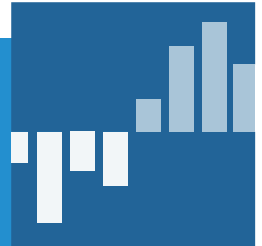


REPORT

Key Facts on Health and Health Care by Race and Ethnicity

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Introduction

Disparities in health and health care remain a persistent challenge in the United States. Disparities not only result in inequities but also limit continued improvement in quality of care and population health and result in unnecessary health care costs. Many initiatives are underway to address disparities and the Affordable Care Act (ACA) included provisions that advance efforts to reduce disparities. One key step to addressing disparities is identifying and documenting them. This information is necessary to develop and target interventions and to track progress over time. Data available to measure disparities is improving. Notably, the ACA requires all federal data collection efforts to obtain information on race, ethnicity, sex, primary language, and disability status. However, there remain gaps in data, particularly for some racial and ethnic subgroups.

This chartpack provides data on demographics, health access and utilization, health status and outcomes, and health coverage by race and ethnicity to provide greater insight into the current status of disparities. Where data are available, it examines measures by six groups: White, Asian, Hispanic, Black, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander. The majority of measures are for the nonelderly population. (A separate [chartpack](#) provides data for elderly individuals.) The analysis is based on the most recent year of data available from different national data sets (see Methods). It shows:

- **More than four in ten (41%) nonelderly individuals living in the United States are people of color.** Some areas of the country, particularly the South, are more diverse than others. Overall, people of color generally are younger compared to Whites and include higher shares of immigrants. While most live in a family with a full-time worker, they generally are more likely to have income below poverty compared to Whites.
- **People of color face significant disparities in access to and utilization of care.** Nonelderly Asians, Hispanics, Blacks, and American Indians and Alaska Natives face increased barriers to accessing care compared to Whites and have lower utilization of care. There remain large gaps in data for understanding access and utilization of care for Native Hawaiians and Other Pacific Islanders.
- **Blacks and American Indians and Alaska Natives fare worse than Whites on the majority of examined measures of health status and outcomes.** Findings for Hispanics are mixed with them faring better than Whites on some measures and worse on others. Asians fare better than Whites across most examined measures, but this finding masks underlying differences between subgroups of Asians. Data gaps limit the assessment of health status and outcomes for Native Hawaiians and Other Pacific Islanders.
- **Despite coverage gains under the ACA, nonelderly Hispanics, Blacks, and American Indians and Alaska Natives remain significantly more likely than Whites to be uninsured.** Overall, people of color account for more than half (55%) of the total 32.3 million nonelderly uninsured. There are a number of differences in the characteristics of the nonelderly uninsured by race and ethnicity that affect their eligibility for coverage and that may help inform outreach and enrollment efforts.

Together these data show that people of color continue to face significant disparities in access to and utilization of care, health status and health outcomes, and health coverage. However, the scope and types of disparities vary across racial and ethnic groups. Moreover, although the ACA included provisions to increase data availability, there remain key gaps in data, particularly for some racial and ethnic subgroups. Looking ahead, focused efforts to increase the data available to examine disparities will be important.

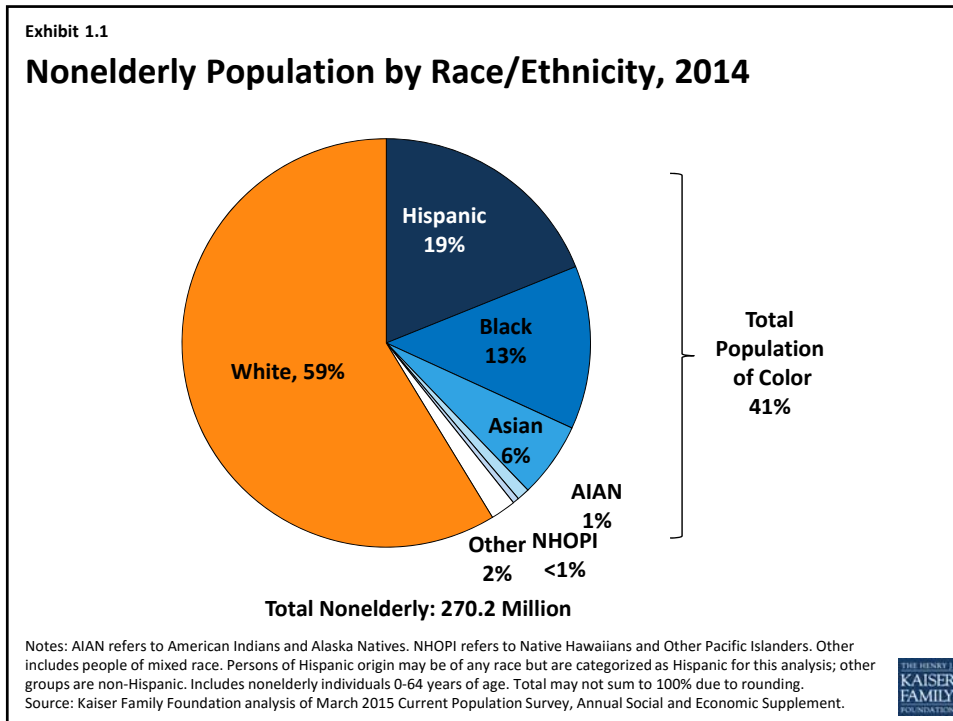
Methods

Data for this chart pack come from a variety of nationally-representative datasets, including the 2015 [Current Population Survey, March Annual Social and Economic Supplement](#), the 2014 [Behavioral Risk Factor Surveillance System](#), the 2014 [National Health Interview Survey](#), the 2011-2014 [National Health and Nutrition Examination Survey](#), and the 2014 [National Survey on Drug Use and Health](#), as well as from several online reports and databases, including the 2014 Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) on [vaccination coverage](#), the [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention \(NCHHSTP\) Atlas](#), the [United States Cancer Statistics Incidence and Mortality Web-based Report](#), the 2014 [CDC Natality Public Use File](#), and the [CDC WONDER online database](#).

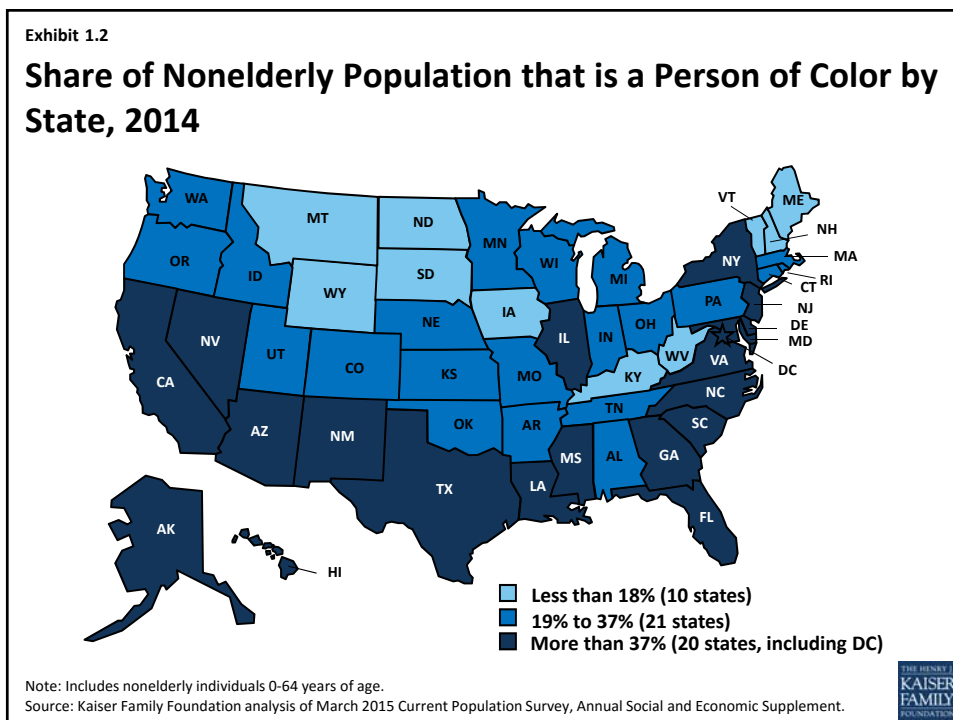
Unless otherwise noted, race/ethnicity was categorized by non-Hispanic White (White), non-Hispanic Asian (Asian), Hispanic, non-Hispanic Black (Black), non-Hispanic American Indian and Alaska Native (AIAN), and non-Hispanic Native Hawaiian or Other Pacific Islander (NHOPI). Asian and NHOPI race categories were combined when they could not be separately identified. “N/A” indicates that data for a racial/ethnic group could not be separated from an “other” category in that data source or cases in which point estimates have relative standard errors greater than 30 and do not meet minimum standards for statistical reliability. Non-Hispanic Whites were the reference group for all significance testing.

Section 1: Demographics

As of 2014, more than four in ten (41%) nonelderly individuals living in the United States were people of color (Exhibit 1.1).

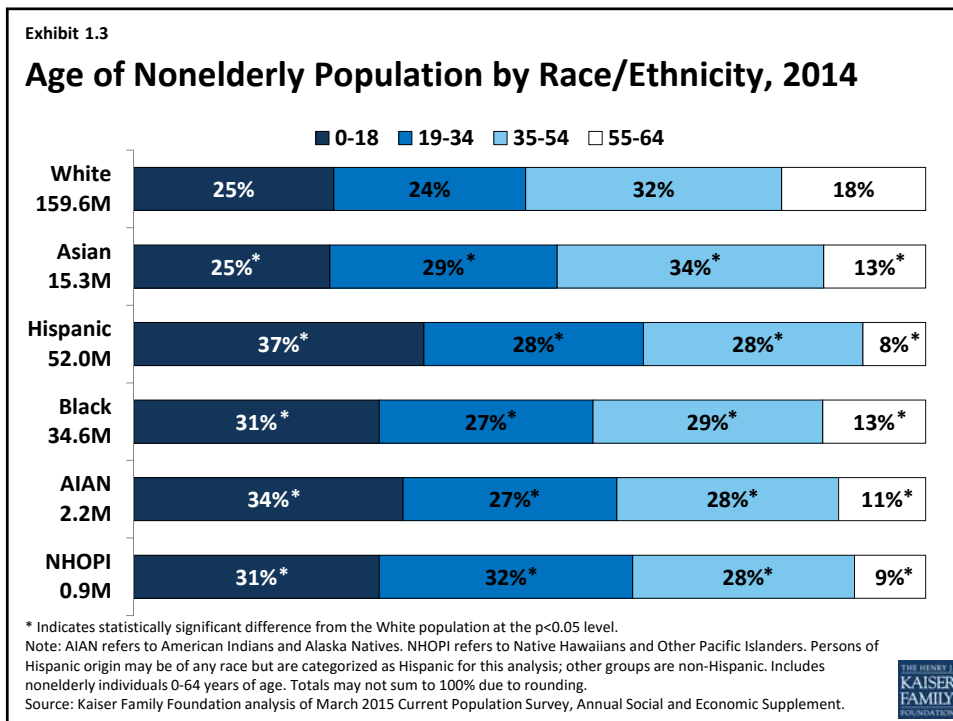


Some areas of the country, particularly the South, are more diverse than others (Exhibit 1.2).

