



## New State-by-State Report Reveals Persistent and Pervasive Racial and Ethnic Health Care Disparities Across U.S. with Stark Racial Divides in Premature Deaths

### **Even in High-Performing States, Report Finds Dramatic Health Disparities; Black Americans and American Indians More Likely to Die from Preventable and Treatable Conditions Than Other Groups**

A new report from the Commonwealth Fund reveals that deep-seated racial and ethnic disparities persist in health care access, quality, and outcomes across the nation, with a stark racial divide in premature deaths.

*Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report* offers a comprehensive analysis of the way health care systems are functioning for people in every state, evaluating disparities in health and health care across racial and ethnic groups, both within and between states. Part of the Commonwealth Fund's ongoing series examining state health system performance, the report uses 25 measures to evaluate states on health care access, quality, service use, and health outcomes for Black, white, Hispanic, American Indian and Alaska Native (AIAN), and Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations.

Among the key findings:

- **Disparities exist even in high-performing states.** Even in states that have historically performed well in Commonwealth Fund state rankings, racial and ethnic health disparities can be dramatic. For example, Massachusetts, Minnesota, and Connecticut stand out for their relatively high performance for all racial and ethnic groups, yet these states have considerable health disparities between white and nonwhite residents when it comes to access to care, the quality of care people receive, and health outcomes.

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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.*

- **Stark racial divide in avoidable death.** The data reveal that premature deaths from preventable and treatable causes vary across states and occur at a higher rate among American Indian and Black people overall compared to other racial and ethnic groups. The report also shows:
  - preventable deaths are higher for both Black and white residents in several southern and south-central states — Arkansas, Mississippi, Louisiana, Tennessee, Kentucky, and Missouri — compared to most other parts of the country.
  - in several southwestern and mountain states, including New Mexico, Arizona, Colorado, Oklahoma, Texas, and Wyoming, premature death rates for Hispanic residents are higher than elsewhere in the U.S., where Hispanic rates align more closely with rates for white residents.
- **Health care experiences for people of color vary widely across states.** In addition to comparing how people of different races and ethnicities fare within each state, the report ranks how well each state’s health system is working for each racial and ethnic group. For instance, Massachusetts, Hawaii, and New Hampshire perform best overall for Hispanic people, while Oklahoma and South Carolina perform worst. In states with large American Indian populations, these communities experience worse health system performance compared to other racial and ethnic groups. South Dakota, North Dakota, and Alaska have the worst-performing health systems for American Indian people while North Carolina’s system ranks at the top.

## IMPLICATIONS

Health inequities are multifactorial, and in large part rooted in both past and current policies at the federal, state, and local levels. The authors suggest pursuing four broad policy goals to create an equitable health system:

1. Ensuring affordable, comprehensive, and equitable health insurance coverage for all.
2. Strengthening primary care.
3. Lowering administrative burden for patients and providers.
4. Investing in social services.

Since disparities and health inequities vary across states, there are also opportunities for state programs to tailor interventions that address communities’ unique needs.

Laurie Zephyrin, M.D.,  
Commonwealth Fund  
Senior Vice President,  
Advancing Health Equity

*“This report lays bare the persistent disparities people of color experience in accessing and receiving quality care across the U.S. We must do better — and we can start by rooting out pervasive racial and ethnic bias and inequities in our health care system to ensure everyone gets the care and coverage they need.”*

Joseph Betancourt, M.D.,  
Commonwealth Fund  
President

*“The U.S. health care system is not immune from the systemic inequalities that plague all facets of American society. Decades of policy choices at the federal, state, and local levels combined with underinvestment in equity among many local health care systems has had a discriminatory impact and contributed to poorer health outcomes for people of color. Just as these were deliberate choices, we can now be deliberate about promoting high-quality, equitable health care for all. This undoubtedly will create healthier, more resilient communities that will ultimately benefit the entire country.”*

## 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 25 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 25 indicators, the researchers used the most recently available data 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 45 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 87 for them.

The full report will be available after the embargo lifts at:  
<https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care>

**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](https://datacenter.commonwealthfund.org)

## ADDITIONAL PERTINENT RESEARCH

Revealing Disparities:  
Health Care Workers'  
Observations of  
Discrimination  
Against Patients

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State Health Equity  
Initiatives Confront  
Decades of Racism in  
the Insurance Industry

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Uneven Ground:  
Differences in Language  
Access Across State-  
Based Marketplaces

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