

# Health Equity Scorecard: Teleconference Slides



The  
Commonwealth  
Fund

# Introduction

Racial and ethnic inequities in health and health care are long-standing, are rooted in the structural racism embedded in U.S. policies, and have been exacerbated during the pandemic

The Commonwealth Fund's [\*Scorecard on State Health System Performance\*](#) series has long tracked the functioning of each state's health care system, but state averages can mask profound underlying inequities among different people

This tool will allow policymakers to understand the magnitude of health inequities and establish attainable benchmarks for reducing disparities

# How We Created the State Equity Scorecard Report

The report uses 24 data indicators drawn from our [State Scorecard](#), representing aspects of health system performance that can be stratified by race/ethnicity

The report features measures for five racial and ethnic groups: Black, white, American Indian/Alaska Native (AIAN), Asian American, Native Hawaiian, and Pacific Islander (AANHPI), and Latinx/Hispanic

Data from 2019 and 2020

Measures are grouped into three dimensions: Health Outcomes, Health Care Access, Quality and Use of Health Care Services

Composite summary scores calculated for each group within each state (e.g., Black residents in Texas) by aggregating performance measure data

# Key Findings

Health equity does not exist in any state within the U.S., even those with stronger health systems

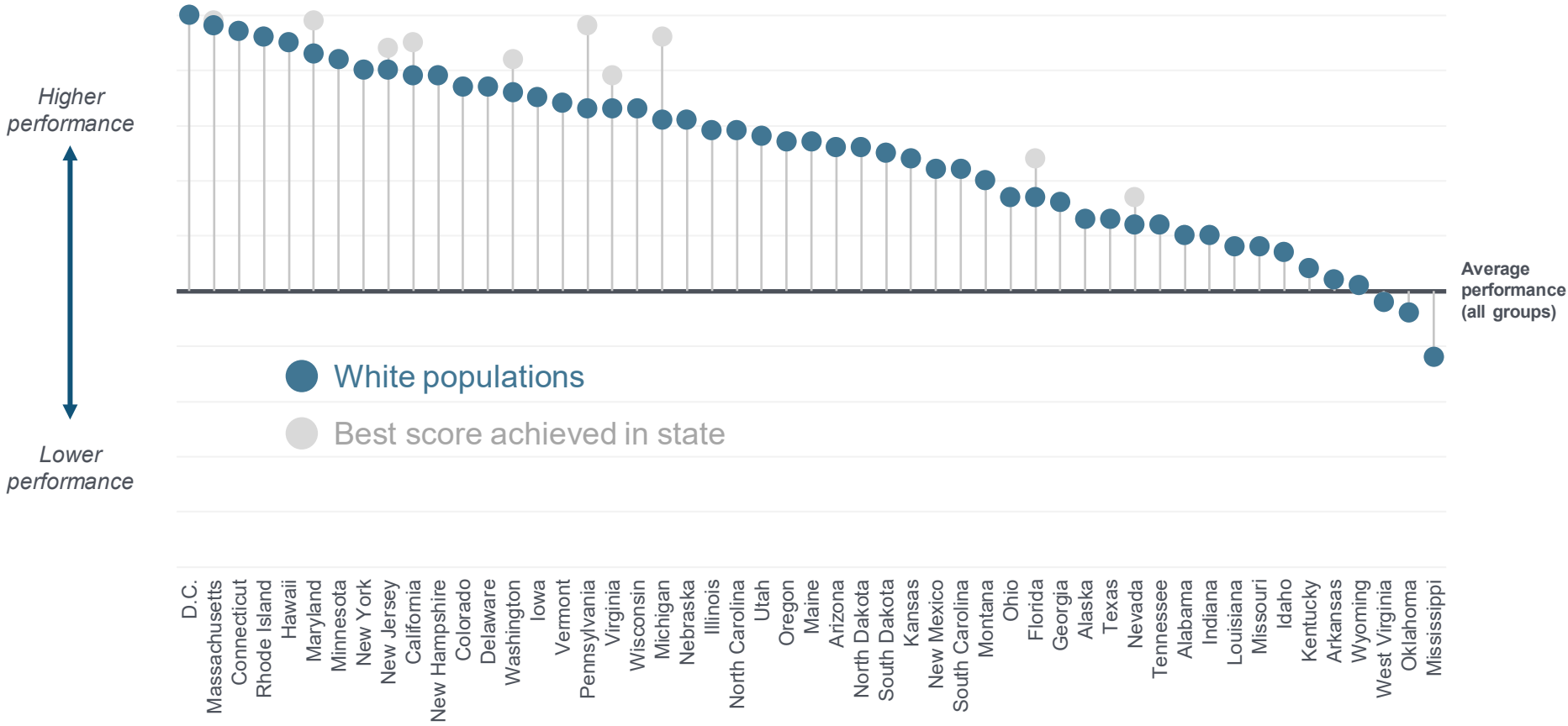
In every state, health system performance is markedly worse for many people of color, particularly Black, Latinx, and AIAN populations, when compared to white people

Only six states had above-average performance for all racial and ethnic groups (for which data were available): Connecticut, Hawaii, Massachusetts, New York, Oregon, and Rhode Island

Some Midwest states like Minnesota and Wisconsin have historically performed strongly in the *State Scorecard* series, but they report some of the largest racial inequities between groups

Others like Mississippi and Oklahoma show substandard performance for all groups, but still report sizable inequities within the state

