

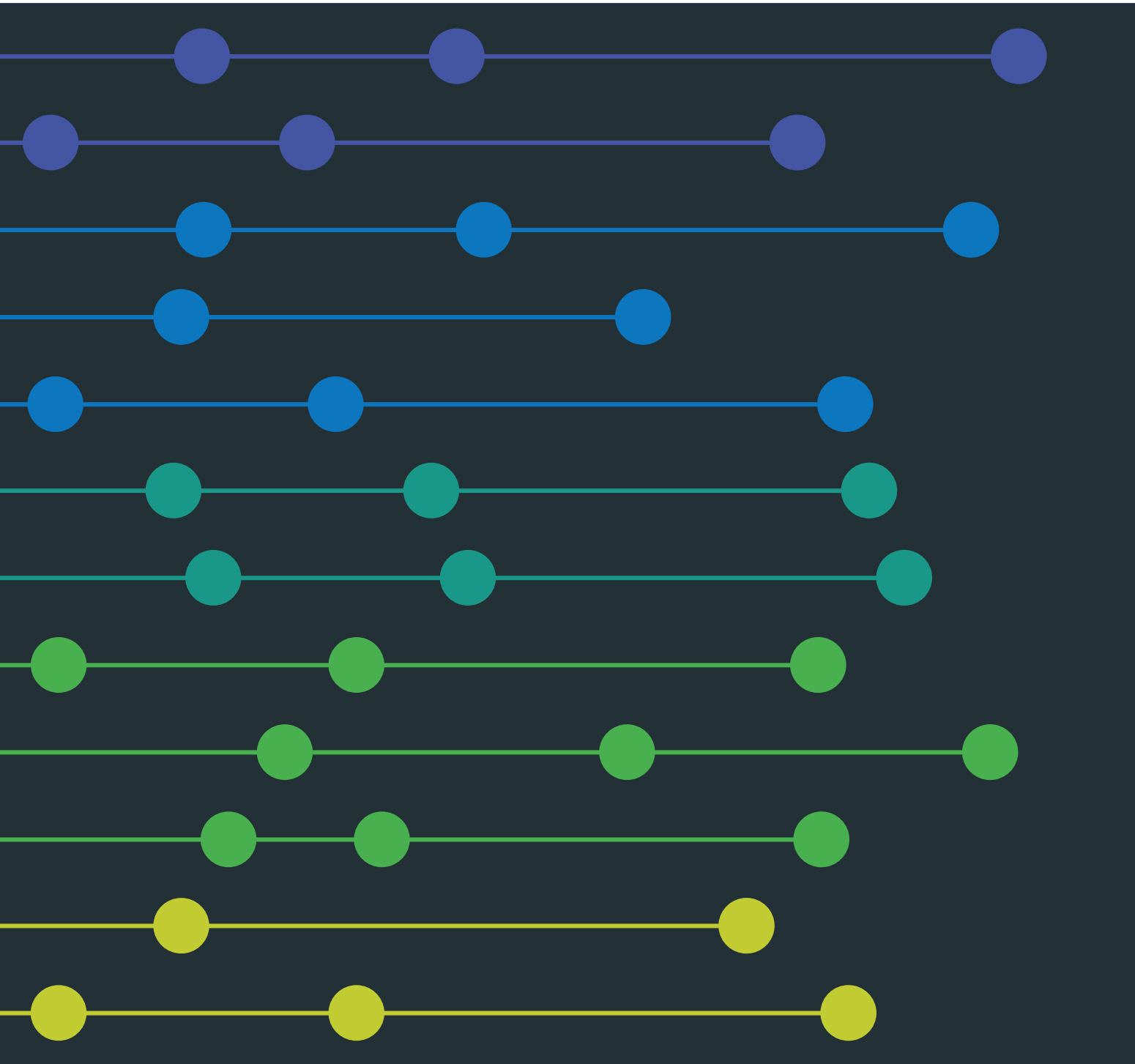
# The HOPE Initiative

# DATA CHARTBOOK

NATIONAL COLLABORATIVE FOR  
HEALTH EQUITY

TEXAS HEALTH INSTITUTE

VIRGINIA COMMONWEALTH UNIVERSITY  
CENTER ON SOCIETY AND HEALTH



# Credits & Acknowledgments

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## Lead Authors

Nadia Siddiqui, Anna Stelter, Matt Turner, Kim Wilson, Dennis Andrulis, Brian Smedley, Naima Wong, Derek Chapman, Steven Woolf, Latoya Hill, and Jalisa Whitley

## The HOPE Initiative Staff

### NATIONAL COLLABORATIVE FOR HEALTH EQUITY

Brian D. Smedley, PhD, Principal Investigator

Naima Wong Croal, PhD, MPH, Project Director

Jalisa Whitley, MPP

### TEXAS HEALTH INSTITUTE

Dennis P. Andrulis, PhD, MPH, Co-Principal Investigator

Nadia Siddiqui, MPH

Kim Wilson, DrPH, MPIA

Anna Stelter, LMSW, MPH

Matt Turner, PhD, MPH

Meghan Cocking, MSSW

### VIRGINIA COMMONWEALTH UNIVERSITY CENTER ON SOCIETY AND HEALTH

Steven H. Woolf, MD, MPH, Co-Principal Investigator

Derek A. Chapman, PhD

Latoya Hill, MPH

Sarah Blackburn, MS

Lauren K. Snellings, MPH, CHES

**This work was made possible with the valuable contributions of the following individuals:**

## National Advisory Committee (NAC)

David R. Williams, PhD, MPH, Harvard University, Chair of The HOPE Initiative NAC

Dolores Acevedo Garcia, PhD, MPA-URP, Brandeis University

Jeanne Ayers, MPH, Minnesota Department of Health

Rajiv Bhatia, MD, MPH, US Department of Veterans Affairs

Paula Braveman, MD, MPH, University of California - San Francisco

Renee Canady, PhD, MPA, Michigan Public Health Institute

Janet Corrigan, PhD, MBA, Moore Foundation

Rachel Davis, MSW, Prevention Institute

Tom Eckstein, MBA, Arundel Metrics

Ed Ehlinger, MD, MSPH, Minnesota Department of Health (formerly)

Glenn Flores, MD, Connecticut Children's Medical Center

Marjory Givens, PhD, University of Wisconsin, Population Health Institute

Doug Jutte, MD, PhD, University of California - Berkeley

Ernest Moy, MD, MPH, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics

Ana Penman-Aguilar, PhD, MPH, CDC, Office of Minority Health and Health Equity

Malia Villegas, EdD, National Congress of American Indians (formerly)

## Robert Wood Johnson Foundation

Dwayne Proctor, PhD, Senior Adviser to the President

C. Tracy Orleans, PhD, Senior Program Officer and Senior Scientist

Nicole Collins Bronzan, Communications Officer

J. Michael White, MPH, Program Associate

Elaine Arkin, Consultant, Special Adviser on The HOPE Initiative

## Burness

Sara Knoll, Vice President, Health & Social Policy

Janet Firshein, Principal and Co-Director, Health & Social Policy

Shannon Ryan, Vice President and Co-Director, Creative (formerly)

## Special Thanks for Additional Review and Guidance

Robiel Abraha, MPH, Episcopal Health Foundation

Laudan Aron, MA, BSc, Urban Institute

Breannon Babbel, PhD, MPH, MPP, National Indian Health Board

Julia Berenson, MSc, Columbia University

Ashley Brown, MPP, Center for Global Policy Solutions

Juanita Chinn, PhD, CDC, National Center for Health Statistics

Stacy Cunningham, MS, National Network of Public Health Institutes

Jennifer Hadaya, Harris County Public Health

Julia Holmes, PhD, CDC, National Center for Health Statistics

David Huang, PhD, MPH, CDC, National Center for Health Statistics

Marjorie Innocent, PhD, NAACP

Anthony Iton, MD, JD, MPH, The California Endowment

Ginger Jacinic, LMSW, MPAff, City of Austin, Texas

Iyanrick John, JD, Asian & Pacific Islander American Health Forum

Michael Knapp, PhD, Green River Consulting

Kathy Ko Chin, MPH, Asian & Pacific Islander American Health Forum

Vincent Lafronza, EdD, National Network of Public Health Institutes

Leandris Liburd, PhD, MPH, CDC, Office of Minority Health and Health Equity

Adrienne McFadden, MD, JD, Virginia Department of Health (formerly)

Ramal Mooneshinghe, PhD, CDC, Office of Minority Health and Health Equity

Linda Rae Murray, MD, MPH, (retired)

Julie Nelson, Government Alliance on Race and Equity / Race Forward

Sarah Norman, MPP, NeighborWorks America

Brion Oaks, MPA, City of Austin, Texas

Mary Pittman, DrPH, Public Health Institute

Eiman Siddiqui, Chief of Staff, Texas State Representative Tom Oliverson

Shao-Chee Sim, PhD, MPA, Episcopal Health Foundation

Makram Tahlih, PhD, CDC, National Center for Health Statistics

Phil Tegler, JD, Poverty and Race Research Action Council

William M. Tierney, MD, Dell Medical School, University of Texas at Austin

Hieu Truong, MUP, NeighborWorks America

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# Introduction

The Health Oppportunity and Equity (HOPE) Initiative was commissioned by the Robert Wood Johnson Foundation (RWJF) with the dual objective of shifting the national conversation beyond health disparities and inequalities, and producing national and state metrics to spur action toward achieving *health equity*. Health equity, as defined by RWJF, means that “everyone has a fair and just opportunity to be as healthy as possible.”<sup>1</sup>

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**Health equity means that everyone has a fair and just opportunity to be as healthy as possible.**

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In the United States (U.S.), not everyone has the opportunity to lead a healthy and prosperous life. This opportunity is shaped by multiple factors in places where we live, learn, work, pray and play. Throughout our history, the opportunity to get ahead, and to be healthy, has varied by race, ethnicity, and socioeconomic status, resulting in deep-rooted disparities in health outcomes and well-being. As the nation becomes increasingly more diverse, ensuring that everyone has the opportunity to lead healthy lives is essential to the economic and social vitality of the country.

But how do we get there? How do we ensure and extend the opportunity for everyone in the U.S. to be as healthy and prosperous as possible? What tools do we need to make this vision a reality?

In commissioning our work, RWJF recognized that measuring the gaps in health and well-being is the first step toward documenting progress and motivating action to achieve greater equity.<sup>1</sup> Only then will we know where we are and how far we must go. With its vision, unique design, and tools HOPE offers a new aspirational approach, identifying gaps in health and well-being, but extending to illuminate opportunities for all to benefit and flourish.

Led by the National Collaborative for Health Equity (NCHE) in partnership with Texas Health Institute (THI) and Virginia Commonwealth University’s Center on Society and Health (VCU-CSH), HOPE represents the first set of comprehensive metrics with an explicit objective to measure national and state progress toward health equity by race, ethnicity, and socioeconomic status. States can use these data to see where they are doing well and where they can do better on a broad range of factors that influence health and well-being overall and for specific population groups. In so doing, HOPE offers an important tool to inform and inspire action toward achieving equity across states.

<sup>1</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

## How is this Chartbook Organized?

In its inaugural launch, *The HOPE Initiative: Data Chartbook* (also referred to as the *HOPE Chartbook*) provides a compilation of data on equity goals and progress for 28 measures of health, socioeconomic factors, physical and social environment, and access to health care. Each measure is presented by race, ethnicity, and socioeconomic status for all 50 states, the District of Columbia, and the nation. The *HOPE Chartbook* is organized into five sections:

- **SECTION 1** provides an overview of what makes HOPE and its measures unique.
- **SECTION 2** describes how to use HOPE as a tool to measure progress toward achieving health equity, nationally and within states.
- **SECTION 3** summarizes HOPE's design and methods.
- **SECTION 4** identifies the limitations of HOPE measures.
- **SECTION 5** presents detailed HOPE data and charts for indicators, organized by five broad topic areas, also called *domains*.

In addition to this chartbook, The HOPE Initiative has produced the following set of supplemental materials to help readers use, interpret, and apply data:

- **BRIEF REPORT** of findings highlighting key themes that have emerged from state- and national-level health opportunity and equity data.
- **TECHNICAL DOCUMENT** describing the design, methodology, and limitations of HOPE data.
- **APPENDIX** with detailed HOPE data presented by state, race, ethnicity, and socioeconomic status.
- **SAMPLE PRESENTATION** of HOPE data to illustrate its practical utility at the state level.

## Section 1

# About HOPE

### What is Unique About HOPE?

HOPE complements notable data resources such as *County Health Rankings & Roadmaps*, *America's Health Rankings*, *National Equity Atlas*, *Opportunity Index*, *Health of the States*, and others. What makes HOPE unique are the following four features:

- **OPPORTUNITY FRAMING** which provides an asset-based orientation to replace measures that typically call attention to deficits rather than highlighting achievements or opportunities for improvement. We measure income, not poverty; employment, not unemployment; housing quality, not housing problems.
- **ASPIRATIONAL, YET ATTAINABLE GOALS** for achieving equity across health and broader well-being indicators. We use benchmarks that we know are feasible.
- **NATIONAL AND STATE DATA BY RACE, ETHNICITY, AND SOCIOECONOMIC STATUS**, allowing for a deeper understanding of health equity and opportunity for specific population groups.
- **MEASURES OF PROGRESS**, also referred to as “Distance to Goal,” for specific population groups. This tells states, and the nation, how far they must go to achieve the goal of greater equity in health outcomes and the determinants of health for their populations.

### Who is HOPE’s Target Audience?

HOPE is intended for use by a wide range of national, state, and local audiences, including but not limited to:

- **INDIVIDUALS AND PROFESSIONALS**, such as policymakers, advocates, community members, practitioners, researchers, and thought leaders.
- **HEALTH SECTOR ORGANIZATIONS**, such as state and local health departments, health centers, hospital systems, think tanks, and foundations.
- **NON-HEALTH ORGANIZATIONS**, such as faith- and community-based organizations, and those in social service, education, housing, environment, and community development sectors.

### What is HOPE’s Geographic Focus?

In its inaugural launch, HOPE provides data for the nation, the 50 states, and the District of Columbia. These data are presented by race, ethnicity, and socioeconomic status. In addition, HOPE has established health equity goals or benchmarks for each indicator that can be applied at any geographic level—national, state, county, city, census tract—to monitor progress toward achieving equity.

Section 2

# Use and Application

## What Indicators are in HOPE?

HOPE includes 28 indicators of health and the broader determinants of health organized into five domains, as identified in Table 1.

The health outcomes domain contains only general measures of health and well-being, and excludes measures of health behaviors such as smoking or exercise. While health behaviors are important, the choices people make depend on the choices people have. HOPE’s primary focus is on measuring social, economic, and environmental conditions that either promote or interfere with good health—including the choices people have to lead healthy lives.

## What Does HOPE Measure?

HOPE provides place- and population-based data to identify and monitor progress toward achieving equity in health and the opportunity for health. Here we summarize the range of metrics HOPE offers.

### HOPE GOALS

HOPE establishes aspirational, yet attainable goals for achieving equity on each indicator. HOPE Goals were derived for each indicator by averaging the top five best rates of health or opportunity experienced by the top performing socioeconomic groups across states—usually (though not always) the most highly educated or the highest income groups. Because HOPE Goals have been achieved by populations in these states, we can be confident the goals for each measure are achievable. At the same time, the goals remain aspirational since most groups across the U.S. do not enjoy these conditions. In addition, HOPE sets goals based on high-performing education and income groups, rather than by race or ethnicity. In so doing, HOPE avoids potential problematic interpretations of data that can result from selecting one race or ethnicity as a reference group, which masks important variability within and among groups. Our goal is to avoid the inadvertent reinforcement of “model” race and ethnic group stereotypes. We believe that people of all races and ethnic groups can enjoy the health of benchmark states if conditions in our society are improved.

TABLE 1  
**HOPE DOMAINS  
AND INDICATORS**

Health Outcomes
Adult Health Status
Mental Health Status
Child Health Status
Premature Mortality
Infant Mortality
Low Birth Weight
Socioeconomic Factors
Livable Income
Affordable Housing
Post-secondary Education
Connected Youth
Preschool Enrollment
Employment
Social Environment
Low Poverty Concentration
Low Murder Rate
Low Assault Rate
Low Rape Rate
Low Robbery Rate
Physical Environment
Home Ownership
Housing Quality
Air Quality—Particulate Matter
Low Liquor Store Density
Food Security
Access to Health Care
Access to Primary Care
Access to Psychiatric Care
Health Insurance Coverage
Affordable Health Care
Usual Source of Care
Colorectal Cancer Screening

NATIONAL DATA

At the national level, HOPE provides four types of data for each indicator:

- **NATIONAL RATE** refers to the overall national average prevalence (or other rate) for a specified population on an indicator during the reported time period. For example, the national average rate for health insurance coverage for non-elderly individuals from 2011–2015 is 85%.
- **DISTANCE TO GOAL** is a measure of the progress that must be made to achieve the HOPE Goal for a particular indicator. For example, the HOPE Goal for health insurance coverage is 97%. Moving the nation toward achieving equity in coverage—from the national rate of 85% to the HOPE Goal of 97%—would mean that an additional 33 million non-elderly individuals would need to gain coverage across the country.
- **NATIONAL PROGRESS BY RACE, ETHNICITY, AND SOCIOECONOMIC STATUS** is depicted as bar graphs to show how national rates, relative to the HOPE Goal, vary for a particular indicator by both race and ethnicity *and* socioeconomic status (either education or income). These data break new ground in offering baseline portraits of how race and ethnicity combined with socioeconomic status affect health and its determinants. In many cases, they reinforce the large body of evidence that the health and opportunity benefits of education and income do not accrue equally to all racial and ethnic populations. For example, health insurance coverage rates generally increase as income increases for all racial and ethnic groups. However, even American Indians/Alaskan Natives (AI/AN) who are affluent—earning four times the federal poverty level (FPL) or higher—have roughly the same rate of health insurance coverage as Multiracial individuals with incomes below the poverty level (see Figure 1).
- **NATIONAL PROGRESS BY STATE AND REGION** includes a map of overall rates for each indicator by state (see Figure 2). Darker colors reflect a greater Distance to Goal—in other words, they have the greatest opportunity for progress and improvement to achieve equity in their state. Conversely, lighter colors draw attention to states leading on particular indicators, thus potentially serving as “models” of equity progress. These maps often reveal geographic regions or clusters of states in different stages of progress toward equity.

FIGURE 1  
NATIONAL PROGRESS TO HOPE GOAL  
ON HEALTH INSURANCE COVERAGE  
By Race, Ethnicity, and Income

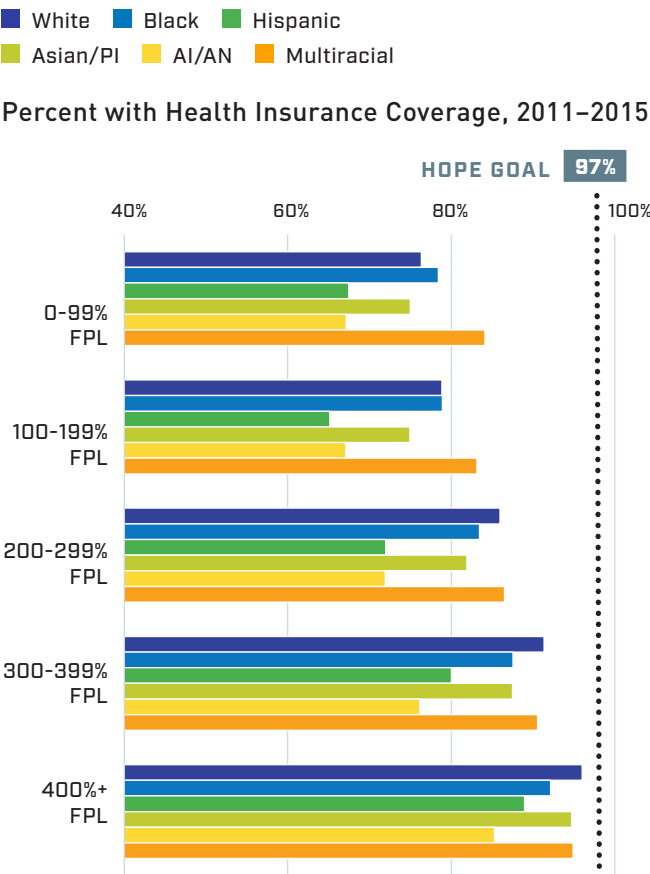
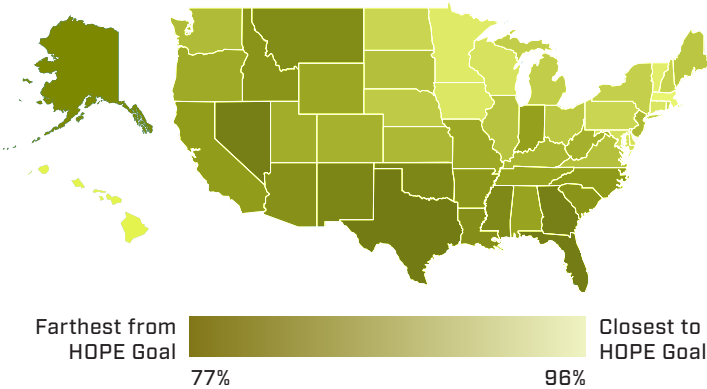


FIGURE 2  
NATIONAL PROGRESS TO HOPE GOAL  
ON HEALTH INSURANCE COVERAGE

Percent with Health Insurance Coverage, 2011–2015



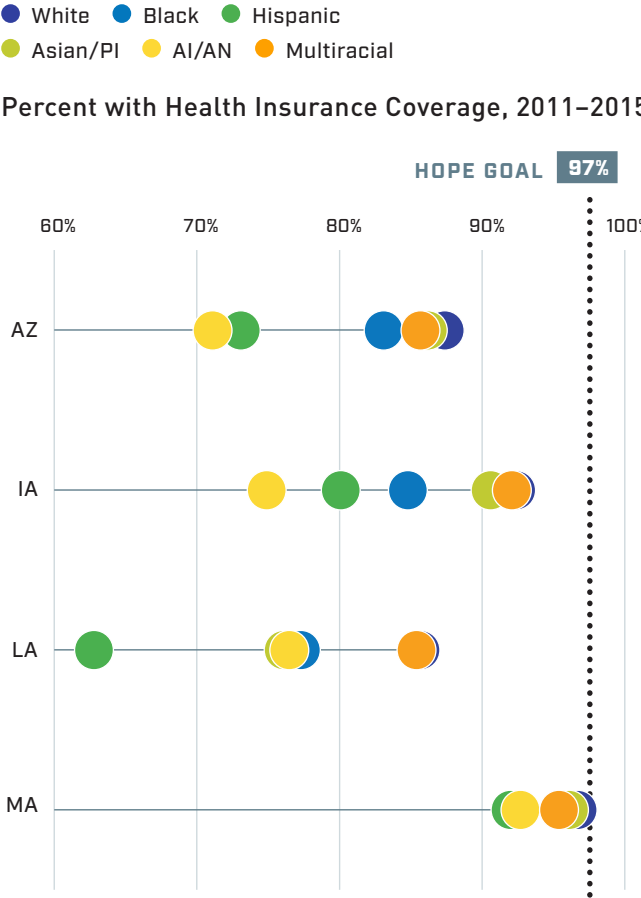
STATE DATA

HOPE offers a set of data at the state level to measure progress toward health equity on each indicator. These include:

- **STATE PROGRESS BY RACE AND ETHNICITY** shows where each race and ethnic group stands on health and opportunity measures within and across states, and what progress is needed to achieve equity. These data are depicted as a series of side-by-side stacked dot plots (see Figure 3). Each stack of dots represents a state, with each colored dot corresponding to a different race and ethnic group. The gap between each dot and the HOPE Goal line represents the Distance to Goal for each population group within a state. We note that in cases where rates across populations are the same or very similar, dots may be overlapping (not to be confused with missing data). For more detailed data points on Distance to Goal by race and ethnicity, see the Appendix.
- **STATE PROGRESS BY SOCIOECONOMIC STATUS** shows where each socioeconomic group stands on health and opportunity measures within and across states, and what progress is needed to achieve equity. These data are also displayed as a series of side-by-side stacked dot plots, with each stack representing a state and the dots corresponding to different education or income groups. The gap between each dot and the HOPE Goal line represents the Distance to Goal for each socioeconomic group within a state. We note that in cases where rates across populations are the same or very similar, dots may be overlapping (not to be confused with missing data). For more detailed data points on Distance to Goal by income and education, see the Appendix.
- **STATE RANKINGS OF DISTANCE TO GOAL** show how states are performing relative to each other on their progress toward achieving equity on each indicator. These rankings are provided by domain and displayed in a wheel (see Figure 4).

Specifically, states are ranked by their Distance to Goal on each indicator and divided into quartiles. States ranked in the top or first quartile for a particular indicator are closest to the HOPE Goal, meaning they are performing better than 75% of states. Lower ranked

FIGURE 3  
PROGRESS TO HOPE GOAL ON HEALTH INSURANCE COVERAGE IN SELECT STATES  
By Race and Ethnicity

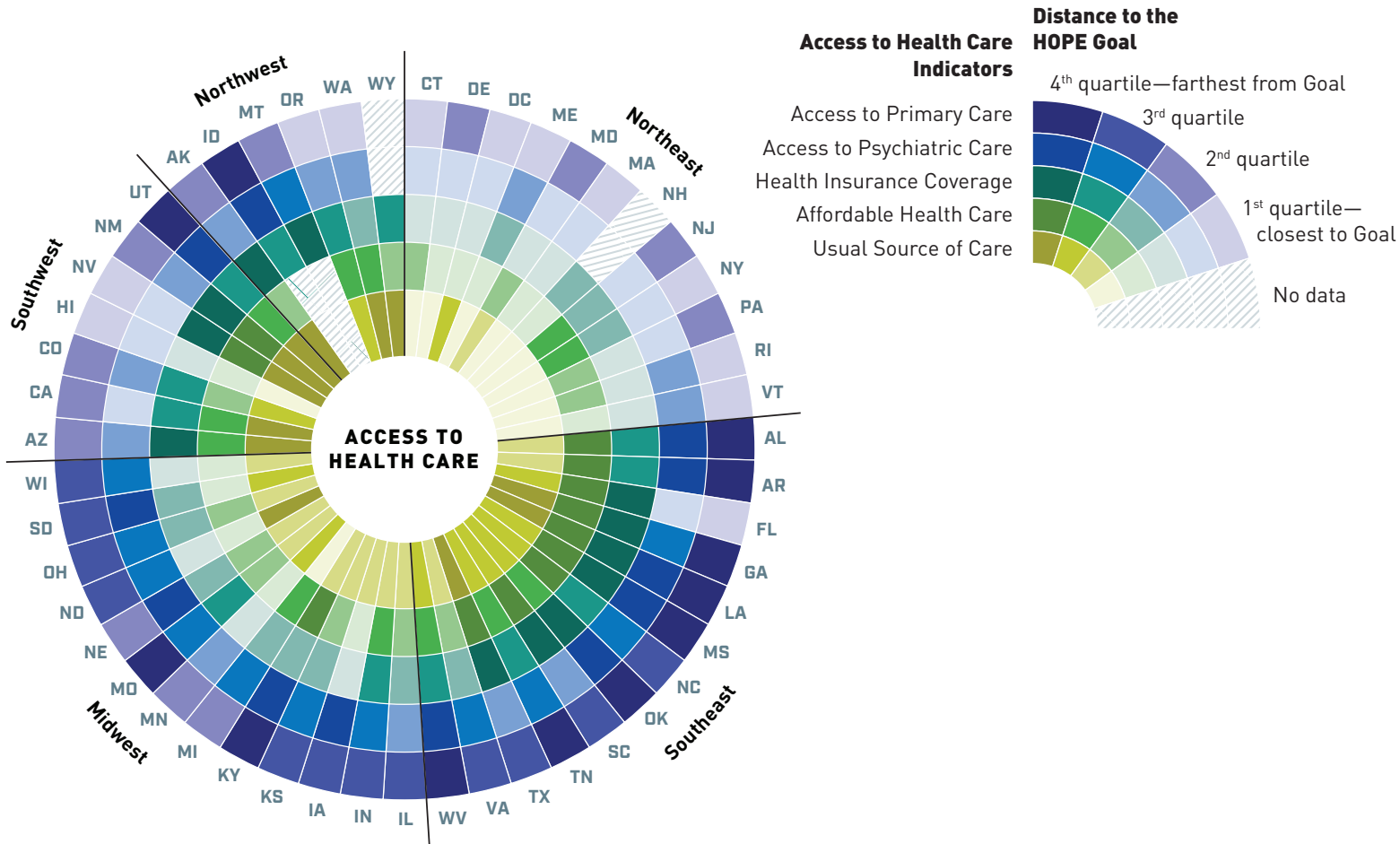


states are farther from the goal, with those in the fourth or last quartile being farthest, representing 25% of states with the greatest opportunity for improvement.

The wheel is organized by region. Each wheel slice corresponds to one state, and contains one shaded square for every indicator in the domain. Lightest shades correspond to rates in the top quartile, and progressively darker shades reflect values in the second, third, and fourth quartiles. A visual scan of the wheel quickly makes clear which regions and states are leading on indicators and which have the greatest opportunity for improvement.

FIGURE 4

## STATE RANKINGS ON DISTANCE TO HOPE GOAL FOR ACCESS TO HEALTH CARE DOMAIN



## How Can HOPE Be Used?

Our data show that every state, without exception, can do more to improve the health and well-being of its residents. HOPE points to where inequities exist and inspires states to learn from peers on what factors may be driving their greater progress in reaching equity goals. It provides the opportunity to share success stories about policies and practices that make a difference. As such, there are a number of ways in which HOPE can be interpreted and used. We describe a few national, state, and local examples here.

### NATIONAL

HOPE offers a set of data by which to identify and monitor national progress toward equity in health and its determinants. In so doing, these data can be used to identify:

- Key drivers of health opportunity and equity to inform cross-sector priorities and policies.
- Health opportunity profiles by race, ethnicity, and socioeconomic status to raise awareness around population-specific progress and opportunity gaps. For example, we can see how American Indians/Alaskan Natives are faring nationally, across all 28 indicators.
- Measures for which socioeconomic status does not provide the same health and well-being benefits across race and ethnic groups, pointing to the need to address systemic barriers to opportunity.
- Regional patterns of equity progress, highlighting shared challenges and successes across groups of states.
- Measures where the nation has a greater or smaller gap to close to reach aspirational health equity goals.

## STATE

State-level HOPE data provide a deeper dive into the equity progress within and across states overall and among population groups. These data unpack important race, ethnic, and socioeconomic nuances that can be masked by national data. To this end, state-level data can be used to identify:

- Detailed state profiles on health opportunity and equity, highlighting areas of progress and challenges.
- Well-performing states—that is, states that have a relatively short Distance to Goal for each race, ethnic, and socioeconomic group (i.e., narrow inequities). These states can serve as “models” for those progressing more slowly, offering the opportunity to learn and understand what policies and conditions have promoted equity for a particular indicator.
- States where specific race, ethnic, or socioeconomic population groups are faring particularly well relative to their counterparts in similar or nearby states. These “positive outlier” population-specific experiences, and the history of their past efforts to achieve equity, can help inform other states as they work to address the needs of their own historically disenfranchised populations.

For example, while overall Blacks have some of the highest rates of infant mortality nationally, Black infant mortality in Washington state is below the national average. These data point to the need to understand

Washington’s conditions and opportunities for Black mothers and infants. Understanding the underlying conditions and nature of opportunities in Washington may offer lessons and insights for other states to consider.

- State-to-state differences in the size of the race, ethnic, and socioeconomic gap. States with wider inequities for particular indicators can draw on these data to further examine the policies and conditions that may be driving population differences in outcomes and opportunity in their own state. At the same time, they can use these data to identify states with narrower inequities and seek to understand strategies that have helped them close opportunity gaps.

## LOCAL

While HOPE currently does not offer sub-state level data, its design and metrics can be applied at any geographic level. Equity across counties, cities, ZIP codes, and even census tracts can be measured in the same way—using similar indicators, setting aspirational and attainable benchmarks, measuring Distance to Goal, and contrasting inequities by race, ethnicity, and socioeconomic status. In addition, existing HOPE Goals can be applied at any geographic level and can be used by local stakeholders—such as county health departments, non-profit health systems, community development organizations, and community organizations—to set targets toward achieving equity in health and opportunity, take stock of current conditions, and monitor progress over time.

## Section 3

# Methods

A core aim of The HOPE Initiative is to produce reliable and precise descriptions of inequities in health outcomes and the opportunities that populations have to attain better health. In its inaugural launch, this information is presented by geography (national and state), race and ethnicity, and socioeconomic status (either education or income). This section provides an overview of HOPE's design, with further details on methodology, data sources, and analyses described in a technical document available at [www.nationalcollaborative.org/our-programs/hope-initiative-project](http://www.nationalcollaborative.org/our-programs/hope-initiative-project).

## How Were HOPE Goals Created?

The process for setting goals for each indicator was to identify the top-performing socioeconomic group in each state, identify the five states with the best outcomes for the top-performing group, and take the average of their scores, rates, or outcomes. In the vast majority of cases, the top performers were college graduates or those with household incomes 400% FPL or greater.

## How Was Distance to Goal Calculated?

Distance to Goal is the absolute magnitude of difference between the HOPE goal and the baseline rate of an indicator for a particular population, nationally or within a state. Distance to Goal is provided broadly for the general population and specifically by race, ethnicity, and socioeconomic status at the national and state levels.

Distance to Goal is presented in three ways:

- **NUMBER TO GOAL (# TO GOAL):** The number of people whose health or opportunity for health would need to improve for the nation or a particular state to meet the HOPE Goal. This measure is equivalent to what is often referred to as “number of excess cases” for a particular outcome or indicator and is derived by multiplying the absolute magnitude of difference between the HOPE Goal and baseline rate for an indicator for a particular population by the size of the population group nationally or within a state.
- **PERCENT TO GOAL (% TO GOAL):** The portion of a particular population group whose health or opportunity for health would need to improve for the nation or state to meet the HOPE Goal. This is calculated by summing excess cases, or the Number to Goal, and dividing that sum by the national or state population of focus.
- **STATE RANKINGS OF DISTANCE TO GOAL:** For each indicator, states are ranked by their Distance to Goal. These rankings are derived by ordering the Percent to Goal from lowest to highest percent. States are then organized into quartiles, with those in the top or first quartile leading in equity progress (i.e., being closest to the HOPE Goal), and those in the bottom or fourth quartile having the greatest opportunity for improvement (i.e., being farthest from the HOPE Goal).

## How Are Population Groups Defined?

The HOPE Initiative identifies health equity progress by race and ethnicity and socioeconomic status. Following is a summary of how groups are defined.

### RACE AND ETHNICITY

HOPE provides data for six mutually exclusive racial and ethnic groups:

- White;
- Black or African American (Black);
- Asian and Pacific Islander (Asian/PI);
- American Indian or Alaska Native (AI/AN);
- Multiracial; and
- Hispanic or Latino (Hispanic).

Populations not captured within these groups and often attributed to an “Other” category were excluded from analyses.

HOPE offers a deeper dive into providing health and opportunity data consistently by six race and ethnic groups. Most current, and especially historic, data initiatives have typically focused on four or fewer groups—White, Black, Hispanic, and Other. At the same time, we recognize that these six groups are not homogeneous and that life experiences of group members may vary depending on ethnicity, country of origin, and immigration status. However, given the practical considerations of data availability and need to assure reliability of estimates, creating more granular racial and ethnic groups was not feasible in this phase of work.

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By providing data for six race and ethnic groups as well as by socioeconomic status, HOPE offers a deeper dive into health opportunity than most data sources.

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### SOCIOECONOMIC STATUS

Depending on data availability for each indicator, these analyses used either educational attainment or household income as a proxy for socioeconomic status. Educational attainment was grouped into four categories:

- Less than high school (Less than HS);
- High school graduate (HS Grad);
- Some college; and
- College graduate (College Grad).

Income was measured by household income as a percentage of the federal poverty level, with categories covering household incomes of:

- 0-99% FPL;
- 100-199% FPL;
- 200-299% FPL;
- 300-399% FPL; and
- 400% FPL or greater.

## Section 4

# Limitations

### What is Not in HOPE?

While The HOPE Initiative breaks new ground in providing practical tools to identify and measure national and state baseline progress toward achieving equity in health and in the opportunity for health, it carries some limitations in its inaugural launch:

- Not all key factors that influence health and the opportunity for optimal health are included. In some cases the field lacks well-established metrics that we know are responsible for inequities, such as racism, other forms of discrimination, and social exclusion. In other cases, we have good metrics but data are not uniformly collected for every state.
- In some instances, data are not available for all racial, ethnic, education, or income groups due to limited sample sizes or data source constraints. For example, preschool enrollment data at the state level was not reported by race and ethnicity due to insufficient sample sizes in 38 states. Child health status data was not reported by race or ethnicity at the national or state level due to the absence of AI/AN, Asian/PI, and Multiracial reporting categories.
- Other key populations—characterized by sexual orientation, gender identity, immigration status, religion, and functional status—are not included as the focus in this stage was on race, ethnicity, and socioeconomic status.
- Local variation (e.g., at the county, city, or neighborhood level) is not captured as HOPE is national and state in scope.
- Variations within race and ethnic groups are also not captured as these data are limited. For example, we know that Asian/Pis are a non-homogeneous group that is often collapsed into one group for statistical purposes. Variations within such groups are currently not captured in HOPE.

Notwithstanding these data constraints, The HOPE Initiative provides an important first step and reference point for tracking state and national health equity status and progress. Most importantly, it offers new ways to identify and promote opportunity to advance health and well-being for everyone across the U.S.

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Measuring gaps in health and well-being is an important first step toward documenting progress and motivating action to achieve greater equity.

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## Section 5

## HOPE Data



Health Outcomes

Socioeconomic Factors

Social Environment

Physical Environment

Access to Health Care

# Health Outcomes

HOPE measures six health outcomes that are intended to capture the overall physical and mental health of a population across the life cycle, from birth and infancy to childhood and adulthood. These indicators measure the presence or absence of health and wellness as well as mortality.

INDICATOR	DISTANCE TO HOPE GOAL	GROUPS USED TO SET HOPE GOAL
<b>Adult Health Status</b> Portion of adults who say their health is very good or excellent	<p>NATIONAL RATE 49%</p> <p>HOPE GOAL 75%</p>	College graduates in VT, DC, CT, MA, and NH
<b>Mental Health Status</b> Portion of adults who say their mental health was not good for 14 or more days in the past 30 days	<p>NATIONAL RATE 11%</p> <p>HOPE GOAL 5%</p>	College graduates in SD, ND, MN, IA, and WI
<b>Child Health Status</b> Portion of children whose parents rate their health as very good or excellent	<p>NATIONAL RATE 84%</p> <p>HOPE GOAL 97%</p>	Households with income 301-400% FPL in LA and ME; Households with income greater than 400% FPL in SD, SC, and NE
<b>Premature Mortality</b> Number of annual deaths due to any cause per 100,000 population age 25-64	<p>NATIONAL RATE 377 deaths per 100,000 pop., age 25-64</p> <p>HOPE GOAL 260 deaths per 100,000 pop., age 45-64</p> <p>HOPE GOAL 42 deaths per 100,000 pop., age 25-44</p>	Age 25-44: College graduates in DC, MA, CT, NY, and MN Age 45-64: College graduates in CT, MA, NH, VT, and MN
<b>Infant Mortality</b> Number of infants who die before their first birthday annually per 1,000 live births	<p>NATIONAL RATE 6.4 deaths per 1,000 live births</p> <p>HOPE GOAL 2.4 deaths per 1,000 live births</p>	College graduate mothers in WY, WA, VT, MA, and NY
<b>Low Birth Weight</b> Portion of infants weighing less than 2,500 grams at birth	<p>NATIONAL RATE 8%</p> <p>HOPE GOAL 5%</p>	College graduate mothers in AK, VT, ME, WI, and ID

# State Rankings: Distance to Goal

For each health outcome indicator, states are ranked according to their distance to the HOPE Goal by race and ethnicity. States ranked in the 1<sup>st</sup> quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

## HOW TO READ THIS CHART

**Health Outcomes Indicators**

Adult Health Status  
Mental Health  
Premature Mortality  
Infant Mortality  
Low Birth Weight

**Distance to the HOPE Goal**

4<sup>th</sup> quartile—farthest from Goal

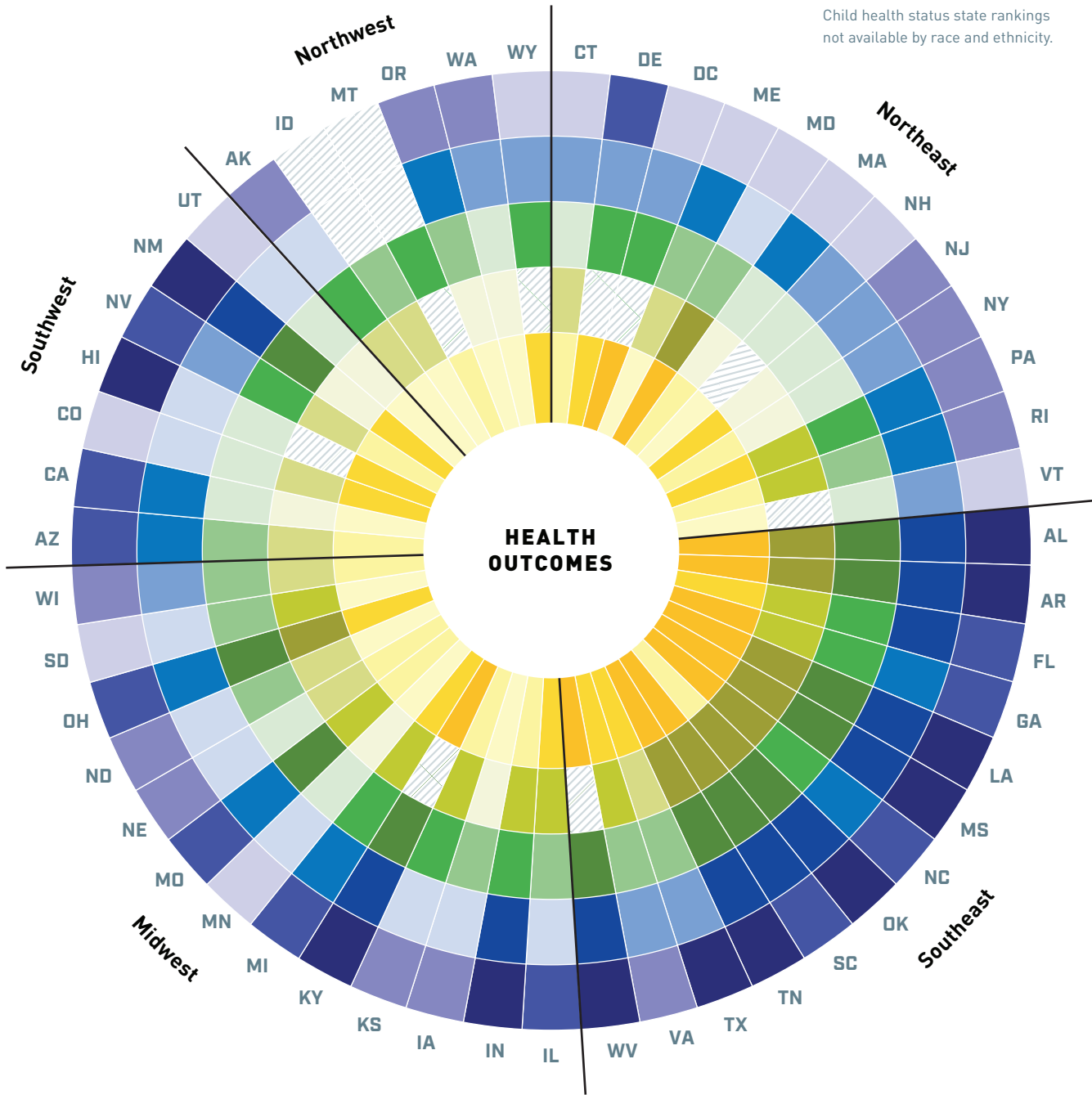
3<sup>rd</sup> quartile

2<sup>nd</sup> quartile

1<sup>st</sup> quartile—closest to Goal

No data

Child health status state rankings not available by race and ethnicity.



