

Appendix B: References for Arrows

Start point	Start point category	End point	End point category	Dashed line	References
Insurance is largely conveyed through employment and/or marital/familial status	Racist Structures: Health Care	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage		<p>Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466.</p> <p>Buchmueller, Thomas C., Zachary M. Levinson, Helen G. Levy, and Barbara L. Wolfe. 2016. "Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage." <i>American Journal of Public Health</i> 106 (8): 1416–21. https://doi.org/10.2105/AJPH.2016.303155.</p> <p>Bittker, Bobbi M. 2020. "Racial and Ethnic Disparities in Employer-Sponsored Health Coverage." <i>Human Rights Magazine</i> 45 (4).</p>
Medical research that systemically exploited Black individuals as research subjects	Racist Structures: Health Care	Among those with access to employer-sponsored insurance, people of color are more likely to be enrolled in more affordable but "lower-end" health plans that cover less	Coverage		<p>Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466.</p>
Medical research that systemically exploited Black individuals as research subjects	Racist Structures: Health Care	Among those with access to employer-sponsored insurance, people of color are more likely to be locked into plans offered through their employers that provide less protection and locked out of subsidized plans on the Affordable Care Act Marketplace	Coverage		<p>Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466.</p>

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Laws that allowed for or required the racial segregation of healthcare facilities	Racist Structures: Health Care	People of color are more likely to get care from critical access or safety net hospitals	Finance	Dashed	Yearby, Ruqaiijah. 2018. "Racial Disparities in Health Status and Access to Healthcare: The Continuation of Inequality in the United States Due to Structural Racism." <i>American Journal of Economics and Sociology</i> 77 (3-4): 1113-52. https://doi.org/10.1111/ajes.12230 .
Health insurance reimbursement rates that are higher for private insurance than for public insurance	Racist Structures: Health Care	Providers caring for un-, under-, and publicly insured patients provide more un- and under-compensated care	Finance		AHA (American Hospital Association). 2022. "Fact Sheet: Underpayment by Medicare and Medicaid." Chicago: AHA.
Public insurance billing complexity and burden	Racist Structures: Health Care	Providers caring for un-, under-, and publicly insured patients tend to have worse financial health	Finance		Dunn, Abe, Joshua D. Gottlieb, Adam Shapiro, Daniel J Sonnenstuhl, and Pietro Tebaldi. 2021. "A Denial a Day Keeps the Doctor Away." NBER Working Paper 29010. Cambridge, MA: NBER. https://doi.org/10.3386/w29010 .
Inconsistent definition of hospitals serving high-need patient populations and declining special payments to those hospitals	Racist Structures: Health Care	Providers caring for un-, under-, and publicly insured patients tend to have worse financial health	Finance		Popescu, Ioana, Kathryn R. Fingar, Eli Cutler, Jing Guo, and H. Joanna Jiang. 2019. "Comparison of 3 Safety-Net Hospital Definitions and Association With Hospital Characteristics." <i>JAMA Network Open</i> 2 (8): e198577. https://doi.org/10.1001/jamanetworkopen.2019.8577 .
Health insurance reimbursement rates that are higher for private insurance than for public insurance	Racist Structures: Health Care	Providers caring for un-, under-, and publicly insured patients tend to have worse financial health	Finance		Wishner, Jane, Patricia Solleveld, Julia Paradise, Larisa Antonisse Published: Jul 07, and 2016. 2016. "A Look at Rural Hospital Closures and Implications for Access to Care: Three Case Studies." <i>KFF</i> (blog). Castle, Nicholas G, John Engberg, Judith Lave, and Andrew Fisher. 2009. "Factors Associated with Increasing Nursing Home Closures." <i>Health Services Research</i> 44 (3): 1088-1109. https://doi.org/10.1111/j.1475-6773.2009.00954.x . Gaffney, Lukas K., and Kenneth A. Michelson. 2023. "Analysis of Hospital Operating Margins and Provision of Safety Net Services." <i>JAMA Network Open</i> 6 (4): e238785. https://doi.org/10.1001/jamanetworkopen.2023.8785 .

Start point	Start point category	End point	End point category	Dashed line	References
Privatization, consolidation, and financialization of health care leads to the prioritization of short-term and bottom-line gains	Racist Structures: Health Care	Providers caring for un-, under-, and publicly insured patients are more likely to sue patients or send their accounts to debt collectors over unpaid medical bills	Finance	Dashed line	<p>Cooper, Zack, James Han, and Neale Mahoney. 2021. "Hospital Lawsuits Over Unpaid Bills Increased By 37 Percent In Wisconsin From 2001 To 2018." <i>Health Affairs</i> 40 (12): 1830–35. https://doi.org/10.1377/hlthaff.2021.01130.</p> <p>Garber, Judith. 2023. "Which Hospitals Are Suing Patients? Investigation Reveals Hospital Billing Practices." <i>Lown Institute</i> (blog).</p> <p>Silver-Greenberg, Jessica, and Katie Thomas. 2022. "They Were Entitled to Free Care. Hospitals Hounded Them to Pay." <i>The New York Times</i>.</p>
Privatization, consolidation, and financialization of health care leads to the prioritization of short-term and bottom-line gains	Racist Structures: Health Care	Within hospital networks, hospitals serving people of color are more likely to be hollowed out (lose service lines, specialties, etc.) to support building facilities for wealthier patients and their generous private insurance	Finance		<p>Himmelstein, Gracie, and Kathryn E. W. Himmelstein. 2020. "Inequality Set in Concrete: Physical Resources Available for Care at Hospitals Serving People of Color and Other U.S. Hospitals." <i>International Journal of Health Services</i> 50 (4): 363–70. https://doi.org/10.1177/0020731420937632.</p> <p>Evans, Melanie, Max Rust, Tom McGinty. 2022. "Big Nonprofit Hospitals Expand in Wealthier Areas, Shun Poorer Ones." <i>The Wall Street Journal</i>.</p> <p>Thomas, Katie, and Jessica Silver-Greenberg. 2022. "How a Hospital Chain Used a Poor Neighborhood to Turn Huge Profits." <i>The New York Times</i>.</p> <p>Carrier, Emily R., Marisa Dowling, and Robert A. Berenson. 2012. "Hospitals' Geographic Expansion in Quest of Well-Insured Patients: Will the Outcome Be Better Care, More Cost, or Both?" <i>Health Affairs</i> 31 (4): 827–35. https://doi.org/10.1377/hlthaff.2011.1085.</p>
Health insurance reimbursement rates that are higher for private insurance than for public insurance	Racist Structures: Health Care	Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access to Care		<p>Decker, Sandra L. 2012. "In 2011 Nearly One-Third of Physicians Said They Would Not Accept New Medicaid Patients, but Rising Fees May Help." <i>Health Affairs</i> 31 (8): 1673–79. https://doi.org/10.1377/hlthaff.2012.0294.</p>