# Health system performance for white people is above average in most states.



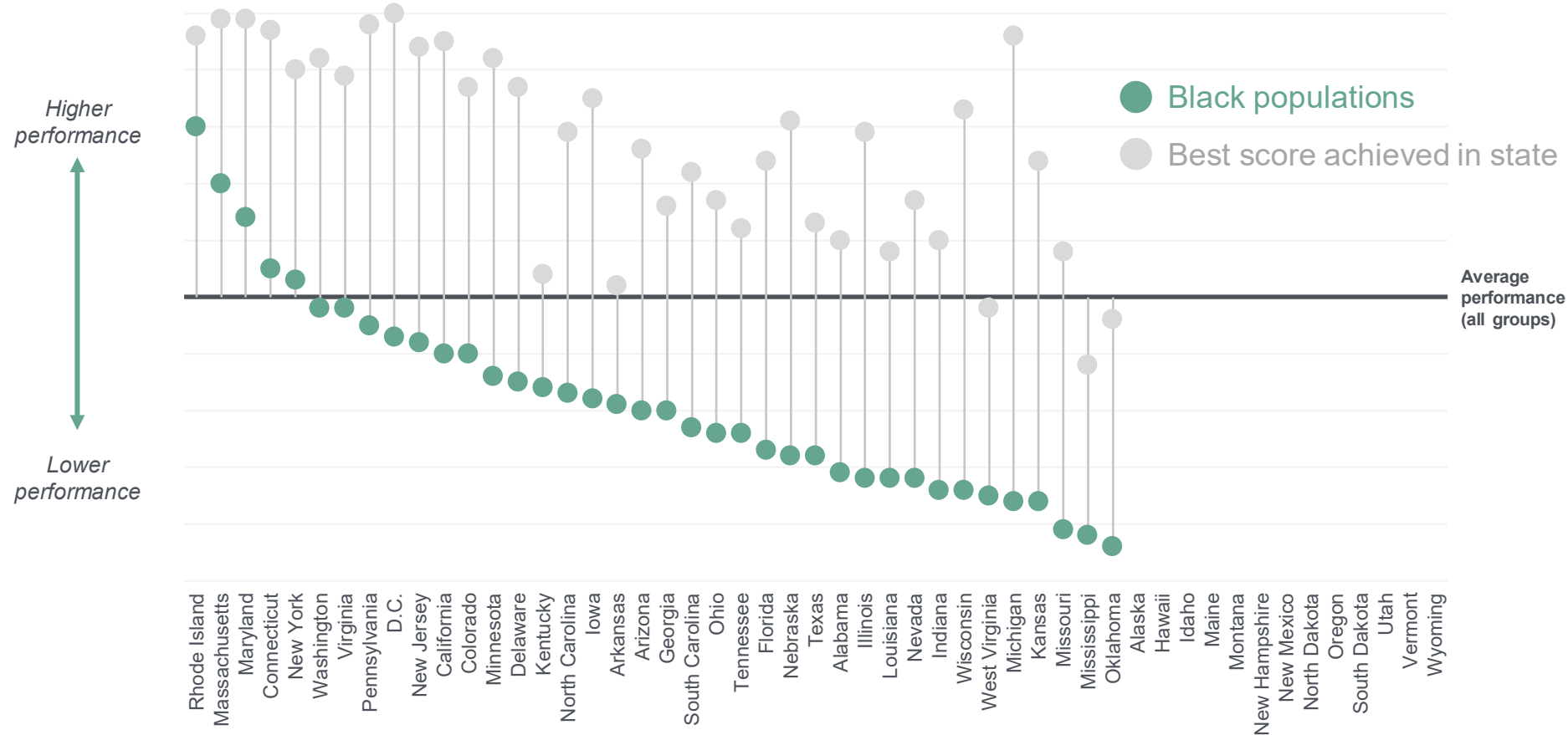
Notes: States are rank-ordered by highest state performance for white population. Grey dots represent the highest score achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the top score). Height of the point represents state performance on a 1-100-point scale, with the centerline marking average performance (equivalent to the all-group median at the 50<sup>th</sup> percentile) among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: Commonwealth Fund 2021 Health System Performance Scores.



Summary Findings

Health system performance among Black people is below average in most states and much worse than the best achieved in all states.



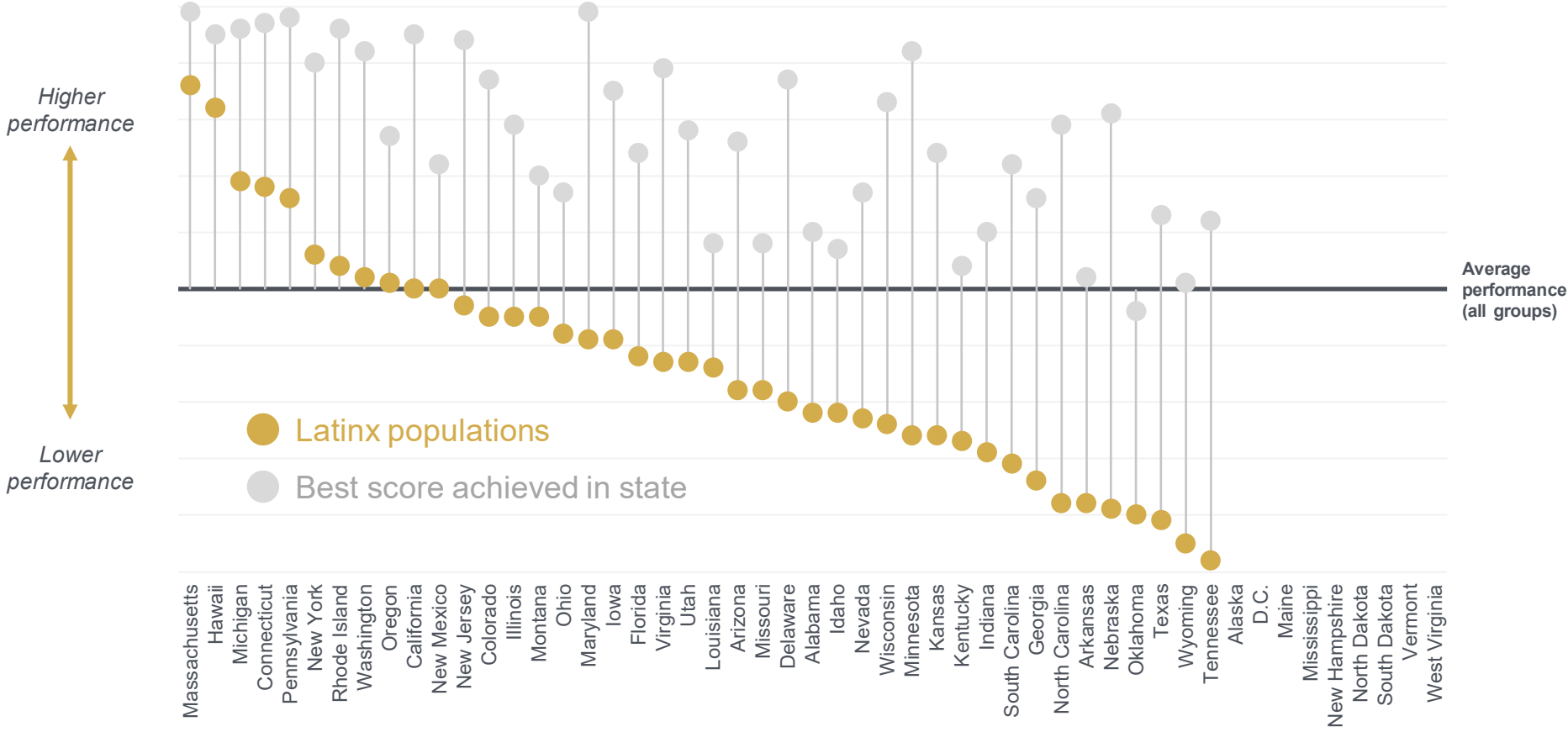
Notes: States are rank-ordered by highest state performance for Black population. Grey dots represent the highest score achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the top score). Height of the point represents state performance on a 1-100-point scale, with the centerline marking average performance (equivalent to the all-group median at the 50<sup>th</sup> percentile) among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: Commonwealth Fund 2021 Health System Performance Scores.