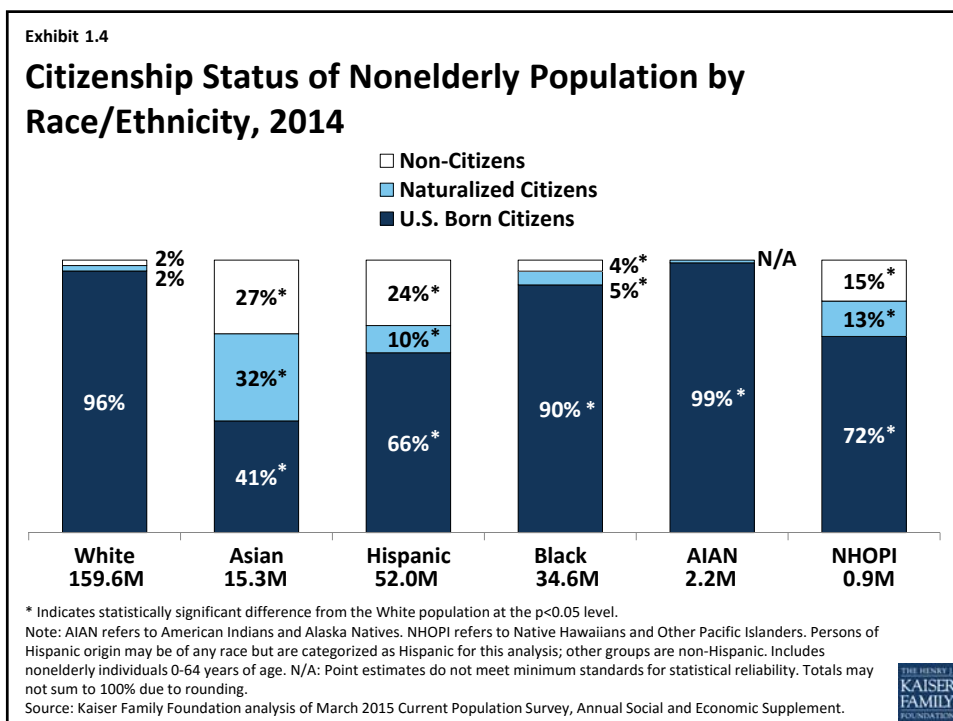


Given this significant diversity, it is important to understand differences in characteristics of the population by race and ethnicity that may impact health as well as access to health care and health coverage.

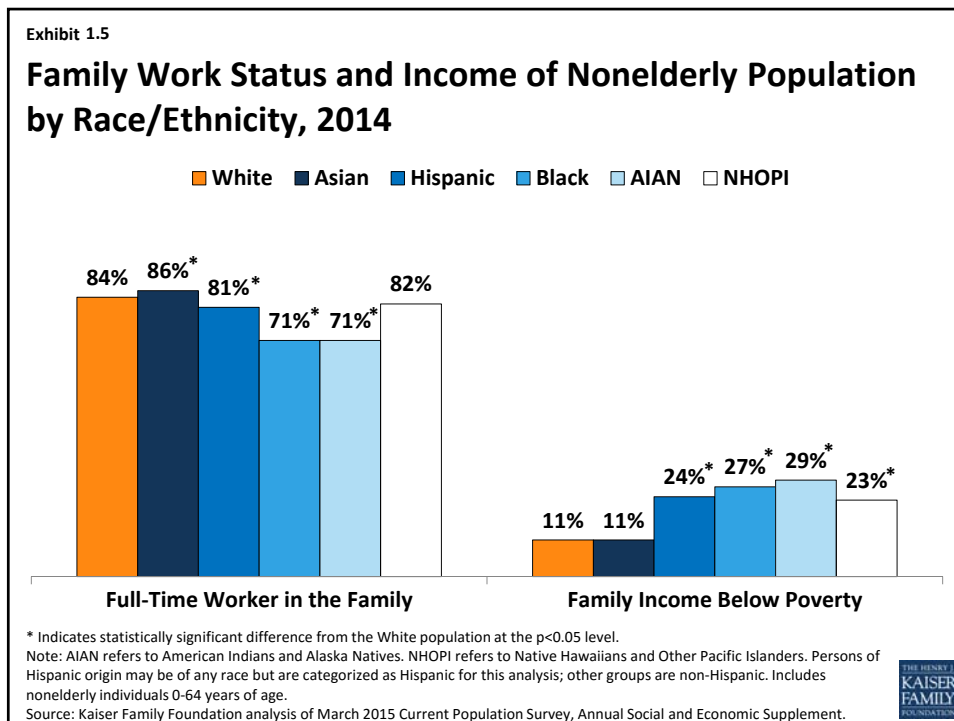
Age. Overall, people of color generally are younger compared to Whites, although age distribution varies across groups (Exhibit 1.3).



Citizenship status. Nonelderly people of color also include larger shares of immigrants compared to nonelderly Whites, particularly among Asians, Hispanics, and Native Hawaiians and Other Pacific Islanders (Exhibit 1.4).

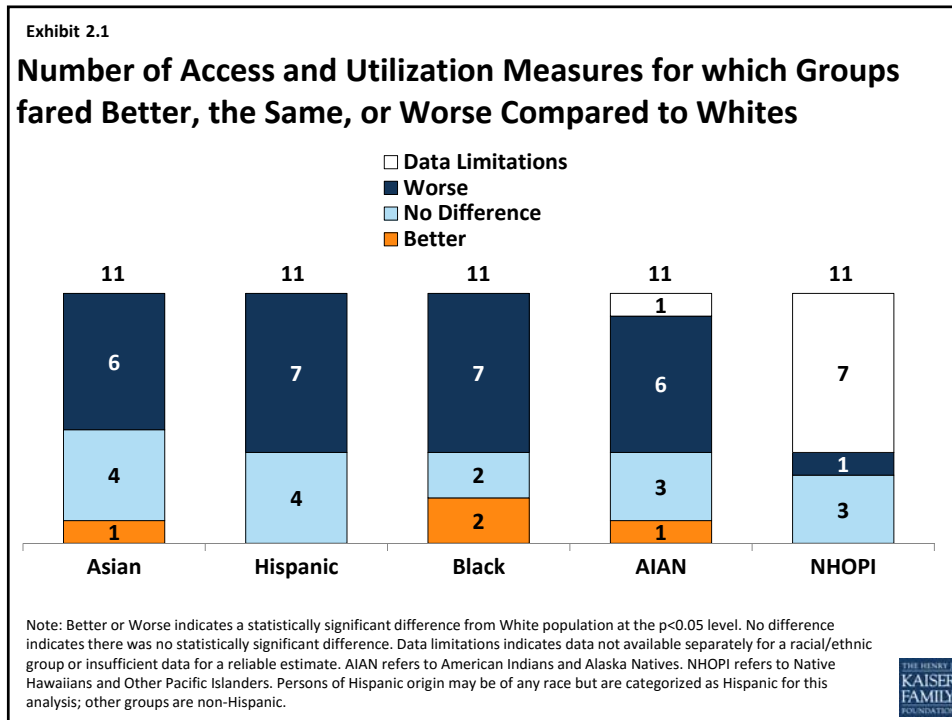


Work status and income. Across all racial and ethnic groups, the majority of nonelderly individuals live in a family with at least one full-time worker (Exhibit 1.5). However, nonelderly Hispanics, Blacks, and American Indians and Alaska Natives are less likely than Whites to have a full-time worker in the family and are more likely to have income below poverty. Nonelderly Native Hawaiians and Other Pacific Islanders also are more likely to have income below poverty compared to nonelderly Whites.

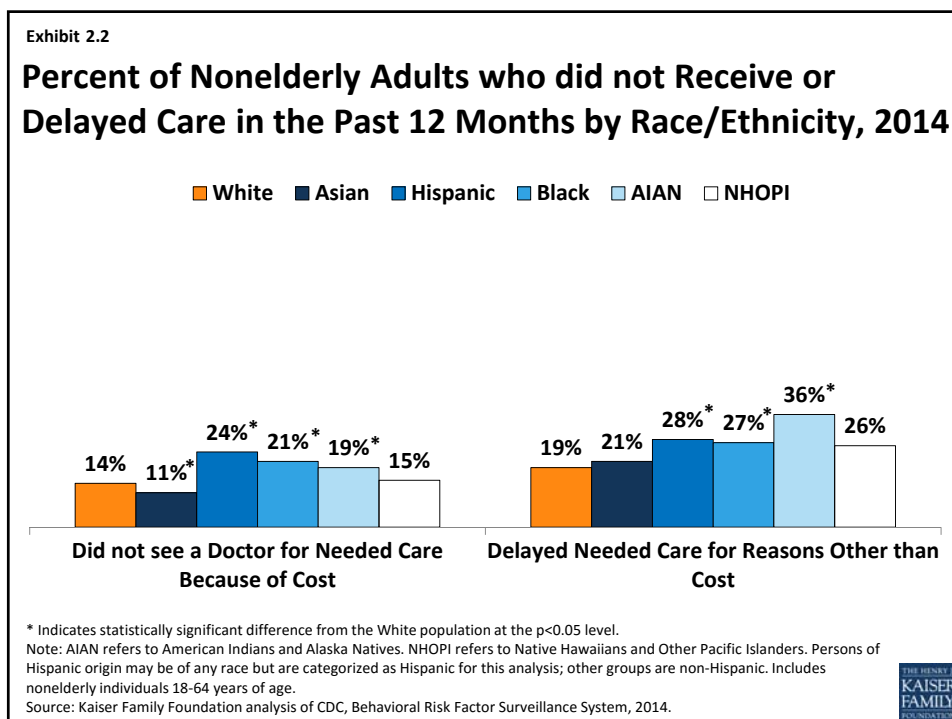


Section 2: Health Access and Utilization

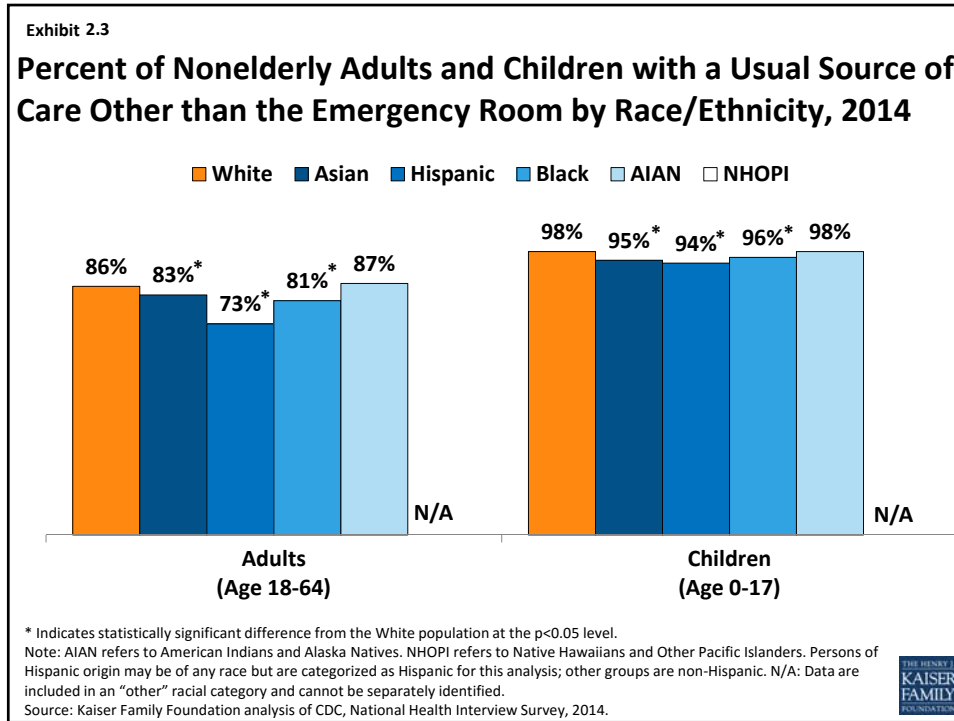
People of color face increased barriers to accessing care and report lower utilization of care. Among the nonelderly population, Asians, Hispanics, Blacks, and American Indians and Alaska Natives generally fare worse than Whites across measures of access to and utilization of care (Exhibit 2.1 and Appendix Table 1). There remain large data gaps for understanding access to and utilization of care for Native Hawaiians and Other Pacific Islanders.



