kaiser commission on medicaid and the uninsured

KEY FACTS

THE HENRY J. KAISER FAMILY FOUNDATION

June 2000

Health Insurance Coverage and Access to Care Among Asian Americans and Pacific Islanders

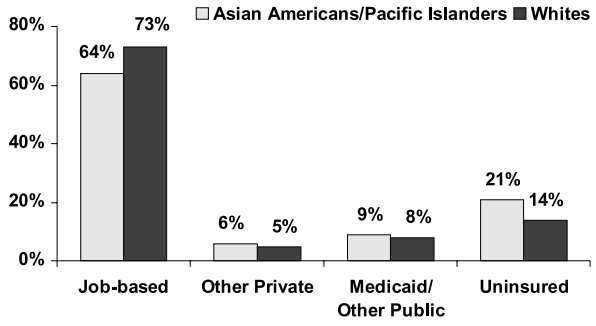
Although all Asian Americans and Pacific Islanders are often counted together as one minority, they are an extremely diverse group. These ethnic subgroups vary not only by national origin, but also by language, culture, socioeconomic status, citizenship and refugee status, the circumstances of immigration, and how long their families have lived in the United States. Some of these ethnic subgroups have recent immigration histories and stronger ties to their Asian culture, while others have substantial numbers of at least third generation Americans. This gradient of acculturation is significant because both culture and language affect health in many ways, including individual health practices and a person's ability to navigate in the American health system.

Health Insurance Coverage

Overall, Asian Americans and Pacific Islanders are less likely than whites to have job-based health insurance coverage (64% vs. 73%) and consequently, are far more likely to be uninsured (21% vs. 14%) (Fig. 1). The likelihood of Medicaid or other sources of public and private coverage are similar for Asian Americans and Pacific Islanders as compared to whites.

Figure 1

Health Insurance Comparison, Asian Americans and Pacific Islanders vs. Whites (Ages 0-64), 1997

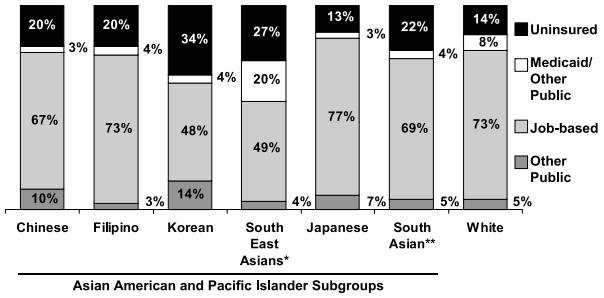


Source: Brown, et. al., 2000 based on analysis of CPS, March 1998.

Asian American and Pacific Islander subgroups, however, vary widely in their health coverage. Job-based coverage ranges from a low of 48% among Korean Americans to 77% among Japanese Americans (Fig. 2). Korean Americans are disproportionately self-employed or work in small businesses, employment situations that are less likely to offer health benefits. Though they are the most likely to privately purchase health insurance, a third of Korean Americans remain uninsured. In contrast, only 13% of Japanese Americans lack health coverage.

Figure 2

Health Insurance Coverage by Asian American and Pacific Islander Subgroups Vs. Whites (Ages 0-64), 1997



*Includes Vietnam, Cambodia, Laos, Thailand and Myanmar
**Includes India, Pakistan and Bangladesh

Source: Brown, et. al., 2000 based on analysis of CPS, March 1998.

Half of Southeast Asian Americans also do not have job-based coverage, but their situation is quite different from that of Koreans. In 1994, nearly half of Southeast Asians lived in families where no adults worked outside the home, but by 1997 only 16% were in non-working families. Despite this trend, over half remain in poor or near-poor families. The Medicaid program has played an important role for Southeast Asians, many of whom are entitled to more generous eligibility provisions as refugees. However, Southeast Asians' Medicaid coverage plummeted between 1994 and 1997(from 41% to 18%), with the net effect of raising their uninsured rate from 16% to 27% despite an increase in their job-based insurance.

Medicaid coverage for most Asian American and Pacific Islander subgroups is well below whites, despite their higher rates of poverty. Most of these subgroups have higher rates of job-based coverage than Koreans or Southeast Asians, yet low Medicaid participation contributes to these groups' higher uninsured rates. Many immigrants, including refugees, fear that enrolling themselves or their children in Medicaid will affect their citizenship status, particularly in the wake of welfare and immigration reforms. For example, only 13% of low-income Chinese have Medicaid coverage compared to 24% of low-income whites.

Some of the coverage differential between Asian Americans and Pacific Islanders and whites is due to poorer coverage of non-citizens, 54% of which have job-based coverage, while 30% are uninsured. However, even Asian Americans and Pacific Islanders who are citizens have lower rates of job-based coverage and higher uninsured rates than whites.

