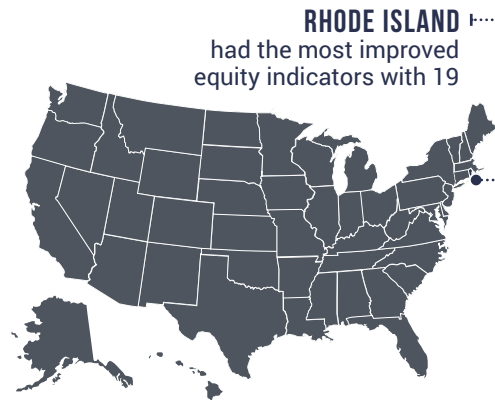


EQUITY

When health care is inequitable, there are disparities in access and availability of care (e.g., the number of people who have insurance or who visit a dentist regularly) and health status (e.g., the number of people who are obese or smokers) between various groups based on different factors, like their income level. Across the nation, health care equity remains an unfulfilled goal. However, the health insurance expansions of the Affordable Care Act offer the opportunity to close these gaps. The Equity dimension looks at two vulnerable populations—low-income people and those who belong to racial and ethnic minorities. States' performance is based on gaps in equity—that is, the difference between the state's vulnerable population and the U.S. average for any given indicator. Improvement is defined as a decline in the states' vulnerable group rate and a narrowing in the performance gap between the vulnerable group and the U.S. average.

KEY FINDINGS

- ▶ Every state improved on **at least five** equity indicators.



- ▶ For most equity indicators, however, there were states for which **the gap widened**, meaning performance worsened for the most vulnerable group and the gap grew between that group and the U.S. average.

2015 RANKING

- 1 Hawaii
- 2 Massachusetts
- 3 Connecticut
- 3 Vermont
- 5 New Hampshire
- 5 New York
- 7 Rhode Island
- 8 Washington
- 9 District of Columbia
- 9 Minnesota
- 11 Colorado
- 11 Oregon
- 13 Maryland
- 14 Delaware
- 15 Iowa
- 15 Maine
- 17 New Jersey
- 17 South Dakota
- 19 Pennsylvania
- 20 Nebraska
- 20 New Mexico
- 22 California
- 22 Idaho
- 24 Arizona
- 24 Illinois
- 24 Utah
- 24 Virginia
- 28 Missouri
- 29 Alaska
- 29 Wisconsin
- 31 Florida
- 31 Michigan
- 31 Texas
- 31 West Virginia
- 35 Wyoming
- 36 Kansas
- 36 Montana
- 36 North Dakota
- 39 Nevada
- 39 Tennessee
- 41 Ohio
- 42 Alabama
- 43 North Carolina
- 44 Louisiana
- 45 Georgia
- 45 Kentucky
- 47 Indiana
- 48 South Carolina
- 49 Mississippi
- 49 Oklahoma
- 51 Arkansas

INCOME DISPARITIES

THE GREATEST IMPROVEMENT:

Widespread reductions in the percentage of low-income elderly adults who received a high-risk prescription medication



IN 37 STATES,
the percentage of low-income elderly adults receiving a high-risk prescription medication declined and the equity gap narrowed.

Rhode Island IMPROVED ON THE GREATEST NUMBER OF INDICATORS **12** OF **15**

- ▶ For the equity gaps based on income, **more states improved** than worsened. At least half the states improved on six indicators: rates of nonelderly uninsured, elderly patients who received a high-risk prescription medication, three measures of avoidable hospital use among Medicare beneficiaries who also receive Medicaid, and nonelderly adults who have lost six or more teeth due to gum disease. The majority of states worsened on only one indicator: **rates of obesity among adults**.

RACIAL/ETHNIC DISPARITIES

THE GREATEST IMPROVEMENT:

Premature death rates among states' racial and ethnic minority populations declined in most states



IN 34 STATES,
death rates from conditions amenable to health care interventions declined and the equity gap narrowed.