For state rankings, see Appendix.

# Adult Health Status

Health status reflects a person’s opinion of their own health, rated as poor, fair, good, very good, or excellent. Adult health status is measured by the portion of adults age 25 and older who rate their health as very good or excellent.

Source: 2012-2014 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

## NATIONAL RATE

49%

of U.S. adults with very good or excellent health

## HOPE GOAL

75%

of U.S. adults with very good or excellent health

## DISTANCE TO GOAL

53 million

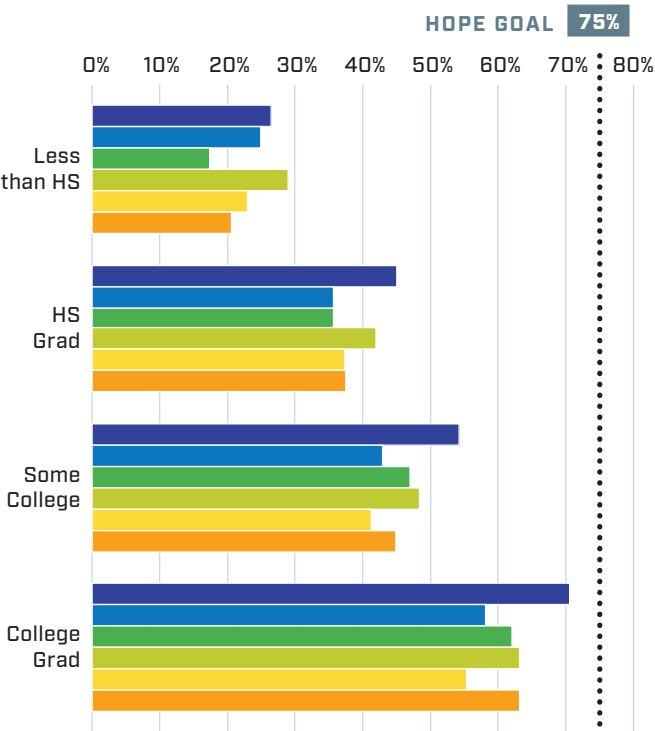
more adults in the U.S. would need to be in very good or excellent health to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT OF ADULTS WITH VERY GOOD OR EXCELLENT HEALTH

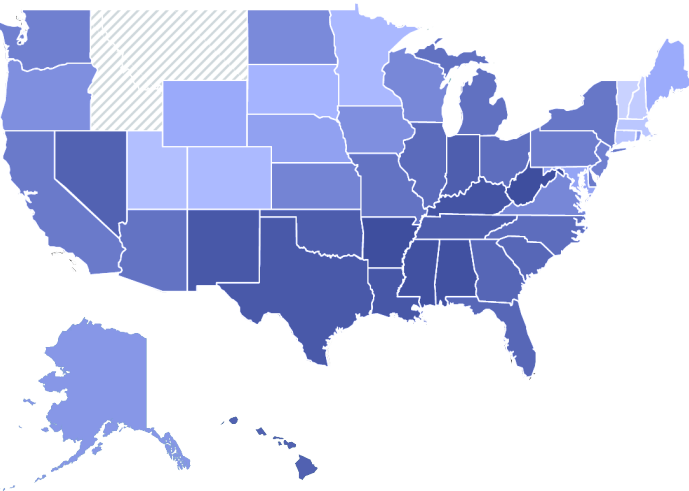
#### By Race, Ethnicity, and Education

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 40% Closest to HOPE Goal 61%



Data for ID and MT not reported.

State Progress Toward HOPE Goal

PERCENT OF ADULTS WITH VERY GOOD OR EXCELLENT HEALTH

By Race and Ethnicity

- White

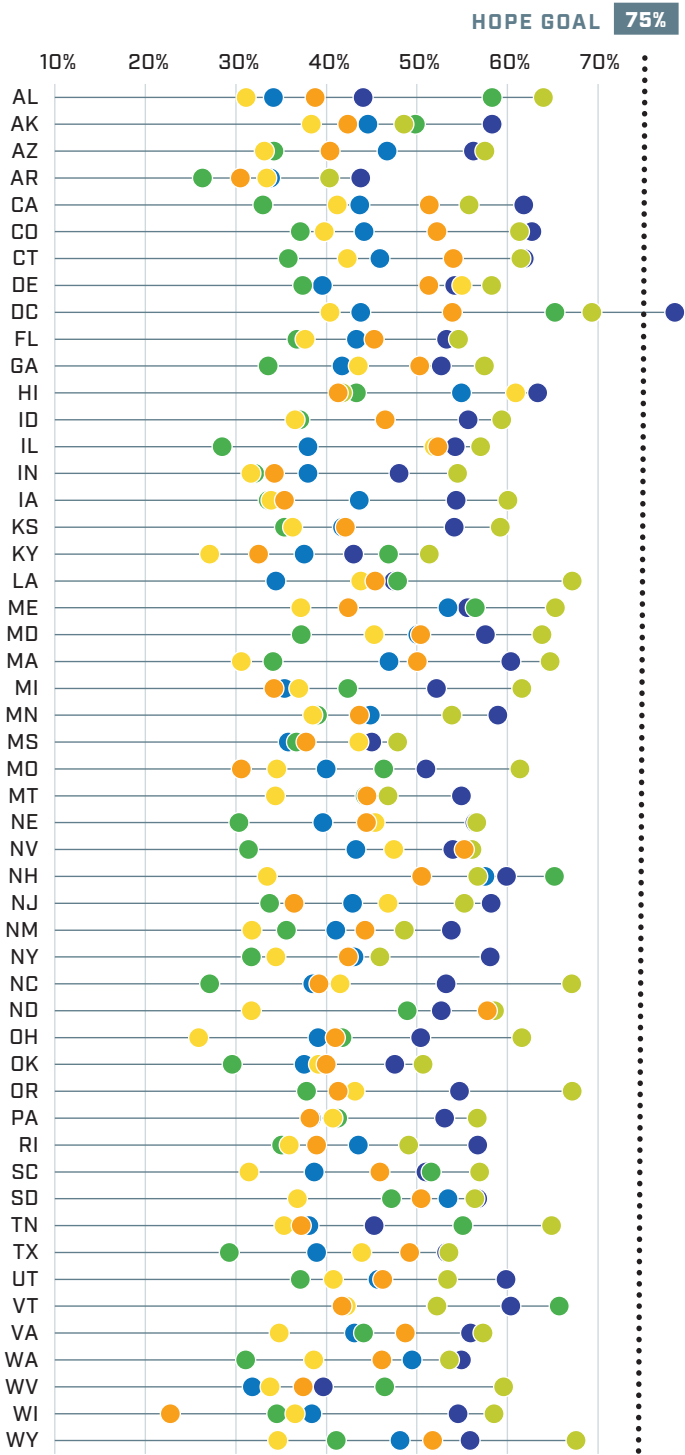
Black

Hispanic

Asian/PI

AI/AN

Multiracial



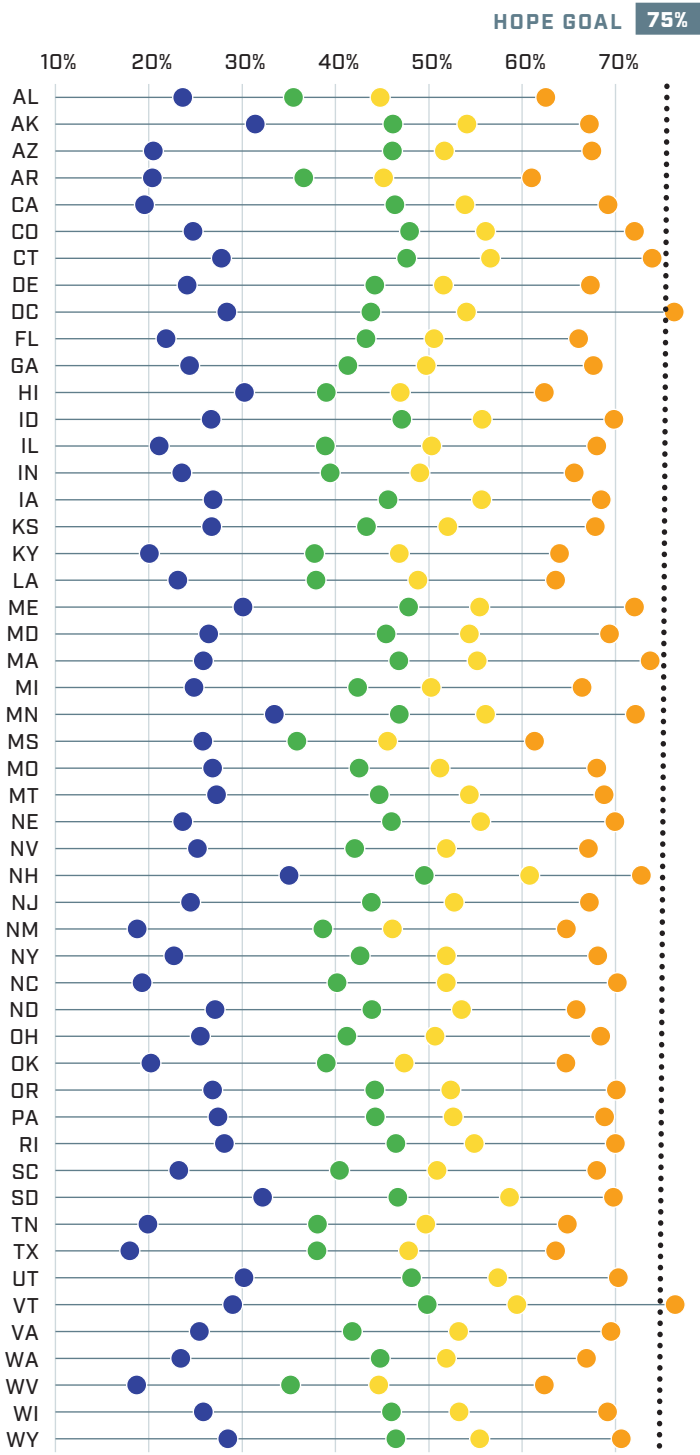
By Education

- Less than HS

HS Grad

Some College

College Grad



Data for Blacks in ID and MT not reported.

For rates, see Appendix.

# Mental Health Status

Mental health status is measured by the portion of adults age 25 and older who reported their mental health was not good for 14 or more days in the past 30 days. These adults are defined as having poor mental health.

Source: 2012-2014 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

## NATIONAL RATE

11%  
of adults with poor mental health

## HOPE GOAL

5%  
of adults with poor mental health

## DISTANCE TO GOAL

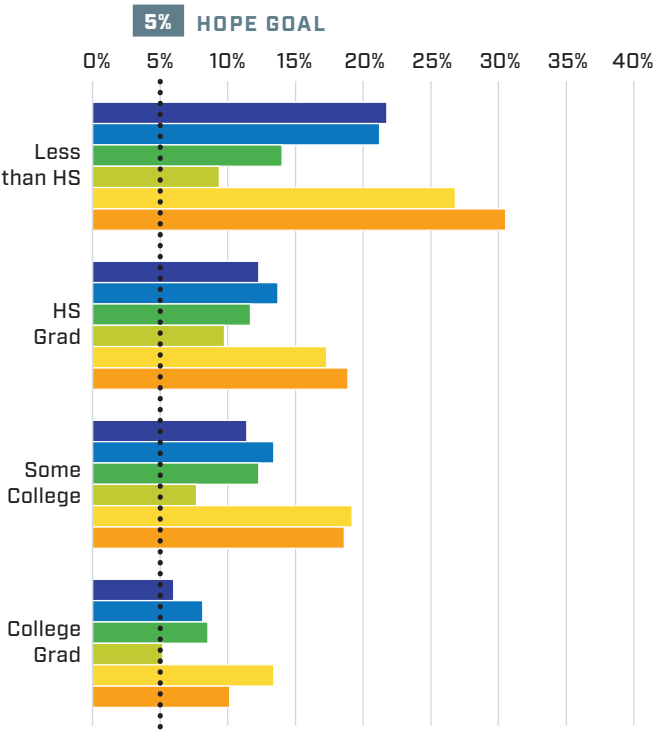
14 million  
fewer adults in the U.S.  
with poor mental health to  
achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT OF ADULTS WITH POOR MENTAL HEALTH

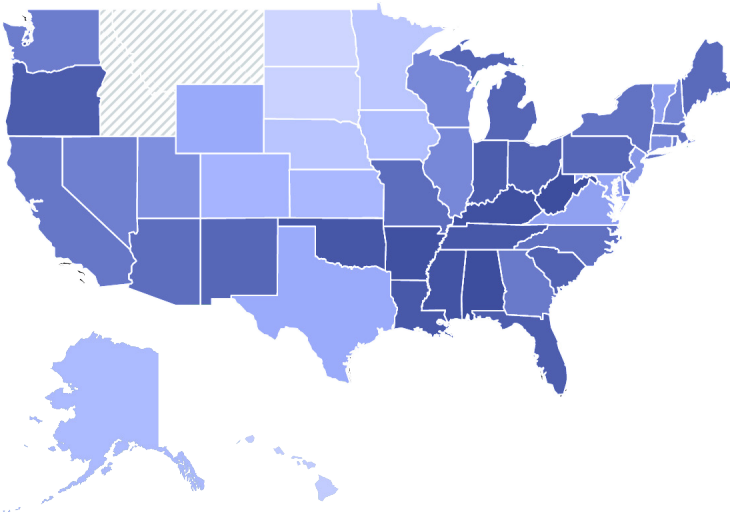
#### By Race, Ethnicity, and Education

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 15% Closest to HOPE Goal 8%



Data for ID and MT not reported.

State Progress Toward HOPE Goal

PERCENT OF ADULTS WITH POOR MENTAL HEALTH

By Race and Ethnicity

- White

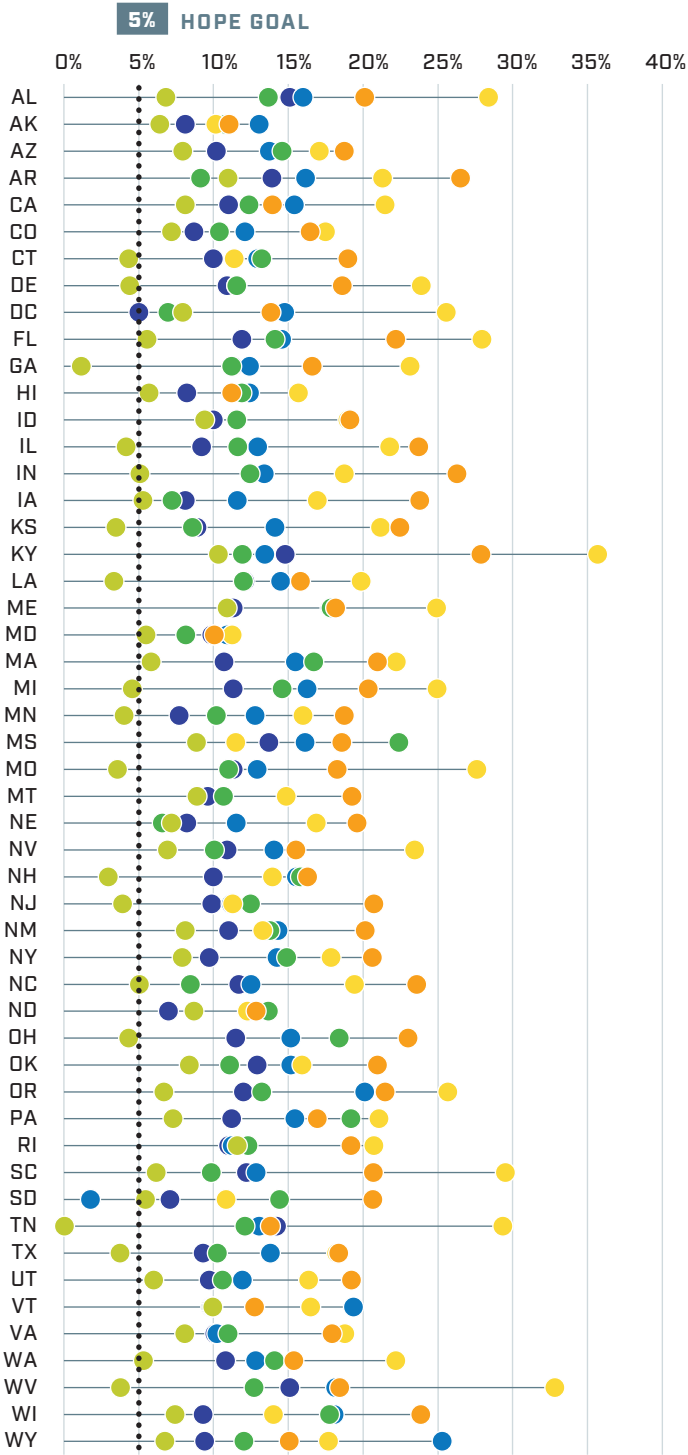
Black

Hispanic

Asian/PI

AI/AN

Multiracial



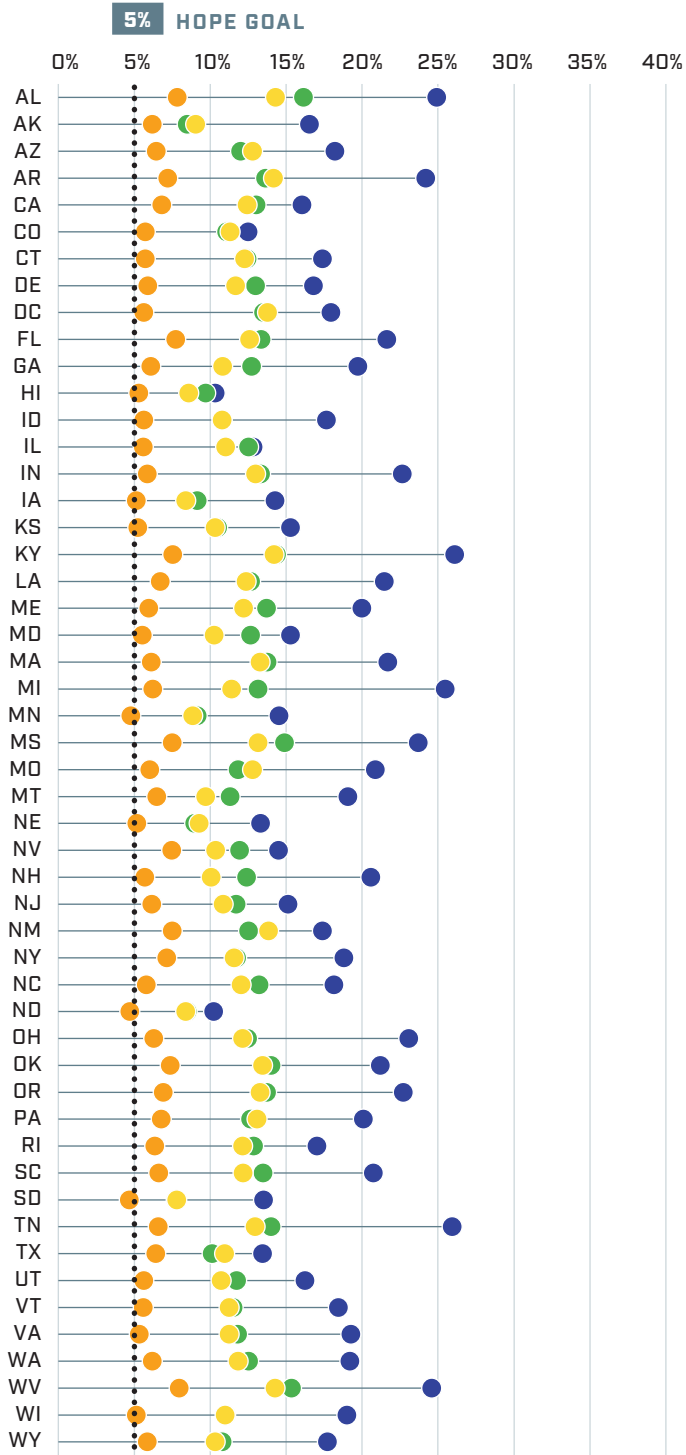
By Education

- Less than HS

HS Grad

Some College

College Grad



Data for Blacks in ID and MT not reported.

For rates, see Appendix.

# Child Health Status

Child health status reflects a parent’s opinion of their child’s overall health, rated as poor, fair, good, very good, or excellent. Child health status is measured by the portion of children age 0-17 whose parents rate their health as very good or excellent.

Source: 2011-2012 National Survey of Children’s Health, Child and Adolescent Health Measurement Initiative

## NATIONAL RATE

84%

of children in very good or excellent health

## HOPE GOAL

97%

of children in very good or excellent health

## DISTANCE TO GOAL

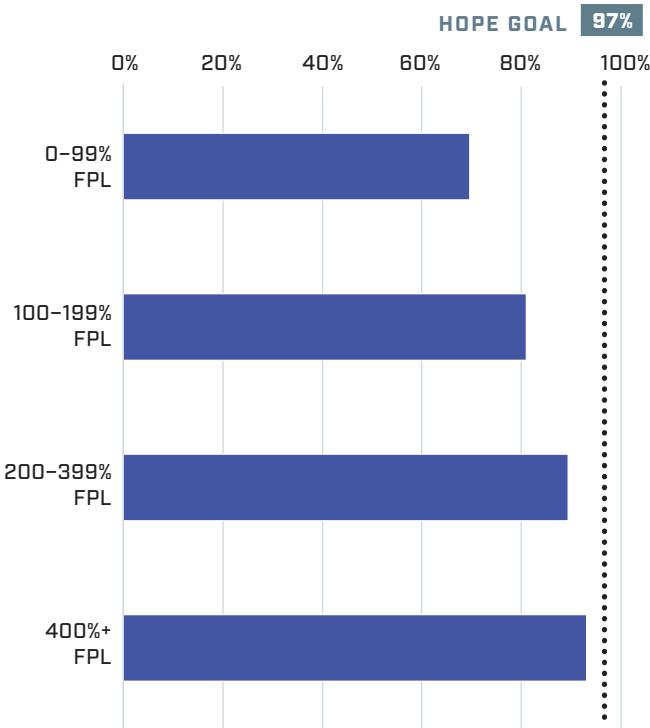
9 million

more children in the U.S. would need to be in very good or excellent health to achieve the HOPE Goal

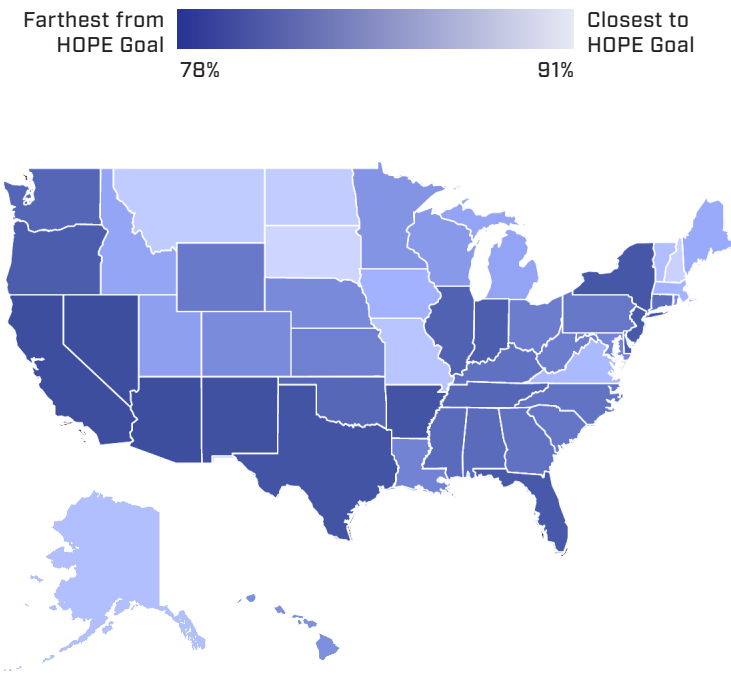
## National Progress Toward HOPE Goal

### PERCENT OF CHILDREN IN VERY GOOD OR EXCELLENT HEALTH

#### By Income\*



#### By State and Region

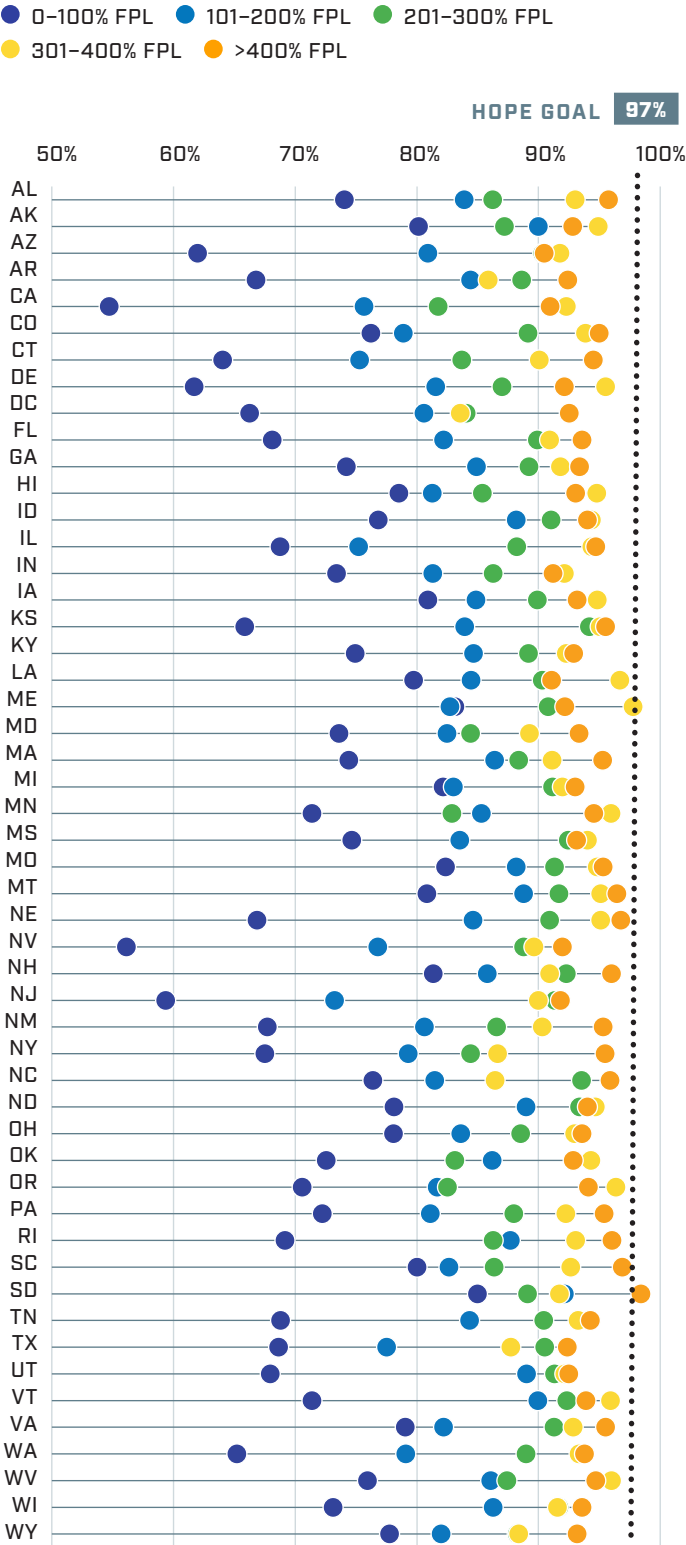


\* Estimates obtained from National Survey of Children’s Health, 2011-2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 06/14/18 from [www.childhealthdata.org](http://www.childhealthdata.org). Data not reported by race and ethnicity.

# State Progress Toward HOPE Goal

## PERCENT OF CHILDREN IN VERY GOOD OR EXCELLENT HEALTH

By Income



Data not reported by  
race and ethnicity.

# Premature Mortality

Premature mortality is measured as the number of annual deaths due to any cause per 100,000 population age 25-64.

Source: 2010-2014 National Vital Statistics System, Centers for Disease Control and Prevention

**NATIONAL RATE**

377

deaths per 100,000 adults  
age 25-64

**HOPE GOALS**

42260

deaths per 100,000 adults  
age 25-44deaths per 100,000 adults  
age 45-64

**DISTANCE TO GOAL**

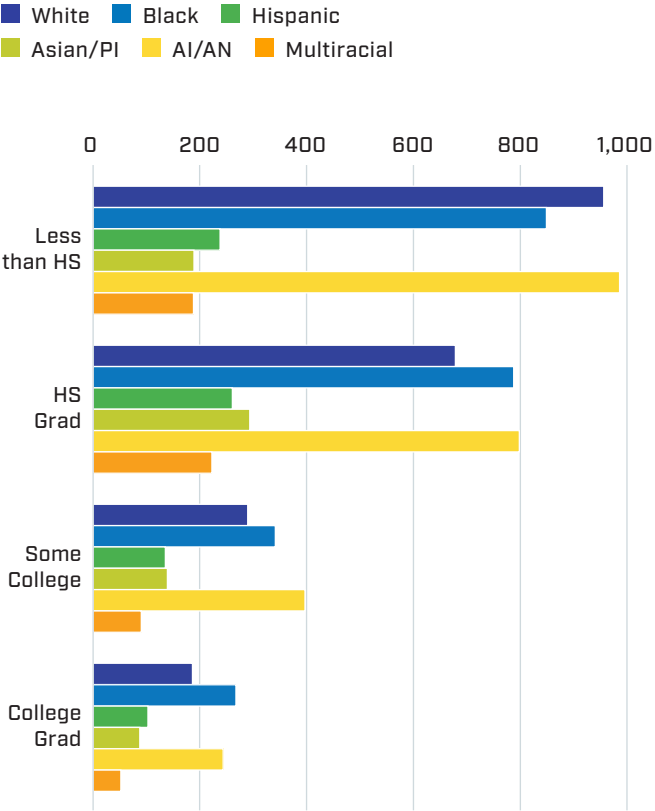
375,000

more 25-64 year old adults  
surviving per year in the U.S.  
to achieve the HOPE Goals

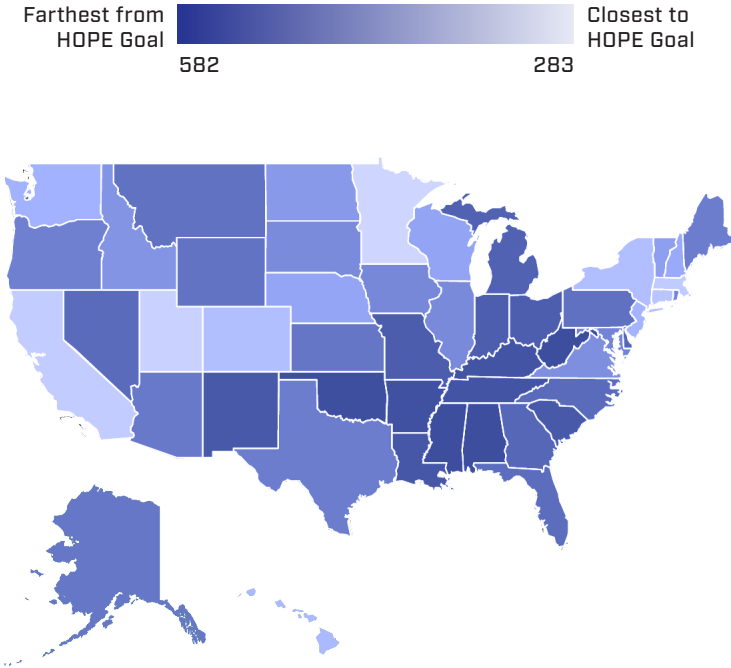
## National Progress Toward HOPE Goals\*

### PREMATURE MORTALITY RATE PER 100,000 POPULATION

By Race, Ethnicity, and Education



By State and Region



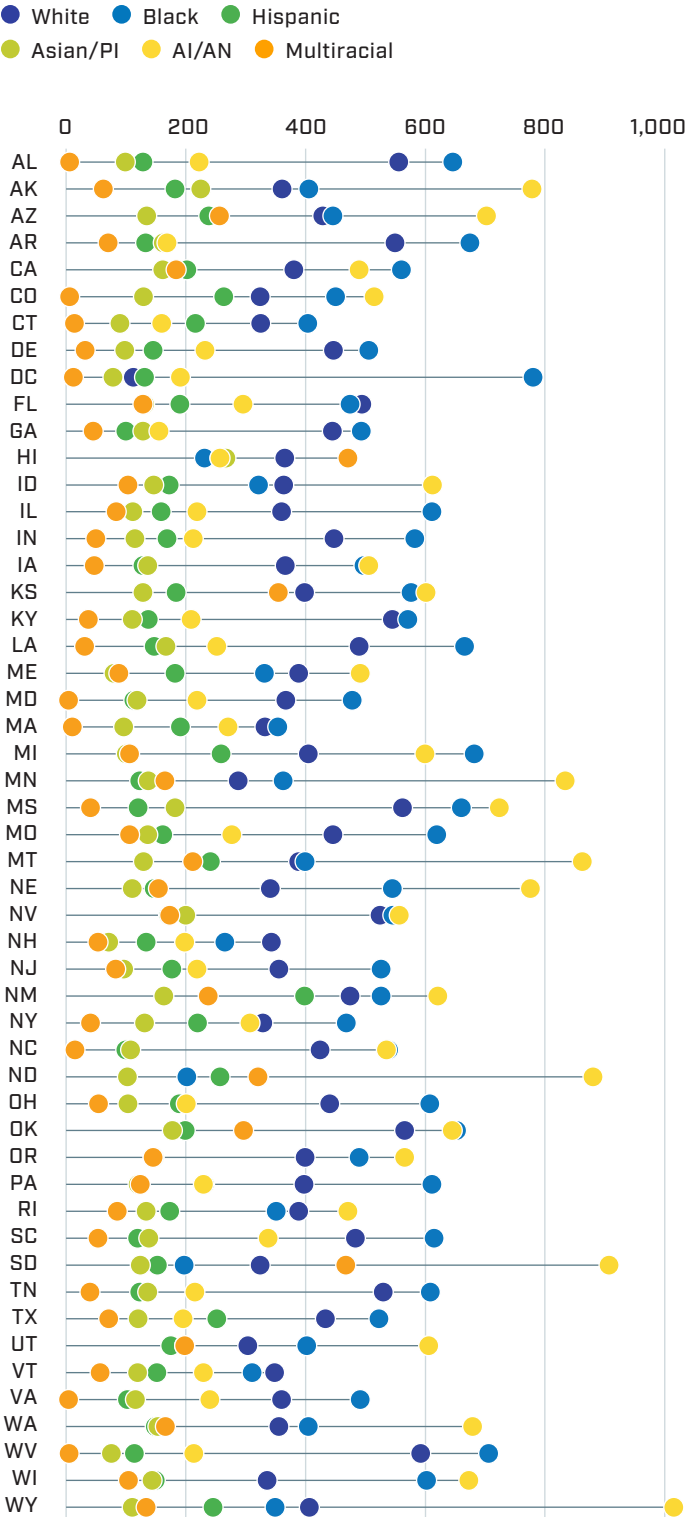
\* HOPE Goals not displayed due to two age-specific goals for premature mortality.

For rates, see Appendix.

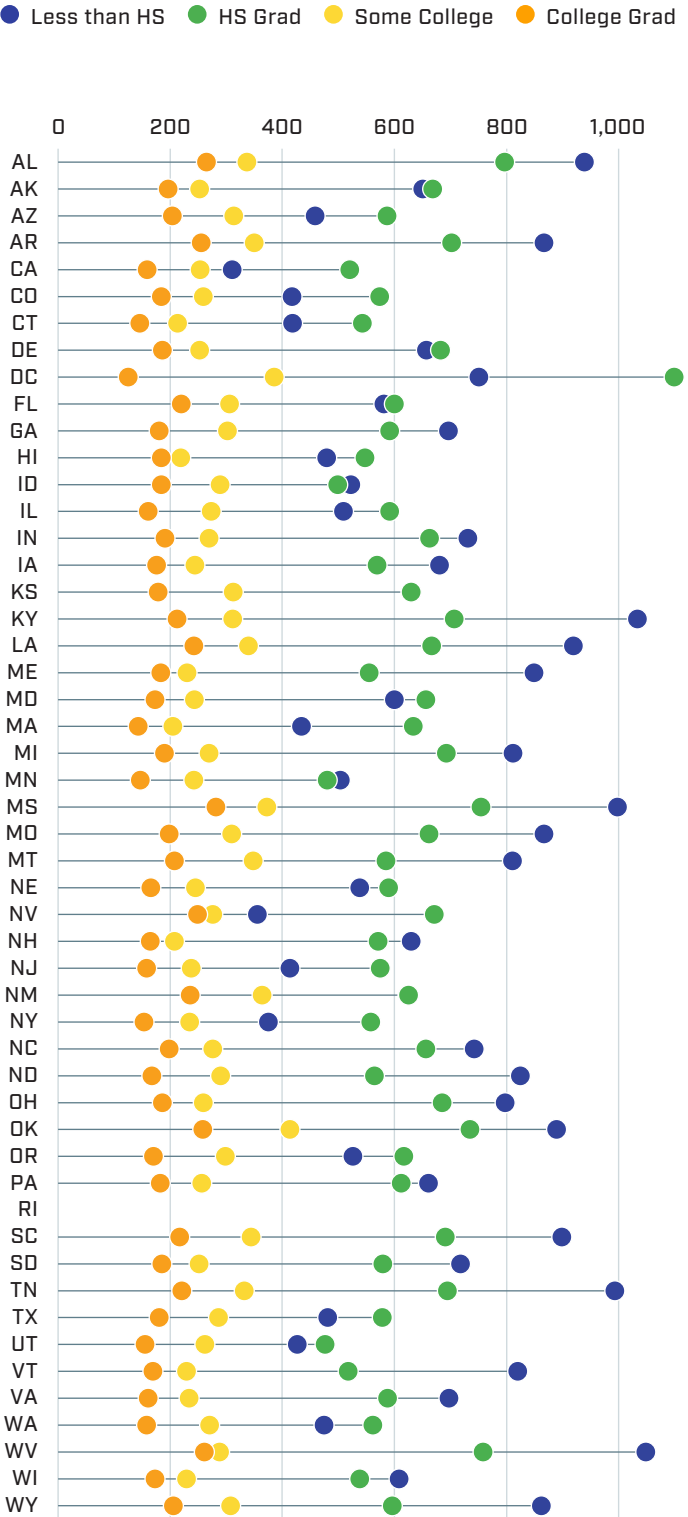
State Progress Toward HOPE Goals\*

PREMATURE MORTALITY RATE PER 100,000 POPULATION

By Race and Ethnicity



By Education



\* HOPE Goals not displayed due to two age-specific goals for premature mortality.

For rates, see Appendix.

Data for RI not reported.

# Infant Mortality

Infant mortality rate is measured as the annual number of infants who die before their first birthday per 1,000 live births.