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Structures that required and encouraged the segregation of medical education and the closure of Black medical schools	Racist Structures: Health Care	Patients who are people of color are less likely to receive care from providers of the same race/ethnicity	Quality of Care	Dashed	<p>Gonzalez, Dulce, Genevieve M. Kenney, Marla McDaniel, and Claire O'Brien. 2022. "Racial, Ethnic, and Language Concordance between Patients and Their Usual Health Care Providers." Washington, DC: Urban Institute.</p> <p>Lucey, Catherine Reinis, and Aaron Saguil. 2020. "The Consequences of Structural Racism on MCAT Scores and Medical School Admissions: The Past Is Prologue." <i>Academic Medicine</i> 95 (3): 351–56. https://doi.org/10.1097/ACM.0000000000002939.</p> <p>Salsberg, Edward, Chelsea Richwine, and Sara Westergaard. 2021. "Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce." <i>JAMA Network Open</i> 4 (3). https://doi.org/doi:10.1001/jamanetworkopen.2021.3789.</p>
Medical education that propagates bias	Racist Structures: Health Care	Patients who are people of color are more likely to experience bias from providers and are less likely to be treated with cultural dignity, humility, and respect	Quality of Care		<p>Amutah, Christina, Kaliya Greenidge, Adjoa Mante, Michelle Munyikwa, Sanjna L. Surya, Eve Higginbotham, David S. Jones, et al. 2021. "Misrepresenting Race—The Role of Medical Schools in Propagating Physician Bias." <i>New England Journal of Medicine</i> 384 (9): 872–78. https://doi.org/10.1056/NEJMms2025768.</p> <p>Hall, William J., Mimi V. Chapman, Kent M. Lee, Yesenia M. Merino, Tainayah W. Thomas, B. Keith Payne, Eugenia Eng, Steven H. Day, and Tamera Coyne-Beasley. 2015. "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review." <i>American Journal of Public Health</i> 105 (12): e60–76. https://doi.org/10.2105/AJPH.2015.302903.</p>

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White/cis/hetero/male overrepresentation in clinical and biomedical knowledge production (as researchers, as subjects, etc.)	Racist Structures: Health Care	Clinical decisions often provide more attention, resources, and better care to white patients than to patients that are members of racial and ethnic minorities	Quality of Care	Dashed	<p>Louie, Patricia, and Rima Wilkes. 2018. "Representations of Race and Skin Tone in Medical Textbook Imagery." <i>Social Science & Medicine</i> 202: 38–42. https://doi.org/10.1016/j.socscimed.2018.02.023.</p> <p>Maina, Ivy W., Tanisha D. Belton, Sara Ginzberg, Ajit Singh, and Tiffani J. Johnson. 2018. "A Decade of Studying Implicit Racial/Ethnic Bias in Healthcare Providers Using the Implicit Association Test." <i>Social Science & Medicine</i> 199: 219–29. https://doi.org/10.1016/j.socscimed.2017.05.009.</p>
Race-based clinical algorithms, tools, and guidelines	Racist Structures: Health Care	Clinical decisions often provide more attention, resources, and better care to white patients than to patients that are members of racial and ethnic minorities	Quality of Care		<p>Sjoding, Michael W., Robert P. Dickson, Theodore J. Iwashyna, Steven E. Gay, and Thomas S. Valley. 2020. "Racial Bias in Pulse Oximetry Measurement." <i>The New England Journal of Medicine</i> 383 (25): 2477–78. https://doi.org/10.1056/NEJMc2029240.</p> <p>Tong, Michelle, and Samantha Artiga. 2021. "Use of Race in Clinical Diagnosis and Decision Making: Overview and Implications." San Francisco: KFF.</p> <p>Vyas, Darshali A., Leo G. Eisenstein, and David S. Jones. 2020. "Hidden in Plain Sight—Reconsidering the Use of Race Correction in Clinical Algorithms." <i>New England Journal of Medicine</i> 383 (9): 874–82. https://doi.org/10.1056/NEJMms2004740.</p>
Medical research that systemically exploited Black individuals as research subjects	Racist Structures: Health Care	People of color are less likely to trust health care institutions and providers	Quality of Care		<p>Gamble, V N. 1997. "Under the Shadow of Tuskegee: African Americans and Health Care." <i>American Journal of Public Health</i> 87 (11): 1773–78. https://doi.org/10.2105/AJPH.87.11.1773.</p> <p>Grady, Denise. 2007. "White Doctors, Black Subjects: Abuse Disguised as Research." <i>The New York Times</i>.</p> <p>Scharff, Darcell P., Katherine J. Mathews, Pamela Jackson, Jonathan Hoffsuemmer, Emeobong Martin, and Dorothy Edwards. 2010. "More than Tuskegee: Understanding Mistrust about Research Participation." <i>Journal of Health Care for the Poor and Underserved</i> 21 (3): 879–97. https://doi.org/10.1353/hpu.0.0323.</p>

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Institutional mistreatment, neglect, and abuse by the healthcare system	Racist Structures: Health Care	People of color are less likely to trust health care institutions and providers	Quality of Care		Corbie-Smith, Giselle, Stephen B Thomas, Mark V Williams, and Sandra Moody-Ayers. 1999. "Attitudes and Beliefs of African Americans Toward Participation in Medical Research." <i>Journal of General Internal Medicine</i> 14 (9): 537–46. https://doi.org/10.1046/j.1525-1497.1999.07048.x . Shavers, Vickie L., Charles F. Lynch, and Leon F. Burmeister. 2002. "Racial Differences in Factors That Influence the Willingness to Participate in Medical Research Studies." <i>Annals of Epidemiology</i> 12 (4): 248–56. https://doi.org/10.1016/s1047-2797(01)00265-4 .
Segregated health care facilities	Racist Structures: Health Care	People of color are less likely to trust health care institutions and providers	Quality of Care	Dashed	LaMotte, Julia E., Gerard D. Hills, Khajae Henry, and Seethal A. Jacob. 2022. "Understanding the Roots of Mistrust in Medicine: Learning from the Example of Sickle Cell Disease." <i>Journal of Hospital Medicine</i> 17 (6): 495–98. https://doi.org/10.1002/jhm.12800 .
Child welfare and social welfare laws	Racist Structures: Family Structure	People of color are more likely to be un- or under-insured	Coverage	Dashed	Roberts, Dorothy. 2022. <i>Torn Apart: How the Child Welfare System Destroys Black Families—and How Abolition Can Build a Safer World</i> . New York: Basic Books.
Laws that withheld benefits (e.g., insurance, leave, scheduling flexibility) from some occupations	Racist Structures: Occupational Segregation	People of color are more likely to be un- or under-insured	Coverage		Yearby, Ruqaiyah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Laws that restricted the occupations that could be held by certain racial/ethnic minorities	Racist Structures: Occupational Segregation	People of color are more likely to experience poverty	Affordability of Care	Dashed	Yearby, Ruqaiyah. 2018. "Racial Disparities in Health Status and Access to Healthcare: The Continuation of Inequality in the United States Due to Structural Racism." <i>American Journal of Economics and Sociology</i> 77 (3–4): 1113–52. https://doi.org/10.1111/ajes.12230 .
Laws that withheld benefits (e.g., insurance, leave, scheduling flexibility) from some occupations	Racist Structures: Occupational Segregation	People of color are more likely to experience poverty	Affordability of Care	Dashed	Yearby, Ruqaiyah, and Seema Mohapatra. 2020. "Law, Structural Racism, and the COVID-19 Pandemic." <i>Journal of Law and the Biosciences</i> 7 (1): Isaa036. https://doi.org/10.1093/jlb/Isaa036 .

