

American Indian and Alaska Native Women's Access to Health Insurance

APRIL 2018

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 corrected longstanding, discriminatory 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 chronic health 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 Health insurance provides access to the care AIAN women need to get and stay healthy, including preventive care, routine screenings and management of chronic conditions.

Key Findings

- ▶ Eighteen percent of AIAN women are uninsured, compared to eight percent of white women;³
- ▶ Nearly one in five low-income AIAN women is uninsured, compared to nearly 1 in 6 low-income white women;
- ▶ AIAN women in states that have not expanded Medicaid coverage have some of the lowest rates of health insurance coverage.

Health Coverage Rates for AIAN Women

Overall, 83 percent of AIAN women (age 18-64) in the United States had health insurance in 2016, 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. Nonelderly AIAN women face the biggest disparity in coverage. Insurance coverage for reproductive age women is especially critical.⁴ 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, and inadequate prenatal care is associated with higher rates of infant and maternal mortality.⁵

- ▶ Eighty-six percent of AIAN girls (age 0-17) have health insurance coverage.
- ▶ Eighty-three percent of AIAN women of reproductive age (age 15-44) have health insurance.
- ▶ Eighty-three percent of adult AIAN women (age 18-64) have health insurance coverage.
- ▶ Ninety-seven percent of AIAN women age 65 and older have health insurance coverage.

AIAN women access health insurance through a variety of sources, including commercial insurers and Medicaid. Most AIAN women are covered through one or more of the following three sources:

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

Low-income AIAN women are less likely to hold insurance than white women. In fact, 78 percent of AIAN women in households that make less than \$25,000 per year have health insurance, meaning nearly one fifth of low-income AIAN women do not have the financial security of knowing they will be covered if they get sick or need to see a doctor.

Medicaid Coverage for AIAN Women

Medicaid is vital to the health of millions of women throughout their lives. Medicaid connects low-income AIAN women to essential preventive care, family planning, maternal health services, nursing home care and more. While AIAN women's labor market participation rate is higher than that of white women, AIAN women are more likely to hold low-wage jobs that do not provide health benefits.⁶

- ▶ More than 357,000 AIAN women are covered by Medicaid.
- ▶ Fifty-three percent of AIAN girls (age 0-17) are covered by Medicaid.
- ▶ Nationally, roughly one in three AIAN women relies on Medicaid for health coverage.

AIAN Women's Health Coverage by Region

Insurance rates vary across the United States. The uninsured rate for AIAN women is highest in the South, where most states did not expand Medicaid coverage.⁷

- ▶ Twenty-three percent of AIAN women in the South do not have health insurance.
- ▶ Five percent of AIAN women in the Northeast do not have health insurance.
- ▶ Twelve percent of AIAN women in the Midwest do not have health insurance.
- ▶ Eighteen percent of AIAN women in the West do not have health insurance.

Table 1. Health Insurance Coverage by Region, 2016

Region	Health Insurance Coverage for AIAN Women (age 18-64)				Health Insurance Coverage for All People (age 18-64)				Health Insurance Coverage for White Women (age 18-64)			
	Insured		Uninsured		Insured		Uninsured		Insured		Uninsured	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Totals</i>	979,177	82.5	207,564	17.5	173,521,413	88.1	23,529,721	11.9	67,788,342	89.6	7,910,018	10.4
South	278,018	77.4	81,353	22.6	62,555,368	84.2	11,782,531	15.8	23,670,145	85.8	3,915,441	14.2
Northeast	91,058	95	4,794	5	31,819,377	92	2,767,269	9.3	12,416,945	93.4	875,989	6.6
Midwest	155,731	88.1	21,095	11.9	36,933,998	90.7	3,806,150	15.8	15,628,152	92.02	1,356,675	8
West	454,370	81.9	100,323	18.1	42,212,669	89.1	5,173,770	10.9	16,073,100	90.1	1,761,913	9.9

Data source: National Partnership for Women & Families analysis of the 2017 Current Population Survey, Annual Social and Economic Supplement.

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.

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

4 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/abus/abus15.pdf>

5 National Partnership for Women & Families. (2017). *Repealing the Essential Health Benefits Would be Devastating for Women's Health*. Retrieved December 22, 2017, from <http://www.nationalpartnership.org/research-library/health-care/repealing-the-essential-health-benefits-would-be-devastating-for-womens-health.pdf>

6 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>

7 Regions are based on the U.S. Census Bureau's division of the fifty states. The regions are defined as: Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, and VT); Midwest (IL, IN, MI, OH, WI, IA, KS, MN, NE, ND, SD); South (AL, AR, DE, D.C., FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV); and West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA).

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

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