Source: 2006–2010 National Vital Statistics System, Centers for Disease Control and Prevention

## NATIONAL RATE

6.4

infant deaths per  
1,000 live births

## HOPE GOAL

2.4

infant deaths per  
1,000 live births

## DISTANCE TO GOAL

17,000

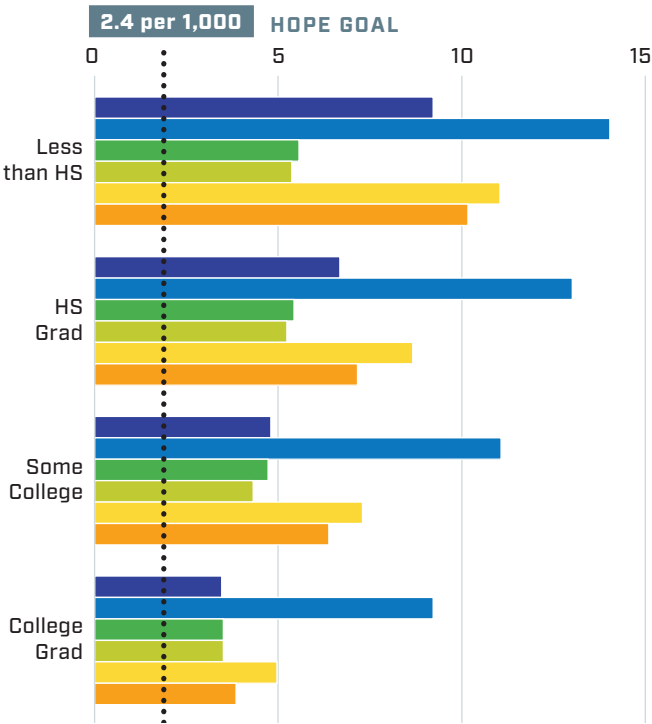
more infants surviving to their  
first birthday per year in the  
U.S. to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

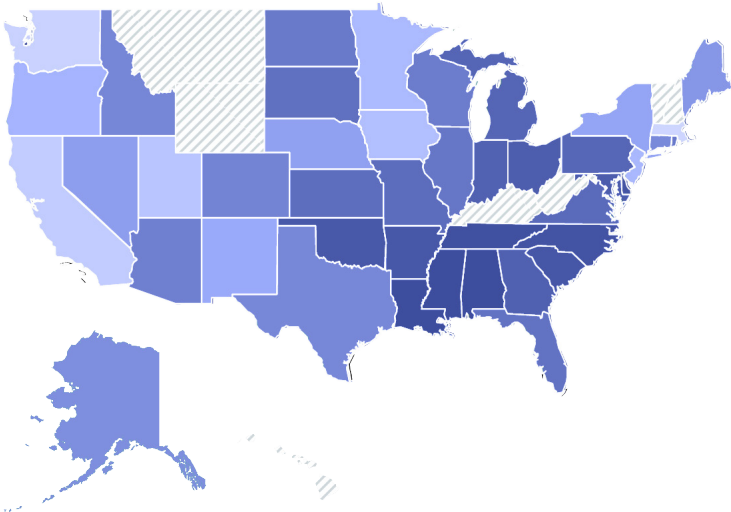
#### By Race, Ethnicity, and Education

- White
- Black
- Hispanic
- Asian/PI
- AI/AN
- Multiracial



#### By State and Region

Farthest from HOPE Goal    9.9    4.8    Closest to HOPE Goal



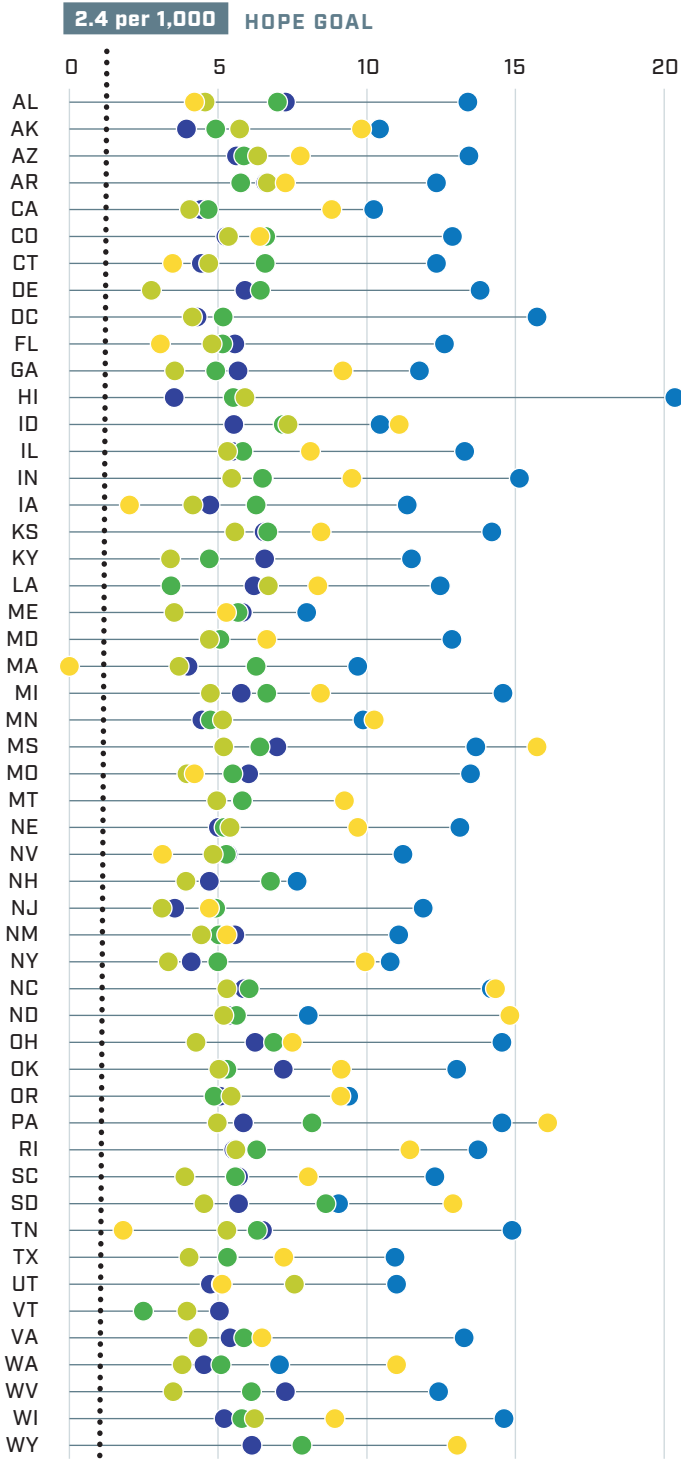
Data for NH, VT, HI, MT, KY, WY, WV, DE, and DC not reported.

State Progress Toward HOPE Goal

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

By Race and Ethnicity

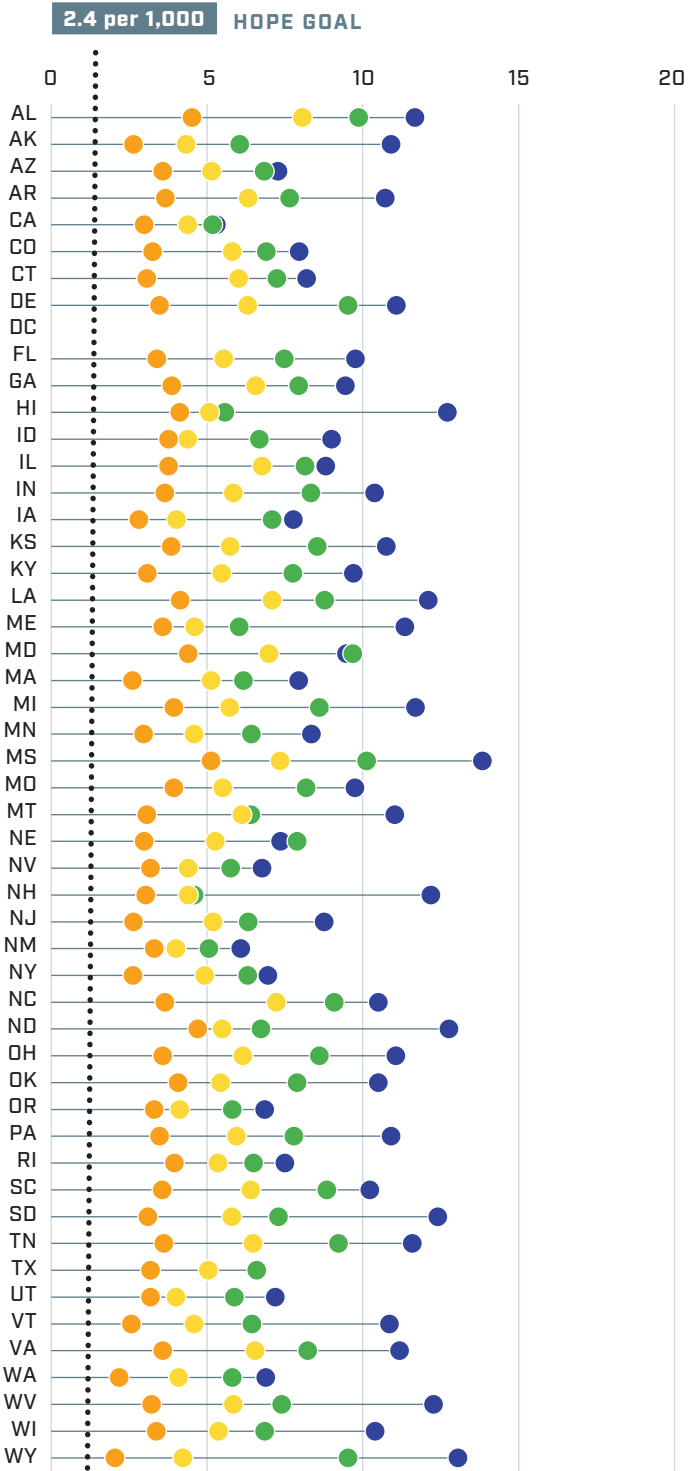
White Black Hispanic Asian/PI AI/AN



Data for Multiracial group not reported. Data for additional race and ethnic groups in NH, VT, HI, MT, KY, WY, WV, DE, and DC not reported.

By Education

Less than HS HS Grad Some College College Grad



Data for DC not reported.

# Low Birth Weight

Low birth weight is measured as the annual portion of infants weighing less than 2,500 grams at birth.

Source: 2006-2010 National Vital Statistics System, Centers for Disease Control and Prevention

## NATIONAL RATE

8%

of infants are born with low birth weight

## HOPE GOAL

5%

of infants born with low birth weight

## DISTANCE TO GOAL

123,000

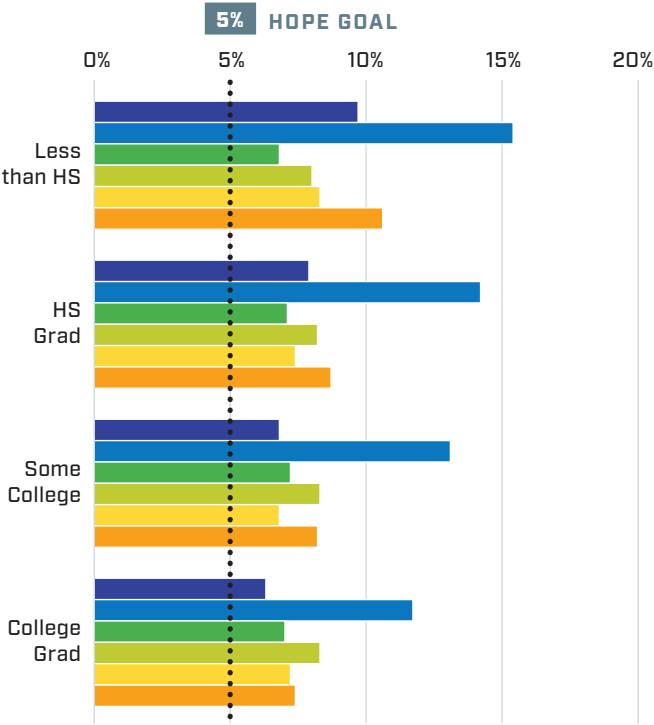
more low-weight births would need to be avoided per year in the U.S. to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH LOW BIRTH WEIGHT

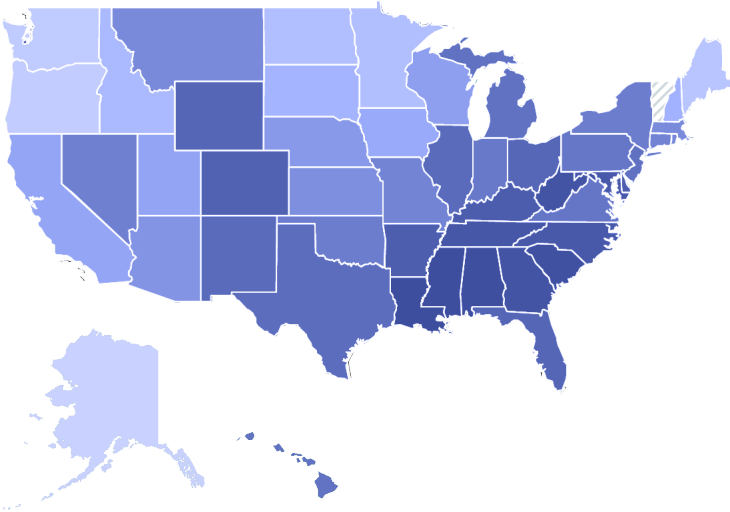
#### By Race, Ethnicity, and Education

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 12% Closest to HOPE Goal 6%



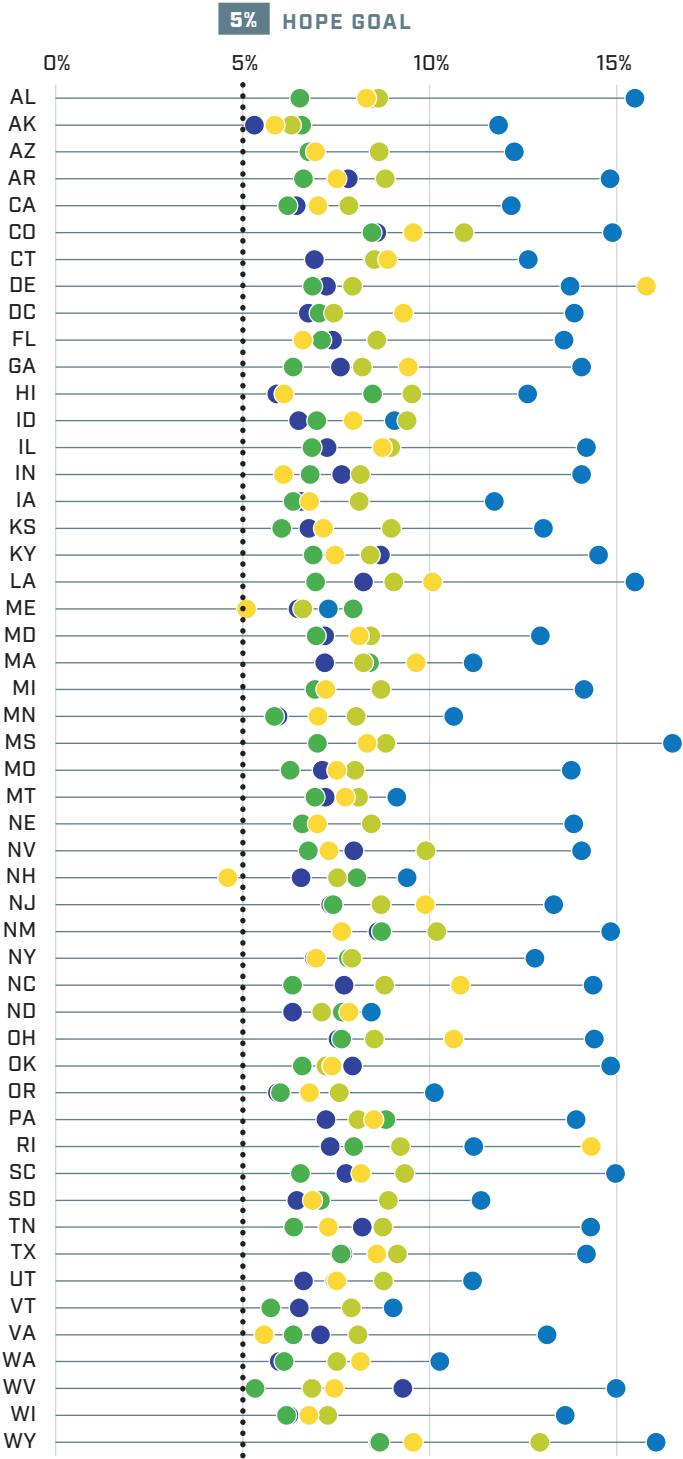
Data for VT not reported.

State Progress Toward HOPE Goal

PERCENT WITH LOW BIRTH WEIGHT

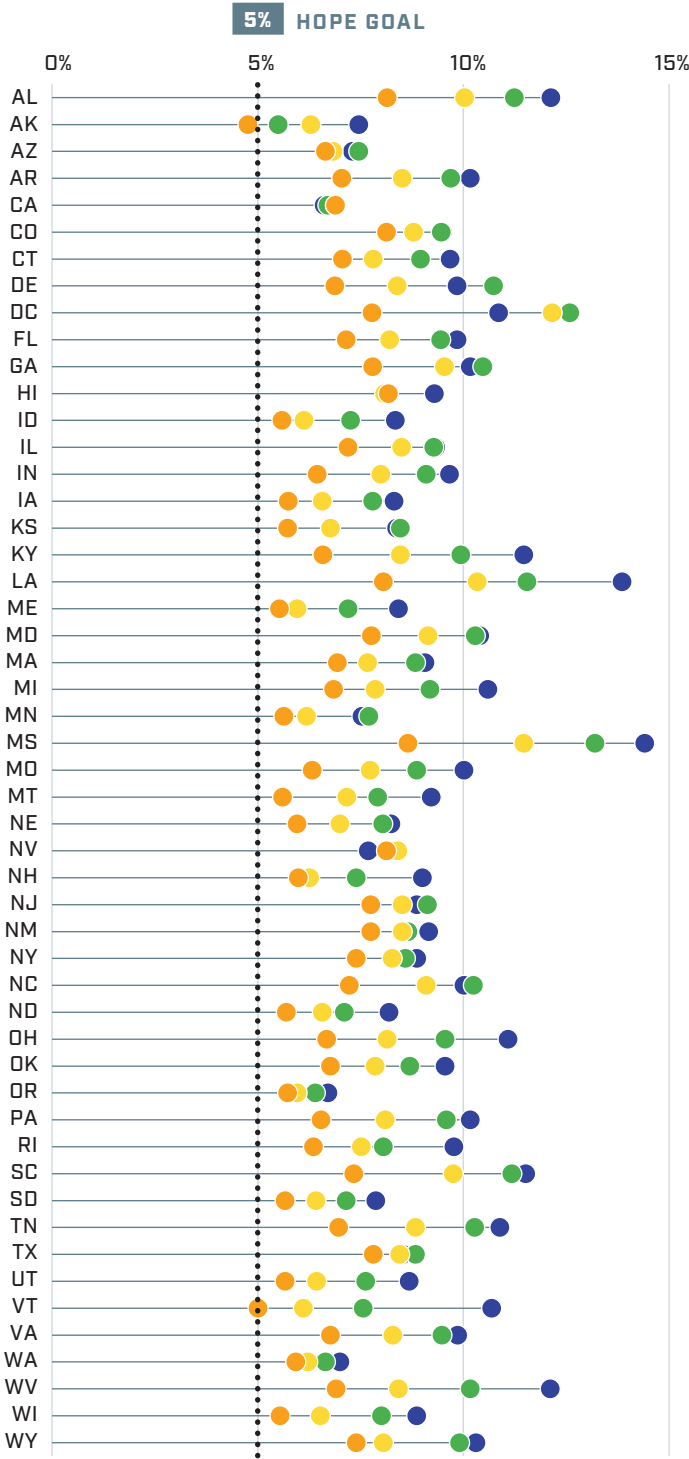
By Race and Ethnicity

White Black Hispanic Asian/PI AI/AN



By Education

Less than HS HS Grad Some College College Grad



Data for Multiracial group not reported. Data for AI/ANs in VT not reported.

For rates, see Appendix.

# Socioeconomic Factors

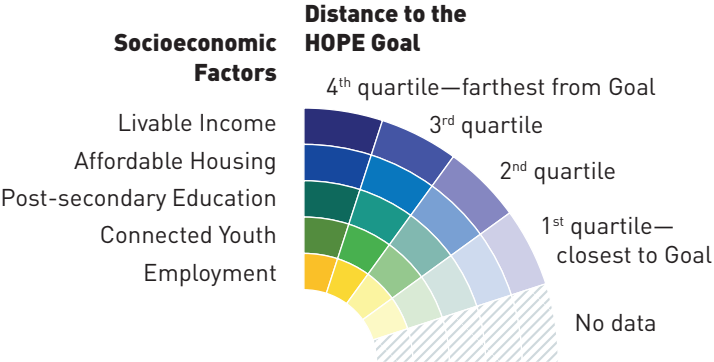
HOPE includes six socioeconomic indicators reflecting systemic factors that promote or constrain opportunities to enjoy good health. These indicators broadly measure financial, educational, and occupational conditions influencing the health and social mobility people can achieve.

INDICATOR	DISTANCE TO HOPE GOAL	GROUPS USED TO SET HOPE GOAL
<b>Livable Income</b> Portion of people living in households with income greater than 250% FPL	<p>NATIONAL RATE 62% HOPE GOAL 89%</p>	College graduates in MD, CT, AK, NJ, and VA
<b>Affordable Housing</b> Portion of households spending no more than 30% of monthly household income on housing and related expenses	<p>NATIONAL RATE 67% HOPE GOAL 87%</p>	College graduates in WV, SD, ND, IA, and AR
<b>Post-secondary Education</b> Portion of adults with at least some college education after graduating from high school	<p>NATIONAL RATE 59% HOPE GOAL 83%</p>	People with income 400% FPL or greater in DC, CO, CA, OR, and WA
<b>Connected Youth</b> Portion of young people age 16-24 enrolled in school or working, including military enlistment	<p>NATIONAL RATE 94% HOPE GOAL 100%</p>	Asian/Pis in five states have attained 100% connected youth rate. Data not available by income or education.
<b>Preschool Enrollment</b> Portion of children age 3-4 enrolled in preschool	<p>NATIONAL RATE 47% HOPE GOAL 76%</p>	Households with income 400% FPL or greater in DC, CT, NJ, MA, and NY
<b>Employment</b> Portion of people in the labor force who are employed	<p>NATIONAL RATE 91% HOPE GOAL 98%</p>	People with income 400% FPL or greater in ND, SD, NE, IA, and MT

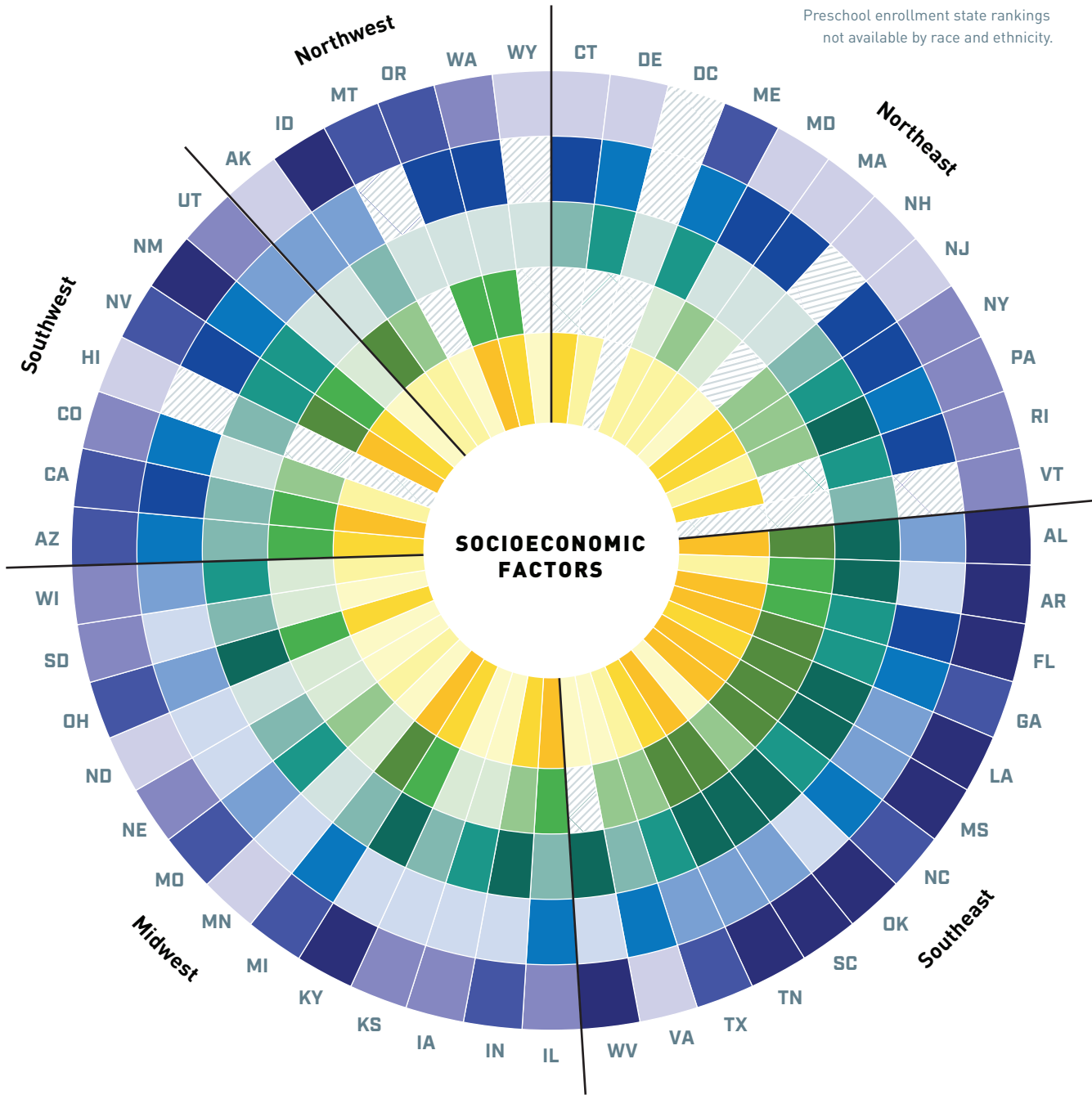
# State Rankings: Distance to Goal

For each socioeconomic indicator, states are ranked according to their distance to the HOPE Goal by race and ethnicity. States ranked in the 1<sup>st</sup> quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

## HOW TO READ THIS CHART



Preschool enrollment state rankings not available by race and ethnicity.



For state rankings, see Appendix.

# Livable Income

The portion of people living in households with income greater than 250% FPL is used as a proxy to define livable income, or the minimum income needed to afford a decent standard of living.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

62%

of people live in households with livable income

## HOPE GOAL

89%

of people live in households with livable income

## DISTANCE TO GOAL

55 million

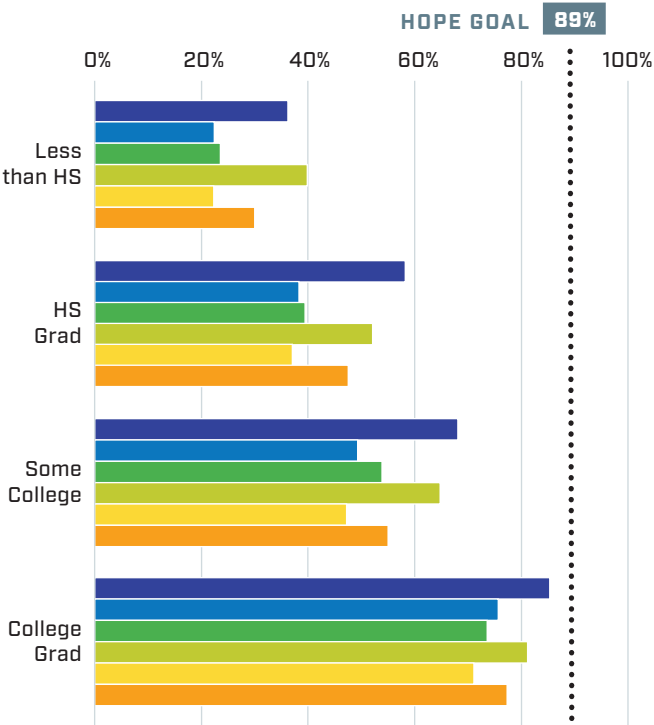
more people in the U.S. would need to live in households with livable incomes to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH LIVABLE INCOME

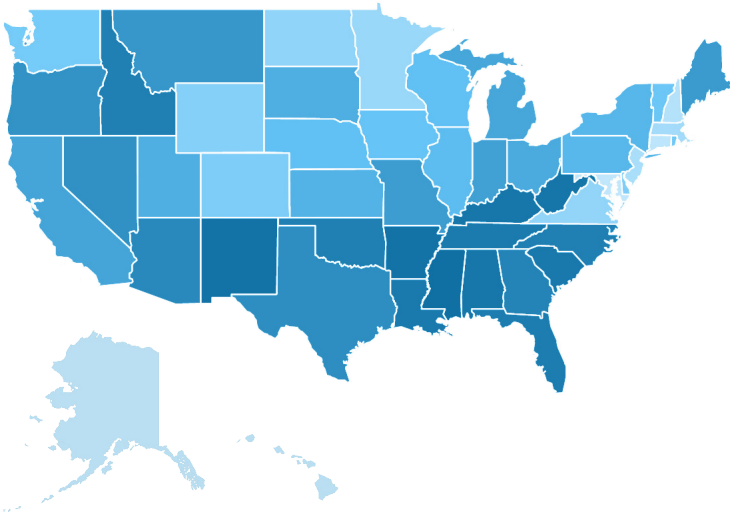
#### By Race, Ethnicity, and Education

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 50% Closest to HOPE Goal 73%



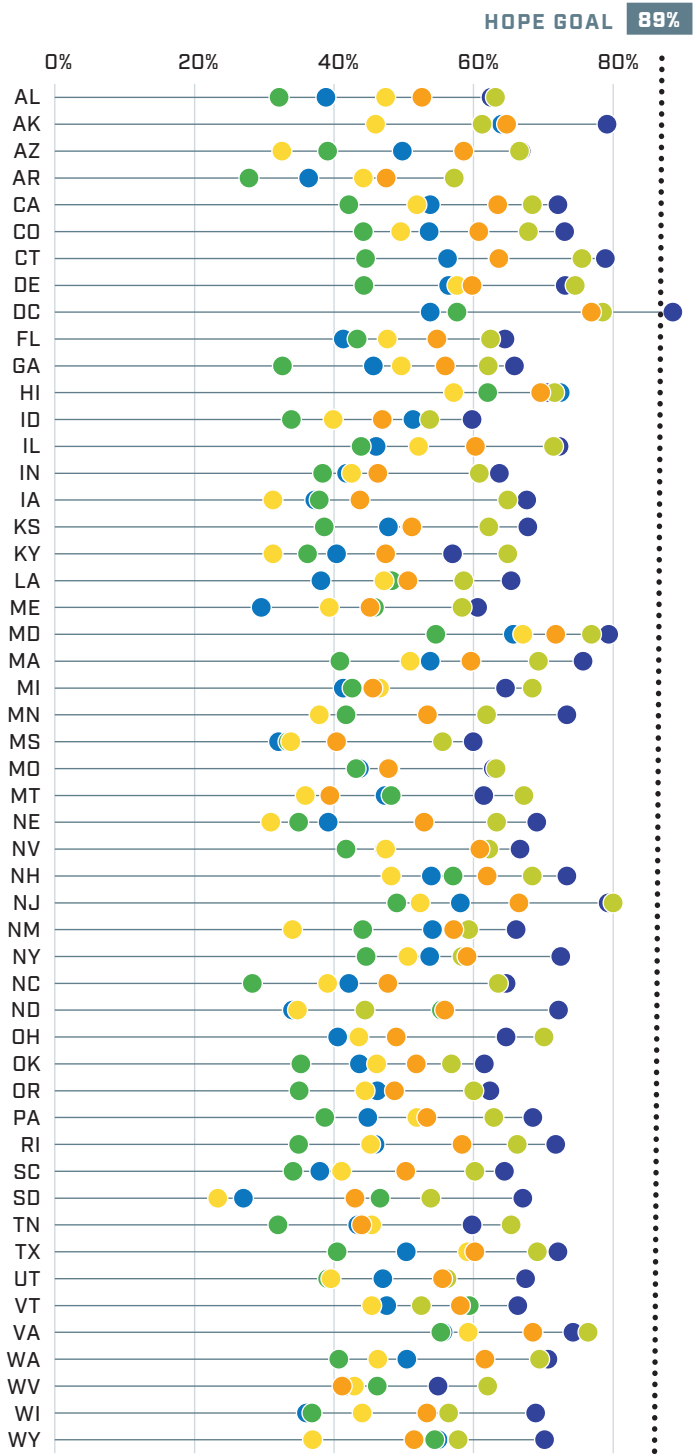
Data for DC not reported.

# State Progress Toward HOPE Goal

## PERCENT WITH LIVABLE INCOME

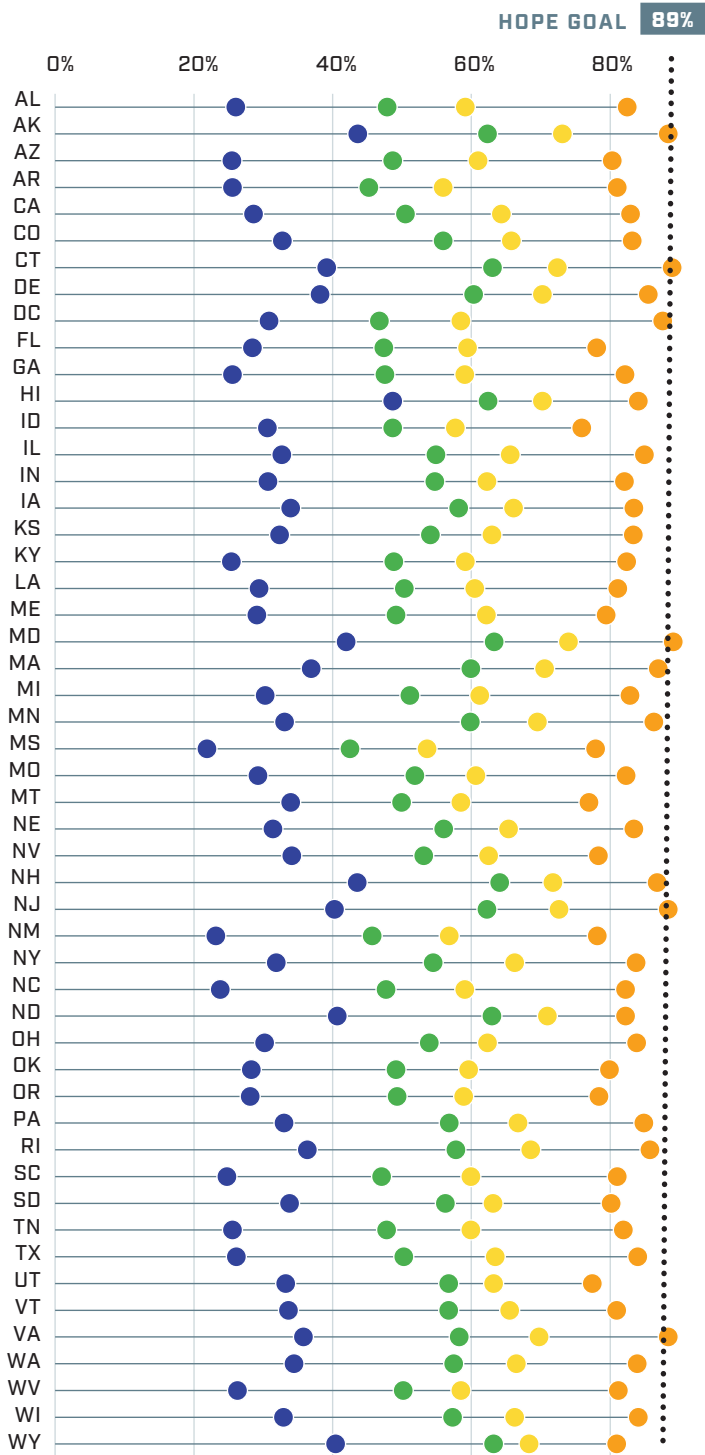
### By Race and Ethnicity

- White
- Black
- Hispanic
- Asian/PI
- AI/AN
- Multiracial



### By Education

- Less than HS
- HS Grad
- Some College
- College Grad



Data for AI/ANs in DC not reported.

For rates, see Appendix.

# Affordable Housing

The portion of households spending no more than 30% of monthly household income on housing and related expenses is said to have affordable housing.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

67%

of households with affordable housing

## HOPE GOAL

87%

of households with affordable housing

## DISTANCE TO GOAL

22 million

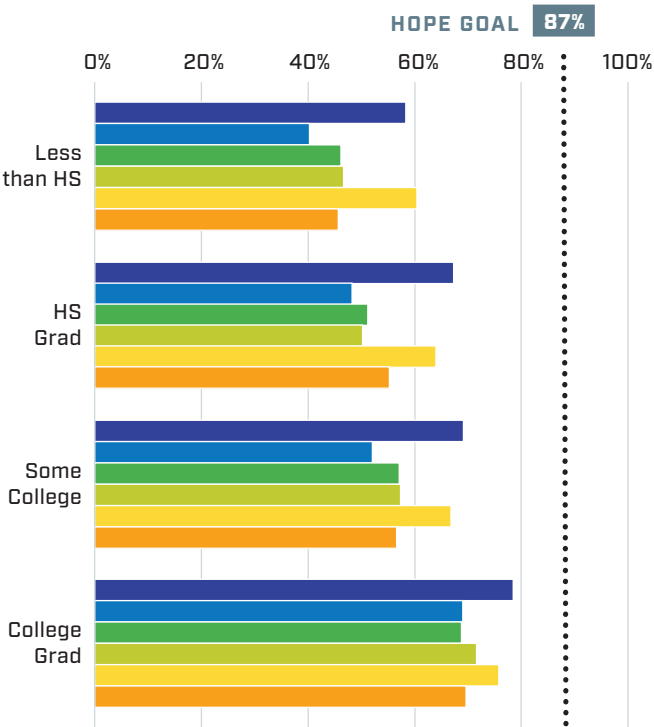
more households in the U.S. would need affordable housing to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH AFFORDABLE HOUSING

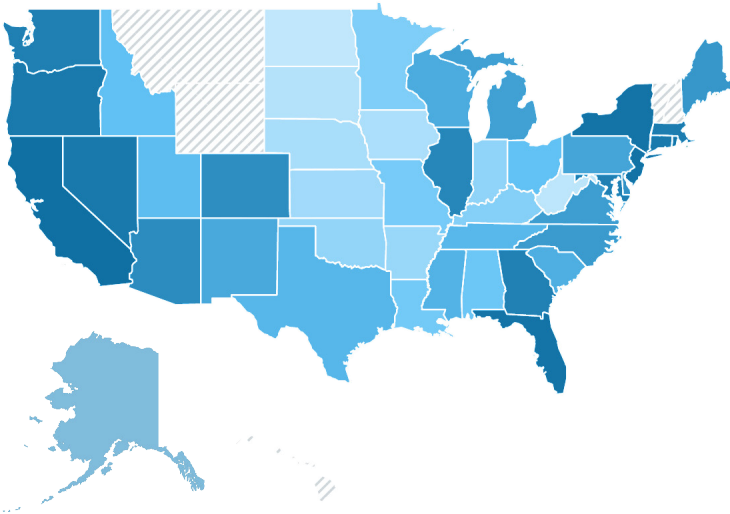
#### By Race, Ethnicity, and Education

White Black Hispanic Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 56% Closest to HOPE Goal 81%



Data for DC, HI, MT, NH, VT, and WY not reported.

# State Progress Toward HOPE Goal

## PERCENT WITH AFFORDABLE HOUSING

### By Race and Ethnicity

- White

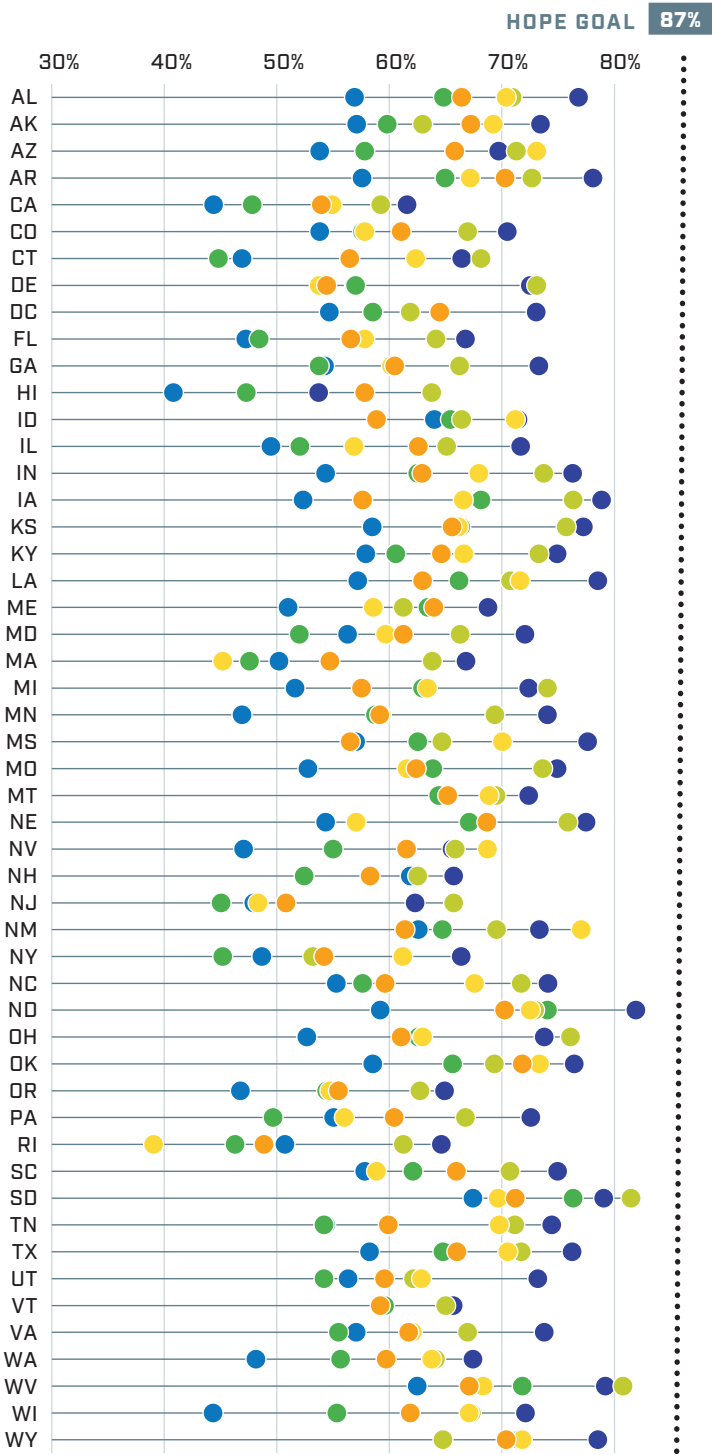
Black

Hispanic

Asian/PI

AI/AN

Multiracial



Data for some race and ethnic groups in DC, HI, MT, NH, VT, and WY not reported.