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Laws that withheld higher wages from occupations that were disproportionately held by people of color	Racist Structures: Occupational Segregation	People of color are more likely to experience poverty	Affordability of Care		Yearby, Ruqaiijah, and Seema Mohapatra. 2020. "Law, Structural Racism, and the COVID-19 Pandemic." <i>Journal of Law and the Biosciences</i> 7 (1): Isaa036. https://doi.org/10.1093/jlb/ljaa036 .
Laws that imposed employment/labor taxes on some racial/ethnic minorities	Racist Structures: Occupational Segregation	People of color are more likely to experience poverty	Affordability of Care	Dashed	Menasce Horowitz, Juliana, Ruth Igielnik, and Rakesh Kochhar. 2020. "Trends in Income and Wealth Inequality." Washington, DC: Pew Research Center.
Laws withholding the right to work from some certain people of color	Racist Structures: Occupational Segregation	People of color are more likely to experience poverty	Affordability of Care		Kijakazi, Kilolo, Karen Smith, and Charmaine Runes. 2019. "African American Economic Security and the Role of Social Security." The Urban Institute.
Laws that restricted the occupations that could be held by certain racial/ethnic minorities	Racist Structures: Occupational Segregation	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Laws that restricted the occupations that could be held by certain racial/ethnic minorities	Racist Structures: Occupational Segregation	Among those with access to employer-sponsored insurance, people of color are more likely to be enrolled in more affordable but "lower-end" health plans that cover less	Coverage	Dashed	Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .

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Laws that restricted the occupations that could be held by certain racial/ethnic minorities	Racist Structures: Occupational Segregation	Among those with access to employer-sponsored insurance, people of color are more likely to be locked into plans offered through their employers that provide less protection and locked out of subsidized plans on the Affordable Care Act Marketplace	Coverage	Dashed	Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Laws that withheld benefits (e.g., insurance, leave, scheduling flexibility) from some occupations	Racist Structures: Occupational Segregation	People of color are less likely to have scheduling flexibility, time, and access to sick leave and family/medical leave	Access to Care	Dashed	Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Laws that outlaw or restrict immigration from certain countries	Racist Structures: Immigration and Citizenship	People of color are more likely to be un- or under-insured	Coverage	Dashed	2022. "Health Coverage and Care of Immigrants." accessed September 12, 2013. KFF.
Laws that withheld citizenship from certain people of color	Racist Structures: Immigration and Citizenship	People of color are more likely to be un- or under-insured	Coverage		Perreira, Krista M., and Juan M. Pedroza. 2019. "Policies of Exclusion: Implications for the Health of Immigrants and Their Children." <i>Annual Review of Public Health</i> 40 (1): 147–66. https://doi.org/10.1146/annurev-publhealth-040218-044115 .
Laws that withheld citizenship from certain people of color	Racist Structures: Immigration and Citizenship	People of color are more likely to experience poverty	Affordability of Care		Chang, Cindy D. 2019. "Social Determinants of Health and Health Disparities Among Immigrants and Their Children." <i>Current Problems in Pediatric and Adolescent Health Care</i> 49 (1): 23–30. https://doi.org/10.1016/j.cppeds.2018.11.009 .

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Legacy admission preference in selective colleges	Racist Structures: Human Capital Development	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	"State Health Compare: Health Insurance Coverage Type by Education." accessed August 30, 2023. SHADAC.
Funding public schools predominantly through local property taxes	Racist Structures: Human Capital Development	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	Darling-Hammond, Linda. 2001. <i>Inequality in Teaching and Schooling: How Opportunity Is Rationed to Students of Color in America.</i> In <i>The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions: Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W. Nickens, M.D.</i> edited by Brian D. Smedley, Adrienne Y. Stith, Lois Colburn, Clyde H. Evans, and Institute of Medicine. Washington, D: National Academies Press. https://doi.org/10.17226/10186 .
Laws that allowed/mandated racial segregation of neighborhoods	Racist Structures: Human Capital Development	People of color are more likely to live in a care (primary, trauma, pharmacy) desert	Access to Care	Dashed	White, Kellee, Jennifer S Haas, and David R Williams. 2012. "Elucidating the Role of Place in Health Care Disparities: The Example of Racial/Ethnic Residential Segregation." <i>Health Services Research</i> 47 (3pt2): 1278-99. https://doi.org/10.1111/j.1475-6773.2012.01410.x .
Funding public schools predominantly through local property taxes	Racist Structures: Human Capital Development	People of color are more likely to experience poverty	Affordability of Care	Dashed	Williams, D. R., and C. Collins. 2001. "Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health." <i>Public Health Reports</i> 116 (5): 404-16.
Legacy admission preference in selective colleges	Racist Structures: Human Capital Development	People of color are less likely to seek health care	Utilization	Dashed	Fletcher, Jason M., and David E. Frisvold. 2009. "Higher Education and Health Investments: Does More Schooling Affect Preventive Health Care Use?" <i>Journal of Human Capital</i> 3 (2): 144-76. https://doi.org/10.1086/645090 .
Laws that prohibited the education of certain people of color	Racist Structures: Human Capital Development	Patients who are people of color are less likely to receive care from providers of the same race/ethnicity	Quality of Care	Dashed	St. Fleur, Nicholas. 2022. "Listen: How One 1910 Report Curtailed Black Medical Education for over a Century." STAT.

