

Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges

KEY POINTS

- Since the implementation of the Affordable Care Act (ACA)'s coverage provisions, the uninsured rate among Black Americans under age 65 decreased by 8 percentage points, from 20 percent in 2011 to 12 percent in 2019. The uninsured rate for Black Americans, however, is still higher than that for White Americans: 12 percent compared to 9 percent.
- The uninsured rate among Black Americans that report Latino ethnicity is similar to the uninsured rate among non-Latino Black Americans.
- Southern states that have not expanded Medicaid have some of the nation's highest uninsured rates for all population groups, as well as large Black populations.
- While access to care improved for Black Americans between 2011 and 2020, disparities in affordability of health care between Black and White Americans persist.
- Starting in 2021, the Biden-Harris Administration implemented legislative and administrative actions to expand affordable coverage options. Under the American Rescue Plan (ARP), which increased health insurance Marketplace subsidies, 76 percent of uninsured Black Americans could find a plan for less than \$50 a month and 66 percent could find a plan for \$0 a month in 2021.
- The Administration made a health insurance Marketplace Special Enrollment Period (SEP) available on Healthcare.gov in 2021 to offer uninsured individuals and current HealthCare.gov enrollees an opportunity to enroll in affordable coverage.
- To encourage enrollment during the SEP, the Administration increased funding and partnered with organizations to increase outreach to uninsured Black Americans, among other populations. Results show that among SEP enrollees reporting their race and ethnicity, the share of enrollees that were Black increased from 9 percent in 2019 to 15 percent in 2021.

BACKGROUND

In 2020, there were 41.1 million Black Americans who identified as one race and 46.9 million Black Americans who identified as Black or African American in combination with another race or ethnicity accounting for 12.4 percent and 14.2 percent of the total U.S. population, respectively.^{1*} Since 2010, the number of

* We use the term "Black Americans" in this report to describe Black or African Americans, who are defined as anyone who identified as Black or African American alone or in combination with other races. In general, statistics for Black Americans in this report do not include people reporting Latino ethnicity, unless otherwise specified. For ASPE's report analyzing coverage and access for Latinos, please see: <https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-among-latinos>

Black Americans in combination with at least one other race grew 88.7 percent, and the number of Black Americans who identify as one race increased 5.6 percent since 2010.²

Black Americans are diverse in their racial and ethnic identity and experiences. In 2019, more than half (58.7 percent) of Black Americans in the U.S. lived in the South.³ The ten states with the largest Black population in 2019 were Texas, Georgia, Florida, New York, North Carolina, California, Maryland, Illinois, Virginia, and Louisiana.⁴ Black Americans on average are younger than the U.S. population as a whole, with more than half (58 percent) being less than 40 years old.⁵ The median age of Black Americans in 2019 was 35 years old, six years younger than the total U.S. population's median age.⁶ The number of Black Americans in the U.S. is growing and is expected to increase 34 percent by 2045.⁷

There are large disparities in the health status and health outcomes for Black Americans compared to White Americans. Chronic disease burden, morbidity, and mortality are all significantly higher among young adult Black Americans than the U.S. population as a whole.^{8,9} According to the U.S. Census Bureau, Black Americans' life expectancy in 2020 was 3.6 years shorter than non-Latino White Americans.¹⁰ In 2020, the leading causes of death among Black Americans were heart disease, cancer, and COVID-19.¹¹ With respect to maternal and child health, while Medicaid expansion has in some cases slowed the increase in maternal mortality among Black mothers, maternal and infant mortality among Black mothers and babies remains significantly higher than non-Latino White Americans.¹² Black American infants have a death rate of 10.8 deaths per 1,000 live births - almost twice the national average (5.7 deaths per 1,000 live births).¹³ Additionally, Black Americans are three times more likely to die from pregnancy-related causes than their White counterparts.¹⁴ Experts have argued that these inequities are consequences of multiple socio-economic factors that are largely the result of structural racism.¹⁵

The Affordable Care Act (ACA) increased availability of affordable coverage options via Medicaid expansion in participating states and Marketplace coverage with premium subsidies. Studies show that the ACA's coverage expansions narrowed racial and ethnic health disparities in coverage and access to care.^{16,17,18} Additional coverage expansion efforts implemented during 2021 including a Marketplace Special Enrollment Period and passage of the American Rescue Plan (ARP) may help reduce health care disparities further.

This issue brief analyzes changes in health insurance coverage and examines trends in access to care among Black Americans using data from 2011-2020.[†] This Issue Brief is part of a series of ASPE Issue Briefs examining the change in coverage rates and access to care after implementation of the Affordable Care Act (ACA) among different racial and ethnic populations.

DATA SOURCES AND METHODS

This issue brief relies on analysis of U.S. Census Bureau's American Community Survey (ACS) and the National Health Interview Survey (NHIS) data. The ACS is a national household survey conducted by the Census Bureau that collects demographic information, including race and ethnicity, and source of health insurance. This brief uses ACS data from 2010 through 2020 for annual estimates of individuals who are uninsured. Due to data collection limitations during the COVID-19 pandemic that resulted in significant nonresponse bias, the U.S. Census Bureau did not release its standard 2020 ACS data and instead developed an experimental dataset for 2020. The Census Bureau cautions comparing the 2020 experimental estimates with experimental weights against estimates from previous years.^{19,20,21} Thus, while we included 2020 estimates in our long-term trends,

[†] Due to data collection limitations during the COVID-19 pandemic that resulted in significant nonresponse bias, the U.S. Census Bureau did not release standard 2020 American Community Survey (ACS) 1 year data, and instead developed experimental estimates. 2020 ACS experimental estimates should be interpreted with caution due to the impact the COVID-19 pandemic on data collection and overall data quality. Similarly, 2019 and 2020 National Health Interview Survey (NHIS) data should be interpreted with caution and not compared to previous years, due to survey redesign and the COVID-19 pandemic, respectively.

when analyzing more detailed data on current coverage patterns, we preferentially used 2019 rather than 2020 ACS data. To account for the intersectionality of Black Americans, some of whom also identify as Latino Americans, we developed different variables for race and ethnicity in this analysis, examining differences in coverage between non-Latino and Latino Black Americans.

