



## HEALTH & INCOME

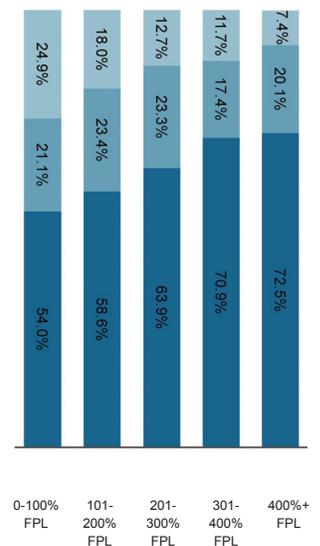
The Colorado Coalition for the Medically Underserved presents this issue brief as part of the Colorado Health Connections Issue Brief Series. Developed using Colorado health survey data, these briefs explore the connections between the health of Coloradans and other defining aspects of our lives – where we live, our levels of educational attainment, our race, and our incomes. Taken collectively, the CCMU Health Connections Issue Brief Series provides a short and informative analysis of the complex nature of individual and community health and the most intriguing and important social factors.

**Q.** Is there a connection between a person’s health and income?

**A.** Data from multiple surveys show a strong connection between health and income.

Data from the Colorado Health Access Survey shows that 73% of Coloradans earning over 400% of the Federal Poverty Level (FPL), or \$43,560 a year for an individual, report very good or excellent health. In contrast, 54% of Coloradans earning below 100% FPL, or \$10,890, report very good or excellent health.

**Fig. 1: Health Status by Income Level**



- Fair or Poor Health
- Good Health
- Very Good or Excellent Health

Source: 2011 Colorado Health Access Survey

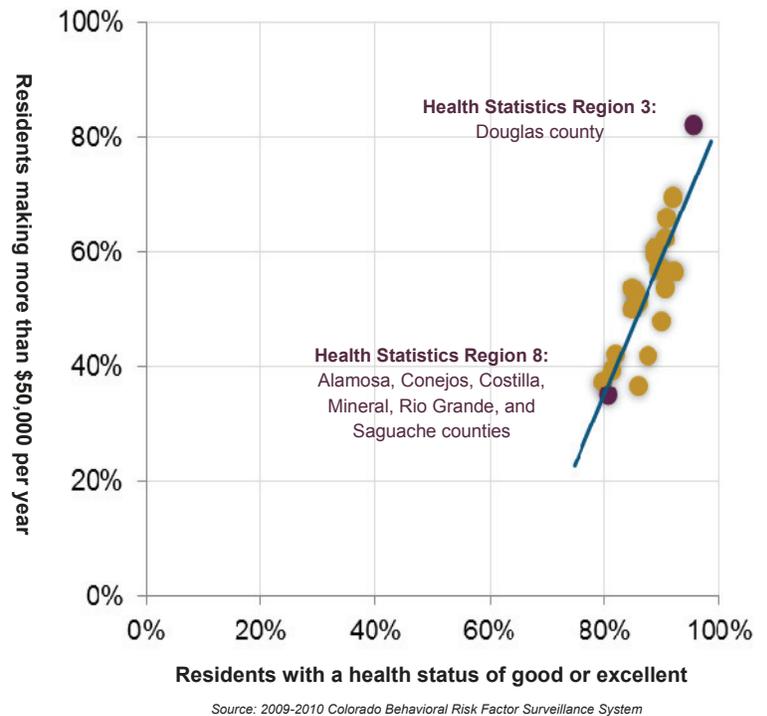
The connection between income and health is also demonstrated by other data sources. Colorado Department of Public Health and Environment data (Fig. 2) shows that Coloradans that live in communities where residents have higher levels of income are more likely to report excellent or very good health.