Start point	Start point category	End point	End point category	Dashed line	References
Laws that allowed/mandated racial segregation of schools	Racist Structures: Human Capital Development	Patients who are people of color are less likely to receive care from providers of the same race/ethnicity	Quality of Care	Dashed	Baker, Robert B., Harriet A. Washington, Ololade Olakanmi, Todd L. Savitt, Elizabeth A. Jacobs, Eddie Hoover, and Matthew K. Wynia. 2008. "African American Physicians and Organized Medicine, 1846-1968: Origins of a Racial Divide." <i>JAMA</i> 300 (3): 306–13. https://doi.org/10.1001/jama.300.3.306 .
Inequitable sentencing laws and practices	Racist Structures: Criminal Justice	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	Massoglia, Michael, and Brianna Remster. 2019. "Linkages Between Incarceration and Health." <i>Public Health Reports</i> 134 (1 Suppl): 8S–14S. https://doi.org/10.1177/0033354919826563 .
Institutional policies that allow for racially disproportionate rates of police stops, searches, arrests, prosecution, sentencing and imprisonment	Racist Structures: Criminal Justice	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	Cohen, Aliza, Sheila P. Vakharia, Julie Netherland, and Cassandra Frederique. 2022. "How the War on Drugs Impacts Social Determinants of Health beyond the Criminal Legal System." <i>Annals of Medicine</i> 54 (1): 2024–38. https://doi.org/10.1080/07853890.2022.2100926 .
Imprisonment and internment of certain people of color	Racist Structures: Criminal Justice	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Dashed	Massoglia, Michael, and Brianna Remster. 2019. "Linkages Between Incarceration and Health." <i>Public Health Reports</i> 134 (1 Suppl): 8S–14S. https://doi.org/10.1177/0033354919826563 .
Laws that ban or restrict the ability of certain people of color to acquire property	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Banaji, Mahzarin R., Susan T. Fiske, and Douglas S. Massey. 2021. "Systemic Racism: Individuals and Interactions, Institutions and Society." <i>Cognitive Research: Principles and Implications</i> 6 (1): 82. https://doi.org/10.1186/s41235-021-00349-3 .

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Government social programs that were administered in racially exclusive ways (e.g., the GI Bill)	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Meschede, Tatjana, Maya Eden, Sakshi Jain, Eunjung Jee, Branden Miles, Mariela Martinez, Sylvia Stewart, Jon Jacob, and Maria Madison. 2022. "IERE Research Brief: Final Report from Our GI Bill Study." Waltham, MA: Brandeis Institute for Economic and Racial Equity.
Government social programs that excluded eligibility from those in certain occupations (e.g., agriculture, domestic services)	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Banerjee, Asha, Katherine deCourcy, Kyle Moore, and Julia Wolfe. 2022. "Domestic Workers Chartbook 2022: A Comprehensive Look at the Demographics, Wages, Benefits, and Poverty Rates of the Professionals Who Care for Our Family Members and Clean Our Homes." Washington, DC: Economic Policy Institute.
Tax benefits that disproportionately advantage white households	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Thomas, Ann F. 2022. "The Racial Wealth Gap and the Tax Benefits of Homeownership." <i>New York Law School Law Review</i> 66 (2).
Laws that explicitly discouraged Black home ownership	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Swope, Carolyn B., Diana Hernández, and Lara J. Cushing. 2022. "The Relationship of Historical Redlining with Present-Day Neighborhood Environmental and Health Outcomes: A Scoping Review and Conceptual Model." <i>Journal of Urban Health</i> 99 (6): 959–83. https://doi.org/10.1007/s11524-022-00665-z . Menasce Horowitz, Juliana, Ruth Igielnik, and Rakesh Kochhar. 2020. "Trends in Income and Wealth Inequality." Washington, DC: Pew Research Center.
State-sanctioned racial violence that stripped certain people of color of wealth	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Menasce Horowitz, Juliana, Ruth Igielnik, and Rakesh Kochhar. 2020. "Trends in Income and Wealth Inequality." Washington, DC: Pew Research Center.

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Laws that redistributed land away from racial/ethnic minorities	Racist Structures: Wealth Building	People of color are more likely to experience poverty	Affordability of Care	Dashed	Leonard, Bryan, Dominic P. Parker, and Terry L. Anderson. 2020. "Land Quality, Land Rights, and Indigenous Poverty." <i>Journal of Development Economics</i> 143: 102435. https://doi.org/10.1016/j.jdeveco.2019.102435 . Menasce Horowitz, Juliana, Ruth Igielnik, and Rakesh Kochhar. 2020. "Trends in Income and Wealth Inequality." Washington, DC: Pew Research Center.
The location of high-speed internet utilities	Racist Structures: Infrastructure	People of color are more likely to live in a care (primary, trauma, pharmacy) desert	Access to Care	Dashed	Hsiang, Walter R., Adam Lukasiewicz, Mark Gentry, Chang-Yeon Kim, Michael P. Leslie, Richard Pelker, Howard P. Forman, and Daniel H. Wiznia. 2019. "Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis." <i>Inquiry: A Journal of Medical Care Organization, Provision and Financing</i> 56: 0046958019838118. https://doi.org/10.1177/0046958019838118 .
Highways and interstates that were intentionally built to segregate neighborhoods of color	Racist Structures: Infrastructure	People of color are more likely to live in a care (primary, trauma, pharmacy) desert	Access to Care		Anderson, Kathryn Freeman. 2017. "Racial Residential Segregation and the Distribution of Health-Related Organizations in Urban Neighborhoods." <i>Social Problems</i> 64 (2): 256–76. https://doi.org/10.1093/socpro/spw058 . Gaskin, Darrell J, Gniesha Y Dinwiddie, Kitty S Chan, and Rachael R McCleary. 2012. "Residential Segregation and the Availability of Primary Care Physicians." <i>Health Services Research</i> 47 (6): 2353–76. https://doi.org/10.1111/j.1475-6773.2012.01417.x .
Disproportionate investment in infrastructure that meets the needs of owners of personal vehicles as opposed to public transportation users	Racist Structures: Infrastructure	People of color have to travel further and wait longer, on average, to access care	Access to Care	Dashed	Heaps, Wendy, Erin Abramsohn, and Elizabeth Skillen. 2021. "Public Transportation in the US: A Driver of Health and Equity." <i>Health Affairs</i> . Syed, Samina T., Ben S. Gerber, and Lisa K. Sharp. 2013. "Traveling Towards Disease: Transportation Barriers to Health Care Access." <i>Journal of Community Health</i> 38 (5): 976–93. https://doi.org/10.1007/s10900-013-9681-1 .

