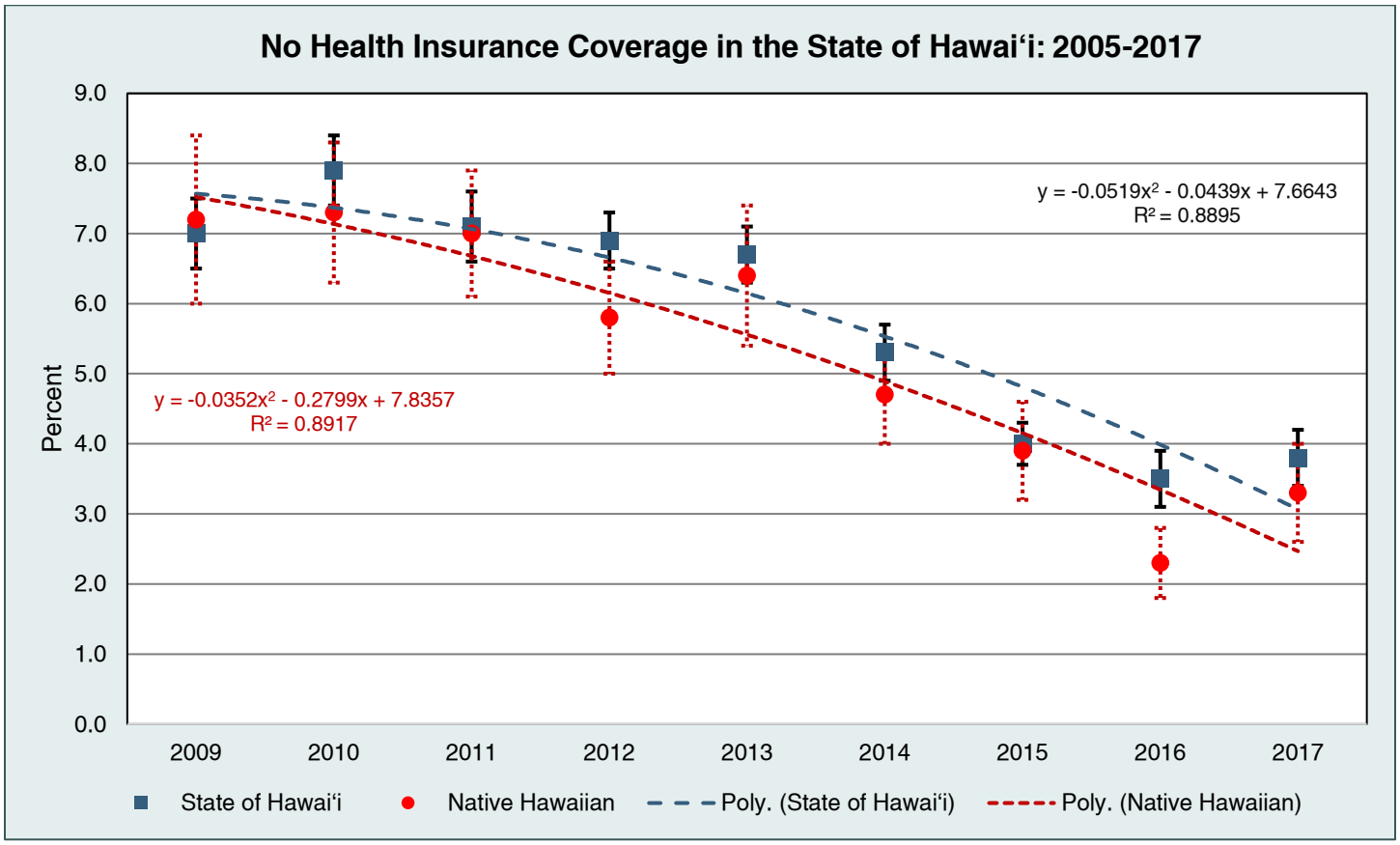
TRENDS: Health

Native Hawaiians with No Health Insurance Coverage in the State of Hawai‘i: 2009-2017



Source: US Census Bureau. 2009-2017 American Community Survey (ACS) 1-Year Estimates. S0201: Selected Population Profile in the United States

Health insurance coverage in the American Community Survey and other Census Bureau surveys define coverage to include plans and programs that provide comprehensive health coverage. Plans that provide insurance for specific conditions or situations such as cancer and long-term care policies are not considered coverage. Likewise, other types of insurance like dental, vision, life, and disability insurance are not considered health insurance coverage. (US Census Bureau. American Community Survey)

The US Department of Health and Human Services (DHHS), as well as other federal agencies, use data on health insurance coverage to more accurately distribute resources and better understand state and local health insurance needs. However, more fundamentally, health insurance coverage is a principal factor in getting access to health care and the delivery of health care services.

Having health insurance coverage is essential for several reasons: 1) uninsured people receive less medical care and less timely care. Health insurance provides access to preventive care, primary care and follow-up care. 2) uninsured people have worse health outcomes. Consequently, uninsured people are sicker and more apt to die prematurely than those with health insurance. 3) the lack of insurance is a fiscal burden for

individuals and their families. Costs may include ambulance expenses, medicines, etc. Moreover, the benefits of increasing health insurance coverage may reduce the costs for added medical services. Health insurance coverage improves health, lengthens lives, reduces disability, helps control communicable diseases, and raises worker productivity. While safety-net care from hospitals and medical clinics improve access to care, they are not a full substitute for health insurance.

