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Health Insurance Coverage and Access to Health Care for American Indian and Alaska Native Elders

- There is a 20-fold difference in the uninsured rate between Native elders 65 years of age and older and the U.S. general population of the same age group (15% versus 0.7%).
- Native elders who live on a reservation, trust land, or in an Indian community are more likely to report they had no health insurance than those who reside elsewhere.
- Transportation is an especially challenging barrier to overcome for rural Native elders because even if they have health insurance, transportation costs are often not covered by health insurance, and reliable, affordable transportation may not be available.

Access to medical care is problematic for those who are uninsured. Uninsured Native elders are two times more likely to have no regular personal doctor or health provider than those who are insured, and access in rural areas is especially difficult. In general, the uninsured are three to four times more likely to report problems getting needed medical care, are less likely to get preventive health screenings and regular care for chronic health conditions, and are more likely to be hospitalized for avoidable health problems (Kaiser Commission on Medicaid and the Uninsured, 2004; Institute of Medicine, 2002). Minorities

and lower-income adults, who often suffer from poorer health and lack of stable health insurance coverage, particularly benefit from improved health insurance coverage.

American Indian and Alaska Natives (AI/AN) are an especially vulnerable population. Mortality data from 12 Indian Health Service Areas indicate that overall life expectancy for Native Americans is 71.1 years (Ludtke et al., 2002) compared to 77.4 years for all races in the U.S. (NCHS, 2004). Native Americans' lower life expectancy can be partially attributed to higher rates of poverty and chronic disease such as diabetes, mental health disorders, and cardiovascular disease (McCabe, 2001 and Grim, 2003).

Data on health insurance coverage and access to care for the AI/AN population, especially elders, are limited. The major national surveys used to assess health insurance coverage (e.g., the National Health Interview Survey and the Medical Expenditure Panel Survey) have small sample sizes of AI/ANs, limiting analyses for sub-groups defined by age and geographic location within this population. In addition, a misperception exists that all Native Americans have health insurance coverage through the Indian Health Service (IHS). The IHS is not a health insurance program; rather, it is federally funded to provide health care services to eligible AI/ANs (IHS, 2006).

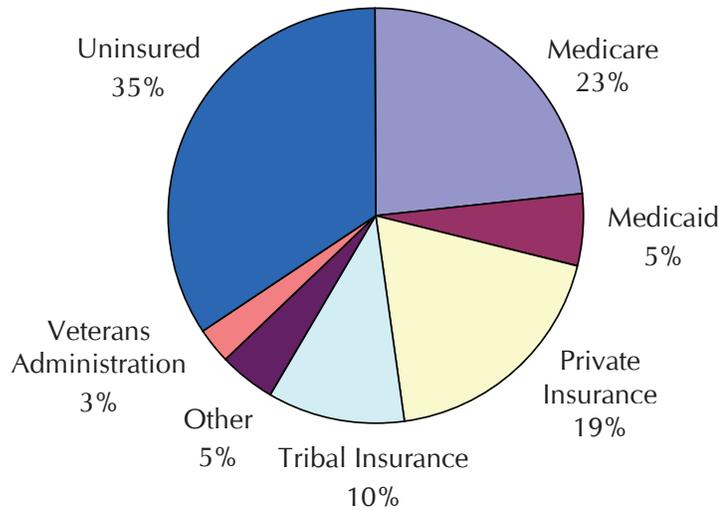
This study assesses health insurance coverage and access to health care among American Indian and Alaska Native elders (Native elders), defined as 55 years or older, using data from a national survey, *Identifying our Needs: A Survey of Elders I*. The survey was conducted by the National Resource Center on Native American Aging at the University of North Dakota Center for Rural Health and included more than 8,300 Native elders.

Health Insurance Coverage

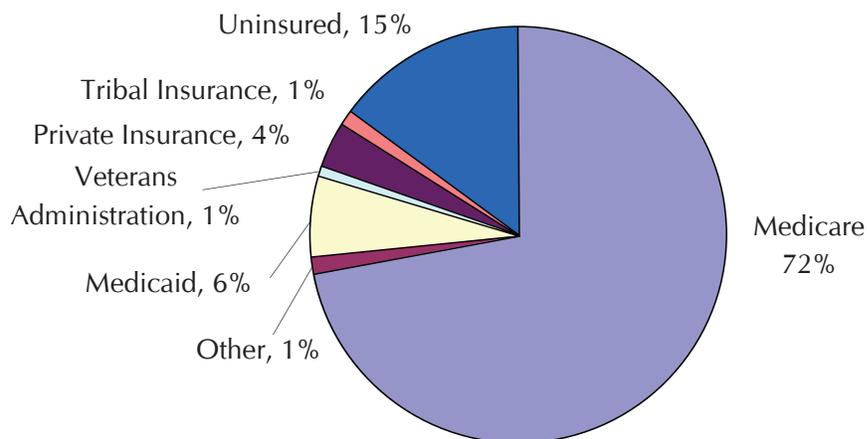
What Types of Health Insurance Coverage Do Native Elders Have?

