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State Variation in Black and White Life Expectancy and Evolving Disparities

Timothy Waidmann, Kristen Brown, Karishma Furtado, and Vincent Pancini
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Large and long-standing disparities between white and Black people in a wide variety of health status metrics are well documented. For example, in life expectancy, a measure based on age-specific death rates in 2022, non-Hispanic white people could expect to live nearly 5 years longer than non-Hispanic Black people.¹ In light of these findings, academic research is increasingly examining how structural racism—that is, laws, regulations, and policies that inequitably distribute the determinants of health along racial lines—drives past and current gaps in life expectancy (Hendi 2024) and other measures of health status (Bartle-Haring and Whiting 2022; Dougherty et al. 2020; Lukachko, Hatzenbuehler, and Keyes 2014).

Researchers have found that while racial gaps in life expectancy are large, they are smaller than they have been in the past (Hendi 2024; Schwandt et al. 2021), and the magnitude of the gaps varies by geographic region (Dwyer-Lindgren et al. 2022). In this brief, we quantify differences in life expectancy within Black and white populations over time and across states and show the following results:

- Life expectancy increased between 1990 and 2018 for each race/sex category (e.g., Black men, Black women, white men, white women),² and overall, the gap between Black and white life expectancy decreased.
- The narrowing of the racial gap can be attributed to accelerated gains in life expectancy for Black people relative to white people during this period.

- Despite the gains, the long-standing Black-white racial gap in life expectancy persists. Nationally, in the three years before the COVID-19 pandemic, there was a difference in life expectancy of 5.2 years for men (69.7 years for Black men versus 74.9 years for white men) and 3.1 years for women (76.8 years for Black women versus 79.9 years for white women).
- The gap between Black and white life expectancy was evident in every state. But there was a substantial range across states within each race/sex category. For example, there was up to 16.5 years difference in white male life expectancy between the District of Columbia and West Virginia (86.2 years and 69.7 years, respectively). The extent of improvement over time varied substantially as well.
- To inform policy, further analysis is needed to understand the importance of structural racism (and other factors) as drivers of variations in Black and white life expectancy across states, as well as to uncover what explains the differential state-level improvements over time across groups.

Data and Methods

We derive data for this study from individual death certificates collected nationwide in 1989–91 and 2017–19 (National Center for Health Statistics, 2020). We calculate three-year averages by race, sex, and age, centered around 1990 and 2018, to reduce random variations in death rates. We use population estimates for race and ethnicity categories from the US Census Bureau data for 1990 and 2018 consistent with those reported in death certificates (Ingram et al. 2003). To preserve confidentiality and reduce the influence of small populations, we limit our state-level analysis to states where the average number of deaths in the terminal age group (85 and older) is greater than 10 for all four race/sex groups during the two three-year periods. This restriction drops 11 states from our analysis because of the insufficient number of deaths in the non-Black population in one or both sets of years.³ Since we are focused on non-Black and white populations, following guidance by the National Center for Health Statistics, we also drop states where the reliability of the Hispanic ethnicity indicator on death certificates is low (Arias et al. 2008).⁴ For life expectancy estimates, we calculate age-specific death rates from mortality and population data by state, sex, and race. We then use standard demographic methods to produce the measure of life expectancy at birth by state, sex, and race, as calculated in the period life table.

We selected period life expectancy as a summary measure of the mortality experience of a population over all ages at a point in time because it represents the average number of years a member of a population can expect to live from birth if they experience the current age-specific death rates. But if death rates in the future trend down, as they have been until recently, newborns can be expected to live longer than the period measure calculates. Nonetheless, period life expectancy provides a convenient and well-established way to compare the mortality experience of two populations at a point in time and across time, accounting for differences in the age distribution of those populations.

Results

Table 1 shows the national average and distribution of state life expectancy (LE) estimates in 1990 and 2018 by race and sex. In 2018, the average Black LE was less than white LE by 5.2 years for men and 3.1 years for women. The same year, as was true for most populations worldwide, LE for women was higher than for men for both white and Black people. But it was considerably higher for Black women (7.1 years) than for white women (5.0 years). As for changes in longevity, over the 28-year period, gains for Black people exceeded those for white people by about four years for both men and women. To put those gains in context, between 1950 and 2010, total US LE increased by an average of 0.15 years per year.⁵ Over the period studied, LE for Black women increased by 0.19 per year, and LE for Black men increased by an average of 0.28 years per year, a growth rate that nearly doubles the long-run average growth trend since 1950. During the same time, white men and women, who had higher LE at baseline, were below the long-run average growth trend, with white women gaining 0.06 years of LE annually, a rate 60 percent lower than the long-run average gain.

