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The Health Opportunity 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.”¹

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

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.¹ 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.

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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

<table>
<thead>
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<th>HOPE Domains and Indicators</th>
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<td><strong>Health Outcomes</strong></td>
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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.
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 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.
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.

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.

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.

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

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DISTANCE TO HOPE GOAL</th>
<th>GROUPS USED TO SET HOPE GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of adults who say their health is very good or excellent</td>
<td></td>
<td>College graduates in VT, DC, CT, MA, and NH</td>
</tr>
<tr>
<td>HOPE GOAL 75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of adults who say their mental health was not good for 14 or more days in the past 30 days</td>
<td></td>
<td>College graduates in SD, ND, MN, IA, and WI</td>
</tr>
<tr>
<td>HOPE GOAL 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of children whose parents rate their health as very good or excellent</td>
<td></td>
<td>Households with income 301-400% FPL in LA and ME; Households with income greater than 400% FPL in SD, SC, and NE</td>
</tr>
<tr>
<td>HOPE GOAL 97%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 84%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of annual deaths due to any cause per 100,000 population age 25-64</td>
<td></td>
<td>Age 25-44: College graduates in DC, MA, CT, NY, and MN Age 45-64: College graduates in CT, MA, NH, VT, and MN</td>
</tr>
<tr>
<td>HOPE GOAL 260 deaths per 100,000 pop., age 45-64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPE GOAL 42 deaths per 100,000 pop., age 25-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 377 deaths per 100,000 pop., age 25-64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of infants who die before their first birthday annually per 1,000 live births</td>
<td></td>
<td>College graduate mothers in WY, WA, VT, MA, and NY</td>
</tr>
<tr>
<td>HOPE GOAL 2.4 deaths per 1,000 live births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 8.4 deaths per 1,000 live births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of infants weighing less than 2,500 grams at birth</td>
<td></td>
<td>College graduate mothers in AK, VT, ME, WI, and ID</td>
</tr>
<tr>
<td>HOPE GOAL 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Rate 8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 1st quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

HEALTH OUTCOMES

Health Outcomes Indicators
- Adult Health Status
- Mental Health
- Premature Mortality
- Infant Mortality
- Low Birth Weight

HOW TO READ THIS CHART

Distance to the HOPE Goal
- 4th quartile—farthest from Goal
- 3rd quartile
- 2nd quartile
- 1st 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

By State and Region

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 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**

Data for ID and MT not reported.

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT OF ADULTS WITH POOR MENTAL HEALTH

By Race and Ethnicity

By Education

Data for Blacks in ID and MT not reported.

For rates, see Appendix.
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.

**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**

State Progress Toward HOPE Goal

PERCENT OF CHILDREN IN VERY GOOD OR EXCELLENT HEALTH

By Income

- 0–100% FPL
- 101–200% FPL
- 201–300% FPL
- 301–400% FPL
- >400% FPL

Data not reported by race and ethnicity.

For rates, see Appendix.
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**  
42  
Deaths per 100,000 adults age 25-44  
260  
Deaths 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**

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

**By Education**

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

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

Data for RI not reported.

For rates, see Appendix.
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

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

For rates, see Appendix.
State Progress Toward HOPE Goal

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

By Race and Ethnicity

By Education

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.

Data for DC not reported.
For rates, see Appendix.

**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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Less than HS</th>
<th>HS Grad</th>
<th>Some College</th>
<th>College Grad</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**By State and Region**

Data for VT not reported.

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT WITH LOW BIRTH WEIGHT

By Race and Ethnicity

By Education

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.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DISTANCE TO HOPE GOAL</th>
<th>GROUPS USED TO SET HOPE GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livable Income</td>
<td>National Rate 62%</td>
<td>College graduates in MD, CT, AK, NJ, and VA</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 89%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>National Rate 67%</td>
<td>College graduates in WV, SD, ND, IA, and AR</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 87%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-secondary Education</td>
<td>National Rate 59%</td>
<td>People with income 400% FPL or greater in DC, CO, CA, OR, and WA</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 83%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connected Youth</td>
<td>National Rate 94%</td>
<td>Asian/PIs in five states have attained 100% connected youth rate. Data not available by income or education.</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool Enrollment</td>
<td>National Rate 47%</td>
<td>Households with income 400% FPL or greater in DC, CT, NJ, MA, and NY</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 76%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>National Rate 91%</td>
<td>People with income 400% FPL or greater in ND, SD, NE, IA, and MT</td>
</tr>
<tr>
<td></td>
<td>HOPE Goal 98%</td>
<td></td>
</tr>
</tbody>
</table>
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 1st quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.
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.