In Douglas county, 82% of residents earn \$50,000 or more and 96% of the residents in this community report having good or excellent health. In contrast, of the residents in Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache, 35% have annual incomes greater than \$50,000 and 81% report good or excellent health.<sup>2</sup>

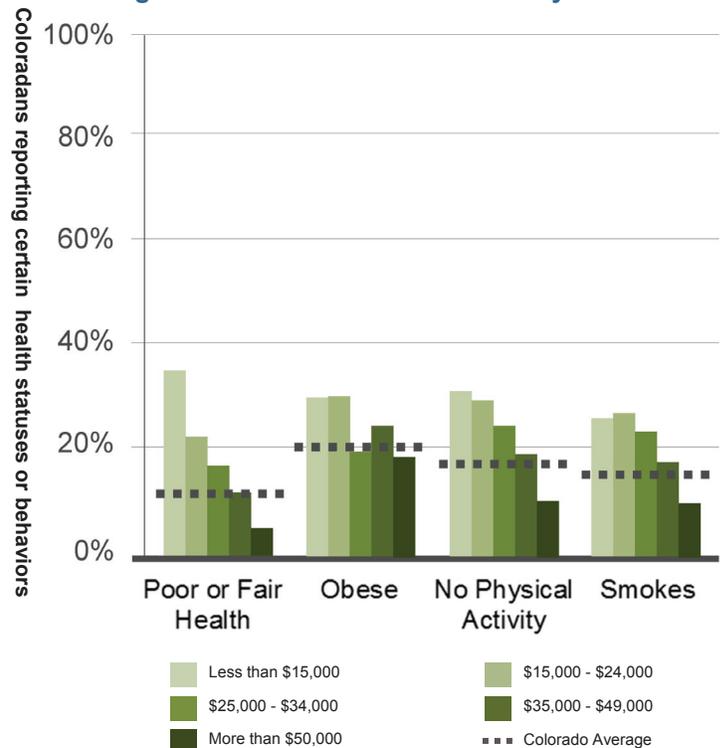
Data from another health survey (Fig. 3) illustrates the connection between income, health, and behaviors or conditions that put Coloradans at risk for diseases like cancer, diabetes, and heart disease.

Again, the data shows that Coloradans with higher levels of income report being healthier, with 5% of residents who earned more than \$50,000 per year reporting they are in poor or fair health compared to 36% of Coloradans who earned less than \$15,000. Additionally, Coloradans with higher levels of income have a lower rate of obesity, physical inactivity, and smoking.<sup>3</sup>

**Fig. 2: Colorado Counties by Health Status & Income**



**Fig. 3: Health Status & Behaviors by Income Level**





The data is clear: a higher level of income means an increased likelihood of living a healthier life.

Many additional studies support the relationship between income and health. Families with higher incomes can afford better quality housing, healthier foods, and more educational opportunities. Families with lower incomes may have difficulty providing the same resources for their children.<sup>4</sup>

Often in public policy making and community improvement initiatives, we address the issues of personal income and health independently. The connections outlined in this brief suggest we must commit to addressing health and economic development concurrently to become a healthier and more economically prosperous Colorado.

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<sup>1</sup> Colorado Health Access Survey. 2011. Denver, CO: The Colorado Trust. The 2011 CHAS was a telephone survey of 10,000 randomly selected households in Colorado, administered from May 2011 to August 2011. The CHAS was funded by The Colorado Trust and administered by the Colorado Health Institute. All estimates have been weighted to the 2011 Colorado population.

<sup>2</sup> Colorado Behavioral Risk Factor Surveillance System, 2009-2010. Denver, CO: Colorado Department of Public Health and Environment. The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing statewide telephone survey designed to monitor the prevalence of health behaviors and preventive health practices associated with the leading causes of disease, disability, and premature death. The 21 Health Statistics Regions (HSRs) are aggregations of counties developed by the Health Statistics Section of the Colorado Department of Public Health and Environment (CDPHE) in partnership with state and local public health professionals. The HSRs were developed using statistical and demographic criteria.

<sup>3</sup> Behavioral Risk Factor Surveillance System Survey Data, 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. For data included in Figure 3, physical inactivity was defined as having not participated in physical activities in the past month; obese was defined as having a Body Mass Index (BMI) of between 30.0 and 99.8; and smoker was defined as smoking cigarettes every day or some days.

<sup>4</sup> Overcoming Obstacles to Health, 2008. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

***We believe everybody should have the opportunity to lead a healthy life.  
We are an agent of change. Thought leaders. Collaborators. Advocates.***

*The Colorado Coalition for the Medically Underserved serves as a bridge, bringing together ideas and resources with people who can make real change happen. We work in collaboration with health care providers, policy and decision makers, industry experts, advocates, and individuals in communities across Colorado and at the Capitol. It is our mission to ensure health care systems meet the needs of the medically underserved and the needs of those providers and systems of care dedicated to caring for the underserved.*



**Colorado Coalition** for the  
**Medically Underserved**

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