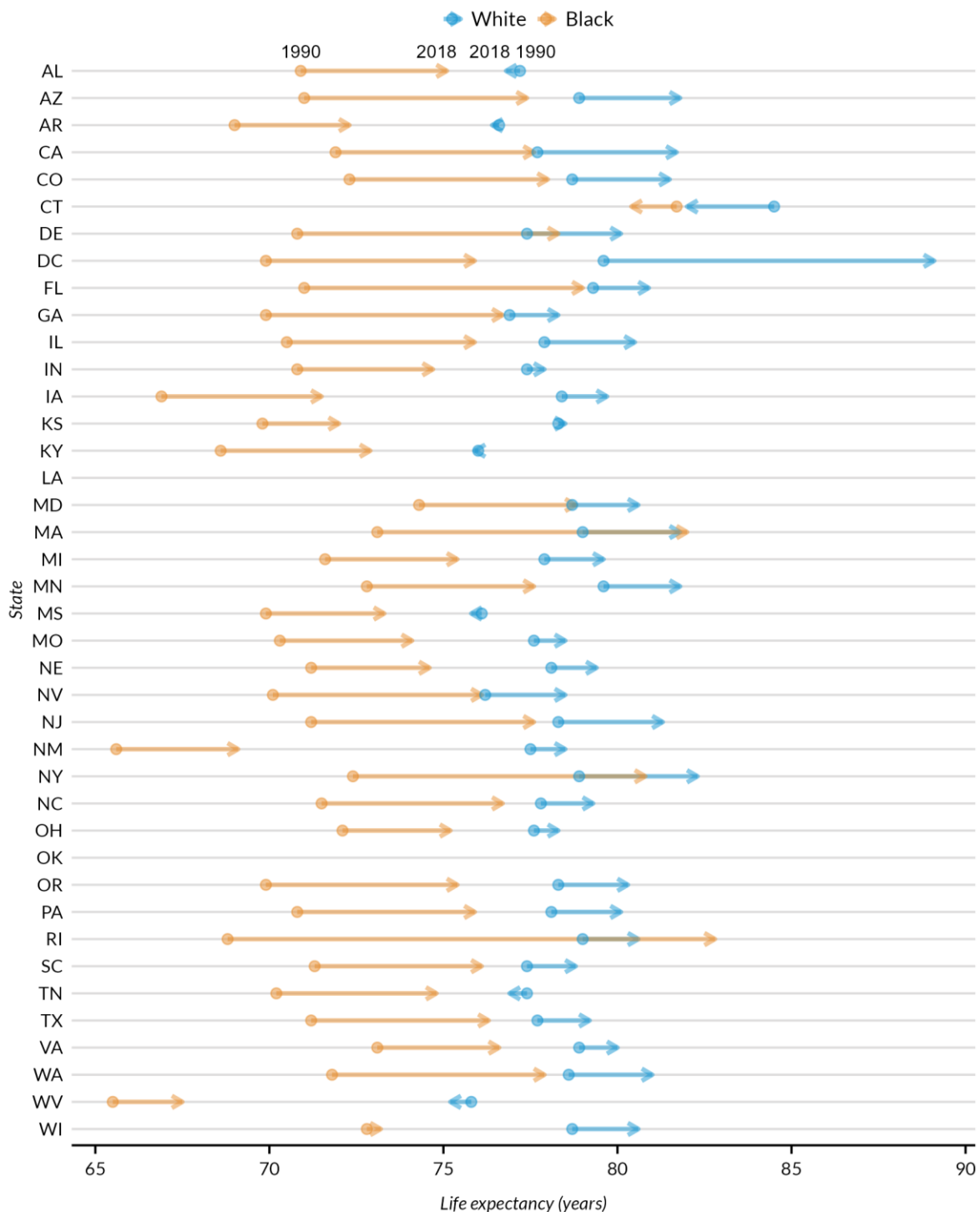
TABLE 1
Life Expectancy by Sex and Race, 1990 and 2018