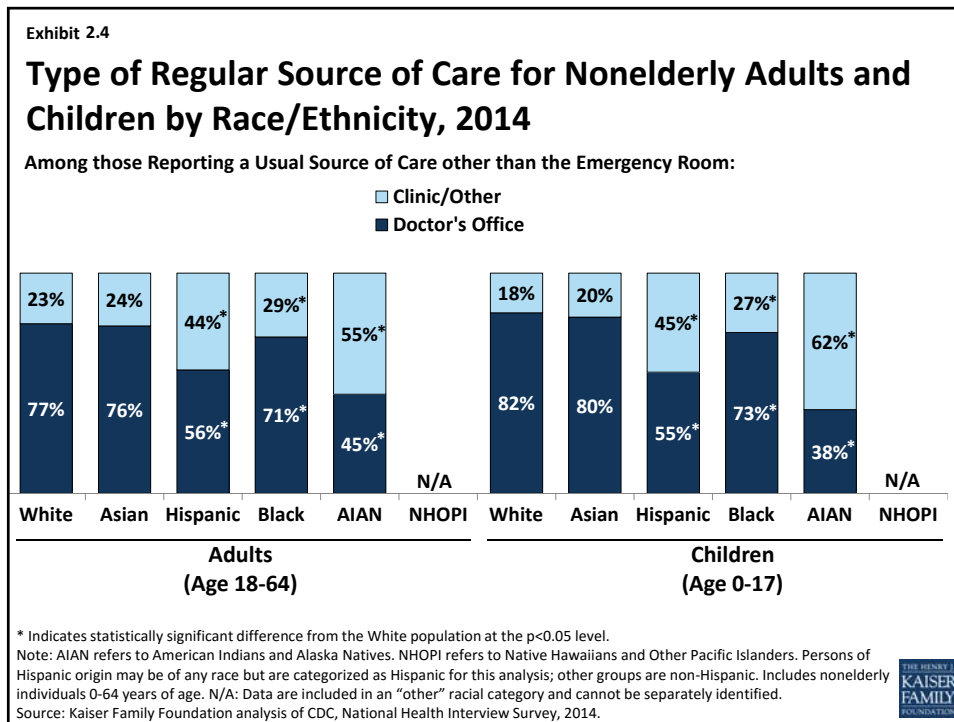
Delaying or forgoing needed care. Among nonelderly adults, Hispanics, Blacks, and American Indians and Alaska Natives are more likely than Whites to delay or forgo needed care due to costs and for other reasons (Exhibit 2.2).



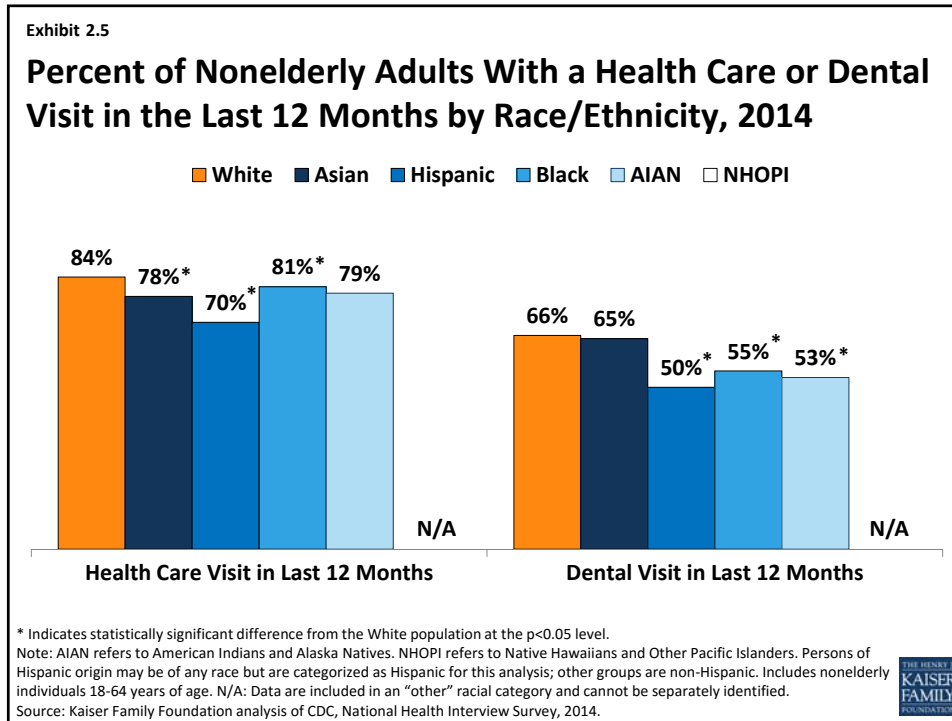
Usual source of care. Asian, Hispanic, and Black adults and children are less likely than their White counterparts to report having a usual source of care (Exhibit 2.3).



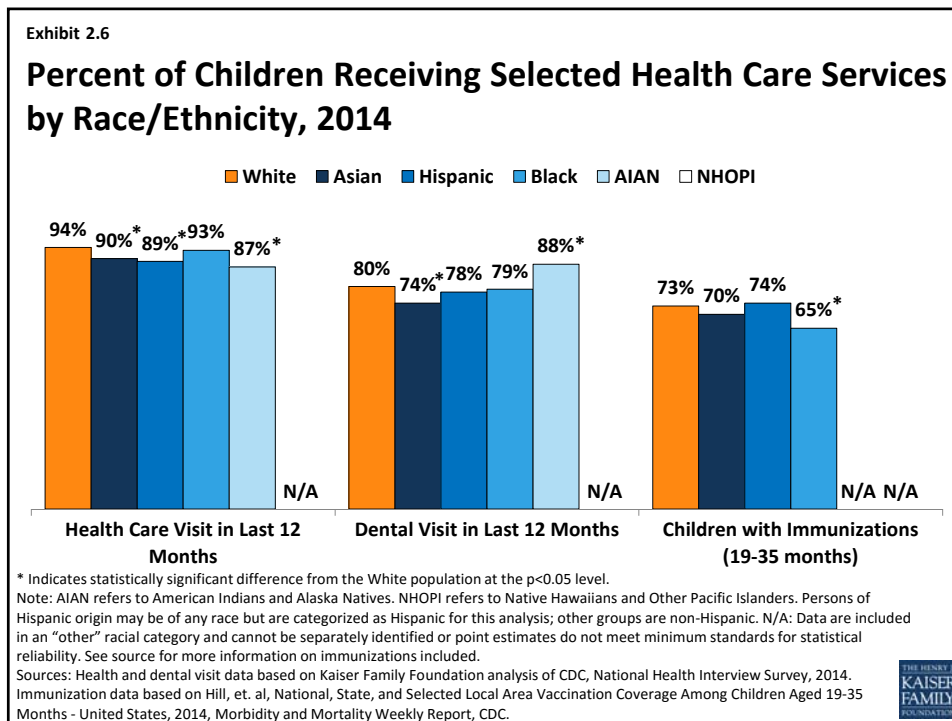
Types of usual source of care. Types of usual source of care also vary by race and ethnicity. Hispanics, Blacks, and American Indians and Alaska Natives are more likely than Whites to rely on a clinic or other provider rather than a doctor's office as their source of care (Exhibit 2.4).



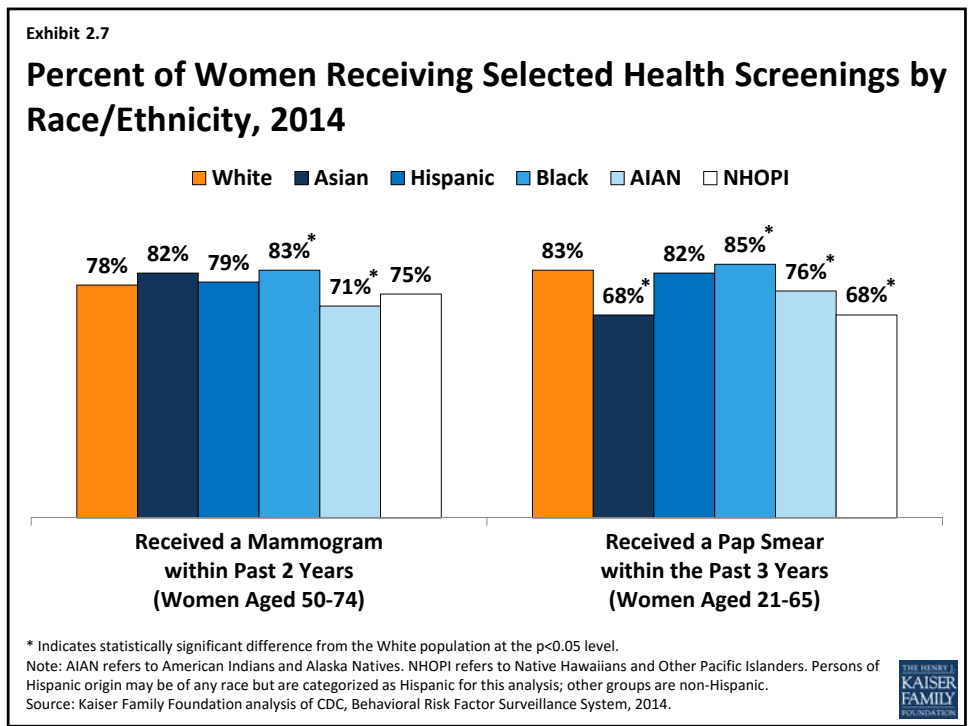
Utilization of care among adults. Among nonelderly adults, Hispanics and Blacks are less likely to have utilized health or dental care in the past year compared to Whites. In addition, the percent of Asians reporting a health care visit and the percent of American Indians and Alaska Natives reporting a dental visit are lower than Whites (Exhibit 2.5).



Utilization of care among children. Across groups, a higher percentage of children utilized health and dental care than adults. However, there still are disparities in utilization by race and ethnicity among children (Exhibit 2.6). There are fewer disparities in immunization rates of young children, although Black children are less likely than White children to be immunized.



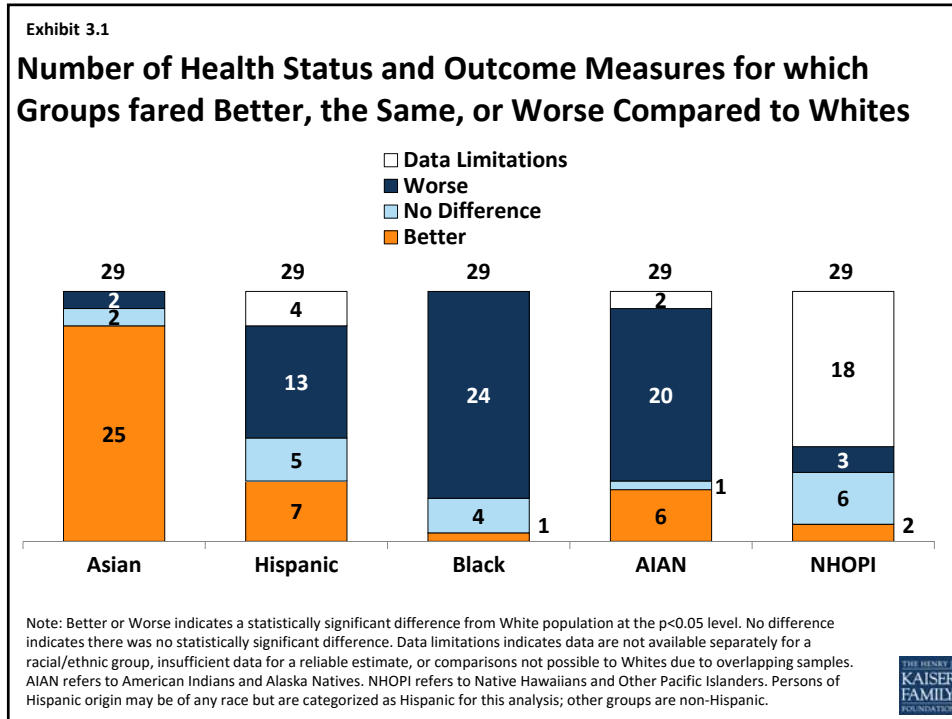
Women’s preventive services. Findings are mixed regarding differences by race and ethnicity in women’s receipt of preventive screening services (Exhibit 2.7). Black women fare better than White women with regard to receiving a mammogram and a Pap smear. However, American Indian and Alaska Native women are less likely than White women to have received a mammogram, and lower shares of Asian, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander women report receiving a Pap smear compared to White women.



