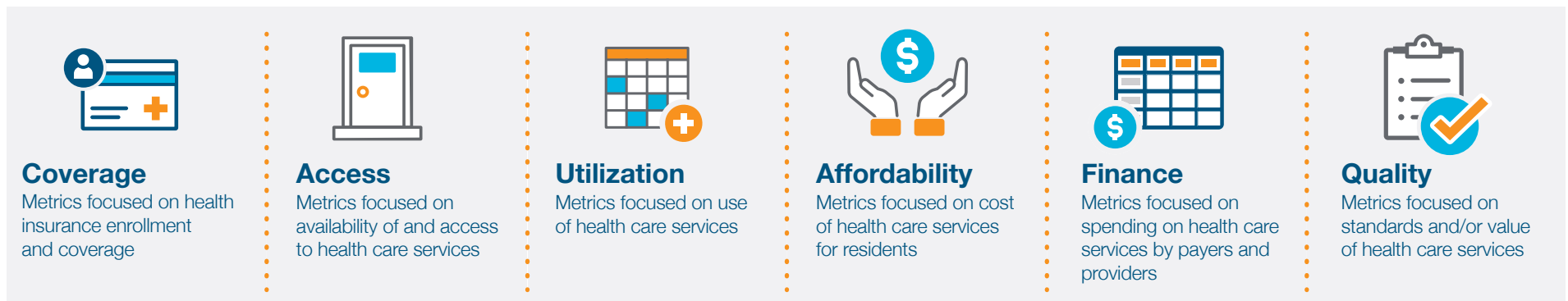


# Health Care Equity in Massachusetts

Supporting equitable health care in Massachusetts is integral to the mission of the Center for Health Information and Analysis. Throughout CHIA's reporting on health care coverage, access, utilization, affordability, cost, and quality of care, the agency aims to measure disparities experienced by subpopulations to better inform policymakers, health care providers, payers, and other stakeholders.

Despite near-universal health care coverage statewide, gaps in health care persist among residents of different races, ethnicities, and geographic regions, among other characteristics. Additionally, rising health care costs impact the affordability, access, and utilization of health care services, with significant ramifications on the quality of care and health outcomes. Community- and population-level geographic, social, and policy characteristics can have a greater impact on health outcomes than individual-level factors.

This dashboard features a selection of findings highlighting health care system differences by race, ethnicity, and geographic region sourced from CHIA's library of reports.



Metrics included in this dashboard have been collected from various data sources across CHIA's published reports. To learn more, click on the source links associated with each metric or match the source reference with the report links on the [Sources](#) page.



## COVERAGE

Metrics focused on health insurance enrollment and coverage

Health insurance coverage refers to enrollment in a plan that helps individuals pay for medical expenses. Coverage is critical to promoting access to preventive and timely health care services and can help mitigate financial burdens due to high health care costs. While the rate of health care coverage is high in Massachusetts, patterns in maintaining continuous coverage vary by region, race and ethnicity, and other sociodemographic factors.

### RACE/ETHNICITY

#### Continuous Health Insurance Coverage Over the Past 12 Months

Hispanic residents were less likely than White residents to report being continuously insured over the past 12 months.

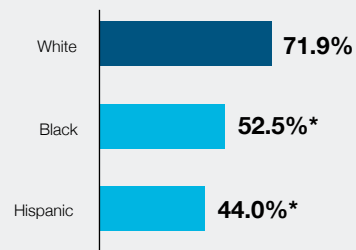


Source: [MHIS](#), p. 21

2023 data

#### Employer-Sponsored Health Insurance Coverage

Insured Black (52.5%) and Hispanic (44.0%) residents reported lower rates of employer-sponsored insurance than insured White residents (71.9%).



