

## How Does Uninsurance Vary among Asian American/Pacific Islander Children?

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After declining in prior years, children's uninsurance rose between 2016 and 2019 overall and for many racial and ethnic subgroups, including Asian Americans and Pacific Islanders (AAPIs).<sup>1</sup> Uninsurance rates among AAPI children in 2019 were comparable with those for non-Hispanic white children and non-Hispanic Black children and low relative to those for Hispanic children and non-Hispanic American Indian/Alaska Native children. However, aggregating diverse AAPI national-origin groups obscures disparities across subgroups of AAPI children.<sup>2</sup> Here we use 2018–19 American Community Survey data to examine uninsurance rates among non-Hispanic children who are AAPI or AAPI and another race by national origin.

### Findings

AAPI children's 3.5 percent uninsurance rate in 2018–19 was lower than that for children overall (5.0 percent; data not shown), but it conceals variation by national origin (figure 1).<sup>3</sup> Korean and Native Hawaiian/Pacific Islander children's uninsurance rates (6.7 and 6.5 percent) were more than twice those of Hmong (2.8 percent), Indian (2.6 percent), Laotian (2.3 percent), and Indonesian (2.2 percent) children. They were also higher than such rates for children identified as AAPI and another race and children with multiple AAPI ethnicities (2.6 and 2.2 percent).

Uninsurance rates were higher and more varied among AAPI children in families with incomes below 200 percent of the federal poverty level, whose overall uninsurance rate was 5.9 percent. Uninsurance rates were 11.8 percent for Korean children, 8.7 percent for Thai children, and above 7 percent for Indian, Chinese, and Native Hawaiian/Pacific Islander children with family incomes below 200 percent of the federal poverty level.

We estimate that 189,000 AAPI children were uninsured in 2018–19. Like with other racial and ethnic groups, AAPI parents were more likely to be uninsured than AAPI children (5.8 versus 3.5 percent; data not shown), likely because of more generous subsidized health insurance eligibility through Medicaid and the Children's Health Insurance Program (CHIP) for children than for adults.<sup>4</sup> This pattern held true for nearly all of the national-origin groups shown here, meaning some insured AAPI children lived with one or more uninsured parents. Though about half of uninsured AAPI children appeared to meet the income and immigration requirements for Medicaid or CHIP, more than one in four uninsured AAPI children were either noncitizens or had at least one noncitizen parent, and one in eight (12.8 percent) had no parents reported to be proficient English speakers (data not shown). Thus, these uninsured children may be ineligible for public coverage because of their immigration status or be facing immigration-related or language barriers to enrolling in public programs.