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The location of high-speed internet utilities	Racist Structures: Infrastructure	People of color have less access to telehealth and similar technologies	Access to Care		<p>Clare, Camille A. 2021. "Telehealth and the Digital Divide as a Social Determinant of Health during the COVID-19 Pandemic." <i>Network Modeling and Analysis in Health Informatics and Bioinformatics</i> 10 (1): 26. https://doi.org/10.1007/s13721-021-00300-y.</p> <p>Eyrich, Nicholas W., Juan J. Andino, and David P. Fessell. 2021. "Bridging the Digital Divide to Avoid Leaving the Most Vulnerable Behind." <i>JAMA Surgery</i> 156 (8): 703–4. https://doi.org/10.1001/jamasurg.2021.1143.</p> <p>Pandit, Amrisha A., Ruchira V. Mahashabde, Clare C. Brown, Mahip Acharya, Catherine C. Shoultz, Hari Eswaran, and Corey J. Hayes. 2023. "Association between Broadband Capacity and Telehealth Utilization among Medicare Fee-for-Service Beneficiaries during the COVID-19 Pandemic." <i>Journal of Telemedicine and Telecare</i>, 1357633X231166026. https://doi.org/10.1177/1357633X231166026.</p>
Among poor nonelderly adults, people of color are less likely to have Medicaid	Coverage	People of color are more likely to be un- or under-insured	Coverage		Haldar, Sweta. 2023. "Medicaid and Racial Health Equity." <i>KFF</i> (blog).
People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	People of color are more likely to get care from critical access or safety net hospitals	Finance		Hanchate, Amresh D., Michael K. Paasche-Orlow, William E. Baker, Meng-Yun Lin, Souvik Banerjee, and James Feldman. 2019. "Association of Race/Ethnicity With Emergency Department Destination of Emergency Medical Services Transport." <i>JAMA Network Open</i> 2 (9): e1910816. https://doi.org/10.1001/jamanetworkopen.2019.10816 .

Start point	Start point category	End point	End point category	Dashed line	References
Among those with access to employer-sponsored insurance, people of color are more likely to be enrolled in more affordable but "lower-end" health plans that cover less	Coverage	People of color are more likely to have higher relative and absolute health care and insurance-related expenses	Affordability of Care		Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Among those with access to employer-sponsored insurance, people of color are more likely to be enrolled in more affordable but "lower-end" health plans that cover less	Coverage	People of color are more likely to be un- or under-insured	Coverage		Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Among those with access to employer-sponsored insurance, people of color are more likely to be locked into plans offered through their employers that provide less protection and locked out of subsidized plans on the Affordable Care Act Marketplace	Coverage	People of color are more likely to have higher relative and absolute health care and insurance-related expenses	Affordability of Care		Yearby, Ruqaiijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466 .
Among poor nonelderly adults, people of color are less likely to have Medicaid	Coverage	People of color are more likely to be un- or under-insured	Coverage		Drake, Patrick, Jennifer Tolbert, Anthony Damico Published: Mar 31, and 2023. 2023. "How Many Uninsured Are in the Coverage Gap and How Many Could Be Eligible If All States Adopted the Medicaid Expansion?" <i>KFF</i> (blog).

Start point	Start point category	End point	End point category	Dashed line	References
People of color are more likely to be un- or under-insured	Coverage	People of color are more likely to have higher relative and absolute health care and insurance-related expenses	Affordability of Care		Montero, Alex. 2022. "Americans' Challenges with Health Care Costs." <i>KFF</i> (blog).
People of color are more likely to be un- or under-insured	Coverage	People of color are more likely to get care from critical access or safety net hospitals	Finance		Lasser, Karen E., Zhixiu Liu, Meng-Yun Lin, Michael K. Paasche-Orlow, and Amresh Hanchate. 2021. "Changes in Hospitalizations at US Safety-Net Hospitals Following Medicaid Expansion." <i>JAMA Network Open</i> 4 (6): e2114343. https://doi.org/10.1001/jamanetworkopen.2021.14343 .
People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage	Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access to Care		Bisgaier, Joanna, and Karin V. Rhodes. 2011. "Auditing Access to Specialty Care for Children with Public Insurance." <i>New England Journal of Medicine</i> 364 (24): 2324–33. https://doi.org/10.1056/NEJMs1013285 . Hsiang, Walter R., Adam Lukasiewicz, Mark Gentry, Chang-Yeon Kim, Michael P. Leslie, Richard Pelker, Howard P. Forman, and Daniel H. Wiznia. 2019. "Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis." <i>Inquiry: The Journal of Health Care Organization, Provision, and Financing</i> 56: 0046958019838118. https://doi.org/10.1177/0046958019838118 .
People of color are more likely to get care from critical access or safety net hospitals	Finance	People of color are more likely to receive care from providers that are less able to invest in quality improvement	Quality of Care		Werner, Rachel M., L. Elizabeth Goldman, and R. Adams Dudley. 2008. "Comparison of Change in Quality of Care between Safety-Net and Non-Safety-Net Hospitals." <i>JAMA</i> 299 (18): 2180–87. https://doi.org/10.1001/jama.299.18.2180 .
Providers caring for un-, under-, and publicly insured patients provide more un- and under-compensated care	Finance	Providers caring for un-, under-, and publicly insured patients tend to have worse financial health	Finance		Sarkar, Reith R., Travis Courtney, Katie Bachand, Paige E. Sheridan, Paul J. Riviere, Zachary D. Guss, Christian R. Lopez, et al. 2020. "Quality of Care at Safety-Net Hospitals and the Impact on Pay-for-Performance Reimbursement." <i>Cancer</i> 126 (20): 4584–92. https://doi.org/10.1002/cncr.33137 .

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Providers caring for un-, under-, and publicly insured patients tend to have worse financial health	Finance	People of color are more likely to receive care from providers that are less able to invest in quality improvement	Quality of Care		Werner, Rachel M., L. Elizabeth Goldman, and R. Adams Dudley. 2008. "Comparison of Change in Quality of Care between Safety-Net and Non-Safety-Net Hospitals." <i>JAMA</i> 299 (18): 2180–87. https://doi.org/10.1001/jama.299.18.2180 .
Providers caring for un-, under-, and publicly insured patients are more likely to sue patients or send their accounts to debt collectors over unpaid medical bills	Finance	People of color are more likely to experience poverty	Affordability of Care		Cooper, Zack, James Han, and Neale Mahoney. 2021. "Hospital Lawsuits Over Unpaid Bills Increased By 37 Percent In Wisconsin From 2001 To 2018." <i>Health Affairs</i> 40 (12): 1830–35. https://doi.org/10.1377/hlthaff.2021.01130 .
Within hospital networks, hospitals serving people of color are more likely to be hollowed out (lose service lines, specialties, etc.) to support building facilities for wealthier patients and their generous private insurance	Finance	People of color are more likely to receive care from providers that are less able to invest in quality improvement	Quality of Care		Thomas, Katie, and Jessica Silver-Greenberg. 2022. "How a Hospital Chain Used a Poor Neighborhood to Turn Huge Profits." <i>The New York Times</i> .
Safety net hospitals and providers are at greater risk of closure	Finance	Medicaid and other public insurance networks are smaller than private insurance networks	Access to Care		Ellison, Ayla. 2016. "6 Common Characteristics of Hospitals Vulnerable to Closure." <i>Becker Hospital Review</i> . Khullar, Dhruv, Zirui Song, and Dave A. Chokshi. 2018. "Safety-Net Health Systems At Risk: Who Bears The Burden Of Uncompensated Care?" <i>Health Affairs Forefront</i> . https://doi.org/10.1377/forefront.20180503.138516 . Song, Lina, and Soroush Saghafian. 2019. "Do Hospital Closures Improve the Efficiency and Quality of Other Hospitals?" Working Paper rwp19-006. Cambridge, MA: Harvard University John F. Kennedy School of Government.

