THE HENRY J. KAISER FAMILY FOUNDATION

RACE, ETHNICITY & HEALTH CARE

APIAHF ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

FACT SHEET

April 2008

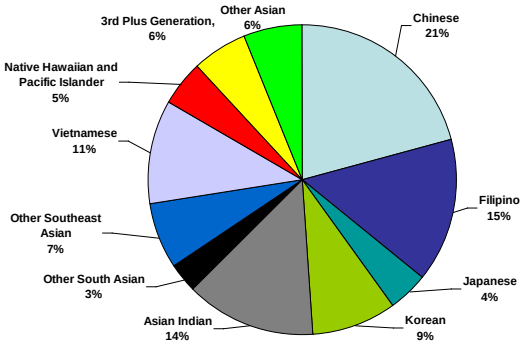
Health Coverage and Access to Care Among Asian Americans, Native Hawaiians and Pacific Islanders

There are over 13 million Asian Americans, and over one-half million Native Hawaiians & Pacific Islanders in the United States.[1] Asian Americans, as a whole, have higher educational attainment rates, median household incomes and lower rates of poverty compared with non-Hispanic Whites. However, the exact opposite is true of Native Hawaiians and Pacific Islanders.

However, analyses of Asian Americans, Native Hawaiians and Pacific Islanders (AA & NHPI) separately, and analyses among the numerous ethnic populations that comprise these two racial groups reveal a complex picture (Fig. 1). Through comparisons with non-Hispanic Whites, the group with the highest rate of health coverage, and the fewest problems accessing care, this fact sheet provides an overview of coverage, access to care, and health status of AA & NHPI.

Figure 1

Percent Distribution of All Asian Americans, Native Hawaiians and Pacific Islanders in the U.S., 2004-2006



NOTE: "3rd Plus Generation" includes Individuals who reported their and their parents' country of birth as the US.
DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.
SOURCE: KFF and Urban Institute estimates

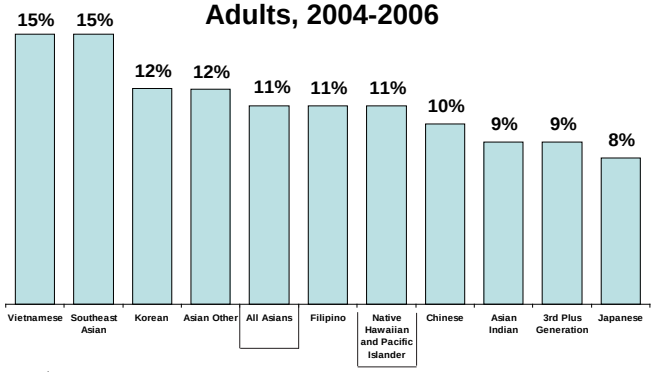
Health Status

In general the health status of AA & NHPI tends to be better than that of non-Hispanic Whites and members of other racial and ethnic groups. They are less likely to rate their health status as fair or poor. Eleven percent of Asian Americans and 11 percent of Native Hawaiian and Pacific Islander adults rated their health as fair or poor. (Fig. 2) compared to 23 percent of American Indians/Alaska Natives, 22 percent of African Americans, 18 percent of Hispanics and 13 percent of non-Hispanic Whites. AA & NHPI also have lower death rates from heart disease, HIV/AIDS and cancer compared to members of other racial and ethnic groups,[2] but they have higher mortality rates for certain types of cancer such as stomach and liver.[3]

Overall, AA & NHPI adults are less likely than non-Hispanic Whites to have a chronic condition (29% vs. 45%), and prevalence rates for any chronic condition are lower in all groups (less than 29%) with the exception of Filipinos (40%). A similar pattern emerges when looking at diabetes. The percentage of Asians and Pacific Islanders who said a doctor or other health professional told them they had diabetes is similar to that of non-Hispanic Whites (8%). However, the prevalence rate among Asian Indians (14%) was significantly higher than that of all AA & NHPI subgroups, and comparable to that of American Indians and Alaska Natives, and African Americans, the groups with the highest prevalence rates for all racial and ethnic groups.