In Hawai‘i, there has been a general decreasing trend for those with no health insurance coverage. Native Hawaiians have a lower percentage of those with no health insurance coverage as compared to the State. While Native Hawaiians have a lower percent of those with private health insurance coverage, they have a significantly higher percentage of those participating in public health insurance programs. This results in their overall lower percentage of uninsured.

Residents in the State of Hawai‘i are fortunate to benefit from the Hawai‘i Prepaid Health Care Act (HPHCA). Hawai‘i was the first state to require employers to offer and help pay for health insurance for their employees. Originally enacted in 1974, Hawai‘i Revised Statutes Chapter 393, Prepaid Health Care Act, was the first in the nation to set minimum standards of health care coverage for workers. HPHCA requires Hawai‘i employers to provide health care coverage for eligible employees to insure protection against the high cost of medical and hospital care for nonwork-related illness or injury. Employees who work twenty hours or more per week and earn a monthly wage of at least 86.67 times the Hawai‘i minimum hourly wage are deemed eligible after four consecutive weeks of employment. Health care coverage must then be provided to such eligible employees at the earliest enrollment date of the employer's health care contractor. The law does not require employers to provide coverage for employees' dependents, however many employers provide coverage as a benefit and/or incentive to employment.

In addition to the HPHCA, the Hawai‘i Department of Human Services has its Med-QUEST program which provides eligible low-income adults and children access to health and medical coverage through managed care plans. For Hawai‘i residents who qualify, there are the Medicare and Medicaid programs.

These programs contribute to Hawai‘i’s low health uninsured coverage rate. However, there are still barriers to access: plans have eligibility for enrollment requirements and there are exemptions from coverage clauses. Moreover, there are populations who are uninsured because they do not feel the need for health care coverage, do not want the financial inconvenience, or are unable/unwilling to navigate through the insurance bureaucracy.

Survey Year	No Health Insurance Coverage			
	State of Hawai‘i		Native Hawaiian	
	Estimate	Margin of Error	Estimate	Margin of Error
2009	7.0%	+/- 0.5%	7.2%	+/- 1.2%
2010	7.9%	+/- 0.5%	7.3%	+/- 1.0%
2011	7.1%	+/- 0.5%	7.0%	+/- 0.9%
2012	6.9%	+/- 0.4%	5.8%	+/- 0.8%
2013	6.7%	+/- 0.4%	6.4%	+/- 1.0%
2014	5.3%	+/- 0.4%	4.7%	+/- 0.7%
2015	4.0%	+/- 0.3%	3.9%	+/- 0.7%
2016	3.5%	+/- 0.4%	2.3%	+/- 0.5%
2017	3.8%	+/- 0.4%	3.3%	+/- 0.7%

Source: US Census Bureau. 2009-2017 American Community Survey (ACS) 1-Year Estimates. S0201: Selected Population Profile in the United States

Polynomial (Poly) Regression Trendline: A polynomial regression trendline is a calculated curved line that is applied when data fluctuates. It is useful for analyzing rises and dips in a data set. The order of the polynomial can be determined by the number of fluctuations in the data or by how many bends (hills and valleys) appear in the curve.

The polynomial regression trendline for the "No Health Insurance Coverage" data illustrates that for both the State of Hawai'i and Native Hawaiians there has been a steady decreasing trend of those with no health insurance. Indicating that efforts to get people on health insurance is improving. However, while both trendlines are decreasing, the trendline for Native Hawaiians is not decreasing at the same rate as the State of Hawai'i. The rate for Native Hawaiians is decreasing at a slower rate.

R-squared (R^2): R-squared is a statistical measure of how close the data fits to a polynomial regression trendline. It ranges from "0" to "1." A "0" indicates that the model explains none of the variability of the response data around its mean and a "1" indicates that the model explains all the variability.

The R-squared value for these measures being close to "1" indicates that the curve is best fitting to the series of data points. We can have confidence that the trend line represents the current trend of those with "No Health Insurance Coverage" for both measures.

Margin of Error (MOE): A margin of error is the difference between an estimate and its upper or lower confidence bounds. Confidence interval bounds can be created by adding the margin of error to the estimate (upper bound) and subtracting the margin of error from the estimate (lower bound). All published margins of error for the American Community Survey are based on a 90 percent confidence level. (US, Bureau of the Census)

Confidence Interval (CI): Confidence intervals are a means to illustrate how "good" an estimate is; the larger the confidence interval for a specific estimate, the more caution is required when using the estimate. Confidence intervals are an important reminder of the limitations of the estimates. The American Community Survey uses a 90% confidence interval.

Throughout the 2009-2015 time-period the overlapping confidence intervals of the State of Hawai'i and Native Hawaiians suggests that there may or may not be any statistical difference between the two measures. One cannot be certain either way. In other words, there may be no difference between the two measures. However, in 2016, the CI for the two measures are clearly separate indicating that there is a statistical difference between the rate the State of Hawai'i and Native Hawaiians who have no health insurance. One year's data does not indicate a trend, it just may a chance due to sampling variability or respondent responses. Additional data will be required to establish a determination.

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