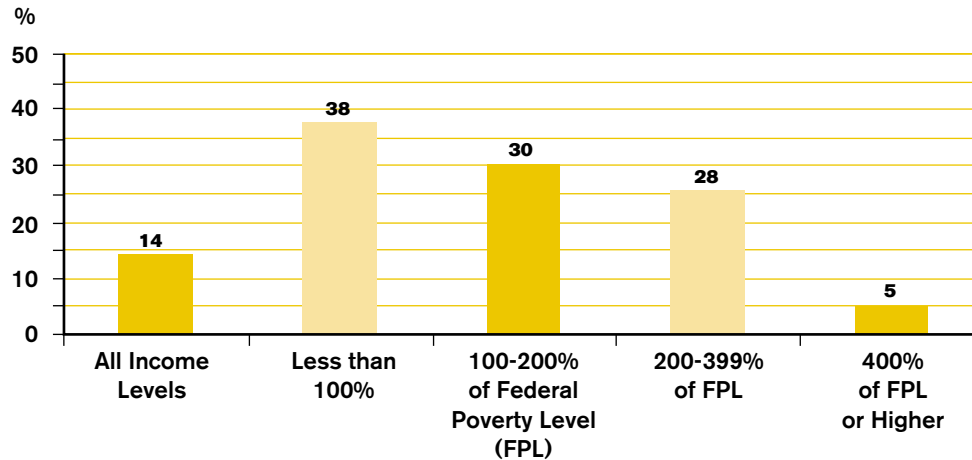
■ According to recent data from the Institute of Medicine, delayed diagnoses and life-threatening complications resulting from the lack of insurance lead to an estimated 18,000 premature deaths in America each year.²²

Uninsurance Rates for Colorado Nonelderly Adults by Race/Ethnicity, 1999²¹





Uninsurance Rates for Colorado Nonelderly Adults by Income Level, 1999 ²³



■ The health habits of adults often impact the health of their children, either because those habits directly endanger them (for example, smoking during pregnancy is a leading contributor to Colorado's low birth weight problem), or because children often adopt their parents' habits (such as poor nutrition or a sedentary lifestyle).

How do other gateways impact adult health?

■ Income, education level, race and age impact health behavior, health status, ability to afford health

insurance and utilization of preventive services. In relation to our three indicators:

- Those with less formal education, those with lower incomes, 18-24 year olds, African-Americans and Hispanics are more likely to smoke.
- Obese individuals, those with high blood pressure, the elderly, those with lower incomes, African-Americans and Hispanics have higher rates of diabetes than other Coloradans.

- Hispanics, those with lower incomes and those 18-24 are less likely to have health insurance.

According to the Colorado Department of Public Health and Environment, African-American adults in Colorado are two-and-a-half times more likely than White adults to have diabetes. Adults earning less than \$25,000 per year are more than twice as likely to have diabetes as adults earning over \$50,000.²⁴

What are some of the state programs designed to provide health care to uninsured adults?

Colorado's state health care programs for adults are lean, fragmented and poorly funded.

- Medicaid is the only federal-state funded program that provides coverage to very low-income adults. However, the eligibility requirements are very restrictive compared to other states—an annual income as low as 37% of the poverty level (\$4,300 for a family of two) can make some adults ineligible. In addition, having even modest assets (for instance, a car worth more than \$1,500) can disqualify applicants. As a result, Colorado has one of the leanest Medicaid programs in the country, covering barely 5% of the population (the average for all states is more than 12%).
- Safety net providers, such as health departments, disproportionate share hospitals, rural health clinics and community health centers offer care but are underfunded—so the care they can give to low-income, uninsured adults is limited. Piecemeal state and federal funds and programs attempt to sustain the fragmented safety net system, yet they deal more with costly emergency care and less with primary and preventive care for adults. For example, Colorado's Indigent Care Program (CICP) provides partial reimbursement to hospitals or community clinics that provide care to low-income adults, but does not reimburse physician care.
- CoverColorado, a health insurance program for people with pre-existing conditions who have been denied coverage by insurers, receives partial funding from the state. The Colorado Legislature reduced funding to this program in 2002, even while enrollment was increasing. This will result in yet another cost shift to the private sector.





What else could Colorado do to improve the health of adults?

Shifting our focus to modifiable behaviors that lead to disease, disability and death is a critical step toward achieving overall health improvement and lowering health costs.

■ Smoking is a costly public health problem in Colorado. These costs can be reduced with better investment in prevention and better public policy.

Almost 90% of adult smokers begin smoking at or before age 18.

- Incorporating tobacco control programs into school curriculums has significantly reduced tobacco use in other states.²⁵
- Colorado should consider increasing excise taxes for tobacco products, as this is one of the most effective short-term strategies for reducing cigarette use among adolescents. The revenue collected brings a partial return of the overwhelming economic and health costs related to smoking.²⁶

■ Lifestyle factors such as inactivity and poor nutrition not only lead to overweight and obesity,

but contribute to the growing epidemic of diabetes. **Colorado should make it a public health priority to address poor behaviors at a younger age.**

Policy-makers can improve health status by ensuring access to medical care.

■ Colorado should commit to the vision articulated by the Colorado Coalition for the Medically Underserved that by 2007, “all Coloradans have unimpeded access to affordable, quality health care.” The state should begin a process to determine how best to meet this goal.

■ Since more than 80% of uninsured adults are employed, strengthening the existing employer-based system of health coverage might improve health outcomes, at least in the short run. Tax credits or subsidies to employers and/or working adults may increase coverage. Since individual tax strategies are often ineffective at reaching low-income, uninsured families,²⁷ a premium subsidy program could be developed.

■ A viable and adequately funded safety net is necessary to balance the efforts of the private sector, especially as unemployment rates rise. Other states