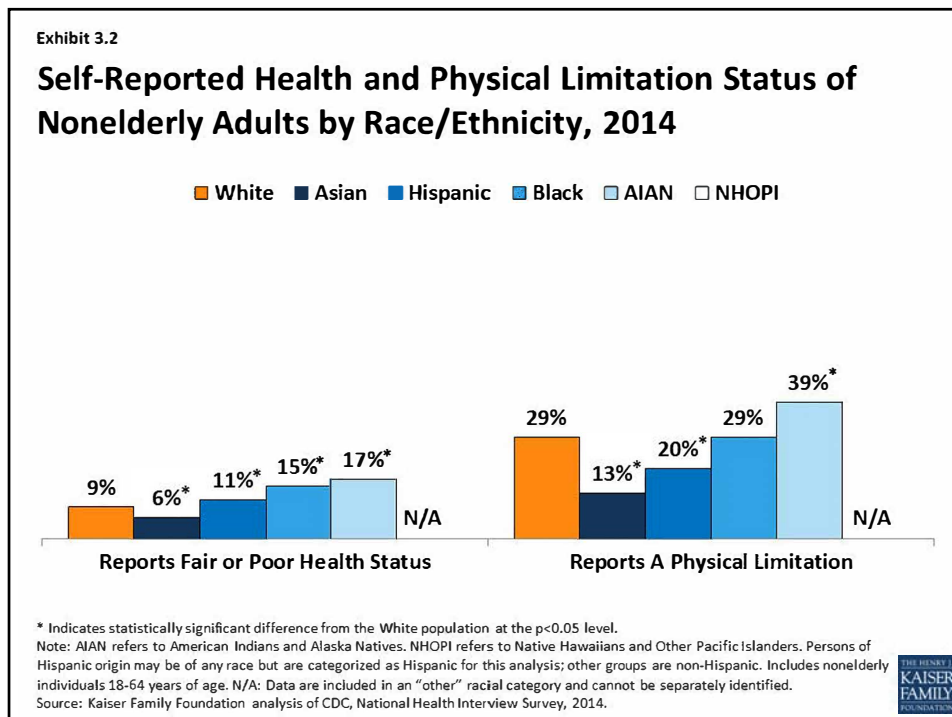
Section 3: Health Status and Outcomes

Blacks and American Indians and Alaska Natives fare worse than Whites on the majority of examined measures of health status and health outcomes (Exhibit 3.1 and Appendix Table 2).

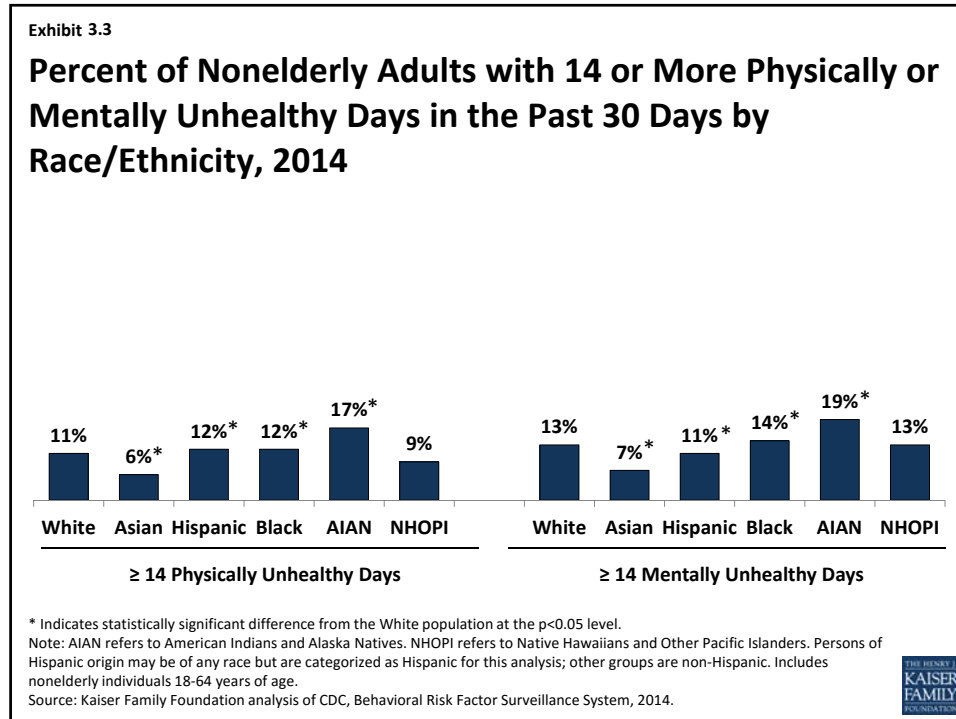
Findings for Hispanics are more mixed, with them faring better than Whites on some measures and worse on others. As a broad group, Asians fare better than Whites across nearly all examined measures. However, as noted earlier, this finding masks underlying differences between subgroups of Asians. For example, other research suggests that some subgroups of Asians fare very poorly along measures of health status and outcomes.¹



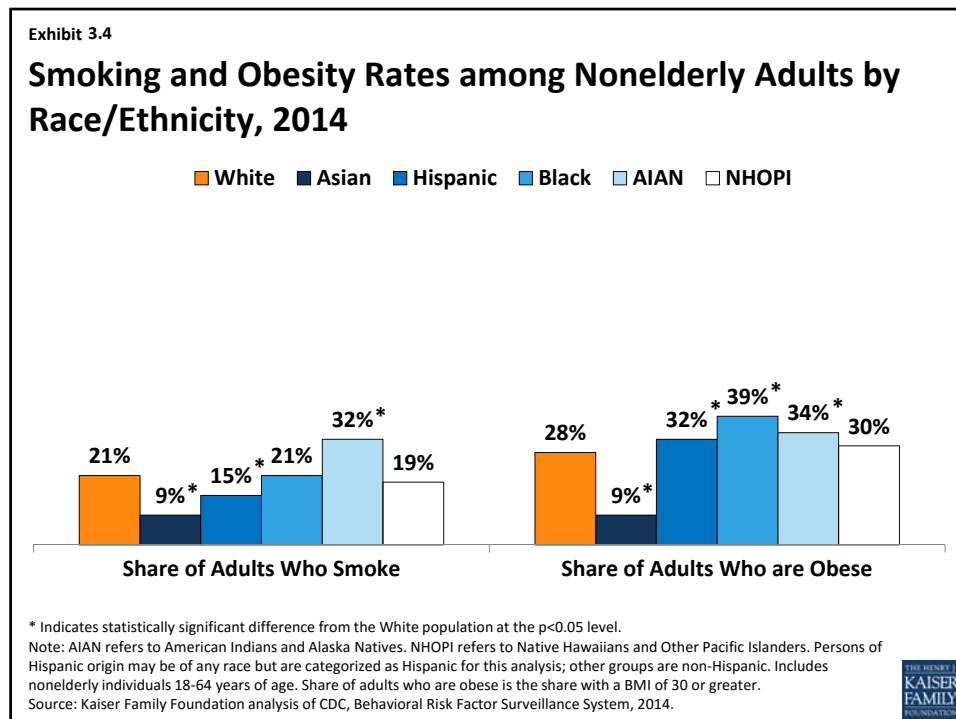
Self-Reported Health Status. These broad patterns across racial and ethnic groups generally hold true for measures of self-reported health status among nonelderly adults, with Blacks, Hispanics, and American Indians and Alaska Natives reporting worse health status than Whites (Exhibit 3.2). American Indians and Alaska Natives also are more likely to report a physical limitation compared to Whites.



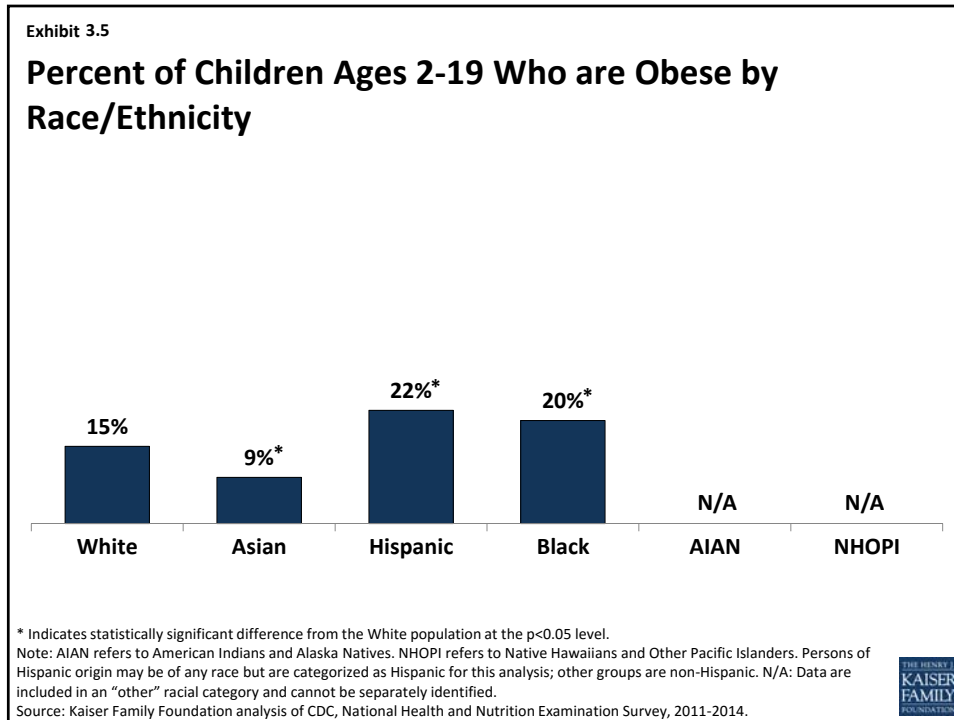
Physically and mentally unhealthy days. Consistent with these patterns, Black and American Indian and Alaska Native nonelderly adults also are more likely than Whites to report 14 or more physically or mentally unhealthy days in the past 30 days (Exhibit 3.3).



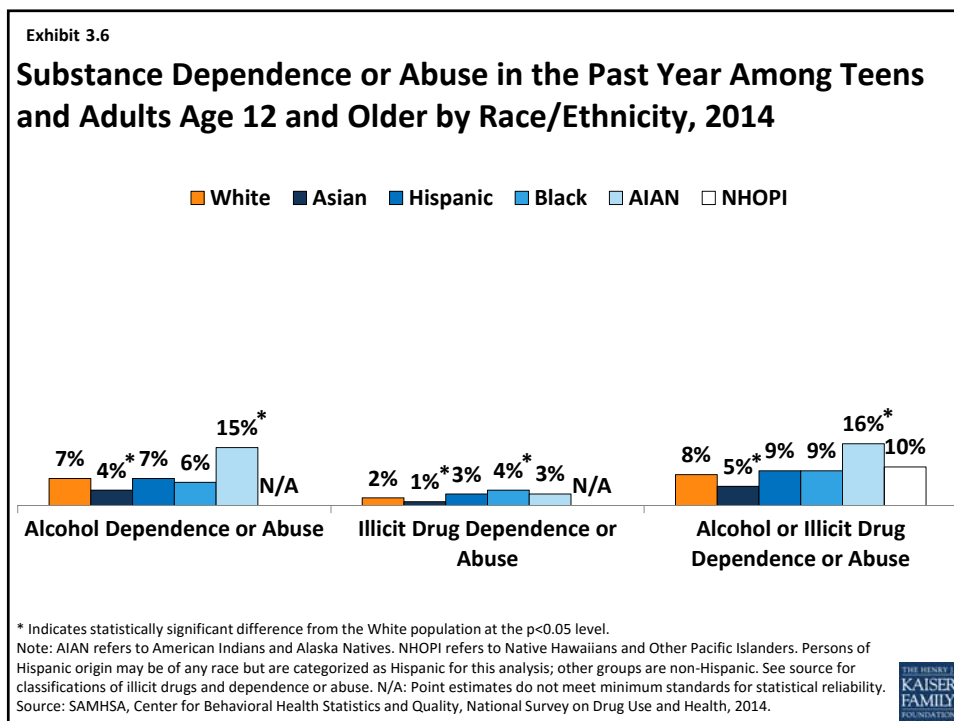
Smoking and obesity rates. Similar patterns also are observed for smoking and obesity rates. Among nonelderly adults, American Indians and Alaska Natives are more likely than Whites to smoke, and Hispanics, Blacks, and American Indians and Alaska Natives all have higher obesity rates than Whites (Exhibit 3.4).



