

CALIFORNIA Health Care Almanac



OCTOBER 2021

Health Disparities by Race and Ethnicity in California: Pattern of Inequity

Executive Summary

All Californians should have access to the high-quality health care they need to lead long and healthy lives. Achieving this requires reducing disparities in health care and the social determinants of health that affect historically excluded or marginalized groups.* Disparities occur across many demographic categories, including race/ethnicity, economic status, age, place of residence, gender, disability status, language, and sexual orientation.

As one of the most racially diverse states in the nation, California has a critical responsibility to address health disparities experienced by people of color. *Health Disparities by Race and Ethnicity in California: Pattern of Inequity* shows that people of color face barriers in accessing health care, often receive suboptimal treatment, and are most likely to experience poor outcomes in the health care system.

KEY FINDINGS

- Life expectancy at birth in California was 81.0 years. Black Californians had the shortest life expectancy at 75.1 years, and the Asian population had the highest life expectancy at 86.3 years.
- Latinx Californians were more likely to have incomes below the federal poverty level and to report being uninsured. About one in five Latinx Californians reported not having a usual source of care and experiencing difficulty finding a specialist.
- The Black population in California experienced the highest death rates from breast, cervical, colorectal, lung, and prostate cancer among all racial and ethnic groups.
- Black Californians experienced the highest rates of prenatal and postpartum depressive symptoms; low-risk, first-birth cesareans; preterm births; low-birthweight births; infant mortality; and maternal mortality.
- The COVID-19 pandemic has had a disproportionate impact on some racial and ethnic groups in California. The COVID-19 vaccine has not been equitably administered across the state by race/ethnicity to date.

* Paula Braveman et al., *What Is Health Equity? And What Difference Does a Definition Make?*, Robert Wood Johnson Foundation, May 2017.
Note: See the current and past editions of *Health Disparities by Race and Ethnicity* at www.chcf.org/collection/health-disparities-race-ethnicity-ca-almanac.

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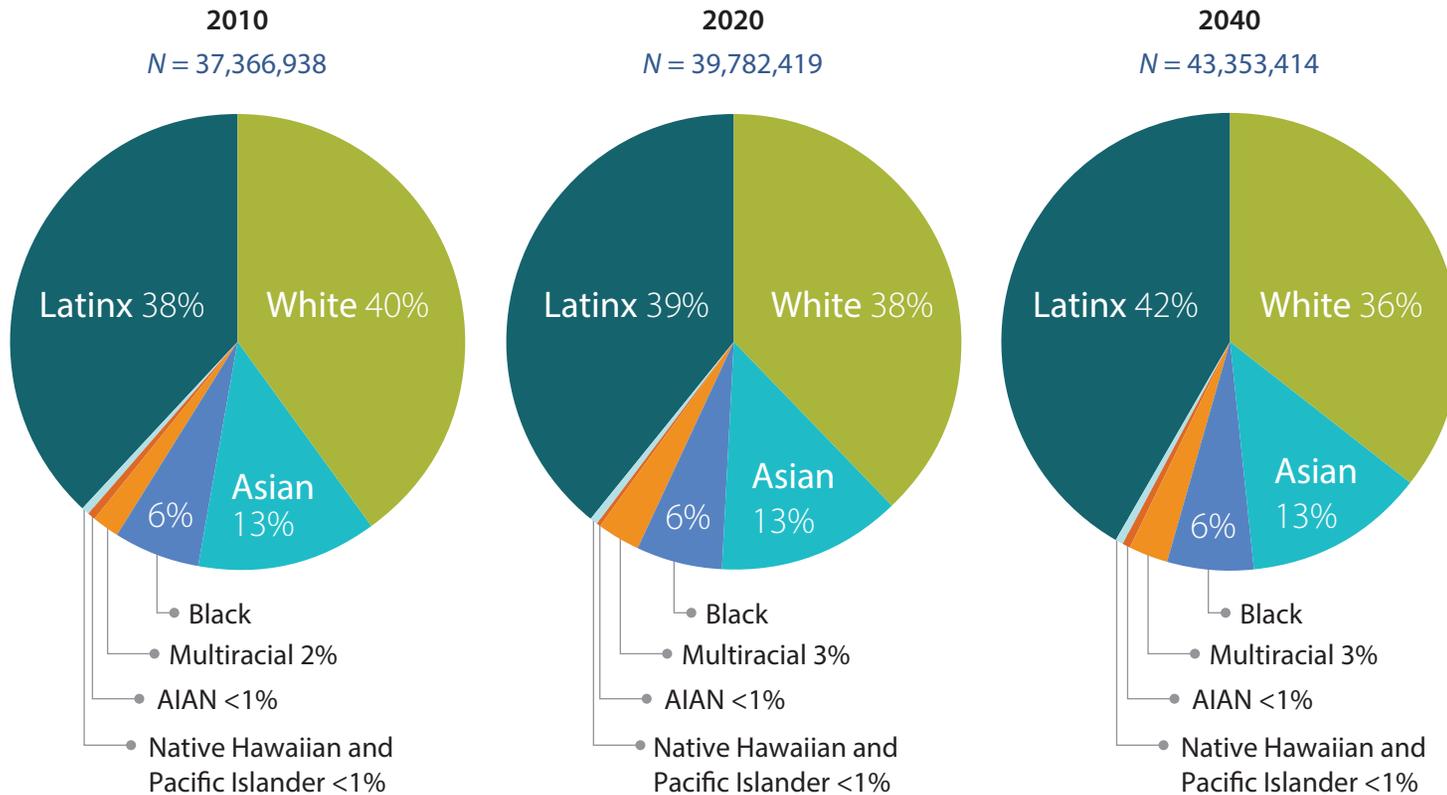
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Population, by Race/Ethnicity

