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Health disparities persist in every state as access and affordability pressures mount

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<https://www.chartis.com/insights/health-disparities-persist-every-state-access-and-affordability-pressures-mount>

What's trending

The Commonwealth Fund's newly released 2026 State Health Disparities Report shows that racial and ethnic disparities continue throughout the US healthcare system, affecting overall levels of access, quality, experience, and outcomes.

The report evaluates state performance using nationally comparable data from 2022 through 2024 for Asian American, Native Hawaiian, and Pacific Islander (AANHPI), American Indian/Alaska Native (AIAN), Black, Hispanic, and white populations. While some states perform better overall, no state has eliminated disparities. Even higher-performing states continue to show meaningful gaps.

Several findings stand out:

- **Recent coverage gains may prove fragile.** The report reflects a period that included expanded Medicaid eligibility in several states, record Affordable Care Act (ACA) marketplace enrollment, and broader postpartum Medicaid coverage. Those gains helped improve access for some populations, but future affordability pressures and coverage instability could make the gains difficult to sustain.
- **Cost-related barriers are rising again.** The number of adults reporting that they skipped needed care because of cost has begun to increase, after reaching historic lows in 2021 and 2022. Hispanic and AIAN communities have experienced some of the steepest increases. In most states, Hispanic adults were the most likely to report going without care because of cost in 2024.
- **Many patients still lack a consistent source of care.** This limits opportunities for prevention, early diagnosis, and ongoing chronic disease management. It also stresses health systems since patients without a regular care provider are more likely to delay care, rely on episodic services, and present with more advanced needs. Recent surveys suggest that current immigration policies may compound this

issue.

- **Disparities persist across multiple measures of care quality and outcomes.** The report highlights gaps in preventive care, chronic disease management, cancer outcomes, self-reported health status, and avoidable premature mortality. Black people had higher rates of premature death from preventable and treatable causes than white, AANHPI, or Hispanic people in every state with available data. In several states, AIAN residents experienced the highest premature mortality rates. These findings highlight that disparities show up in the consistency, timeliness, and effectiveness of the care patients receive and the outcomes they experience.

Why it matters

The Commonwealth Fund report reinforces that disparities remain a material performance challenge for health systems across access, quality, experience, growth, and long-term market relevance. The impact of these pressures is already appearing in provider operating results. For instance, recent earnings commentary from several large hospital operators suggests that coverage and affordability pressures are shifting payer mix, uncompensated care, bad debt, and volume trends.

Health equity and health system performance are intertwined. Addressing inequities will drive better outcomes and experience for every patient while strengthening the entire healthcare system for all stakeholders. Optimizing performance requires looking beyond broad measures to understand where disparities emerge in day-to-day operations.

Aggregate quality performance can mask meaningful variation across patient populations. Breast cancer mortality is one example in which strong screening rates do not necessarily translate into equitable outcomes if patients face delays in imaging follow-up, biopsy, oncology access, treatment adherence, or survivorship support. Similar dynamics exist across maternal health, chronic disease, behavioral health, and pediatric preventive care.

A more granular view of performance will be critical. Health systems need to know which patients are getting appointments, completing referrals, receiving timely follow-up, starting treatment, and staying connected to care. Disaggregating performance measures can help leaders identify the root causes and barriers that impact continuity and outcomes. The objective is to make disparities visible and tied to how the organization manages performance.

Health systems must engage populations directly to understand barriers and co-develop solutions.

In addition to insurance coverage, community-specific barriers such as language, transportation, digital access, scheduling friction, and affordability influence whether patients receive timely care. Enterprise strategies that translate into market- and community-specific access, partnership, and care model decisions will help close performance gaps.

Health equity impact assessments (HEIAs) help organizations evaluate whether ambulatory footprints, virtual care models, community partnerships, digital tools, and workforce deployment align with the needs of the populations they serve. These assessments can also identify where current strategies may create additional barriers or inequities. And they can illuminate where partnerships and AI-enablement could improve outreach, navigation, and care management.

For health systems, the path forward is to make equity a measurable part of how the organization manages access, quality, experience, growth, and financial sustainability. Organizations that standardize the ability to identify and reduce variation across populations will be better positioned to manage cost pressure, perform under value-based models, and improve outcomes for all families and communities they serve.

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