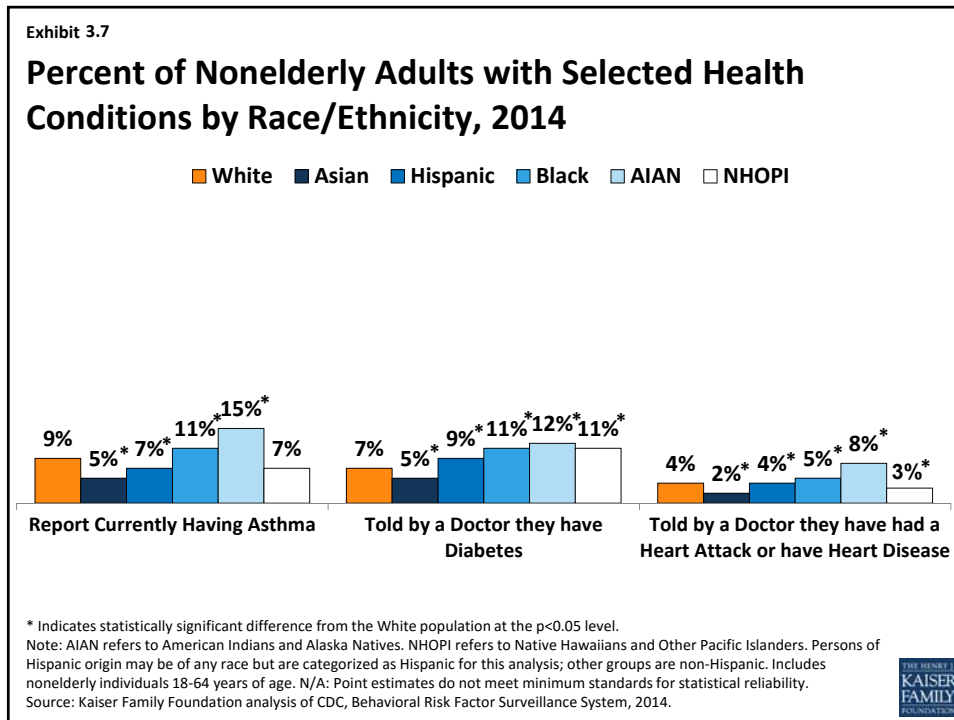
Obesity Rates among Children. Hispanic and Black children also are more likely to be obese than White children (Exhibit 3.5).



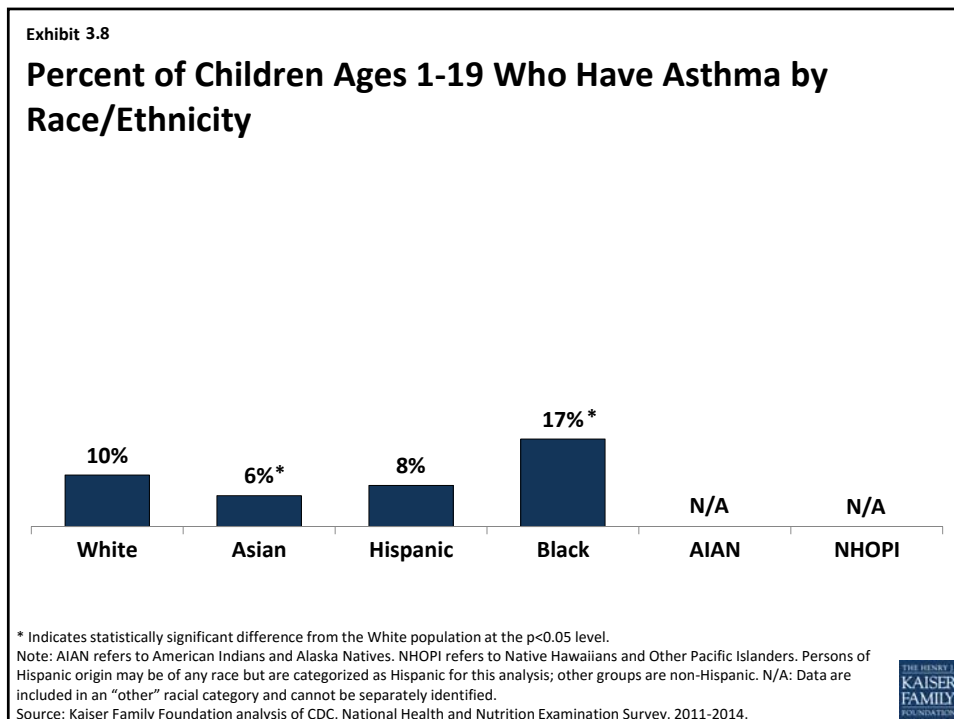
Alcohol and Illicit Drug Dependence or Abuse. American Indians and Alaska Natives in particular are more likely to report alcohol or illicit drug dependence or abuse compared to Whites. (Exhibit 3.6).



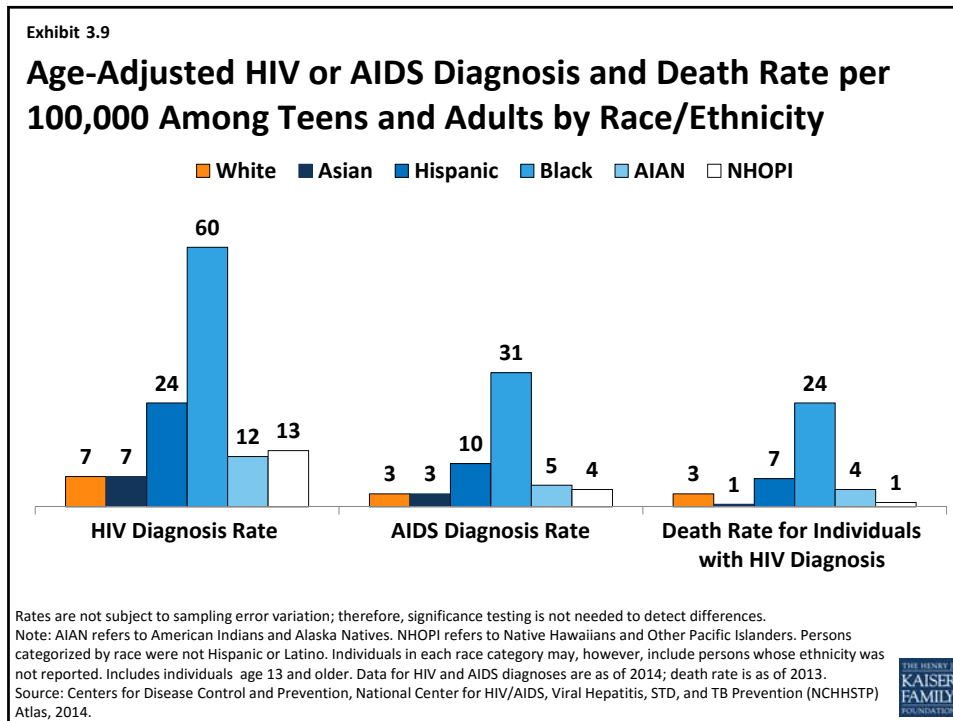
Chronic Conditions. Disparities for Blacks and American Indians and Alaska Natives also are seen in the prevalence of chronic conditions, such as asthma, diabetes, and cardiovascular disease (Exhibit 3.7).



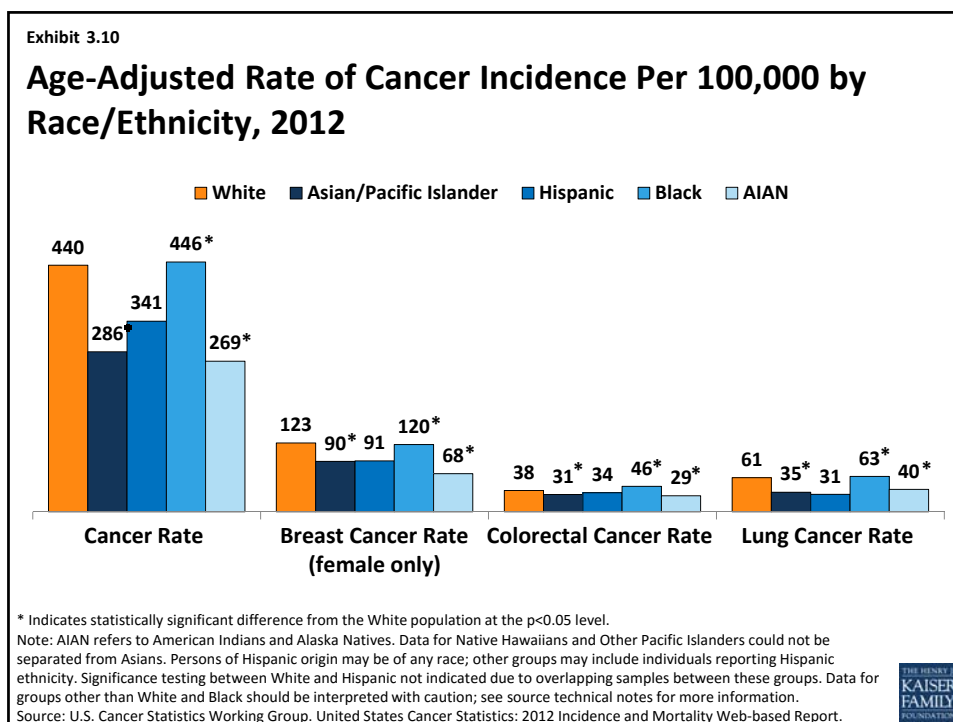
Asthma among Children. Black children also are more likely than White children to have asthma (Exhibit 3.8).



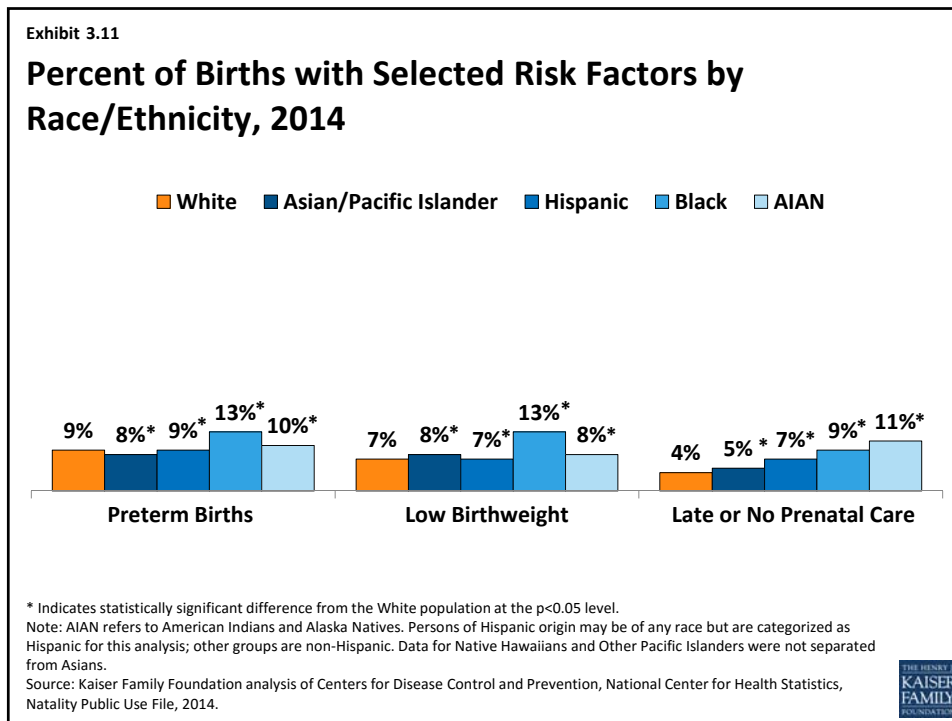
HIV/AIDS Diagnoses and Deaths. Disparities in rates of HIV/AIDS diagnoses and deaths for Blacks and Hispanics are particularly striking (Exhibit 3.9). HIV and AIDS diagnoses rates among Blacks between ages 13-64 are more than eight and ten times higher than that for Whites, respectively. Similarly, the death rate for individuals diagnosed with HIV is eight times higher for Blacks compared to Whites. Hispanics also face very large disparities along these measures.



