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| **Nevada Health INsurance Coverage for American Indians and Alaska Natives: The Impact of the affordable care act 2012-2016** |

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***This project was supported by a Cooperative Agreement, Grant No. CMS-1MOCMS331623, from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.******The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.***

# Abstract

This data brief examines the evidence of the impact of the Affordable Care Act on American Indians and Alaska Natives in Nevada to determine if the ACA resulted in expected enrollment gains in Health Insurance coverage and the related reduction in uninsured. A review of findings from the American Community Survey depicts success in increasing the number insured, by 39%, thus lowering the number uninsured for both males and females. The overall decline in uninsured was 50% for all American Indians and Alaska Natives with similar declines for those with and without access to IHS (also about 50% decrease in uninsured).

# Methodology

The American Community Survey provides estimates of the number of insured, uninsured for American Indians and Alaska Natives (alone and in combination). The one-year survey provides estimates with low error rates at the national level of analysis. This analysis provides cross tabulations by sex and by access to IHS-funded health programs for the years 2012 and 2016. The analysis is built on the comparison between the two years to the two variables of sex and access to IHS.

# Findings

### Summary Tables: Nevada

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| --- |
| American Indian and Alaska Native Population 2012 and 2016 |
| 2012 | **2016** |
| 51,120 | 57,442  |

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| American Indian and Alaska Native Uninsured 2012 and 2016 |
| 2012 | **2016** |
| 15,174 |  7,553  |

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| --- |
| Uninsured Rate 2012 and 2016 |
| 2012 | **2016** |
| 30% | **13%** |

#

# Health Insurance Coverage

## Health Insurance Coverage of all American Indians and Alaska Natives

The table that follows depicts large health insurance enrollment increases in Nevada. The number of American Indians and Alaska Natives with health insurance rose from 35,946 in 2012 to 49,800 in 2016. Nearly 14,000 gained insurance from 2012 to 2016 and this represents a 39% increase in the number insured. The number of insured males increased by 29%, less than females, who saw an 49% increase. Females are now more likely to be insured (52%) than males.

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| 2012-2016 Health Coverage American Indians and Alaska Natives  |
|  | 2012 | 2016 | Increase 12-16 | % increase |
| Male |  18,653  |  24,095  |  5,442  | 29% |
| Female |  17,293  |  25,794  |  8,501  | 49% |
| Total |  35,946  |  49,889  |  13,943  | 39% |
|  % Male  | 52% | 48% | 39% |  |
|  % Female  | 48% | 52% | 61% |  |

## Health Insurance Coverage for American Indians and Alaska Natives with Access to IHS

The number of insured American Indians and Alaska Natives with access to IHS remained rose from 12,000 in 2012 to 13,300 in 2016. This represents 11% increase in insured patients at IHS funded health programs. Male insurance coverage decreased by 5% while females increased by 27%. In 2016 females make up 58% of all insured, up 8 percentage points from 2012, with males representing just 42% of all insured at IHS-funded health programs.

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| 2012-2016 Health Coverage for American Indians and Alaska Natives with Access to IHS |
|  | 2012 | 2016 | Increase 12-16 | % increase |
| Male |  5,941  |  5,646  |  (295) | -5% |
| Female |  6,061  |  7,670  |  1,609  | 27% |
| Total |  12,002  |  13,316  |  1,314  | 11% |
|  % Male  | 50% | 42% | -22% |  |
|  % Female  | 50% | 58% | 122% |  |

## Health Insurance Coverage for American Indians and Alaska Natives Without Access to IHS

The ACS estimates that there were 23,900 *insured* American Indians and Alaska Natives without access to IHS-funded health programs in 2012. By 2016 this increased to 36,500 an increase of 53%, one of the largest increases of any state. Males represented 45% of the total increase of 12,600 newly insured, females 55%. Females, likewise, represent 50% of all insured up from 47% in 2012. In Nevada, there is a stark contrast between the great success for Urban Indians in the state, and the patients of IHS programs. It is likely that more outreach and education is in order for Indian health programs in Nevada.

