

Native Hawaiian and Pacific Islander Women Face Pervasive Disparities in Access to Health Insurance

APRIL 2019

Overview

Data released by the U.S. Census Bureau show that, despite significant health insurance gains since the Affordable Care Act (ACA) was implemented, pervasive coverage disparities remain for Native Hawaiian and Pacific Islander (including but not limited to Guam, Fiji and Samoa) women.¹

The ACA began to correct gaps in access to insurance coverage for women by expanding Medicaid coverage, establishing marketplaces to shop for insurance and providing financial assistance to make coverage affordable. The ACA also guaranteed coverage for a robust scope of benefits, including maternity care, preventive care, mental health services, prescription drugs and more.

Nonetheless, as the data show, more needs to be done to ensure that *all* women have affordable health coverage. Native Hawaiian and Pacific Islander (NHPI) women continue to have higher rates of many preventable diseases and chronic health conditions, including heart disease, cancer and obesity, compared to their white counterparts.² Evidence shows that people with health insurance are more likely to have a personal physician, receive routine checkups, preventative care and chronic illness treatment, than those without coverage.³ Therefore, health insurance provides access to the care NHPI women need to get and stay healthy, including preventive care, routine screenings and management of chronic conditions.

Key Findings

- Nearly 12 percent of NHPI women are uninsured, compared to eight percent of white women.⁴
- One in four low-income NHPI women is uninsured, compared to nearly one in six low-income white women.

- NHPI women in the Midwest region have the lowest rates of health insurance coverage.

Health Coverage Rates for NHPI Women

Overall, 88 percent of NHPI women (age 18-64) in the United States had health insurance in 2017, compared to nearly 92 percent of white women. Coverage rates vary by age group; the oldest NHPI women have the highest coverage rate. NHPI girls (0-17) and women of reproductive age (15-44) face the biggest disparity in coverage.

- Eighty-four percent of NHPI girls (age 0-17) have health insurance coverage.
- Ninety-nine percent of NHPI women age 65 and older have health insurance coverage.

Insurance coverage for women of reproductive age is especially critical.⁵ Women need access to preventive health care, such as birth control, to maintain their health and choose when and whether to become a parent.

For women who choose to become a parent or expand their families, health coverage leads to healthier pregnancies. Pregnant women who lack coverage often delay or forgo prenatal care in the first trimester,⁶ and inadequate prenatal care is associated with higher rates of infant and maternal mortality.⁷

- Eighty-six percent of NHPI women of reproductive age (age 15-44) have health insurance coverage.

NHPI women enroll in health insurance through a variety of sources, including commercial insurers and Medicaid. Most NHPI women (18-64) are covered through one or more of the following three sources:

- Seventy percent have insurance through an employer.
- Thirteen percent are covered by Medicaid.
- Thirteen percent purchase their own insurance on the individual market (most through the ACA health insurance marketplace).

NHPI women with low incomes are less likely to have health insurance than white women with low incomes. In fact, 25 percent of NHPI in households that make less than \$25,000 per year do not have the financial security of knowing they will be covered if they get sick or need to see a doctor. This is compared to 16 percent of white women.

Medicaid Coverage for NHPI Women

Medicaid is vital to the health of millions of women throughout their lives. Medicaid helps NHPI women with low incomes access essential preventive care, family planning, maternal health services, nursing home care and more. Even though NHPI women have

a higher labor market participation rate than that of white women, NHPI women are more likely to hold low-wage jobs that do not provide health benefits.⁸

- More than 43,000 NHPI women (18-64), or one in six, are covered by Medicaid.
- Twenty-four percent of NHPI girls (age 0-17) are covered by Medicaid.

NHPI Women's Health Coverage by Region

Insurance rates vary across the United States. The uninsured rate for NHPI women is highest in the Midwest.

- Thirty percent of NHPI women in the Midwest do not have health insurance.
- Twenty-two percent of NHPI women in the South do not have health insurance.
- Twenty-one percent of NHPI women in the Northeast do not have health insurance.
- Five percent of NHPI women in the West do not have health insurance.

NHPI Women (18-64)													White Women (18-64)				All People (18-64)			
Region	Insured		Uninsured		Insured		Uninsured		Insured		Uninsured									
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent								
Totals	294,725	88.4%	38,683	11.6%	55,093,951	92.0%	4,799,738	8.0%	174,178,287	87.9%	23,935,142	12.1%								
South	52,923	77.6%	15,277	22.4%	18,844,459	88.8%	2,382,828	11.2%	62,553,488	83.7%	12,215,594	16.3%								
Northeast	14,643	79.0%	3,904	21%	10,675,538	94.5%	620,793	5.5%	32,064,965	92.2%	2,707,948	7.8%								
Midwest	21,948	69.8%	9,474	30.2%	14,703,488	93.9%	962,880	6.1%	3,7105,655	90.8%	3,756,180	92.0%								
West	205,210	95.3%	10,028	4.7%	10,870,466	92.9%	833,238	7.1%	42,454,179	89.0%	5,255,420	11.0%								

¹ Native Hawaiian and Other Pacific Islanders refers to people who are descended from the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands who are not of Hispanic ethnicity; Hixson, L., Hepler, B. B., & Kim, M. O. (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved 1 April 2019, from <https://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>; For this analysis, Native American and Alaskan women do not include women of Hispanic ethnicity.

² Native Hawaiian and Other Pacific Islanders refers to people who are descended from the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands who are not of Hispanic ethnicity; Hixson, L., Hepler, B. B., & Kim, M. O. (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved 1 April 2019, from <https://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>; For this analysis, Native American and Alaskan women do not include women of Hispanic ethnicity.

³ McMorrow, S., & Polsky, D. (December 2016). Insurance Coverage and Access to Care Under the Affordable Care Act. Retrieved 30 March 2019, from <https://ldi.upenn.edu/brief/insurance-coverage-and-access-care-under-affordable-care-act>; Sommers, B. D., Gawande, A. A., & Baicker, K. (2017, August). Health Insurance Coverage and Health – What the Recent Evidence Tells Us. *The New England Journal of Medicine*. 377, 586-593.

⁴ U.S. Census Bureau. (2018). Current Population Survey, Annual Social and Economic (ASEC) Supplement: Table PINC-05: Work Experience in 2017 – People 15 Years Old and Over by Total Money Earnings in 2017, Age, Race, Hispanic Origin, Sex, and Disability Status. Retrieved 20 March 2019, from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-05.html> (Unpublished calculation based on the median annual pay for all women and men who worked full time, year-round in 2018)

⁵ National Center for Health Statistics. (2017, June). Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. Retrieved on March 22, 2019, from <https://www.cdc.gov/nchs/data/hus/hus15.pdf>

⁶ Egarter, S., Braveman, P., & Marchi, K. (2002, March). Timing of insurance coverage and use of prenatal care among low-income women. *American Journal of Public Health*, 92(3), 423-427. Retrieved 27 March 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447093/>

⁷ U.S. Centers for Disease Control and Prevention. (2017, September). Pregnancy and Prenatal Care. Retrieved 14 March 2019, from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html>

⁸ United States Department of Labor. (2016, September). Labor Force Characteristics by Race and Ethnicity, 2015. Retrieved 16 March 2019, from <https://www.bls.gov/opub/reports/race-and-ethnicity/2015/home.htm>

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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