	1990	2018	Change
Non-Hispanic Black women	71.4	76.8	+5.4
Non-Hispanic white women	78.2	79.9	+1.7
Non-Hispanic Black men	61.8	69.7	+7.9
Non-Hispanic white men	71.2	74.9	+3.7

Source: Authors' calculations based on detailed mortality data for all counties from 1990 to 2019, compiled by the National Center for Health Statistics from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, and population estimates based on US Census data.

Figure 1 shows the extent of LE variation among non-Hispanic Black and white women across states in 1990 and 2018, as well as changes in LE variation. (The values corresponding to figure 1 are shown in the appendix, table A.1). Focusing first on the variation in recent levels of LE, state-level data show a wide range of 2018 LE values among women within their race. For example, the 2018 values for Black women ranged from 67.5 years in West Virginia to 82.8 years in Rhode Island. The states with the lowest LE for Black women in 2018 were spread across several regions, including Appalachia (West Virginia), the Midwest (Iowa and Kansas), the West (New Mexico), and the South (Arkansas). States where Black women tend to live the longest were largely located in the Northeast (Connecticut, Massachusetts, New York, Rhode Island), but Florida had the fifth highest LE for Black women. White women had the lowest LE in Appalachia (Kentucky, West Virginia) and the South (Alabama, Arkansas, Mississippi) and the highest LE in the Northeast (Connecticut, District of Columbia, Massachusetts, New York) and Minnesota.

FIGURE 1
Life Expectancy Changes for Women by Race, 1990–2018



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Source: Authors' calculations based on detailed mortality data for all counties from 1990 to 2019, compiled by the National Center for Health Statistics from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, see National Center for Health Statistics, "Detailed Mortality—All Counties (1990-2019)," Compiled from data provided

by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, 2020. Population estimates based on US Census data, see Deborah D. Ingram, Jennifer D. Parker, Nathaniel Schenker, James A. Weed, Brady Hamilton, Elizabeth Arias, and Jennifer H. Madans, "United States Census 2000 Population with Bridged Race Categories." Vital and Health Statistics 2 (135): 1–55, 2003.

As was true nationally in 1990 and 2018, Black women made substantially larger gains in longevity than white women in nearly every state. Life expectancy among Black women fell only in Connecticut, though the state still had one of the highest LE among Black women in any state in 2018. The largest LE gains among Black women since 1990 were in northeastern and mid-Atlantic states (Delaware, Massachusetts, New York, Rhode Island) and in Florida, each of which had increases of more than 7 years over this period. In contrast, in 7 out of the 38 states studied, white women had modest declines in LE, and the top five gains for white women were in the range of 3 to 4 years, except in District of Columbia, which had a gain of 9.4 years. The largest gains for white women were in the Northeast (District of Columbia, New Jersey, New York) and the West (Arizona, California).

In terms of changes in the LE gap between white and Black women, there was again a wide range of estimates across states. The gap widened in only two states (District of Columbia and Wisconsin), with the gap widening the most in District of Columbia (3.4 years). In six states, located in the Northeast (Massachusetts, New York, Rhode Island) and the South (Florida, Georgia, Tennessee), this gap decreased by more than 5 years.

Figure 2 shows the state-level results for men. There was a wide range of 2018 LE values among men within their race. For example, LE values for Black men ranged from 61.3 years in West Virginia to 76.0 years in Rhode Island. The states with the lowest LE for Black men were spread across several regions, including Appalachia (West Virginia), the Midwest (Iowa and Missouri), the West (New Mexico), and the South (Arkansas), while the states with the highest LE were concentrated in the Northeast (Connecticut, Massachusetts, New York, Rhode Island). Like white women, white men had the lowest LE in Appalachia (Kentucky, West Virginia) and the South (Alabama, Arkansas, Mississippi). The highest LE values for white men were scattered across several regions (California, Colorado, District of Columbia, Minnesota, and New York).

