

American Indian and Alaska Native Women Face Pervasive Disparities in Access to Health Insurance

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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 American Indian and Alaska Native (AIAN) 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. AIAN women continue to have higher rates of many preventable diseases and conditions, including maternal mortality, diabetes and viral Hepatitis, and are more likely to experience sexual violence and interpersonal violence 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 AIAN women need to get and stay healthy.

Key Findings

- Twenty-one percent of AIAN women are uninsured, compared to 8 percent of white women.⁴
- Nearly one in four low-income AIAN women is uninsured, compared to nearly one in six low-income white women.
- AIAN women in the Northeast have the highest rates of health insurance coverage among all AIAN women.

Health Coverage Rates for AIAN Women

Overall, 79 percent of AIAN 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 and youngest AIAN women have the highest coverage rates.

- Eighty-nine percent of AIAN girls (age 0-17) have health insurance coverage.
- Ninety-seven percent of AIAN 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

- Seventy-nine percent of AIAN women of reproductive age (age 15-44) have health insurance.

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

- Forty-seven percent have insurance through an employer.
- Thirty-one percent are covered by Medicaid.
- Eight percent purchase their own insurance on the individual market (most through the ACA health insurance marketplace).

AIAN women with low incomes are less likely to have health insurance than white women with low incomes. In fact, 25 percent of AIAN women 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 AIAN Women

Medicaid is vital to the health of millions of women throughout their lives. Medicaid helps AIAN women with low incomes access essential preventive care, family planning, maternal health services, nursing home care and more. Even though AIAN women have a higher labor market participation rate than that of white women, AIAN women are more likely to hold low-wage jobs that do not provide health benefits.⁸

- More than 259,000 AIAN women, or one in three, are covered by Medicaid.
- Sixty percent of AIAN girls (age 0-17) are covered by Medicaid.

AIAN Women's Health Coverage by Region

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

- Twenty-five percent of AIAN women in the Midwest do not have health insurance.
- Twenty-two percent of AIAN women in the West do not have health insurance.
- Twenty percent of AIAN women in the South do not have health insurance.
- Seven percent of AIAN women in the Northeast do not have health insurance.

| AIAN 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 | 670,355 | 78.9% | 179,195 | 21.1% | 55,093,951 | 92.0% | 4799738 | 8.0% | 174,178,287 | 87.9% | 23,935,142 | 12.1% | | | | | | | | |
| South | 248,040 | 79.6% | 63,630 | 20.4% | 18,844,459 | 88.8% | 2382828 | 11.2% | 62,553,488 | 83.7% | 12,215,594 | 16.3% | | | | | | | | |
| Northeast | 32,333 | 93.5% | 2,238 | 6.5% | 10675,538 | 94.5% | 620793 | 5.5% | 32,064,965 | 92.2% | 2,707,948 | 7.8% | | | | | | | | |
| Midwest | 91,160 | 74.9% | 30,614 | 25.1% | 14703488 | 93.9% | 962880 | 6.1% | 3,7105,655 | 90.8% | 3,756,180 | 92.0% | | | | | | | | |
| West | 298,821 | 78.3% | 82,714 | 21.7% | 10870466 | 92.9% | 833238 | 7.1% | 42,454,179 | 89.0% | 5,255,420 | 11.0% | | | | | | | | |

¹ Native American and Alaskan women refers to the Census definition: people who have origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. For this analysis, Native American and Alaskan women do not include women of Hispanic ethnicity; United States Census Bureau. (2018). *About Race*. Retrieved on March 5, 2017 from <https://www.census.gov/topics/population/race/about.html>

² Office of Minority Health. (2017). Profile: American Indian/Alaska Native. Retrieved on 26 February 2018, from <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>; U.S. Department of Justice. (2016). National Institute of Justice Research Report. Violence against American Indian and Alaska Native Women and Men 2010 Findings From the National Intimate Partner and Sexual Violence Survey. Retrieved on 26 February 2018, from <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>

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 Data reflects analysis by the National Partnership for Women & Families using the 2017 Current Population Survey, Annual Social and Economic Supplement.

⁵ National Center for Health Statistics. (2016). Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. Retrieved on December 22, 2017, from [https://www.cdc.gov/nchs/data/15.pdf](https://www.cdc.gov/nchs/data/hus/15.pdf)

⁶ Egerter, S., Braveman, P., & Marchi, K. (2002). 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 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447093/>

⁷ U.S. Centers for Disease Control and Prevention. Prenatal Care. Retrieved 4 April 2018, from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html>

⁸ United States Department of Labor. (2016). Labor Force Characteristics by Race And Ethnicity, 2015. Retrieved 16 January, 2017, 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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