California, 2010, 2020, and 2040



Health Disparities by Race and Ethnicity

Overview

California is one of the most racially diverse states in the country. Between 2020 and 2040, California's population is projected to increase by 3.5 million. People of color are expected to increase by 3.3 million, and, of that increase, 2.4 million are expected to be Latinx (not shown).

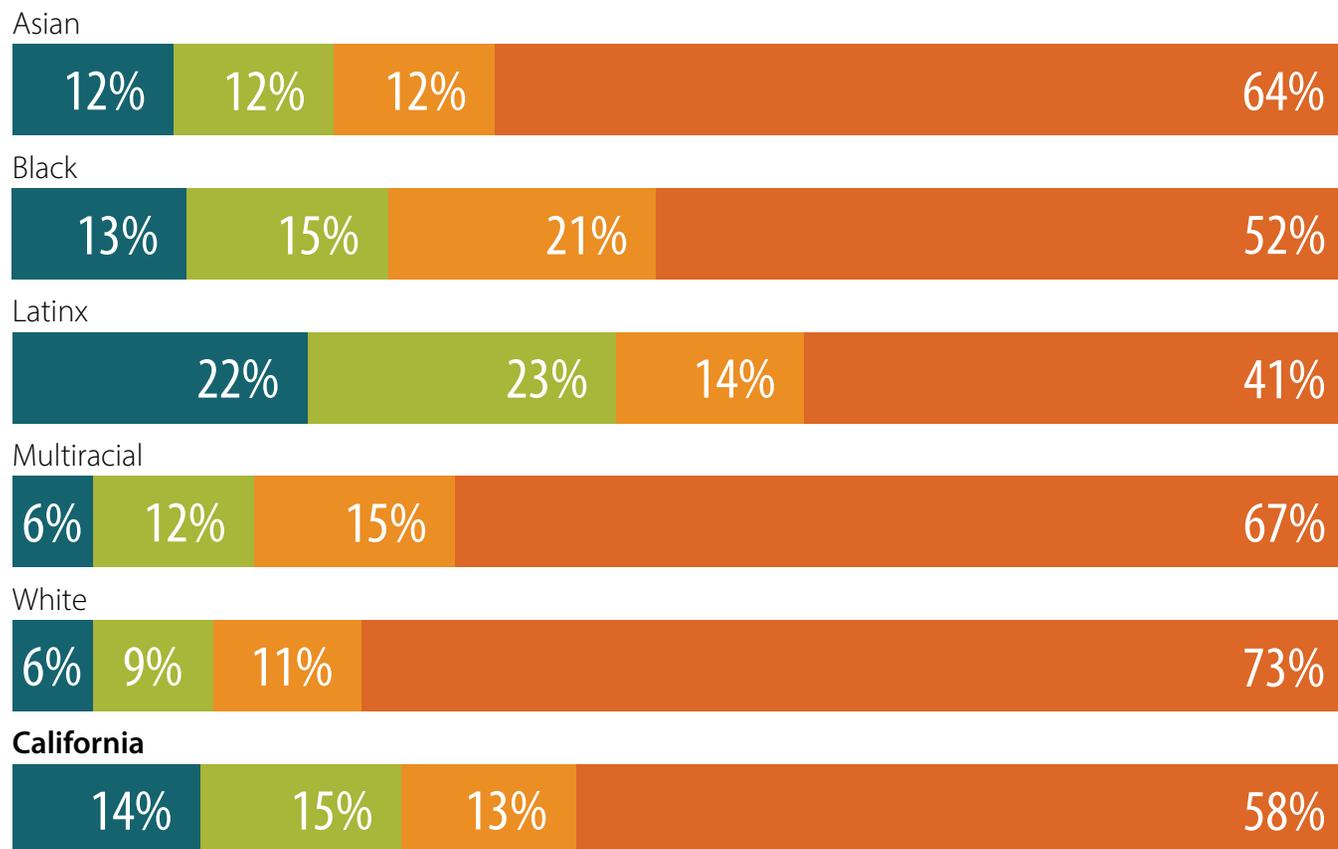
Notes: AIAN is American Indian and Alaska Native. Source uses *Hispanic*. Segments might not total 100% due to rounding.

Source: Report P-1D: Total Population by Total Hispanic and Non-Hispanic Race for California: July 1, 2010 to July 1, 2060, California Dept. of Finance, March 2021.

Population, by Race/Ethnicity and Federal Poverty Level

California, 2020

■ 0%–99%
 ■ 100%–199%
 ■ 200%–299%
 ■ ≥300%



Notes: In 2019, the federal poverty level was \$12,490 for a single person and \$25,750 for a household of four. Source uses *Latino*, *Black or African American*, and *Two or more races*. *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* are not shown because the results were statistically unstable. Segments may not total 100% due to rounding. Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Health Disparities by Race and Ethnicity