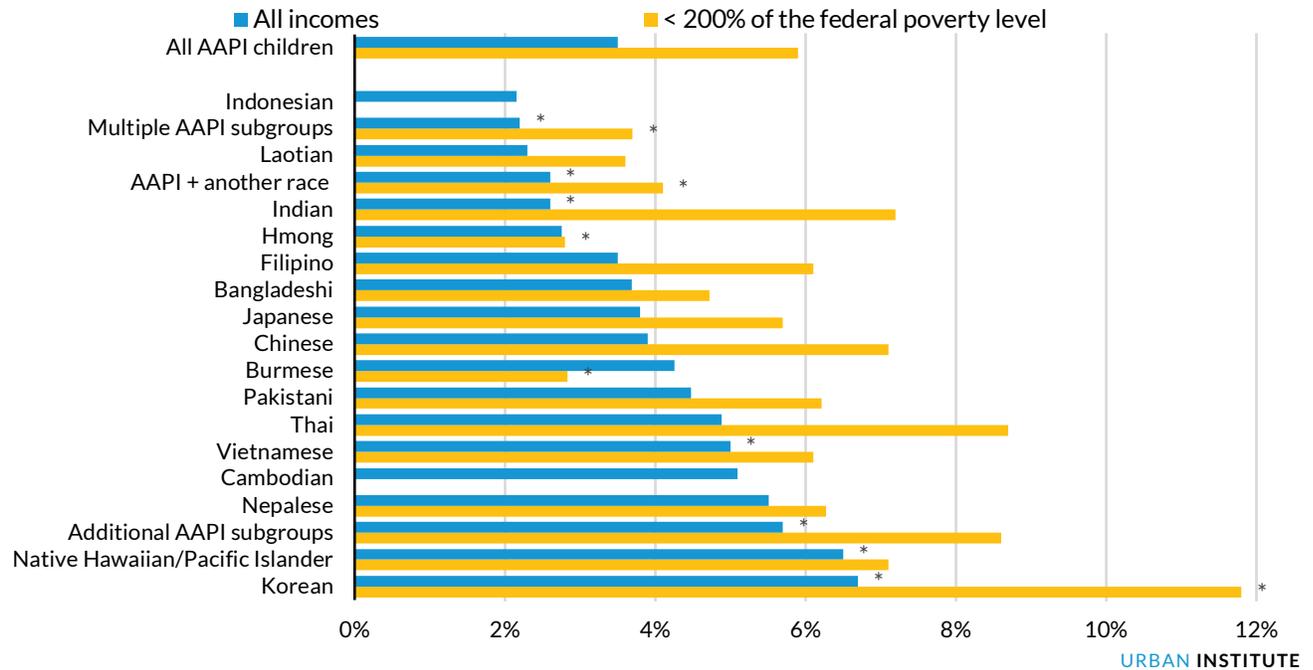
### Conclusions

Assumptions that few AAPI children face elevated risks of being uninsured are unwarranted given the higher uninsurance rates among such children in lower-income families and those with national origins such as Korean or Native Hawaiian/Pacific Islander. Moreover, higher uninsurance among AAPI parents than children means even some children in national-origin groups with low uninsurance are in families facing the greater health and financial

risks associated with being uninsured. Reducing uninsurance among AAPI children likely requires tailored outreach in multiple languages to those who qualify for publicly subsidized coverage. Efforts would also be needed to counter some families' fears of immigration-related consequences of enrolling in public programs<sup>5</sup> and to reduce eligibility restrictions (e.g., by covering all children regardless of immigration or documentation status).<sup>6</sup>

FIGURE 1

**Uninsurance Rates among Non-Hispanic Asian American/Pacific Islander Children from Birth to Age 18, by National Origin and Family Income, 2018–19**



**Source:** Urban Institute analysis of 2018–19 American Community Survey (ACS) data from the Integrated Public Use Microdata Series reflecting an adjustment for potential misreporting of coverage.

**Notes:** AAPI = Asian American or Pacific Islander. An estimated 189,000 AAPI children were uninsured in 2018–19, including those identified as AAPI and another race. National origin refers to category selections or write-in responses to the ACS question about race. “Additional AAPI subgroups” are those with unspecified AAPI national origins or in categories with sample sizes too small (< 250) for separate analysis. We do not present rates for Cambodian and Indonesian children with family incomes below 200 percent of the federal poverty level because of small sample size.

\* The subgroup’s rate is significantly different from the overall AAPI rate at the 0.05 level. Estimates and standard errors available upon request.

<sup>1</sup> Jennifer M. Haley, Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens, “Uninsurance Rose among Children and Parents in 2019: National and State Patterns” (Washington, DC: Urban Institute, 2021).

<sup>2</sup> Charmaine Runes, “#thisis2016: Why We Need Better Data on Asian Americans and Pacific Islanders,” *Urban Wire* (blog), Urban Institute, October 24, 2016.

<sup>3</sup> Total includes children who are AAPI and another race. Excluding such children, AAPI children’s uninsurance rate would be 3.8 percent (6.4 percent among those with incomes below 200 percent of the federal poverty level), representing 148,000 children.

<sup>4</sup> Jennifer M. Haley, Genevieve M. Kenney, Clare Wang Pan, and Elizabeth Grazevich, “How Does Uninsurance Vary among Asian American/Pacific Islander Parents?” (Washington, DC: Urban Institute, 2021).

<sup>5</sup> Jennifer M. Haley, Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez, “Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships” (Washington, DC: Urban Institute, 2021).

<sup>6</sup> Kyrstin Racine, “Proposals to Cover All Kids Gain Momentum in State Legislatures,” *Say Ahhh!* (blog), Georgetown University Health Policy Institute Center for Children and Families, May 7, 2021.