

HEALTH CARE ACCESS AND USE Among Urban American Indians and Alaska Natives



FACT SHEET

Introduction

There are well-documented health disparities affecting American Indians and Alaska Natives (AI/ANs). These disparities may be explained, in part, by differences in access to health care and health care utilization. Studies have indicated that gaps exist in access to and use of health care for AI/ANs, however less is known about access and use of care for AI/ANs in urban areas, where barriers and other factors affecting health care use and access may differ.

Using the National Health Interview Survey years 2006-09, 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. Our study analyzed access to and use of

health care and whether these factors 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.

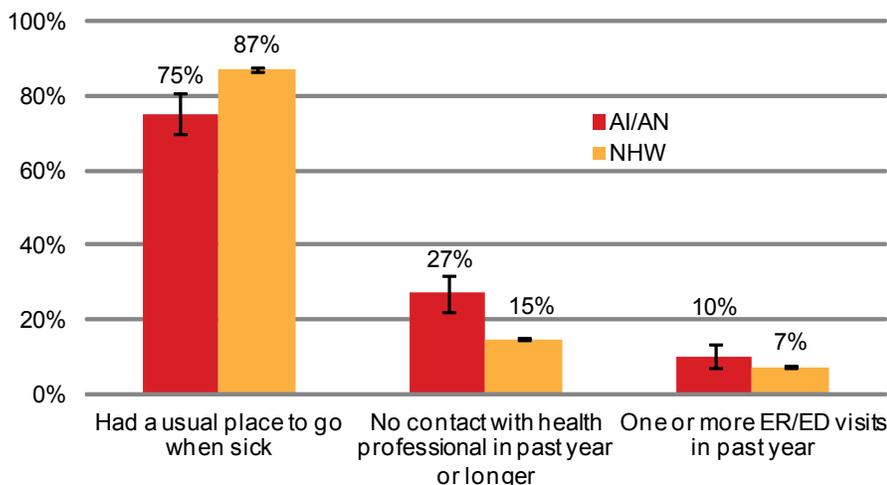
Findings

Compared to urban NHWs, more urban AI/ANs had not talked with a health care professional in a year or longer, fewer urban AI/ANs had a usual place to go when sick and more urban AI/ANs had greater than one emergency room/department (ER/ED) visit in the past year (Fig. 1).

Urban AI/ANs were *more likely* to lack a usual place to go when sick and to have no contact with a health professional in the past year or more, regardless of age,



Figure 1: Access to Care



Source: NHIS, Urban Areas, U.S.

sex, marital status and region of residence.

Urban AI/ANs with health insurance were also *more likely* than NHWs to have had more ER/ED visits in the past year. Even among those with self-reported good or better health status, differences in lack of usual place to go when sick or lack of contact with a health professional persisted between urban AI/ANs and NHWs.

A greater proportion of urban AI/AN reported delayed care for five different barriers (Fig. 2). High cost was the most commonly cited reason for delayed care in both groups. While similar patterns were seen for both groups, lack of transportation and long wait in doctor's office was notably higher for urban AI/ANs compared to NHWs.

Discussion

Significant differences exist for urban AI/ANs compared to NHWs in the same urban areas in access to and utilization of health care.

Neither health insurance nor higher income in isolation improve access to care for urban AI/ANs. These findings indicate the need to consider other factors that affect health care access for urban AI/AN. These factors include: cultural differences,

discrimination (whether intentional or not), perceptions of bias and mistrust and differences in beliefs and attitudes about health care.^{1,2,3}

Urban AI/ANs have increased barriers to care with cost being the most common factor cited.⁴ Other barriers such as doctor's office and phone wait times and limited office hours may highlight the capacity challenges faced by clinics serving urban AI/ANs and others in urban areas.⁵ For more information on health care for urban AI/ANs, visit: <http://www.uihi.org/urban-indian-health-organization-profiles/>.

The lack of transportation as a barrier to care seen in this study confirms prior findings for urban AI/ANs.³ Additional challenges faced by AI/AN individuals seeking care may include lack of information about low or no cost health care services, difficulty obtaining childcare while seeking medical care, inability to take time off work, work and family responsibilities and negative past experiences with the health care system.^{3,6}

Because of the small AI/AN sample size and the fact that more respondents overall report excellent/very good/good health status compared to fair/poor health, we may be less likely to see differences between groups in

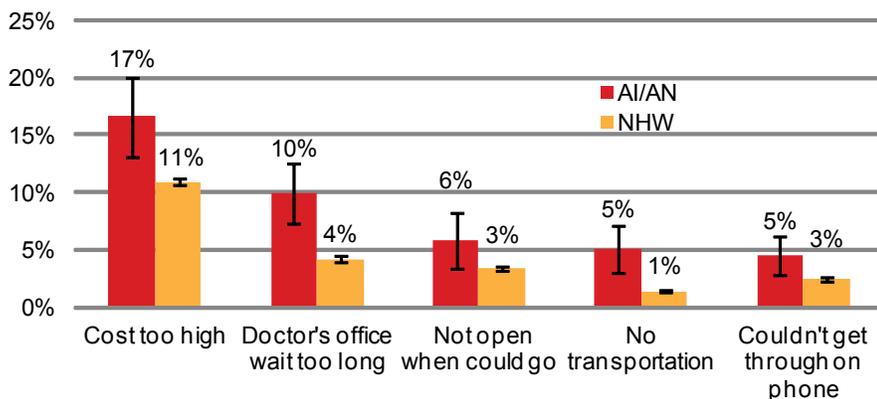
access to and use of care based on this factor.

As U.S. policy makers focus their attention on health care reform and ensuring equitable access to care, attention should be paid to the barriers that exist for this vulnerable population beyond health insurance coverage and poverty in order to create health equity for urban AI/ANs.

References

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Figure 2: Reasons for Delayed Care



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