

Insurance Rates of Asian American and Pacific Islander Children Vary Widely

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Six in ten Asian American and Pacific Islander (AAPI) children have employer-based health insurance and over 90% have insurance all year, but children's coverage differs across AAPI ethnic groups.

Based on the most recent California Health Interview Survey data, Korean and Vietnamese children had the lowest rates of continuous job-based coverage in 2001/2003, at 40.5% and 42.6%, respectively, compared to 71.9% of Filipino children and 62.7% of AAPI children overall (Exhibit 1).

However, 42.1% of Vietnamese children were protected by Medi-Cal or Healthy Families coverage all year and only 9.4% were uninsured for all or part of the year. Korean children did not have the same high rate of enrollment in public programs. With only 16.7% in Medi-Cal or Healthy Families, one out of

four Korean children lacked any private or public coverage all or part of the year (Exhibit 1).

Korean children had the highest rates of "other" coverage, mainly privately purchased insurance, at 15.2%, nearly twice the proportion for AAPI children overall. This is likely due to the high proportions of Korean adults who are self-employed, small business owners who purchase their own health insurance for themselves and their families.

Nearly 60% of AAPI children who were uninsured all or part of the year live in families with at least one full-time employee. Less than one-third are in non-working families (Exhibit 2). The rest have at least one parent who works part-time or is self-employed. Increasing the access of children in full-time employee families to employer-sponsored coverage or Medi-Cal and Healthy

Exhibit 1: Asian Ethnic Group by Health Insurance Coverage During Last 12 Months, Ages 0-18, California, 2001/2003*

Race and Ethnic Group	Uninsured All or Part Year	Employment-Based Insurance All Year	Medi-Cal or Healthy Families All Year	Other All Year	Population in 2003
Filipino	7.8	71.9	13.1	7.3	100% 327,000
Korean	27.7	40.5	16.7	15.2	100% 99,000
Chinese	6.9	65.4	19.3	8.5	100% 246,000
Vietnamese	9.4	42.6	42.1	5.9	100% 142,000
South Asian	***	72.0	13.6	10.6	100% 124,000
Japanese	***	77.1	5.8	5.1	100% 82,000
Other Single or Multiple Asian Group	5.1	58.3	31.5	5.3	100% 176,000
Total Asian American and Pacific Islander Population	9.0	62.7	20.4	8.0	100% 1,196,000

Note: Numbers may not add to 100% due to rounding.

* Estimates are derived from pooling 2001 and 2003 data.

** Includes Cambodian, other Southeast Asian, other Asian, and 2 + Asian types.

*** Estimate is too unstable to report (coefficient of variation > 30%).

Source: 2001-R and 2003 California Health Interview Surveys



Exhibit 2: Family Work Status by Insurance Status Among Asian American and Pacific Islander Children, Ages 0-18, California, 2003

Family Work Status	Uninsured All or Part Year	Employment-Based Insurance All Year	Medi-Cal or Healthy Families All Year	Other All Year
Full-time Employee Family	58.9	90.3	63.2	42.8
Part-time Employee Family	***	2.2	5.0	***
Self-employed Family	***	3.1	8.8	34.3
Non-working Family	30.9	4.3	23.0	17.4
Total	100% 100,000	100% 728,000	100% 257,000	100% 111,000

Note: Numbers may not add to 100% due to rounding.

*** Estimate is too unstable to report (coefficient of variation > 30%).

Source: 2003 California Health Interview Survey

Families would greatly reduce the number of AAPI children who are uninsured.

Among AAPI children with Medi-Cal or Healthy Families, over three-fourths are in families with at least one working parent (77%; Exhibit 2). These workers still depend on public coverage for their children, since they lack access to employer-based insurance. Over two-fifths of children with “other” insurance (mainly privately purchased) have parents who are full-time employees, yet they do not have job-based coverage. Those with “other” coverage, not surprisingly, have the highest rates of having self-employed parents, at 34.3%.

Policy Implications

The relatively high rate of employment-based insurance coverage among AAPI children overall masks the considerable variation in coverage across AAPI ethnic groups.

In spite of their low rate of employment-based insurance coverage, Vietnamese children are protected by Medi-Cal and Healthy Families. Korean children, however, who also have a very low rate of employment-based insurance coverage, have half the rate of public coverage enrollment and consequently, twice the rate of uninsurance.

Half of all currently uninsured AAPI children are eligible for Medi-Cal or Healthy Families (51%; data not shown), and one in five of these children is Korean (20.8%). These findings underscore the need to increase access to California’s public coverage programs for children who do not have access to affordable employment-based or privately purchased coverage, enabling Korean and other uninsured children to get

needed health insurance coverage that has been out of their reach.

Data Source

Based on data from the 2001-R and 2003 California Health Interview Surveys (CHIS 2001-R and CHIS 2003), this fact sheet examines AAPI children’s health insurance coverage and family work status. Data from the two surveys have been averaged to provide more stable estimates for health insurance and uninsured eligibility rates among Asian subgroups. Family work status data is only available from CHIS 2003. CHIS provides the most recent information available on health insurance coverage of Californians, both statewide and at the county level.

For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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