Source: [MHIS](#), p. 17

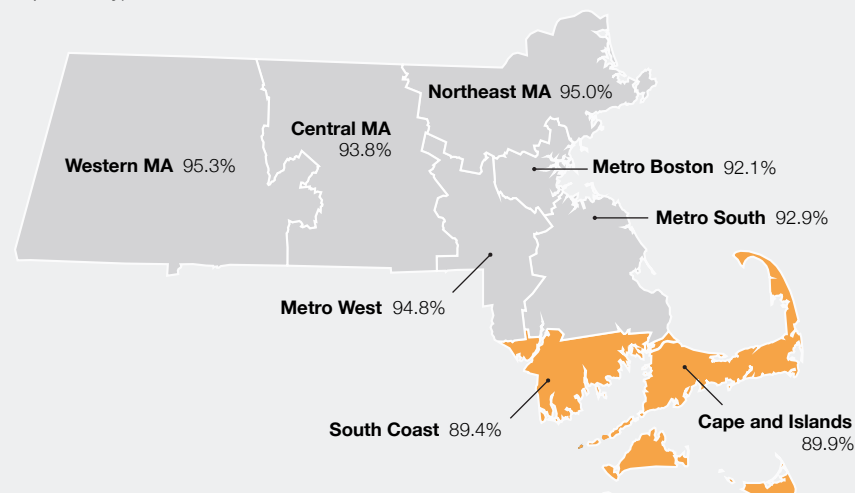
2023 data

\*Difference from estimate for "White" is statistically significant at the 5% level.

### GEOGRAPHY

#### Statewide Health Insurance Coverage Rates by Region

The South Coast and Cape and Islands regions of Massachusetts had the lowest rates of residents reporting continuous health insurance coverage (89.4% and 89.9%, respectively).



Source: [Health Insurance Coverage and Care in MA](#), p. 10

2015-2019 data



COVERAGE



ACCESS



UTILIZATION



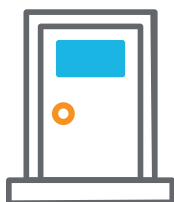
AFFORDABILITY



FINANCE



QUALITY



## ACCESS

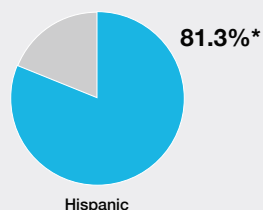
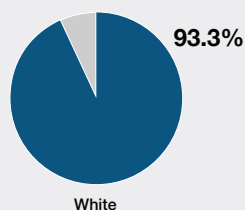
Metrics focused on availability of and access to health care services

Access to health care refers to the availability of and ability to use medical services. Factors such as fewer health care providers within a given geographic area, limited access to transportation, forgoing necessary care due to cost, and limited access to services in languages other than English may affect residents in certain regions more than others. Access issues can be impacted by upstream issues related to health insurance coverage, or downstream issues related to the proximity and availability of clinicians and services.

### RACE/ETHNICITY

#### Has a Primary Care Provider

Compared with White residents, Hispanic residents were less likely to have a primary care provider (93.3% vs. 81.3%).

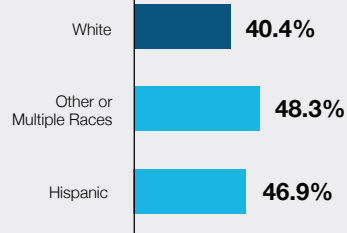


Source: [MHIS](#), p. 27

2023 data

#### Difficulties Accessing Care

Hispanic residents (46.9%) and residents of other or multiple races (48.3%) had greater difficulty accessing care than White residents (40.4%).