Source: David C. Radley et al., *Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance* (Commonwealth Fund, Nov. 2021).

# Health system performance among Latinx/Hispanic people is below average in most states and much worse than the best achieved in all states.



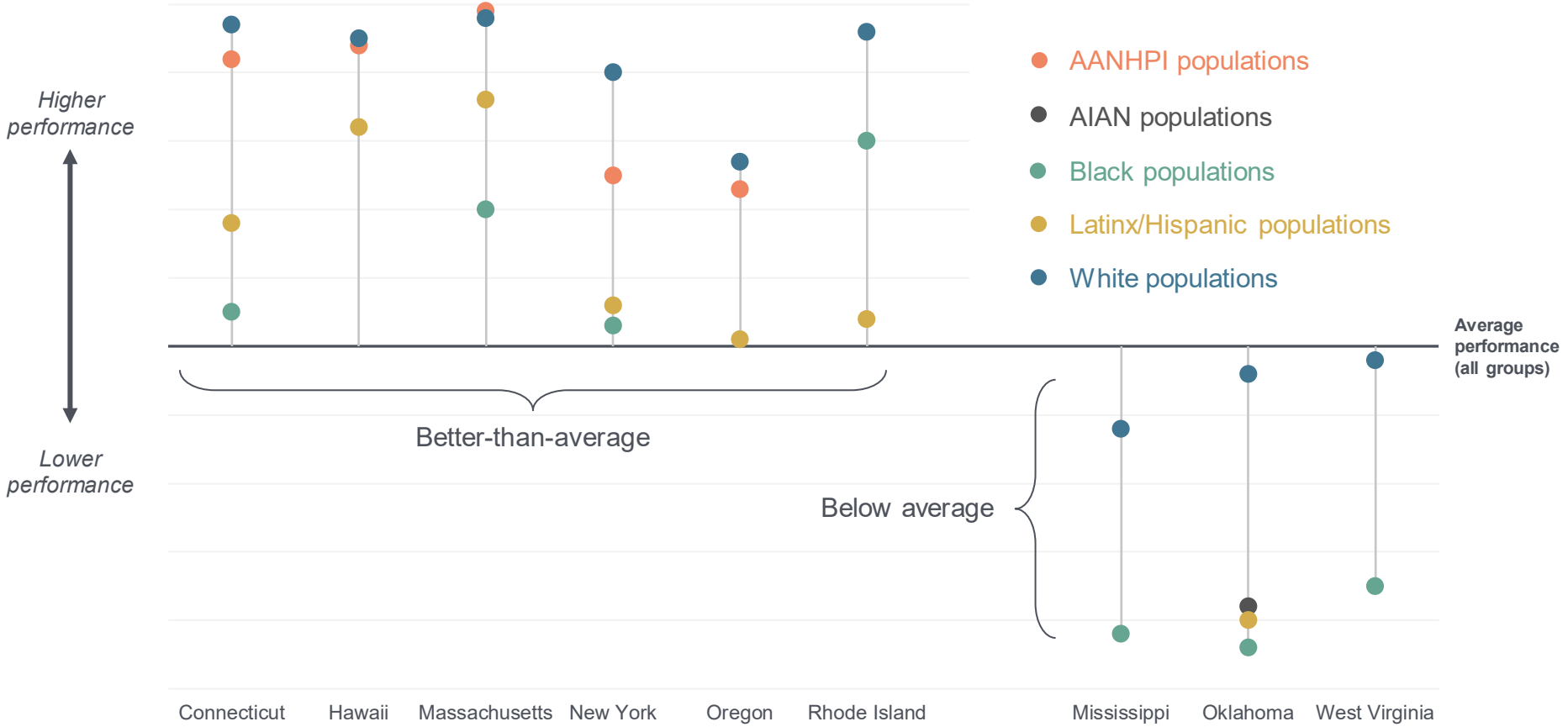
Notes: States are rank-ordered by highest state performance for Latinx/Hispanic population. Grey dots represent the highest score achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the top score). Height of the point represents state performance on a 1-100-point scale, with the centerline marking average performance (equivalent to the all-group median at the 50<sup>th</sup> percentile) among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

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Six states with better-than-average and three states with below-average health system performance for all groups; within-state disparities exist in each.



Notes: Only states with sufficient data for at least two racial and ethnic groups included. Height of the point represents state performance on a 1-100-point scale, with the centerline marking average performance (equivalent to the all-group median at the 50<sup>th</sup> percentile) among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state. AANHPI = Asian American, Native Hawaiian, and Pacific Islander; AIAN = American Indian/Alaska Native.