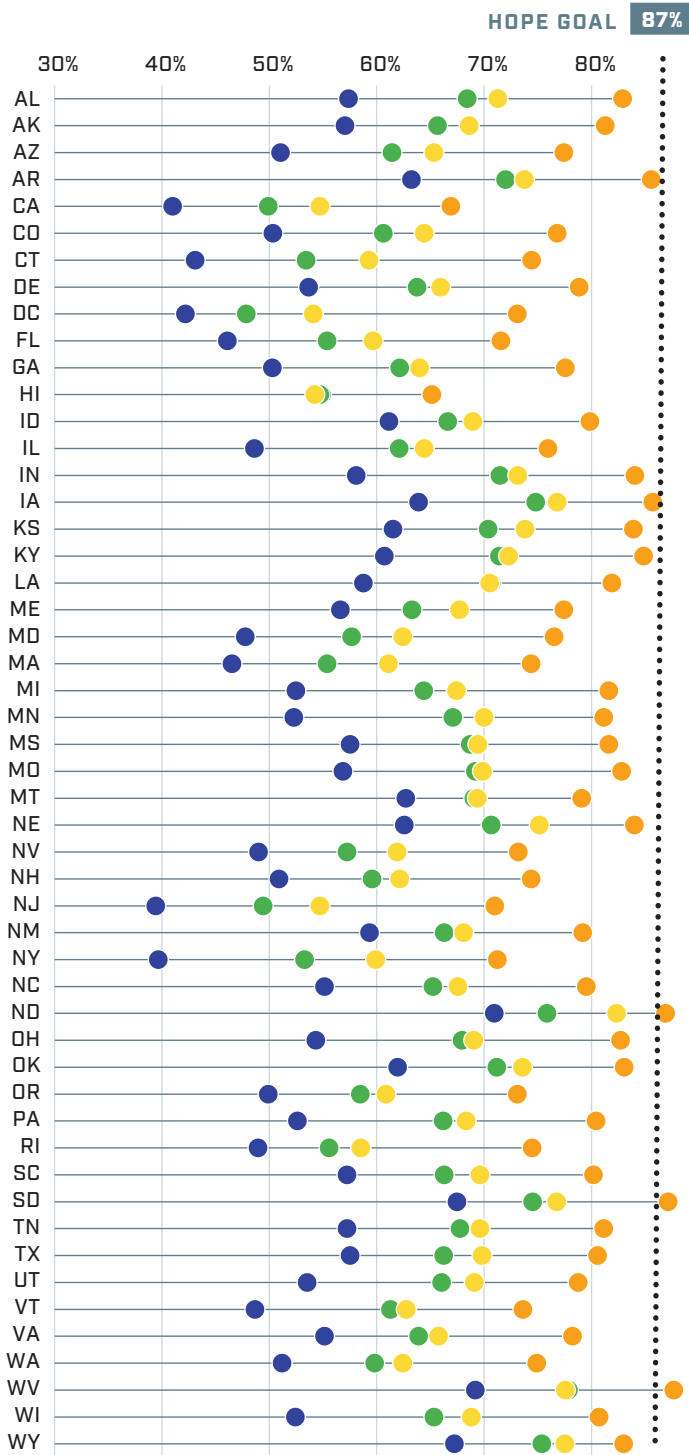
### By Education

- Less than HS

HS Grad

Some College

College Grad



For rates, see Appendix.

# Post-secondary Education

Post-secondary education is measured as the portion of adults age 25 and older who have attained at least some college education after graduating from high school.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

59%

of adults with  
post-secondary education

## HOPE GOAL

83%

of adults with  
post-secondary education

## DISTANCE TO GOAL

49 million

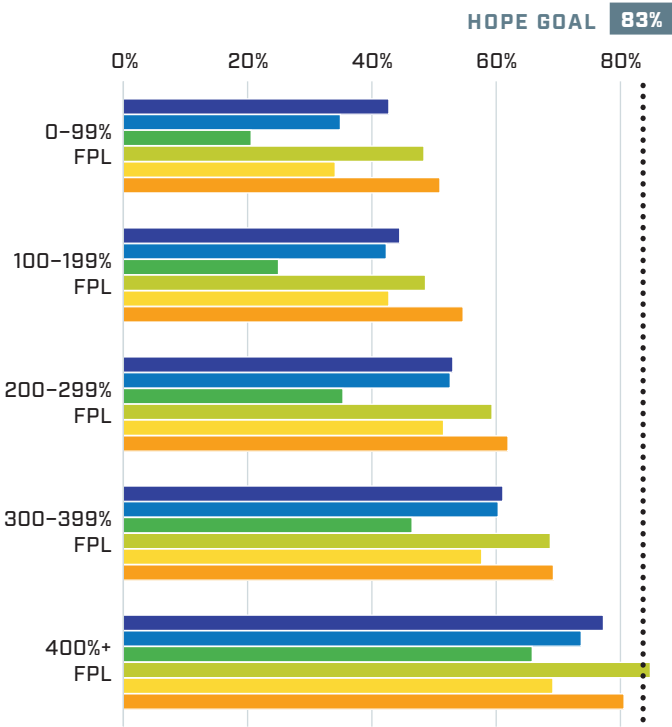
more U.S. adults would need  
to attain post-secondary education  
to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH POST-SECONDARY EDUCATION

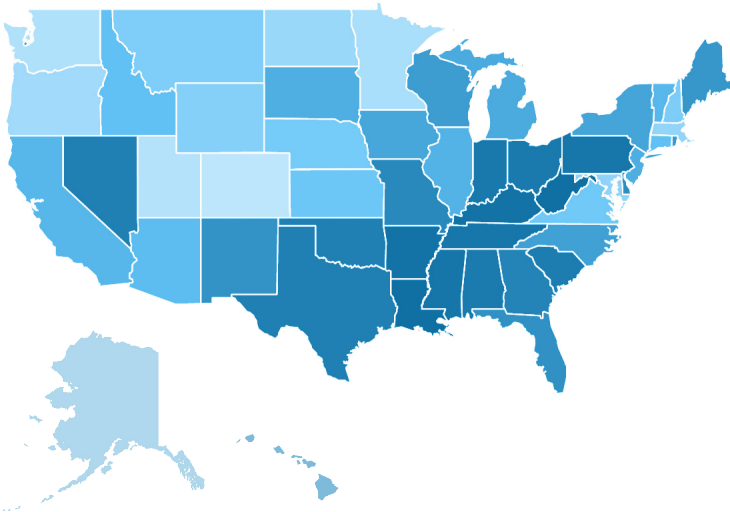
#### By Race, Ethnicity, and Income

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 43% Closest to HOPE Goal 70%



State Progress Toward HOPE Goal

PERCENT WITH POST-SECONDARY EDUCATION

By Race and Ethnicity

- White

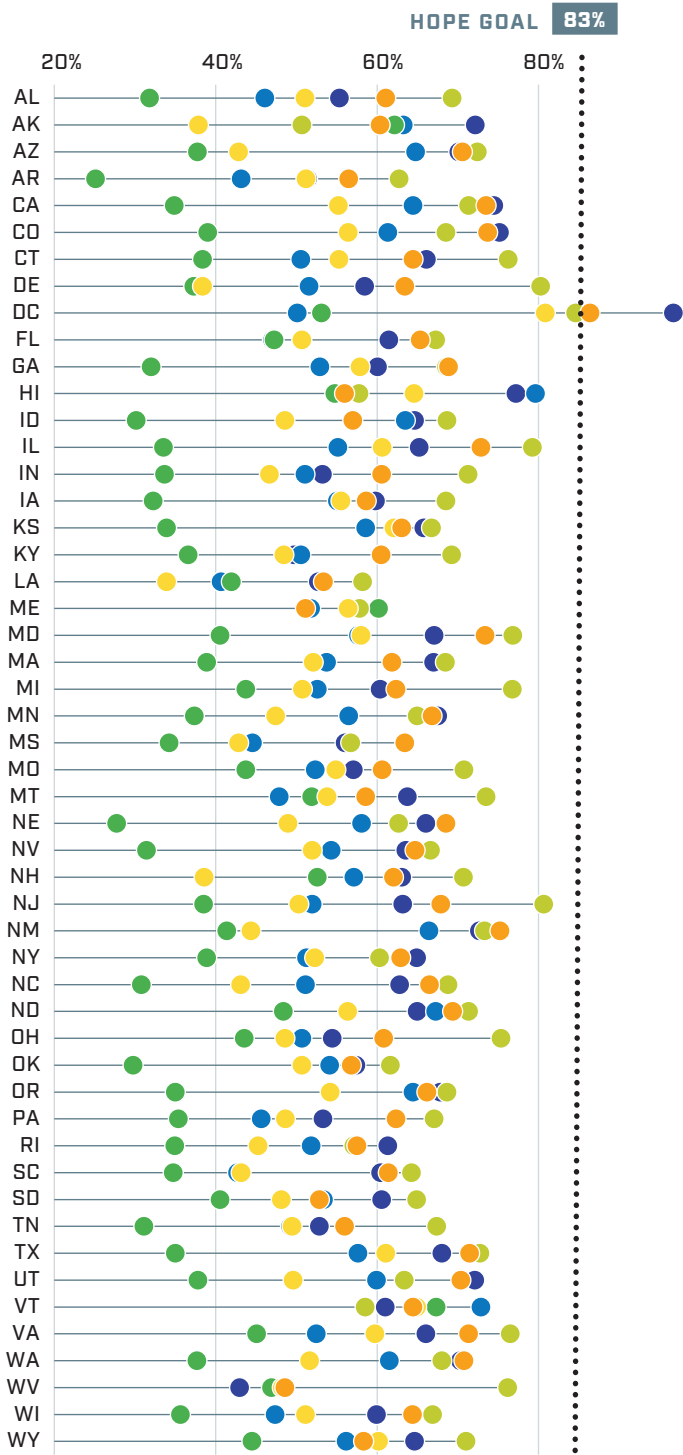
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

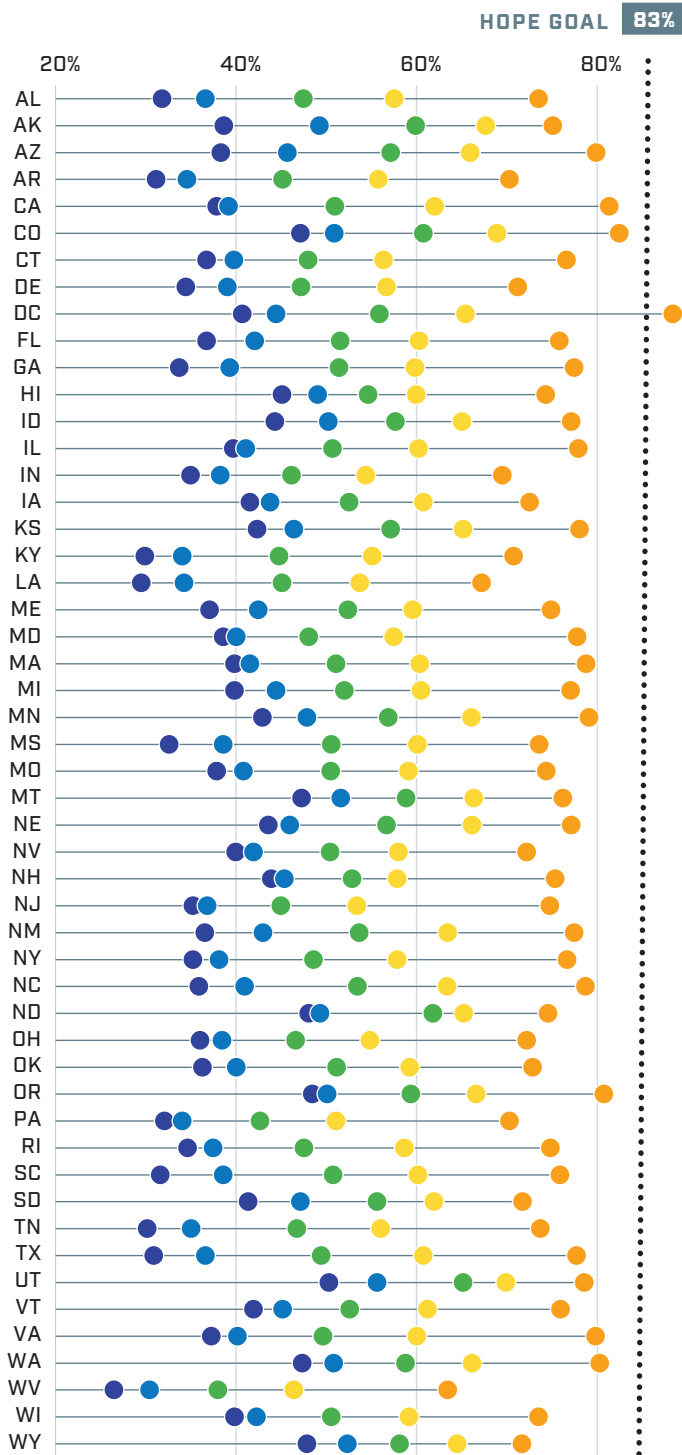
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



For rates, see Appendix.

## Connected Youth

Connected youth is measured as the portion of young people age 16-24 who are either enrolled in school or working, including military enlistment.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

### NATIONAL RATE

94%

of young people are in school or working

### HOPE GOAL

100%

of young people are in school or working

### DISTANCE TO GOAL

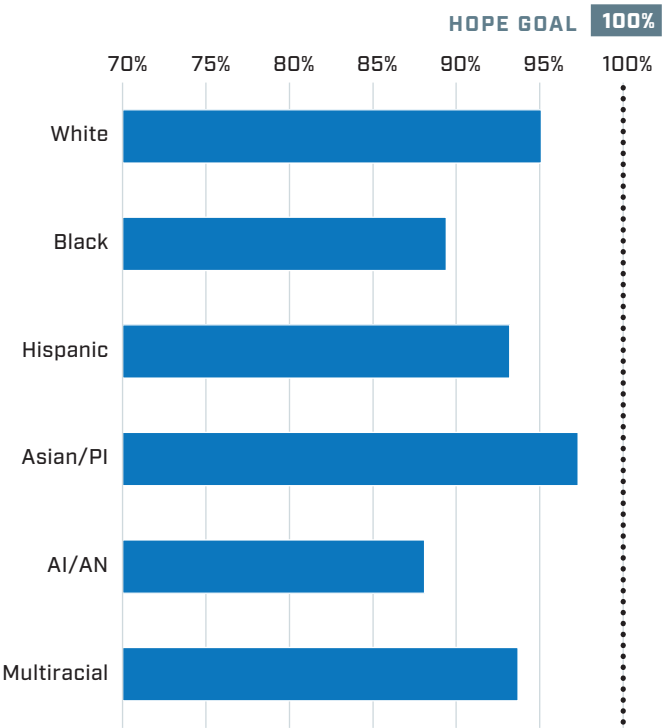
2 million

more young people in the U.S. would need to obtain jobs or enroll in school to achieve the HOPE Goal

## National Progress Toward HOPE Goal

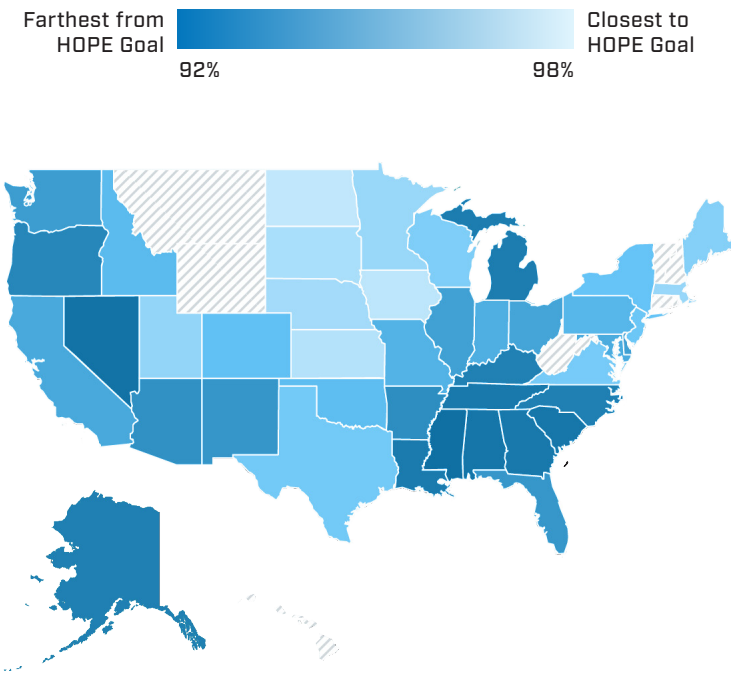
### PERCENT CONNECTED YOUTH

By Race and Ethnicity\*



\* Data not reported by income or education.

By State and Region

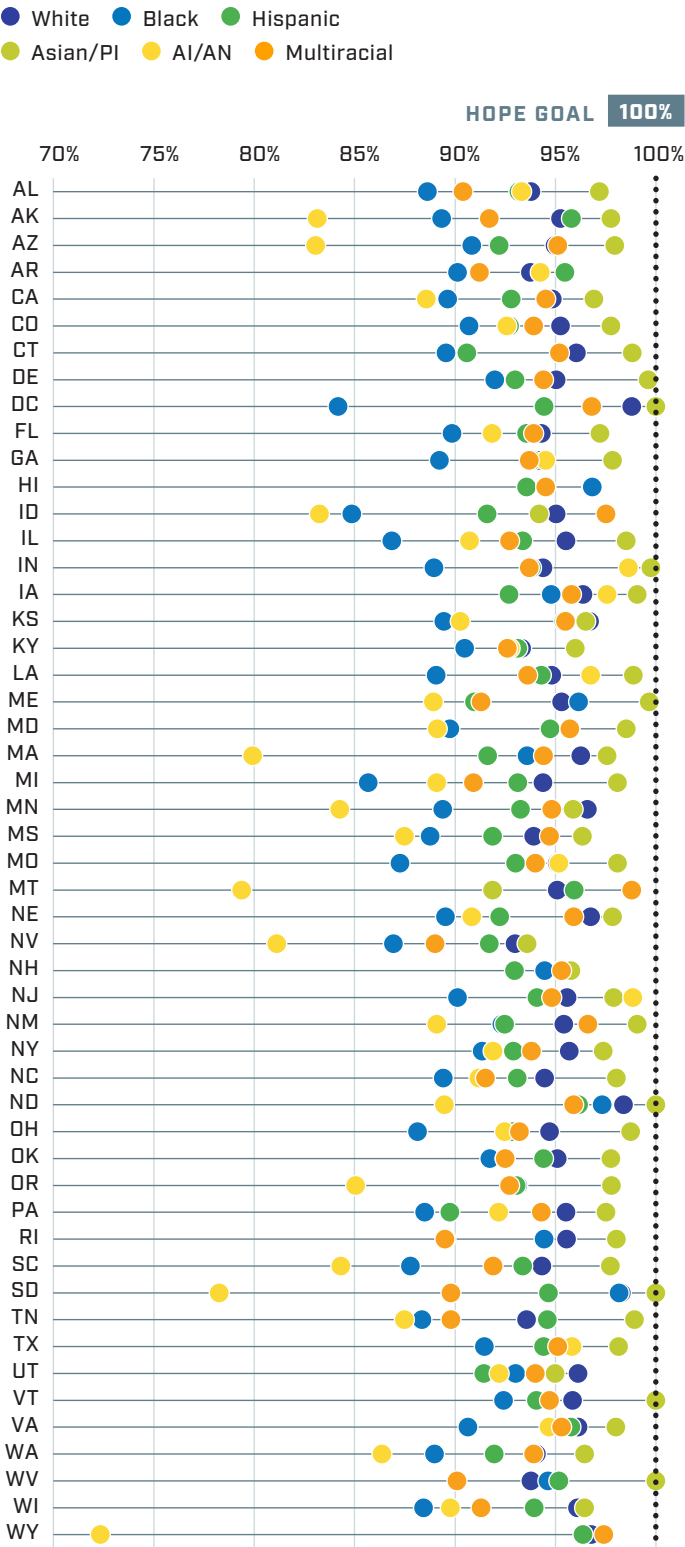


Data for CT, DE, DC, HI, MT, NH, RI, VT, WV, and WY not reported.

# State Progress Toward HOPE Goal

## PERCENT CONNECTED YOUTH

By Race and Ethnicity



Data not reported by income or education.

Data for some race and ethnic groups in CT, DE, DC, HI, MT, NH, RI, VT, WV, and WY not reported.

For rates, see Appendix.

# Preschool Enrollment

Preschool enrollment is measured as the portion of children age 3-4 enrolled in preschool.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

47%

of 3-4 year olds enrolled in preschool

## HOPE GOAL

76%

of 3-4 year olds enrolled in preschool

## DISTANCE TO GOAL

2 million

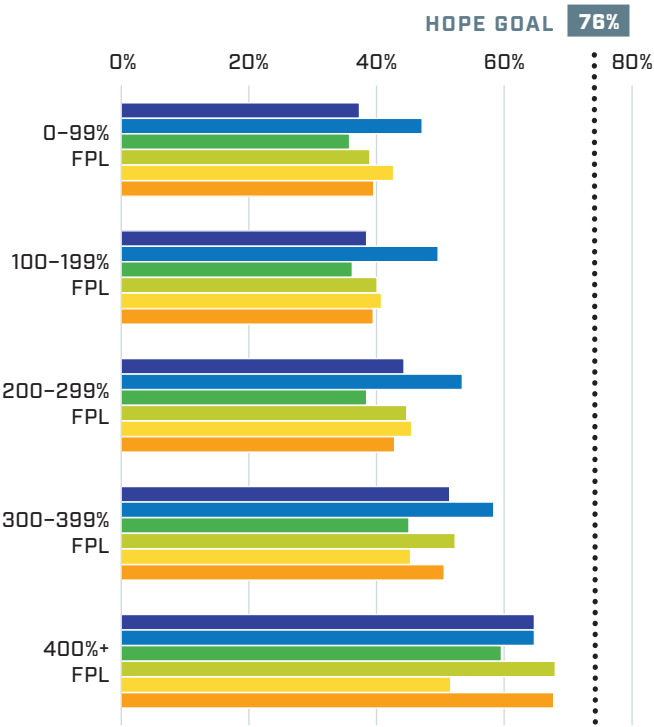
more 3-4 year olds in the U.S. would need to be enrolled in preschool to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT ENROLLED IN PRESCHOOL

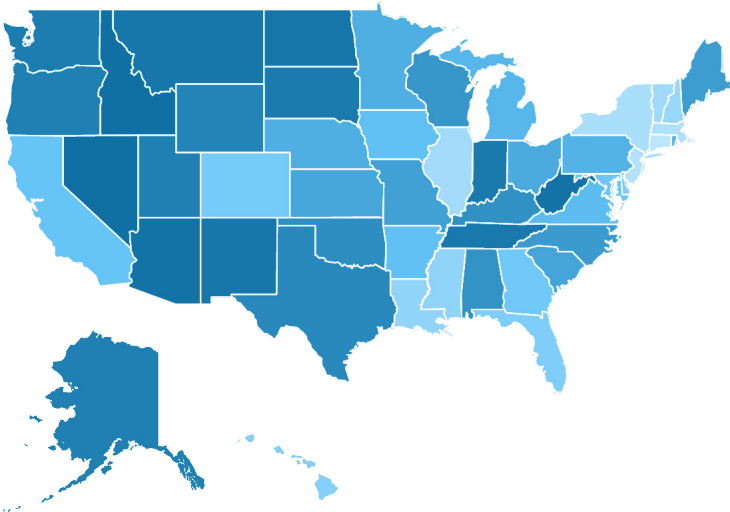
By Race, Ethnicity, and Income

White Black Hispanic  
Asian/PI AI/AN Multiracial



By State and Region

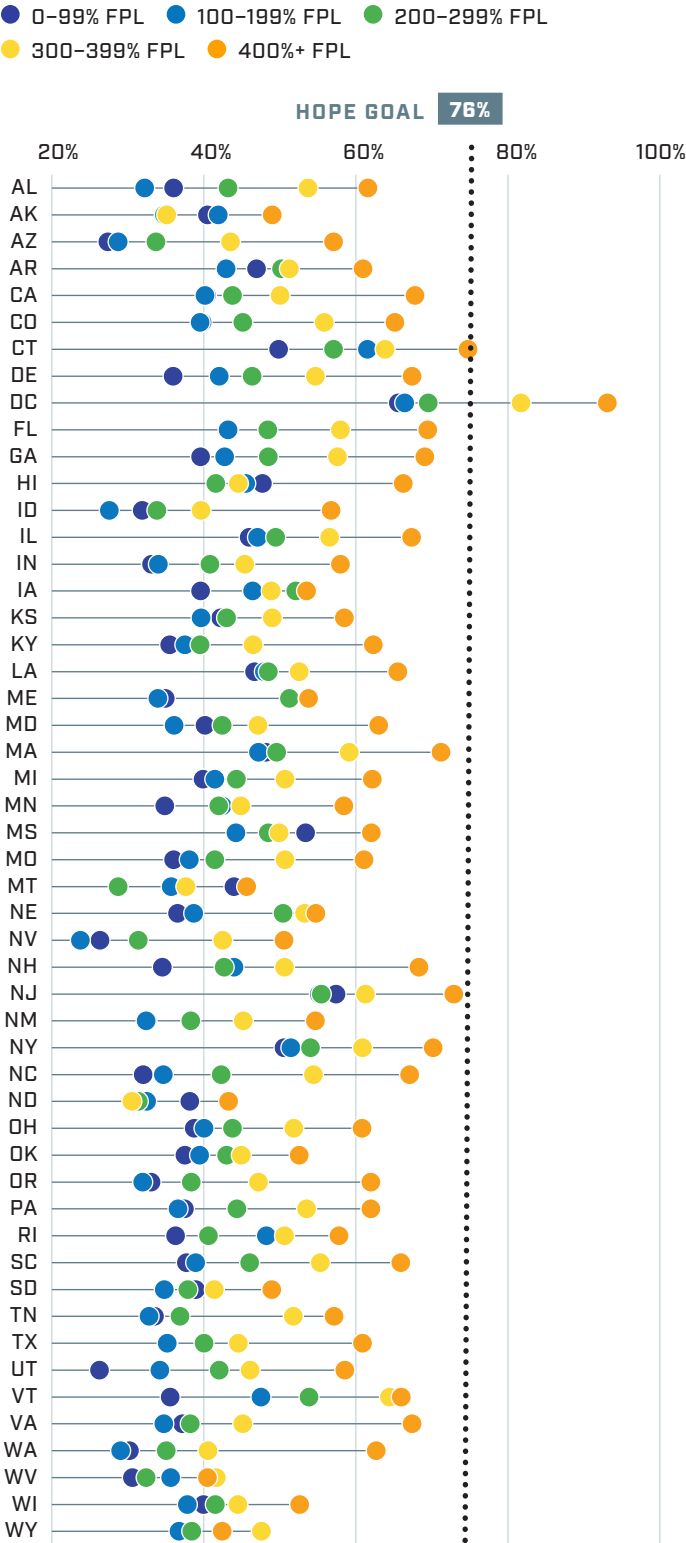
Farthest from HOPE Goal 33% Closest to HOPE Goal 77%



# State Progress Toward HOPE Goal

## PERCENT ENROLLED IN PRESCHOOL

By Income



Data not reported by race and ethnicity.

# Employment

Employment is measured as the portion of people age 16 years and older in the U.S. labor force who are employed.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

91%

of people in the labor force are employed

## HOPE GOAL

98%

of people in the labor force are employed

## DISTANCE TO GOAL

10 million

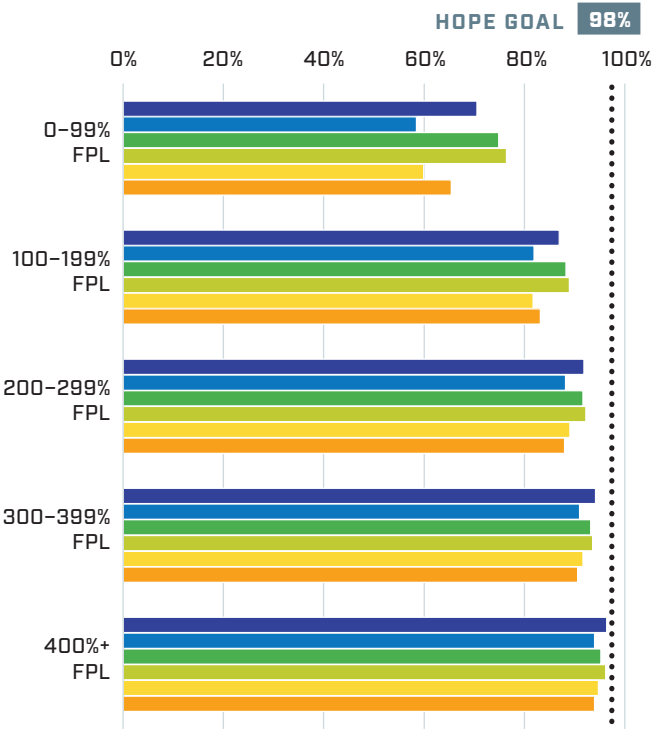
more people in the U.S. labor force would need to be employed to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT EMPLOYED

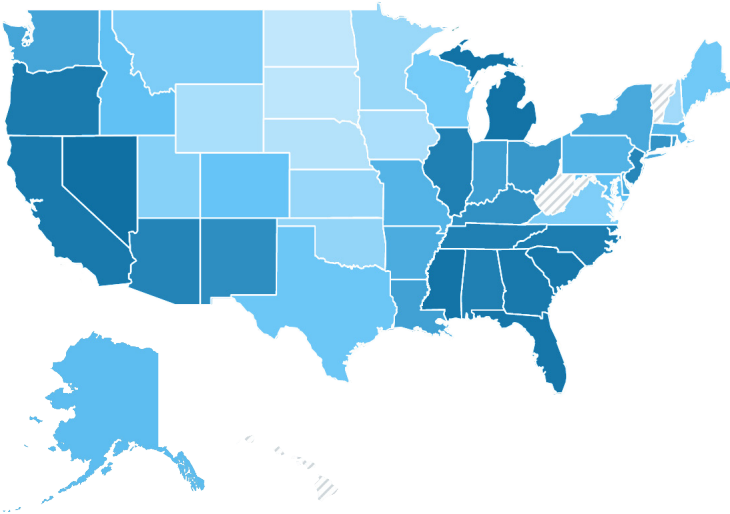
#### By Race, Ethnicity, and Income

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 88% Closest to HOPE Goal 97%



Data for DC, HI, VT, and WV not reported.

State Progress Toward HOPE Goal

PERCENT EMPLOYED

By Race and Ethnicity

- White

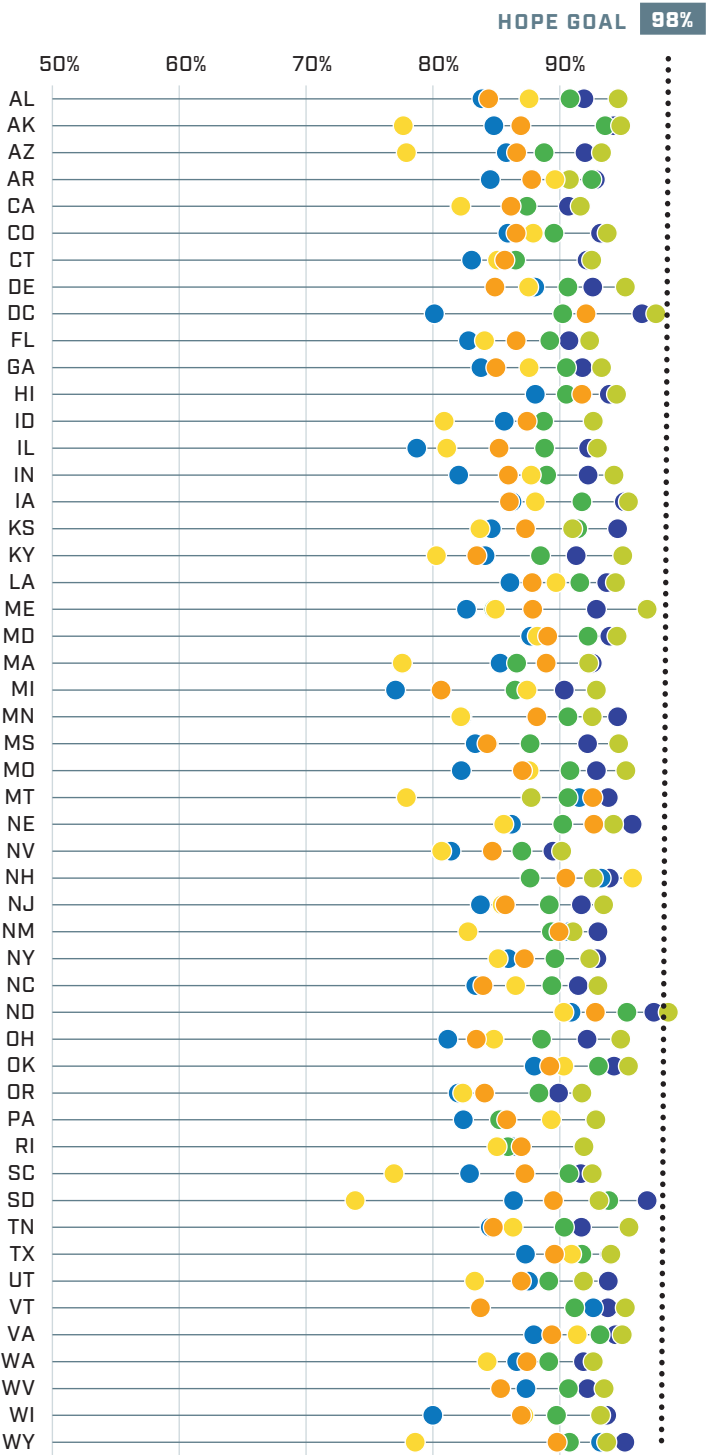
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



Data for AI/ANs in DC, HI, VT, and WV not reported.

For rates, see Appendix.

# Social Environment

HOPE includes five social environment indicators that capture elements of social surroundings that influence health, such as safety and concentrated neighborhood poverty. Differences in social conditions often reflect historical practices or policies that have benefited certain people over others or isolated populations in specific geographic areas. As a result, socially disadvantaged groups or residents of certain neighborhoods experience more limited health opportunity.

INDICATOR	DISTANCE TO HOPE GOAL	GROUPS USED TO SET HOPE GOAL
<b>Low Poverty Concentration</b> Portion of people in neighborhoods with less than 20% of residents living in poverty	<p>NATIONAL RATE 77%</p> <p>HOPE GOAL 100%</p>	Data not available by income or education. Goal set based on review of literature.
<b>Low Murder Rate</b> Portion of people living in counties with fewer than 5.1 murders per 100,000 population annually	<p>NATIONAL RATE 64%</p> <p>HOPE GOAL 100%</p>	All people in CT, HI, ME, NH, RI, and VT
<b>Low Assault Rate</b> Portion of people living in counties with fewer than 283 reported cases of aggravated assault per 100,000 population annually	<p>NATIONAL RATE 67%</p> <p>HOPE GOAL 100%</p>	All people in CT, HI, ID, ME, NH, ND, RI, UT, and VT
<b>Low Rape Rate</b> Portion of people living in counties with fewer than 36.9 reported cases of rape per 100,000 population annually	<p>NATIONAL RATE 78%</p> <p>HOPE GOAL 100%</p>	All people in CT, DC, NJ, NY, RI, and VT
<b>Low Robbery Rate</b> Portion of people living in counties with fewer than 52.1 reported cases of robbery per 100,000 population annually	<p>NATIONAL RATE 34%</p> <p>HOPE GOAL 100%</p>	All people in ID, MT, ND, VT, and WY

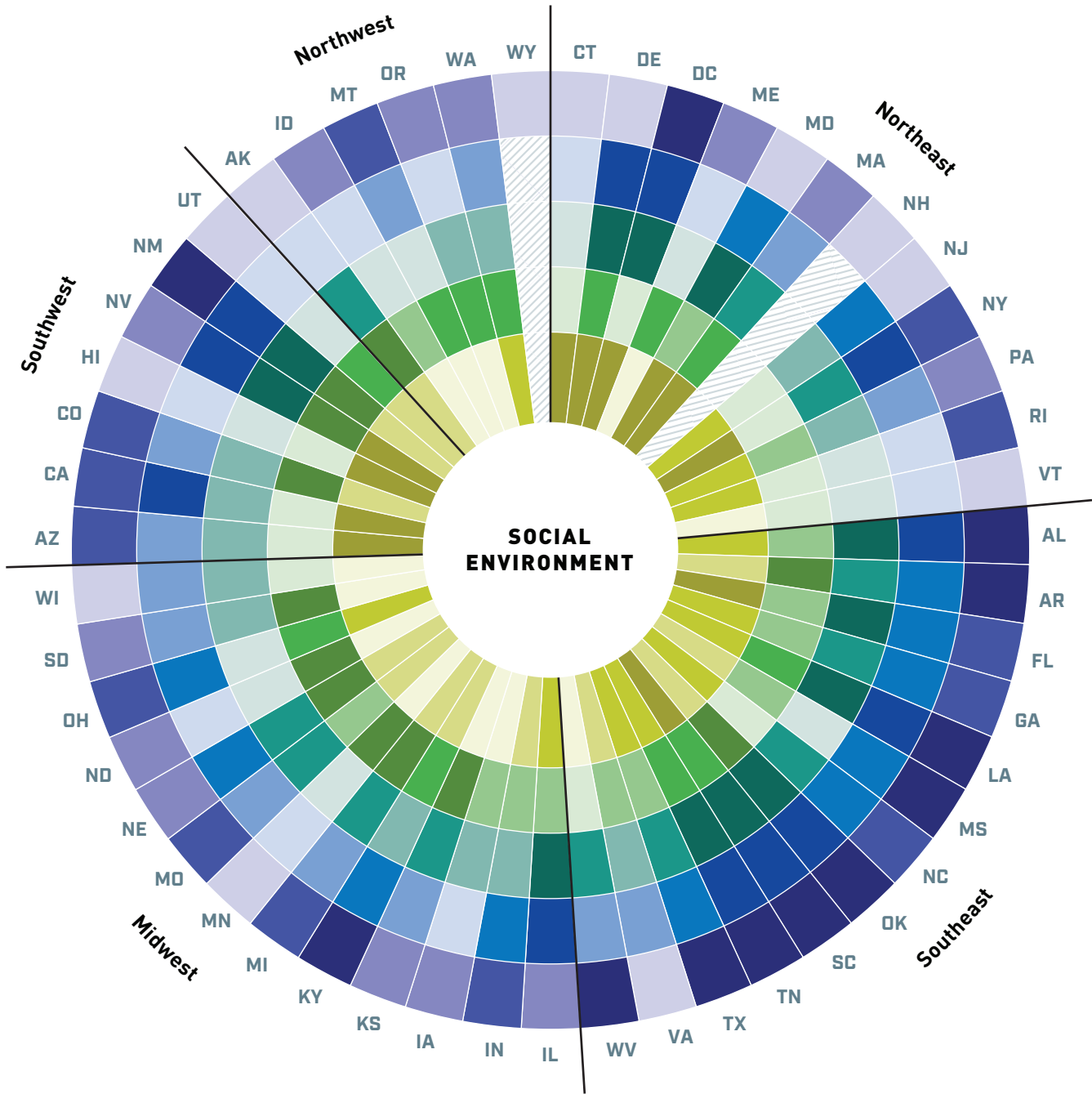
# State Rankings: Distance to Goal

For each social environment indicator, states are ranked according to their distance to the HOPE Goal by race and ethnicity. States ranked in the 1<sup>st</sup> quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

## HOW TO READ THIS CHART

**Social Environment Indicators**  
Low Poverty Concentration  
Low Murder Rate  
Low Assault Rate  
Low Rape Rate  
Low Robbery Rate

**Distance to the HOPE Goal**  
4<sup>th</sup> quartile—farthest from Goal  
3<sup>rd</sup> quartile  
2<sup>nd</sup> quartile  
1<sup>st</sup> quartile—closest to Goal  
No data



For state rankings, see Appendix.

# Low Poverty Concentration

Low poverty concentration is measured as the portion of people living in neighborhoods with less than 20% of residents living in poverty.

