

Native Hawaiian and Pacific Islander Women's Access to Health Insurance

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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 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. 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 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

- ▶ Sixteen percent of NHPI women are uninsured, compared to 8 percent of white women;³
- ▶ One in three low-income NHPI women are uninsured, compared to nearly 1 in 6 low-income white women;
- ▶ NHPI women in states that have not expanded Medicaid coverage have some of the lowest rates of health insurance coverage.

Health Coverage Rates for NHPI Women

Overall, 84 percent of NHPI 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 NHPI women have the highest coverage rate. NHPI women of reproductive 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

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

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

- ▶ Fifty-five percent have insurance through an employer.
- ▶ Eighteen percent are covered by Medicaid.
- ▶ Twelve percent purchase their own insurance on the individual market (most through the ACA health insurance marketplace).

Low-income NHPI women are less likely to hold insurance than white women. In fact, 68 percent of NHPI women in households that make less than \$25,000 per year have health insurance, meaning nearly one third of low-income NHPI 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 NHPI Women

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

- ▶ Almost 80,000 NHPI women are covered by Medicaid.
- ▶ Forty percent of NHPI girls (age 0-17) are covered by Medicaid.
- ▶ Nationally, roughly one in five NHPI women rely on Medicaid for their health coverage.

NHPI Women's Health Coverage by Region

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

- ▶ Twenty-eight percent of NHPI women in the South do not have health insurance.
- ▶ Twenty-two percent of NHPI women in the Northeast do not have health insurance.
- ▶ Seventeen percent of NHPI women in the Midwest do not have health insurance.
- ▶ Twelve percent of NHPI women in the West do not have health insurance.

Table 1. Health Insurance Coverage by Region, 2016

Region	Health Insurance Coverage for NHPI 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>	363,147	84	69,081	16	173,521,413	88.1	23,529,721	11.9	67,788,342	89.6	7,910,018	10.4
South	60,235	72.	22,897	27.5	62,555,368	84.2	11,782,531	15.8	23,670,145	85.8	3,915,441	14.2
Northeast	29,143	77.9	8,264	22.1	31,819,377	92	2,767,269	9.3	12,416,945	93.4	875,989	6.6
Midwest	24,985	72.5	4,994	16.7	36,933,998	90.7	3,806,150	15.8	15,628,152	92.02	1,356,675	8
West	248,784	88.3	32,926	11.7	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.

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- 1 United States Census Bureau. (2012). *The Native Hawaiian and Other Pacific Islander Population: 2010*. Retrieved 29 January 2018, from <https://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>. "Native Hawaiian and Other Pacific Islanders" refers to people who are descended from the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 2 Asian & Pacific Islander American Health Forum. (2010). *Native Hawaiian and Pacific Islander Health Disparities*. Retrieved 29 March 2018, from http://www.apiahf.org/sites/default/files/NHPI_Report08a_2010.pdf ; Families USA. (2014). *Asian American & Pacific Islander Health Disparities Compared to Non-Hispanic Whites*. Retrieved on 26 February 2018, from http://www.apiahf.org/sites/default/files/NHPI_Report08a_2010.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/hus/15.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 U.S. Department of Labor Women's Bureau. (2015). *Asian American and Pacific Islander Women in the Labor Force*. Retrieved 16 January, 2017, from https://www.dol.gov/wb/images/Asian_Pacific_Islander_Infographic.pdf
- 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).
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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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