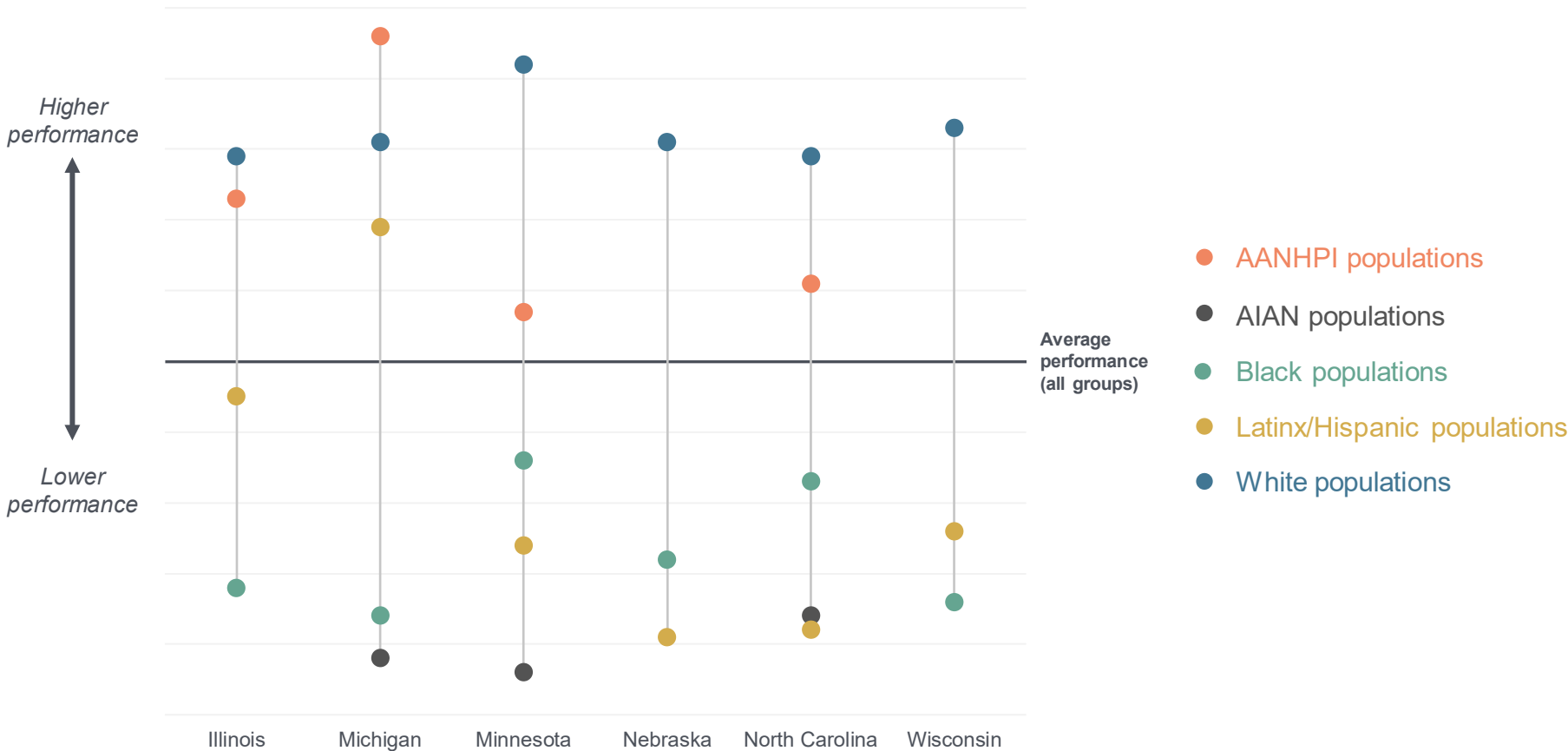
Data: Commonwealth Fund 2021 Health System Performance Scores.





Summary Findings

Many states have strong performance for some racial and ethnic groups, but still face large disparities (six examples).