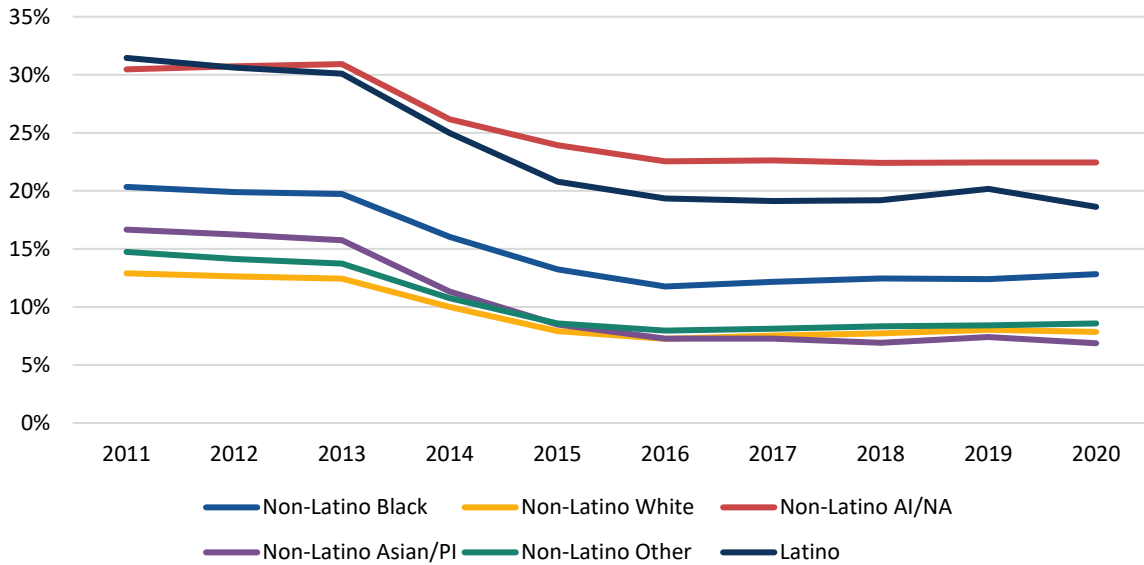
To analyze trends in access to health care for Black Americans and differences compared to White Americans, we used data from the National Health Interview Survey (NHIS) for the years 2011 to 2020.[‡] Administered by the National Center for Health Statistics (NCHS) housed within the Center for Disease Control and Prevention (CDC), the NHIS is the largest federal survey that collects health information on the U.S. population. Analyses are weighted to represent the noninstitutionalized population and to adjust for complex survey design. The 2020 NHIS was also impacted by the COVID-19 pandemic leading to challenges conducting in-person interviews, nonresponse bias, and lower response rates.²² The health care access measures included in the analysis are as follows: lacking a usual source of care, having delayed care due to cost, worried about medical bills, delayed filling prescriptions medications to save money, and problems paying or unable to pay medical bills. We included additional measures from NHIS 2020 data related to the effects of the COVID-19 pandemic on Black Americans accessing health care including having delayed getting medical care because of the pandemic, not getting needed medical care other than for coronavirus because of the pandemic, and having had a virtual medical appointment for reasons related to the pandemic.

HEALTH INSURANCE COVERAGE

Since the implementation of the ACA's coverage provisions, the uninsured rate among nonelderly Black Americans decreased by 8 percentage points, from 20 percent in 2011 to 12 percent in 2019 (Figure 1). Essentially all of the decrease in the uninsured rate among Black Americans occurred between 2013 and 2016, after implementation of the Marketplace and Medicaid expansion coverage provisions in the ACA. Non-Latino American Indians and Alaska Natives had the highest uninsured rate in 2019 (22 percent), followed by Latinos of all races (20 percent). Asian American and Pacific Islanders and White Americans had uninsured rates in the 7 to 8 percent range in 2019. Figure 1 includes results of the experimental 2020 ACS estimate, which should be interpreted with caution; they show a very modest increase in the uninsured rate among Black Americans from 2019 to 2020 (12 percent to 13 percent) – but no major increase in the uninsured rate despite the pandemic and corresponding economic recession.²³

[‡] Due to data collection limitations during the COVID-19 pandemic that resulted in significant nonresponse bias, the U.S. Census Bureau did not release standard 2020 American Community Survey (ACS)-1 year data and instead developed experimental estimates. 2020 ACS experimental estimates should be interpreted with caution due to the impact the COVID-19 pandemic had on data collection and overall data quality. Similarly, 2019 and 2020 National Health Interview Survey (NHIS) data should be interpreted with caution when comparing to previous years, due to survey redesign and the COVID-19 pandemic, respectively.

Figure 1. Uninsured Rate among Nonelderly U.S population (Ages 0-64) by Race and Ethnicity, 2011-2020*



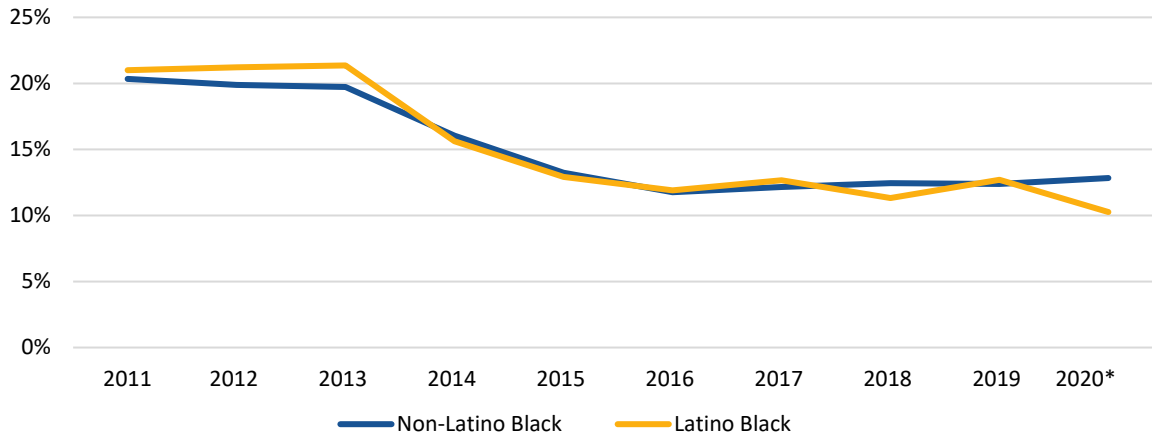
Source: ASPE analysis of the ACS

Notes: Black Americans are defined as anyone who identified as Black or African American alone and in combination with other races. Non-Latino AI/NA are Non-Latino American Indians and Alaska Natives. Non-Latino Asian/PI are Non-Latino Asian Americans and Pacific Islanders. Non-Latino Other are individuals who responded “Other” race and multi-racial people, who answered more than two races.

* Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

We also analyzed the uninsured rate among Black Americans who identify as Latino compared to Black Americans who do not identify as Latino (Figure 2). Overall, non-Latino Black Americans have a similar uninsured rate compared to Latino Black Americans. Latino Black Americans had a slightly higher uninsured rate than non-Latino Black Americans in 2013, prior to the implementation of the ACA’s coverage provisions, but the two groups have had similar uninsured rates since 2014. These findings demonstrate that while there are many differences for Latino Black Americans in their experiences with accessing health insurance coverage options, especially for those who are not born in the U.S., they still have comparable uninsured rates as non-Latino Black Americans.²⁴

Figure 2. Uninsured Rate among Nonelderly Black Americans (Ages 0-64) by Latino Ethnicity, 2011-2020*



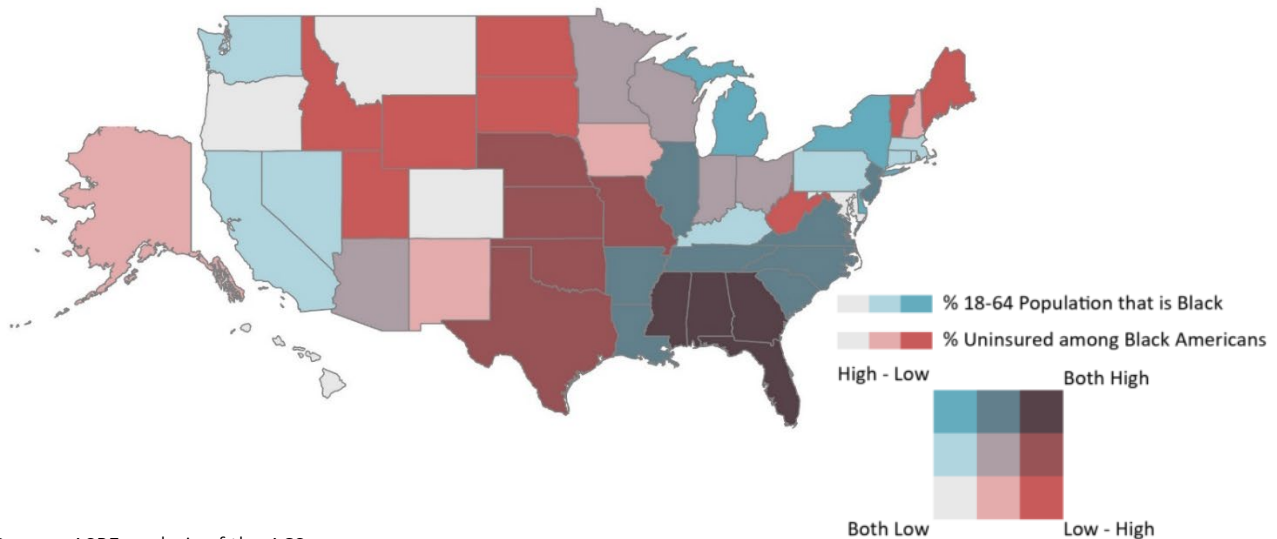
Source: ASPE analysis of the ACS

Notes: Latino Black Americans includes those who identify as Latino in combination with any race (e.g., multiracial).

* Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

Figure 3 displays state level statistics for two measures: 1) the percentage of the 18-64 population who identify as Black Americans; and 2) the uninsured rate among Black Americans. Alabama, Florida, Georgia, and Mississippi are the states with both the highest percentage of Black Americans and the highest uninsured rates among Black adults in 2019. Notably, Alabama, Florida, Georgia, and Mississippi have not expanded Medicaid eligibility to low income adults with incomes up to 138 percent of the Federal Poverty Level (FPL), as of February 2022.²⁵ ASPE analysis estimates that approximately 957,000 non-Latino Black American adults would gain Medicaid eligibility if the remaining 12 states expanded Medicaid.²⁶ Among the remaining uninsured Black Americans, 37 percent live in three states that have not expanded Medicaid: Texas, Florida, and Georgia.²⁷ Uninsured Black Americans are more likely to reside in southern states that have not expanded Medicaid.²⁸ Michigan and New York, which have both expanded Medicaid, both have a low uninsured rate among Black Americans, and large Black American populations.

Figure 3. Uninsured Rate and Overall Population Share Among Black Americans (Ages 18-64) by State, 2019

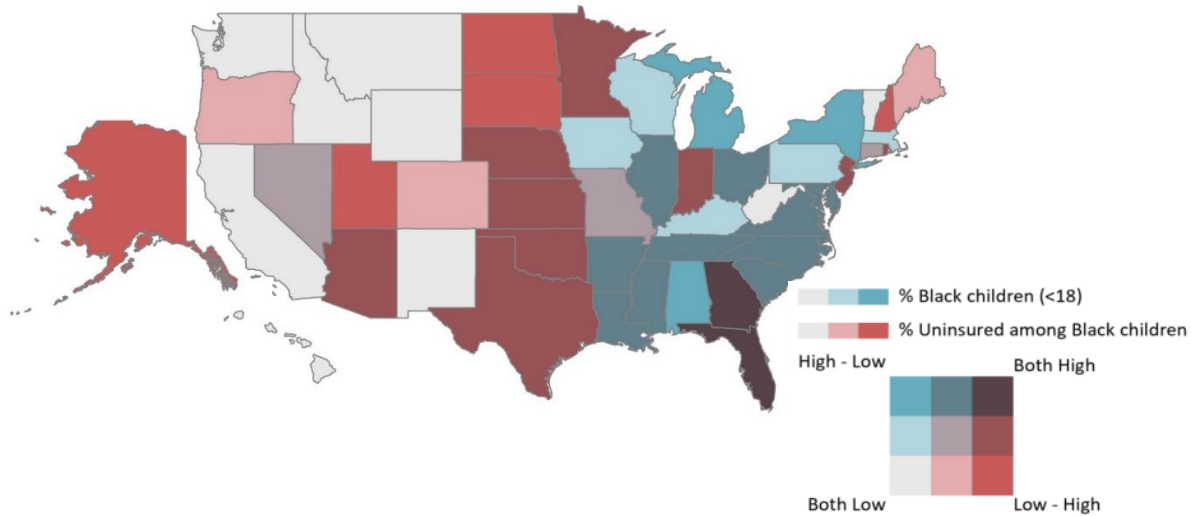


Source: ASPE analysis of the ACS

Note: This map uses quantile breaks to distribute data equally across intervals. Breaks are as follows: % of 18-64 adults: Low (0-4 percent), Medium (4-13 percent) High (13-41 percent). % of Uninsured who are Black: Low (0-13 percent), Medium (13-18 percent), High (18-33) percent.

Figure 4 displays state-level percentage of Black children under age 18 and the uninsured rate among Black children. Florida and Georgia, states that have not expanded Medicaid, both have high percentages of Black children and a high uninsured rate among Black children in 2019.

Figure 4. Uninsured Rate and Overall Population Share Among Black Children, By State (2019)



Source: ASPE Analysis of ACS

Notes: This map uses quantile breaks to distribute data equally across intervals. Breaks are as follows: % of Black children (blue): Low (0-5 percent), Medium (5-14 percent) High (14-55 percent). % of Uninsured children that are Black (red): Low (0-3 percent), Medium (3-5 percent), High (15-30 percent).

Table 1 shows the change in uninsured rate among Black Americans from 2011 to 2020 by income. All income groups experienced a reduction in the uninsured rate, likely due to coverage provisions in the ACA. Black Americans with incomes less than 100 percent FPL experienced the largest decrease in the uninsured rate from 2011 to 2019, by 9 percentage points. After 2016, uninsured rates in all income groups remained roughly stable.

