

Racial and ethnic subgroups

PAN
Foundation








Overview

People of color have historically experienced significant disparities in their access to healthcare and the quality of care they receive. Rooted in structural racism and economic inequality, healthcare outcomes are consistently worse for people in racial and ethnic minority groups. The *2025 State of Patient Access Scorecard* indicates that healthcare access and affordability is only getting worse for most patients of color. The intersection of race and ethnicity with factors such as age, gender, income, insurance status, and geography put some patients at even steeper disadvantages when accessing care.

2025 State of Patient Access Scorecard

The PAN Foundation’s *State of Patient Access* initiative aims to examine healthcare access and affordability challenges and their impact on different communities. To crystallize key findings from the national patient survey and synthesize the state of patient access in the United States, we created a scorecard with five dimensions:

						
Overall Grade	Overall Access to Care	Relationship with Healthcare Professionals	Affordability of Prescription Medications	Access to Treatment through Healthcare Plans	Financial Toxicity	
Total*	C =	C+ =	B =	B- ↓	D- =	D+ ↓
People of Color	C- =	C =	B- =	C ↓	F ↓	D- =
Black/African American	C- ↓	C+ =	B- =	C ↓	D- =	D- ↓
Hispanic	D+ ↓	C =	C+ ↓	C =	F =	F =
Asian	C =	C+ ↑	B ↑	B- =	D- =	C- =
American Indian/Alaska Native	D+	C	B-	C	F	F
Pacific Islander/Native Hawaiian	C-	C	B	C	D-	F
White	C+ =	B- ↑	B =	B =	D ↑	C =

Year-over-year comparison not available for American Indian/Alaska Native and Pacific Islander/Native Hawaiian populations.

↑ Better than 2024 ↓ Worse than 2024 = Same as 2024

A+ 97-100 **B+** 87-89 **C+** 77-79 **D+** 67-69 **F** 0-59
A 93-96 **B** 83-86 **C** 73-76 **D** 65-66
A- 90-92 **B-** 80-82 **C-** 70-72 **D-** 60-64

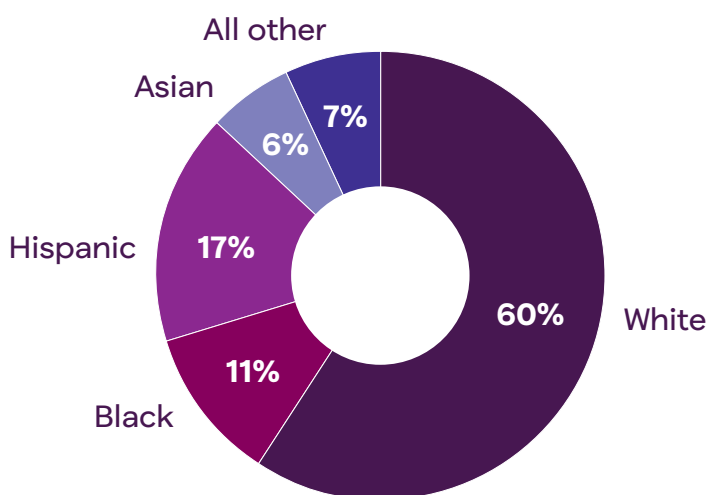
The *2025 State of Patient Access Scorecard* illuminates persistent and troubling disparities in and between communities of color. Across all dimensions, white respondents rated their healthcare access and affordability better than other racial or ethnic groups, with exceedingly few exceptions. Some of these discrepancies are minor, such as between white and Asian patients. In other instances, the disparities are stark, such as the gaps between white and Hispanic or American Indian/Alaska Native patients.

*Total row represents the cumulative score for each measure as reflected in the full 2025 State of Patient Access report scorecard.