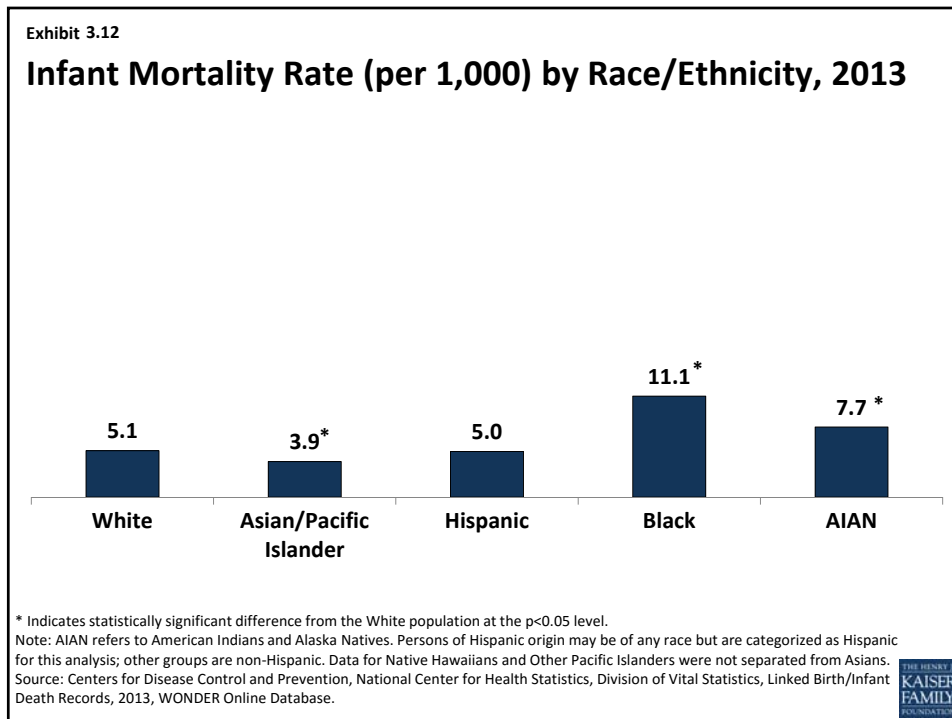
Cancer Incidence. Rates of cancer incidence are lower for Asians/Pacific Islanders and American Indians and Alaska Natives compared to Whites (Exhibit 3.10). In contrast, Blacks generally have higher cancer incidence rates compared to Whites, although the differences are small. Statistically significant differences between Hispanics and Whites cannot be identified due to overlapping samples between these groups.



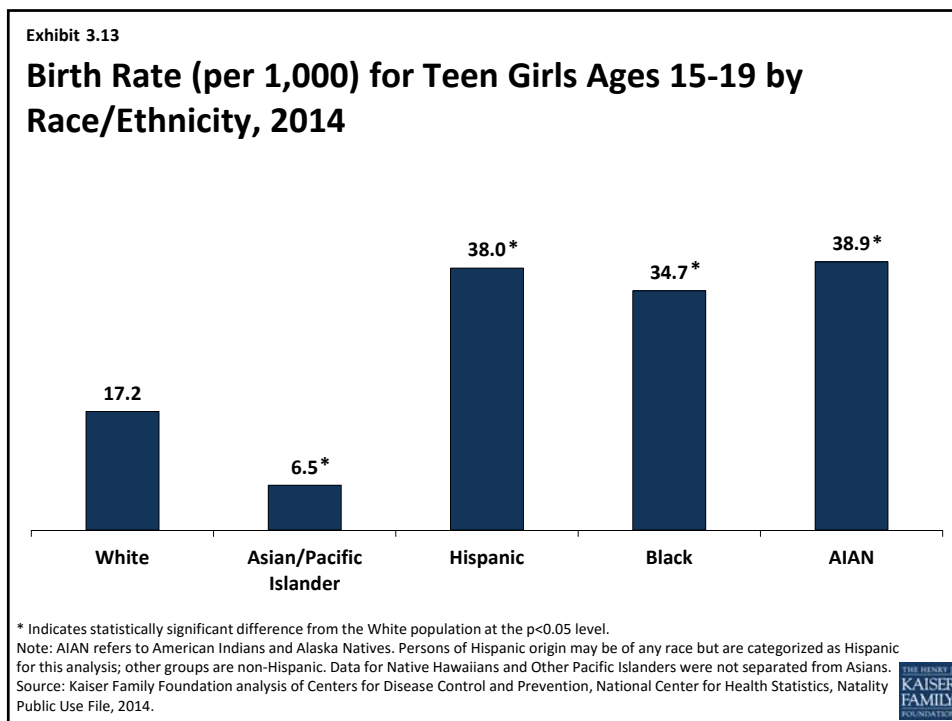
Birth Risks and Outcomes. Hispanics, Blacks, and American Indians and Alaska Natives are more likely to have pre-term births and births with a low birthweight compared to Whites. Blacks and American Indians and Alaska Natives also are more than twice as likely as Whites to have a birth that received late or no prenatal care (Exhibit 3.11).



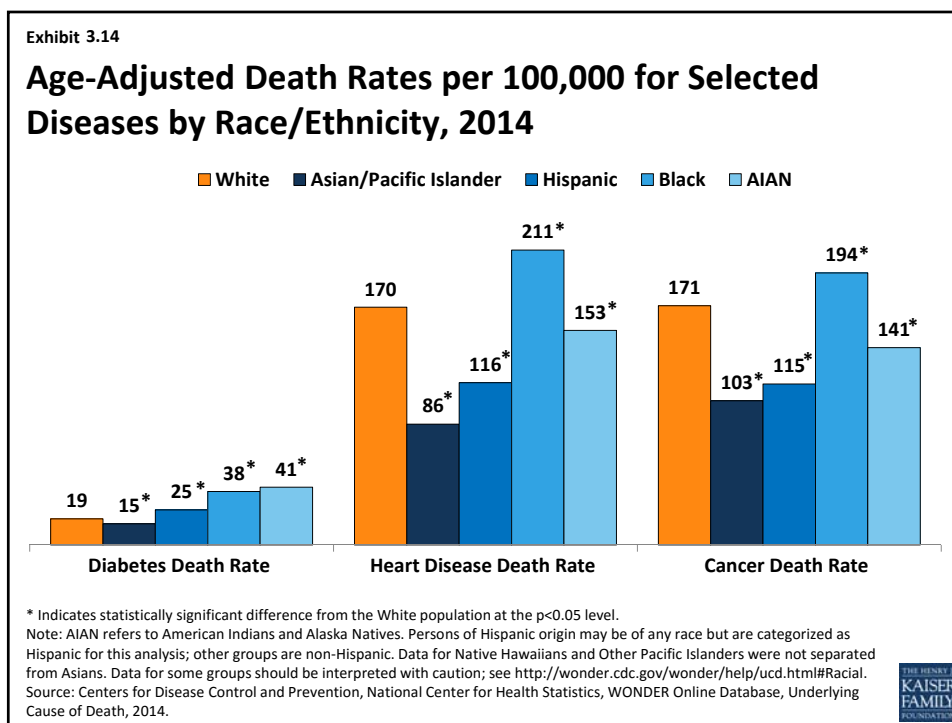
Infant Mortality Rate. The infant mortality rate also is significantly higher for Blacks and American Indians and Alaska Natives compared to Whites (Exhibit 3.12).



Teen Birth Rate. In addition, the teen birth rate among Hispanics, Blacks, and American Indians and Alaska Natives is about twice as high as among Whites (Exhibit 3.13).

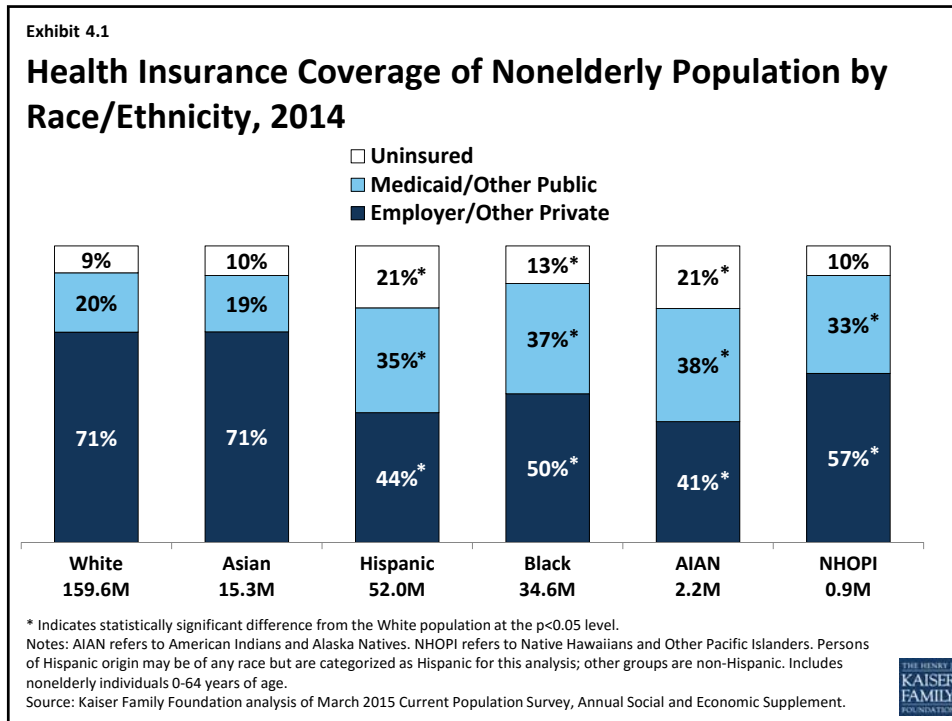


Deaths Attributed to Selected Chronic Diseases. Blacks have higher death rates due to diabetes, heart disease, and cancer compared to Whites (Exhibit 3.14). Hispanics also have a higher diabetes death rate than Whites, but lower heart disease and cancer death rates, while Asians have lower death rates attributed these conditions.

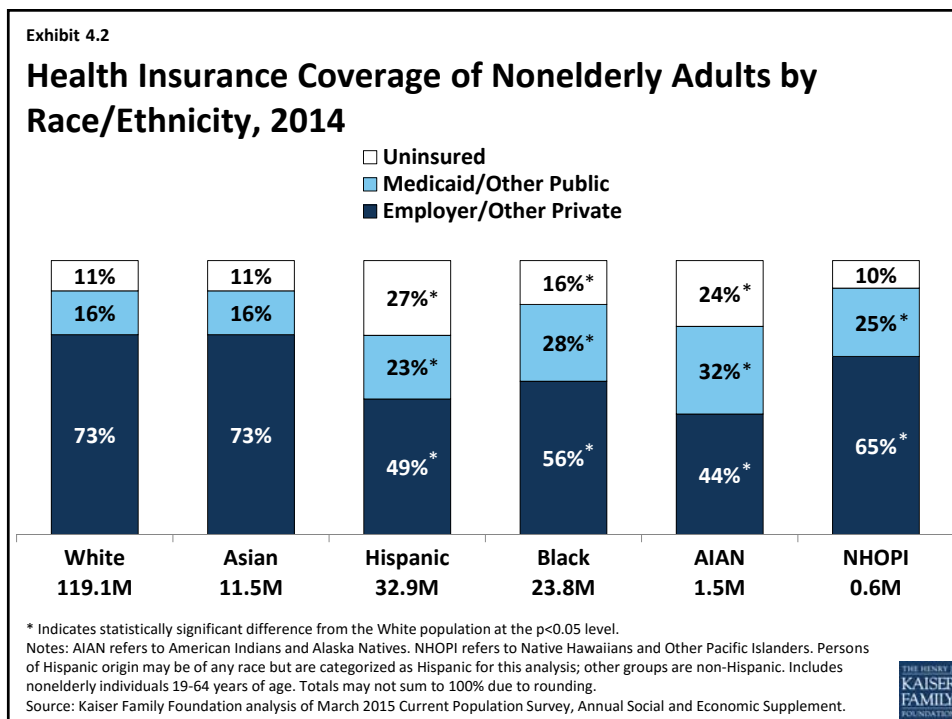


Section 4: Health Coverage

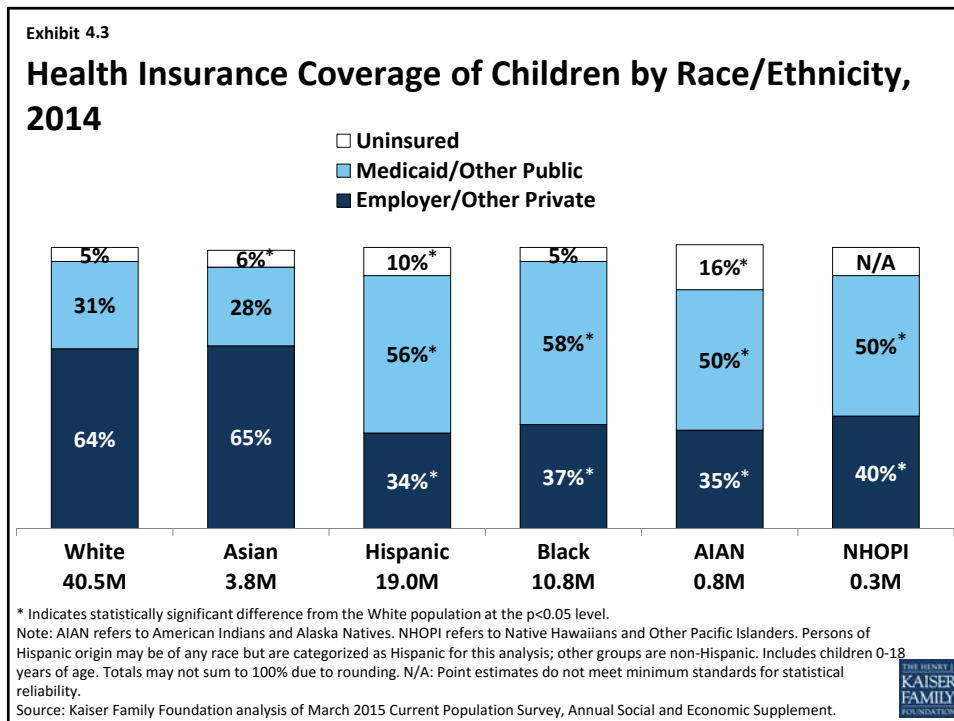
Despite gains in coverage under the ACA, there remain disparities in coverage by race and ethnicity. Among the total nonelderly population, Hispanics, Blacks, and American Indians and Alaska Natives are significantly more likely than Whites to be uninsured (Exhibit 4.1).