Black men made substantially larger gains in longevity than white men in every state, with increases ranging from approximately 2.2 years in Connecticut to more than 17 years in Rhode Island. Other states with large LE gains for Black men were District of Columbia, Florida, Massachusetts, and New York, all of which had gains of more than 10 years. The LE value for white men declined only in Connecticut. The largest increases for white men were around 5 to 6 years—such as in the West (California and Colorado) and New York—except in District of Columbia, where it increased by more than 15 years.

The largest reductions in LE disparity between white and Black men were in the Northeast (Massachusetts, New York, Rhode Island) and the Southeast (Florida, Georgia), where disparities closed by between 5 and 14 years. In Wisconsin and District of Columbia, the disparity grew.

FIGURE 2

Life Expectancy Changes for Men by Race, 1990–2018



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Source: Source: Authors' calculations based on detailed mortality data for all counties from 1990 to 2019, compiled by the National Center for Health Statistics from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, see National Center for Health Statistics, "Detailed Mortality—All Counties (1990-2019)," Compiled from

data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, 2020. Population estimates based on US Census data, see Deborah D. Ingram, Jennifer D. Parker, Nathaniel Schenker, James A. Weed, Brady Hamilton, Elizabeth Arias, and Jennifer H. Madans, "United States Census 2000 Population with Bridged Race Categories." *Vital and Health Statistics 2* (135): 1–55, 2003.

Discussion

The data presented in this brief demonstrate substantial geographic variability in life expectancy within populations defined by race and sex, as well as substantial variation in the rates at which life expectancy has changed over the last three decades. Nationally, life expectancy for both Black and white people has increased, and on average, these gains have been larger for Black people. As a result, the disparity in life expectancy was reduced by approximately three years between 1990 and 2018 (just before the outbreak of COVID-19). The racial disparities that remain, however, are significant: Black women could expect to live 3 years less than white women, and Black men could expect to live 5 years less than white men.

We chose 2019 as the last year of data for this study to highlight the long-term trends in mortality disparities before the outbreak of COVID-19. US government statistics have shown dramatic overall declines in life expectancy in 2020 and 2021, (temporarily) wiping out 25 years of longevity gains between 1996 and 2019 (Xu et al. 2022). Our future analyses will describe how Black and white people fared across states during these years.

The variation in inequities at both time periods and the differing rates at which they were closing by state suggest there are several factors involved, including structural racism. We can test this hypothesis by exploiting geographic variations in laws, policies, and experience of racist structures and by measuring the association of these variations with the levels and changes in life expectancy. Such an analysis would be key to identifying specific legal and policy changes that can reduce and ultimately eliminate health inequities.

In earlier work, we constructed a conceptual map of the pathways through which racist structures have been built and how they can affect human health and drive health inequities (Furtado, Verdeflor, and Waidmann 2023). Using this conceptual model, we found that state-level racial variability in life expectancy is a product of the uneven distribution of opportunity to live full, healthy lives—that is, the variability is the product of structural racism across domains. In the US, partly because of its federal governing framework, structural conditions vary considerably by geography, from state to state and from one region/locale to the next.

A vast body of research has highlighted social factors (e.g., neighborhood quality, economic opportunity, access to health care facilities, etc.) as important determinants of life expectancy (Bundy et al. 2023; Diez Roux and Mair 2010). Historically, overtly discriminatory policies were leveraged to inequitably distribute social determinants of health along racial lines. For example, redlining policies and racially restrictive covenants prevented Black people from buying homes in certain neighborhoods that typically had better health-promoting resources (Williams and Collins 2001). Such housing policies were

part of a larger Jim Crow structure, which played out in nearly every sector of American society. Although civil rights era legislation invalidated many of these overtly racist laws, many contemporary policies and practices (e.g., home appraisal practices) still lead to an inequitable distribution of health-promoting resources despite appearing facially race-neutral (Howell and Korver-Glenn 2018). It is, therefore, unsurprising that, although there has been some narrowing of the racial gap in life expectancy, inequities persist and vary by geography. The more specifically researchers understand the structures—their origins and how they operate to unevenly allocate resources and opportunities—the more these structures can be intentionally redesigned to be equitable.