### National Progress Toward HOPE Goal

#### PERCENT WITH LIVABLE INCOME

**By Race, Ethnicity, and Education**

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

<table>
<thead>
<tr>
<th>Education Level</th>
<th>HOPE Goal</th>
<th>62%</th>
<th>89%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than HS</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>HS Grad</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Some College</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>College Grad</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**By State and Region**

- **Farthest from HOPE Goal**: 50%
- **Closest to HOPE Goal**: 73%

Data for DC not reported.

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT WITH LIVABLE INCOME

By Race and Ethnicity

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

HOPE GOAL 89%

By Education

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

HOPE GOAL 89%

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 millionmore 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

By State and Region

Farthest from HOPE Goal

Closest to HOPE Goal

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

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT WITH AFFORDABLE HOUSING

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, VT, and WY not reported.

For rates, see Appendix.
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.

**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

**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%

Source: 2010-2014 American Community Survey, U.S. Census Bureau
State Progress Toward HOPE Goal

PERCENT WITH POST-SECONDARY EDUCATION

By Race and Ethnicity

By Income

For rates, see Appendix.
For rates, see Appendix.

**Socioeconomic Factors :: 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.

**National Progress Toward HOPE Goal**

**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

**Percent Connected Youth**

By Race and Ethnicity*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>HOPE Goal 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td>Black</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>70% 75% 80% 85% 90% 95% 100%</td>
</tr>
</tbody>
</table>

* Data not reported by income or education.

**By State and Region**

Farthest from HOPE Goal

92%

Closest to HOPE Goal

98%

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

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT CONNECTED YOUTH

By Race and Ethnicity

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**
- **Closest to HOPE Goal**

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT ENROLLED IN PRESCHOOL

By Income

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

Data not reported by race and ethnicity.

For rates, see Appendix.
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 millionmore 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

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

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT EMPLOYED

By Race and Ethnicity

By Income

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

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DISTANCE TO HOPE GOAL</th>
<th>GROUPS USED TO SET HOPE GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Poverty Concentration</strong></td>
<td></td>
<td>Data not available by income or education. Goal set based on review of literature.</td>
</tr>
<tr>
<td>Portion of people in neighborhoods with less than 20% of residents living in poverty</td>
<td>NATIONAL RATE 77%</td>
<td></td>
</tr>
<tr>
<td><strong>Low Murder Rate</strong></td>
<td></td>
<td>All people in CT, HI, ME, NH, RI, and VT</td>
</tr>
<tr>
<td>Portion of people living in counties with fewer than 5.1 murders per 100,000 population annually</td>
<td>NATIONAL RATE 64%</td>
<td></td>
</tr>
<tr>
<td><strong>Low Assault Rate</strong></td>
<td></td>
<td>All people in CT, HI, ID, ME, NH, ND, RI, UT, and VT</td>
</tr>
<tr>
<td>Portion of people living in counties with fewer than 283 reported cases of aggravated assault per 100,000 population annually</td>
<td>NATIONAL RATE 67%</td>
<td></td>
</tr>
<tr>
<td><strong>Low Rape Rate</strong></td>
<td></td>
<td>All people in CT, DC, NJ, NY, RI, and VT</td>
</tr>
<tr>
<td>Portion of people living in counties with fewer than 36.9 reported cases of rape per 100,000 population annually</td>
<td>NATIONAL RATE 78%</td>
<td></td>
</tr>
<tr>
<td><strong>Low Robbery Rate</strong></td>
<td></td>
<td>All people in ID, MT, ND, VT, and WY</td>
</tr>
<tr>
<td>Portion of people living in counties with fewer than 52.1 reported cases of robbery per 100,000 population annually</td>
<td>NATIONAL RATE 34%</td>
<td></td>
</tr>
</tbody>
</table>
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 1st quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.
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*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By State and Region

Farthest from HOPE Goal 53%

Closest to HOPE Goal 94%

* Data not reported by income or education.