Table 1. Annual Uninsured Rate Among Nonelderly Black Americans (Ages 0-64) By Income, 2011-2020*

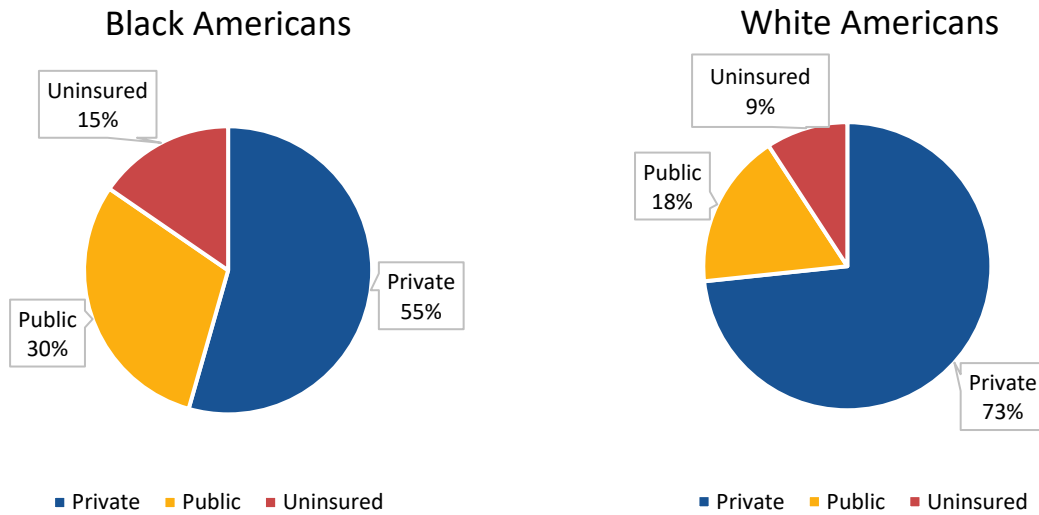
Income as Percentage of Federal Poverty Level	Percent Uninsured									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*
<100%	26%	25%	25%	22%	19%	17%	17%	17%	17%	17%
100-138%	26%	24%	23%	18%	15%	13%	14%	14%	14%	14%
139-249%	21%	22%	22%	17%	13%	12%	13%	13%	13%	14%
250-400%	16%	15%	15%	12%	10%	9%	9%	10%	10%	11%
400%+	9%	8%	9%	7%	6%	5%	5%	6%	6%	6%

Source: ASPE analysis of the ACS

Note: Includes Latino Black Americans. * Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

Figure 5 shows differences in insurance coverage type between Black Americans and White Americans in 2019. White Americans were more likely to have private insurance coverage (73 percent) compared to Black Americans (55 percent), while Black Americans were more likely to have public insurance coverage (30 vs. 18 percent) or be uninsured (15 vs. 9 percent).

Figure 5. Insurance Coverage Type among Black Americans compared to White Americans (Ages 18-64), 2019



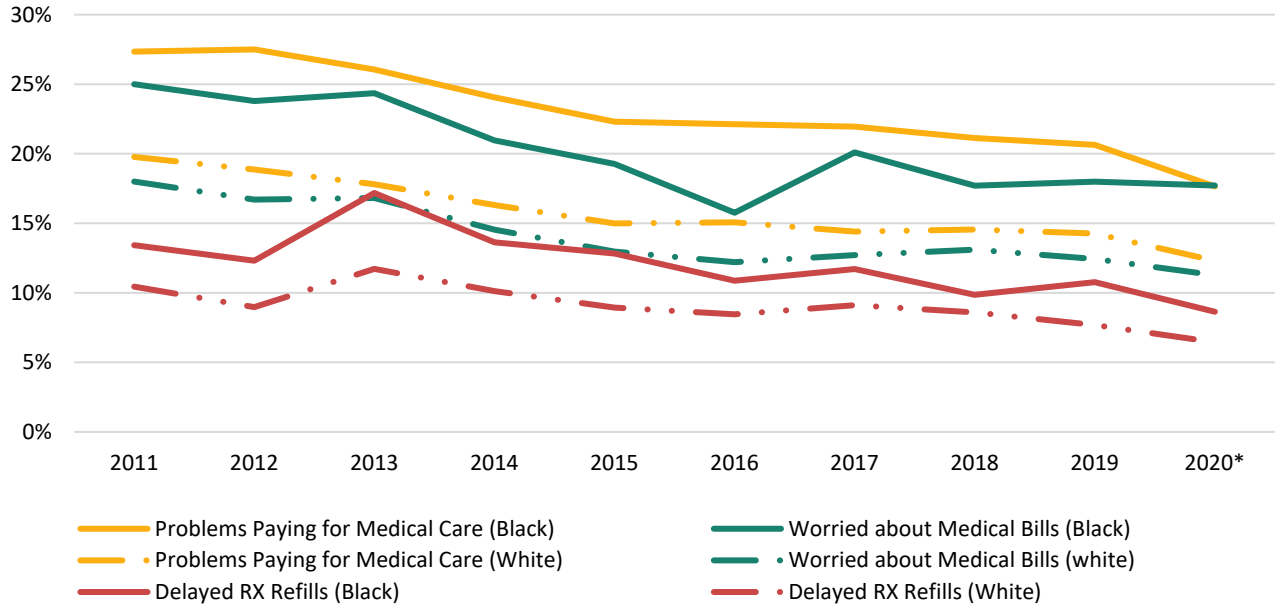
Source: ASPE Analysis of ACS

Notes: Private coverage includes employment-based, direct purchase and TRICARE. Public coverage includes Medicaid/CHIP, and VA coverage. Uninsured classified as a respondent not having any health insurance coverage at the time of interview. Estimates do not include Latino individuals.

ACCESS TO CARE

Implementation of the ACA’s coverage provisions led to significant coverage gains among Black Americans. However, despite the decrease in uninsured rate, disparities in access to care persists for Black Americans. Figure 6 shows us that since implementation of the ACA, the proportion of Black Americans reporting problems paying for medical care has decreased from 27 percent in 2011 to 18 percent in 2020. Similar trends were observed in other access to health care measures, such as worries about medical bills (25 percent in 2011 to 18 percent in 2020) and delayed prescription refills to save money (13 percent in 2011 to 9 percent in 2020). The proportion of Black Americans reporting delaying refilling prescription medications to save money has decreased since 2013 and rates in these access to care barriers were higher among Black Americans compared to White Americans over time.

Figure 6. Trends in Access to Care for Black and White Adults (Ages 18-64), 2011-2020*



Source: ASPE Analysis of NHIS

Notes: Black = non-Latino Black or African American; White = non-Latino White. 2019 and 2020 National Health Interview Survey (NHIS) data should be interpreted with caution and not compared to previous years, due to survey redesign and the COVID-19 pandemic, respectively.

Table 2 demonstrates yearly trends in access to care for non-elderly Black Americans compared to their White American counterparts. Black Americans were more likely to report lacking a usual source of care in 2011, 2012, and 2018 compared to White Americans. Between 2011 and 2020, Black Americans were more likely to report being worried about medical bills, and problems paying or unable to pay medical bills, compared to White Americans. We observed similar findings for delayed refilling prescription medications to save money, except in 2017 and 2018, where there were no statistical differences.