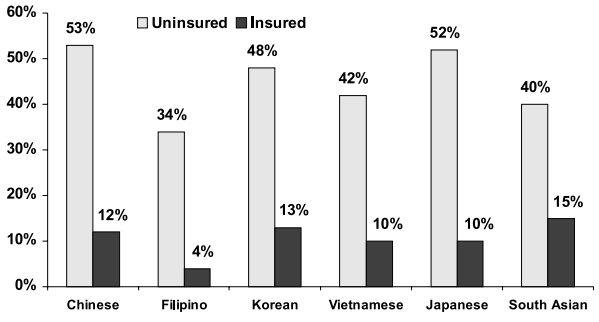
Access to Health Care

Asian Americans and Pacific Islanders of all ages are less likely than whites to have a regular source for health care even though their higher risk for certain easily detected, preventable, and chronic diseases (i.e., cervical cancer, pneumonia, and diabetes) increases their need for a "medical home" and regular physician visits. Lack of health insurance exacerbates these differences, compromising Asian American's and Pacific Islander's connection to the health care system.

The proportion of nonelderly Asian Americans and Pacific Islanders without a usual source of care differs across the subgroups, ranging from 9% of Filipinos to 26% of Koreans. The uninsured in each subgroup are two to four times more likely than the insured not to have a medical home (Fig. 3). Over half of uninsured Chinese and Japanese do not have a usual source of health care. There are no differences in the proportion without a usual source of care between privately insured Asian Americans and Pacific Islanders as compared to whites.

Figure 3

Percent With No Usual Source of Care by Health Insurance Status, Asian American and Pacific Islander Subgroups (Ages 0-64), 1994-1995



Source: Brown, et. al., 2000. Based on analysis of NHIS 1994 and 1995.

How often a person sees a physician also varies by insurance status. Annual exams for young children under age 6 and for adults in fair or poor health, and at least biennial visits for older children and healthier adults are a minimum standard of adequate doctor visits. In most age and health subgroups that can be compared, Asian Americans and Pacific Islanders tend to be less likely than whites to have met these basic levels of care (Fig. 4). For example, 12% of Asian American and Pacific Islander school-age children have not seen a doctor once in the past two years compared to 7% of white children. Asian American and Pacific Islander adults in good to excellent health have the greatest difficulty reaching minimum physician care standards as compared to their white counterparts. Having health coverage cuts the proportion of people, regardless of race, not meeting minimum physician care standards, but it does not eliminate the racial disparity entirely.

Figure 4

Percent Who Have Not Met Minimum Standard for Physician Visits*, 1995-1996

	Asian American & Pacific Islander	White
Ages 0-5*	**8%**	**5%**
Uninsured	**	12%
Medicaid	**	4%
Job-Based/Private	**	4%
Ages 6-17*	**12%**	**7%**
Uninsured	19%	17%
Medicaid	**	6%
Job-Based/Private	9%	6%
Women (Ages 18-64) in Fair to Poor Health	**8%**	**6%**
Uninsured	**	13%
Medicaid	**	3%
Job-Based/Private	**	5%
Men (Ages 18-64) in Fair to Poor Health	**17%**	**14%**
Uninsured	**	29%
Medicaid	**	6%
Job-Based/Private	**	12%
Women (Ages 18-64) in Good to Excellent Health	**15%**	**8%**
Uninsured	27%	18%
Medicaid	12%	5%
Job-Based/Private	12%	7%
Men (Ages 18-64) in Good to Excellent Health	**30%**	**20%**
Uninsured	52%	35%
Medicaid	24%	17%
Job-Based/Private	24%	18%

*At least one physician visit in past year for children ages 0-5 and in past two years for children ages 6-17 (modified AAP standards), and past year for adults in fair to poor health and past two years for adults in good to excellent health.
**Sample size too small for reliable estimate.

Source: Brown, et. al., 2000 based on analysis of NHIS 1995 and 1996.

Policy Implications

Substantial variation exists in the circumstances of Asian American and Pacific Islander ethnic subgroups, but most have uninsured rates of 20% or greater. High rates of self-employment and employment in small businesses are important factors of these groups' lower rates of employment-based health insurance coverage. Medicaid, an important safety net for most low-income populations in the U.S., reaches a smaller share of low income Chinese, Japanese, Filipino and Koreans than whites. While coverage is higher among Southeast Asians, recent steep declines in Medicaid have raised uninsured rates. Welfare and immigration policy, combined with serious shortcomings in the availability of job-based coverage for low-wage workers, have left gaps in health coverage that may have serious consequences on access to care for many Asian American and Pacific Islander subgroups.

Drawn from: Brown, ER, Ojeda, VD, Wyn, R, and R Levan. ***Racial and Ethnic Disparities in Access to Health Insurance and Health Care.*** UCLA Center for Health Policy Research and Kaiser Family Foundation, April 2000. Report available at www.kff.org.