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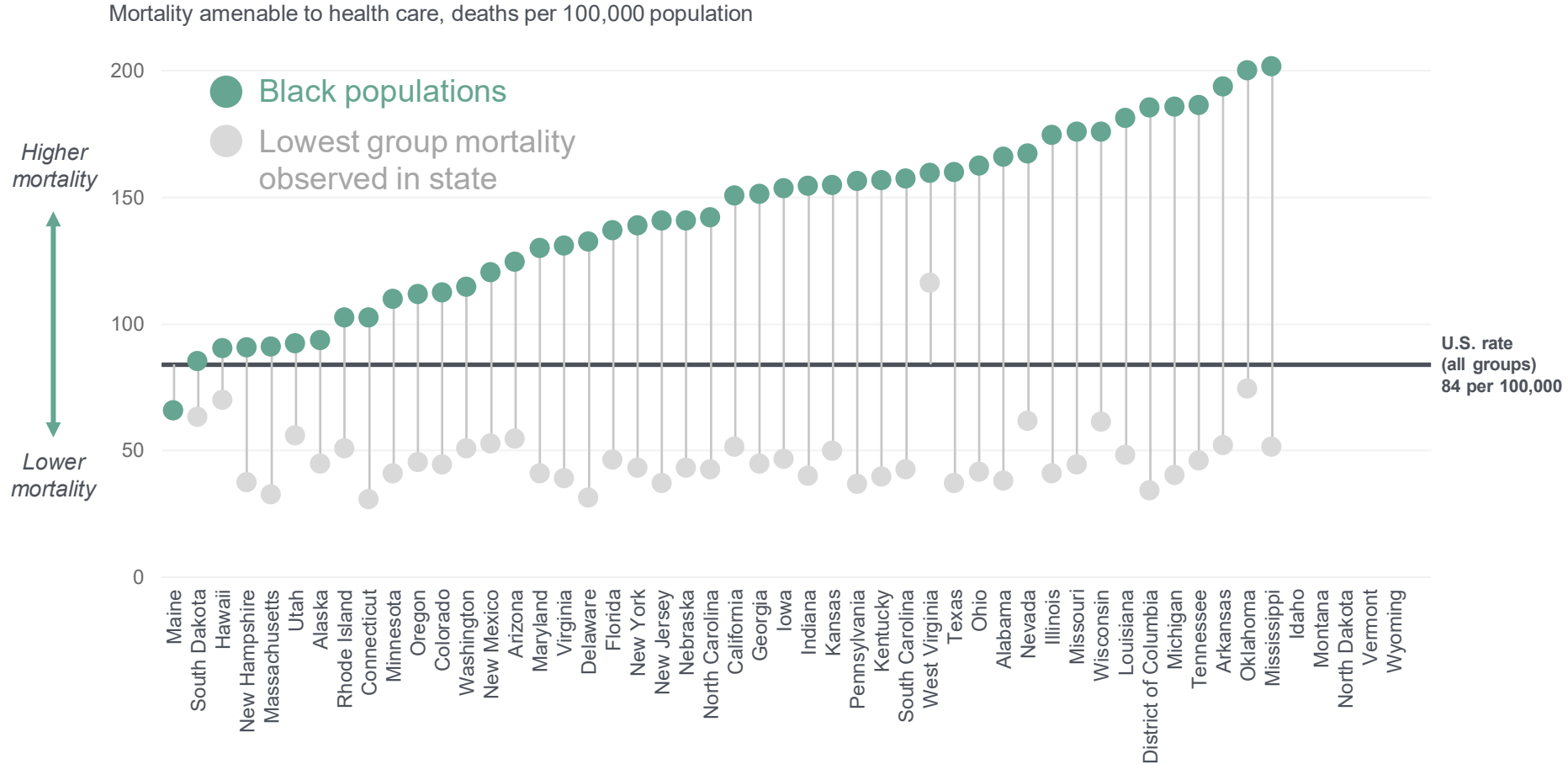
Data: Commonwealth Fund 2021 Health System Performance Scores.



# Health Outcomes

Health Outcomes

In most states, Black people are more likely to die early in life from conditions that are treatable with timely access to high-quality health care.



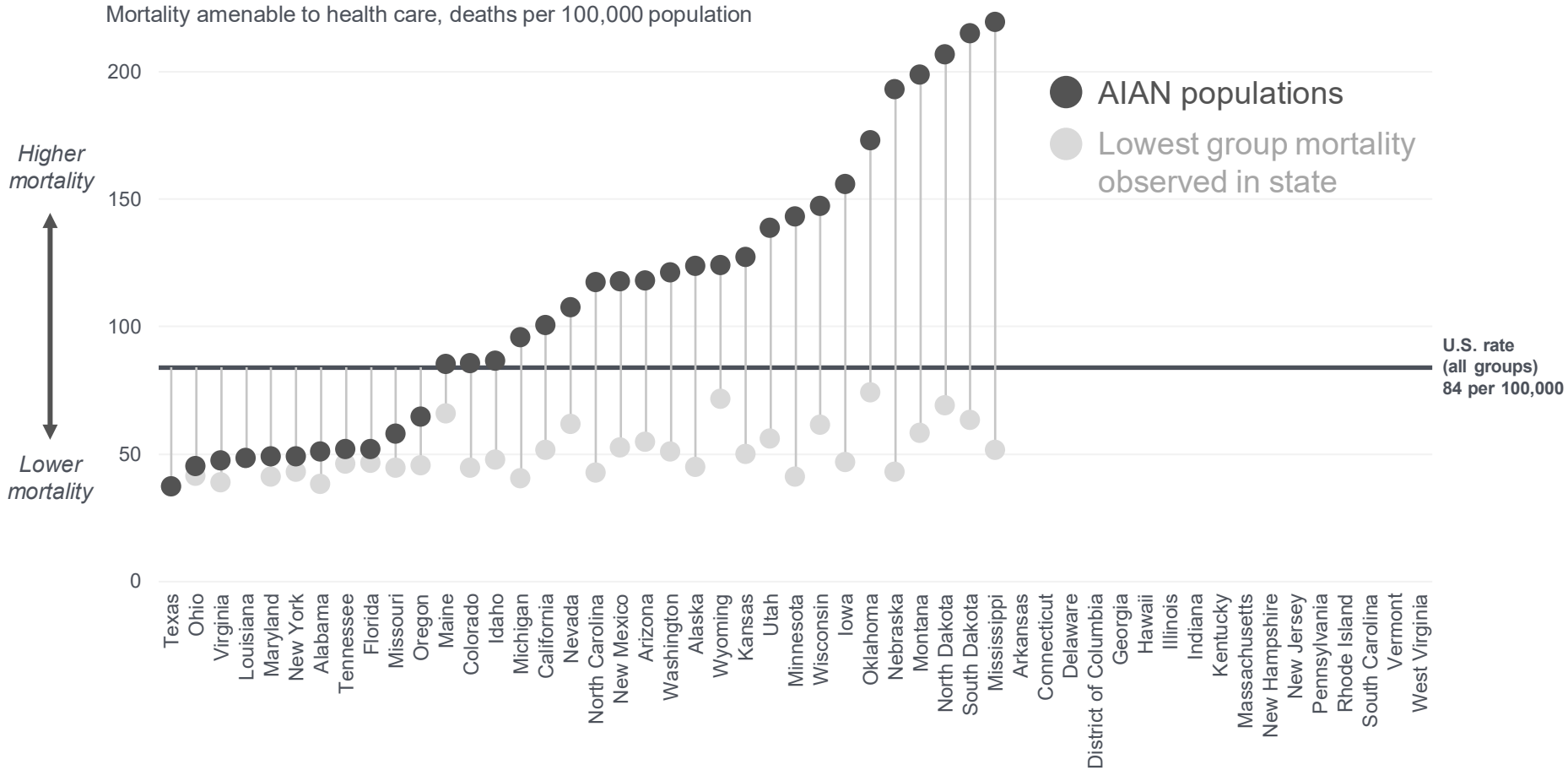
Notes: Grey dots represent the lowest mortality rate achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the lowest rate). The centerline marks the U.S. premature mortality rate for all people. Data not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: CDC, 2018 and 2019 National Vital Statistics System (NVSS), All-County Micro Data, Restricted Use Files.



