



New State-By-State Report Finds Racial and Ethnic Health Disparities Persist Across Every State and May Worsen as Medicaid Cuts and ACA Changes Take Hold

Where States Have Invested in Coverage and Care,
Disparities Are Smaller; After Hitting Record Lows,
Rates of Hispanic Adults Skipping Care They Can't
Afford Are Rising Again

A new Commonwealth Fund report finds that racial and ethnic health disparities exist in every state — and warns that recent federal policy changes are likely to deepen them.

The Commonwealth Fund 2026 State Health Disparities Report offers a comprehensive analysis of the way health care systems are functioning for people in every state. It evaluates differences in health and health care across racial and ethnic groups both within and between states and points to factors that may be contributing to these gaps.

The disparities associated with race and ethnicity are persistent and widespread, affecting the health of millions of people in every state. But differences among states demonstrate that states can take action to close the gaps. The report, part of the Commonwealth Fund's ongoing series examining state health system performance across a variety of areas, draws on the most recent data available using 24 measures to evaluate health care access, quality, use of services, and health outcomes for Asian American, Native Hawaiian and Pacific Islander (AANHPI), American Indian and Alaska Native (AIAN), Black, Hispanic, and white populations.

The report uses the most recent data, though the report's authors note that it does not reflect recent and sweeping shifts in federal policy. These changes include Medicaid funding cuts and tightened eligibility, restrictions barring most legal immigrants and asylees from marketplace and Medicaid coverage, and the expiration of enhanced premium tax credits in the marketplaces. It is highly likely they have already worsened existing disparities and are on track to widen them further.

Among the key findings:

- **Rates of people skipping needed care because of cost hit record lows in 2021–22 but are rising again, with Hispanic and AIAN communities seeing the steepest increases.** In 43 of 50 states where data are available, Hispanic adults were the most likely to go without care they couldn't afford. In most states, they were also the most likely to lack a regular source of care.

EMBARGOED

NOT FOR RELEASE BEFORE

12:01 a.m. E.T.

Wednesday,

April 29, 2026

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

- **Black and AIAN people die from preventable and treatable conditions at far higher rates than other groups, in every state.** In every state where data are available, Black people were more likely to die early from avoidable causes than white, AANHPI, or Hispanic people. AIAN residents of Alaska, Arizona, Minnesota, Montana, New Mexico, North Dakota, and South Dakota had the highest rates of any group in any state. Even as U.S. life expectancy hit an all-time high in 2024, mortality rates for Black and AIAN people far outpaced the rates in other groups.
- **Black women get mammograms at high rates, yet still die from breast cancer at the highest rate of any group in nearly every state.** In 37 of 40 states where data are available, Black women were more likely to die from breast cancer than women of any other racial or ethnic group, even as they got screened at comparatively high rates. Contributing factors include delays in follow-up care after an abnormal mammogram, later-stage diagnosis, and health insurance that may not offer no-cost coverage for follow-up imaging or biopsies after an abnormal result.
- **Racial and ethnic disparities persist even where health systems perform best overall.** Connecticut, Maryland, Massachusetts, New York, and Rhode Island stand out for delivering comparatively better care across racial and ethnic groups — yet even there, gaps remain in access, quality, and health. Health systems in Arkansas, Mississippi, Oklahoma, and West Virginia perform particularly poorly across all groups measured. The report finds that health system investments and state policy decisions — including whether to expand coverage — are linked to how large these disparities are and whether they are narrowing or widening.

IMPLICATIONS

The authors note that racial and ethnic health disparities — like other differences in health care quality and outcomes — vary significantly across states and are shaped in large part by policy choices at the federal, state, and local levels, as well as by health system commitments to high-quality care. The report's findings show that states with stronger overall health system performance also tend to perform better on health disparities and that targeted state and federal action can make a meaningful difference. The authors suggest that policymakers consider steps in five broad areas:

- devote resources to address health-related social needs such as housing, economic stability, and paid family leave;
- ensure affordable, accessible, and equitable health care coverage for all;
- strengthen primary care and improve care delivery in communities with fewer health care providers;
- protect access to preventive services; and
- ensure that digital health tools and artificial intelligence are designed and deployed equitably.

The full report will be available after the embargo lifts at:

<https://www.commonwealthfund.org/publications/fund-reports/2026/apr/commonwealth-fund-2026-state-health-disparities-report>

FROM THE EXPERTS

Laurie Zephyrin, M.D.,
Commonwealth Fund
Senior Vice President,
Achieving Equitable Outcomes

“Looking at health care at the state level makes visible what too often gets lost in national health statistics — the profound differences in whether people can get high-quality care when they need it, afford to follow through on treatment, and live healthy lives. Those differences are not random. They track along racial and ethnic lines in every state, and the federal policy changes now underway will make it harder to improve health for everyone. But this report also shows that state policy choices matter: when states invest in coverage and care, people benefit.”

Joseph R. Betancourt, M.D.,
Commonwealth Fund
President

“As a primary care physician, I’ve seen how racial and ethnic disparities not only harm the people experiencing them, but also weaken the entire system. Our report shows even high-performing states are not immune. But the truth is, when health systems look at where they’re falling short for their patients and make closing those gaps a real priority, they deliver better care for everyone. At the end of the day, this is exactly what we want — high-quality care for all. We must remember this core principle, and it is clear more needs to be done in policy and practice to make this a reality.”

HOW WE CONDUCTED THIS STUDY

State health system performance was evaluated for each of five racial and ethnic groups — (non-Hispanic) Black, white, American Indian and Alaska Native (AIAN), Asian American, Native Hawaiian, and Pacific Islander (AANHPI), and Hispanic (any race) — among 24 indicators of health system performance. Indicators were grouped into three performance domains: 1) health outcomes, 2) health care access, and 3) quality and use of health care services.

For each of the 24 indicators, the researchers used the most recently available data, reflecting people's experiences in 2023 and 2024, to calculate a performance score for each state/population group with sufficient data (e.g., Hispanic individuals in Texas). Within each domain, they combined indicator values to create a summary score. The domain summary scores in each state were then combined to create a composite state health system performance score for each racial and ethnic group.

Based on the totality of composite scores, each racial/ethnic group within each state received a percentile score to provide national and state-level context on the performance of a state health system for that population. The percentile scoring, from 1 (worst) to 100 (best), which reflects the observed distribution of health system performance for all measured groups, enabled comparisons within and across states. For example, California's health system score of 48 for Hispanic individuals indicates that it is performing better for those residents than Florida's health system does for Hispanic people, with a score of 37. However, both groups fare worse than white residents in California, where the health system performs at a score of 89 for that group.

For more on health care in your state, visit our State Health Data Center.

The Data Center allows users to explore information on states' health system performance and policies through custom tables, graphs, and maps. Users can view data at a glance by selected topic or state.

datacenter.commonwealthfund.org