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Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access To Care	People of color are more likely to get care from critical access or safety net hospitals	Finance		Bisgaier, Joanna, and Karin V. Rhodes. 2011. "Auditing Access to Specialty Care for Children with Public Insurance." <i>New England Journal of Medicine</i> 364 (24): 2324–33. https://doi.org/10.1056/NEJMsa1013285 .
People of color are less likely to have scheduling flexibility, time, and access to sick leave and family/medical leave	Access to Care	People of color are less likely to seek health care	Access to Care		Asfaw, Abay, and Maria Colopy. 2017. "Association between Parental Access to Paid Sick Leave and Children's Access to and Use of Healthcare Services." <i>American Journal of Industrial Medicine</i> 60 (3): 276–84. https://doi.org/10.1002/ajim.22692 . DeRigne, LeaAnne, Patricia Stoddard-Dare, and Linda Quinn. 2016. "Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave." <i>Health Affairs</i> 35 (3): 520–27. https://doi.org/10.1377/hlthaff.2015.0965 . Lamsal, Rashmi, Krishtee Napit, Adam B. Rosen, and Fernando A. Wilson. 2021. "Paid Sick Leave and Healthcare Utilization in Adults: A Systematic Review and Meta-Analysis." <i>American Journal of Preventive Medicine</i> 60 (6): 856–65. https://doi.org/10.1016/j.amepre.2021.01.009 .
Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access to Care	People of color have to travel further and wait longer, on average, to access care	Access to Care		Hsiang, Walter R., Adam Lukasiewicz, Mark Gentry, Chang-Yeon Kim, Michael P. Leslie, Richard Pelker, Howard P. Forman, and Daniel H. Wiznia. 2019. "Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis." <i>Inquiry: A Journal of Medical Care Organization, Provision and Financing</i> 56: 0046958019838118. https://doi.org/10.1177/0046958019838118 .

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People of color are more likely to live in a care (primary, trauma, pharmacy) desert	Access to Care	People of color have to travel further and wait longer, on average, to access care	Access to Care		Probst, Janice C., Sarah B Laditka, Jong-Yi Wang, and Andrew O. Johnson. 2007. "Effects of Residence and Race on Burden of Travel for Care: Cross Sectional Analysis of the 2001 US National Household Travel Survey." <i>BMC Health Services Research</i> 7: 40. https://doi.org/10.1186/1472-6963-7-40 .
Medicaid and other public insurance networks are smaller than private insurance networks	Access to Care	People of color have to travel further and wait longer, on average, to access care	Access to Care	Dashed	Ludomirsky, Avital B., William L. Schpero, Jacob Wallace, Anthony Lollo, Susannah Bernheim, Joseph S. Ross, and Chima D. Ndumele. 2022. "In Medicaid Managed Care Networks, Care Is Highly Concentrated Among A Small Percentage Of Physicians." <i>Health Affairs</i> 41 (5): 760–68. https://doi.org/10.1377/hlthaff.2021.01747 .
People of color are less likely to have scheduling flexibility, time, and access to sick leave and family/medical leave	Access to Care	People of color are less likely to adhere to/comply with provider directives	Utilization	Dashed	Hammig, Bart, and Brooke Bouza. 2019. "Paid Sick Leave Benefits and Adherence to Recommended Screening Tests Among Male Labor Workers in the United States." <i>Journal of Occupational and Environmental Medicine</i> 61 (2): 102–6. https://doi.org/10.1097/JOM.0000000000001481 . Song, Suhang, Brian H. Calhoun, James E. Kucik, Kristin J. Konnyu, and Renata Hilson. 2023. "Exploring the Association of Paid Sick Leave with Healthcare Utilization and Health Outcomes in the United States: A Rapid Evidence Review." <i>Global Health Journal, Special Issue on Advances in Public Health</i> , 7 (1): 9–17. https://doi.org/10.1016/j.glohj.2023.01.002 .
People of color are less likely to have scheduling flexibility, time, and access to sick leave and family/medical leave	Access to Care	People of color are less likely to seek health care	Utilization		DeRigne, LeaAnne, Patricia Stoddard-Dare, and Linda Quinn. 2016. "Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave." <i>Health Affairs</i> 35 (3): 520–27. https://doi.org/10.1377/hlthaff.2015.0965 . Hayes, Jeff, Barbara Gault. And Rachel O'Connor. 2014. "Paid Sick Days Access Varies by Race/Ethnicity, Sexual Orientation, and Job Characteristics." Washington, DC: Institute for Women's Policy Research.

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People of color are less likely to have scheduling flexibility, time, and access to sick leave and family/medical leave	Access to Care	People of color are more likely to have higher relative and absolute health care and insurance-related expenses	Affordability of Care		Boyens, Chantel, Michael Karpman, and Jack Smalligan. 2022. "Access to Paid Leave Is Lowest among Workers with the Greatest Needs." Washington, DC: Urban Institute. Stoddard-Dare, Patricia, LeaAnne DeRigne, Christopher Mallett, and Linda Quinn. 2018. "How Does Paid Sick Leave Relate to Health Care Affordability and Poverty among US Workers?" <i>Social Work in Health Care</i> 57 (5): 376–92. https://doi.org/10.1080/00981389.2018.1447532 .
Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access to Care	People of color are less likely to adhere to/comply with provider directives	Utilization	Dashed	Bhandari, Neeraj, Yunfeng Shi, and Kyoungrae Jung. 2016. "Patient Experience Of Provider Refusal Of Medicaid Coverage And Its Implications." <i>Journal of Health Care for the Poor and Underserved</i> 27 (2): 479–94. https://doi.org/10.1353/hpu.2016.0096 .
Providers, both primary and specialty care, are more likely to deny patients with Medicaid and other public insurance	Access to Care	People of color are less likely to seek health care	Utilization		Bhandari, Neeraj, Yunfeng Shi, and Kyoungrae Jung. 2016. "Patient Experience Of Provider Refusal Of Medicaid Coverage And Its Implications." <i>Journal of Health Care for the Poor and Underserved</i> 27 (2): 479–94. https://doi.org/10.1353/hpu.2016.0096 .
People of color have to travel further and wait longer, on average, to access care	Access to Care	People of color are less likely to adhere to/comply with provider directives	Utilization		Probst, Janice C., Sarah B. Laditka, Jong-Yi Wang, and Andrew O. Johnson. 2007. "Effects of Residence and Race on Burden of Travel for Care: Cross Sectional Analysis of the 2001 US National Household Travel Survey." <i>BMC Health Services Research</i> 7 (1): 40. https://doi.org/10.1186/1472-6963-7-40 .
People of color have to travel further and wait longer, on average, to access care	Access to Care	People of color are less likely to seek health care	Utilization		Probst, Janice C., Sarah B. Laditka, Jong-Yi Wang, and Andrew O. Johnson. 2007. "Effects of Residence and Race on Burden of Travel for Care: Cross Sectional Analysis of the 2001 US National Household Travel Survey." <i>BMC Health Services Research</i> 7 (1): 40. https://doi.org/10.1186/1472-6963-7-40 .