Health Outcomes

In most states, AIAN people are more likely to die early in life from conditions that are treatable with timely access to high-quality health care.



Notes: Grey dots represent the lowest mortality rate achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the lowest rate). The centerline marks the U.S. premature mortality rate for all people. Data not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state. AIAN = American Indian/Alaska Native.

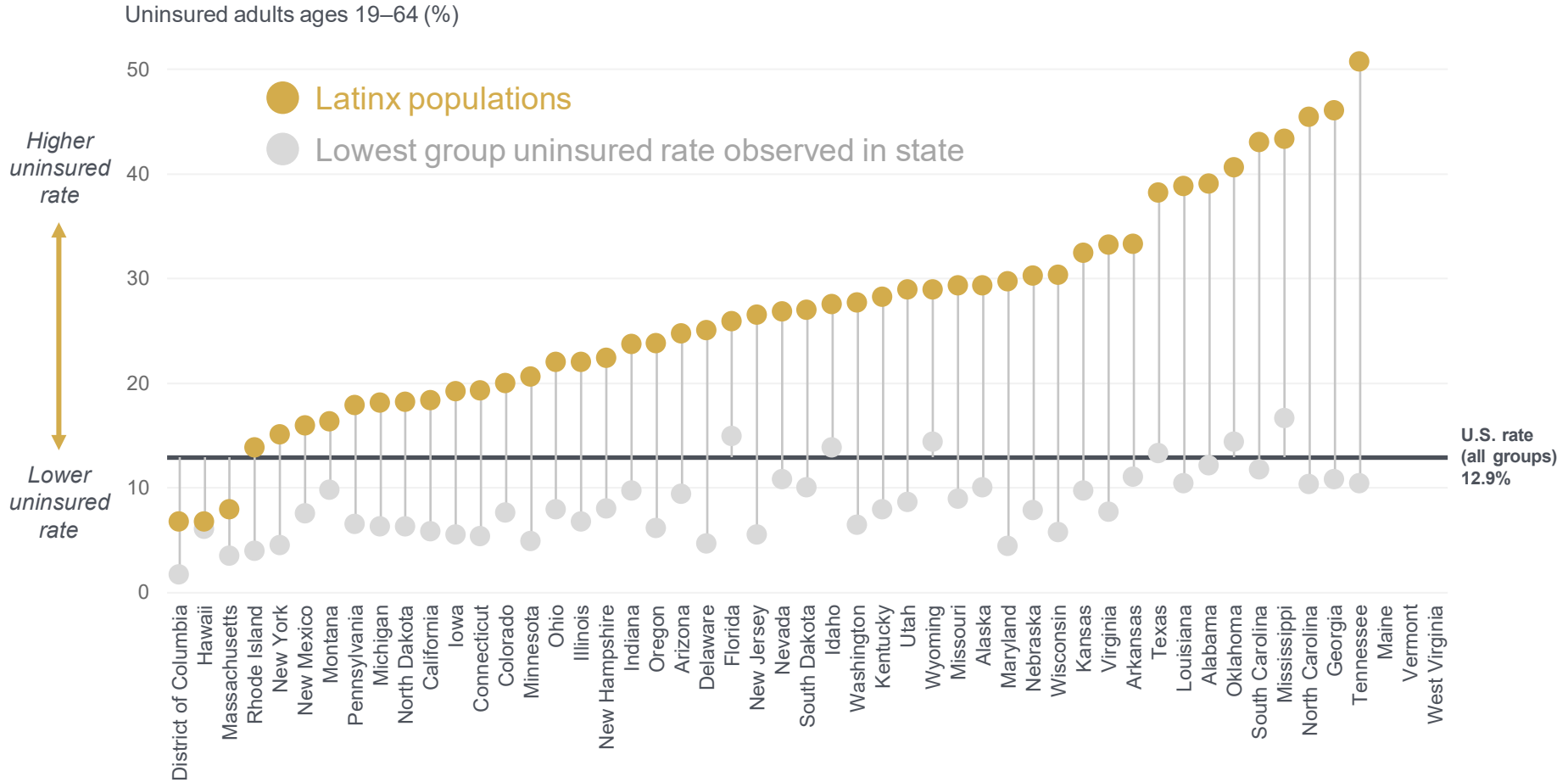
Data: CDC, 2018 and 2019 National Vital Statistics System (NVSS), All-County Micro Data, Restricted Use Files.



Source: David C. Radley et al., *Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance* (Commonwealth Fund, Nov. 2021).

# Health Care Access

# Although the ACA's coverage expansion improved inequities, state uninsured rates are generally higher for Latinx/Hispanic adults.