The Native elders were separated into two age groups – 55 to 64 years and 65 years and over — due to the eligibility for Medicare coverage at age 65. However, not all Americans are eligible for Medicare because of the requirement for 40 quarters of Social Security-covered employment. This eligibility requirement may be more problematic for Native elders than other elders due to high unemployment rates on reservations. Alternatively, some Native elders under 65 years of age may be eligible for Medicare if they are disabled or have End Stage Renal Disease (CMS, 2007). For both age groups, the most frequently reported health insurance coverage is Medicare (Figure 1). The 55 to 64 years of age group relies more on private and tribal insurance (19% and 10.4%, respectively) than do elders 65 years and over.

**Figure 1. Health Insurance Coverage for Native Elders
55 to 64 Years of Age**



**Figure 2. Health Insurance Coverage for Native Elders
65 Years and Over**



What are the Characteristics of the Uninsured Native Elders?

Age is the greatest predictor of health insurance status among Native elders. Young Native elders, 55 to 64 years of age, are most likely to be uninsured with one-third reporting having no insurance while 13 percent of adults 55 to 64 years of age in the U.S. general population report they are uninsured (Kaiser, 2004). Older Native elders, 65 years and older, are also less likely to be insured;

there is a 20-fold difference in the uninsured rate between Native elders 65 years of age and older and the U.S. general population (15% versus 0.7%).

Overall, the percent of uninsured Native elders residing in rural areas is higher than those in urban areas (Table 1). In addition, Native elders who live on a reservation, trust land, or in an Indian community are more likely to report they had no health insurance than those who reside elsewhere.

Table 1. Percent of Uninsured Native Elders by Residency/Rurality

Residence /Rurality	Percent Uninsured 55 to 64 Years of Age	Percent Uninsured 65 Years and Over
Urban	32.5	12.1
Large Rural	37.6	13.4
Small Rural	26.9	19.8
Isolated Rural	38.6	15.8

Income also influences health insurance status among Native elders. About one-fourth of Native elders with annual incomes less than \$25,000 report they are uninsured, while 15 percent of Native elders with incomes of \$25,000 or more per year, report not having health insurance.

Access to Health Care

Uninsured Native elders are more than twice as likely to indicate they have no regular personal doctor or health provider as insured Native elders (43% versus 20.4%). Access to a regular source of care is also more problematic for rural Native elders than for urban Native elders (27% versus 19%). Uninsured Native elders report seeking health care at an IHS/tribal or community health center more frequently than insured elders (80% versus 63%) and less than two percent of all Native elders identify a hospital emergency room as their source of health care.

Native elders who lack any coverage are the most likely to report going without needed health care in the prior year as compared to Native elders with coverage (17% versus 12%). Native elders in the lowest income category with annual incomes less than \$10,000 were six times more likely to report going without care than Native elders with incomes \$25,000 and over. Additionally, Native elders identify long waiting times, transportation, and cost as reasons for not getting health care when it was needed.

Conclusions and Implications

These results indicate that Native elders face low levels of adequate insurance coverage and, as a consequence, less access to needed health care. Relative to the levels of coverage and access for the general population, these results suggest dramatic disparities. Clearly, the lack of health insurance serves as a barrier to accessing health care services but it is not the only barrier. In addition to cost, other reasons cited for not getting health care when it was needed included long waiting times and transportation problems. Transportation is an especially challenging barrier to overcome for rural Native elders because even if they have health insurance, transportation costs are often not covered by health insurance, and reliable, affordable transportation may not be available.

Policies are needed that address the financial, geographical, and cultural aspects that negatively impact access to culturally appropriate care. A multi-faceted policy strategy to increase health care access is required if meaningful progress is to be made in eliminating the health disparities experienced by Native elders and the AI/AN population.

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