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| 2012-2016 Health Coverage American Indians and Alaska Natives with No Access to IHS |
|  | 2012 | 2016 | Increase 12-16 | % increase |
| Male |  12,712  |  18,449  |  5,737  | 45% |
| Female |  11,232  |  18,124  |  6,892  | 61% |
| Total |  23,944  |  36,573  |  12,629  | 53% |
|  % Male  | 53% | 50% | 45% |  |
|  % Female  | 47% | 50% | 55% |  |

# Uninsured American Indians and Alaska Natives

## Uninsured American Indians and Alaska Natives

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| 2012-2016 Uninsured American Indians and Alaska Natives |
|  | 2012 | 2016 | Decrease 12-16 | % Decrease  |
| Male |  7,745  |  3,875  |  (3,870) | -50% |
| Female |  7,429  |  3,678  |  (3,751) | -50% |
| Total |  15,174  |  7,553  |  (7,621) | -50% |
|  % Male  | 51% | 51% | 51% |  |
|  % Female  | 49% | 49% | 49% |  |

Nevada had 15,100 uninsured American Indians and Alaska Natives in 2012. By 2016 this number had dropped to 7,500 uninsured, a 50% decrease in the number uninsured. Males represented 51% of all uninsured American Indians and Alaska Natives or 3,900 compared to 3,600 females. Male and female are nearly equally likely to be insured in Nevada and both experienced equal benefits from the Affordable Care Act and Medicaid expansion.

## Uninsured American Indians and Alaska Natives with Access to IHS

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| --- | --- | --- |
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| 2012-2016 Uninsured American Indians and Alaska Natives with Access to IHS |
|  | 2012 | 2016 | Decrease 12-16 | % Decrease |
| Male |  2,947  |  1,836  |  (1,111) | -38% |
| Female |  3,524  |  1,413  |  (2,111) | -60% |
| Total |  6,471  |  3,249  |  (3,222) | -50% |
|  % Male  | 46% | 57% | 34% |  |
|  % Female  | 54% | 43% | 66% |  |



The number of uninsured patients with access to IHS-funded health programs declined by 3,200 or 50% from 2012 to 2016. Females made up 66% of the total decline as the number of females uninsured dropped by 2,100 from 3,500 in 2012 to just 1,400 in 2016 a reduction of 60%. Male uninsured also declined, by 1,100, a 38% decline from 2012. In 2016, males made up 57% of all uninsured at IHS-funded programs, compared to just 46% 2012. While both sexes decreased the number of uninsured substantially, men less so than women at IHS-funded health programs.

## Uninsured American Indians and Alaska Natives without Access to IHS

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| 2012-2016 Uninsured American Indians and Alaska Natives With No Access to IHS |
|  | 2012 | 2016 | Decrease 12-16 | % decrease |
| Male |  4,798  |  2,039  |  (2,759) | -58% |
| Female |  3,905  |  2,265  |  (1,640) | -42% |
| Total |  8,703  |  4,304  |  (4,399) | -51% |
|  % Male  | 55% | 47% | 63% |  |
|  % Female  | 45% | 53% | 37% |  |

The number of uninsured patients without access to IHS-funded health programs declined by 4,400 or 51% from 2012 to 2016. This is similar to decrease of 50% for those American Indians and Alaska Natives with access to IHS-funded health programs. Females, without access to IHS, are now more likely to be uninsured, than males and they make up 53% of the total number uninsured. Males, made up 63% of the total decline since 2012 as the number of males uninsured dropped by 2,700 from 4,700 in 2012 to just 2,000 in 2016, a reduction of 58%. Female uninsured also declined, by 1,600, representing a 42% decline since 2012.

# Conclusion

In Nevada, the ACA was very successful in increasing the enrollment of American Indian and Alaska Native in health insurance coverage. The number of American Indians and Alaska Natives insured rose by 39% and the number uninsured decreased by 50%. The state’s decision to adopt Medicaid expansion clearly resulted in the positive outcome of increased insurance and increased revenues for the state’s Indian Health Programs. Despite a population increase of 6,000 since 2012 the state now has fewer uninsured than it did in 2012. The uninsured rate in 2012 of 30% declined to just 13% in 2016.

Source of Data: 1-year American Community Survey, US Census

Years: 2012 and 2016

No Foreign Born, that is, nativity is the United States.

American Indian and Alaska Natives Alone and In-combination with other races.