Source: 2010 Neighborhood Change Database, American Community Survey, U.S. Census Bureau

## NATIONAL RATE

77%

of people live in neighborhoods with low poverty concentration

## HOPE GOAL

100%

of people living in neighborhoods with low poverty concentration

## DISTANCE TO GOAL

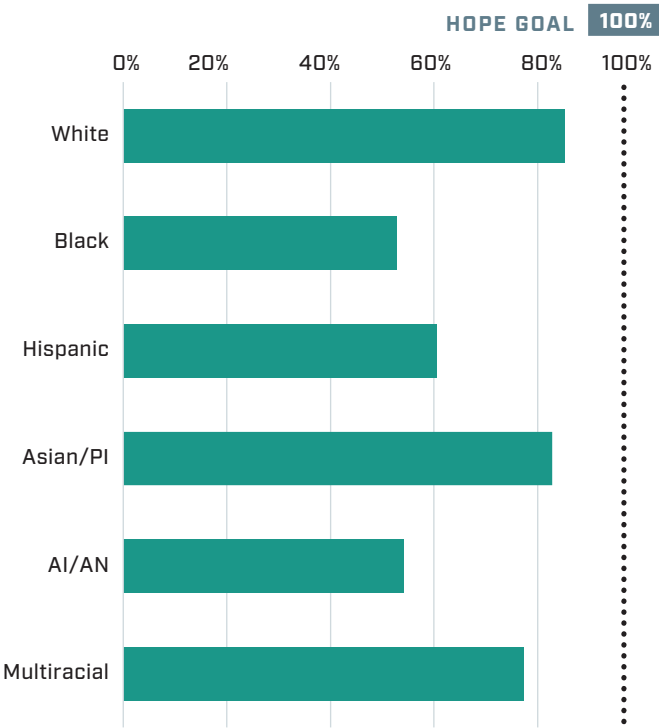
70 million

more people in the U.S. would need to live in neighborhoods with low poverty concentration to achieve the HOPE Goal

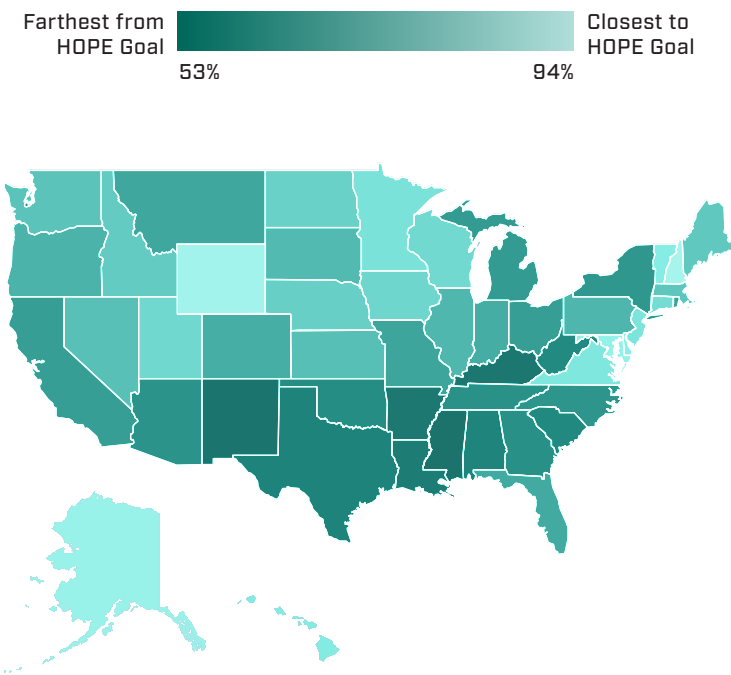
## National Progress Toward HOPE Goal

### PERCENT LIVING IN LOW POVERTY CONCENTRATION

#### By Race and Ethnicity\*



#### By State and Region

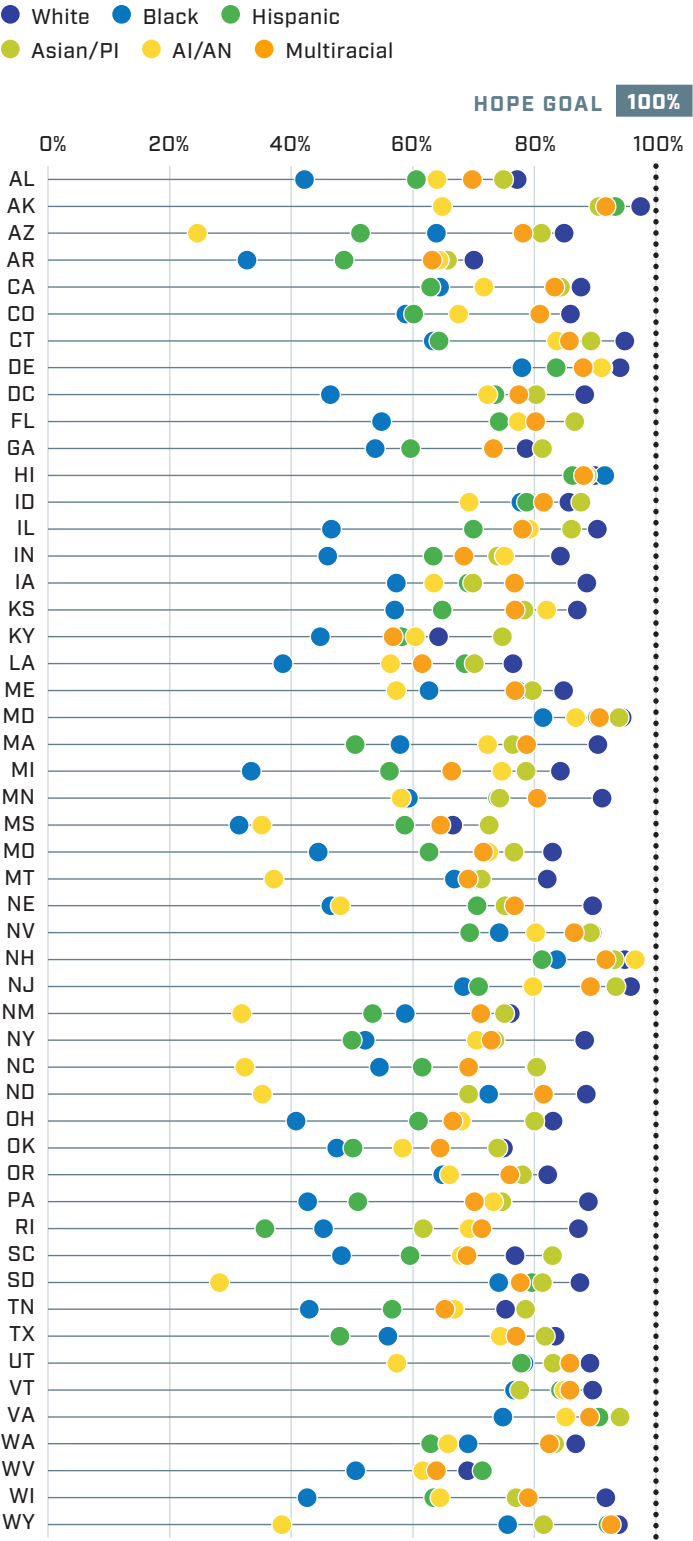


\* Data not reported by income or education.

State Progress Toward HOPE Goal

PERCENT LIVING IN LOW POVERTY CONCENTRATION

By Race and Ethnicity\*



Data not reported by income or education.

\* Estimates are based on census tract level population estimates by race and ethnicity and may be potentially unreliable for race and ethnic groups comprising extremely small portions of the total population.

For rates, see Appendix.

# Low Murder Rate

Counties with low murder rates are defined as those with fewer than 5.1 murders per 100,000 population annually.

Source: 2010-2012 Uniform Crime Reporting, Federal Bureau of Investigation

## NATIONAL RATE

64%

of people live in counties with low murder rates

## HOPE GOAL

100%

of people live in counties with low murder rates

## DISTANCE TO GOAL

114 million

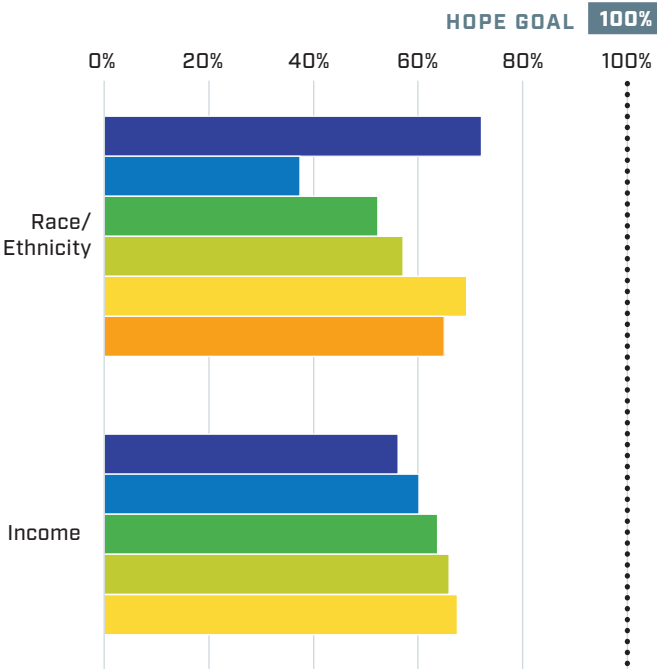
more people in the U.S. would need to live in counties with low murder rates to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH LOW MURDER RATES

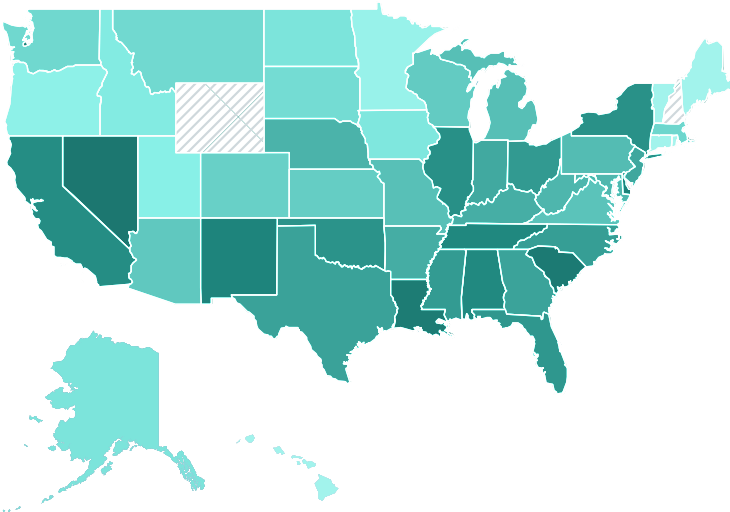
By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



By State and Region

Farthest from HOPE Goal 0% Closest to HOPE Goal 100%



Data for NH and WY not reported.

\* Combined rates by race, ethnicity, and income not reported.

State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH LOW MURDER RATES

By Race and Ethnicity

- White

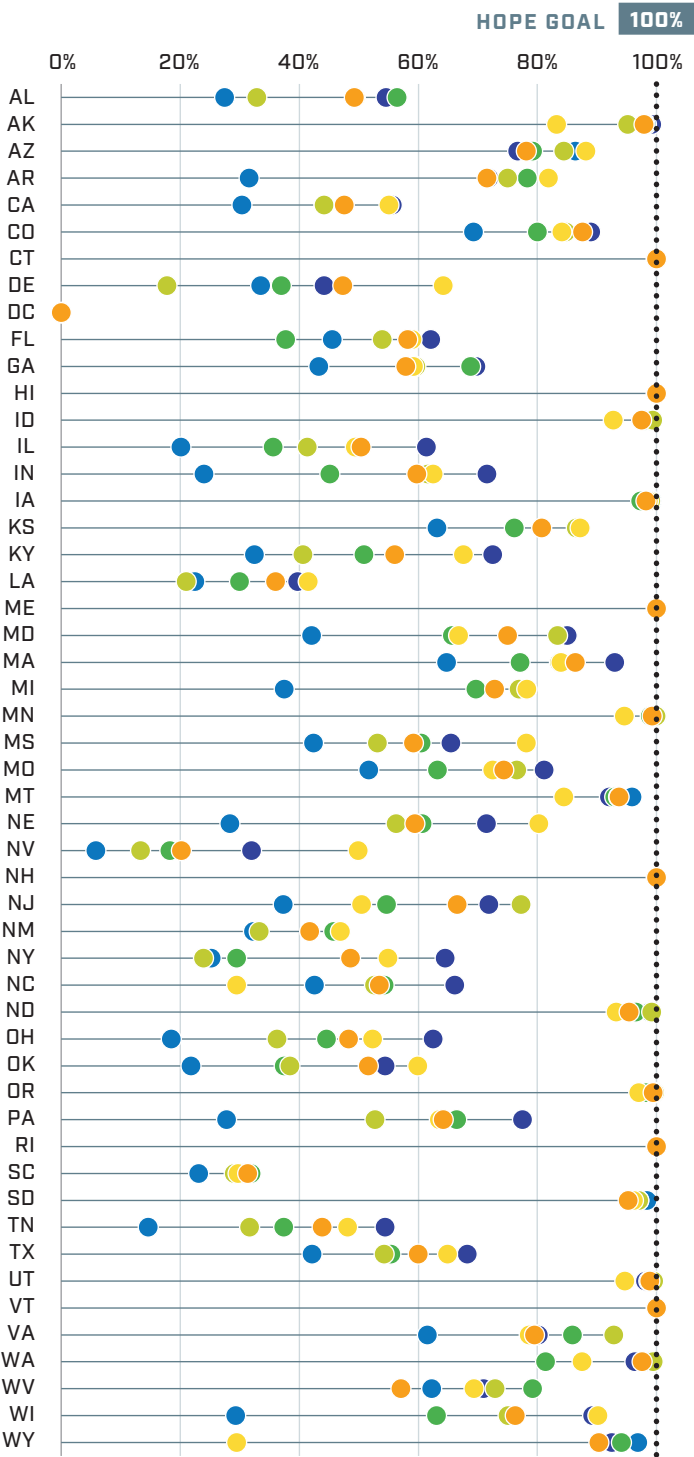
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

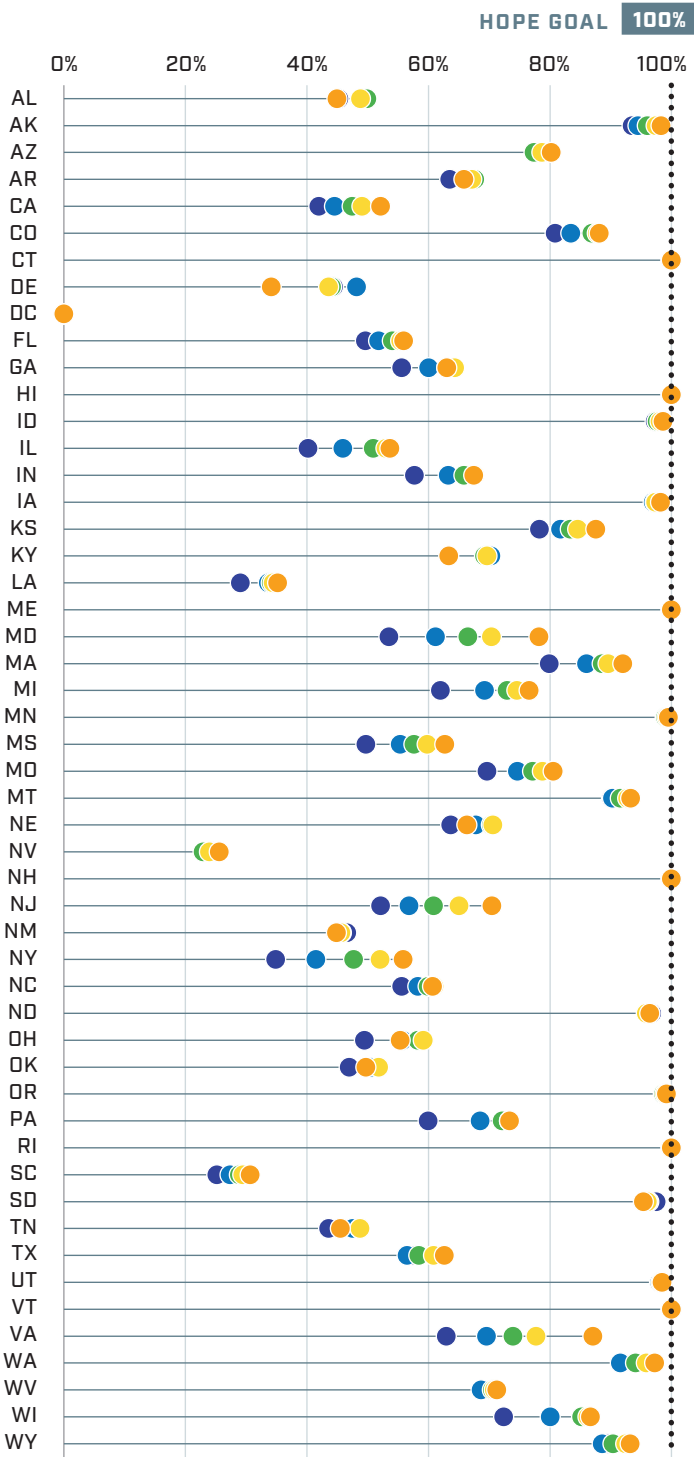
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



Data for some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Low Assault Rate

Counties with low assault rates are defined as those with fewer than 283 reported cases of aggravated assault per 100,000 population annually.

Source: 2010-2012 Uniform Crime Reporting, Federal Bureau of Investigation

## NATIONAL RATE

67%

of people live in counties with low assault rates

## HOPE GOAL

100%

of people live in counties with low assault rates

## DISTANCE TO GOAL

104 million

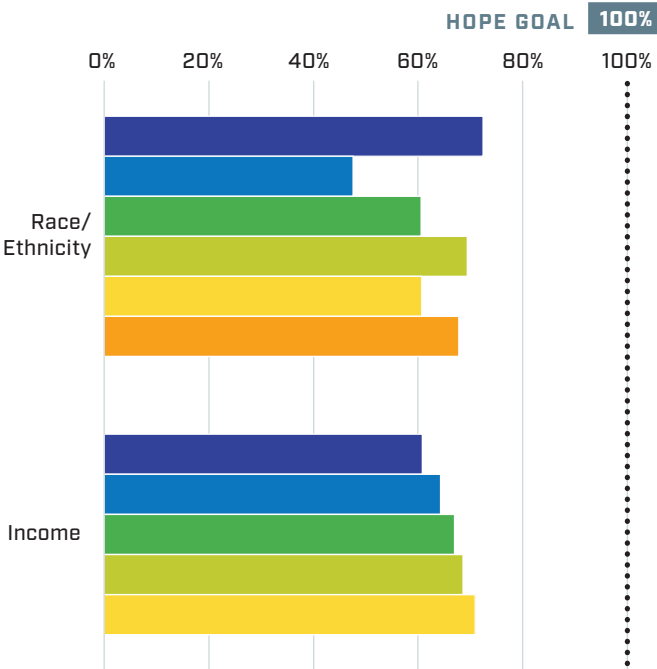
more people in the U.S. would need to live in counties with low assault rates to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH LOW ASSAULT RATES

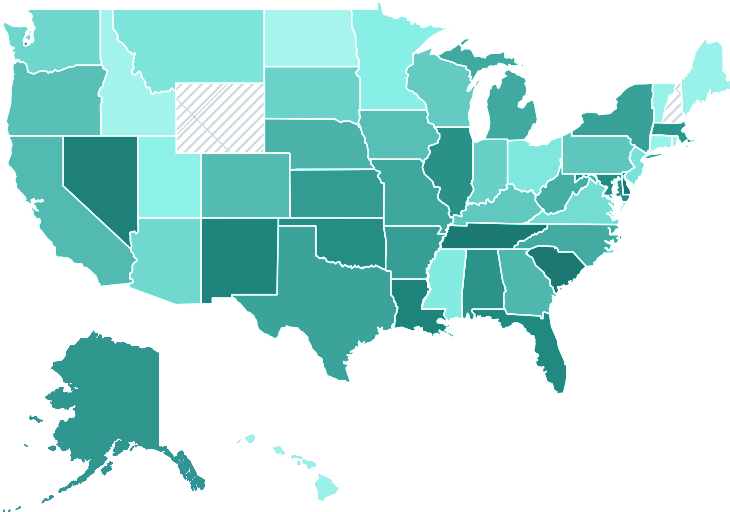
#### By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



#### By State and Region

Farthest from HOPE Goal 0% Closest to HOPE Goal 100%



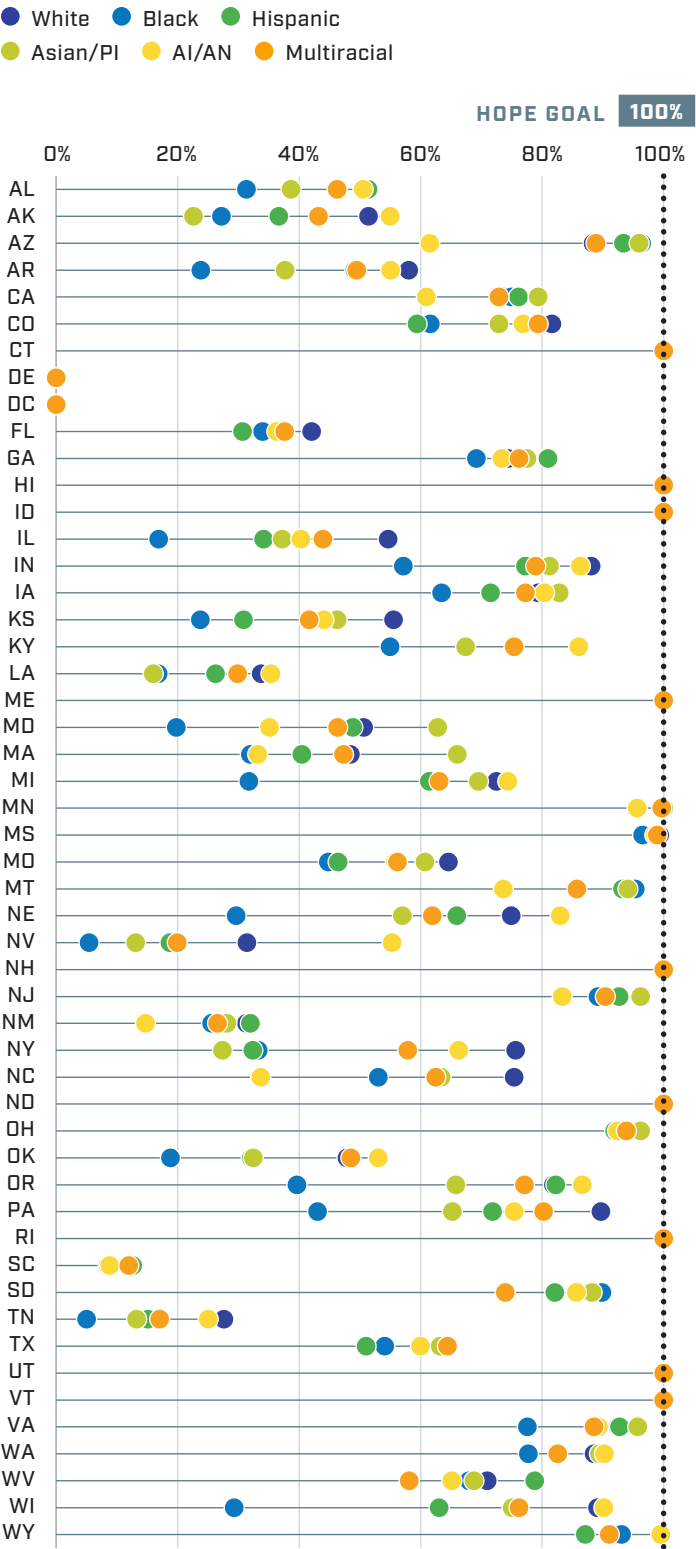
Data for NH and WY not reported.

\* Combined rates by race, ethnicity, and income not reported.

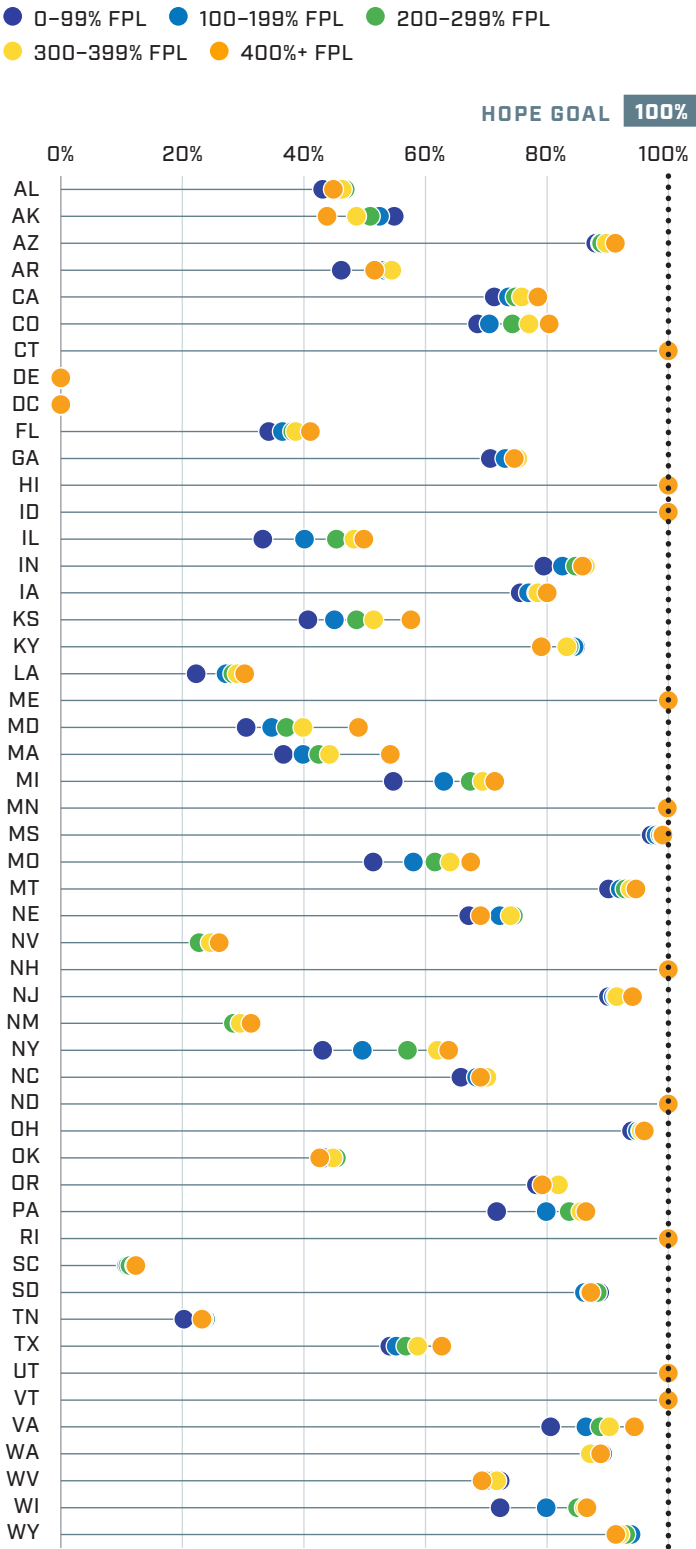
State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH LOW ASSAULT RATES

By Race and Ethnicity



By Income



Data for some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Low Rape Rate

Counties with low rape rates are defined as those with fewer than 36.9 reported cases of rape per 100,000 population annually.

Source: 2010-2012 Uniform Crime Reporting, Federal Bureau of Investigation

## NATIONAL RATE

78%

of people live in counties with low rape rates

## HOPE GOAL

100%

of people live in counties with low rape rates

## DISTANCE TO GOAL

69 million

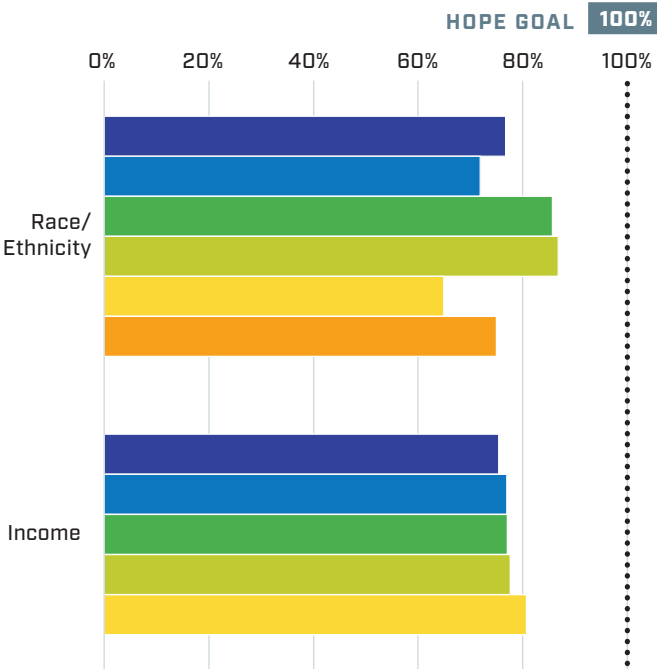
more people in the U.S. would need to live in counties with low rape rates to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH LOW RAPE RATES

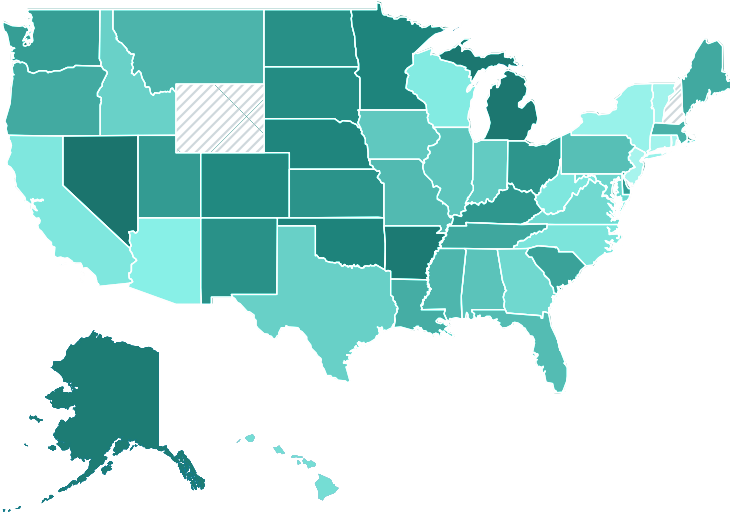
By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



By State and Region

Farthest from HOPE Goal 25% 100% Closest to HOPE Goal



Data for NH and WY not reported.

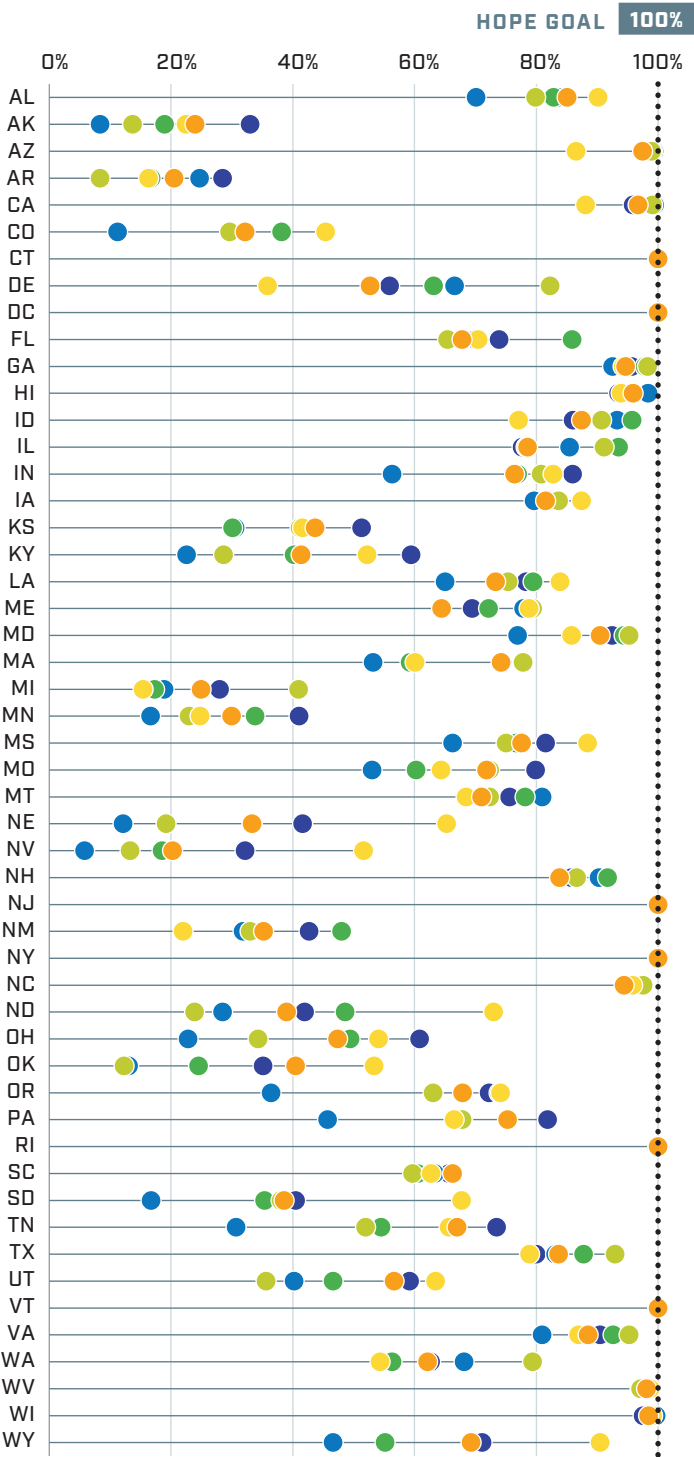
\* Combined rates by race, ethnicity, and income not reported.

# State Progress Toward HOPE Goal

## PERCENT LIVING IN COUNTIES WITH LOW RAPE RATES

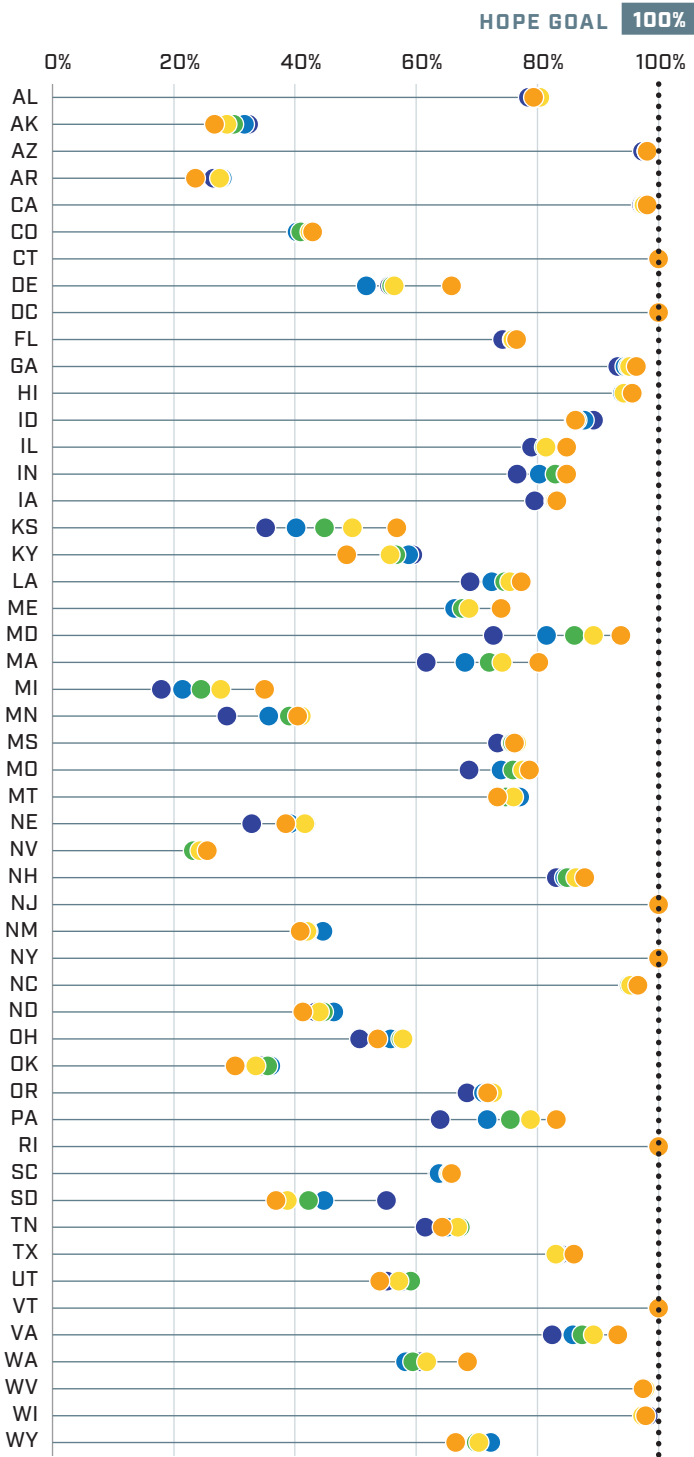
### By Race and Ethnicity

- White
- Black
- Hispanic
- Asian/PI
- AI/AN
- Multiracial



### By Income

- 0-99% FPL
- 100-199% FPL
- 200-299% FPL
- 300-399% FPL
- 400%+ FPL



Data for some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Low Robbery Rate

Counties with low robbery rates are defined as those with fewer than 52.1 reported cases of robbery per 100,000 population annually.

Source: 2010-2012 Uniform Crime Reporting, Federal Bureau of Investigation

NATIONAL RATE

34%

of people live in counties with low robbery rates

HOPE GOAL

100%

of people live in counties with low robbery rates

DISTANCE TO GOAL

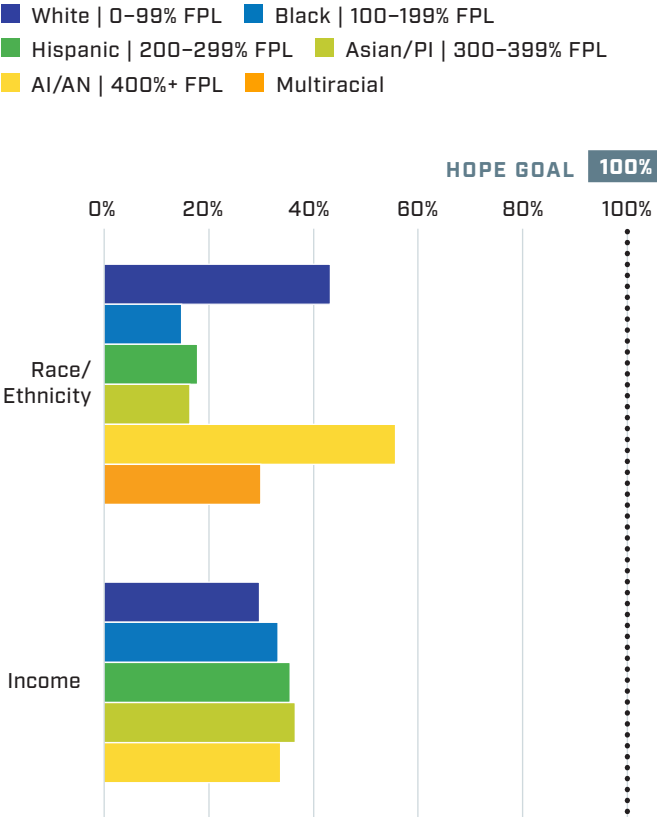
207 million

more people in the U.S. would need to live in counties with low robbery rates to achieve the HOPE Goal

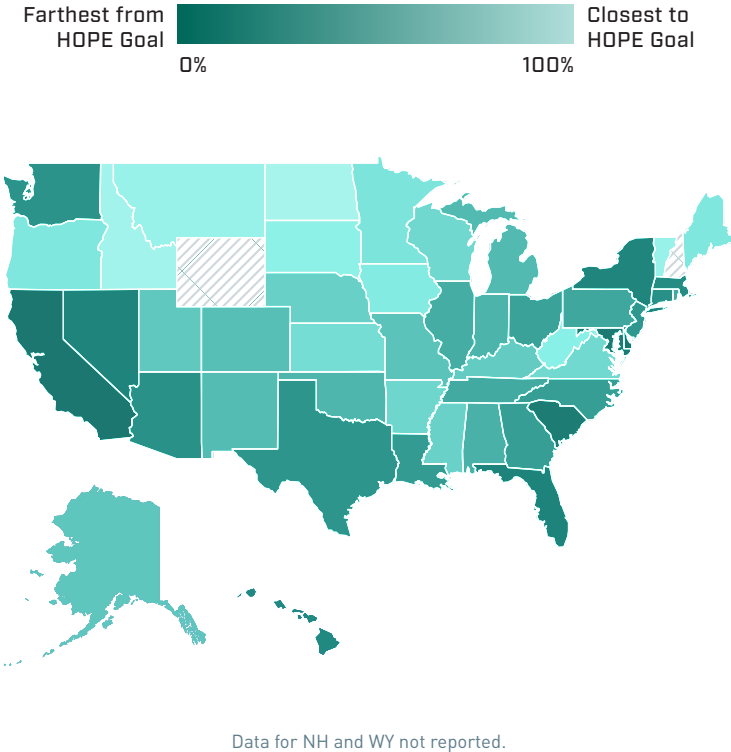
## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH LOW ROBBERY RATES

By Race, Ethnicity, and Income\*



By State and Region



\* Combined rates by race, ethnicity, and income not reported.

For rates, see Appendix.