Source: [MHIS](#), p. 47

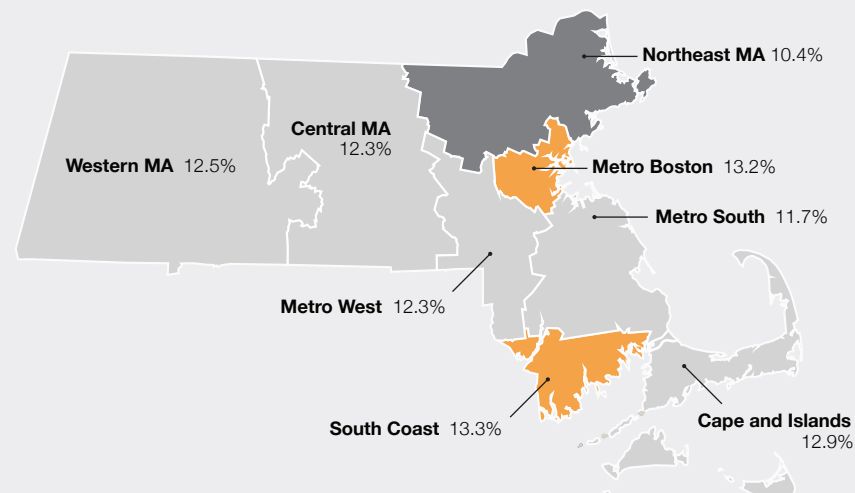
2023 data

\*Difference from estimate for "White" is statistically significant at the 5% level.

### GEOGRAPHY

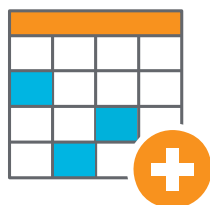
#### Doctor's Office or Clinic Not Accepting New Patients

Residents in South Coast and Metro Boston reported the highest rates of difficulties enrolling as a new patient (13.3% and 13.2%, respectively), and residents in Northeast MA reported the lowest rates of this difficulty (10.4%).



Source: [Health Insurance Coverage and Care in MA](#), p. 16

2015-2019 data



## UTILIZATION

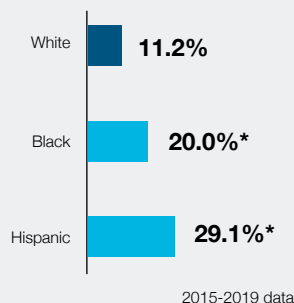
Metrics focused on use of health care services

Utilization is the extent to which individuals engage with the health care system and use medical services. CHIA monitors utilization across acute and non-acute settings. Systemic differences in coverage and access may impact utilization patterns, such as race and ethnicity, region of residence, and other sociodemographic factors.

## RACE/ETHNICITY

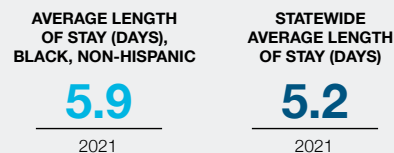
### Potential Reliance on Emergency Department Services

Black and Hispanic residents were 60% to 110% more likely than White residents to rely on the emergency department for health care even after controlling for sociodemographic factors, health status, insurance coverage, and other characteristics.



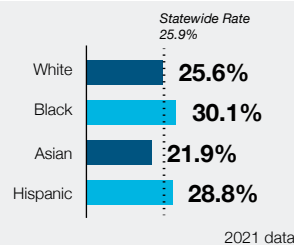
### Acute Care Length of Stay

Black patients had the longest average length of stay in the inpatient setting compared with other racial and ethnic groups and the statewide average.



