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Native Fact Sheet

Health Care Coverage by Age for American Indian/ Alaska Native Elders

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Health insurance coverage is an important factor when attempting to access quality health care. Uninsured individuals will not be able to access the type of specialized care they require to maintain a good health status. A fair percentage of American Indian/Alaska Natives (AI/AN) are uninsured at 26.9% compared to White, Non-Hispanics at 9.8% (U.S. Census Bureau, Health Insurance Coverage in the United States: 2013). A large portion of AI/ANs rely on Indian Health Service (IHS) for their health care needs. Unfortunately, IHS facilities lack the resources, health care workers, and funding to serve the more than 2.2 million out of the estimated 3.7 million AI/ANs that require health care services (www.ihs.gov). In addition, when services are not available at an IHS facility, individuals are referred to a non-IHS facility for care. This may lead to confusing IHS with being a health insurance; however, it is not a type of health care insurance. IHS is a federally funded program that offers health care services to tribal enrolled members.

IHS does provide financial coverage in certain circumstances for health care services required at a non-IHS facility through the program Contract Health for Services (CHS) (Indian Health Service, 2013). CHS is a type of third-party payer funded through IHS. It covers expenses for the individual receiving services at a non-IHS facility; however, the individual must meet certain requirements to qualify for payment. Eligibility requirements include residency requirements, notification requirements, medical priority, and use of alternative resources (Indian Health Service, 2013). For example, using alternative resources requires the individual to exhaust all other health insurance for payment of health care services before CHS is used to cover expenses.

At times, the patient will meet all eligibility requirements, but still will be denied payment. This occurs when CHS is lacking sufficient funds. IHS is classified as a discretionary program, which means there is no federal guarantee there will be adequate funding to provide medical services to all AI/AN people (James, Schwartz, and Berndt, 2009). This has limited the services available to AI/AN people due to chronic under funding of the IHS program (James, Schwartz, and Berndt, 2009). In addition, this has constrained funding for the CHS program. Many times funds are diminished before the end of a fiscal year. This causes hardships for the many tribal enrolled members who depend on CHS to fund medical services obtained at non-IHS facilities. These uninsured individuals who have no other type of insurance depend solely on IHS to provide and fund all of their required medical services. If funding is not available, many of these people wait for the next fiscal year to receive necessary services. In many cases, the medical issue becomes worse. The absence of adequate health insurance leaves some tribal members depending solely on IHS services. The IHS program lacks resources and funding to fully meet the needs of tribal members. As a result, these factors may contribute to exacerbating minor, treatable health issues for Native elders which leads to an increase in the development of chronic health conditions among this population. Statistics show that one in five (18%) of AI/ANs have two or more chronic health conditions. This emphasizes the importance of Native Elders being able to access health care services and have financial resources, such as health insurance, available to cover required health care service costs so they can enjoy a positive health status.

Methods

The data used for this analysis was acquired from "Identifying our Needs: A Survey of Elders Cycle V" conducted by the National Resource Center on Native American Aging. The national survey is completed every three years. The survey is administered in collaboration with tribes, villages, and homesteads around the U.S. The Cycle V survey spans from 2011-2014. The total number of participating AI/AN elders for this cycle was N=17,049.

The demographic variable used in the analysis was age. Health care coverage was measured with four independent binary variables; having public insurance (Medicare, Medicaid, or Veterans'), having private insurance, using Indian Health Service/Tribal health care, and having no insurance. Cross tabulations were created between the demographic variable of age and the coverage variables. Chi-square statistics were used to test the strength of the associations.

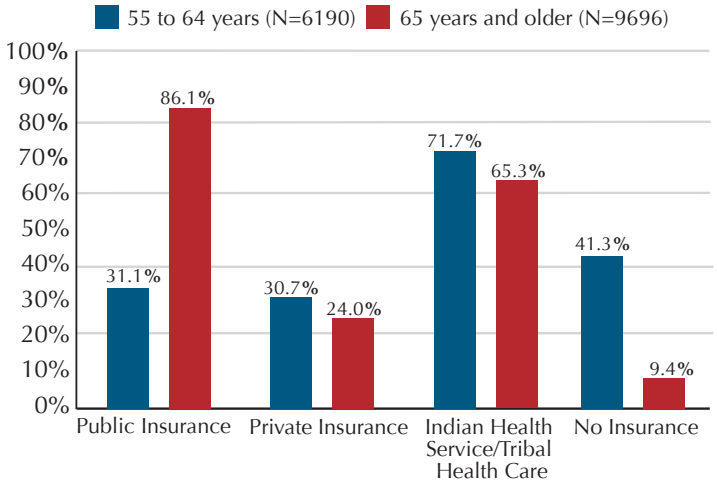
Results

For public insurance, the 65 years and older age group had the highest coverage at 86.1% (Chi-Square = 5008.23, p < .001; See figure 1).

For private insurance, Indian Health Service/Tribal health care, and no insurance, the 55 to 64 years of age group had the highest coverage at 30.7%, 71.7%, and 41.3% (Chi-Square = 88.79, p < .001, Chi-Square = 71.79, p < .001, and Chi-Square = 2264.18, p < .001; See figure 1).

All types of health care coverage were statistically significant, so we can presume that age does have an effect on these four types of insurance.

Figure 1. Health Care Coverage by Age Among American Indian/Alaska Native Elders



Discussion

The findings in this study suggest that many AI/AN elders rely heavily on Indian Health Service/Tribal health care. In addition, the 65 years and older AI/AN elders age group relies immensely on public insurance coverage at 86.1%. On the other side of the spectrum, the 55 to 64 year old AI/AN elders' age category has a higher rate of no insurance at 41.3%. This is a very high number of AI/AN elders who do not have insurance coverage. A large percentage of AI/AN elders are unable to afford private health insurance due to the high rates of unemployment on reservations. In addition, some Native American elders may not qualify for public insurance. Not all Americans are eligible for Medicare because of the requirement of 40 quarters of Social Security-covered employment. Native elders may have difficulties with this requirement due to the high unemployment rates on reservations (Upper Midwest Rural Health Research Center, 2007).

Although it is difficult for AI/ANs to afford private health care coverage, the passage of the Affordable Care Act (ACA) will assist in making affordable private health care coverage available to AI/ANs. Native Americans stand to benefit with the passage of the ACA due to more options becoming available for affordable health care insurance. Affordable health care coverage is available for purchase in the Health Insurance Marketplace. There are special benefits for AI/ANs who are members of federally recognized tribes. However, until the ACA gains more ground in Indian country by making AI/ANs aware of the benefits available, this does not fix the high rate of health disparities or lack of access to quality health care services for this population.

In conclusion, AI/AN elders lack health care coverage and rely heavily on the IHS/Tribal health care programs. However, changes can be made to help improve this situation which include: increased funding and resources for the IHS/Tribal health care programs, affordable private health care insurance, and qualification for public insurance programs are needed for AI/AN elders so they can enjoy an improved health status and a higher quality of life.

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