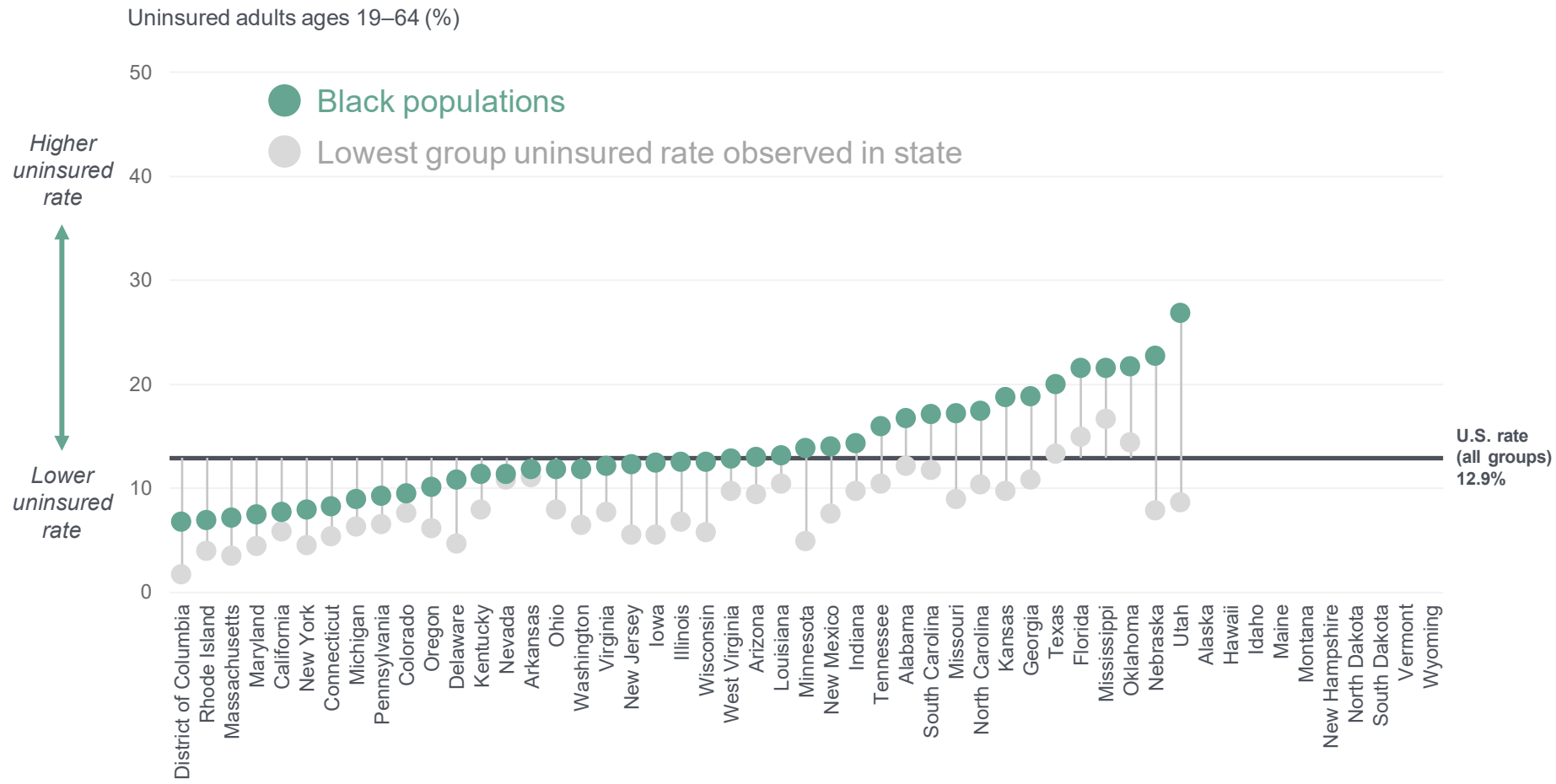
Notes: Grey dots represent the lowest uninsured rate achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the lowest rate). The centerline marks the U.S. uninsured rate for all people. Data not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

Data: American Community Survey Public Use Micro Sample (ACS-PUMS) 2019 1-year file.



Source: David C. Radley et al., *Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance* (Commonwealth Fund, Nov. 2021).

# Although the ACA's coverage expansion improved inequities, state uninsured rates are generally higher for Black adults.



Notes: Grey dots represent the lowest uninsured rate achieved in each state by any of the five groups (if no grey dot is visible, the highlighted group has the lowest rate). The centerline marks the U.S. uninsured rate for all people. Data not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state.

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# Summary

State health systems are not working for many people of color

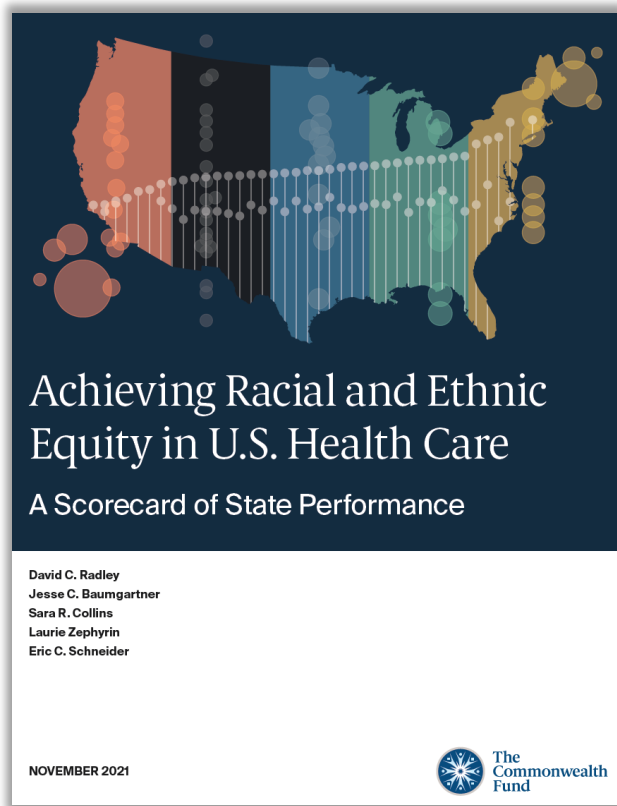
Racial and ethnic disparities in health and health care are evident in every state, even those with stronger health systems

Health system performance is markedly worse for many people of color, particularly Black, Latinx, and AIAN populations, when compared to white people



# Using the Scorecard — more than just a report . . .

Online interactive content  
and printable PDF



A new tool that identifies differential health system performance between racial and ethnic groups

