AFFORDABILITY OF HEALTH CARE
for Urban American Indians and Alaska Natives

Urban Indian Health Institute
A Division of the Seattle Indian Health Board

FACT SHEET

Introduction

Gaps exist in access to health care for American Indians and Alaska Natives (AI/ANs); however less is known about AI/ANs in urban areas, where barriers and other factors affecting health care may differ. Cost is believed to be a prevailing factor in the availability and utilization of health care.

Using the National Health Interview Survey (NHIS) years 2006-2009, the UIHI examined data on 763 AI/ANs who reported AI/AN as their only or primary race and 42,912 non-Hispanic whites (NHWs) living in urban areas, ages 18 years and older. The study analyzed cost as a barrier to health care access and whether cost barriers are driven by health insurance, income or self-reported health status for urban AI/ANs compared to urban NHWs. All shared results are statistically significant.

Findings

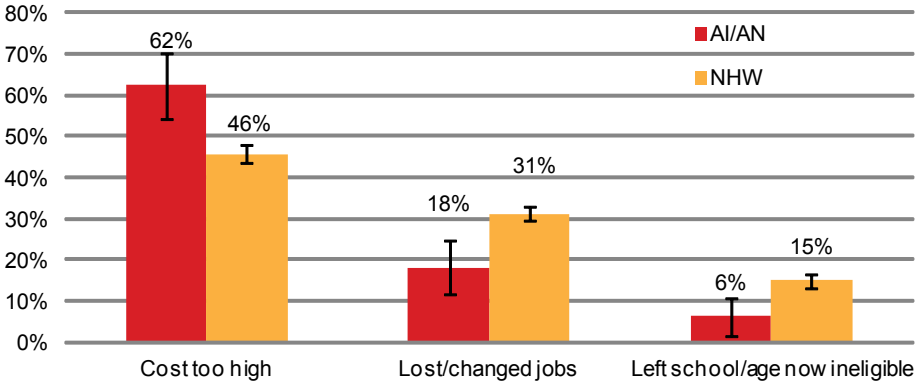
More urban AI/ANs reported delaying care due to cost compared with NHWs (17% vs 11%). Urban AI/ANs were *more likely* than NHWs to report not receiving needed medical care because of cost, regardless of age, sex, marital status and region of residence. Further, urban AI/ANs with any health insurance, living above 200% federal poverty level (FPL) and who reported good or better health status were *still more likely* than NHWs to report not receiving needed medical care because of cost.

However, urban AI/ANs without any form of health insurance (including government funded coverage) were *less likely* than NHWs without health insurance to report not receiving needed medical care or delayed health care due to cost. Urban AI/ANs living below 200% FPL were also *less likely* than NHWs living below 200% FPL to report delayed care due to cost.

The percentage of urban AI/ANs with no health insurance* was 233% higher than NHWs (p=0.00). The primary reason that urban AI/AN lacked health insurance was the cost of insurance (Fig. 1). Fewer AI/ANs cited loss of coverage through employment or school (Fig. 1). The number of months without health insurance in the past year among those with health insurance was similar between urban AI/ANs and NHWs.

* Indian Health Service alone is not defined as insurance

Figure 1: Reasons for Lacking Health Insurance



Source: NHIS, Urban Areas, U.S., 2006-09

Discussion

Cost is still a barrier to health care for urban AI/ANs compared to NHWs, regardless of health insurance coverage, higher income and good health status. Additional cost-related factors, such as lack of information about low/no cost health care services, difficulty obtaining childcare while seeking medical care, lack of transportation and inability to take time off work experienced by urban AI/ANs and should be considered in efforts to improve access to health care for this population[1,2,3].

A striking proportion of urban AI/ANs do not have health insurance and many cited cost as the reason. Health insurance coverage increases the chances of having a "medical home", which improves access to prevention screening, medical care for acute illness and ongoing care for chronic health conditions[4].

Urban AI/ANs experience increased administrative barriers to care attributed to doctor's office and phone wait times and limited office hours, highlighting the capacity challenges faced by clinics serving urban AI/ANs and others in urban areas.[3] For more information on health care for urban AI/ANs, visit: http://www.uihi.org/urban-indian-health-organization-profiles/.

The income categories in our study may mask known income disparities between AI/ANs and NHWs, which could account for reports of not receiving medical care due to cost by urban AI/ANs with higher incomes. Urban AI/ANs with high incomes may still have lower incomes than high income NHWs. Even with insurance coverage, patients are responsible for out-of-pocket costs such as deductibles and copayments.

Indian Health Service (IHS) coverage alone is not defined as health insurance, which may explain the lower reports of cost as a barrier to receiving medical care among uninsured urban AI/ANs compared to NHWs; 15% of urban AI/ANs reported IHS coverage. In one study among a low income population, AI/ANs with only IHS coverage fared better than uninsured AI/ANs and as well as insured whites for key measures, but received less preventive care[5].

Because urban AI/ANs have lower levels of education and higher unemployement, findings that education and employment factors do not drive loss of coverage is unsurprising[6]. Urban AI/ANs who are employed may also be less likely to have employers that offer health benefits compared to NHWs[7].

The finding that urban AI/ANs with lower incomes were less likely than NHWs to have delayed care due to cost requires further study. Examination of health insurance types may provide a more detailed understanding of the potential relationship between income, health insurance coverage and affordability of care for urban AI/ANs. As the U.S. health care system changes over the next decade, these issues will become necessary to examine.

References

1. Urban Indian Health Commission. (2007). Invisible tribes: Urban Indians and their health in a changing world. Seattle, WA.
2. Ahmed, S. M., Lemkau, J. P., Nealeigh, N., & Mann, B. (2001). Barriers to healthcare access in a non-elderly urban poor American population. Health & Social Care in the Community, 9(6), 445-453.
3. Urban Indian Health Institute. (2012). Factsheet: Healthcare access and utilization among urban American Indians and Alaska Natives. Seattle, WA.
4. Brown, R. E., Ojeda, V. D., Wyn, R., & Levan, R. (2000). Racial and ethnic disparities in access to health insurance and health care. Los Angeles, CA: UCLA Center for Health Policy Research, The Henry J. Kaiser Family Foundation.
5. Zuckerman, S., Haley, J., Roubideaux, Y., & Lillie-Blanton, M. (2004). Health service access, use, and insurance coverage among American Indians/Alaska Natives and Whites: What role does the Indian Health Service play? American Journal of Public Health, 94(1), 53-59.
6. Castor, M. L., Smyser, M. S., Taualii, M. M., Park, A. N., Lawson, S. A., & Forquera, R. A. (2006). A nationwide population-based study identifying health disparities between American Indians/Alaska Natives and the general populations living in select urban counties. American Journal of Public Health, 96(8), 1478-1484.
7. Zuvekas, S. H., & Taliaferro, G. S. (2003). Pathways to access: Health insurance, the health care delivery system, and racial/ethnic disparities, 1996-1999. Health Affairs, 22(2), 139-153.