Health Care and Health Outcomes

Part of the "State of Asian Americans and Pacific Islanders" Series

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Access to health care and health status are two general sets of indicators of how Asian Americans and Pacific Islanders are doing with respect to health. There have been significant improvements in Asian American access to health care through the Affordable Care Act, or ACA. At the same time, Asian Americans face significant linguistic and cultural barriers to health care and significant gaps in health status remain, with disparities that vary by community.

Before the ACA, many Asian Americans and Pacific Islanders lacked insurance

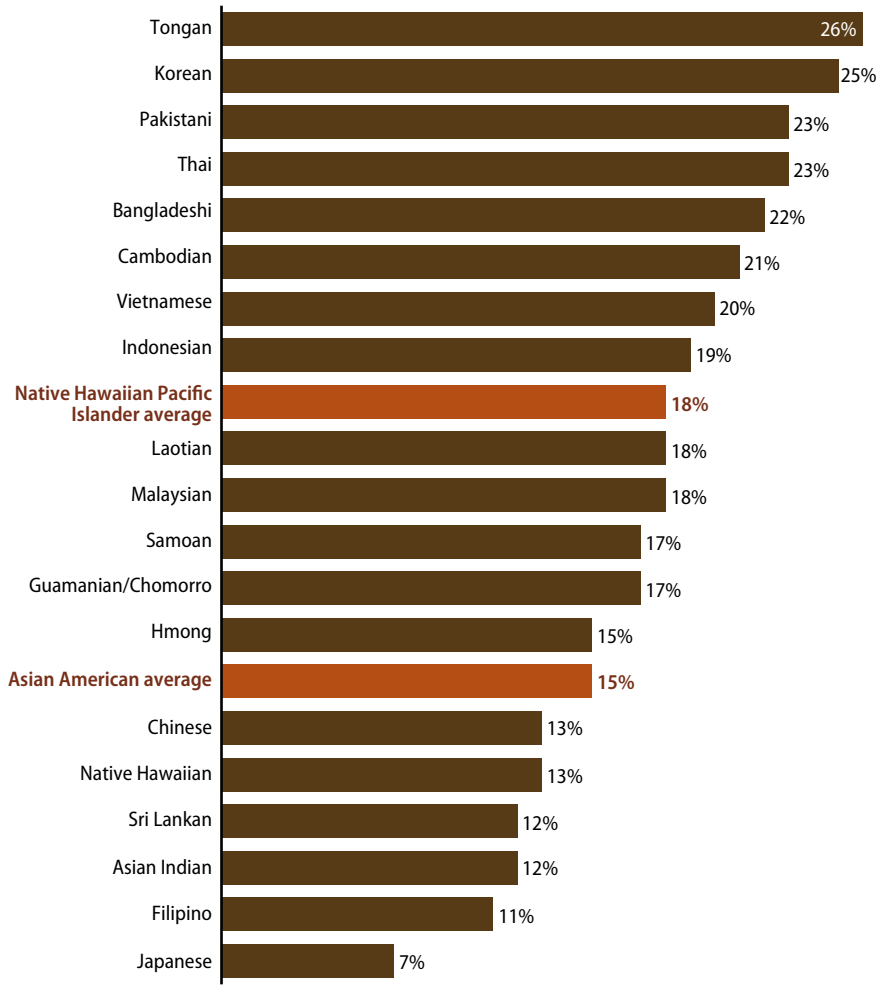
According to the American Community Survey, 2.32 million Asian Americans and about 95,000 Native Hawaiians and Other Pacific Islanders, or NHPIs, did not have access to health insurance in 2012.[1] These numbers translated to an uninsurance rate of 15 percent for Asian Americans, on par with the national average of 14.8 percent in 2012.[2] Lack of access to health insurance among NHPIs was higher, at 18 percent, and on par with the uninsurance rate among African Americans in 2012.[3]

In contrast, uninsurance rates among whites in 2012 were lower at 13 percent, and they were significantly higher for Native Americans at 27 percent and Latinos at 29 percent. Finally, among seniors ages 65 and older, the proportion of Asian Americans without access to health insurance—4.6 percent—was on par with the proportion among Latinos at 5 percent. These rates were significantly higher than the national average of 1 percent, as well as higher than the uninsurance rates among white seniors—0.6 percent—and African American seniors, 1.5 percent. The proportion of uninsurance among NHPI seniors—2.5 percent—was similar to the rate among Native Americans, 2.7 percent.

As in the case of outcomes such as educational attainment,[4] there are significant differences in access to health insurance by detailed origin. Based on our analysis of individual-level data from the 2008–2012 American Community Survey 5-year Estimates (see Figure 10.1), we find that Tongans had the highest rates of uninsurance among AAPIs at 26 percent; closely following were Korean Americans at 25 percent and Pakistani and Thai Americans at 23 percent each. By contrast, Japanese Americans had the lowest rates of uninsurance at 7 percent, while Filipinos had a rate of 11 percent, and Asian Indians had a rate of 12 percent.