The data we have assembled and presented for this analysis allow us to test the linkages and predictions identified in the conceptual map described above. Specifically, are the temporal changes and geographic differences in life expectancy among Black and white people consistent with differences in structural factors over time and between jurisdictions? The intervening mechanisms through which racism acts to produce health inequities change over time, in part because of differential access by race to affordable, state-of-the-art health care that could mitigate emerging health risks caused by unequal burdens of climate change and ongoing inequities in other health-enhancing resources and amenities.

Racism operates at multiple levels, including interpersonal (e.g., physician implicit bias), institutional (e.g., different standards of care by race), and structural (e.g., multiple systems interacting to reinforce discrimination in society). Therefore, any assessment of health disparities that suggests useful policy changes needs to reflect this complexity. In our future research, we plan to leverage spatiotemporal variation in a wide variety of indicators of exposure to racism that is observable at multiple levels and across multiple health care, policy, and social domains to identify the factors with the greatest impact on racial inequities in health as summarized in this brief.

Appendix

TABLE A.1

Average Life Expectancy at Birth by State, 1990–2018

State	Male				Female			
	Non-Hispanic Black		Non-Hispanic White		Non-Hispanic Black		Non-Hispanic White	
	1990	2018	1990	2018	1990	2018	1990	2018
AL	61.4	66.6	69.1	71.3	70.9	75.1	77.2	76.8
AZ	63.6	73.1	71.7	76.5	71.0	77.4	78.9	81.8
AR	59.0	65.3	69.0	71.1	69.0	72.3	76.6	76.4
CA	62.9	71.2	71.0	76.9	71.9	77.6	77.7	81.7
CO	64.7	71.7	72.1	77.2	72.3	78.0	78.7	81.5
CT	71.5	73.6	77.6	76.9	81.7	80.4	84.5	82.0
DE	63.4	70.8	71.3	74.4	70.8	78.3	77.4	80.1
DC	55.7	66.5	70.3	86.2	69.9	75.9	79.6	89.1
FL	61.7	72.7	71.6	75.2	71.0	79.0	79.3	80.9
GA	60.2	70.0	69.1	73.6	69.9	76.7	76.9	78.3
IL	60.1	67.3	71.1	75.6	70.5	75.9	77.9	80.5
IN	62.6	66.6	70.5	72.7	70.8	74.7	77.4	77.9
IA	58.4	65.3	71.4	74.4	66.9	71.5	78.4	79.7
KS	61.8	66.3	71.3	73.7	69.8	72.0	78.3	78.5
KY	60.1	65.4	68.6	70.6	68.6	72.9	76.0	75.9
LA	—	66.9	—	72.4	—	74.9	—	77.9
MD	64.6	70.8	72.4	75.4	74.3	78.8	78.7	80.6
MA	64.3	75.8	72.2	76.5	73.1	82.0	79.0	81.8
MI	61.6	67.9	71.6	74.8	71.6	75.4	77.9	79.6
MN	63.0	72.4	72.8	77.2	72.8	77.6	79.6	81.8
MS	60.9	65.7	68.0	70.2	69.9	73.3	76.1	75.8
MO	60.4	64.6	70.2	73.1	70.3	74.1	77.6	78.5
NE	62.7	68.3	71.0	74.4	71.2	74.6	78.1	79.4
NV	62.1	70.3	69.2	73.3	70.1	76.1	76.2	78.5
NJ	61.7	70.7	72.1	76.0	71.2	77.6	78.3	81.3
NM	58.2	64.6	71	73.5	65.6	69.1	77.5	78.5
NY	61.3	74.2	72.3	77.4	72.4	80.8	78.9	82.3
NC	61.5	69.4	70.3	74.2	71.5	76.7	77.8	79.3
OH	63.1	67.3	71.0	73.1	72.1	75.2	77.6	78.3
OK	—	65.2	—	71.5	—	72.1	—	76.6
OR	60.8	68.7	71.6	75.8	69.9	75.4	78.3	80.3
PA	60.6	68.5	71.3	74.6	70.8	75.9	78.1	80.1
RI	58.5	76.0	71.9	75.3	68.8	82.8	79.0	80.6
SC	61.6	68.1	69.8	73.4	71.3	76.1	77.4	78.8
TN	61.1	66.6	69.4	71.7	70.2	74.8	77.4	76.9
TX	62.0	69.7	70.1	74.1	71.2	76.3	77.7	79.2
VA	64.2	70.0	72.1	75.3	73.1	76.6	78.9	80.0
WA	64.0	72.5	72.5	76.5	71.8	77.9	78.6	81.0
WV	56.5	61.3	68.2	69.7	65.5	67.5	75.8	75.2
WI	63.5	66.2	72.1	75.8	72.8	73.2	78.7	80.6