Figure 2

Fair and Poor Health Status Among Asian American, Native Hawaiian and Pacific Islander Adults, 2004-2006



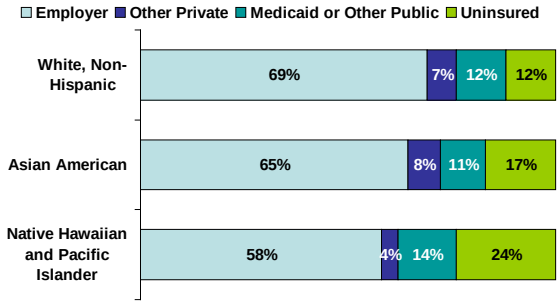
NOTE: "3rd Plus Generation" includes Individuals who reported their and their parents' country of birth as the US. Estimate for Other South Asian not stable. "All Asians" includes only those individuals who self-identified as Asian. Data are age adjusted using the 2000 Census.
DATA: March Current population Survey, 2004, 2005 and 2006, three-year pooled data.
SOURCE: KFF and Urban Institute estimates

Health Insurance Coverage

Most Americans get their health coverage through their employer. Nonelderly AA & NHPI are less likely to have employer-sponsored health coverage compared to non-Hispanic Whites, and are more likely to be uninsured (Fig. 3). Native Hawaiians and Pacific Islanders are more likely to be uninsured and more likely to be on Medicaid than both Asians and non-Hispanic Whites.

Figure 3

Health Insurance Coverage of Nonelderly Asian Americans, Native Hawaiians and Pacific Islanders vs. Non-Hispanic Whites, 2004-2006



DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.
SOURCE: KFF and Urban Institute estimates

There is large variation in health coverage among AA & NHPI subgroups. Employer-sponsored coverage ranges from as low as 49 percent among Koreans to a high of 77 percent among Asian Indians (Fig. 4). Reliance on Medicaid and other public coverage ranges from 4 percent among Asian Indians to 19 percent among Other Southeast Asians, and uninsured rates range from 11 percent among 3rd Plus Generation Asians to 31 percent among Koreans.

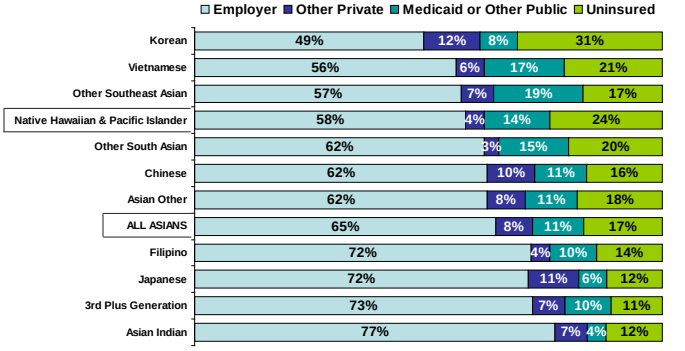
People who work for companies with fewer than 100 employees are less likely to have employer-sponsored coverage than people who work for companies with 100 or more employees. Sixty percent of nonelderly adult Korean workers are employed at a firm with fewer than 100 employees compared to less than 40 percent of other AA & NHPI. It is not surprising

given the nature of their employment that Koreans (31%) are the most likely of all AA & NHPI subgroups to be uninsured.

Health coverage also varies by income. More than 40 percent of nonelderly Vietnamese (42%), Other Southeast Asians (44%), and Native Hawaiians and Pacific Islanders (43%) are poor or near poor compared with 27 percent of the remaining AA & NHPI subgroups. This in part explains higher rates of uninsured and higher rates of Medicaid coverage among these groups.

Figure 4

Health Coverage of Nonelderly Asian Americans, Native Hawaiians and Pacific Islanders, 2004-2006



NOTE: "3rd Plus Generation" includes Individuals who reported their and their parents' country of birth as the US.
DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.
SOURCE: KFF and Urban Institute estimates