FIGURE 10.1

Percent without health insurance prior to the Affordable Care Act



Source: Authors' analysis of "Public Use Microdata Sample" from Bureau of the Census, "American Community Survey 2008–2012 American Community Survey 5-year Estimates," available at http://www.census.gov/acs/www/data_documentation/pums_data/ (last accessed August 2014).

The ACA had strong enrollment of Asian Americans in federal and state insurance exchanges

Asian Americans signed up for the ACA in very large numbers. By the end of the first open enrollment period, from October 2013 to April 2014,[6] about 299,000 Asian Americans had signed up for insurance through the federally facilitated marketplace, or FFM.[7] This accounted for 5.5 percent of all enrollees in the FFM and 7.9 percent of those who provided information on their race and ethnicity. By comparison, 5.1 percent of the uninsured population in 2012 was Asian American.

In California and Washington—where state-based exchanges reported racial data on health insurance enrollments—the Asian American share of those enrolled significantly exceeded their share of the uninsured. In California, for example, Asian Americans comprised 21 percent of enrollees in the state insurance exchange, amounting to 230,000 individuals.[8] This figure was nearly double their share of the uninsured in the state of 10.8 percent in 2012.[9] Likewise, in Washington, the 15,800 Asian Americans who enrolled in the state exchange represented 10.3 percent of all enrollees,[10] a share that was significantly higher than their share of the uninsured, which was 7.4 percent in 2012 .[11] This disproportionately high level of enrollment of Asian Americans in the ACA was most likely due to the efforts of nonprofits that serve Asian Americans—such as the Action for Health Justice, which, along with their partners, provided enrollment assistance to 232,230 Asian Americans and Pacific Islanders[12]—and Asian American insurance agents in states such as California who provided in-language outreach.[13]

Native Hawaiians and Pacific Islanders also enrolled in the ACA, although at levels that were significantly below their share of the uninsured population. In the federally facilitated marketplace, about 3,200 NHPIs enrolled in the Affordable Care Act, accounting for 0.06 percent of all enrollees in the FFM.[14] By comparison, 0.2 percent of the uninsured population in 2012 was NHPI. In California, NHPIs represented 0.44 percent of the uninsured population but only represented 0.24 percent of those who enrolled in the state insurance exchange.[15] Only in the state of Washington did NHPI enrollment exceed their share of the uninsured population, with just 1.7 percent of enrollees as compared to 0.98 percent of the uninsured.[16]

AAPIs face language barriers and insufficient provision of culturally competent health care

As noted in the Center for American Progress issue brief, "Language Diversity and English Proficiency," Asian Americans face language barriers at levels that are similar to Latinos. About three-quarters of Asian Americans—or 77 percent—speak a language other than English at home, and more than one-third—or 35 percent—are limited-English proficient, or LEP. But most health care facilities do not provide adequate language support, including in emergency room situations involving LEP patients, and only one in four U.S. teaching hospitals provide training for doctors to work with interpreters.[17] The lack of language support can be particularly harmful in a health context, as past research has shown that language barriers are associated with more emergency room visits, more lab tests, less follow-up from health providers, less health literacy among patients, and less overall satisfaction with health services.[18]

Serious AAPI health disparities vary according to group and the health outcome being considered

Assessments of Asian American and Pacific Islander health disparities vary according to the outcome being considered. Consider this contrast: Asian Americans have the highest life expectancy in the United States—87.3 years in 2010 and 2011, compared to 78.6 for the national average[19]—while Native Hawaiian and Pacific Islanders have been shown to have life expectancy rates that are well below Asian Americans[20] and non-Hispanic whites.[21]

At the same time, there are significant health disparities when it comes to particular medical conditions. Asian Americans, for example, account for about 50 percent of Americans living with chronic Hepatitis B, or about 10 times their share of the resident population.[22] Relatedly, liver cancer is also much more common among Asian Americans than among non-Hispanic whites. In fact, rates of liver cancer are more than three times higher for Asian Americans, according to studies based on California data,[23] and are particularly high among Vietnamese Americans and Korean Americans—eight times higher and five times higher, respectively.[24] At the same time, other medical conditions such as breast cancer are less prevalent among Asian Americans than among non-Hispanic whites.[25]

Other significant health disparities include: a higher rate of coronary artery disease among Asian Indians;[26] disproportionately high rates of heart disease, cancer, and diabetes among Native Hawaiians and Pacific Islanders;[27] and above-average rates of diabetes among Filipinos, Vietnamese, and South Asians.[28]

Reproductive and sexual health care disparities are also significant. Asian American women have the lowest cervical cancer screening rate of all racial and ethnic groups in the United States.[29] This has resulted in Asian American women having higher mortality from cervical cancer than the national average.[30]

Conclusion

While AAPIs had a relatively strong rate of enrollment in the Affordable Care Act, there are some significant barriers that remain, both with respect to access to care and health status. Linguistic and cultural barriers are very significant problems for Asian Americans in the health care context, and our understanding of the prevalence of this problem and its effects are limited by the lack of good administrative data on the provision of language assistance and culturally competent care.[31] Finally, given the number of studies that point to disparities in health outcomes for many AAPI populations, we need more consistent efforts at data disaggregation by national origin when it comes to health outcomes.

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Endnotes

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