State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH LOW ROBBERY RATES

By Race and Ethnicity

- White

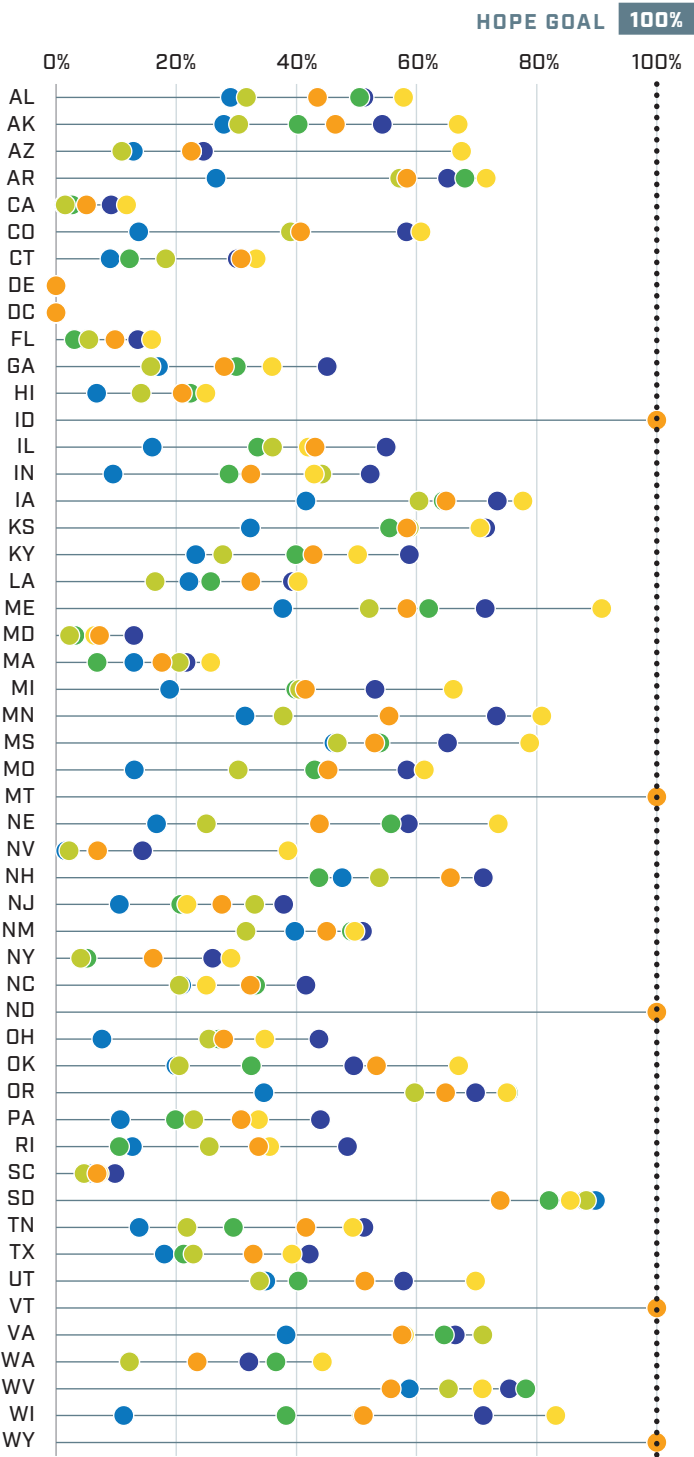
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

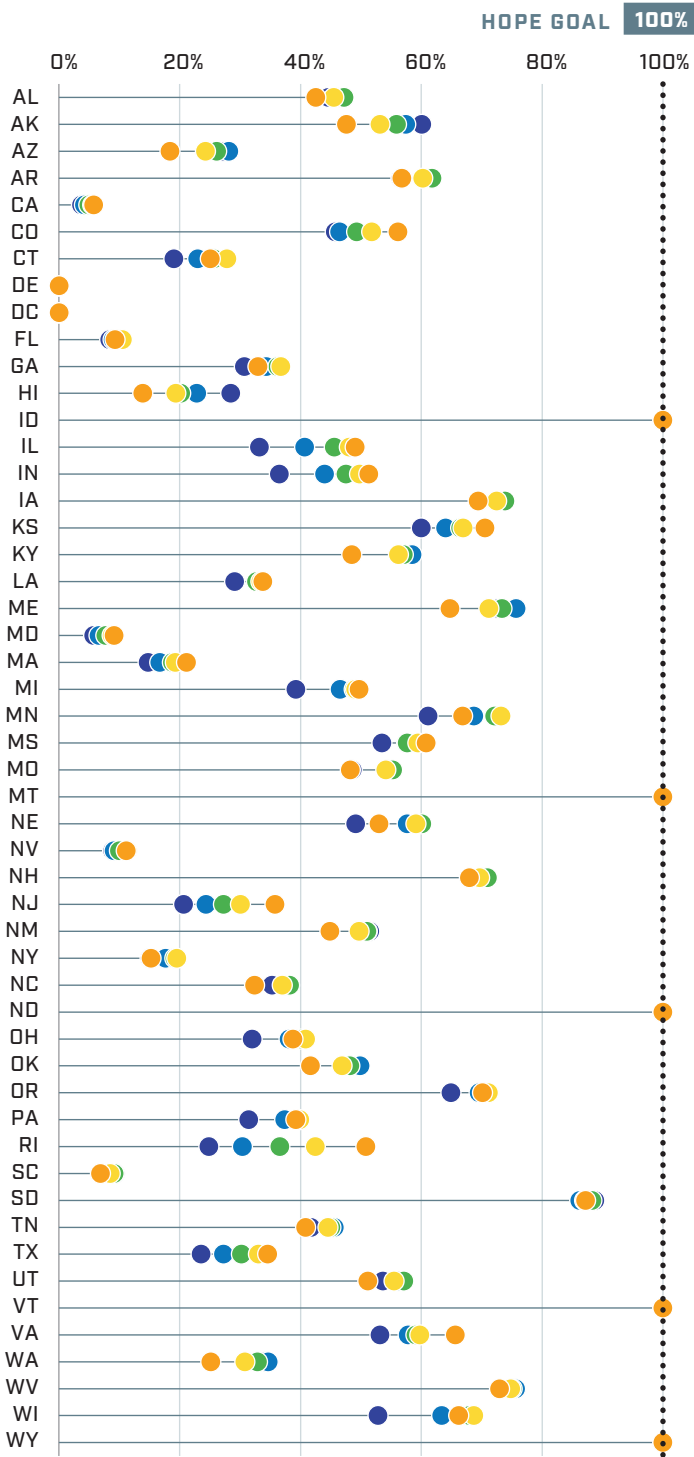
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400+% FPL



Data for some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Physical Environment

HOPE includes five indicators that measure aspects of the physical environment that affect health. These measures capture how well the places where people live, work, and play either promote or discourage health and well-being.

INDICATOR	DISTANCE TO HOPE GOAL	GROUPS USED TO SET HOPE GOAL
<b>Home Ownership</b> Portion of households living in a home they own	<p>NATIONAL RATE 66%</p> <p>HOPE GOAL 81%</p>	College graduates in NH, MI, WV, DE, and IA
<b>Housing Quality</b> Portion of households living in homes with no severe housing problems (i.e., homes that have complete kitchens, functioning plumbing, and are not overcrowded or severely cost-burdened)	<p>NATIONAL RATE 83%</p> <p>HOPE GOAL 94%</p>	College graduates in SD, WV, IA, AR, and NE
<b>Air Quality—Particulate Matter</b> Portion of people living in counties with average daily density of fine particulate matter (PM <sub>2.5</sub> ) below 12 micrograms per cubic meter	<p>NATIONAL RATE 61%</p> <p>HOPE GOAL 100%</p>	All people in 18 states
<b>Low Liquor Store Density</b> Portion of people living in counties with fewer than 1.736 liquor stores per 10,000 population	<p>NATIONAL RATE 84%</p> <p>HOPE GOAL 100%</p>	All people in AZ, HI, ME, NV, OH, WA, and WV
<b>Food Security</b> Portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access)	<p>NATIONAL RATE 87%</p> <p>HOPE GOAL 97%</p>	People with incomes 400% FPL or greater in DC, NY, RI, VT, and NJ

# State Rankings: Distance to Goal

For each physical environment indicator, states are ranked according to their distance to the HOPE Goal by race and ethnicity. States ranked in the 1<sup>st</sup> quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

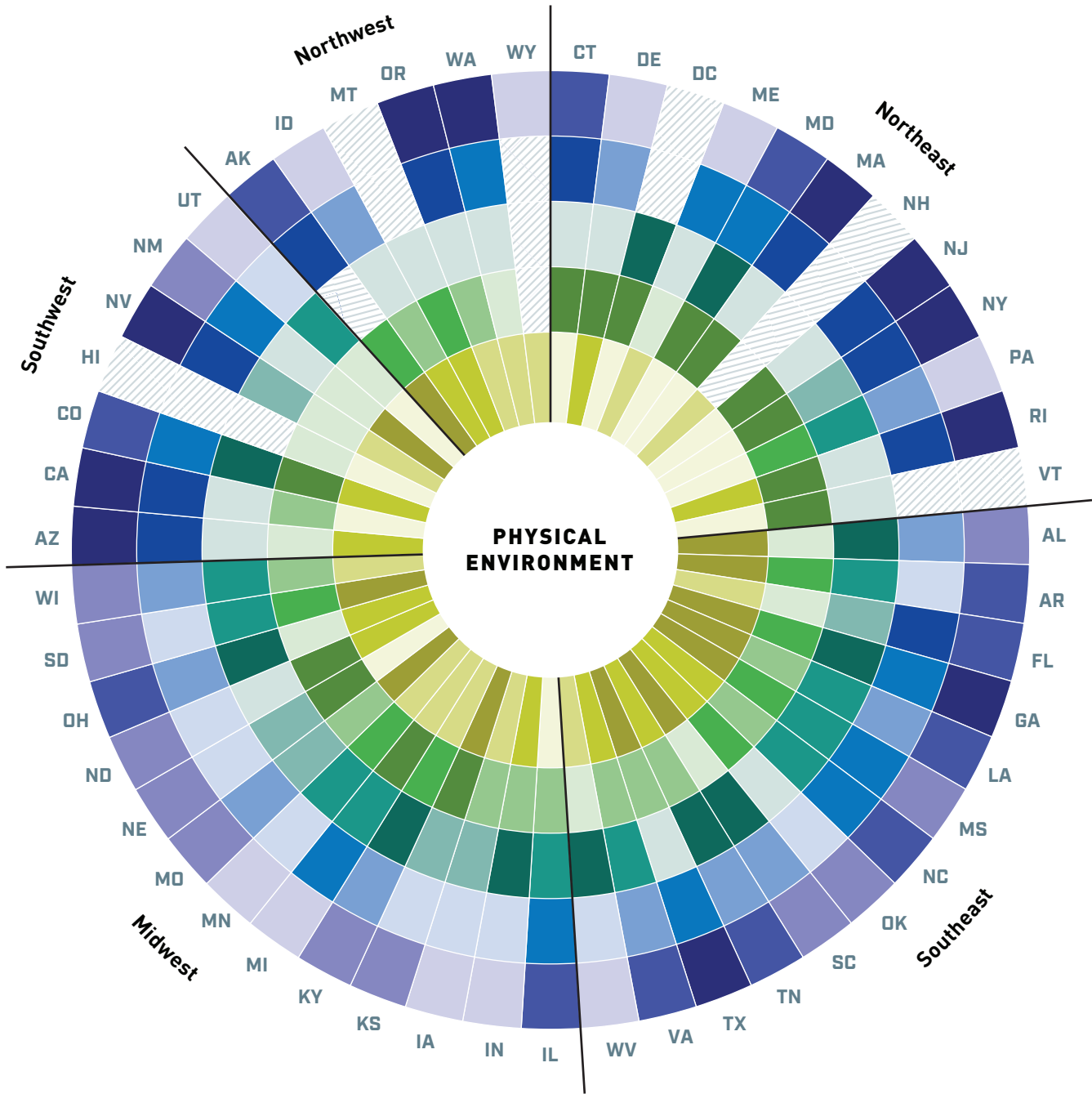
## HOW TO READ THIS CHART

**Physical Environment Indicators**

- Home Ownership
- Housing Quality
- Air Quality—Particulate Matter
- Low Liquor Store Density
- Food Security

**Distance to the HOPE Goal**

- 4<sup>th</sup> quartile—farthest from Goal
- 3<sup>rd</sup> quartile
- 2<sup>nd</sup> quartile
- 1<sup>st</sup> quartile—closest to Goal
- No data



For state rankings, see Appendix.

# Home Ownership

Home ownership is measured as the portion of households living in a home they own.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

66%

of households live in a home they own

## HOPE GOAL

81%

of households live in a home they own

## DISTANCE TO GOAL

17 million

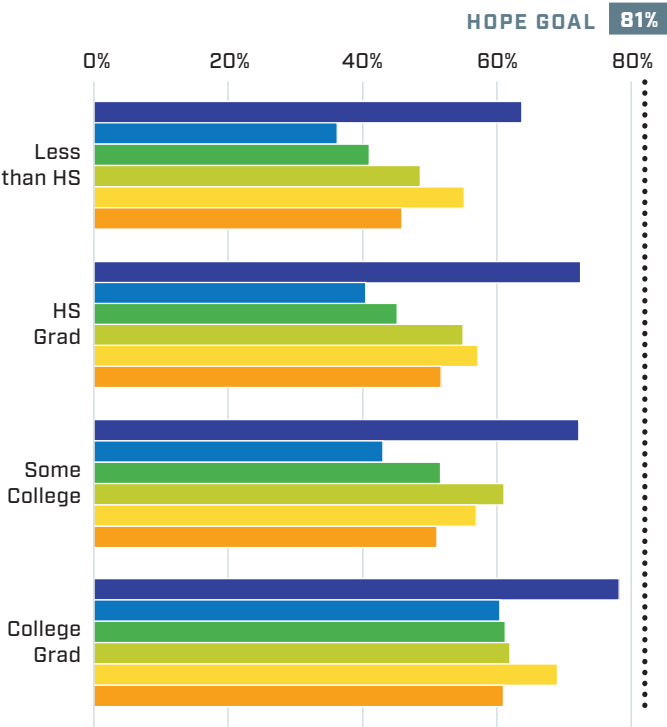
more households in the U.S. would need to own their homes to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT OF HOUSEHOLDS OWNING HOMES

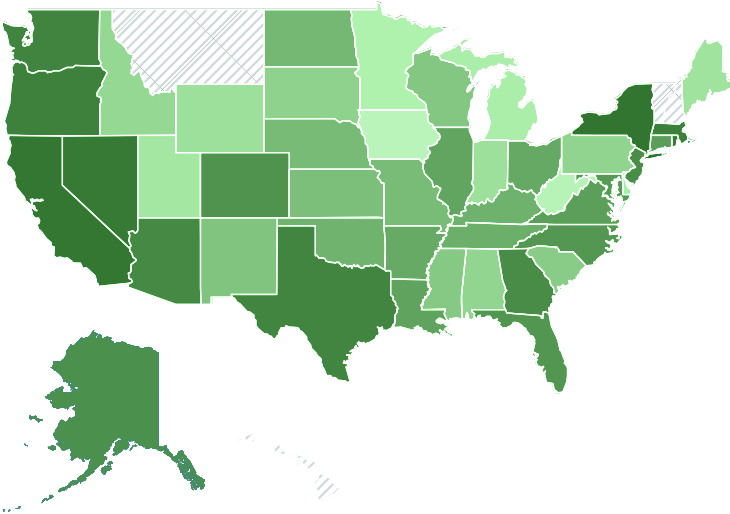
#### By Race, Ethnicity, and Education

White Black Hispanic Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 55% Closest to HOPE Goal 75%



Data for DC, HI, MT, NH, and VT not reported.

State Progress Toward HOPE Goal

PERCENT OF HOUSEHOLDS OWNING HOMES

By Race and Ethnicity

- White

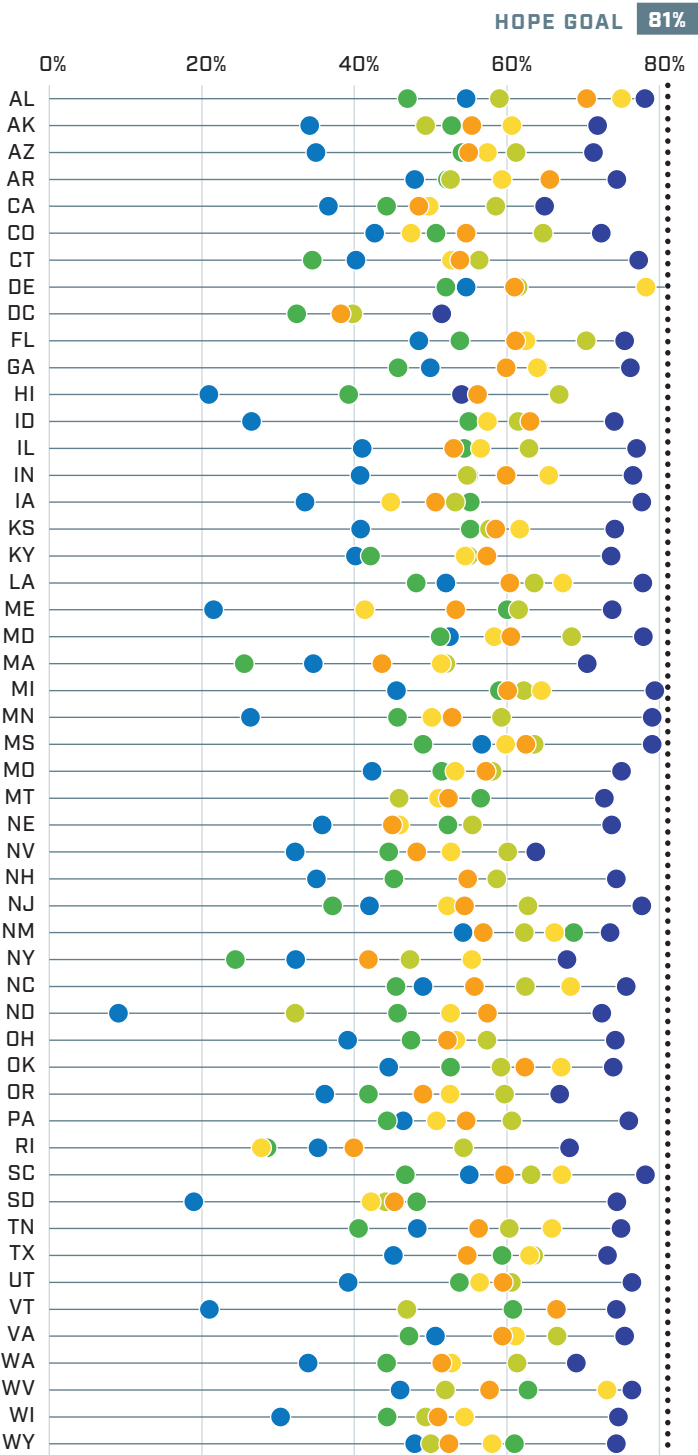
Black

Hispanic

Asian/PI

AI/AN

Multiracial



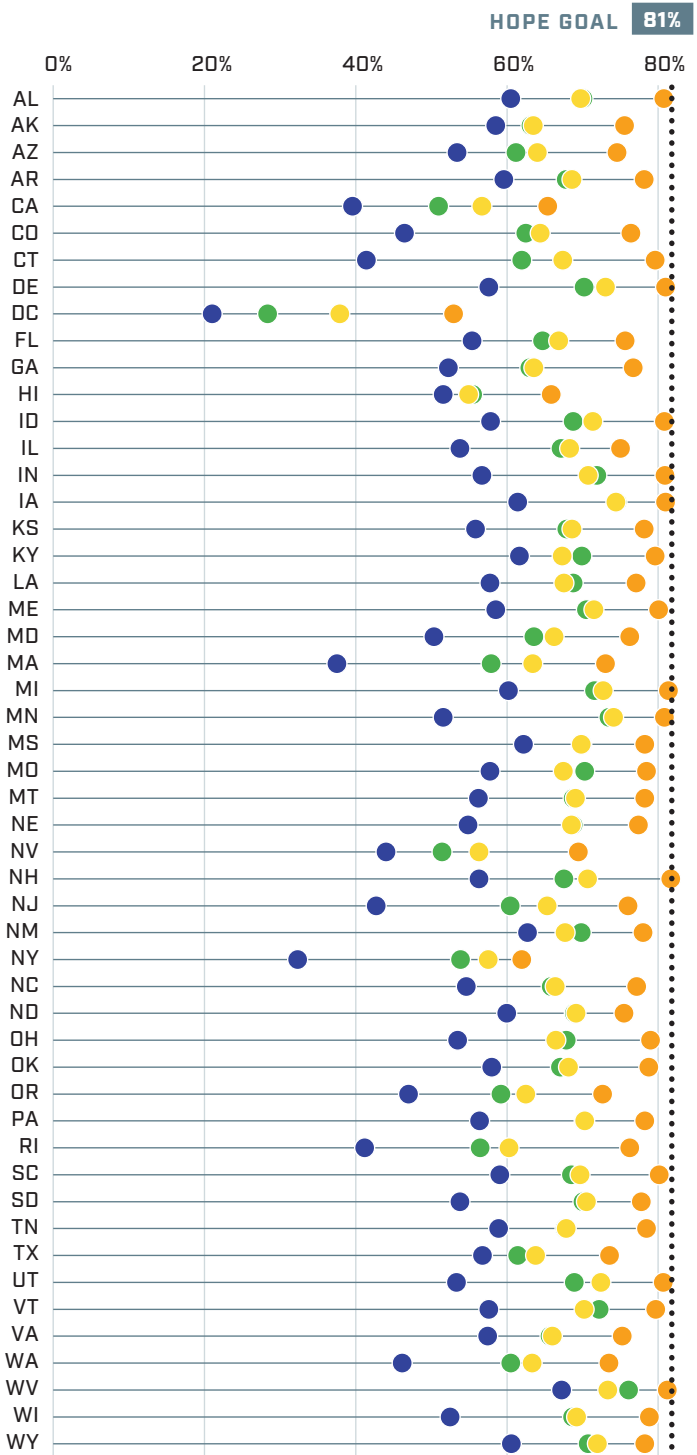
By Education

- Less than HS

HS Grad

Some College

College Grad



Data for some race and ethnic groups in DC, HI, MT, NH, and VT not reported.

For rates, see Appendix.

# Housing Quality

Households with no severe housing problems are defined as having good housing quality. Specifically, they have complete kitchens, functioning plumbing, and are not overcrowded or severely cost-burdened.

Source: 2010-2014 American Community Survey, U.S. Census Bureau

## NATIONAL RATE

83%

of households with good housing quality

## HOPE GOAL

94%

of households with good housing quality

## DISTANCE TO GOAL

12 million

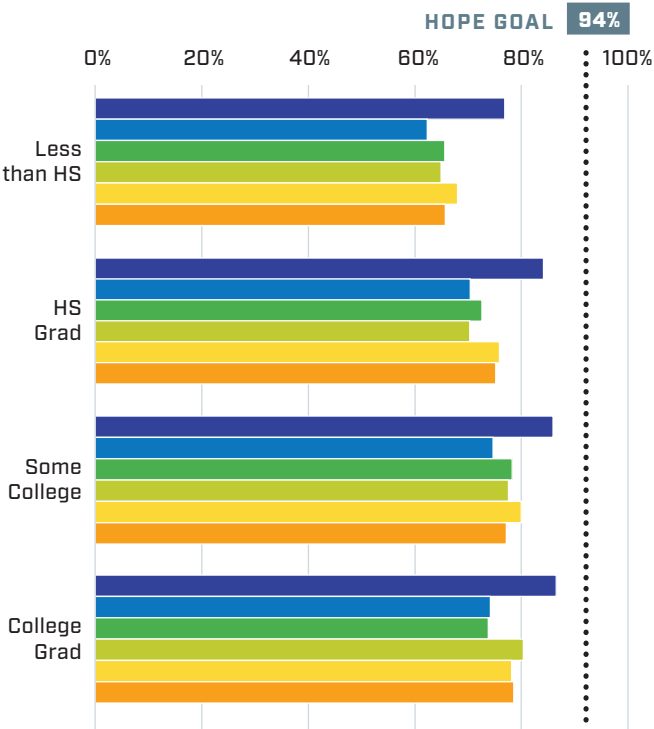
more U.S. households would need to have good housing quality to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT OF HOUSEHOLDS WITH GOOD HOUSING QUALITY

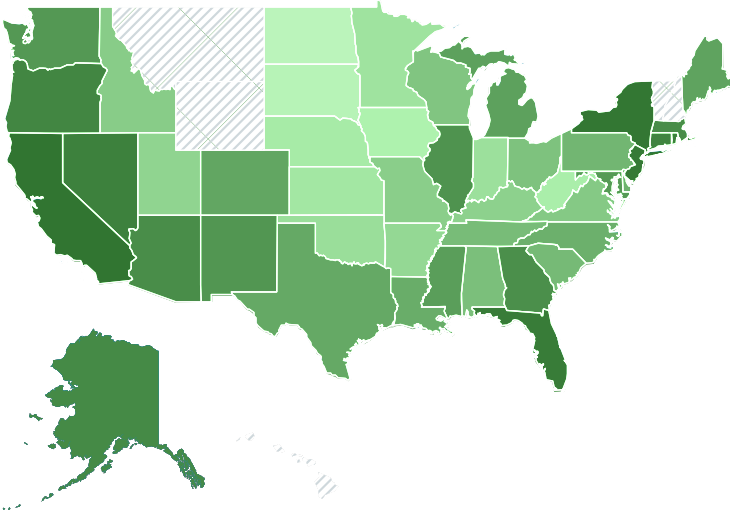
#### By Race, Ethnicity, and Education

White Black Hispanic  
Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 76% Closest to HOPE Goal 91%



Data for DC, HI, MT, NH, and VT not reported.

State Progress Toward HOPE Goal

PERCENT OF HOUSEHOLDS WITH GOOD HOUSING QUALITY

By Race and Ethnicity

- White

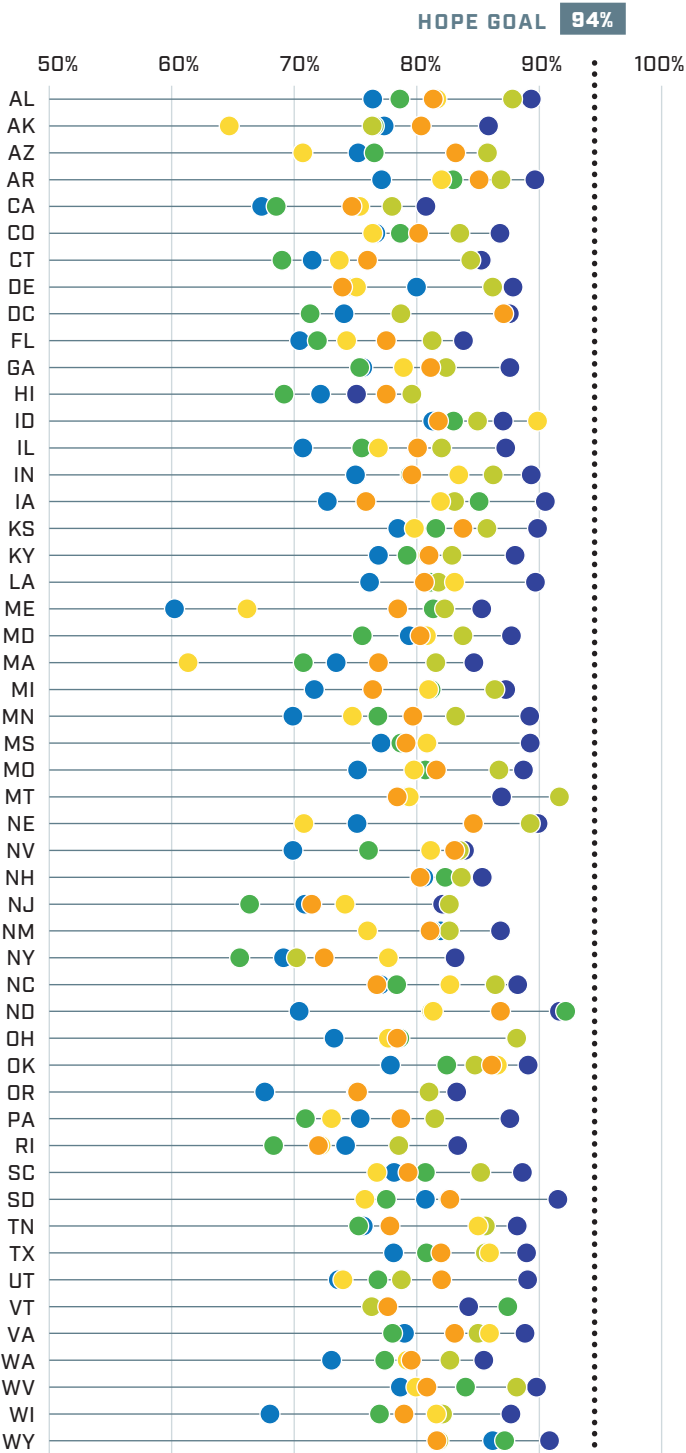
Black

Hispanic

Asian/PI

AI/AN

Multiracial



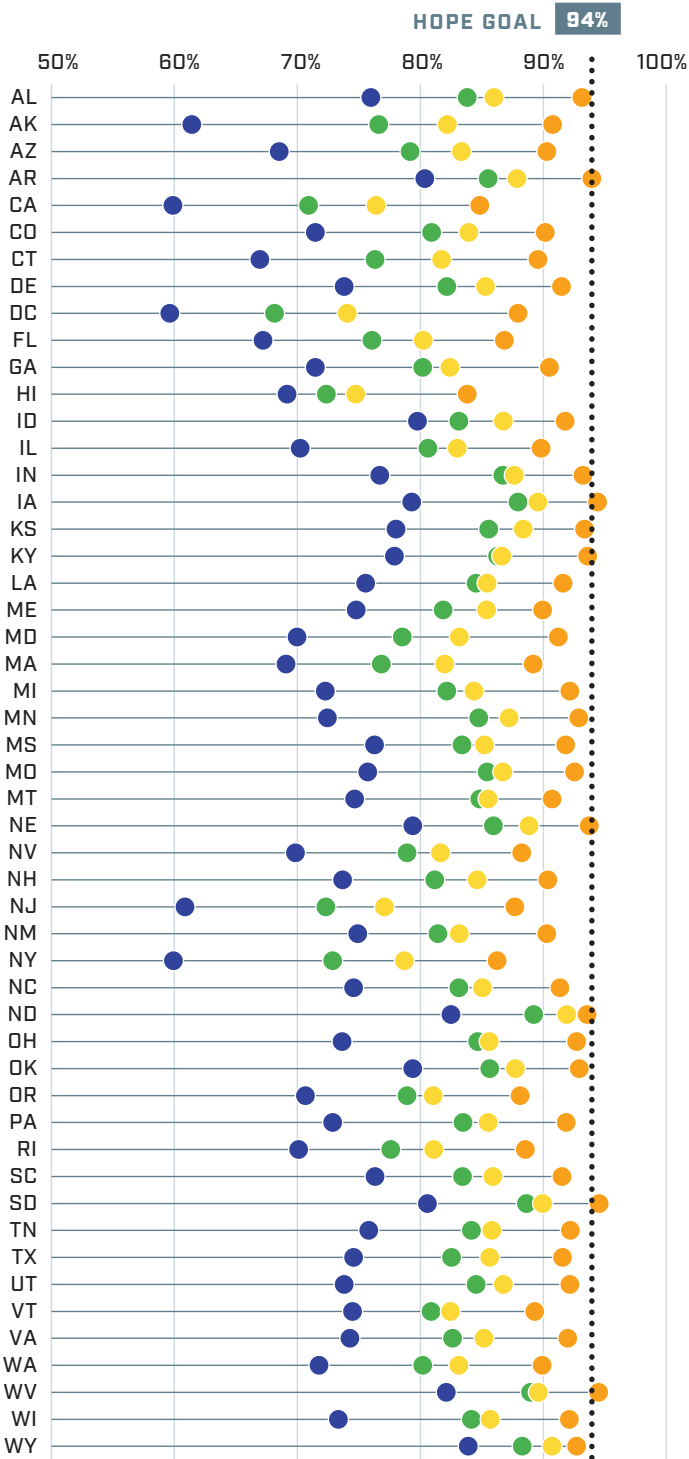
By Education

- Less than HS

HS Grad

Some College

College Grad



Data for some race and ethnic groups in DC, HI, MT, NH, and VT not reported.

For rates, see Appendix.

## Air Quality— Particulate Matter

Counties meeting national standards for air quality are defined as those with average daily density of fine particulate matter (PM<sub>2.5</sub>) below 12 micrograms per cubic meter. PM<sub>2.5</sub> refers to fine inhalable particles with diameters generally 2.5 micrometers or smaller.

Source: 2011 WONDER, Centers for Disease Control and Prevention

### NATIONAL RATE

61%

of people live in counties meeting PM<sub>2.5</sub> standards

### HOPE GOAL

100%

of people live in counties meeting PM<sub>2.5</sub> standards

### DISTANCE TO GOAL

124 million

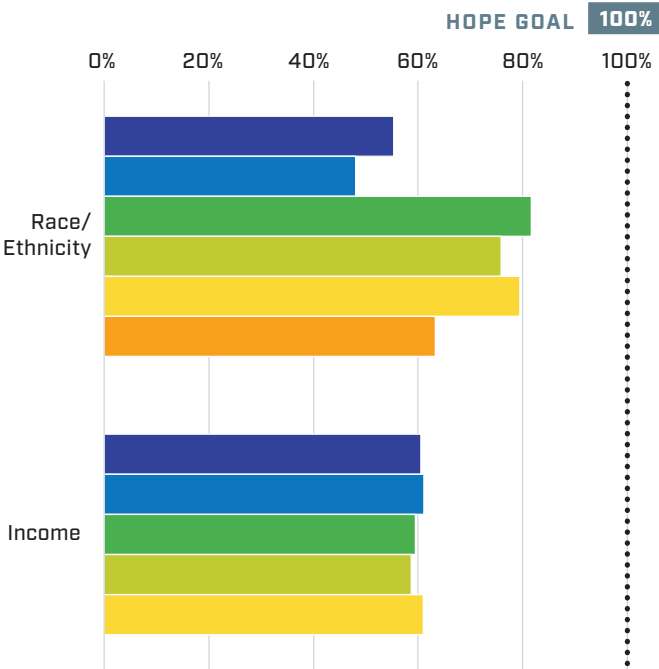
more people in the U.S. would need to live in counties meeting PM<sub>2.5</sub> standards to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES MEETING PM<sub>2.5</sub> STANDARDS

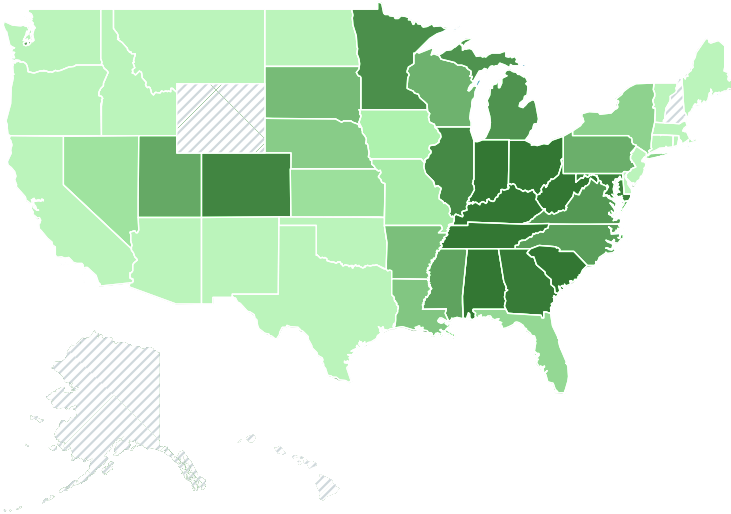
By Race, Ethnicity, and Income\*

- White | 0–99% FPL ■ Black | 100–199% FPL
- Hispanic | 200–299% FPL ■ Asian/PI | 300–399% FPL
- AI/AN | 400%+ FPL ■ Multiracial



By State and Region

- Farthest from HOPE Goal
- 0% 100% Closest to HOPE Goal



Data for NH and WY not reported. Data for AK and HI not collected.

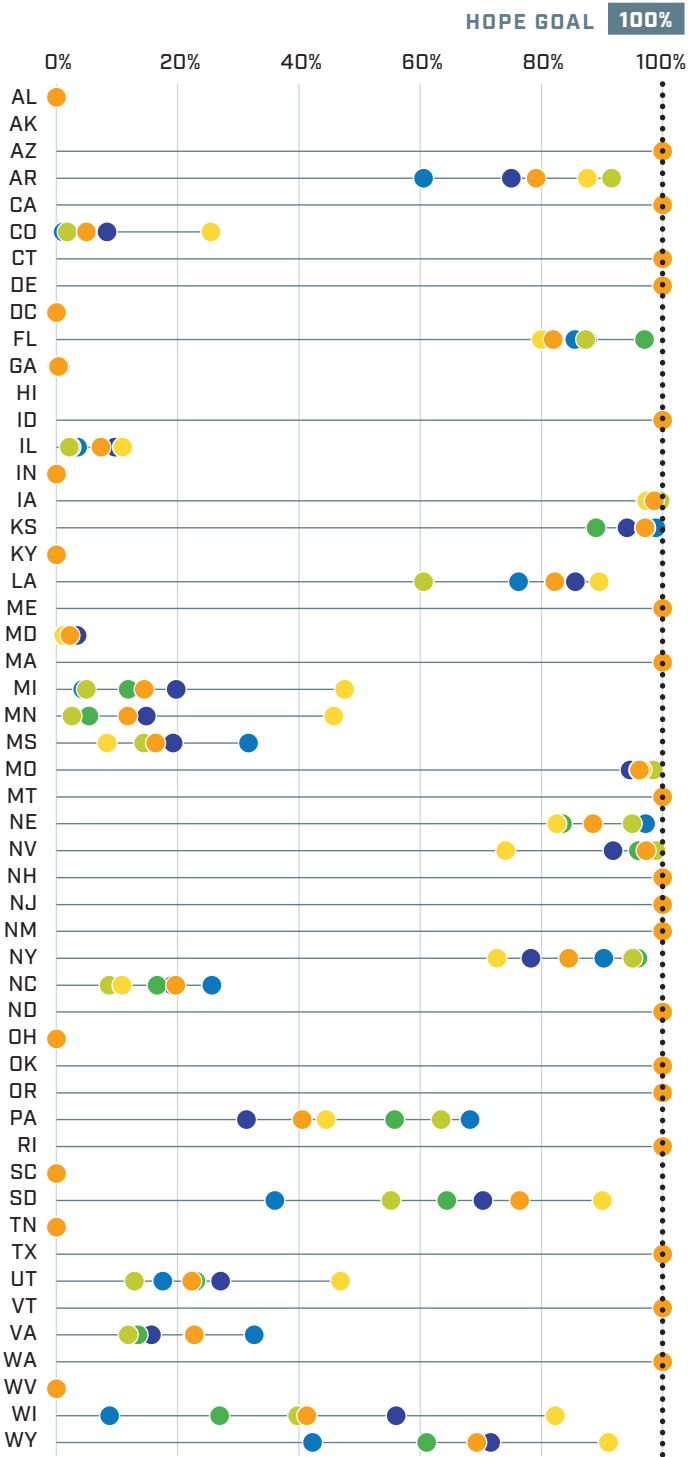
\*Combined rates by race, ethnicity, and income not reported.

# State Progress Toward HOPE Goal

## PERCENT LIVING IN COUNTIES MEETING PM<sub>2.5</sub> STANDARDS

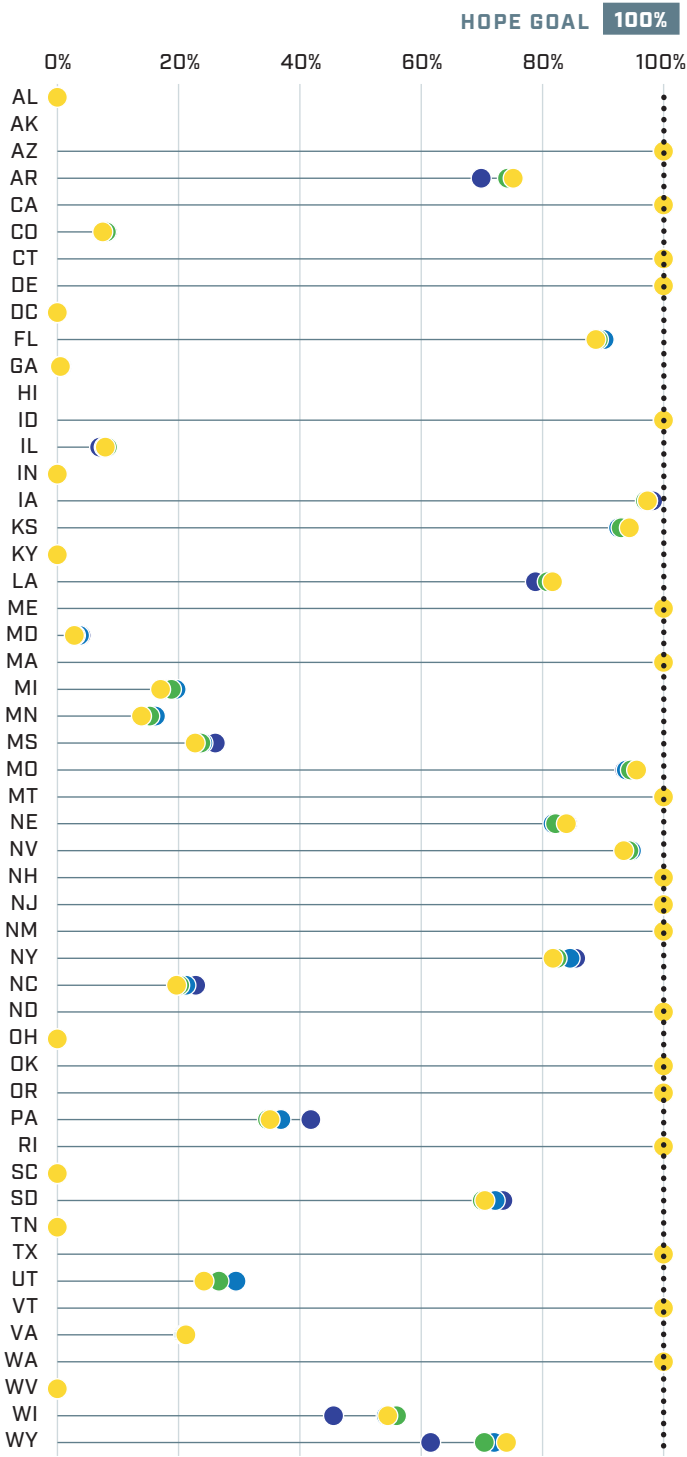
By Race and Ethnicity

- White
- Black
- Hispanic
- Asian/PI
- AI/AN
- Multiracial



By Income

- 0-99% FPL
- 100-199% FPL
- 200-299% FPL
- 300-399% FPL
- 400%+ FPL



Data for some race and ethnic groups in NH and WY not reported.  
Data for AK and HI not collected.

Data for AK and HI not collected.

For rates, see Appendix.

# Low Liquor Store Density

Counties with low liquor store density are defined as those with fewer than 1.736 liquor stores per 10,000 population.