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT LIVING IN LOW POVERTY CONCENTRATION

By Race and Ethnicity*

* 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.

Data not reported by income or education.

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*

By State and Region

Farthest from HOPE Goal

Closest to HOPE Goal

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

For rates, see Appendix.
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

---

**PERCENT LIVING IN COUNTIES WITH LOW ASSAULT RATES**

**By Race, Ethnicity, and Income***

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>White 0–99% FPL</td>
<td>Black 100–199% FPL</td>
</tr>
<tr>
<td>Hispanic 200–299% FPL</td>
<td>Asian/PI 300–399% FPL</td>
</tr>
<tr>
<td>AI/AN 400%+ FPL</td>
<td>Multiracial</td>
</tr>
</tbody>
</table>

**By State and Region**

[Map showing the percentage of people living in counties with low assault rates 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 ASSAULT RATES

By Race and Ethnicity

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

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 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

HOPE GOAL 100%
of people live in counties with low rape rates

DISTANCE TO GOAL 69 millionmore people in the U.S. would need to live in counties with low rape rates to achieve the HOPE Goal

Data for NH and WY not reported.

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

For rates, see Appendix.
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

- HOPE GOAL 100%

Data for some race and ethnic groups in NH and WY not reported.
Counties with low robbery rates are defined as those with fewer than 52.1 reported cases of robbery per 100,000 population annually.

**National Progress Toward HOPE Goal**

**PERCENT LIVING IN COUNTIES WITH LOW ROBBERY RATES**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Income</th>
<th>HOPE GOAL 100%</th>
<th>Distance to Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0–99% FPL</td>
<td>0%</td>
<td>207 million</td>
</tr>
<tr>
<td>Black</td>
<td>100–199% FPL</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>200–299% FPL</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Asian/PI</td>
<td>300–399% FPL</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>400%+ FPL</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DISTANCE TO HOPE GOAL</th>
<th>GROUPS USED TO SET HOPE GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of households living in a home they own</td>
<td>NATIONAL RATE 66%</td>
<td>College graduates in NH, MI, WV, DE, and IA</td>
</tr>
<tr>
<td>HOPE GOAL 81%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>NATIONAL RATE 83%</td>
<td>College graduates in SD, WV, IA, AR, and NE</td>
</tr>
<tr>
<td>HOPE GOAL 94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Quality—Particulate Matter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people living in counties with average daily density of fine particulate matter (PM$_{2.5}$) below 12 micrograms per cubic meter</td>
<td>NATIONAL RATE 61%</td>
<td>All people in 18 states</td>
</tr>
<tr>
<td>HOPE GOAL 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Liquor Store Density</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people living in counties with fewer than 1,736 liquor stores per 10,000 population</td>
<td>NATIONAL RATE 84%</td>
<td>All people in AZ, HI, ME, NV, OH, WA, and WV</td>
</tr>
<tr>
<td>HOPE GOAL 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access)</td>
<td>NATIONAL RATE 87%</td>
<td>People with incomes 400% FPL or greater in DC, NY, RI, VT, and NJ</td>
</tr>
<tr>
<td>HOPE GOAL 97%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 1st quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.

HOW TO READ THIS CHART

Distance to the HOPE Goal

- 4th quartile—farthest from Goal
- 3rd quartile
- 2nd quartile
- 1st 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

<table>
<thead>
<tr>
<th>Education Level</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/PI</th>
<th>AI/AN</th>
<th>Multiracial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than HS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS Grad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Grad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

By State and Region

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

For rates, see Appendix.
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

HOPE GOAL 81%

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

By State and Region

Farthest from HOPE Goal

Closest to HOPE Goal

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

By Education
Air Quality—Particulate Matter

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

**National Progress Toward HOPE Goal**

**PERCENT LIVING IN COUNTIES MEETING PM$_{2.5}$ STANDARDS**

By Race, Ethnicity, and Income*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Income</th>
<th>HOPE GOAL</th>
<th>Distance to Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0-99% FPL</td>
<td>100%</td>
<td>124 million</td>
</tr>
<tr>
<td>Black</td>
<td>100-199% FPL</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>200-299% FPL</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Asian/PI</td>
<td>300-399% FPL</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>400%+ FPL</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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

Source: 2011 WONDER, Centers for Disease Control and Prevention
State Progress Toward HOPE Goal

PERCENT LIVING IN COUNTIES MEETING PM$_{2.5}$ STANDARDS

By Race and Ethnicity

By Income

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

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 LIQUOR STORE DENSITY

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.
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).