Provides insight across and within states

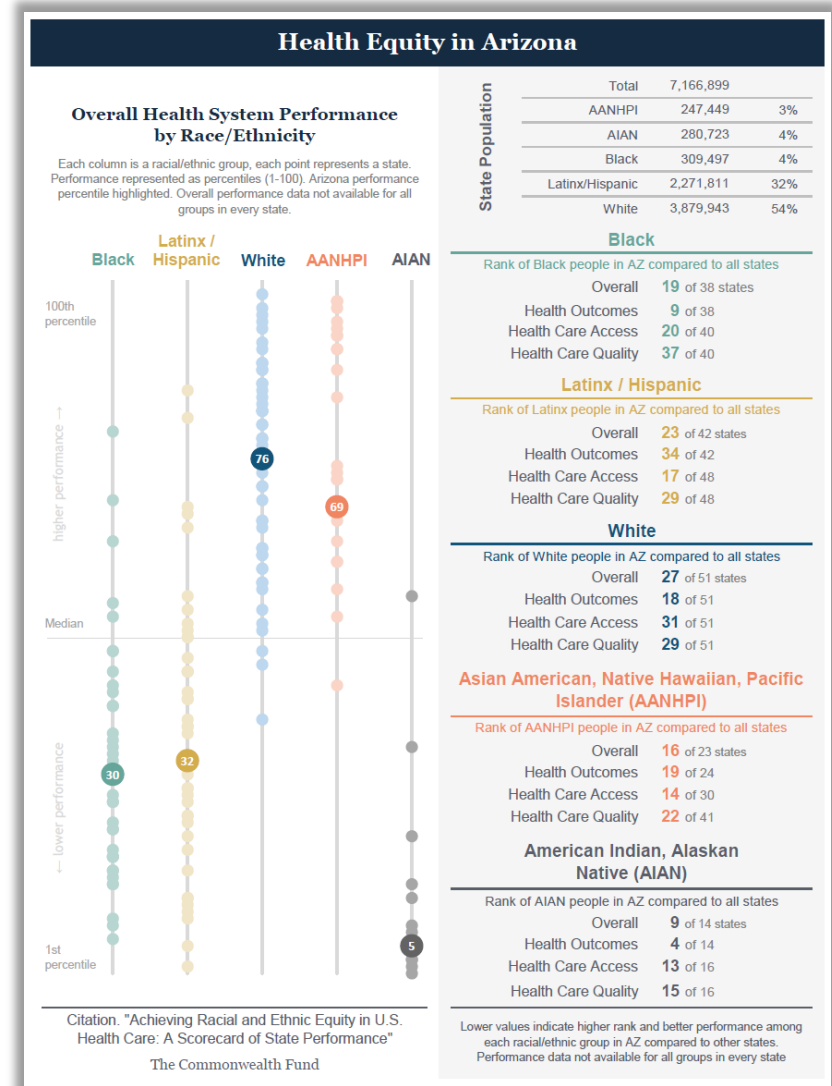
State and racial and ethnic group profiles provide focused detail with summary information and data points for all 24 indicators

# State Profiles

Performance scores and group-specific ranks for each of the five racial and ethnic groups

Performance scores on each of the three dimensions to help target areas of relative strength or weakness

State-specific data for each indicator



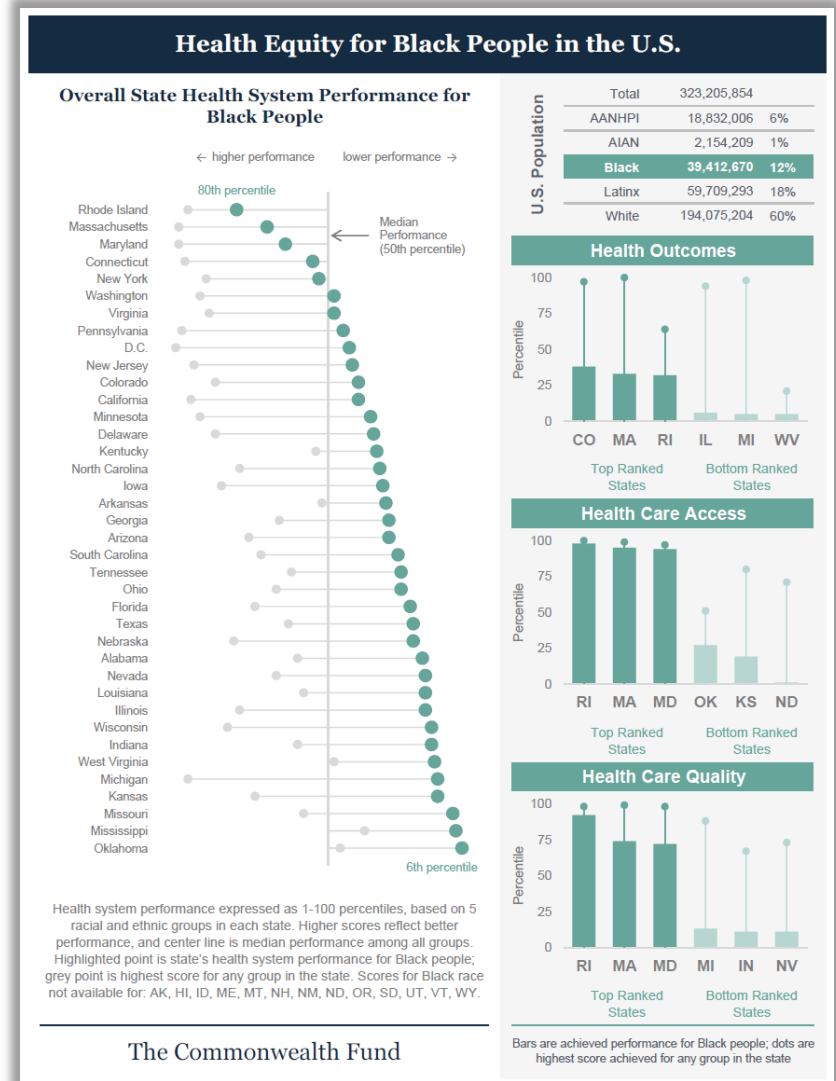
# Racial and Ethnic Group Profiles

Performance detail for each of five racial and ethnic groups featured in the report

State rankings

Top- and bottom-performing states

Data tables for benchmarking



# Achieving health equity requires policy action.

Ensuring universal, affordable, and equitable health coverage

Strengthening primary care and improving the delivery of services

Improving the collection and analysis of racial and ethnic data to identify gaps and develop equity-focused measures to inform and evaluate policy

Reducing inequitable administrative burdens affecting patients and providers

Investing in social services