Source: 2014 County Business Patterns, U.S. Census Bureau

## NATIONAL RATE

84%

of people living in counties with low liquor store density

## HOPE GOAL

100%

of people living in counties with low liquor store density

## DISTANCE TO GOAL

49 million

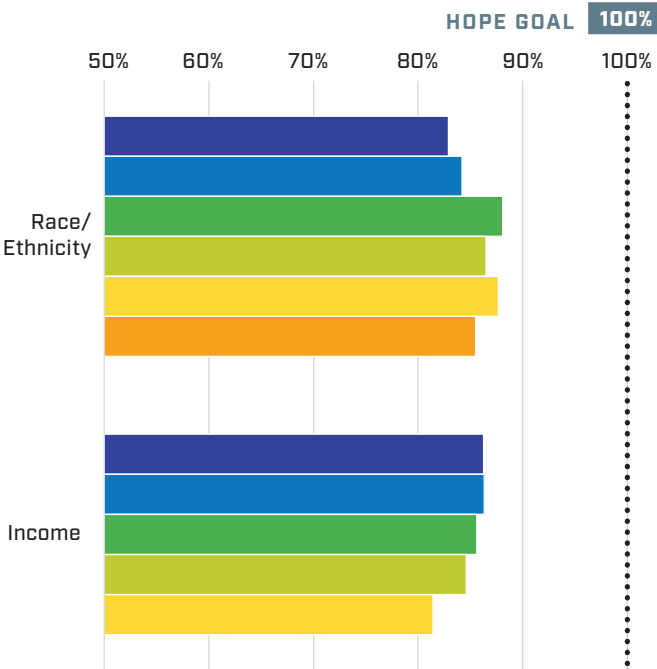
more people in the U.S. would need to live in counties with low liquor store density to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH LOW LIQUOR STORE DENSITY

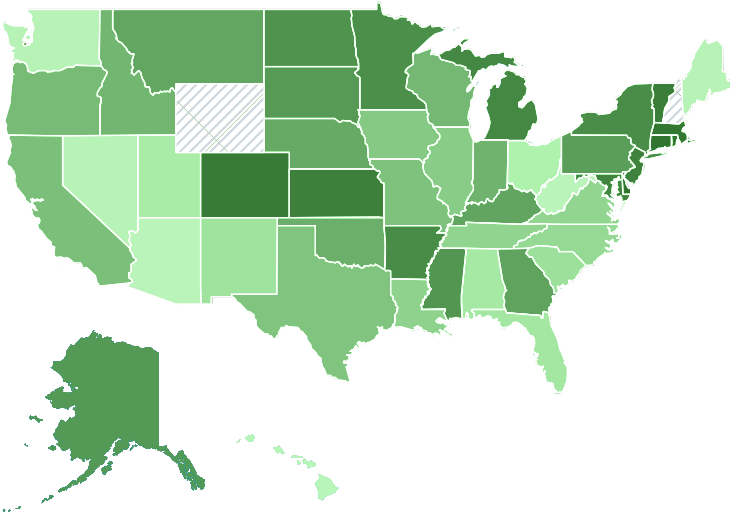
By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



By State and Region

Farthest from HOPE Goal 0% Closest to HOPE Goal 100%



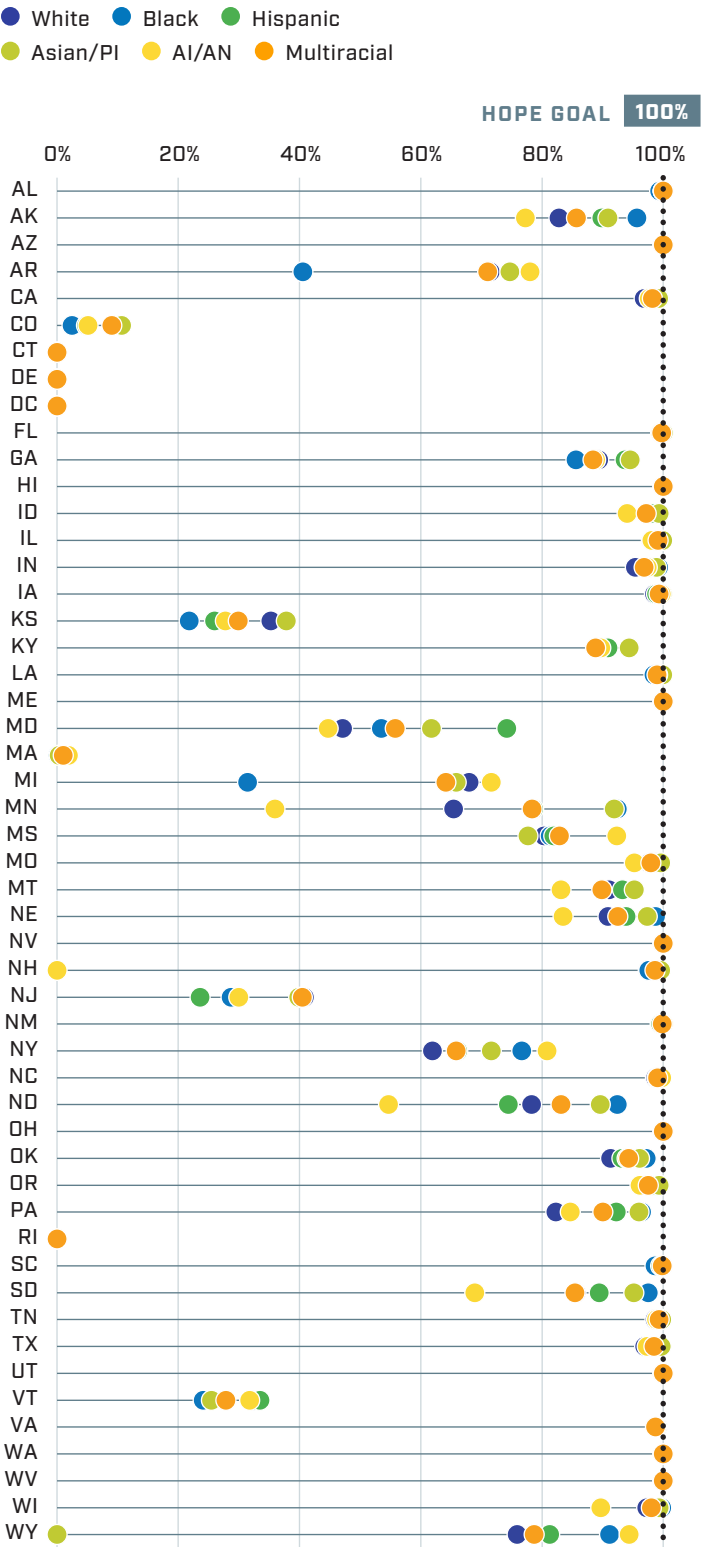
Data for NH and WY not reported.

\*Combined rates by race, ethnicity, and income not reported.

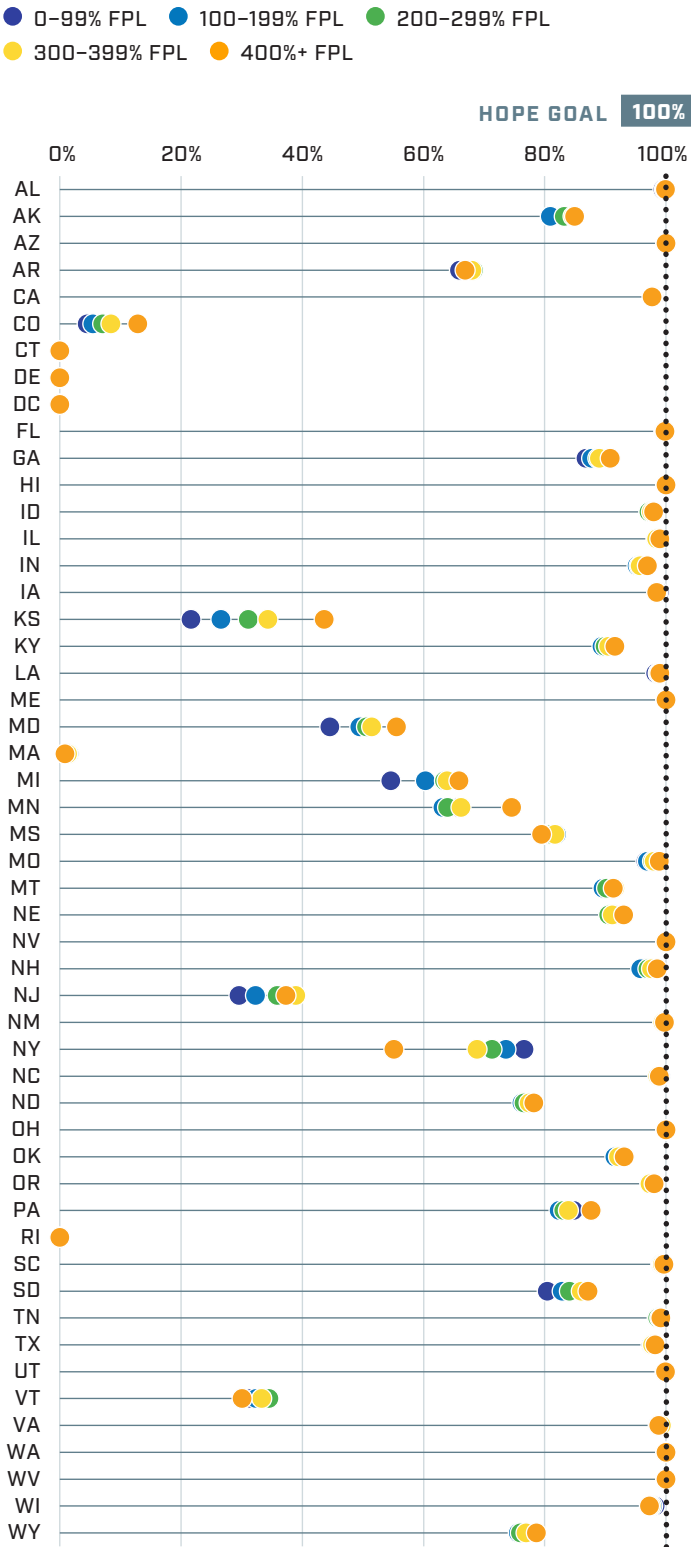
State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH LOW LIQUOR STORE DENSITY

By Race and Ethnicity



By Income



Some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Food Security

Food security is measured by the portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access).

Source: 2015 Food Access Research Atlas, U.S. Department of Agriculture

## NATIONAL RATE

87%

of people with food security

## HOPE GOAL

97%

of people with food security

## DISTANCE TO GOAL

32 million

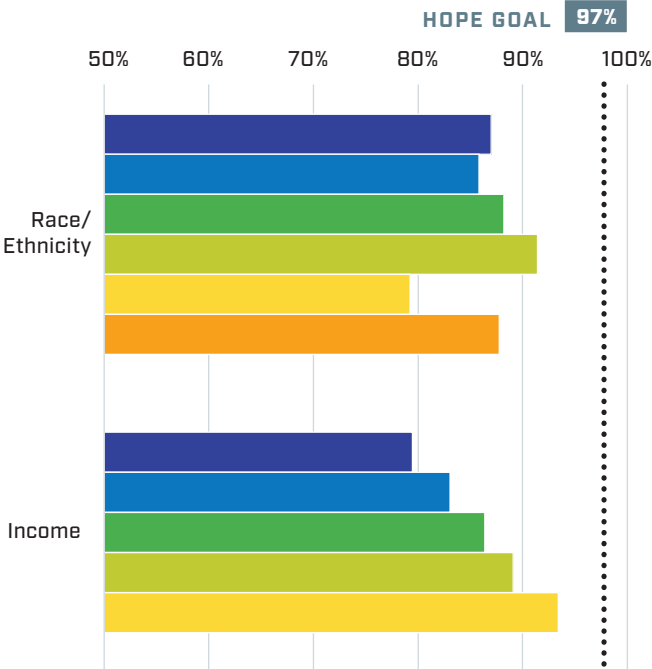
more people in the U.S. would need to have food security to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH FOOD SECURITY

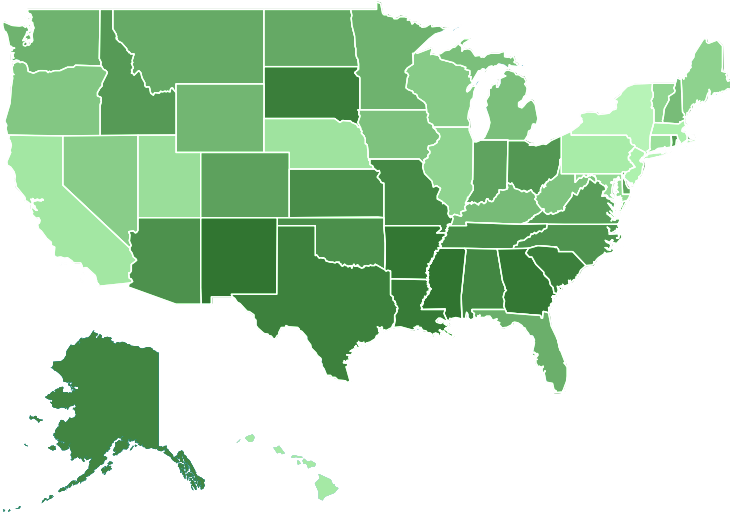
By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



By State and Region

Farthest from HOPE Goal 70% Closest to HOPE Goal 96%



\*Combined rates by race, ethnicity, and income not reported.

State Progress Toward HOPE Goal

PERCENT WITH FOOD SECURITY

By Race and Ethnicity\*

- White

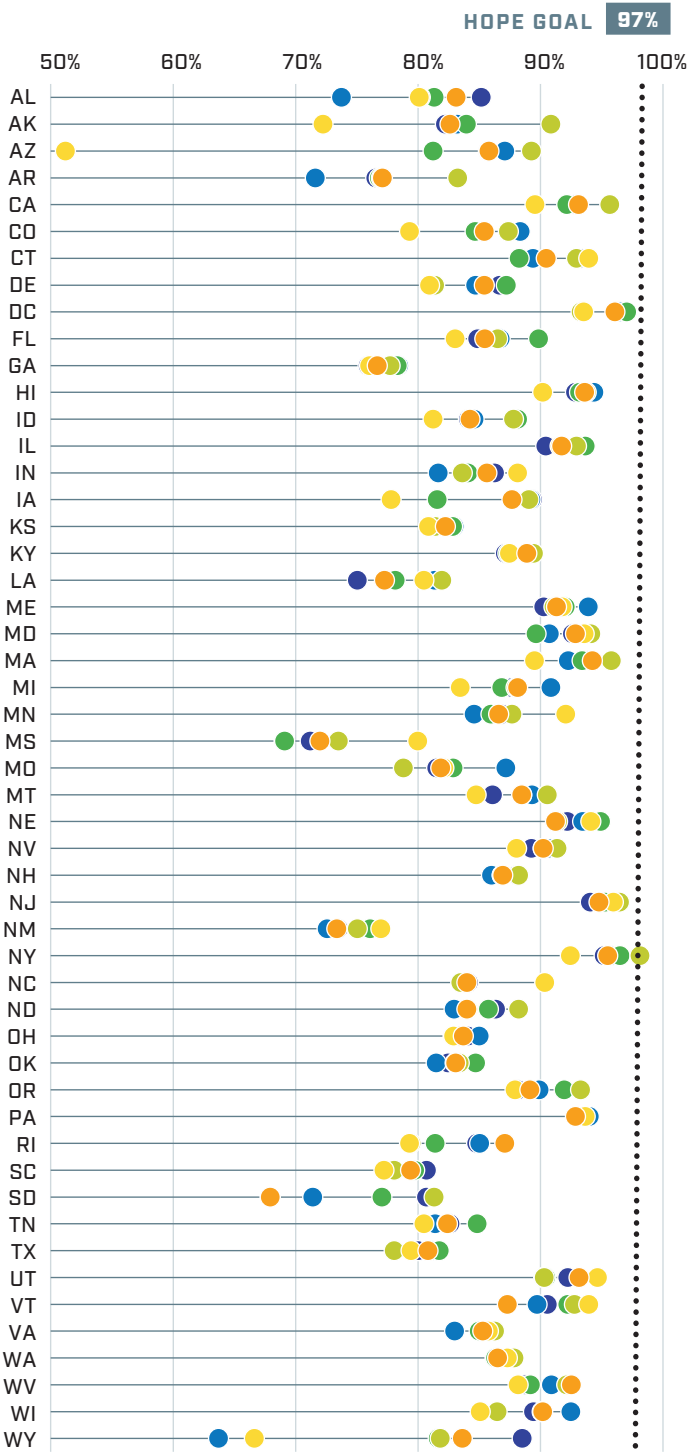
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

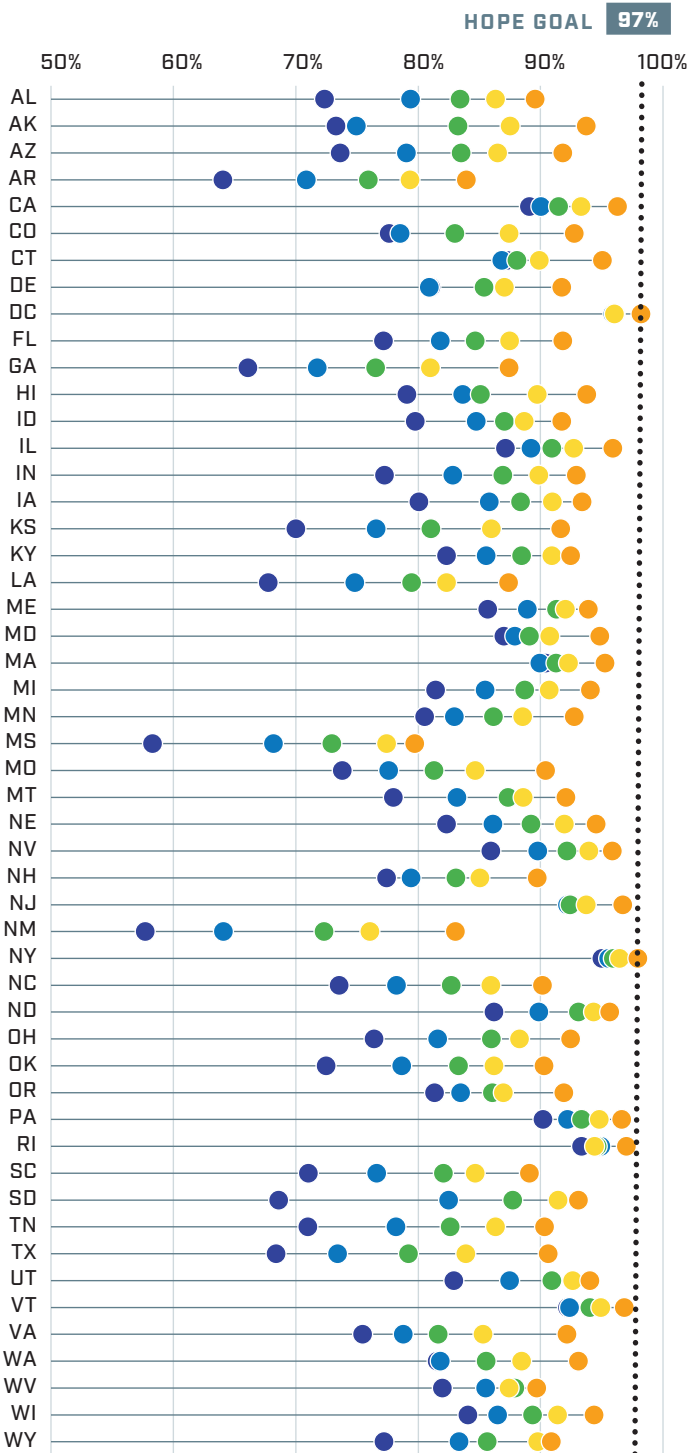
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



\* Estimates are based on census tract level population estimates by race and ethnicity and may be potentially unreliable for race and ethnic groups comprising extremely small portions of the total population.

For rates, see Appendix.

# Access to Health Care

HOPE includes six measures of access to health care. Access to timely, affordable, and needed health care—including preventive, acute, and chronic care—is necessary for promoting health, preventing and managing disease, and reducing premature mortality across the life span. HOPE measures three key components of access to care: coverage, affordability, and availability of providers and services.

INDICATOR	DISTANCE TO HOPE GOAL	GROUPS USED TO SET HOPE GOAL
<b>Access to Primary Care</b> Portion of people living in counties with a population-to-primary care physician ratio of less than 2,000:1	<p>NATIONAL RATE 81%</p> <p>HOPE GOAL 100%</p>	All people in CT, DC, HI, ME, MA, NH, and RI
<b>Access to Psychiatric Care</b> Portion of people living in counties with a population-to-psychiatrist ratio of less than 30,000:1	<p>NATIONAL RATE 80%</p> <p>HOPE GOAL 100%</p>	All people in DE, DC, HI, NH, and MA
<b>Health Insurance Coverage</b> Portion of people under age 65 with any kind of health insurance	<p>NATIONAL RATE 85%</p> <p>HOPE GOAL 97%</p>	People with incomes 400% FPL or greater in MA, IA, MN, WI, and HI
<b>Affordable Health Care</b> Portion of adults who did not delay or forego any medical care they needed due to cost in the past year	<p>NATIONAL RATE 85%</p> <p>HOPE GOAL 95%</p>	College graduates in ND, MA, HI, IA, and MD
<b>Usual Source of Care</b> Portion of adults who have someone they consider their personal health care provider	<p>NATIONAL RATE 80%</p> <p>HOPE GOAL 92%</p>	College graduates in ME, MA, DE, NH, and RI
<b>Colorectal Cancer Screening</b> Portion of adults age 50–75 receiving recommended colorectal cancer screenings	<p>NATIONAL RATE 68%</p> <p>HOPE GOAL 80%</p>	College graduates in MA, RI, ME, CT, and DE

# State Rankings: Distance to Goal

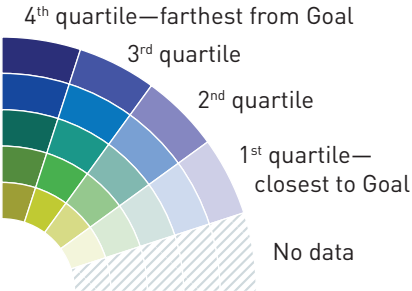
For each access to health care indicator, states are ranked according to their distance to the HOPE goal by race and ethnicity. States ranked in the 1<sup>st</sup> quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

## HOW TO READ THIS CHART

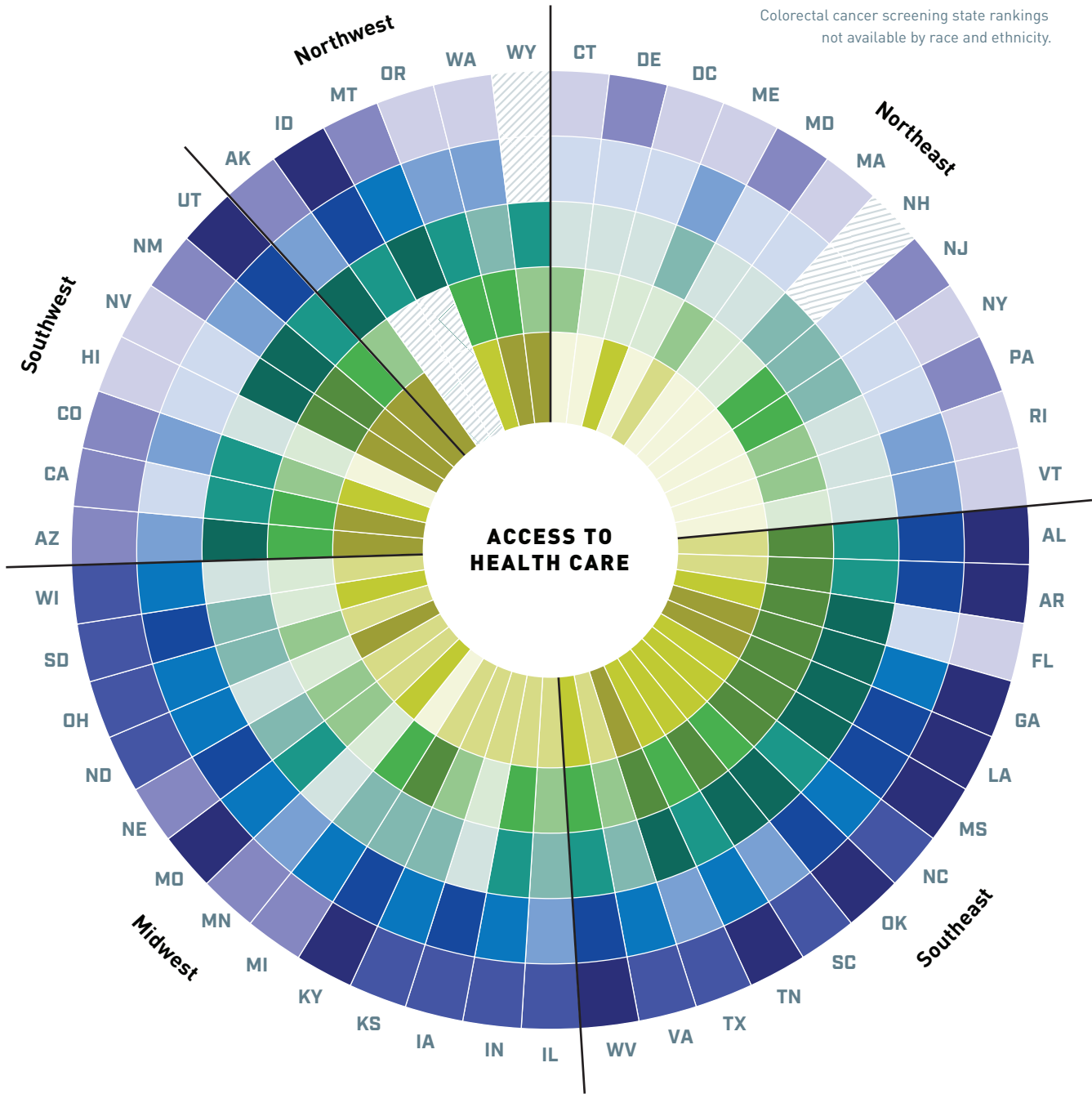
### Access to Health Care Indicators

- Access to Primary Care
- Access to Psychiatric Care
- Health Insurance Coverage
- Affordable Health Care
- Usual Source of Care

### Distance to the HOPE Goal



Colorectal cancer screening state rankings not available by race and ethnicity.



For state rankings, see Appendix.

## Access to Primary Care

Counties with a population-to-primary care physician ratio of less than 2,000:1 are defined as having access to primary care.

Source: 2014 Area Health Resource File, Health Resources and Services Administration

### NATIONAL RATE

81%

of people live in counties with access to primary care

### HOPE GOAL

100%

of people live in counties with access to primary care

### DISTANCE TO GOAL

59 million

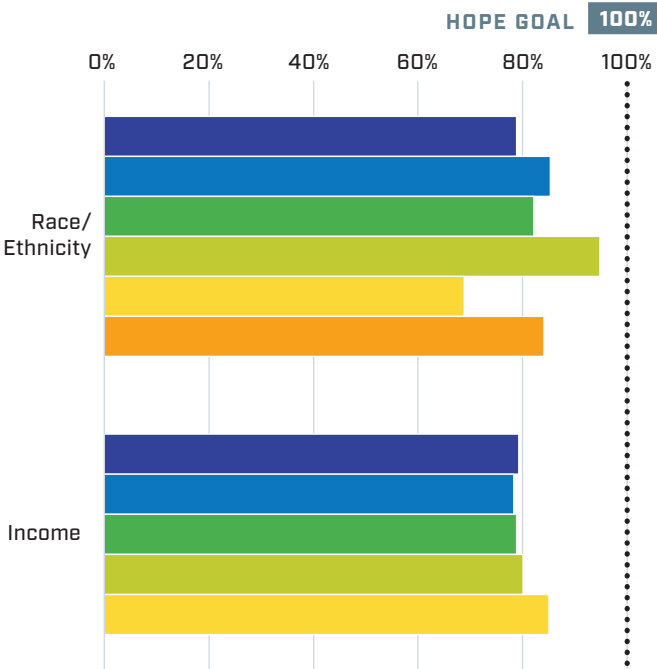
more people in the U.S. would need to live in counties with access to primary care to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH ACCESS TO PRIMARY CARE

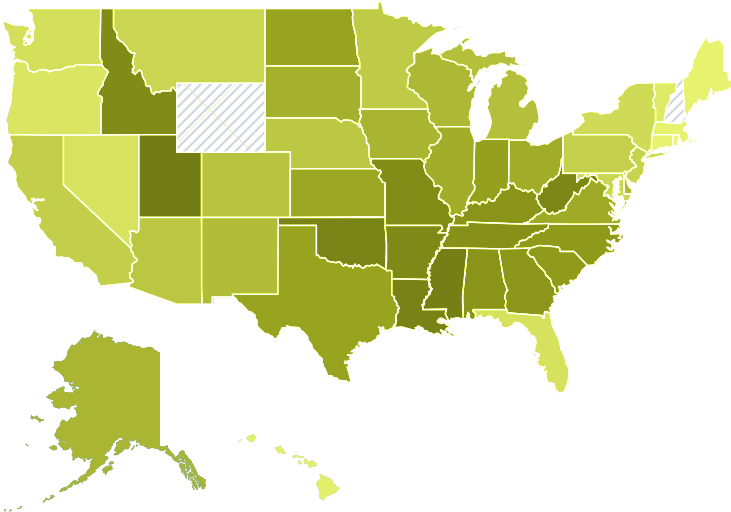
By Race, Ethnicity, and Income\*

White | 0-99% FPL   Black | 100-199% FPL  
Hispanic | 200-299% FPL   Asian/PI | 300-399% FPL  
AI/AN | 400%+ FPL   Multiracial



By State and Region

Farthest from HOPE Goal   48%   100%   Closest to HOPE Goal



Data for NH and WY not reported.

\*Combined rates by race, ethnicity, and income not reported.

State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH ACCESS TO PRIMARY CARE

By Race and Ethnicity

- White

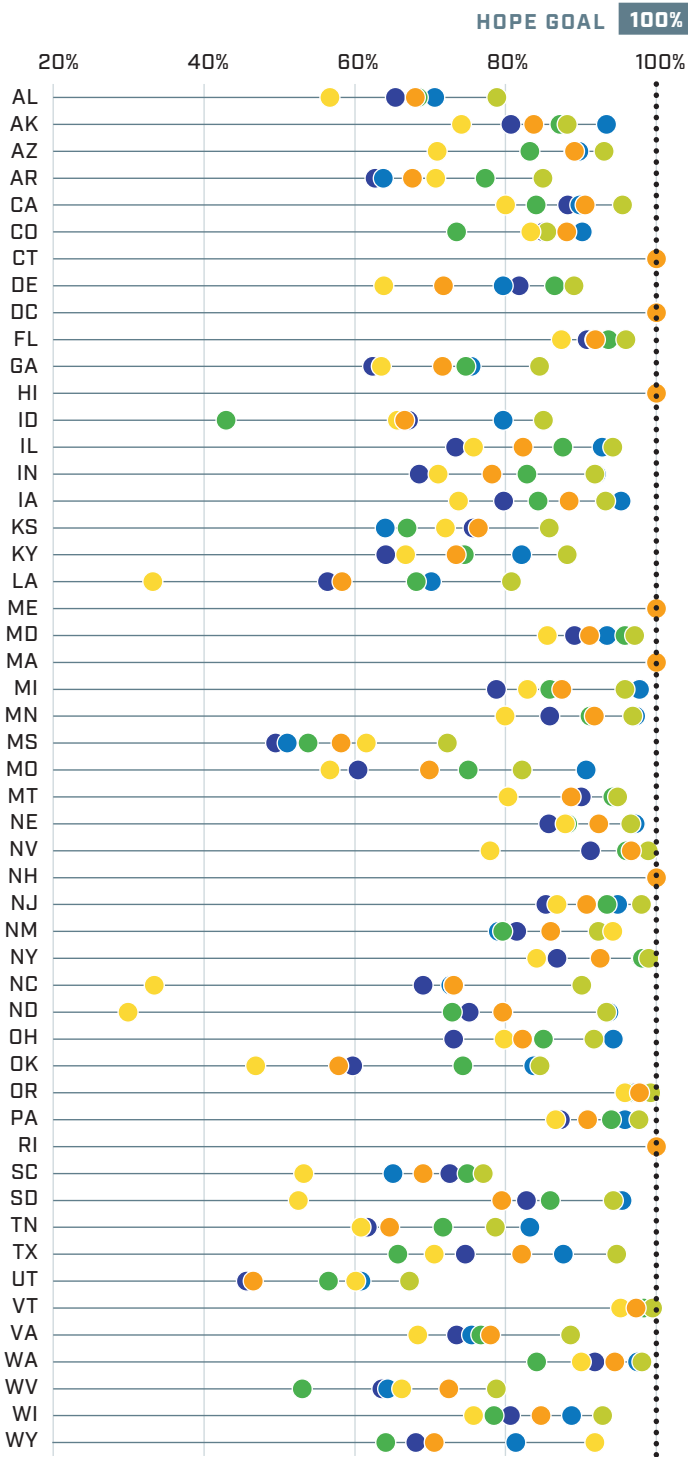
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

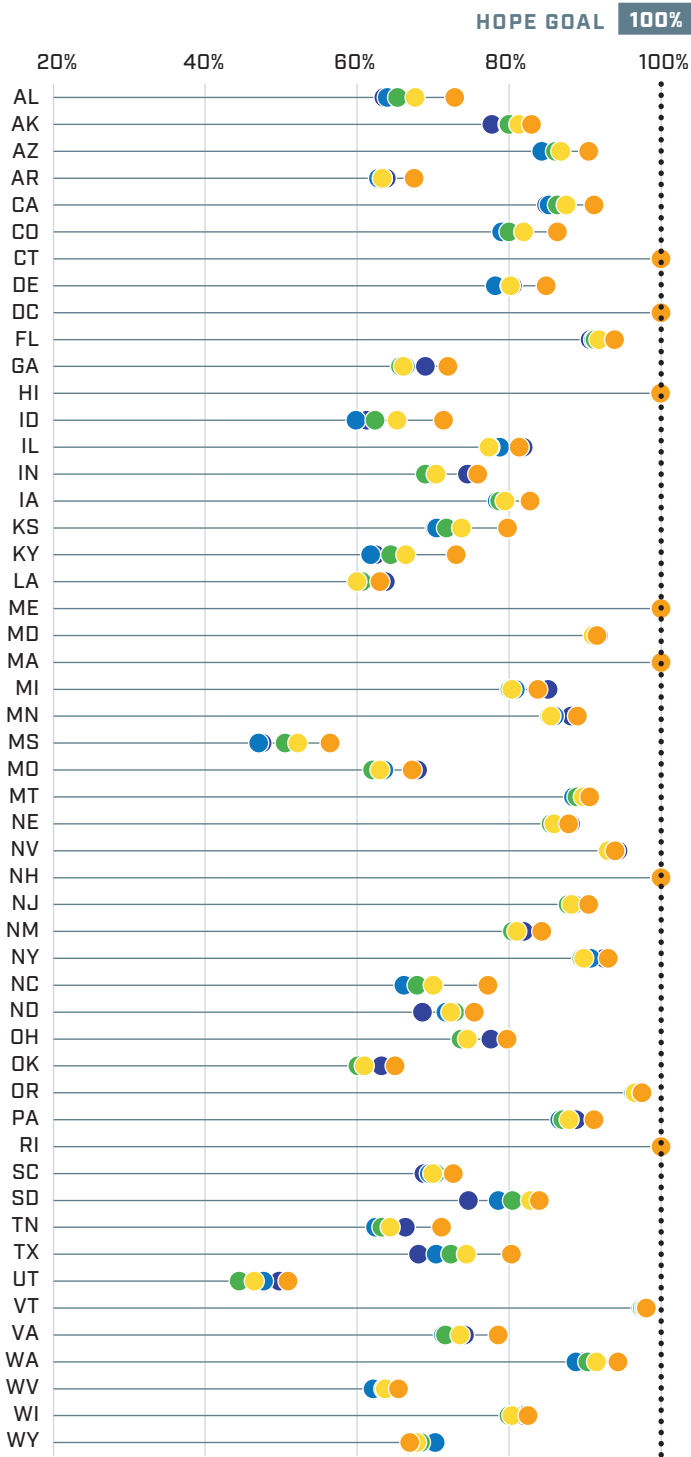
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



Some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Access to Psychiatric Care

Counties with a population-to-psychiatrist ratio of less than 30,000:1 are defined as having access to psychiatric care.

Source: 2014 Area Health Resource Files, Health Resources and Services Administration

## NATIONAL RATE

80%

of people live in counties with access to psychiatric care

## HOPE GOAL

100%

of people live in counties with access to psychiatric care

## DISTANCE TO GOAL

63 million

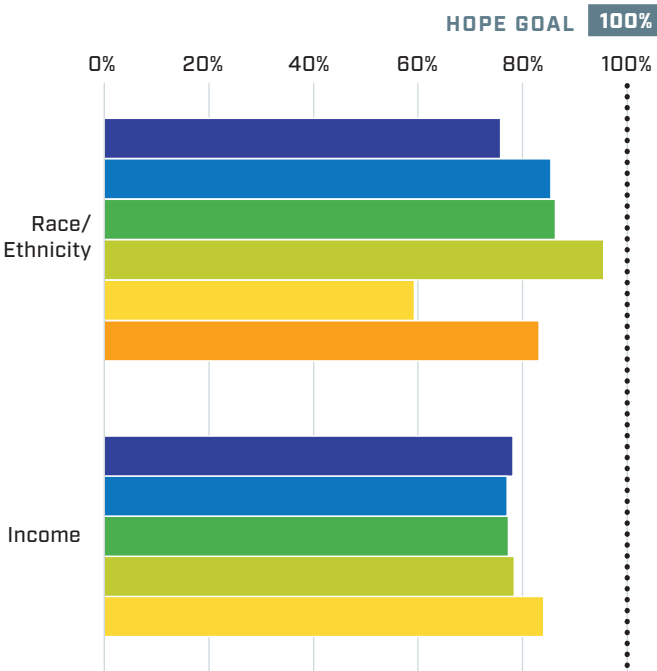
more people in the U.S. would need to live in counties with access to psychiatric care to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT LIVING IN COUNTIES WITH ACCESS TO PSYCHIATRIC CARE

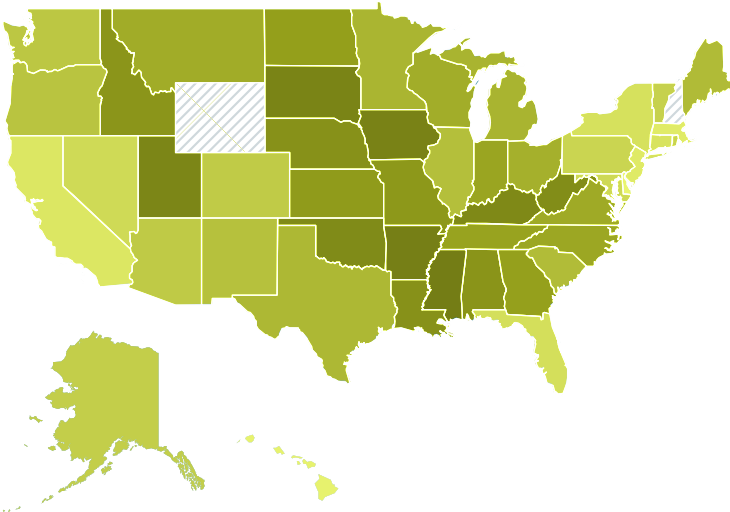
By Race, Ethnicity, and Income\*

- White | 0-99% FPL
- Black | 100-199% FPL
- Hispanic | 200-299% FPL
- Asian/PI | 300-399% FPL
- AI/AN | 400%+ FPL
- Multiracial



By State and Region

- Farthest from HOPE Goal
- 41%
- Closest to HOPE Goal
- 100%



Data for NH and WY not reported.

\*Combined rates by race, ethnicity, and income not reported.