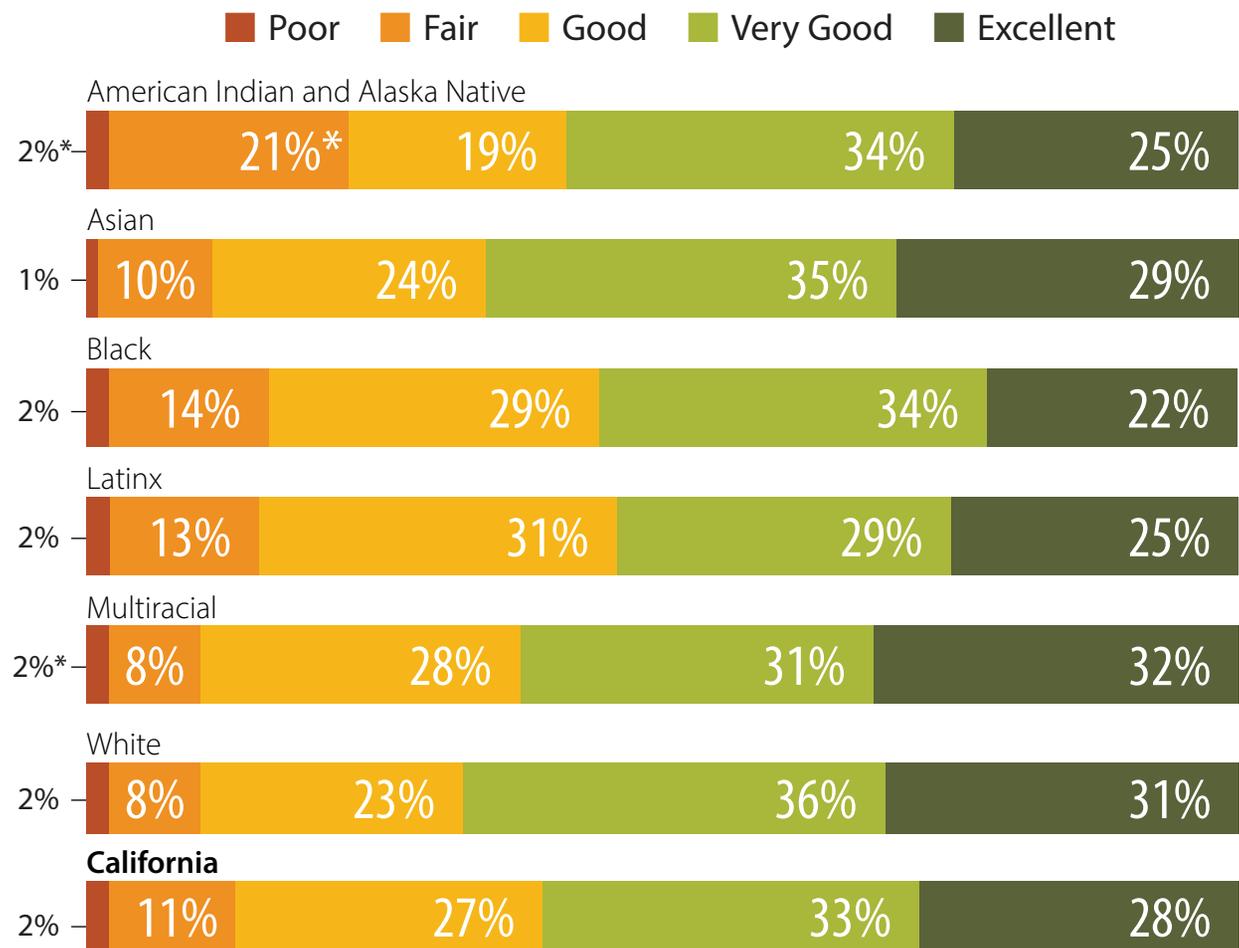
Overview

Poverty has been linked to death and disease. According to a recent study, wealth and income provide material benefits, such as healthier living conditions and access to affordable health care.* Latinx people represented 69% of Californians living below 100% of the federal poverty level in 2020 (not shown).

* Paula Braveman et al., *Wealth Matters for Health Equity*, Robert Wood Johnson Foundation, September 2018.

Self-Reported Health Status, by Race/Ethnicity

California, 2020



* Statistically unstable.

Notes: Source uses *Latino*, *Black or African American*, and *Two or more races*. *Native Hawaiian and Pacific Islander* are not shown because the results were statistically unstable. Segments may not total 100% due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Health Disparities by Race and Ethnicity