Table 2. Access to Care Trends for Black and White American Adults (Ages 18-64), 2011-2020*

Year	No usual source of care		Delayed care due to cost		Worried about medical bills		Delayed refilling prescription medications to save money		Problems paying or unable to pay medical bills	
	Black	White	Black	White	Black	White	Black	White	Black	White
2011	13%**	11%	10%	10%	25%***	18%	13%***	10%	27%***	20%
2012	14%*	12%	9%	9%	24%***	17%	12%***	9%	28%***	19%
2013	13%	12%	9%	8%	24%***	17%	17%***	12%	26%***	18%
2014	12%	11%	8%	8%	21%***	15%	14%**	10%	24%***	16%
2015	12%	11%	7%	7%	19%***	13%	13%***	9%	22%***	15%
2016	11%	11%	7%	7%	16%***	12%	11%**	8%	22%***	15%
2017	10%	11%	7%	7%	20%***	13%	12%	9%	22%***	14%
2018	14%*	11%	8%	8%	18%***	13%	10%	9%	21%***	15%
2019	9%	9%	9%	8%	18%***	12%	11%**	8%	21%***	14%
2020	9%	8%	7%	6%	18%***	11%	9%**	6%	18%***	12%

Source: ASPE Analysis of NHIS

Notes: Black = non-Latino Black or African American; White = non-Latino White; * p < 0.05 ** p < 0.01 ***p<0.001.

Table 3. Access to Care Trends for Non-Latino Black and Latino Black American Adults (Ages 18-64), 2011-2020*

Year	No usual source of care		Delayed care due to cost		Worried about medical bills		Delayed refilling prescription medications to save money		Problems paying or unable to pay medical bills	
	NL Black	L Black	NL Black	L Black	NL Black	L Black	NL Black	L Black	NL Black	L Black
2011	13%*	20%	10%	11%	25%	30%	13%	10%	27%	28%
2012	14%	16%	9%	8%	24%	30%	12%**	5%	28%*	20%
2013	13%	14%	9%	11%	24%	33%	17%	17%	26%	30%
2014	12%	15%	8%	7%	21%**	33%	14%	10%	24%	23%
2015	12%	10%	7%	5%	19%	24%	13%	15%	22%	23%
2016	11%	13%	7%	5%	16%	18%	11%	11%	22%	21%
2017	10%	10%	7%	6%	20%	17%	12%	12%	22%	20%
2018	14%	17%	8%	9%	18%	25%	10%*	3%	21%	19%
2019	9%	8%	9%	11%	18%*	24%	11%	8%	21%	18%
2020	9%	11%	7%	8%	18%	30%	9%	7%	18%	25%

Source: ASPE Analysis of NHIS

Notes: NL Black, non-Latino Black or African American; L Black, Latino Black or African American; * p < 0.05 ** p < 0.01 ***p<0.001.

Table 3 examines differences in access for Black Americans, stratified by Latino ethnicity. We did not observe major differences between non-Latino and Latino Black Americans in access to care over time.

The 2020 NHIS collected information on how the COVID-19 pandemic impacted respondents. We observed that among nonelderly adults and youth, more White Americans reported having delayed care due to the COVID-19 pandemic (Table 4). This may be explained by White Americans are more likely to have coverage and regular sources of care and therefore would be more likely to experience delays in receiving care during the pandemic.

Table 4. Access to Care During the COVID-19 Pandemic (2020) for Black and White Americans, by Age

Year & Age Group	Delayed care due to COVID-19		Did not get medical care due to COVID-19		Visits done virtually due to COVID-19 (telemedicine)	
	Black	White	Black	White	Black	White
2020: Adults (Ages 18-64)	21%	25%***	16%	16%	88%	86%
2020: Children (Ages 0-17)	8%	15%*	5%	9%	74%	85%

Source: ASPE Analysis of NHIS.

Notes: Black = non-Latino Black or African American; White = non-Latino White; * p < 0.05 ** p < 0.01 *** p<0.001.

AMERICAN RESCUE PLAN AND 2021 POLICY CHANGES

Since taking office in January 2021, the Biden-Harris Administration has implemented legislative and administrative actions to increase availability and affordability of coverage.

The American Rescue Plan (ARP) of 2021 expanded eligibility for premium tax credits and increased subsidies for coverage on the federally-facilitated Marketplace, Healthcare.gov. Under the ARP, 76 percent of uninsured Black Americans can find a plan on Healthcare.gov for less than \$50 a month and 66 percent can find a plan for \$0 a month.²⁹

The ARP also included a temporary state option to extend continuous Medicaid and CHIP eligibility for pregnant individuals from 60 days up to 12 months postpartum.³⁰ ASPE analysis estimates 133,000 Black Americans would gain coverage if all states participated.³¹

Finally, as of February 2022, 12 states have not yet adopted Medicaid expansion.³² If the remaining non-expansion states were to expand Medicaid, an estimated 957,000 Black Americans without insurance coverage would become eligible for Medicaid coverage and increased access to affordable health care services. The ARP includes a provision offering non-expansion states a five-percentage point increase in their Federal Medical Assistance Percentage (FMAP) for eight quarters if they elect to expand Medicaid after March 11, 2021.³³

The Biden-Harris Administration has also taken administrative action to help people to acquire and maintain affordable coverage. To help mitigate high unemployment and potential loss of health insurance coverage during the COVID-19 pandemic, the Administration opened a Special Enrollment Period (SEP) on Healthcare.gov. The SEP offered uninsured individuals and current HealthCare.gov enrollees an opportunity outside of the open enrollment period (OEP) to enroll in affordable coverage. To encourage enrollment and increase health insurance coverage uptake among uninsured Americans during the 2021 SEP, the Administration partnered with community partners including many Black organizations to conduct a campaign for outreach and increase media attention.^{34,35} In total, 2.1 million individuals enrolled in new coverage on HealthCare.gov during the 2021 Marketplace SEP.³⁶ Among SEP enrollees reporting their race and ethnicity, the share of Black enrollees increased from 9 percent in 2019 to 15 percent in 2021.³⁷

In advance of the 2022 Marketplace OEP, the Administration announced increased Navigator funding to the highest amount to date, \$80 million, and extended the enrollment period by one month.³⁸ The 2022 Marketplace OEP reported record-breaking enrollment.³⁹ The Administration also proposed the HHS Notice of Benefit and Payment Parameters for 2023 Proposed Rule to further the goal of advancing health equity by addressing the health disparities that underlie our health system.⁴⁰ A recent ASPE report highlighted the latest federal survey data on the national uninsured rate, which showed that the uninsured rate decreased 1.5 percentage points from the end of 2020 to the fall of 2021.⁴¹ While data on uninsured rates by race and ethnicity during 2021 are not yet available, these results suggest that the Administration's efforts to expand coverage are succeeding.