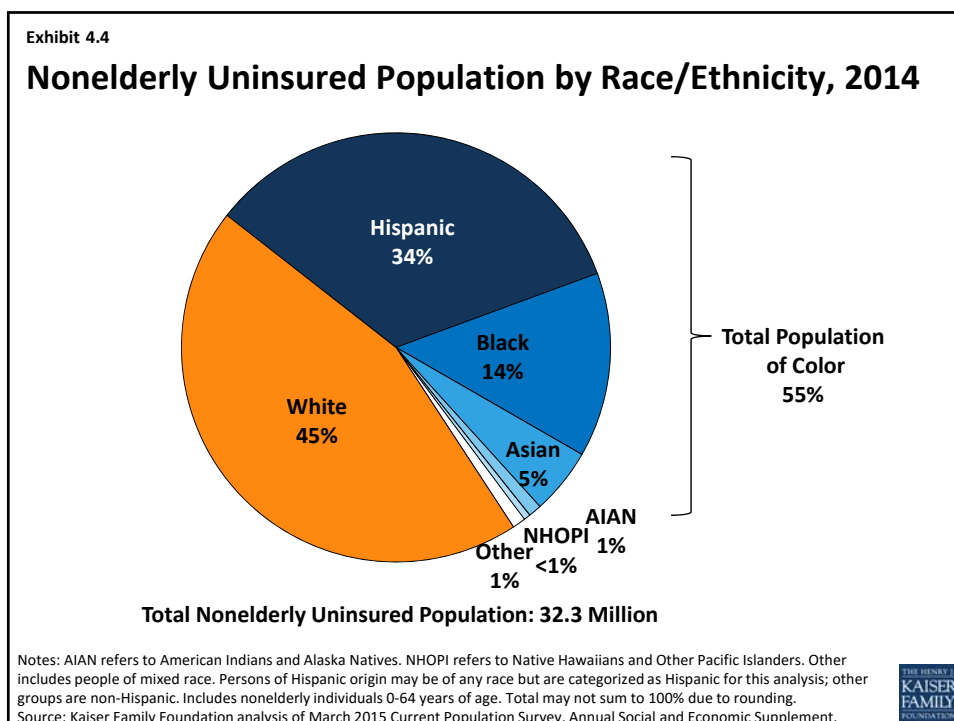
Health coverage among nonelderly adults. Among nonelderly adults, Hispanics and American Indians and Alaska Natives are more than twice as likely as Whites to be uninsured, and the uninsured rate for Blacks is significantly higher than that for Whites (Exhibit 4.2).



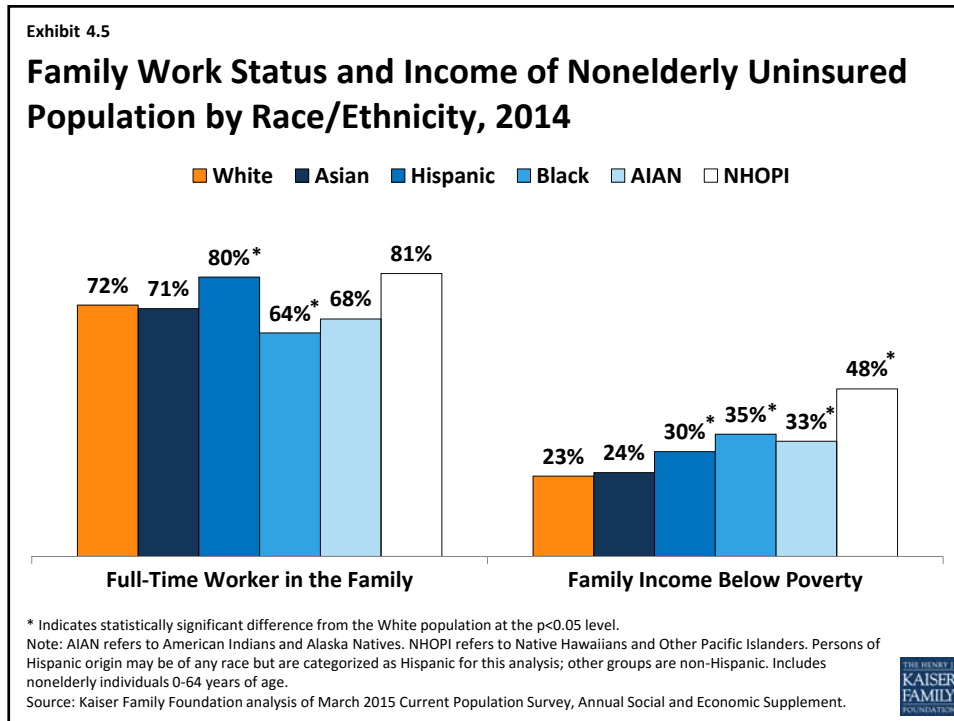
Health coverage among children. Uninsured rates are lower for children than adults across racial and ethnic groups, but Hispanic and American Indian and Alaska Native children still are at least twice as likely as White children to be uninsured (Exhibit 4.3).



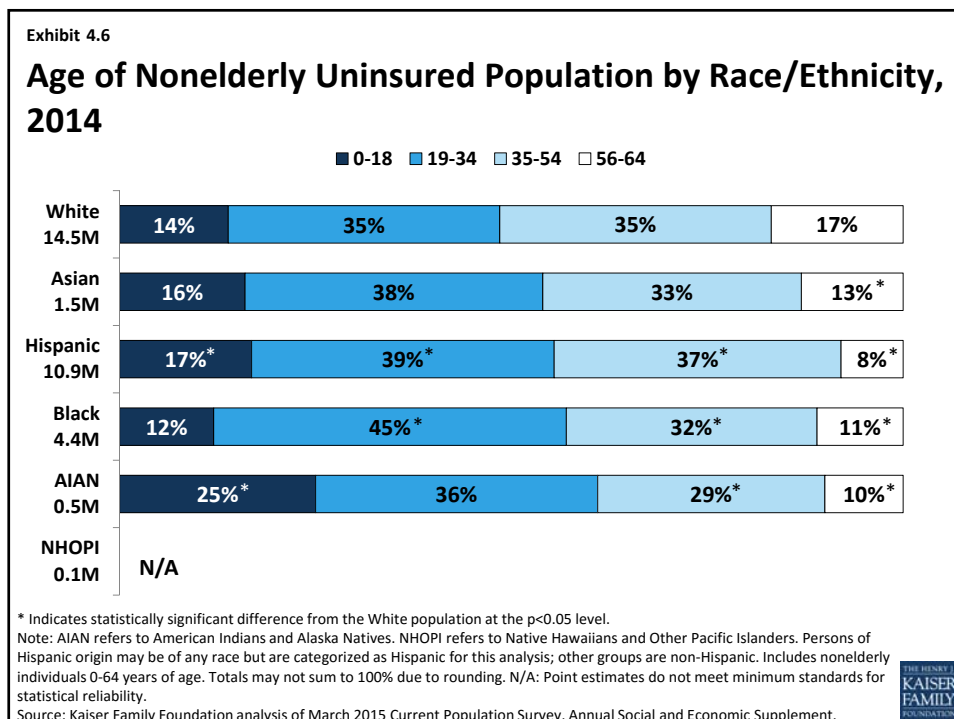
Racial/ethnic distribution of the uninsured. People of color make up more than half (55%) of the total 32.3 million nonelderly individuals who remained uninsured during 2014. Hispanics alone made up over one-third (34%) of the uninsured (Exhibit 4.4).



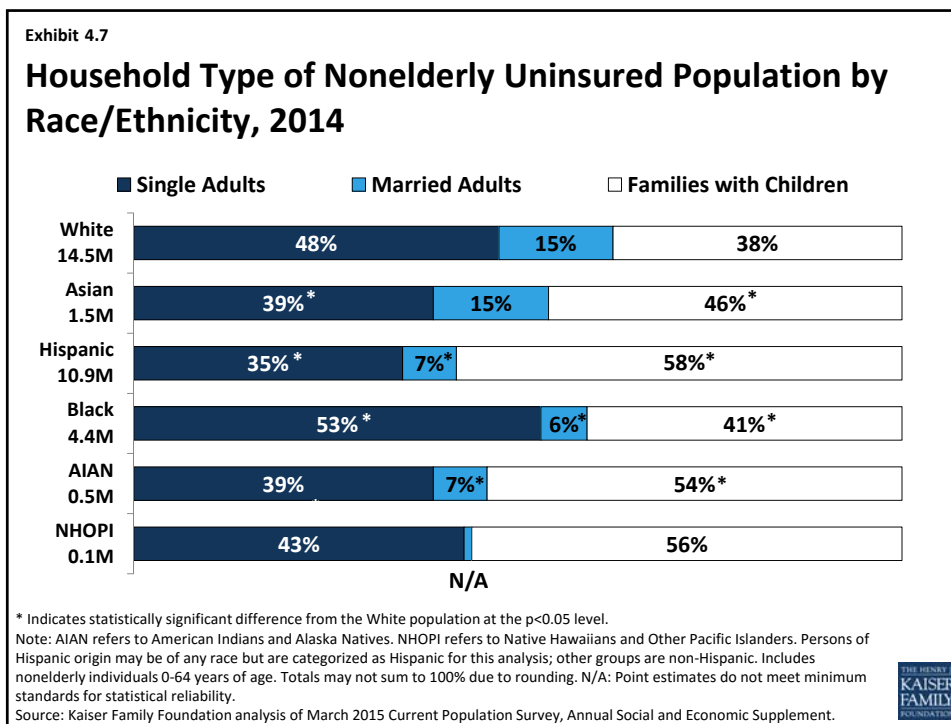
Work status and income among the uninsured. Across racial and ethnic groups, most nonelderly uninsured individuals have at least one full-time worker in the family. However, uninsured Hispanics, Blacks, American Indians and Alaska Natives, and Native Hawaiians and Other Pacific Islanders are more likely to have income below poverty compared to Whites (Exhibit 4.5).