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People of color have less access to telehealth and similar technologies	Access to Care	People of color are less likely to adhere to/comply with provider directives	Utilization	Dashed	<p>Clare, Camille A. 2021. "Telehealth and the Digital Divide as a Social Determinant of Health during the COVID-19 Pandemic." <i>Network Modeling and Analysis in Health Informatics and Bioinformatics</i> 10 (1): 26. https://doi.org/10.1007/s13721-021-00300-y.</p> <p>Eyrich, Nicholas W., Juan J. Andino, and David P. Fessell. 2021. "Bridging the Digital Divide to Avoid Leaving the Most Vulnerable Behind." <i>JAMA Surgery</i> 156 (8): 703–4. https://doi.org/10.1001/jamasurg.2021.1143.</p>
People of color have less access to telehealth and similar technologies	Access to Care	People of color are less likely to seek health care	Utilization	Dashed	<p>Clare, Camille A. 2021. "Telehealth and the Digital Divide as a Social Determinant of Health during the COVID-19 Pandemic." <i>Network Modeling and Analysis in Health Informatics and Bioinformatics</i> 10 (1): 26. https://doi.org/10.1007/s13721-021-00300-y.</p> <p>Eyrich, Nicholas W., Juan J. Andino, and David P. Fessell. 2021. "Bridging the Digital Divide to Avoid Leaving the Most Vulnerable Behind." <i>JAMA Surgery</i> 156 (8): 703–4. https://doi.org/10.1001/jamasurg.2021.1143.</p>
People of color are more likely to experience poverty	Affordability of Care	People of color are less likely to have employer-sponsored insurance and more likely to be covered by Medicaid and other public insurance programs	Coverage		<p>Yearby, Ruqaiyah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical and Modern US Health Care Policy." <i>Health Affairs</i> 41 (2): 187–94. https://doi.org/10.1377/hlthaff.2021.01466.</p> <p>Artiga, Samantha, Latoya Hill, and Anthony Damico. 2022. "Health Coverage by Race and Ethnicity, 2010–2021." San Francisco: KFF.</p>
People of color are more likely to have medical and other forms of debt	Affordability of Care	Providers caring for un-, under-, and publicly insured patients are more likely to sue patients or send their accounts to debt collectors over unpaid medical bills	Finance		<p>Cooper, Zack, James Han, and Neale Mahoney. 2021. "Hospital Lawsuits Over Unpaid Bills Increased By 37 Percent In Wisconsin From 2001 To 2018." <i>Health Affairs</i> 40 (12): 1830–35. https://doi.org/10.1377/hlthaff.2021.01130.</p>

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People of color are more likely to experience poverty	Affordability of Care	People of color are more likely to be un- or under-insured	Coverage		Lee, De-Chih, Hailun Liang, and Leiyu Shi. 2021. "The Convergence of Racial and Income Disparities in Health Insurance Coverage in the United States." <i>International Journal for Equity in Health</i> 20 (April): 96. https://doi.org/10.1186/s12939-021-01436-z .
People of color are more likely to experience poverty	Affordability of Care	People of color are more likely to have higher relative health care and insurance-related expenses	Affordability of Care		Witters, Dan. 2022. "Benchmarking Healthcare Affordability and Perceived Value." <i>Gallup</i> (blog).
People of color are more likely to experience poverty	Affordability of Care	People of color are less likely to be able to afford care	Affordability of Care		Collins, Sara, Munira Gunja, and Gabriella Aboulaflia. 2020. "U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability." New York: The Commonwealth Fund.
People of color are more likely to have higher relative-health care and insurance-related expenses	Affordability of Care	People of color are less likely to be able to afford care	Affordability of Care		Collins, Sara, Munira Gunja, and Gabriella Aboulaflia. 2020. "U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability." New York: The Commonwealth Fund. Collins, Sara, Petra Rasmussen, Sophie Beutel, and Michelle Doty. 2015. "The Problem of Underinsurance and How Rising Deductibles Will Make It Worse." New York: The Commonwealth Fund. https://doi.org/10.26099/6d6x-ez06 .
People of color are more likely to have higher relative-health care and insurance-related expenses	Affordability of Care	People of color are more likely to have medical and other forms of debt	Affordability of Care		Santillo, Miranda, Breno Braga, Fredric Blavin, and Anuj Gangopadhyaya. 2022. "Communities of Color Disproportionally Suffer from Medical Debt." <i>Urban Wire</i> (blog). Washington, DC: Urban Institute.
People of color are more likely to have medical and other forms of debt	Affordability of Care	People of color are less likely to be able to afford care	Affordability of Care		Lessard, Laura, and Julie Solomon. 2016. "Demographic and Service-Use Profiles of Individuals Using the CarePayment Program for Hospital-Related Medical Debt: Results from a Nationwide Survey of Guarantors." <i>BMC Health Services Research</i> 16 (1): 264. https://doi.org/10.1186/s12913-016-1525-0 . Collins, Sara, Petra Rasmussen, Sophie Beutel, and Michelle Doty. 2015. "The Problem of Underinsurance and How Rising Deductibles Will Make It Worse." New York: The Commonwealth Fund. https://doi.org/10.26099/6d6x-ez06 .