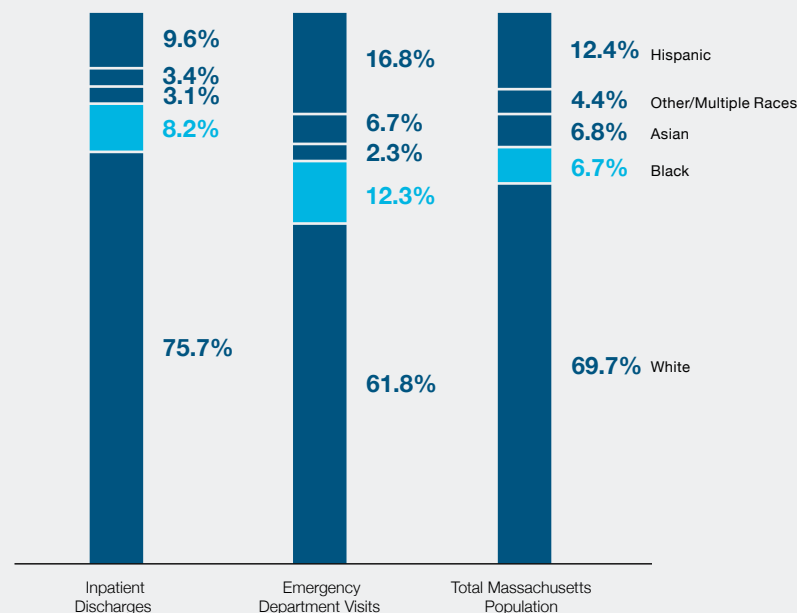
### Acute Care Revisit Rates

Black patients had the highest and Hispanic patients had the second highest revisit rates (i.e., returns through the ED) compared with other racial and ethnic groups.



### Acute Care Utilization Trends

Black patients accounted for a greater share of inpatient discharges and emergency department visits at acute care hospitals relative to their share of the Massachusetts population.



\*Difference from estimate for "White" is statistically significant at the 5% level.



COVERAGE



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UTILIZATION



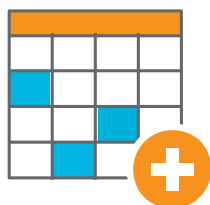
AFFORDABILITY



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## UTILIZATION (continued)

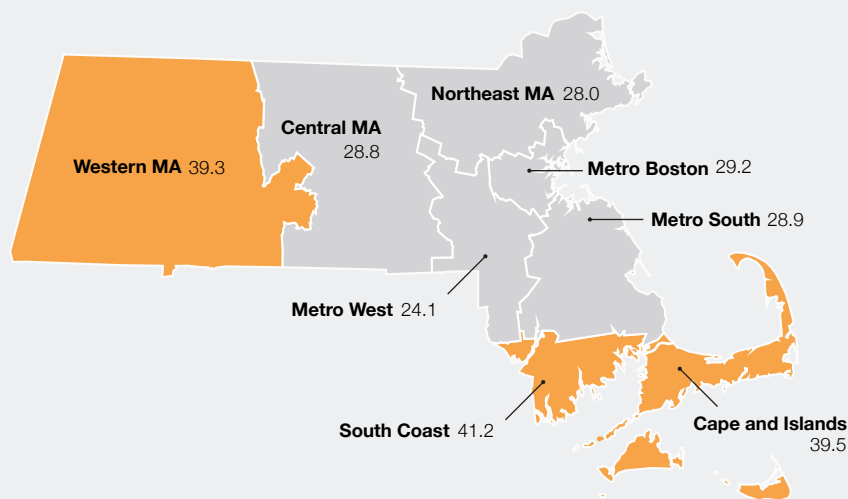
Metrics focused on use of health care services

Utilization is the extent to which individuals engage with the health care system and use medical services. CHIA monitors utilization across acute and non-acute settings. Systemic differences in coverage and access may impact utilization patterns, such as region of residence, race and ethnicity, and other sociodemographic factors.

## GEOGRAPHY

### Emergency Department Visit Rates Per Capita

In 2023, the South Coast, Cape and Islands, and Western Massachusetts regions had among the highest emergency department visit rates per capita compared with other regions of the Commonwealth.