**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.

For rates, see Appendix.
State Progress Toward HOPE Goal

PERCENT WITH FOOD SECURITY

By Race and Ethnicity*

* 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.

### Table: Access to Health Care Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Distance to Hope Goal</th>
<th>Groups Used to Set Hope Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Primary Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people living in counties with a population-to-primary care physician ratio of less than 2,000:1</td>
<td>National Rate 81%</td>
<td>All people in CT, DC, HI, ME, MA, NH, and RI</td>
</tr>
<tr>
<td><strong>Access to Psychiatric Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people living in counties with a population-to-psychiatrist ratio of less than 30,000:1</td>
<td>National Rate 80%</td>
<td>All people in DE, DC, HI, NH, and MA</td>
</tr>
<tr>
<td><strong>Health Insurance Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of people under age 65 with any kind of health insurance</td>
<td>National Rate 85%</td>
<td>People with incomes 400% FPL or greater in MA, IA, MN, WI, and HI</td>
</tr>
<tr>
<td><strong>Affordable Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of adults who did not delay or forego any medical care they needed due to cost in the past year</td>
<td>National Rate 85%</td>
<td>College graduates in ND, MA, HI, IA, and MD</td>
</tr>
<tr>
<td><strong>Usual Source of Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of adults who have someone they consider their personal health care provider</td>
<td>National Rate 80%</td>
<td>College graduates in ME, MA, DE, NH, and RI</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portion of adults age 50–75 receiving recommended colorectal cancer screenings</td>
<td>National Rate 68%</td>
<td>College graduates in MA, RI, ME, CT, and DE</td>
</tr>
</tbody>
</table>

**Note:** HOPE includes six measures of access to health care.
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 1st quartile are closest to the HOPE Goal, while lower ranked states fall farther from the HOPE Goal.
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 Progress Toward HOPE Goal**

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

By Race, Ethnicity, and Income*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0–99% FPL</td>
</tr>
<tr>
<td>Black</td>
<td>100–199% FPL</td>
</tr>
<tr>
<td>Hispanic</td>
<td>200–299% FPL</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>300–399% FPL</td>
</tr>
<tr>
<td>AI/AN</td>
<td>400%+ FPL</td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
</tr>
</tbody>
</table>

**By State and Region**

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*

By State and Region

Farthest from HOPE Goal

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 PSYCHIATRIC CARE

By Race and Ethnicity

- White
- Black
- Hispanic
- Asian/PI
- Al/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.
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
- Al/AN
- Multiracial

**By State and Region**

Farthest from HOPE Goal: 77%

Closest to HOPE Goal: 96%

For rates, see Appendix.
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 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.

**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

### 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.

For rates, see Appendix.
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.
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

<table>
<thead>
<tr>
<th>NATIONAL RATE</th>
<th>HOPE GOAL</th>
<th>DISTANCE TO GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>92%</td>
<td>26 million</td>
</tr>
<tr>
<td>of adults with a usual source of care</td>
<td>of adults with a usual source of care</td>
<td>more adults in the U.S. would need to obtain a usual source of care to achieve the HOPE Goal</td>
</tr>
</tbody>
</table>

National Progress Toward HOPE Goal

PERCENT WITH USUAL SOURCE OF CARE

By Race, Ethnicity, and Education

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/PI</th>
<th>AI/AN</th>
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<tbody>
<tr>
<td>Less than HS</td>
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<tr>
<td>HS Grad</td>
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<tr>
<td>Some College</td>
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</tr>
<tr>
<td>College Grad</td>
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</tbody>
</table>

HOPE GOAL 92%

By State and Region

Farthest from HOPE Goal

Closest to HOPE Goal

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.
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***

<table>
<thead>
<tr>
<th>Education</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
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<tr>
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<tr>
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<tr>
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</table>

**HOPE Goal**: 80%

*Data not reported by race and ethnicity.

For rates, see Appendix.
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.