

Notes about Data Contained within this Report

Policy Issues

This section examines state legislators' voting records on legislation related to reproductive health care in Colorado. Voting records are for the 2007 and 2008 sessions of the Colorado Legislature. Voting records published by NARAL Pro-Choice Colorado at <http://www.prochoicecolorado.org/assets/files/2007legscorepdf.pdf> and <http://www.prochoicecolorado.org/assets/files/2008legscore.pdf>.

Demographic Information

The information presented in this section includes:

Women of childbearing age: The number of women aged 15 to 44 years as of 2006 as reported by the State Demography Office of the Colorado Department of Local Affairs.

Ethnic breakdown: The total number of individuals by ethnicity as collected by the 2000 U.S. Census and published by the State Demography Office of the Colorado Department of Local Affairs. Data accessed via <http://dola.colorado.gov/dlg/demog/population/race/colrace.pdf>

Women of voting age: The total number of women aged at least 18 who are registered to vote and considered either "active" or "inactive but eligible to vote" by legislative district and statewide, according to the Colorado Secretary of State as of 2008.

Reproductive Health Indicators

The information presented in this section includes:

Unintended pregnancy rate: Percentage of live births that were the result of unwanted or unintended pregnancies in 2006 (or the latest year for which data are available) according to data collected through the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) by the Colorado Department of Public Health and Environment between 2000 and 2006. Research shows that women who experience unintended pregnancies are less likely to seek and receive prenatal care; subsequently, the risk of maternal and infant mortality increases, as do pre-term births and low-weight babies. Moreover, increased health-care costs related to unintended pregnancies, particularly among low-income women and those without access to comprehensive health insurance coverage, often are covered by state and local governments. PRAMS statistics accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Teen fertility rate: Total number of live births per 1,000 women aged 15-17 in 2006 (or the latest year for which data are available) as reported by the Colorado Department of Public Health and

Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Fertility rate: Total number of live births per 1,000 women aged 15-44 in 2006 (or the latest year for which data are available) as reported by the Colorado Department of Public Health and Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Inadequate prenatal care: Percentage of pregnancies that received inadequate prenatal care in 2006 (or the latest year for which data are available) as measured using the Kotelchuck Adequacy of Prenatal Care Utilization Index (KAPCUI) for all ages. KAPCUI assesses the month during pregnancy when prenatal care began as well as a percentage evaluation of the total number of prenatal care visits compared to recommended number of visits. County and state-specific data reported by the Colorado Department of Public Health and Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>. Description of Kotelchuck Adequacy of Prenatal Care Utilization Index published in "Overview of Adequacy of Prenatal Care Utilization Index" by Milton Kotelchuck, Ph.D., M.P.H.; Department of Maternal and Child Health at The University of North Carolina at Chapel Hill; September, 1994; accessed at http://www.mchlibrary.info/databases/HSNRCPDFs/Overview_APCUIndex.pdf.

Births to women aged 15-17: Total number of live births to women aged 15-17 in 2006 (or the latest year for which data are available) as reported by the Colorado Department of Public Health and Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Births to women with less than 12 years of education: Percentage of all births in 2006 (or the latest year for which data are available) that were to women with less than 12 years of education as reported by the Colorado Department of Public Health and Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Pre-term births: Percentage of all births in 2006 (or the latest year for which data are available) that occurred between 20 to 37 gestational weeks as reported by the Colorado Department of Public Health and Environment. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Births within 2 years of most recent live birth: Percentage of all live births in 2006 (or the latest year for which data are available) that occurred less than 24 months after the most recent live birth as reported by the Colorado Department of Public Health and Environment. Data shows that increased intervals of time between births increase likelihood of healthy pregnancies, including decreased likelihood of pre-term and/or low-weight babies. Uses total repeat live births within interval as denominator. Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Low birth weight: Percentage of all live births in 2006 (or the latest year for which data are available) where the weight at birth was less than 5.5 pounds as reported by the Colorado

Department of Public Health and Environment. According to the March of Dimes, “low-birth weight babies are more likely than babies of normal weight to have health problems during the newborn period. Many of these babies require specialized care in a newborn intensive care unit (NICU). Serious medical problems are most common in babies born at very low birth weight” (Low Birth Weight Fact Sheet published by the March of Dimes at http://www.marchofdimes.com/professionals/14332_1153.asp#head5). Birth statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Infant mortality rate: The rate of deaths per 1,000 children during their first year of life in 2005 (or the latest year for which data are available) as reported by the Colorado Department of Public Health and Environment. Death statistics data accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Reported STD rates: Approximated rate of sexually transmitted diseases per 100,000 individuals unless otherwise indicated as of 2007 as reported by the Colorado Department of Public Health and Environment. Data accessed via the Colorado Department of Public Health and Environment AIDS/HIV and Sexually Transmitted Disease Surveillance Report at <http://www.cdphe.state.co.us/dc/HIVandSTD/index.html>. Information is broken down by number of reported AIDS/HIV cases through March 2008, rate of deaths per 100,000 attributed to AIDS/HIV, and the rates of gonorrhea and chlamydia per 100,000 people. According to the U.S. Centers for Disease Control, if left untreated, chlamydia can cause severe health consequences for women, including pelvic inflammatory disease (PID), ectopic pregnancy, and infertility; up to 40 percent of females with untreated chlamydia infections develop PID, and 20 percent of those may become infertile. Likewise, among women, gonorrhea is a major cause of PID, which can lead to chronic pelvic pain, ectopic pregnancy, and infertility. (“Trends in Reportable Sexually Transmitted Diseases in the United States, 2006, National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis,” accessible at <http://www.cdc.gov/std/stats/trends2006.htm>.)

