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.

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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.

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The Kaiser Commission on Medicaid and the Uninsured was established by the Henry J. Kaiser Family Foundation to function as a policy institute and forum for analyzing health care coverage, financing and access for the low-income population and assessing options for reform. The Kaiser Family Foundation is an independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

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.