DISCUSSION

We report historic improvements in coverage among Black Americans since implementation of the ACA, with the percentage of Black Americans who were uninsured decreasing by 8 percentage points from 2011 to 2019. However, despite that progress in 2019, 12 percent of Black Americans were still uninsured, compared to 9 percent of White Americans, and disparities in health care access persist. A growing body of research shows that centuries of racism in the U.S. has had a profound and negative impact on communities of color, especially Black Americans. Black Americans have experienced many forms of oppression and explicit racism,

either structural or interpersonal, and studies show that this negatively affects the mental and physical health and economic well-being of millions of people.^{42,43,44,45}

We report access to care improved for Black Americans between 2011 and 2020. However, disparities in the ability to afford health care between Black and White Americans have also persisted. Uninsured or underinsured Black Americans are more likely to forgo care, which impacts the already lower life expectancy observed in Black Americans compared to their White counterparts.^{46,47} Further, differences in access to care for Black Americans are important to note given that Black Americans are more likely to live with or die prematurely from preventable health conditions and diseases compared to their White counterparts.^{48,49} Some barriers to improved access to care among Black Americans are also rooted in systemic racism.⁵⁰ Both implicit and explicit bias among health care providers, inconvenient provider office hours, limited providers who see patients with public insurance due to lower reimbursement rates, and transportation barriers are also contributors to decreased access to care for Black Americans.^{51,52,53,54,55,56}

Community health centers (CHC) are the nation's largest source of comprehensive primary care for both individuals with Medicaid coverage and those without coverage. Under the ACA, CHCs experienced increased patient revenues due to coverage expansions and substantially increased direct federal funding. These changes shifted CHC financial standing and led to increased number of health centers, along with improved capacity to provide services. CHCs are community-based and patient-directed organizations that deliver health care for some of the most underserved populations in the U.S., including Black Americans.⁵⁷ Health care delivered at these centers is also often culturally competent, comprehensive, and integrates different components of care.⁵⁸ In 2016, 23 percent of CHC patients were Black Americans and 62 percent of total CHC patients were people of color. Approximately 83 percent of patients that receive care at CHCs are uninsured or have public insurance coverage, with 92 percent being low-income.⁵⁹

COVID-19 Pandemic Economic & Health Effects

The COVID-19 pandemic had disparate impacts on Black Americans.⁶⁰ The COVID-19 pandemic exposed and exacerbated longstanding economic and health inequities.^{61,62} Black American women and Latino women experienced the largest decrease in employment during the COVID-19 pandemic and, despite economic recovery, continue to experience the lowest labor force participation, below pre-pandemic levels.⁶³ Many Black Americans lacked sufficient income and wealth to offset the economic crises such as job losses that arose from the COVID-19 pandemic.⁶⁴ Additionally, Black Americans are overrepresented in essential worker occupations and are more likely to hold labor and hourly wage jobs that cannot be performed from home.^{65,66}

⁶⁷ In turn, Black Americans have been at an increased risk for contracting COVID-19, becoming hospitalized, and/or dying from COVID-19 compared to their White counterparts.⁶⁸ While telehealth has been an important source of care during the pandemic, recent research indicates that Black Americans are less likely to have video-enabled telehealth services, raising concerns about another potential dimension of care in need of attention to promote equitable care.⁶⁹ While the long history of mistreatment of Black Americans in the U.S. health care system has been linked to increased vaccine hesitancy, recent studies report COVID-19 vaccine hesitancy among Black Americans is improving and vaccination rates for Black Americans as of 2022 were similar to the general population.^{70,71,72,73,74}

CONCLUSION

Insurance coverage increased substantially among Black Americans as a result of coverage expansions under the ACA. However, health insurance coverage disparities between Black and White Americans persist, and the COVID-19 pandemic has had disparate economic and health effects on Black Americans. The Biden Harris Administration has implemented legislative and administrative actions including the ARP, SEP in the [HealthCare.gov](https://www.healthcare.gov), and robust outreach efforts aimed at expanding and maintaining coverage, including for underserved communities. Recent survey data indicates that the national uninsured rate decreased 1.5

percentage points from the end of 2020 to the fall of 2021, with results approaching an all-time low.⁷⁵ While data on the uninsured rate by race and ethnicity during 2021 are not yet available, these results suggest that the Administration's efforts to expand coverage are succeeding.

REFERENCES

1. Jones, N., Marks, R., Ramirez, R., & Ríos-Vargas, M. (2020). Census illuminates racial and ethnic composition of the country. United States Census Bureau. <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>.
2. Jones, N., Marks, R., Ramirez, R., & Ríos-Vargas, M. (2020). Census illuminates racial and ethnic composition of the country. United States Census Bureau. <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>.
3. U.S. Department of Health and Human Services, Office of Minority Health. (October 2021). Profile: Black/African Americans. Accessed at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>
4. U.S. Department of Health and Human Services, Office of Minority Health. (October 2021). Profile: Black/African Americans. Accessed at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>
5. Tamir, C. B. A., Noe-Bustamante, L., & Mora, L. (2021). Facts about the US Black population. Pew Research Center, Washington, DC. Accessed at: <https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#population-growth>
6. Tamir, C. B. A., Noe-Bustamante, L., & Mora, L. (2021). Facts about the US Black population. Pew Research Center, Washington, DC. Accessed at: <https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#population-growth>
7. Tamir, C. B. A., Noe-Bustamante, L., & Mora, L. (2021). Facts about the US Black population. Pew Research Center, Washington, DC. Accessed at: <https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#population-growth>
8. Noonan, A.S., Velasco-Mondragon, H.E. & Wagner, F.A. (2016) Improving the health of African Americans in the USA: an overdue opportunity for social justice. *Public Health Rev* 37, 12. Accessed at: <https://doi.org/10.1186/s40985-016-0025-4>
9. Centers for Disease Control and Prevention. (2017). African American health: Creating equal opportunities for health. *Vital Signs*. Accessed at: <https://www.cdc.gov/vitalsigns/aahealth/index.html>
10. Vespa, J., Medina, L., & Armstrong, D. M. (2020). Demographic turning points for the United States: Population projections for 2020 to 2060. US Census Bureau. Accessed at: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>
11. Centers for Disease Control and Prevention. (February 1, 2022). Health of Black or African American non-Hispanic Population. Accessed at: <https://www.cdc.gov/nchs/fastats/black-health.htm>
12. Eliason, E.L. (February 26, 2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. *Womens Health Issues*: 30(3):147-152. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/32111417/>
13. Ely, D.M., Driscoll, A.K. (2020). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*: 69(7). National Center for Health Statistics: Hyattsville, MD: Accessed at: <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>
14. U.S. Department of Health and Human Services, Office of Minority Health. (July 2021). Infant Mortality and African Americans. Accessed at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23>
15. Bailey, Z.D., Feldman, J.M., Bassett, M.T. (February 25, 2021). How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med*. 2021 Feb 25;384(8):768-773. Accessed at: <https://www.nejm.org/doi/full/10.1056/NEJMms2025396>
16. Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage. *American journal of public health*, 106(8), 1416–1421. Accessed at: <https://doi.org/10.2105/AJPH.2016.303155>
17. Chaudry, A., Jackson, A., & Glied, S. A. (2019). Did the affordable care act reduce racial and ethnic disparities in health insurance coverage. *New York, NY, The Commonwealth Fund*, 10. Accessed at: <https://www.commonwealthfund.org/publications/issue-briefs/2019/aug/did-ACA-reduce-racial-ethnic-disparities-coverage>
18. Guth, M., Artiga, S., & Pham, O. (September 30, 2020). Effects of the ACA Medicaid expansion on racial disparities in health and health care. Kaiser Family Foundation. Accessed at: <https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/>

