

Health Coverage in Asian American and Pacific Islander Communities: What's the problem and what can you do about it?

December 2002

A Asian American and Pacific Islander communities still face inequalities in health coverage, provider access, and overall health status. Uninsured adults are less likely to receive preventive care, screening services, and appropriate acute or chronic disease management, and they are more likely to have poorer overall health compared to insured individuals.¹ The lack of health insurance often forces people to put off getting needed medical care because they cannot afford the out-of-pocket costs of health services. These problems disproportionately affect the diverse and fast-growing ethnic groups known as Asian American and Pacific Islanders (AAPIs). AAPIs make up about 4 percent of the population but greater than 5 percent of the uninsured.²

THE PROBLEM

Disparities in Coverage

Despite the decline in the number of uninsured Americans that began in 1999, significant disparities in health coverage among different racial and ethnic groups persist. Recent Census data show that the number of uninsured Americans has started to rise again. Communities of color continue to be disproportionately affected by a lack of health insurance. Eighteen percent of Asian Americans and Pacific Islanders are uninsured. This is above the national average of 15 percent and well above the percentage of uninsured, non-Hispanic whites (10 percent). Twelve percent of Asian American and Pacific Islander children have no health insurance.³ Twenty-one percent of AAPIs ages 18-64 were uninsured at some point in the last year, compared with 20 percent of white adults in the same age group.⁴

Disparities in Access

Health status and quality of care are compromised when people do not have access to a regular health care provider, and access

to health care remains a problem for communities of color. Thirty-two percent of AAPIs report having no regular doctor. Overall, 45 percent of AAPIs report being very satisfied with their care over time. This average, however, ranges from 29 percent of Chinese to 71 percent of Japanese.⁵

Insurance Coverage⁶

Ethnic Group	Uninsured
AAPI Overall	21%
Chinese	16%
Filipino	15%
Indian	18%
Japanese	4%
Korean	55%
Vietnamese	37%

AAPIs are experiencing increasing mortality rates for cardiovascular disease, tuberculosis, and cancer. Different subgroups of AAPIs exhibit different health status problems. For example, Filipinos suffer more from hypertension than do Chinese or Japanese Americans.

An obstacle to medical care for AAPI families is the shortage of culturally appropriate services. Without language translation services or culturally competent care, it is difficult to offer this population satisfactory care. But even when culturally appropriate services are available, lack of health insurance plays a crucial role in low rates of access to quality health services and worsening problems in the health status of the AAPI community.

Working Families Can't Afford Coverage

Health insurance is expensive, and few of us could afford it by ourselves. If the cost were not paid in part by employers, most families would not be able to get coverage. Contrary to popular belief, most people who lack health insurance are in working families. In fact, more than 80 percent of uninsured adults and children live in working families. Unfortunately, workers employed by small firms, low-wage firms, or certain employment sectors are less likely to be offered coverage and, if they are offered coverage, it is often unaffordable. Sixty-two percent of AAPIs have employment-based coverage, compared to 68 percent of non-Hispanic whites. Rates for employment-based health insurance coverage vary within each subpopulation. Koreans and Vietnamese have lower rates of employment-based coverage than do Japanese. The high rate of uninsurance among certain groups of AAPIs also reflects the lower use of public coverage by most subpopulations.⁷⁷

The “Model Minority” Myth

Asian Americans and Pacific Islanders are often stereotyped as the “model minority.” Asians are perceived as having more successfully adapted to American life—having higher incomes and higher education levels than other groups of color. They are considered to be passive, compliant, and overachieving, without problems or needs. This widely held belief obscures the difficulties that many AAPI families, especially recent immigrants, face with regard to socioeconomic and health status.

Asian and Pacific Islander Immigrants Are Even More Likely to Be Uninsured

The Welfare Reform Act of 1996 placed restrictions on immigrants’ access to public programs. Legal immigrants who lived in the U.S. before August 22, 1996 can be covered through Medicaid or the State Children’s Health Insurance Program (SCHIP) in every state except Wyoming. Those who entered on or after that date are not eligible for five years, and then other restrictions apply. Undocumented immigrants are barred from Medicaid in most states. These restrictions prevent a large number of recent Asian immigrants from obtaining coverage through Medicaid or SCHIP. Even immigrants who do qualify are afraid to apply because they wrongly fear that receiving Medicaid will jeopardize their citizenship status. (See the Families USA fact sheet, *Immigrants’ Eligibility for Medicaid and CHIP*.⁸)

THE SOLUTION

Expanding Coverage

Expanding public health insurance programs like Medicaid would greatly help uninsured Asian families. And the State Children’s Health Insurance Program (SCHIP) opened the door for more children to obtain health insurance coverage. Now, children in most states are eligible for Medicaid or SCHIP if their family incomes are as high as twice the federal poverty level (\$36, 200 for a family of four).⁹ Many states have liberalized Medicaid and/or SCHIP coverage for the parents or caretaker relatives of these children, but more states need to take advantage of the option to expand coverage to parents as well as to adults without children.

What can you do?

- ✓ Educate yourself on the issue.
- ✓ Help spread the word!
- ✓ Join a coalition working on the issue in your state.
- ✓ Write the members of your state legislature and your members of Congress.
- ✓ Register to vote... and vote!

For more information on expanding health insurance within communities of color, contact the Field Department at Families USA at
1-800-593-5041

¹ Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington: National Academy Press, 2001).

² Mills, R. *Health Insurance Coverage: 2001* (Washington, U.S. Census Bureau, September 2002).

³ Ibid.

⁴ Hughes, D. *Quality of Health Care for Asian Americans: Findings from the Commonwealth Fund 2001 Health Care Quality Survey* (New York: The Commonwealth Fund, March 2002).

⁵ Ibid.

⁶ Ibid.

⁸ Families USA, *Immigrants’ Eligibility for Medicaid and CHIP*, (Washington, Families USA, February 2001).

⁹ Tumlin, Karen C., Wendy Zimmerman, and Jason Ost, *State Snapshots of Public Benefits for Immigrants: A Supplemental Report to “Patchwork Policies”* (Washington: The Urban Institute, August 1999).