State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES WITH ACCESS TO PSYCHIATRIC CARE

By Race and Ethnicity

- White

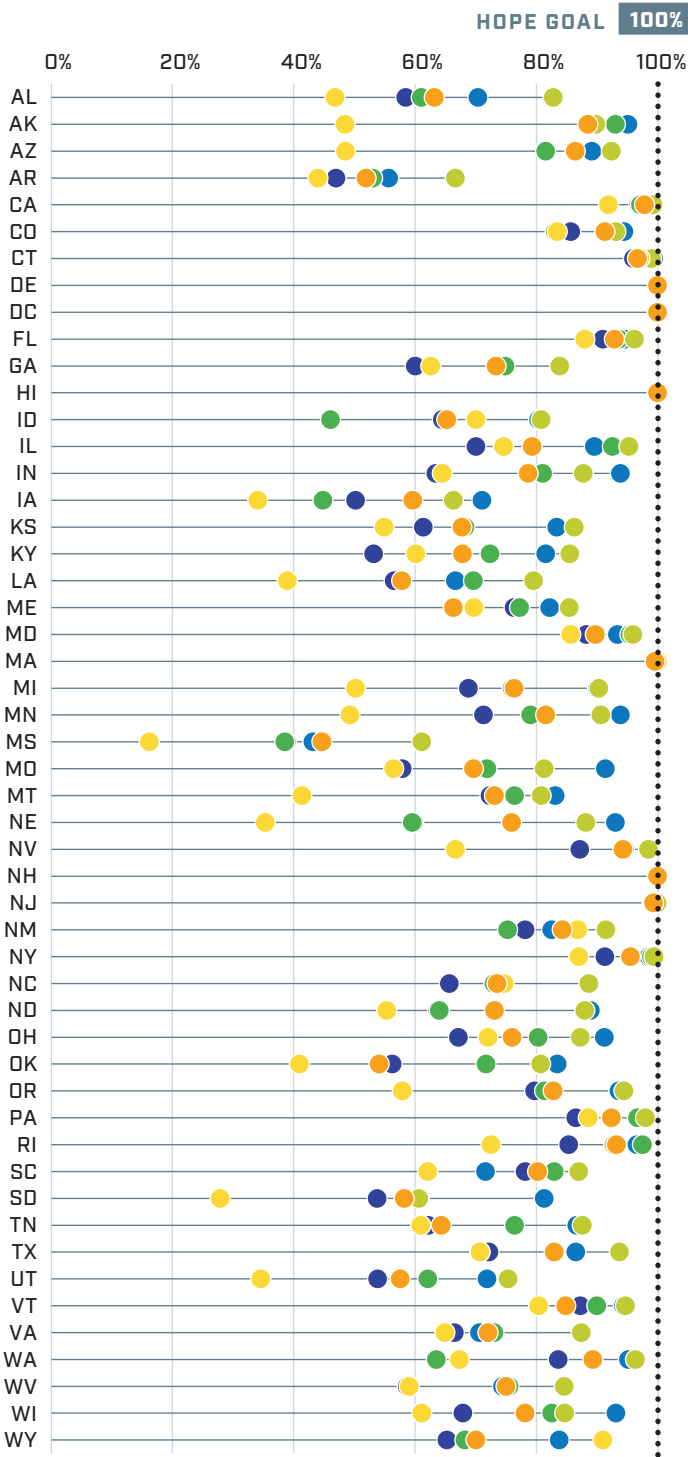
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

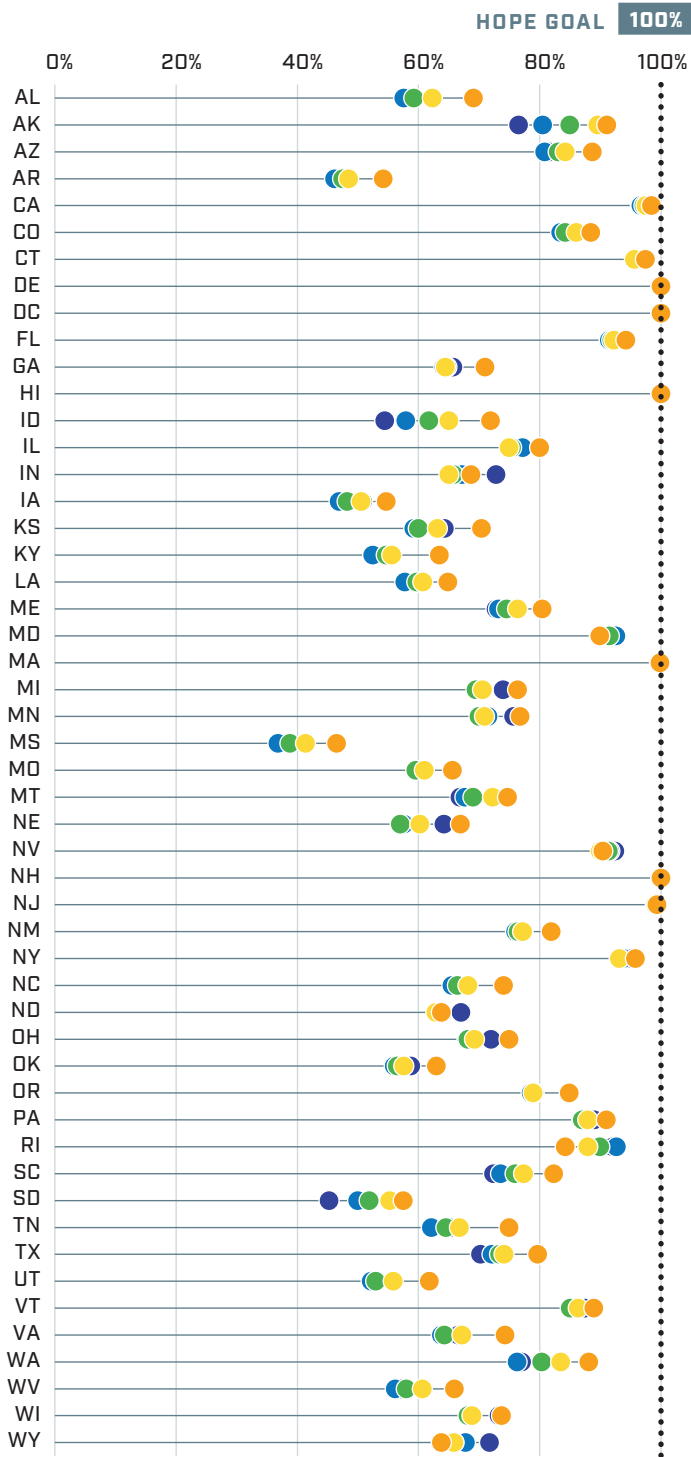
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



Some race and ethnic groups in NH and WY not reported.

For rates, see Appendix.

# Health Insurance Coverage

Health insurance coverage is measured as the portion of non-elderly people under age 65 who have any kind of health insurance.

Source: 2011-2015 American Community Survey Public Use Microdata Sample, U.S. Census Bureau

## NATIONAL RATE

85%

of non-elderly people with health insurance coverage

## HOPE GOAL

97%

of non-elderly people with health insurance coverage

## DISTANCE TO GOAL

33 million

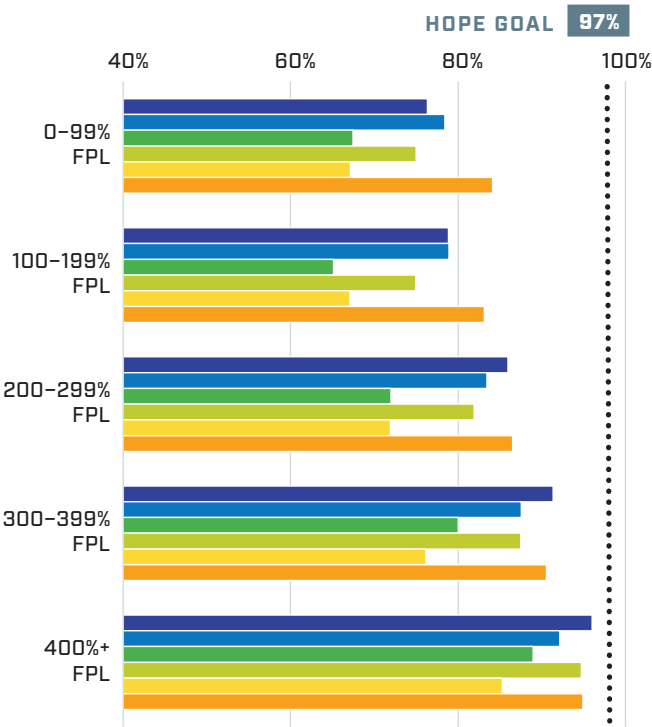
more non-elderly people in the U.S. would need to obtain health insurance coverage to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH HEALTH INSURANCE COVERAGE

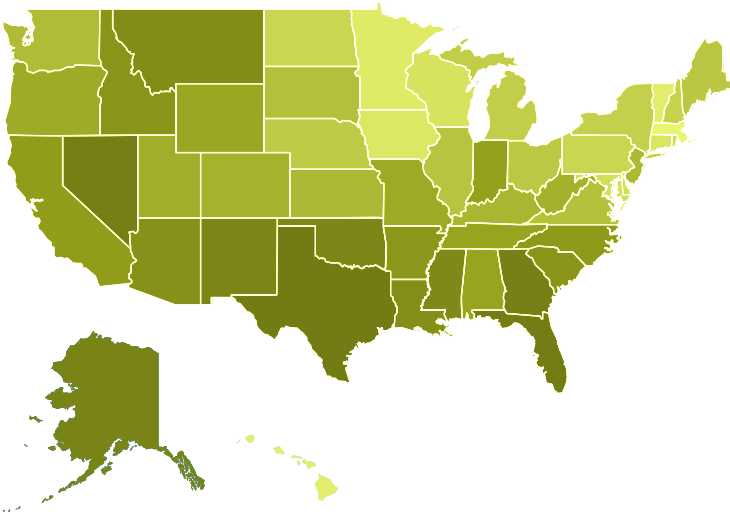
By Race, Ethnicity, and Income

White Black Hispanic Asian/PI AI/AN Multiracial



By State and Region

Farthest from HOPE Goal 77% Closest to HOPE Goal 96%



State Progress Toward HOPE Goal

PERCENT WITH HEALTH INSURANCE COVERAGE

By Race and Ethnicity

- White

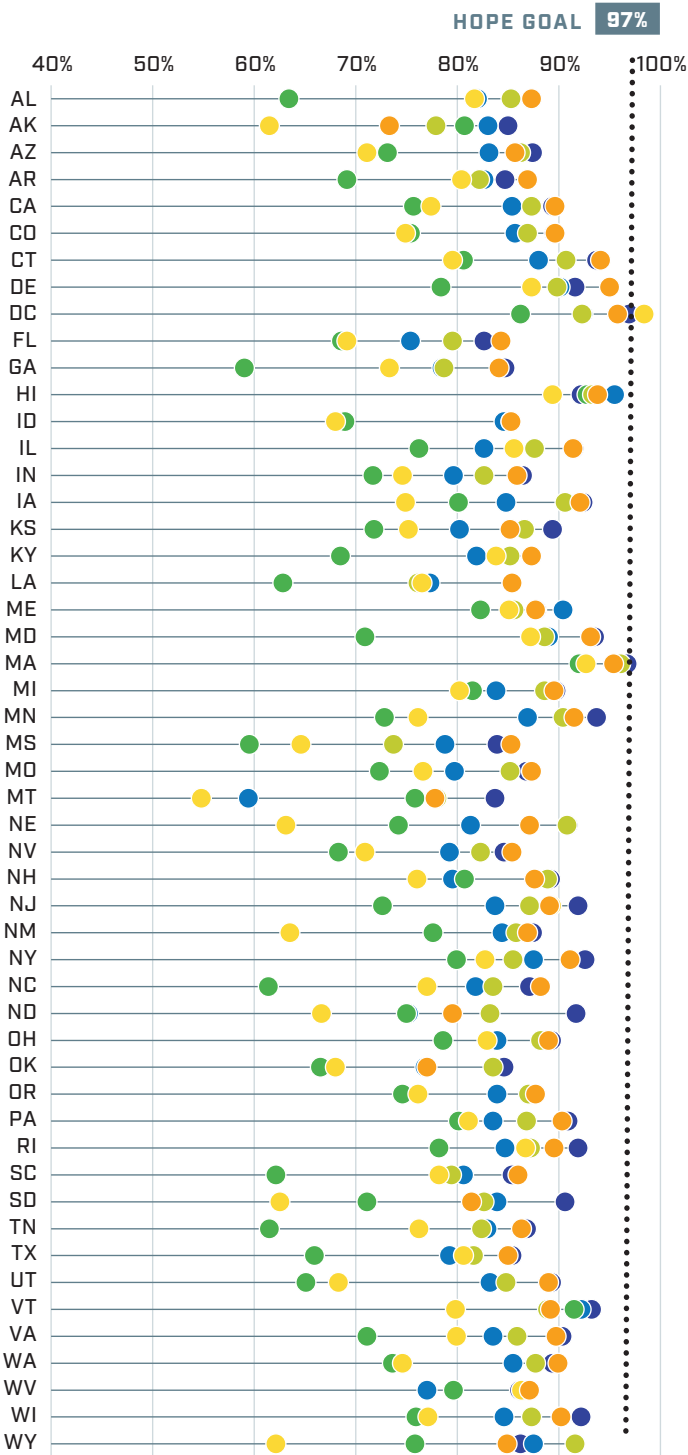
Black

Hispanic

Asian/PI

AI/AN

Multiracial



By Income

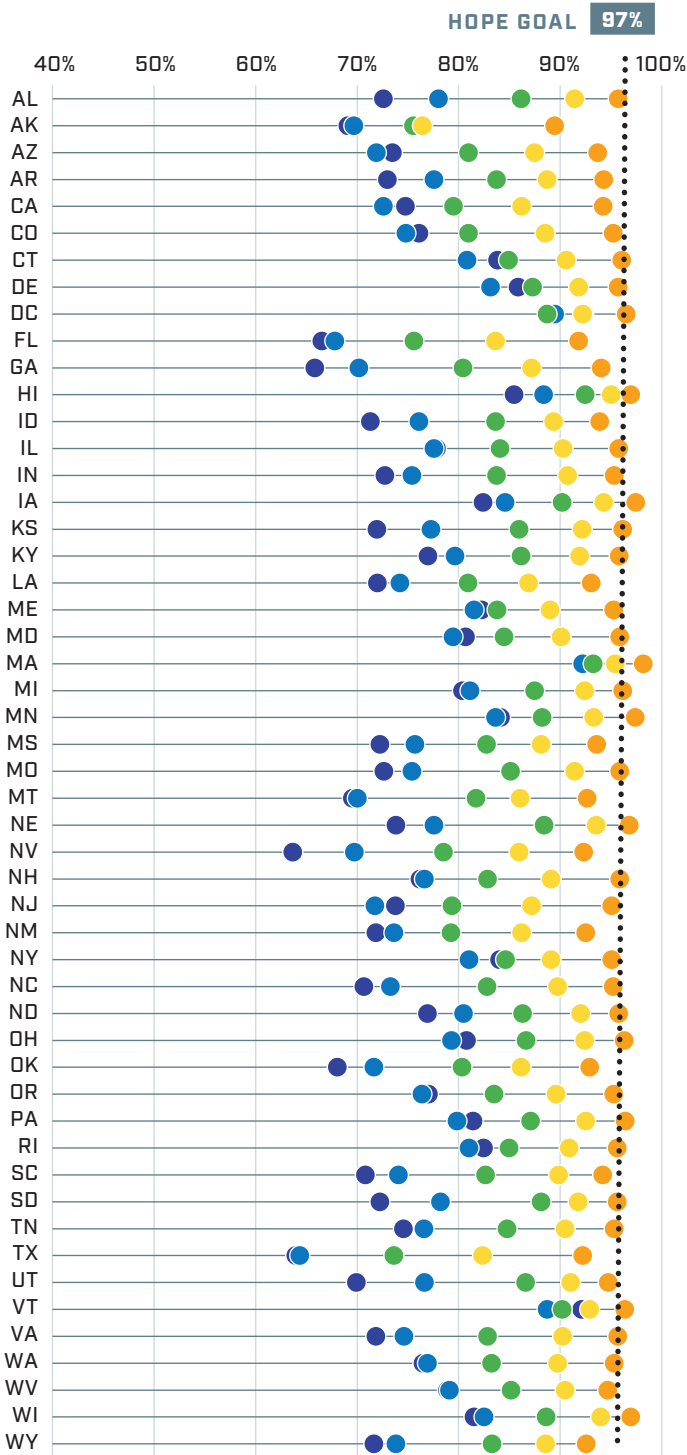
- 0-99% FPL

100-199% FPL

200-299% FPL

300-399% FPL

400%+ FPL



For rates, see Appendix.

# Affordable Health Care

Affordable health care is measured by the portion of adults age 25 and older who did not delay or forego any medical care they needed due to cost in the past year.

Source: 2012-2014 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

## NATIONAL RATE

85%

of adults with affordable health care

## HOPE GOAL

95%

of adults with affordable health care

## DISTANCE TO GOAL

22 million

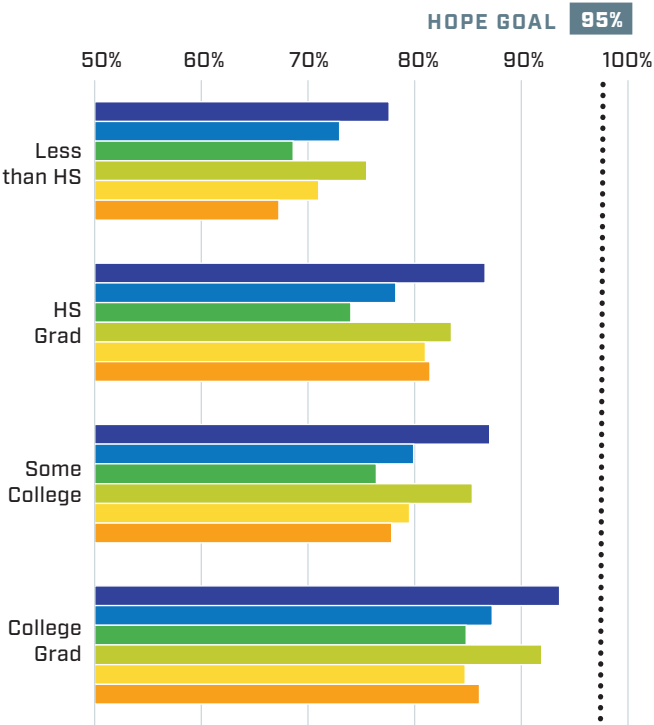
more adults in the U.S. would need to have affordable health care to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH AFFORDABLE HEALTH CARE

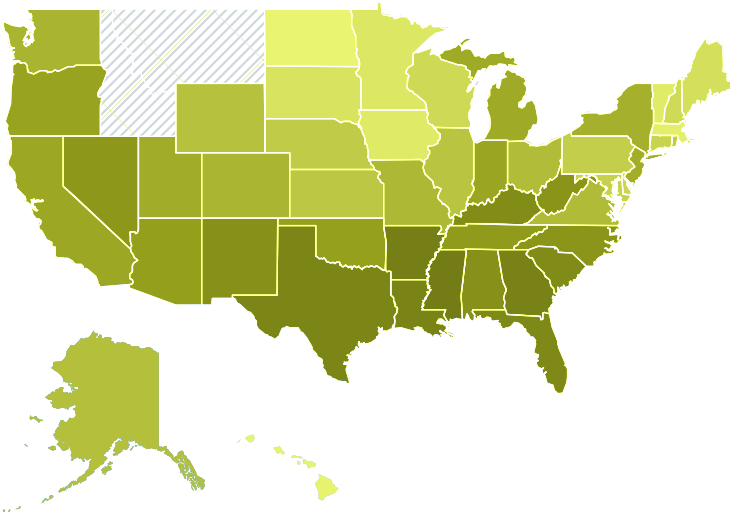
#### By Race, Ethnicity, and Education

White Black Hispanic Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 79% Closest to HOPE Goal 93%



Data for ID and MT not reported.

State Progress Toward HOPE Goal

PERCENT WITH AFFORDABLE HEALTH CARE

By Race and Ethnicity

- White

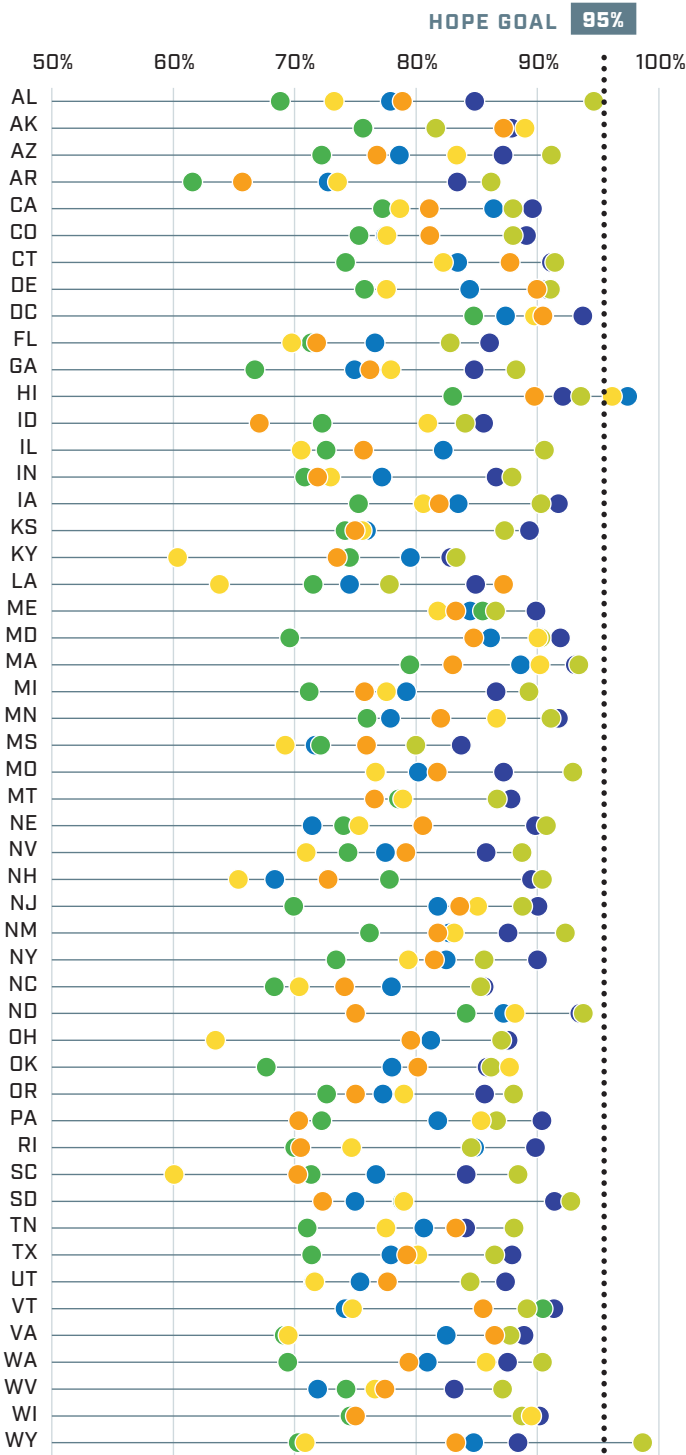
Black

Hispanic

Asian/PI

AI/AN

Multiracial



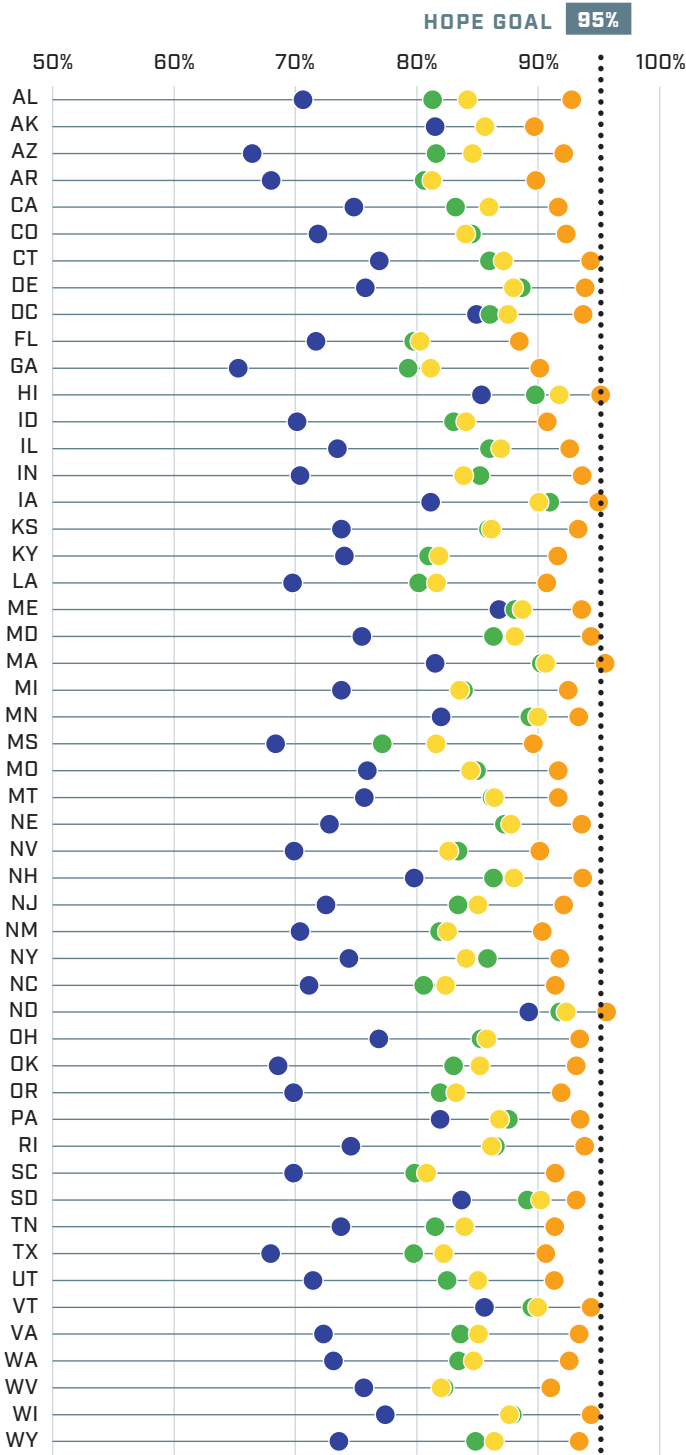
By Education

- Less than HS

HS Grad

Some College

College Grad



Data for Blacks in ID and MT not reported.

For rates, see Appendix.

# Usual Source of Care

The portion of adults age 25 and older who have someone they consider their personal health care provider is said to have a usual source of care.

Source: 2012-2014 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

## NATIONAL RATE

80%

of adults with a usual source of care

## HOPE GOAL

92%

of adults with a usual source of care

## DISTANCE TO GOAL

26 million

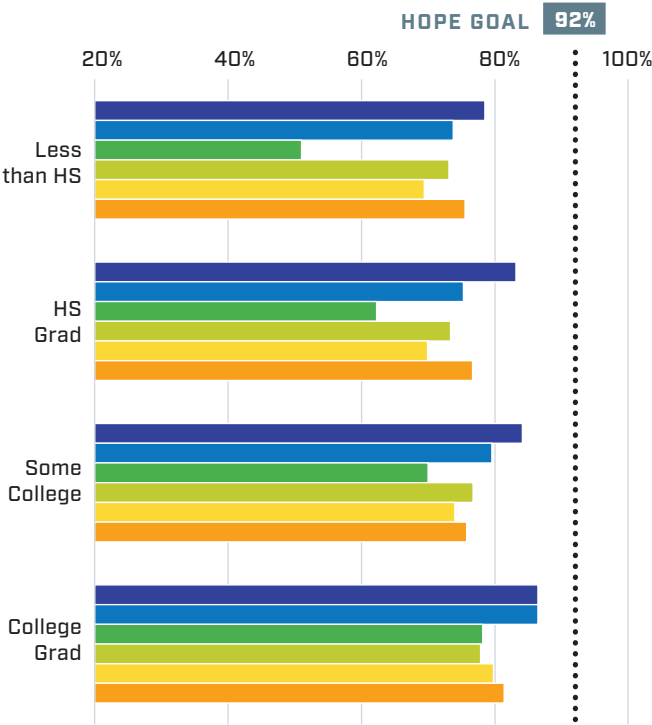
more adults in the U.S. would need to obtain a usual source of care to achieve the HOPE Goal

## National Progress Toward HOPE Goal

### PERCENT WITH USUAL SOURCE OF CARE

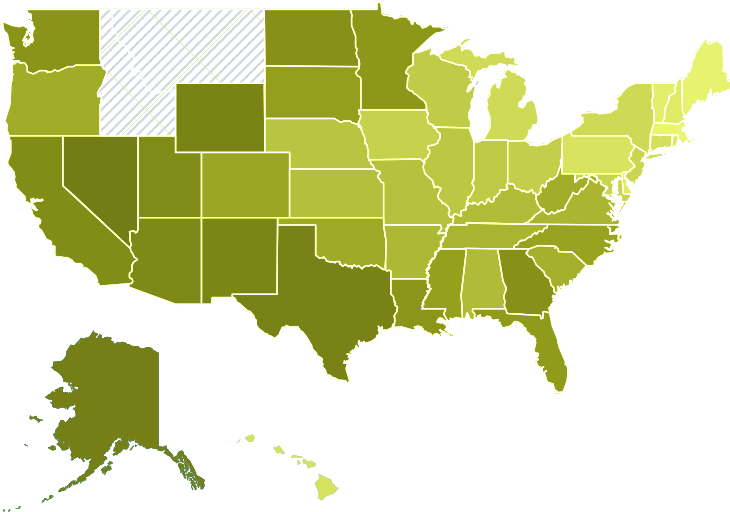
#### By Race, Ethnicity, and Education

White Black Hispanic Asian/PI AI/AN Multiracial



#### By State and Region

Farthest from HOPE Goal 68% Closest to HOPE Goal 91%



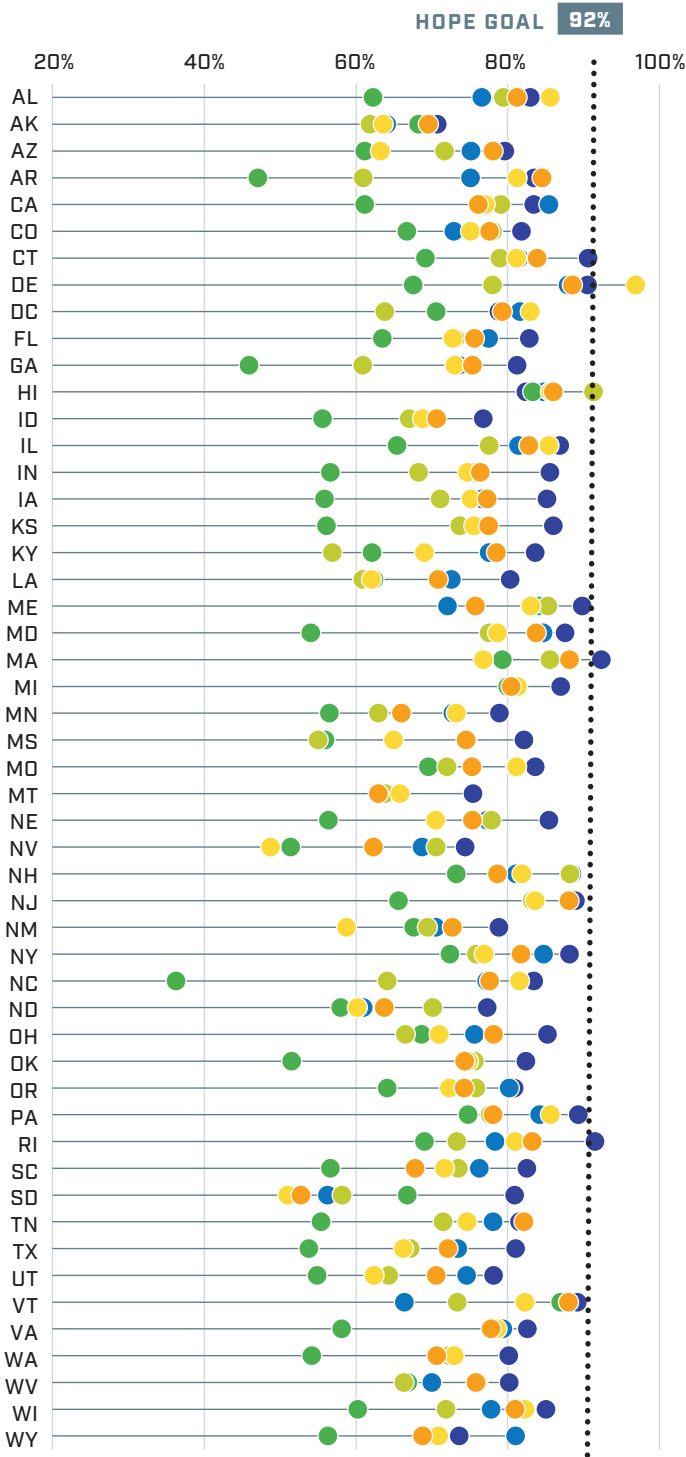
Data for ID and MT not reported.

State Progress Toward HOPE Goal

PERCENT WITH USUAL SOURCE OF CARE

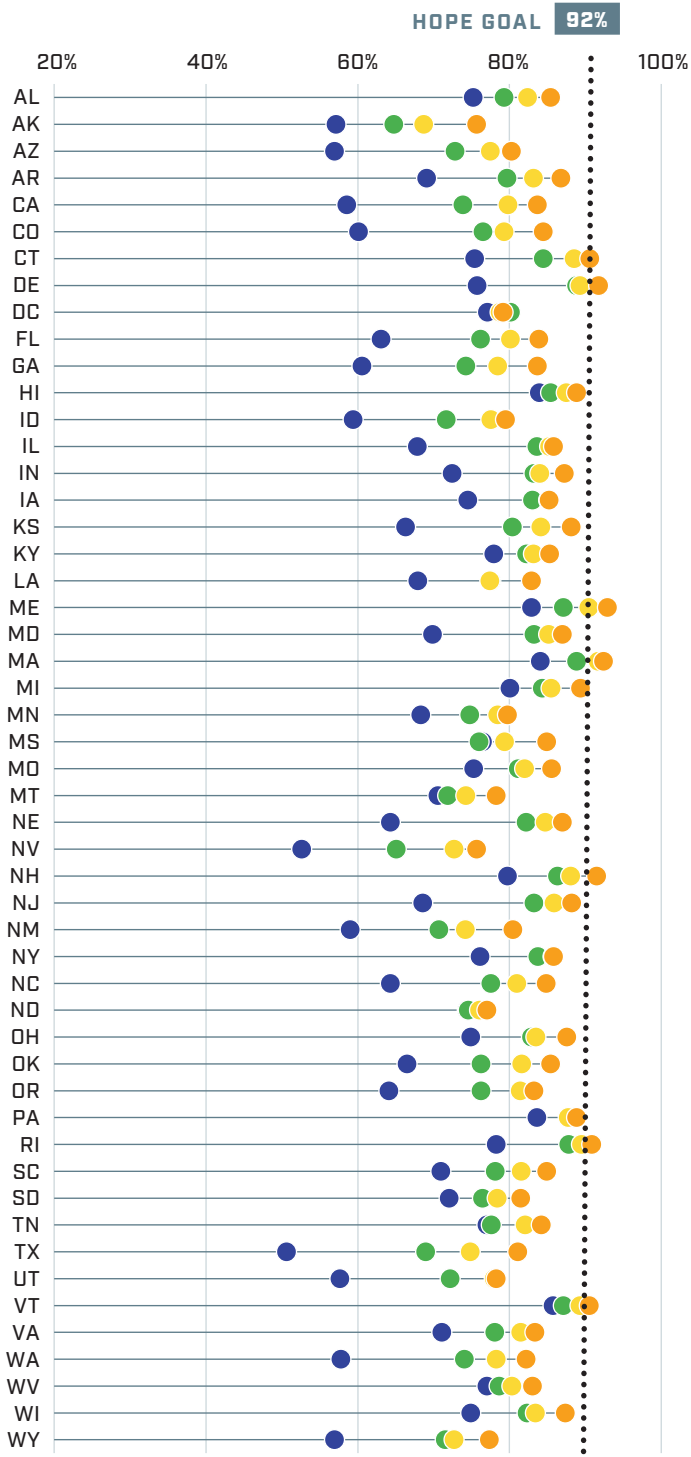
By Race and Ethnicity

- White
- Black
- Hispanic
- Asian/PI
- AI/AN
- Multiracial



By Education

- Less than HS
- HS Grad
- Some College
- College Grad



Data for Blacks in ID and MT not reported.

For rates, see Appendix.

## Colorectal Cancer Screening

Colorectal cancer screening is measured as the percent of adults age 50-75 who have received colorectal cancer screening, as recommended by the U.S. Preventive Services Task Force guidelines.

Source: 2012-2014 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

### NATIONAL RATE

68%

of adults age 50-75 are up to date with colorectal cancer screening

### HOPE GOAL

80%

of adults age 50-75 are up to date with colorectal cancer screening

### DISTANCE TO GOAL

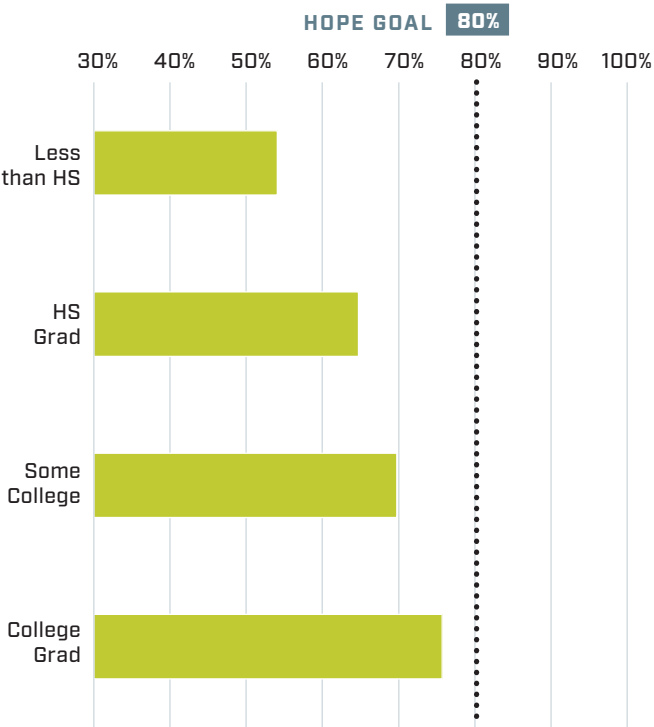
11 million

more U.S. adults age 50-75 would need to receive recommended colorectal cancer screening to achieve the HOPE Goal

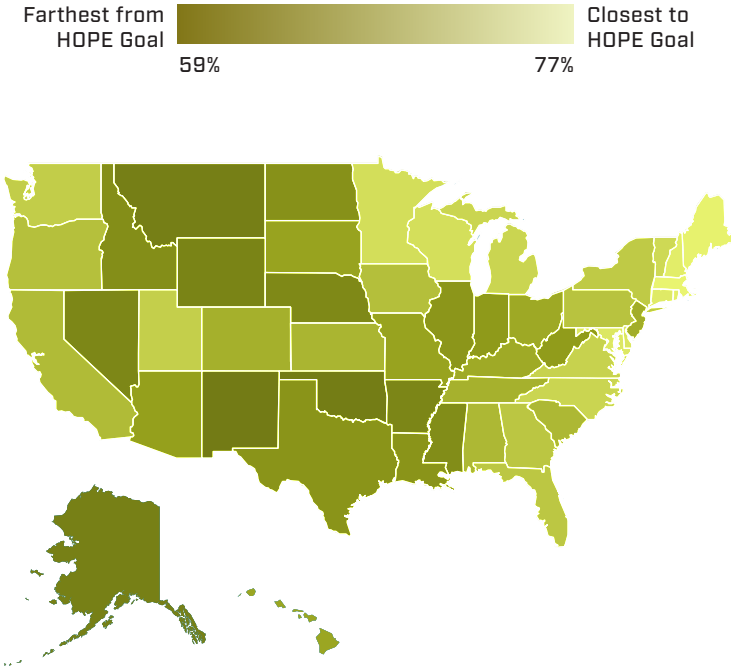
## National Progress Toward HOPE Goal

### PERCENT RECEIVING COLORECTAL CANCER SCREENING

#### By Education\*



#### By State and Region



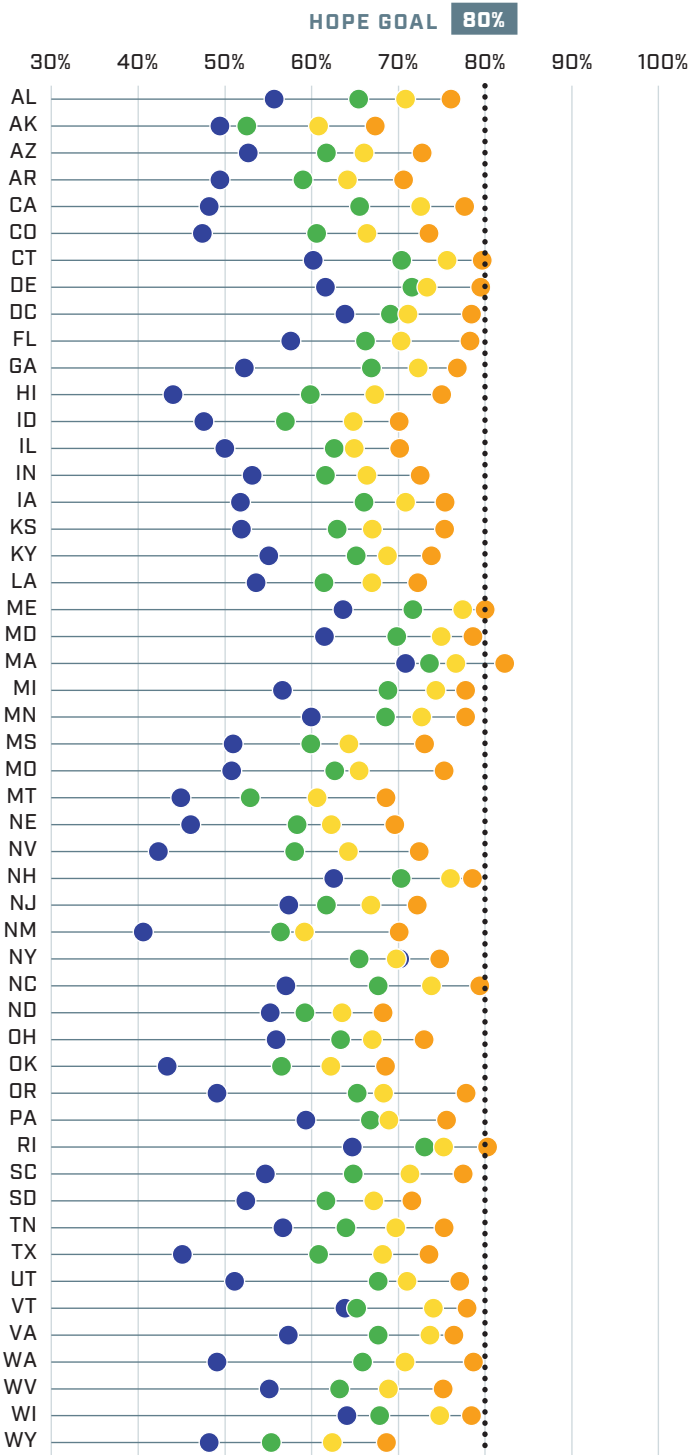
\*Data not reported by race and ethnicity.

# State Progress Toward HOPE Goal

## PERCENT RECEIVING COLORECTAL CANCER SCREENING

By Education

Less than HS   HS Grad   Some College   College Grad



Data not reported by race and ethnicity.