19. U.S. Census Bureau. (October 2021). ACS Research and Evaluation Report Memorandum Series # ACS21-RER-04. Accessed at: https://www.census.gov/library/working-papers/2021/acs/2021_CensusBureau_01.html
20. University of Minnesota School of Public Health, State Health Access and Data Assistance Center (SHADAC) and the U.S. Census Bureau. (January 2022). SHADAC Webinar on Addressing Data Quality Challenges in the 2020 American Community Survey. Accessed at: https://www.shadac.org/sites/default/files/Census%20Bureau_Klee_SHADAC%20DY2020_ACS_1-year.pdf
21. Ruhter, J, Conmy, A.B., Chu, R.C., Peters, C., De Lew, N., and Sommers, B.D. (October 2021). Tracking Health Insurance Coverage in 2020-2021 (Issue Brief No. HP-2021-24). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/tracking-health-insurancecoverage>
22. National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). (September 2021). What's different about the 2020 NHIS Data?. Accessed at: <https://www.cdc.gov/nchs/nhis/2020nhisdata.htm>
23. U.S. Census Bureau. (November 30, 2021). Census Bureau Releases Experimental 2020 American Community Survey 1-Year Data. Press release number CB21-TPS.139. Accessed at: <https://www.census.gov/newsroom/press-releases/2021/experimental-2020-acs-1-year-data.html>
24. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. (October 2021). Health Insurance Coverage and Access to Care Among Latinos: Recent Trends and Key Challenges (Issue Brief No. HP-2021-2). Accessed at: <https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-among-latinos>
25. Kaiser Family Foundation. (January 31, 2022). Status of state Medicaid expansion decisions. Accessed at: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
26. Rudich, J., Branham, D.K., Peters, C., and Sommers, B.D. (February 2022). Estimates of Uninsured Adults Newly Eligible for Medicaid If Remaining 12 Non-Expansion States Expand Medicaid: 2022 Update (Data Point No. HP-2022-06). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/updated-estimates-medicaid-eligibility-non-expansion-states>
27. Bosworth, A., Finegold, K., and Ruhter, J. (March 23, 2021). The Remaining Uninsured: Geographic and Demographic Variation (Issue Brief No. HP-2021- 06). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/system/files/pdf/265286/Uninsured-Population-Issue-Brief.pdf>
28. Kaiser Family Foundation. (April 2020). Share of Total Nonelderly Population that is Black by State and Medicaid Expansion Status as of April 2020. Accessed at: <https://www.kff.org/wp-content/uploads/2020/04/9432-Figure-4.png>
29. Branham, D.K., Conmy, A.B., DeLeire, T., Musen, J., Xiao, X., Chu, R.C., Peters, C., and Sommers, B.D. (April 1, 2021). Access to Marketplace Plans with Low Premiums on the Federal Platform, Part II: Availability Among Uninsured Non-Elderly Adults Under the American Rescue Plan (Issue Brief No. HP-2021-08). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/system/files/pdf/265321/ASPE%20ACA%20Low%20Premium%20Plans%20Issue%20Brief%20II.pdf>
30. American Rescue Plan of 2021, PL 117-2 (2021). Accessed at: <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
31. Gordon, S., Sugar, S., Chen, L., Peters, C., De Lew, N., and Sommers, B.D. (December 2021). Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage. (Issue Brief No. HP-2021-28). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/potential-state-level-effectsextending-postpartum-coverage>
32. Kaiser Family Foundation. (February 2022). Status of state Medicaid expansion decisions. Accessed at: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
33. American Rescue Plan of 2021, PL 117-2 (2021). Accessed at: <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
34. U.S. Department of Health and Human Services. HHS, National Partners Combine to Boost Black American Enrollment at HealthCare.gov. (April 26, 2021). Accessed at: <https://www.cms.gov/newsroom/press-releases/hhs-national-partners-combine-boost-black-american-enrollment-healthcaregov>
35. U.S. Department of Health and Human Services. (July 15, 2021). Biden-Harris Administration Launches “Summer Sprint to Coverage” Campaign for Final 30 Days of Special Enrollment Period. Accessed at:

<https://www.cms.gov/newsroom/press-releases/biden-harris-administration-launches-summer-sprint-coverage-campaign-final-30-days-special>

36. U.S. Department of Health and Human Services. (September 8, 2021). 2021 Final Marketplace Special Enrollment Period Report. Accessed at: <https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>.
37. U.S. Department of Health and Human Services. (September 8, 2021). 2021 Final Marketplace Special Enrollment Period Report. Accessed at: <https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>.
38. HHS Announces the largest ever Funding Allocation for Navigators. (April 21, 2021). U.S. Department of Health and Human Services. Accessed at: <https://www.hhs.gov/about/news/2021/04/21/hhs-announces-the-largest-ever-funding-allocation-for-navigators.html>.
39. U.S. Department of Health and Human Services. (January 13, 2022). Ahead of January 15th Open Enrollment Deadline, New Numbers Show 14.2 Million Americans Have Quality, Affordable Coverage - Many With Even Lower Deductibles Under the American Rescue Plan. Accessed at: <https://www.hhs.gov/about/news/2022/01/13/ahead-january-15th-open-enrollment-deadline-new-numbers-show-14-2-million-americans-have-quality-affordable-coverage-lower-deductibles.htm>
40. U.S. Department of Health and Human Services. (December 28, 2021). HHS Notice of Benefit and Payment Parameters for 2023 Proposed Rule Fact Sheet. Accessed at: <https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2023-proposed-rule-fact-sheet>
41. Chu, R.C., Lee, A., Peters, C., and Sommers, B.D. (January 2022). Health Coverage Changes From 2020-2021. (Data Point No. HP-2022 -05). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/health-coverage-changes-2020-2021>
42. Centers for Disease Control and Prevention. (November 24, 2021). Racism and Health. Accessed at: <https://www.cdc.gov/healthequity/racism-disparities/index.html>
43. Bailey, Z. D., Feldman, J. M., & Bassett, M. T. (2021). How structural racism works—racist policies as a root cause of US racial health inequities. *New England Journal of Medicine*, 384(8), 768-773. Accessed at: <https://www.nejm.org/doi/full/10.1056/NEJMms2025396>
44. Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: Old issues, New Directions. *Du Bois review: Social Science Research on Race*, 8(1), 115-132. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/>
45. Churchwell, K., Elkind, M. S., et al. (2020). Call to action: structural racism as a fundamental driver of health disparities: a presidential advisory from the American Heart Association. *American Heart Association, Circulation*, 142(24), e454-e468. Accessed at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000936>
46. Tolbert, J., Orgera, K., Singer, N., & Damico, A. (November 6, 2020). Key facts about the uninsured population. Kaiser Family Foundation. Accessed at: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
47. Kirby, J. B., & Kaneda, T. (2010). Unhealthy and uninsured: exploring racial differences in health and health insurance coverage using a life table approach. *Demography*, 47(4), 1035–1051. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000037/>
48. Centers for Disease Control and Prevention. (2017). African American health: Creating equal opportunities for health. *Vital Signs*. Accessed at: <https://www.cdc.gov/vitalsigns/aahealth/index.html>
49. Centers for Disease Control and Prevention. (2017). African American health: Creating equal opportunities for health. *Vital Signs*. Accessed at: <https://www.cdc.gov/vitalsigns/aahealth/index.html>
50. Dunn, A., Gottlieb, J. D., Shapiro, A., Sonnenstuhl, D. J., & Tebaldi, P. (2021). A denial a day keeps the doctor away (No. w29010). National Bureau of Economic Research. Accessed at: <https://users.nber.org/~jdgottl/BillingCostsPaper.pdf>
51. Bailey, Z.D., Feldman, J.M., Bassett, M.T. (2020). How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *New England Journal of Medicine*. 2020;384(8):768-773. Accessed at: <https://www.nejm.org/doi/10.1056/NEJMms2025396>
52. William J. Hall et al. (December 1, 2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American Journal of Public Health* 105, no. 12: e60-e76. Accessed at: <https://www.nejm.org/doi/full/10.1056/NEJMms2025396>
53. Decker, S.L. (August 2012). In 2011 nearly one-third Of physicians said they would not accept new Medicaid patients, but rising fees may help. *Health Affairs*. 2012;31(8):1673-1679. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/22869644/>