Start point	Start point category	End point	End point category	Dashed line	References
People of color are less likely to be able to afford care	Affordability of Care	People of color are less likely to seek health care	Utilization		Mahajan, Shiwani, César Caraballo, Yuan Lu, Javier Valero-Elizondo, Daisy Massey, Amarnath R. Annapureddy, Brita Roy, et al. 2021. "Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018." <i>JAMA</i> 326 (7): 637–48. https://doi.org/10.1001/jama.2021.9907 .
People of color are more likely to receive care from providers and institutions that tend to deliver a lower quality of care a. Lower staff-patient ratios b. Replace higher skilled providers with lower skilled, less expensive providers (e.g., mid-level providers instead of physicians, medical assistants instead of nurses) c. Less equipped d. Fewer service lines and specialties	Quality of Care	People of color are less likely to trust health care institutions and providers	Quality of Care	Dashed	Sheppard, Vanessa B, Ruth E Zambrana, and Ann S O'Malley. 2004. "Providing Health Care to Low-Income Women: A Matter of Trust." <i>Family Practice</i> 21 (5): 484–91. https://doi.org/10.1093/fampra/cmh503 .
Patients who are people of color are less likely to receive care from providers of the same race/ethnicity	Quality of Care	People of color are less likely to trust health care institutions and providers	Quality of Care		Takeshita, Junko, Shiyu Wang, Alison W. Loren, Nandita Mitra, Justine Shults, Daniel B. Shin, and Deirdre L. Sawinski. 2020. "Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings." <i>JAMA Network Open</i> 3 (11): e2024583. https://doi.org/10.1001/jamanetworkopen.2020.24583 .

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Patients who are people of color are more likely to experience bias from providers and are less likely to be treated with cultural dignity, humility, and respect	Quality of Care	People of color are less likely to trust health care institutions and providers	Quality of Care		<p>Hall, William J., Mimi V. Chapman, Kent M. Lee, Yesenia M. Merino, Tainayah W. Thomas, B. Keith Payne, Eugenia Eng, Steven H. Day, and Tamera Coyne-Beasley. 2015. "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review." <i>American Journal of Public Health</i> 105 (12): e60–76. https://doi.org/10.2105/AJPH.2015.302903.</p> <p>Sheppard, Vanessa B, Ruth E Zambrana, and Ann S O'Malley. 2004. "Providing Health Care to Low-Income Women: A Matter of Trust." <i>Family Practice</i> 21 (5): 484–91. https://doi.org/10.1093/fampra/cmh503.</p>
Clinical decisions often provide more attention, resources, and better care to white patients than to patients that are members of racial and ethnic minorities	Quality of Care	People of color are less likely to trust health care institutions and providers	Quality of Care	Dashed	<p>Hostetter, Martha, and Sarah Klein. 2021. "Understanding and Ameliorating Medical Mistrust Among Black Americans." New York: The Commonwealth Fund. https://doi.org/10.26099/9grt-2b21.</p> <p>Meghani, Salimah H., Eeeseung Byun, and Rollin M. Gallagher. 2012. "Time to Take Stock: A Meta-Analysis and Systematic Review of Analgesic Treatment Disparities for Pain in the United States." <i>Pain Medicine</i> 13 (2): 150–74. https://doi.org/10.1111/j.1526-4637.2011.01310.x.</p>
People of color are less likely to trust health care institutions and providers	Quality of Care	People of color are less likely to adhere to/comply with provider directives	Utilization		<p>Cuffee, Yendelela L., J. Lee Hargraves, Milagros Rosal, Becky A. Briesacher, Antoinette Schoenthaler, Sharina Person, Sandral Hullett, and Jeroan Allison. 2013. "Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans With Hypertension." <i>American Journal of Public Health</i> 103 (11): e55–62. https://doi.org/10.2105/AJPH.2013.301554.</p> <p>Sheppard, Vanessa B, Ruth E Zambrana, and Ann S O'Malley. 2004. "Providing Health Care to Low-Income Women: A Matter of Trust." <i>Family Practice</i> 21 (5): 484–91. https://doi.org/10.1093/fampra/cmh503.</p>
People of color are less likely to trust health care institutions and providers	Quality of Care	People of color are less likely to seek health care	Utilization		<p>Hostetter, Martha, and Sarah Klein. 2021. "Understanding and Ameliorating Medical Mistrust Among Black Americans." New York: The Commonwealth Fund. https://doi.org/10.26099/9grt-2b21.</p>

Start point	Start point category	End point	End point category	Dashed line	References
Patients who are people of color are less likely to receive care from providers of the same race/ethnicity	Quality of Care	Patients who are people of color are more likely to experience bias from providers and are less likely to be treated with cultural dignity, humility, and respect	Quality of Care		Shen, Megan Johnson, Emily B. Peterson, Rosario Costas-Muñiz, Migda Hunter Hernandez, Sarah T. Jewell, Konstantina Matsoukas, and Carma L. Bylund. 2018. "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature." <i>Journal of Racial and Ethnic Health Disparities</i> 5 (1): 117–40. https://doi.org/10.1007/s40615-017-0350-4 .
People of color are more likely to receive care from providers that are less able to invest in quality improvement	Quality of Care	<p>People of color are more likely to receive care from providers and institutions that tend to deliver a lower quality of care</p> <p>a. Lower staff-patient ratios</p> <p>b. Replace higher-skilled providers with lower-skilled, less expensive providers (e.g., mid-level providers instead of physicians, medical assistants instead of nurses)</p> <p>c. Less equipped</p> <p>d. Fewer service lines and specialties</p>	Quality of Care		<p>Blegen, Mary A., Colleen J. Goode, Joanne Spetz, Thomas Vaughn, and Shin Hye Park. 2011. "Nurse Staffing Effects on Patient Outcomes: Safety-Net and Non-Safety-Net Hospitals." <i>Medical Care</i> 49 (4): 406–14. https://doi.org/10.1097/MLR.0b013e318202e129.</p> <p>Chatterjee, Paula, Karen E. Joynt, E. John Orav, and Ashish K. Jha. 2012. "Patient Experience in Safety-Net Hospitals: Implications for Improving Care and Value-Based Purchasing." <i>Archives of Internal Medicine</i> 172 (16): 1204–10. https://doi.org/10.1001/archinternmed.2012.3158.</p> <p>Conway, Patrick H., R. Tamara Konetzka, Jingsan Zhu, Kevin G. Volpp, and Julie Sochalski. 2008. "Nurse Staffing Ratios: Trends and Policy Implications for Hospitalists and the Safety Net." <i>Journal of Hospital Medicine</i> 3 (3): 193–99. https://doi.org/10.1002/jhm.314.</p> <p>Figuroa, Jose F., Karen E. Joynt, Xiner Zhou, E. John Orav, and Ashish K. Jha. 2017. "Safety-Net Hospitals Face More Barriers Yet Use Fewer Strategies to Reduce Readmissions." <i>Medical Care</i> 55 (3): 229–35. https://doi.org/10.1097/MLR.0000000000000687.</p> <p>Thomas, Katie, and Jessica Silver-Greenberg. 2022. "How a Hospital Chain Used a Poor Neighborhood to Turn Huge Profits." <i>The New York Times</i>.</p>

Source: Authors' analysis.