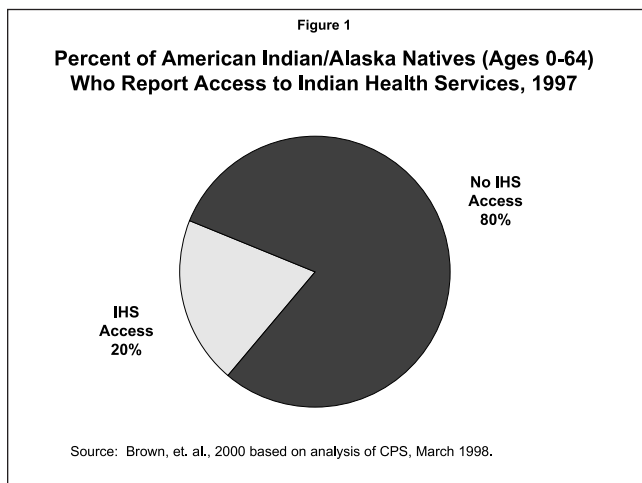


## Health Insurance Coverage and Access to Care Among American Indians and Alaska Natives

There are 2.4 million American Indians and Alaska Natives (also referred to as Native Americans) in the U.S. population. They experience significant disparities compared to whites for many health indicators. The infant mortality rates among Native Americans are nearly one and a half times those of whites. Certain chronic conditions are also particularly high among Native Americans — for example, the highest prevalence of diabetes in the world is found among the Pima Indians of Arizona. Native Americans are disadvantaged in health in part because of their limited access to health insurance, their lower incomes, and decreased access to health care.

### The Indian Health Service

The U.S. government has a trust responsibility based on treaty obligations and federal statutes to provide health care to members of federally recognized tribes — a responsibility that the Indian Health Service (IHS) has partially fulfilled since 1955. However, because these services are predominately available through reservations, in 1997 only 20% of Native Americans reported having access to IHS (Figure 1). Among those using the IHS, half also have either private or Medicaid coverage.

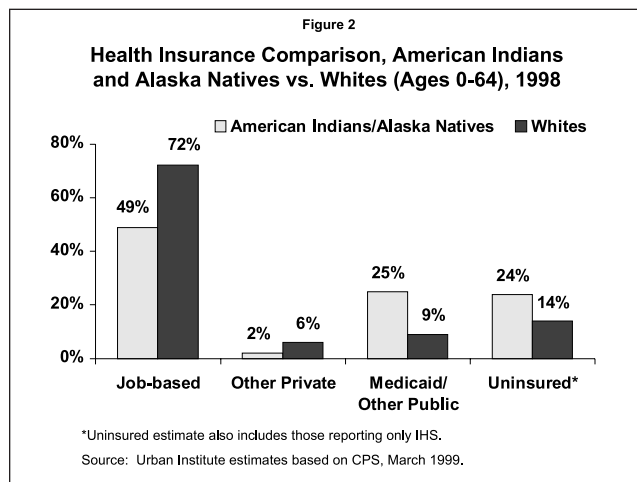


The Native American population resides throughout the nation, but is concentrated primarily in 11 states. Their geographic dispersion throughout reservations and urban areas is a challenge for the IHS. With a few exceptions, IHS clinics and hospitals are located on reservations, primarily in rural areas. However, the majority (as many as 70%) of all Native Americans live in urban areas or do not reside on a tribal reservation. To obtain IHS care, an individual has to travel to his or her home reservation. While the federal government can contract with urban Indian organizations to provide health services, federal

funding has not matched needs. The limited resources are reflected in the absence of even one Native American health clinic in Los Angeles County, the urban area with the greatest number of American Indians and Alaska Natives. In addition to geographic barriers to the IHS, only members of federally recognized tribes are eligible for its services. While 554 tribes are currently recognized by the federal government, many other tribes are recognized by their home states but not the federal government, and their members are ineligible for IHS services.

### Health Insurance Coverage

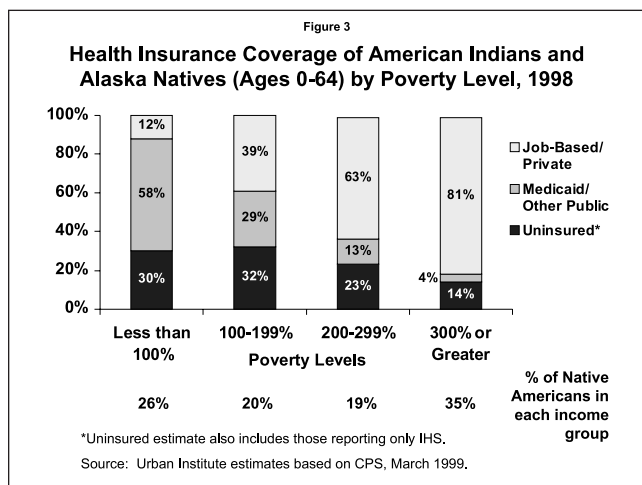
Just under half of Native Americans have job-based health coverage compared to 72% of whites (Fig. 2). Native Americans have fewer opportunities in jobs that are likely to offer health benefits which limits their access to employer-sponsored coverage. They also did not experience the same gains in employer-based coverage from improvements in the nation's economy and employment that many other groups did over the past few years.