54. Perloff, J.D., Kletke, P., Fossett, J.W. (April 1955). Which physicians limit their Medicaid participation, and why. *Health Services Research*. 1995;30(1):7-26. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/7721586>
55. Wolfe, M.K., McDonald, N.C., Holmes, G.M. (June 2020). Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017. *American Journal of Public Health*. 2020;110(6):815-822. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/32298170/>
56. Probst, J.C., Laditka, S.B., Wang, J-Y., Johnson, A.O. (March 2007). Effects of residence and race on burden of travel for care: cross sectional analysis of the 2001 US National Household Travel Survey. *BMC Health Services Research*. 2007;7:40. Accessed at: [https://pubmed.ncbi.nlm.nih.gov/17349050/#:~:text=Rural%20residents%20traveled%20further%20than,did%20not%20vary%20by%20race.&text=95%25%20CI%202.0%204.62\)%20were,lasting%2030%20minutes%20or%20longer.](https://pubmed.ncbi.nlm.nih.gov/17349050/#:~:text=Rural%20residents%20traveled%20further%20than,did%20not%20vary%20by%20race.&text=95%25%20CI%202.0%204.62)%20were,lasting%2030%20minutes%20or%20longer.)
57. Health Resources and Services Administration (HRSA). (August 2021). What is a Health Center?. Accessed at: <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html#:~:text=Health%20centers%20are%20community%2Dbased,residents%20of%20public%20ho using%2C%20and>
58. Health Resources and Services Administration (HRSA). (August 2021). What is a Health Center?. Accessed at: <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html#:~:text=Health%20centers%20are%20community%2Dbased,residents%20of%20public%20ho using%2C%20and>
59. National Association of Community Health Centers. (October 2017). What are Health Centers and Who do They Serve?. Accessed at: https://www.nachc.org/wp-content/uploads/2017/11/Americas_Health_Centers_Nov_2017.pdf
60. Andrasfay, T., Goldman, N. (October 2020). Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. medRxiv [Preprint]. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/32995806/>
61. Paremoer, L., Nandi, S., Serag, H., Baum, F. (2021). COVID-19 pandemic and the social determinants of health. *BMJ*, 372:n129. Accessed at: <https://www.bmj.com/content/372/bmj.n129>
62. Simmons, A., Chappel, A., Kolbe, A.R., Bush, L., and Sommers, B.D. (March 16, 2021). Health Disparities by Race and Ethnicity During the COVID-19 Pandemic: Current Evidence and Policy Approaches. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/health-disparities-race-ethnicity-during-covid-19-pandemic-current-evidence-policy-approaches>
63. Mead, E. (2021). COVID-19 and economic opportunity: Inequities in the employment crisis. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199901/covid-economic-equity-brief.pdf
64. Hardy, B. L., & Logan, T. D. (2021). The Way Back: Assessing Economic Recovery Among Black Americans During COVID-19. The Hamilton Project, Brookings Institute. Accessed at: https://www.brookings.edu/wp-content/uploads/2021/09/20210929_Hamilton_HardyLogan_TheWayBack.pdf
65. Hardy, B. L., & Logan, T. D. (2021). The Way Back: Assessing Economic Recovery Among Black Americans During COVID-19. The Hamilton Project, Brookings Institute. Accessed at: https://www.brookings.edu/wp-content/uploads/2021/09/20210929_Hamilton_HardyLogan_TheWayBack.pdf
66. National Institute for Health Care Management Foundation (NIHCM). (May 13, 2020). Population health—COVID-19’s differential impact on workers. Accessed at: <https://www.nihcm.org/categories/publications/covid-19-s-disproportionate-impact-on-workers>
67. Centers for Disease Control and Prevention. (January 25, 2022). Health Equity Considerations and Racial and Ethnic Minority Groups. Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
68. Centers for Disease Control and Prevention. (February 1, 2022). Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity. Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
69. Karimi, M., Lee, E.C., Couture, S.J., Gonzales, A.B., Grigorescu, V., Smith, S.R., De Lew, N., and Sommers, B.D. (February 2022). National Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. (Research Report No. HP-2022-04). Office of the Assistant Secretary for Planning and Evaluation, U. S.

Department of Health and Human Services. Accessed at:
<https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf>

70. Hostetter, M., & Klein, S. (2021). Understanding and ameliorating medical mistrust among Black Americans. The Commonwealth Fund. Accessed at: <https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans>
71. Beleche, T., Ruhter, J., Kolbe, A., Marus, J., Bush, L., and Sommers, B. (May 2021). COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//200816/aspe-ib-vaccine-hesitancy.pdf
72. Centers for Disease Control and Prevention. Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. Accessed at: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>
73. Padamsee, T.J., Bond, et al. (2022). Changes in COVID-19 Vaccine Hesitancy Among Black and White Individuals in the US. JAMA Network Open. 2022;5(1):e2144470. Accessed at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788286>
74. Ndugga, N., Pham, O., Hill, L., Artiga, S., Alam, R., & Parker, N. (2021). Latest data on COVID-19 vaccinations race/ethnicity. Kaiser Family Foundation. Accessed at: <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/>
75. Chu, R.C., Lee, A., Peters, C., and Sommers, B.D. (January 2022). Health Coverage Changes From 2020-2021. (Data Point No. HP-2022-05). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Accessed at: <https://aspe.hhs.gov/reports/health-coverage-changes-2020-2021>

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