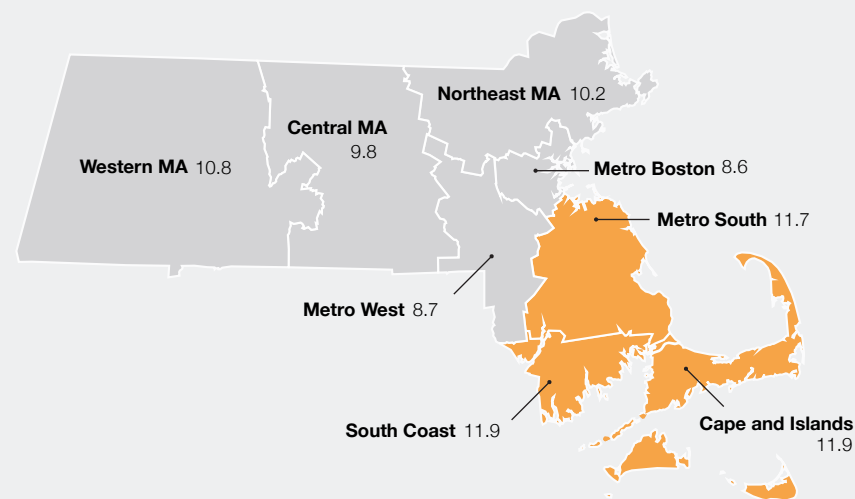
Source: [ED Dashboard](#)

2023 data

Note: Rates per 100 persons.

### Inpatient Discharge Rates Per Capita

In 2023, the Cape and Islands, South Coast, and Metro South regions had among the highest inpatient visit rates per capita compared with other regions of the Commonwealth.



Source: [Inpatient Dashboard](#)

2023 data

Note: Rates per 100 persons.



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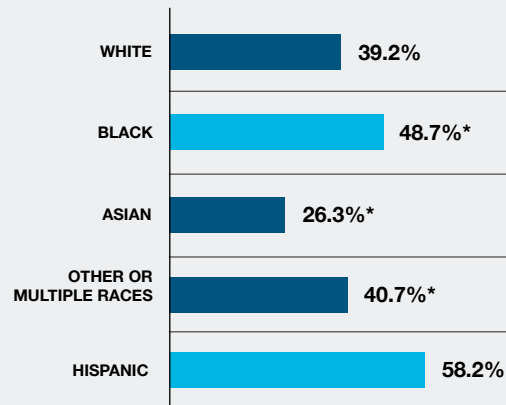
Metrics focused on cost of health care services for residents

The Commonwealth has higher-than-average health care costs, as seen by high cost-sharing and premiums, creating financial difficulties for both employers and residents, even those who are continuously insured. Higher levels of unemployment, underinsurance, strict income eligibility criteria for public programs, and/or proximity to higher-priced providers may exacerbate health care affordability issues for residents and their families.

### RACE/ETHNICITY

#### Health Care Affordability

The burden of health care affordability issues was greater for Black residents and Hispanic residents than for White residents.

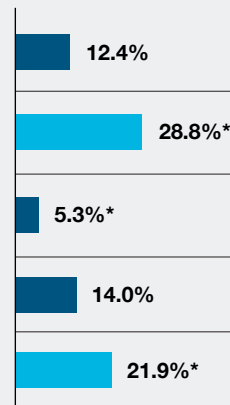


Source: [MHIS](#), p. 56 and p. 59

2023 data

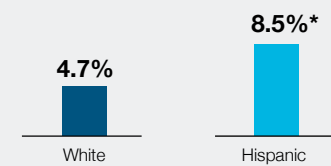
#### Difficulties Paying Medical Bills

Black residents and Hispanic residents were more likely to report difficulties paying family medical bills in the past 12 months than White residents.



#### Unmet Need for Behavioral Health

Unmet need for behavioral health care due to cost was substantially higher for Hispanic residents than White residents.



Source: [MHIS](#), p. 76

2023 data

\*Difference from estimate for "White" is statistically significant at the 5% level.



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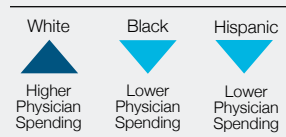
Metrics focused on spending on health care services by payers and providers

Health care expenditures reflect both price—the amount paid to providers by plans, employers, and patients—and use of services. Affluent hospitals and health systems tend to serve more affluent communities and receive more favorable reimbursement rates, while hospitals that serve more patients with lower family incomes or government-sponsored insurance tend to receive lower rates of reimbursement. This can create a persistent gap in resources that may impact provider sustainability and patient access to high-quality care within a given region.