Medicaid and other public programs are the primary source of coverage for almost a quarter of Native Americans. Medicaid is a particularly important source of health coverage given that half of non-elderly Native Americans are poor or near-poor with family incomes below 200% of the federal poverty level (\$27,300 for a family of three in 1998) — twice the rate for whites. For low-income American Indians and Alaska Natives purchasing private insurance or affording job-based coverage if available would be extremely difficult financially.

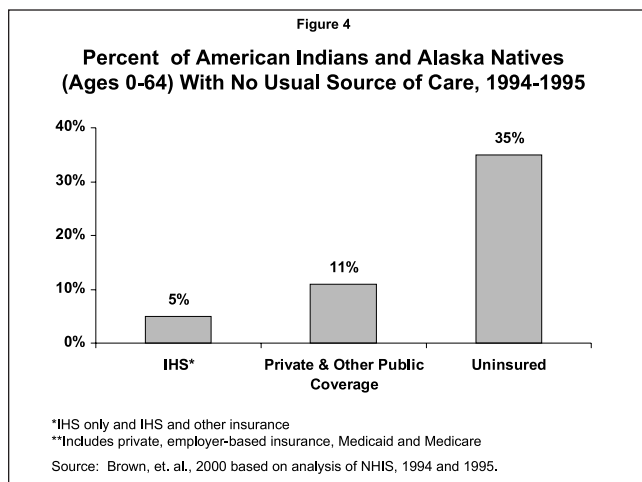
Medicaid is a substantial safety net for the poorest Native Americans, where only 12% have job-based insurance

(Fig. 3). Medicaid and other public programs cover 58% of poor American Indians and Alaska Natives and 29% of the near poor. Still, nearly a third of poor and near-poor Native Americans are uninsured or rely on IHS facilities for care.



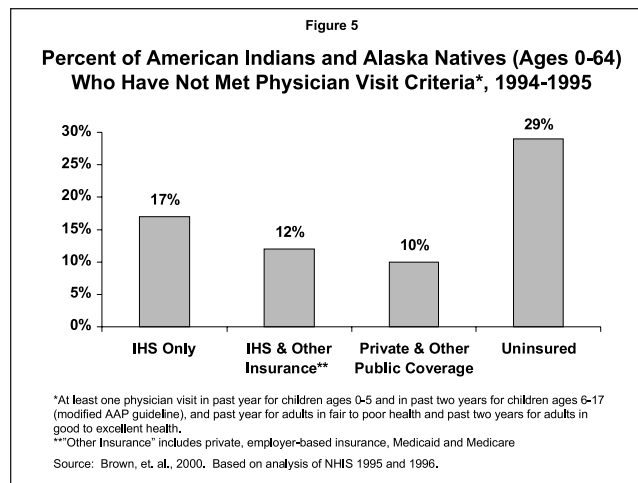
**Access to Health Care**

Having a person or place where one usually goes for medical care provides an important connection to the health system. Health insurance coverage increases the chances of having a “medical home” — improving access to prevention screening, medical care for acute illness, and ongoing care for chronic health conditions. More than a third of uninsured American Indians and Alaska Natives (35%) report that they do not have a usual source of care, more than three times the proportion of those who have some form of health insurance coverage or have access to the Indian Health Service (Fig. 4).



Over a quarter (29%) of uninsured Native Americans do not meet a minimal standard of routine physician care — i.e., annual visits for children under age 6 and adults in

fair or poor health and biennial visits for older children and healthier adults. Having health insurance more than cuts that rate in half (Fig. 5). While Native Americans who are covered only through the IHS are more likely to have a usual source of care they are actually less likely to have obtained the minimum number of doctor visits for their age and health status compared to those with health insurance coverage.



**Policy Implications**

Data on health insurance coverage and access to care for the Native American population is very limited, in part because of their small numbers and wide geographic dispersion. The absence of adequate data contributes to misunderstanding about Native Americans’ access to health care. The Indian Health Service is an appropriated agency and not an entitled benefit for all American Indians and Alaska Natives. Moreover, the large majority of Native Americans (80%) do not have access to the Indian Health Service.

The combination of lack of employment opportunities and low incomes, even in a growing economy, has limited Native American’s ability to obtain health insurance. Consequently, only half of nonelderly American Indians and Alaska Natives have employment-based or other private health insurance and 30% have no health insurance coverage. Medicaid plays an important role but does not cover all low-income Native Americans. Medicaid’s eligibility criteria limit the program’s reach, often excluding low-income adults, and many who are eligible are not enrolled. Uninsured Native Americans, and even those with access to the IHS, are less likely to periodically see a physician than those with coverage. Improvements in access to health care will require both expanded health insurance coverage and increased federal funding of the IHS, particularly in urban areas.

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.