Accessibility of Services

This section provides information about the general availability of reproductive health care services vis-à-vis the demand for such services as reflected by indicators listed in previous sections. Indicators included here include:

Total population without health insurance: Reflects the percentage of individuals within a county that are estimated to be uninsured, according to data released by the U.S. Census Bureau using 2000 Census data.

Number of providers who accept Medicaid: Total number of identifiable health care providers that accept Medicaid according to the Medicaid Provider Lookup tool administered by the Colorado Department of Healthcare Policy and Financing. The count is limited to health care providers and/or locations that are categorized as providers of obstetric care, gynecological services, general medicine and/or family medicine providers according to searchable categories

in the database located at <https://sp0.hcpf.state.co.us/mercury/ProviderSpecialtyLookupCriteria.aspx>.

Women covered by Medicaid for prenatal care: Percentage of most recent pregnancies resulting in live birth in 2006 (or the latest year for which data are available) that were covered by Medicaid according to data collected through the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) by the Colorado Department of Public Health and Environment between 2000 and 2006. PRAMS statistics accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

Women who participated in WIC during pregnancy: Percentage of most recent pregnancies resulting in live birth in 2006 (or the latest year for which data are available) that were covered by the Women, Infant & Child (WIC) program according to data collected through the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) by the Colorado Department of Public Health and Environment between 2000 and 2006. The WIC program administered by the U.S. Food and Nutrition Service, a division of the U.S. Department of Agriculture, provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. PRAMS statistics accessed via the Colorado Health Information Dataset available at <http://www.cdphe.state.co.us/cohid>.

CHP+ enrollment: Estimated percentage of individuals eligible for health care coverage through the Child Health Plan Plus (CHP+) that are enrolled as of State Fiscal Year 2007 as reported in the “CHP+ Annual Report -- State Fiscal Year 2007” published by the Colorado Department of Health Care Policy and Financing; accessible via <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1217239668087>. CHP+ is low-cost health insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.

Availability of birth control: This data reflects the total number of clinics and/or pharmacies that prescribe or fill prescriptions for birth control and emergency contraception (EC), which can be taken within 120 hours of unprotected sex to prevent pregnancy from occurring. These figures are based on data collected through a mail and phone survey conducted by NARAL Pro-Choice Colorado Foundation, dba Prevention First Colorado, in summer 2008 of 919 pharmacies licensed through the state of Colorado and 385 clinics. Due to limited resources, Prevention First Colorado did not survey all licensed health care clinics statewide; selected clinics were prioritized based on provision of services to low-income and/or uninsured individuals and included all city and county health departments, Planned Parenthood clinics, college/university health centers, Colorado Community Health Network sites and limited private practices.

Number of known abortion providers: Total number of locations where abortions are available, based upon publicly available information. Due to concerns about patient privacy and the health and safety of health care personnel who work at clinics where abortions are performed, not all abortion sites in Colorado are reflected in this report. According to the Guttmacher Institute, there were 43 abortion providers in Colorado in 2005, although 78 percent of Colorado counties – where an estimated 23 percent of Colorado women live -- had no abortion provider (“State

Facts About Abortion: Colorado,” published January 2008, accessed at <http://www.guttmacher.org/pubs/sfaa/pdf/colorado.pdf>.)

Hospital(s) and religious affiliation, if known: Name of hospital(s) available for emergency and other medical services to the community. Names and locations of hospitals gathered through the Colorado Hospital Association at <http://www.cha.com>. Religious affiliation determined by visiting individual hospitals’ Web sites. Hospitals’ religious affiliation is relevant given the ongoing trend of buyout of secular hospitals by faith-based non-profit organizations. Access to comprehensive reproductive health care services is jeopardized when such care conflicts with faith-based medical directives. For example, Catholic medical directives ban provision of the following services: abortion; surgical sterilization, including tubal ligation at the time of caesarian-section delivery; birth control counseling; provision of birth control prescriptions; provision of emergency contraception, which can prevent pregnancy if taken within 120 hours of unprotected sex; and termination of ectopic pregnancies. The Catholic Medical Directives that prohibit provision of reproductive health care services are summarized in “No Strings Attached: Public Funding of Religiously-Sponsored Hospitals in the United States” (2002), published by MergerWatch (<http://www.mergerwatch.org>).