Key findings

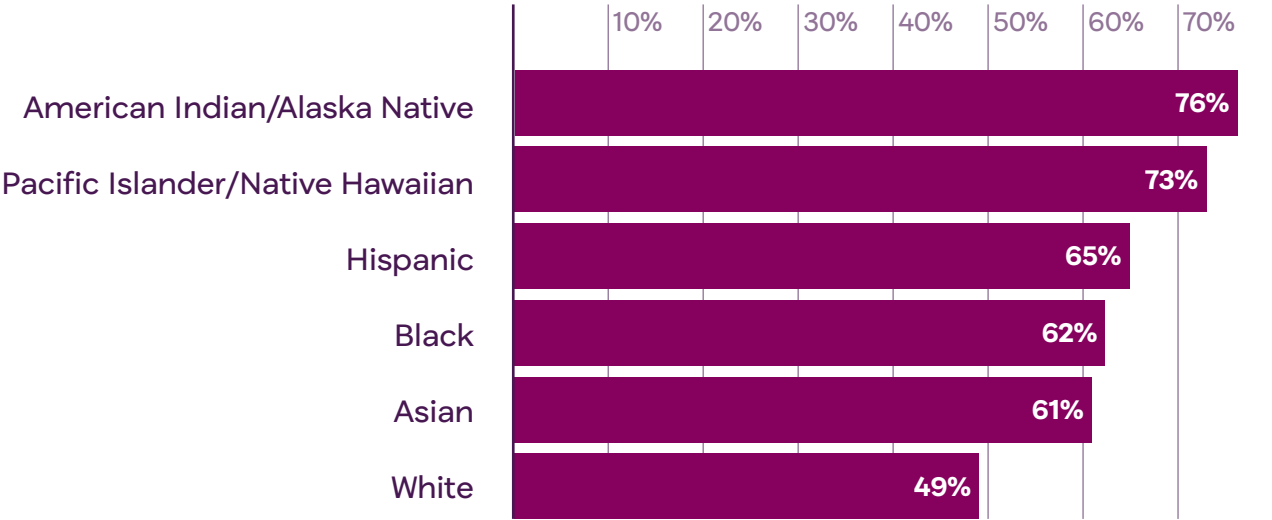
- **Patients of color report lower scores for Overall Access to Care compared with white patients.** Hispanic, American Indian/Alaska Native (74.3), and Pacific Islander/Native Hawaiian (76.9) respondents gave the Overall Access to Care measure a “C”, lower than Black (77.8) and Asian (77.7) respondents (“C+”), and white respondents (“B-” or 80.5). Access appears to have improved slightly for Asian patients but not for others.
- **People of color perceive barriers to care because of who they are.** Half or more of Black (53%), American Indian/Alaska Native (55%), and Hispanic (50%) patients perceived that an aspect of their identity had negatively impacted their ability to access care in the past 12 months, compared with Asian (39%) and white (31%) patients; 42% of Pacific Islander/Native Hawaiian patients report also report barriers perceived tied to an aspect of identity. The biggest changes since 2024 were among Hispanic and Asian adults, who were slightly less likely to say their identity negatively impacted their access to care in 2025 compared to 2024.
- **Logistical barriers continue to interfere with access to care for most patients of color.** A majority of Black (55%), Hispanic (61%), American Indian/Alaska Native (63%), and Pacific Islander/Native Hawaiian (54%) respondents reported logistical challenges to accessing care, compared with white (45%) and Asian (48%) respondents. These decreased slightly for Asian and increased slightly for Black respondents but were otherwise unchanged over the previous year. While 49% of white patients said they would like help related to accessing care, a majority of patients of color (63%) said the same, further evidence of the barriers they face.

Breakdown of total respondents by race/ethnicity*



*Percentages may not add up to 100% due to weighting and/or computer rounding.

Patient group and percent who want help accessing care



- **Patients of color rate provider relationships lower than white patients.** Hispanic patients rated their *Relationship with Healthcare Professionals* lowest (“C+” or 79.2), marking a slight decline from a “B-” (82.3) last year. Other groups rated it in the “B” range. American Indian/Alaska Native (46%), Black (40%), Pacific Islander/Native Hawaiian (39%), and Hispanic (36%) respondents were more likely to report having had an interaction challenge with their HCP in the past 12 months, compared with 24% of white respondents. This year marked a slight decrease for Hispanic patients, 36% of whom cited challenges compared with 43% last year.
- **People of color gave their access to care through health insurance a failing grade.** *Access to Treatment through Healthcare Plans* was the lowest-rated dimension in the scorecard with a “D-” (63.1) overall, but people of color gave it an “F” (59.8). Concerns about future insurance obstacles (next five years) decreased significantly among white patients. American Indian/Alaska Native (64%), Black (57%), and Hispanic (56%) individuals with a healthcare plan who take prescription medication were all more likely to say they have experienced challenges getting their prescriptions because of their health plan than white respondents (46%).
- **Hispanic patients were most likely to report struggling with their health insurance information and costs.** Sixty-one percent of Hispanic patients said their health plan information is impossible to understand (compared to 50% overall). Nearly half (49%) of Hispanic patients with a deductible said that in the past 12 months their deductible was not affordable (compared to 35% overall), and 52% said they worry that they will not be able to afford their deductible in the next 12 months (compared to 41% overall). The same proportion (49%) of Hispanic patients said they are worried about their ability to afford prescriptions in the next 12 months (compared to 37% overall).

- **Black patients had a steep decline in their rating of *Affordability of Prescription Medications*, and most patients of color rated this measure worse than white patients.** Like other people of color, Black patients gave medication affordability a “C” (75.8), a steep decline from 2024 when it was a “B-” (81.1). One-third (32%) of Black patients who take at least one prescription medication reported difficulty paying for medications in the past 12 months, a significant increase from 20% in 2024. One-third (33%) said they had been unable to get a prescription due to cost, up from 21% in 2024. More than half (53%) of Black patients reported taking a financial action such as reducing spending in other areas as a result of not getting their prescription, up from 44% in 2024.
- **Overall, the vast majority of patients of color experienced health implications of not being able to pay for prescriptions.** These impacts were most commonly cited by American Indian/Alaska Native (95%), Pacific Islander/Native Hawaiian (89%), Hispanic (88%), and Black (87%) patients. Directionally, Asian patients experienced a decline in negative health consequences from not being able to afford medications (90% in 2024 vs. 72% in 2025).
- ***Financial Toxicity* is materially worse for patients of color than white patients, and that dimension got worse between 2024 and 2025.** Overall, people of color rated *Financial Toxicity* a “D-” (61.4, down slightly from 63.7 in 2024). Some groups were more likely to be negatively affected by healthcare costs: Hispanic, American Indian/Alaska Native, and Pacific Islander/Native Hawaiian respondents rated *Financial Toxicity* as an “F”. In comparison, Asian and white patients rated this measure more favorably, with a “C-” (70.8) and “C” (73.8), respectively.

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