## RACE/ETHNICITY

### Medical Spending and Community Racial/Ethnic Composition

Communities with higher proportions of residents identifying as Black or Hispanic tended to have lower medical spending on physician services, including both primary and specialist care.

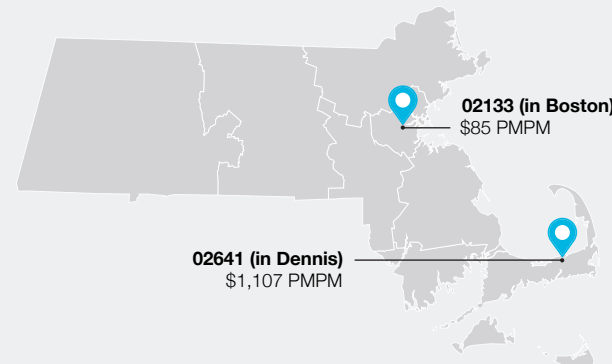


Source: *Community TME*, p. 6 2021 data

## GEOGRAPHY

### Total Medical Expenses by ZIP Code Tabulation Area (ZCTA)

Total medical expenses for Massachusetts residents with commercial, MassHealth, or Medicare insurance coverage varied by ZCTA, ranging from \$85 to \$1,107 per member per month.



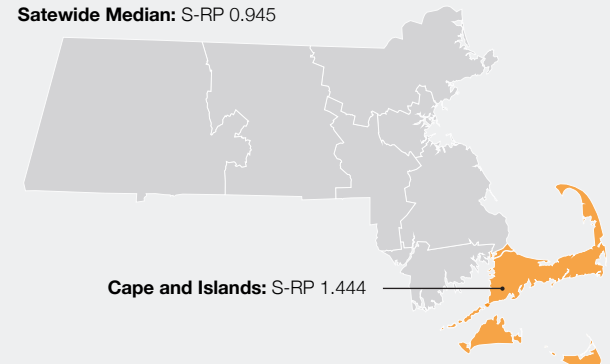
Source: *Community TME Dashboard*

2021 data

### Regional Variation in Acute Care Hospital Statewide Relative Price

Hospital relative prices varied across Massachusetts regions; acute care hospitals in the Cape and Islands had the highest median statewide relative price.

Statewide Median: S-RP 0.945



Source: *RP Dashboard*

2022 data



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## QUALITY

Metrics focused on standards and/or value of health care services

Health care quality reflects provider performance on nationally endorsed measures of patient care, including metrics that evaluate health status outcomes and patient experiences as well as adherence to best practices and evidence-based medicine.

## RACE/ETHNICITY

### Adult Patient Experience Ratings

Asian patients rated their experiences with primary care providers in 2023 lower than White patients in all 9 survey domains, with the largest differences in access to timely appointments and responsiveness, behavioral health screening, and support managing health goals.



Source: [Quality Measures Dashboard](#)

2023 data

### Statewide Scores for Colorectal Cancer Screening

Statewide scores on the colorectal screening measure, which assesses the percentage of primary care providers' patients who have received recommended screening, varied notably in 2023. Scores for Hispanic, Black, and Asian patients were significantly lower compared with non-Hispanic and White patients.



Source: [Quality Measures Dashboard](#)

2023 data

### Health Care Workforce Leadership

Most employees in leadership positions in key health care sectors identified as White.