Source: Source: Authors' calculations based on detailed mortality data for all counties from 1990 to 2019, compiled by the National Center for Health Statistics from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, see National Center for Health Statistics, "Detailed Mortality—All Counties (1990-2019)," Compiled from

data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, 2020. Population estimates based on US Census data, see Deborah D. Ingram, Jennifer D. Parker, Nathaniel Schenker, James A. Weed, Brady Hamilton, Elizabeth Arias, and Jennifer H. Madans, "United States Census 2000 Population with Bridged Race Categories." *Vital and Health Statistics 2* (135): 1–55, 2003.

Notes

- ¹ Hereafter, we refer to non-Hispanic white as "white" and non-Hispanic Black as "Black."
- ² Mortality data from 1989–91 were used to represent 1990, and data from 2017–19 were used to represent 2018.
- ³ States dropped because of insufficient number of deaths were: Alaska, Hawaii, Idaho, Maine, Montana, New Hampshire, North Dakota, South Dakota, Utah, Vermont, and Wyoming. In these states, the total non-Hispanic Black population in 2018 was less than 50,000 (Ingram et al. 2003).
- ⁴ Louisiana and Oklahoma were dropped from tabulations of 1990 levels of life expectancy and changes because the reliability of the Hispanic ethnicity indicator on the death certificates was low.
- ⁵ "Health, United States—Data Finder," National Center for Health Statistics, retrieved November 1, 2024, <https://www.cdc.gov/nchs/hs/data-finder.htm?&subject=Life%20expectancy>.

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About the Authors

Timothy Waidmann is a senior fellow in the Health Policy Division at the Urban Institute. He has over 30 years of experience designing and conducting studies on varied health policy topics, including disability and health among the elderly; Medicare and Medicaid policy; disability and employment; public health and prevention; health status and access to health care in vulnerable populations; health care utilization among high-cost, high-risk populations; geographic variation in health care needs and utilization; and the relationships between health and a wide variety of economic and social factors. Waidmann's publications based on these studies have appeared in high-profile academic and policy journals. He has also been involved in several large-scale federal evaluation studies of health system reforms, assuming a central role in the design and execution of the quantitative analyses for those evaluations. Before joining Urban in 1996, Waidmann was an assistant professor at the School of Public Health and a postdoctoral fellow at the Survey Research Center at the University of Michigan. He received his PhD in economics from the University of Michigan in 1991.

Kristen Brown is a senior research associate in the Health Policy Division. Her research takes a multilevel, transdisciplinary approach to understanding how structural and social determinants contribute to racial health inequities. Before joining Urban, she conducted research at the National Institutes of Health and Emory University. She holds a Bachelor of Arts degree from Rutgers University in biological sciences and psychology, a Master of Science degree from the University of Michigan in human genetics, and a PhD from the University of Michigan in epidemiologic science.

Karishma Furtado is a senior research associate in the Race and Equity Division and a former equity scholar at the Urban Institute. Her work focuses on measuring and modeling equity and building tools to enable advocates, policymakers, practitioners, and funders to embed equity in their work. She is the methodologist on the Equity Scoring Initiative and a coprincipal investigator on the Student Upward Mobility Initiative. She uses human-centered data, research, and storytelling to catalyze and measure impact, facilitate accountability, deepen understanding, and imagine what's possible on the path to racial equity. Furtado holds bachelor's degrees in biology and public policy from the University of

Chicago and has completed master's and doctorate degrees in public health with a specialization in biostatistics and epidemiology from Washington University in St. Louis.

Vincent Pancini is a research analyst in the Health Policy Division. He received his BS in economics and public policy from The Ohio State University, where he graduated with honors and research distinction. His senior thesis, which investigated the relationship between the Affordable Care Act's Medicaid expansion and time spent seeking health care, won the Gledhill Prize for best paper in applied economics.

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