Arizona, Illinois, North Carolina, New York, Oklahoma, California, and Florida IMPROVED ON THE GREATEST NUMBER OF INDICATORS

8 OF **13**

- ▶ For the equity gaps based on race or ethnicity, **more states worsened than improved**. At least half the states improved on three indicators: rates of nonelderly uninsured, mortality amenable to health care, and infant mortality, but at least half worsened on six others.



CHANGE IN STATE HEALTH SYSTEM PERFORMANCE BY INDICATOR

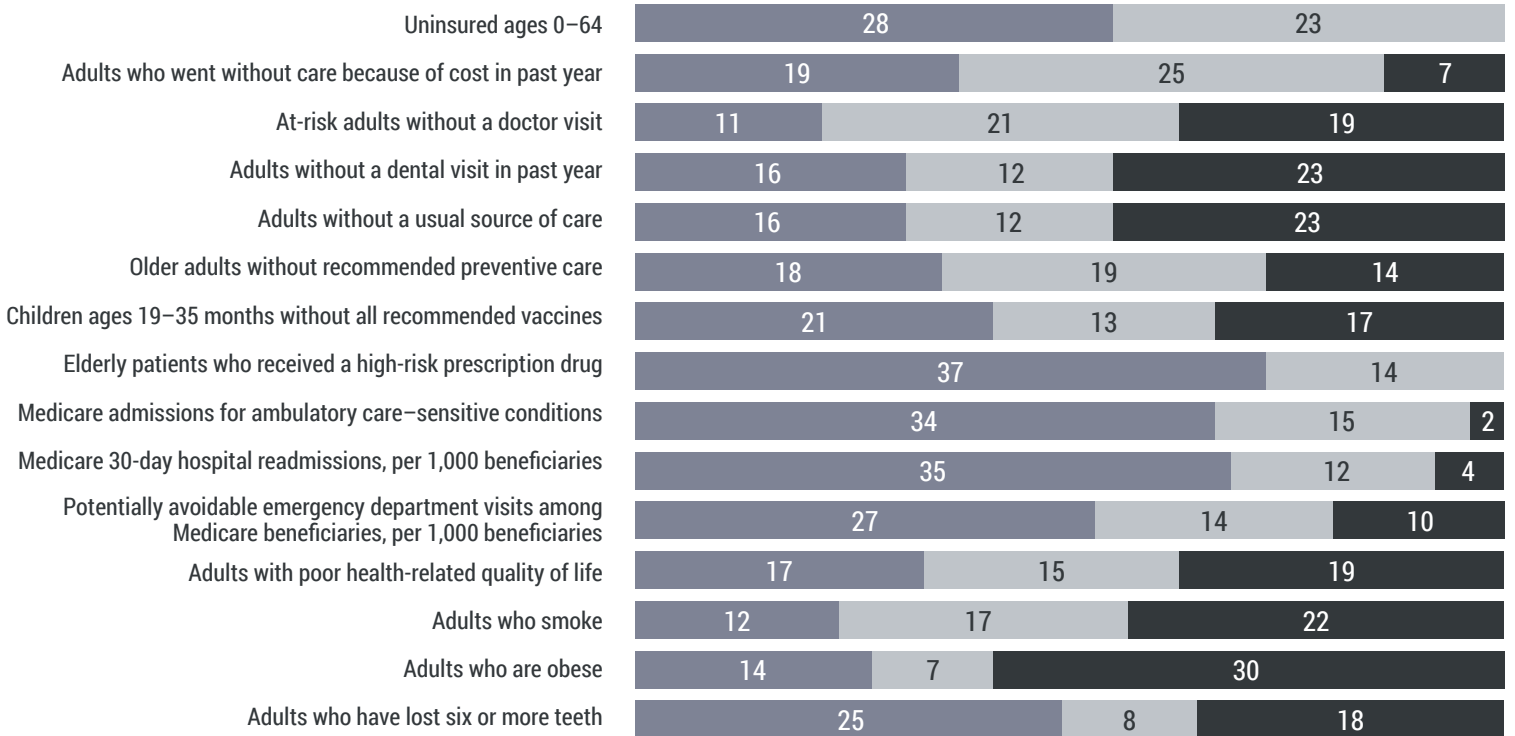
Income

Number of states where equity:

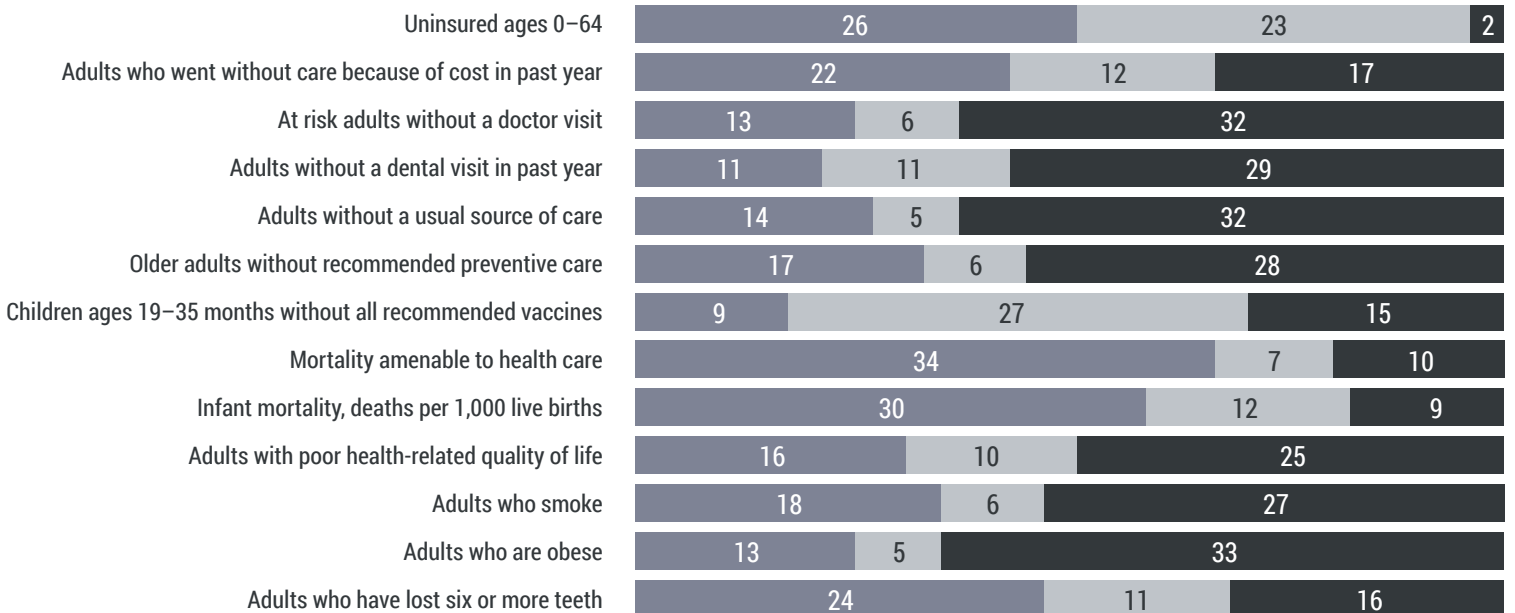
● Improved

● No change

● Worsened



Race/Ethnicity



Notes: This exhibit measures indicator change over the two most recent years of data available. See Appendix A1 for baseline and current data years for each indicator. Trend data are not available for all indicators. Improvement indicates that the equity gap between states' vulnerable population and the U.S. average narrowed and that the rate among the states' vulnerable population improved. Worsening indicates that the equity gap between states' vulnerable population and the U.S. average widened and that the rate among the states' vulnerable population got worse. The "no change" category includes the number of states where the vulnerable group rate remained the same or changed but without a narrowing or widening in the gap with the U.S. average rate. It also includes the number of states without sufficient data for the vulnerable population to assess change over time.