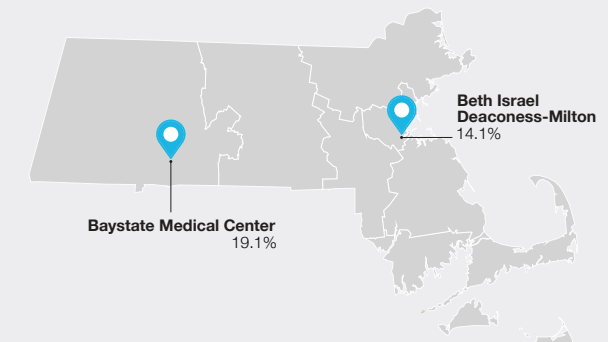
Source: [Workforce Dashboard](#)

2023 data

## GEOGRAPHY

### Readmission Rates by Hospital

In 2023, readmission rates were lowest at Beth Israel Deaconess-Milton and highest at Baystate Medical Center after adjusting for patient and community social risk factors.



Source: [Readmissions Report](#), p. 33

2023 data

\*Difference from estimate for "White" for race or "Not Hispanic/Latino" for ethnicity is statistically significant at the 5% level.





COVERAGE



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## SOURCES

### **Black and Hispanic Residents Report Higher Likelihood of Potential Reliance on the Emergency Department for Health Care than White Residents in the Commonwealth** *(ED Reliance Research Brief)*

Using the MHIS, this research brief explores the association between race and ethnicity, among other factors, and the potential reliance on the ED for health care in the Commonwealth of Massachusetts.

### **Health Insurance Coverage and Care in Massachusetts, 2015-2019: A Baseline Assessment of Gaps by Geographic Region** *(Health Insurance Coverage and Care in MA)*

This report relies on the MHIS to provide a baseline assessment of gaps in health insurance coverage, access, utilization, and affordability in the period leading up to the COVID-19 pandemic across 8 regions in Massachusetts.

### **Hospital Utilization in Massachusetts: An Assessment by Race & Ethnicity** *(Hospital Utilization Report)*

Using the Massachusetts Acute Hospital Case Mix Database, the Hospital Utilization Report focuses on differences inpatient and emergency department acute care settings.

### **Hospital-Wide Adult All-Payer Readmissions in Massachusetts: SFY 2011-2023** *(Readmissions Report)*

This report presents statewide and hospital-level readmission rates with an in-depth analysis of readmission trends by patient demographics, diagnoses, and payer type.

### **Massachusetts Health Care and Human Services Workforce Survey** *(Workforce Dashboard)*

The Workforce Dashboard collects information on staffing capacity and diversity in the health and human services sectors. The most recent survey includes data from 2023 and 2024.

### **Massachusetts Health Insurance Survey** *(MHIS)*

The MHIS is a statewide, population-based survey used to track and monitor health care coverage, access, and affordability trends in the Commonwealth. The latest survey was fielded in CY 2023.

### **Quarterly Case Mix Emergency Department Database Reporting** *(ED Dashboard)*

Trends in emergency department utilization in the Commonwealth sourced from the Case Mix emergency department database (EDD); reports contain both final annualized data and interim data and are updated quarterly.

### **Quarterly Case Mix Hospital Inpatient Discharge Database Reporting** *(Inpatient Dashboard)*

Trends in health care utilization in the Commonwealth sourced from the Case Mix hospital inpatient discharge database (HIDD); reports contain both final annualized data and interim data and are updated quarterly.

### **Provider Price Variation in the Massachusetts Health Care Market** *(RP Dashboard)*

CHIA reports annually on relative price to examine provider price variation in Massachusetts. RP facilitates comparison of average provider prices while accounting for differences in patient acuity, the types of services providers deliver to patients, and the different insurance product types that payers offer to their members.

### **Select Clinical Quality and Patient Experience Measures, 2020-2022** *(Quality Measures Dashboard)*

This report examines performance across a subset of metrics from the NCQA Healthcare Effectiveness Data and Information Set (HEDIS) and the Patient Experience Survey (PES). Updated quality measures reporting will be available July 2025.

### **Total Medical Expense (TME) Trends Across Massachusetts Communities** *(Community TME Report and Dashboard)*

This report looks at demographics by community in Massachusetts and examines the relationship between community characteristics and variations in medical spending by insurance population as well as across TME service categories.