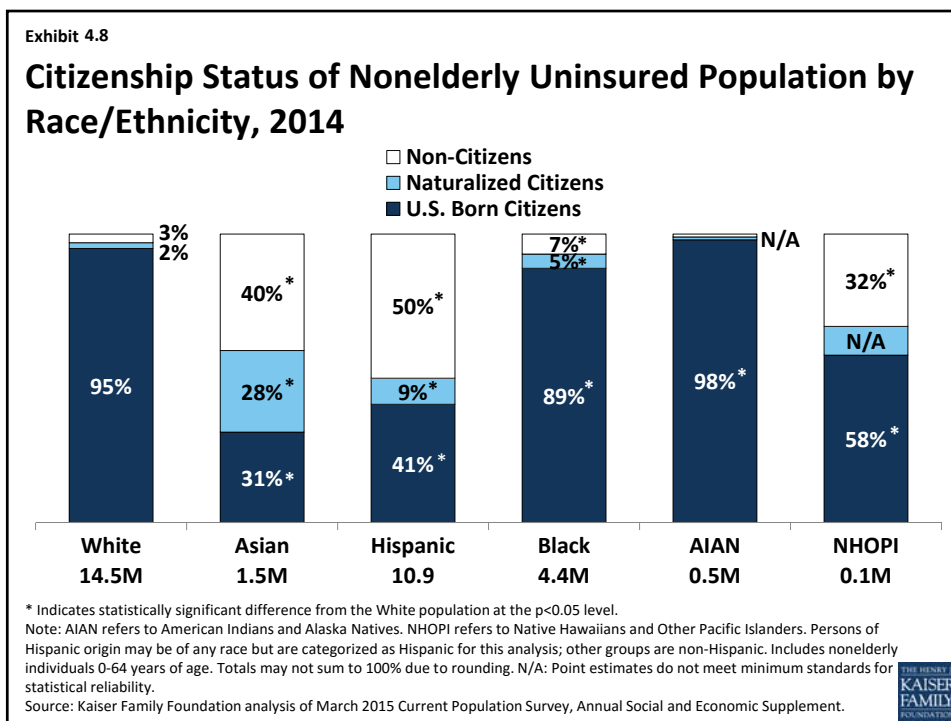
Age distribution of the uninsured. Nonelderly uninsured Hispanics, Blacks, and American Indians and Alaska Natives are younger compared to uninsured Whites (Exhibit 4.6). In particular, children make up a higher share of uninsured Hispanics and American Indians and Alaska Natives compared to Whites.



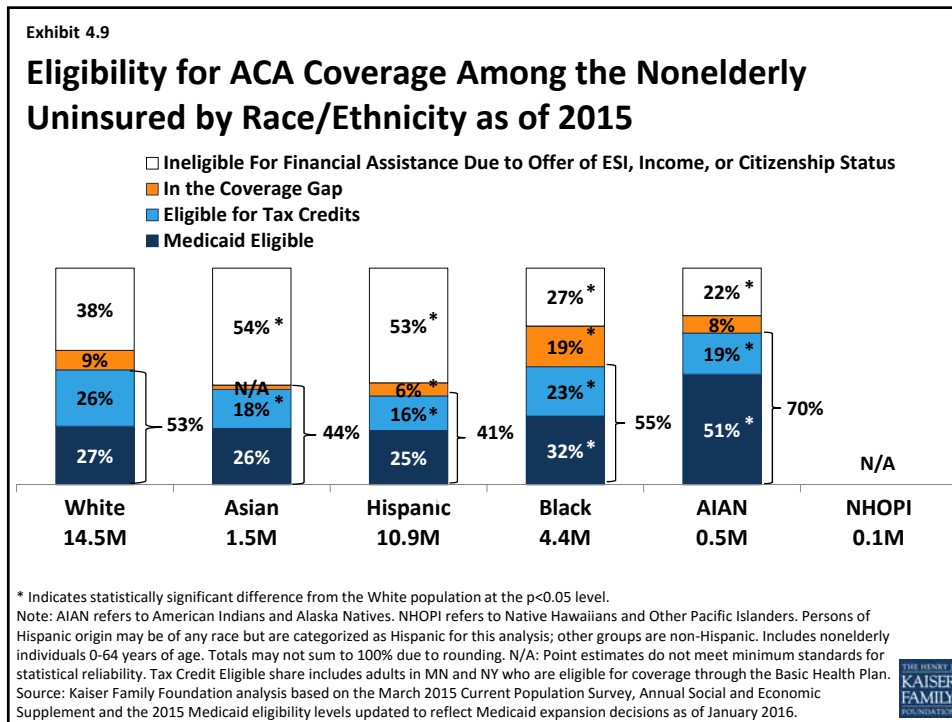
Household type among the uninsured. A larger share of nonelderly uninsured Asians, Hispanics, Blacks, and American Indians and Alaska Natives are in families with children compared to uninsured Whites (Exhibit 4.7). For most of these groups, single adults comprise a smaller share of the uninsured compared to Whites. However, among Blacks, single adults account for a higher share, making up over half (53%) of the uninsured.



Citizenship status among the uninsured. A significantly larger share of nonelderly uninsured Asians, Hispanics, and Blacks are immigrants compared to Whites (Exhibit 4.8). Uninsured Asians have the largest share of immigrants (67%), including 28% who are naturalized citizens. Immigrants account for nearly six in ten (59%) uninsured Hispanics; including 50% who are non-citizens. In addition, nearly one in three (32%) uninsured Native Hawaiians and Other Pacific Islanders is a non-citizen.



Reflecting these differences in characteristics, eligibility for coverage under the ACA among the nonelderly uninsured varies by race and ethnicity. American Indians and Alaska Natives have the highest share of nonelderly uninsured who are eligible for the Medicaid or tax credit subsidies at 70%, followed by Blacks at 55% (Exhibit 4.9). However, Blacks are twice as likely as Whites to fall into the coverage gap that exists in the 19 states that have not expanded Medicaid. Consistent with immigrants accounting for large shares of uninsured Asians and Hispanics, over half of these groups remain ineligible for coverage options.



Conclusion

In sum, disparities in health and health care remain a persistent challenge in the United States. One key step to addressing disparities is identifying and documenting them. This information is necessary to develop and target interventions to address disparities and to track progress reducing them over time. The data presented here show that people of color continue to face significant disparities in access to and utilization of coverage, health status and health outcomes, and health coverage. However, the scope and types of disparities vary across racial and ethnic groups. These disparities are driven by a wide range of factors both inside and outside the health care system. Moreover, although the ACA included provisions designed to increase data available to identify and monitor disparities, there remain key gaps in data, particularly for some racial and ethnic subgroups. Looking ahead, focused efforts to increase the data available to examine disparities for these populations will be important.

¹ See for example, Asian Americans Advancing Justice, *A Community of Contrasts: Asian Americans, Native Hawaiians, and Pacific Islanders in California*, (2013), http://www.advancingjustice-alc.org/sites/asian-law-caucus/files/Communities_of_Contrast_California_2013%20%281%29.pdf

Table 1: Differences Compared to Whites for Selected Access and Utilization						
Measure	Population Group	Asian	Hispanic	Black	AIAN	NHOPI
Totals		Better: 1 No Difference: 4 Worse: 6	Better: 0 No Difference: 4 Worse: 7	Better: 2 No Difference: 2 Worse: 7	Better: 1 No Difference: 3 Worse: 6 N/A: 1	Better: 0 No Difference: 3 Worse: 1 N/A: 7
Access						
Did not see a doctor for needed care because of cost	Nonelderly adults	Better	Worse	Worse	Worse	No Difference
Delayed/went without care for other reasons	Nonelderly adults	No Difference	Worse	Worse	Worse	No Difference
Has usual source of care	Nonelderly adults	Worse	Worse	Worse	No Difference	N/A
Has usual source of care	Children	Worse	Worse	Worse	No Difference	N/A
Utilization						
Health care visit in past 12 months	Nonelderly adults	Worse	Worse	Worse	No Difference	N/A
Dental visit in past 12 months	Nonelderly adults	No Difference	Worse	Worse	Worse	N/A
Health care visit in last 12 months	Children	Worse	Worse	No Difference	Worse	N/A
Dental visit in last 12 months	Children	Worse	No Difference	No Difference	Better	N/A
Immunization rate	Children 19-35 mos.	No Difference	No Difference	Worse	N/A	N/A
Women's Screenings						
Mammogram in past 2 years	Women age 50-74	No Difference	No Difference	Better	Worse	No Difference
Pap smear in past 3 years	Women age 21-65	Worse	No Difference	Better	Worse	Worse

Notes: Worse or Better indicates a statistically significant difference from White population at the $p < 0.05$ level. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. N/A indicates data are not available separately for a racial/ethnic group or insufficient data for a reliable estimate.

Sources: Kaiser Family Foundation analysis of CDC, Behavioral Risk Factor Surveillance System, 2014 and National Health Interview Survey, 2014. Immunization data based on Hill, et. al, National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19-35 Months - United States, 2014, Morbidity and Mortality Weekly Report, CDC.

Table 2: Differences Compared to Whites for Selected Health Status and Outcome Measures						
	Population Group	Asian	Hispanic	Black	AIAN	NHOPI
Total		Better: 25 No Difference: 2 Worse: 2	Better: 7 No Difference: 5 Worse: 13 N/A: 4	Better: 1 No Difference: 4 Worse: 24	Better: 6 No Difference: 1 Worse: 20 N/A: 2	Better: 2 No Difference: 6 Worse: 3 N/A: 18
Health Status						
Fair/Poor Health Status	Nonelderly Adults	Better	Worse	Worse	Worse	N/A
Physical Limitation	Nonelderly Adults	Better	Better	No Difference	Worse	N/A
≥ 14 physically unhealthy days in past 30	Nonelderly Adults	Better	Worse	Worse	Worse	No Difference
≥ 14 mentally unhealthy days in past 30	Nonelderly Adults	Better	Better	Worse	Worse	No Difference
Health Risks						
Smoking rate	Nonelderly Adults	Better	Better	No Difference	Worse	No Difference
Obesity rate	Nonelderly Adults	Better	Worse	Worse	Worse	No Difference
Obesity rate	Children Age 2-19	Better	Worse	Worse	N/A	N/A
Alcohol Dependence/Abuse	Age 12 and Older	Better	No Difference	No Difference	Worse	N/A
Drug Dependence/Abuse	Age 12 and Older	Better	No Difference	Worse	No Difference	N/A
Alcohol or Illicit Drug Dependence/Abuse	Age 12 and Older	Better	No Difference	No Difference	Worse	No Difference
Chronic Conditions						
Asthma rate	Nonelderly Adults	Better	Better	Worse	Worse	No Difference
Diabetes rate	Nonelderly Adults	Better	Worse	Worse	Worse	Worse
Heart Attack/Heart Disease rate	Nonelderly Adults	Better	Better	Worse	Worse	Better
Asthma rate	Children Age 1-19	Better	No Difference	Worse	N/A	N/A
HIV/AIDS Diagnoses and Deaths						
HIV diagnosis rate	Age 13-64	No Difference	Worse	Worse	Worse	Worse
AIDS diagnosis rate	Age 13-64	No Difference	Worse	Worse	Worse	Worse
Death rate for individuals with HIV	Age 13-64	Better	Worse	Worse	Worse	Better
Cancer Incidence						
Cancer rate	Total Population	Better	N/A: Not compared to Whites due to overlapping samples	Worse	Better	N/A Combined with Asian Group
Breast cancer rate	Total Women	Better		Better	Better	
Colorectal cancer rate	Total Population	Better		Worse	Better	
Lung cancer rate	Total Population	Better		Worse	Better	
Birth Risks and Outcomes						
Pre-term births	All births	Better	Worse	Worse	Worse	N/A Combined with Asian Group
Low birth weight	All births	Worse	Worse	Worse	Worse	
Late/No prenatal care	All births	Worse	Worse	Worse	Worse	
Infant mortality rate	All births	Better	No Difference	Worse	Worse	
Teen birth rate	All births	Better	Worse	Worse	Worse	
Deaths Due to Selected Chronic Conditions						
Diabetes death rate	Total Population	Better	Worse	Worse	Worse	N/A Combined with Asian Group
Heart disease death rate	Total Population	Better	Better	Worse	Better	
Cancer death rate	Total Population	Better	Better	Worse	Better	

Notes: Worse or Better indicates a statistically significant difference from White population at the p<0.05 level. HIV/AIDS diagnoses and death rates not subject to sampling error, so significance testing not needed to detect differences. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. N/A indicates separate data not available for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples.

Sources: Kaiser Family Foundation analysis of National Health Interview Survey, 2014; Behavioral Risk Factor Surveillance System, 2014; National Health and Nutrition Examination Survey, 2011-2014; SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas, the United States Cancer Statistics Incidence and Mortality Web-based Report, 2014 CDC Natality Public Use File, and the CDC WONDER online database.

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