Access to Health Care

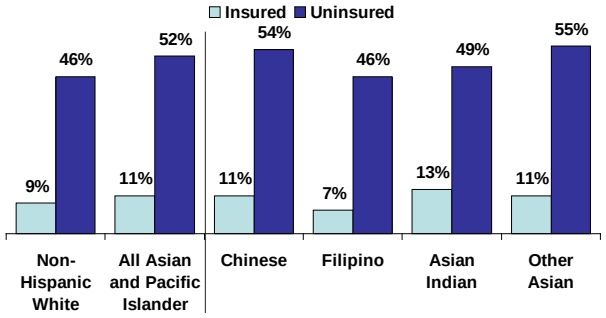
Having a usual source of care is a measure of access to care that is associated with use of preventive services and timely and appropriate medical care.[4] Nonelderly AA & NHPI are more likely to be without a usual source of care compared to non-Hispanic Whites (18% vs. 14%). A closer look shows that 20 percent of Asian Indians and 21 percent of Other Asians lack a usual source of care, while rates for Chinese and Filipinos are similar to that of non-Hispanic Whites. A lack of health coverage exacerbates the problem. Uninsured Asians are more than 4 times as likely to lack a usual source or care compared with insured Asians (Fig. 5).

Access to health care is significantly affected by coverage status. Individuals without insurance are more likely to lack a usual source of care. Among nonelderly uninsured AA & NHPI, 52 percent lack a usual source of care, compared to 46 percent of non-Hispanic Whites.

The uninsured are also less likely to have been to a doctor's office in the past year. AA & NHPI are more likely to have not had a visit to the doctor compared with non-Hispanic Whites (51% vs. 39%). Among uninsured AA & NHPI subgroups, Other Asian (58%) and Chinese Americans (55%) are most likely to not have visited the doctor in the past year compared to Asian Indians (42%) and Filipinos (36%), whose rates are comparable to those of non-Hispanic Whites.

Figure 5

Percent of Nonelderly with No Usual Source of Care by Health Insurance Status, Asian and Pacific Islander vs. White Non-Hispanic 2004-2006



DATA: National Health Interview Survey, 2004, 2005 and 2006, three-year pooled data.
SOURCE: KFF and Urban Institute estimates

Policy Implications

AA & NHPI are two relatively small but diverse populations. Analyses of AA & NHPI subgroups reveal a more complex picture of health coverage and access to care, one which is clouded by both a lack of data and the reporting of data on AA & NHPI as one group.

A closer look at AA & NHPI reveals variations in health coverage, access to care, and health. For some subgroups, these problems are comparable to the most disadvantaged racial and ethnic group. More and better data are needed to fully understand the needs of these populations in order to develop solutions for improved access to and quality health care.

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1 Table 3: Annual Estimates of the Population by Sex, Race, and Hispanic or Latino Origin for the United States: April 1, 2000 to July 1, 2006 (NC-EST2006-03). Population Division, U.S. Census Bureau. http://www.census.gov/popest/national/asrh/NC-EST2006-srh.html

2 James C, Thomas M, Garfield R, and Lillie-Blanton M. Key Facts: Race, Ethnicity & Medical Care. Kaiser Family Foundation, January 2007.

3 Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlader N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

4 Corbie-Smith G, Flagg E, Doyle J and O'Brien M. Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine*. 2002; 17: 458-464.

NOTE: CPS subgroups were generated based on the nativity of the individual and their parents. Any individual who self-identified as Native Hawaiian or Pacific Islander were coded as NHPI. Any individual who self-identified as Asian and stated that either they or there parents were born in a country other than the U.S. were coded for that country. South Asian includes individuals from Bangladesh, Nepal, Pakistan, and Sri Lanka. Other Southeast Asian includes individuals from Myanmar (Burma), Cambodia, Indonesia, Laos, Malaysia, and Thailand. Asian Other includes individuals who they or their parents were born in a country outside of Asia. Finally, 3rd Plus Generation includes individuals who along with their parents were born in the U.S.

Appendix

Asian American, Native Hawaiian and Pacific Islander U.S. Population Estimate, 2004-2006

	N = (thousands)
Chinese	2,698.5
Filipino	1,922.7
Korean	1,118.1
Vietnamese	1,397.3
Other Southeast Asian	951.1
Asian Indian	1,771.7
Other South Asian	359.5
Native Hawaiian or Pacific Islander	609.8
Japanese	553.7
Asian Other	740.6
3rd Plus Generation	765.9
Total	12,889.1*

NOTE: * Data do not include individuals from the Middle East. The inclusion of these individuals would increase total population to 13,044,400.
DATA: March Current Population Survey, 2004,2005, and 2006, three-year pooled data.

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