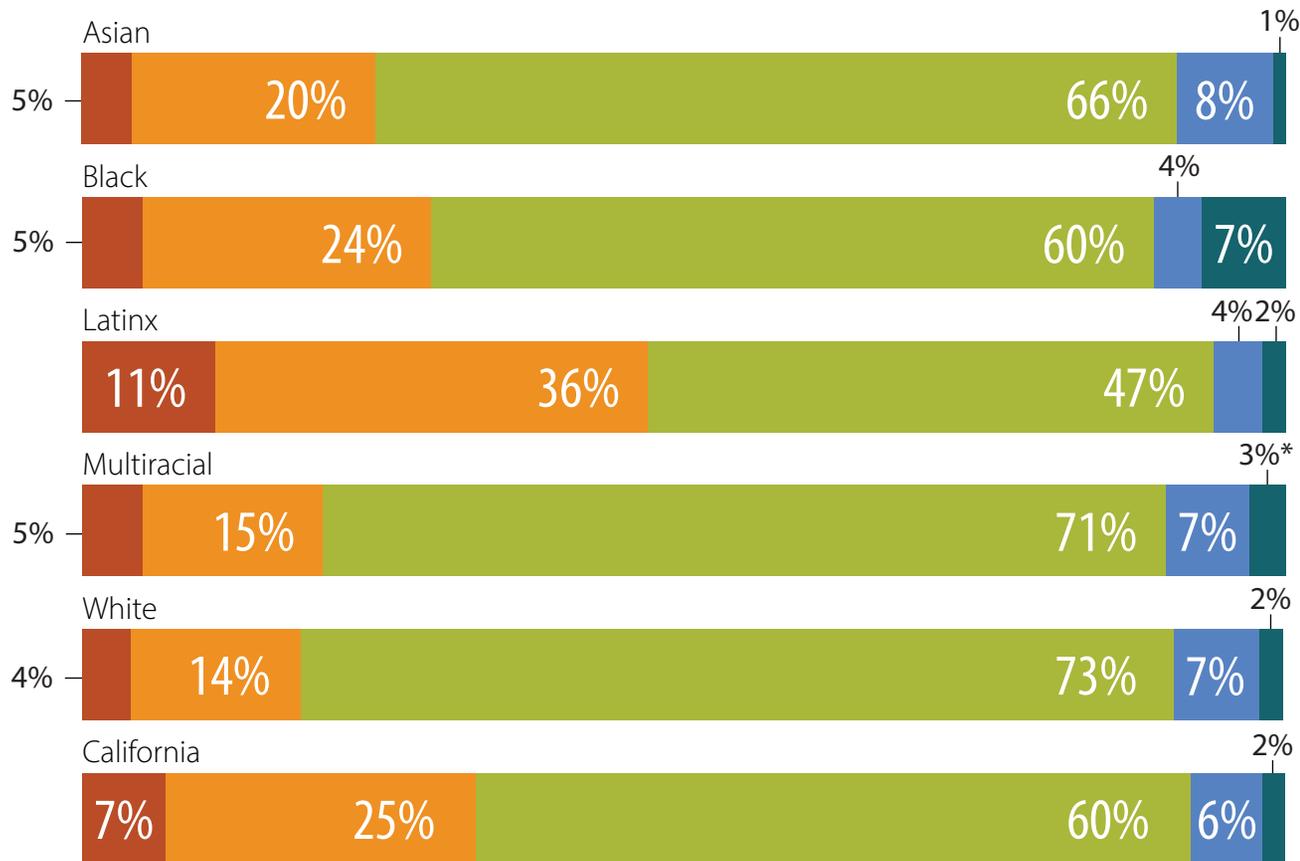
Overview

In 2020, a larger proportion of White people reported being in excellent or very good health, while Black and Latinx populations were most likely to report being in fair or poor health.

Health Insurance, by Race/Ethnicity

California, 2020

■ Uninsured
 ■ Medi-Cal
 ■ Employment-Based
 ■ Privately Purchased
 ■ Other Public



* Statistically unstable.

Notes: Includes age 0 to 64. Insurance status is self-reported. *Medi-Cal* may include those with restricted-scope benefits. *Other public* includes *Medicare only*, *Medicare & Medicaid*, *Medicare & Others*, and *Other Public*. Source uses *Latino*, *Black* or *African American*, and *Two or more races*. Estimates for *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* are not shown because the results were statistically unstable. Segments may not total 100% due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

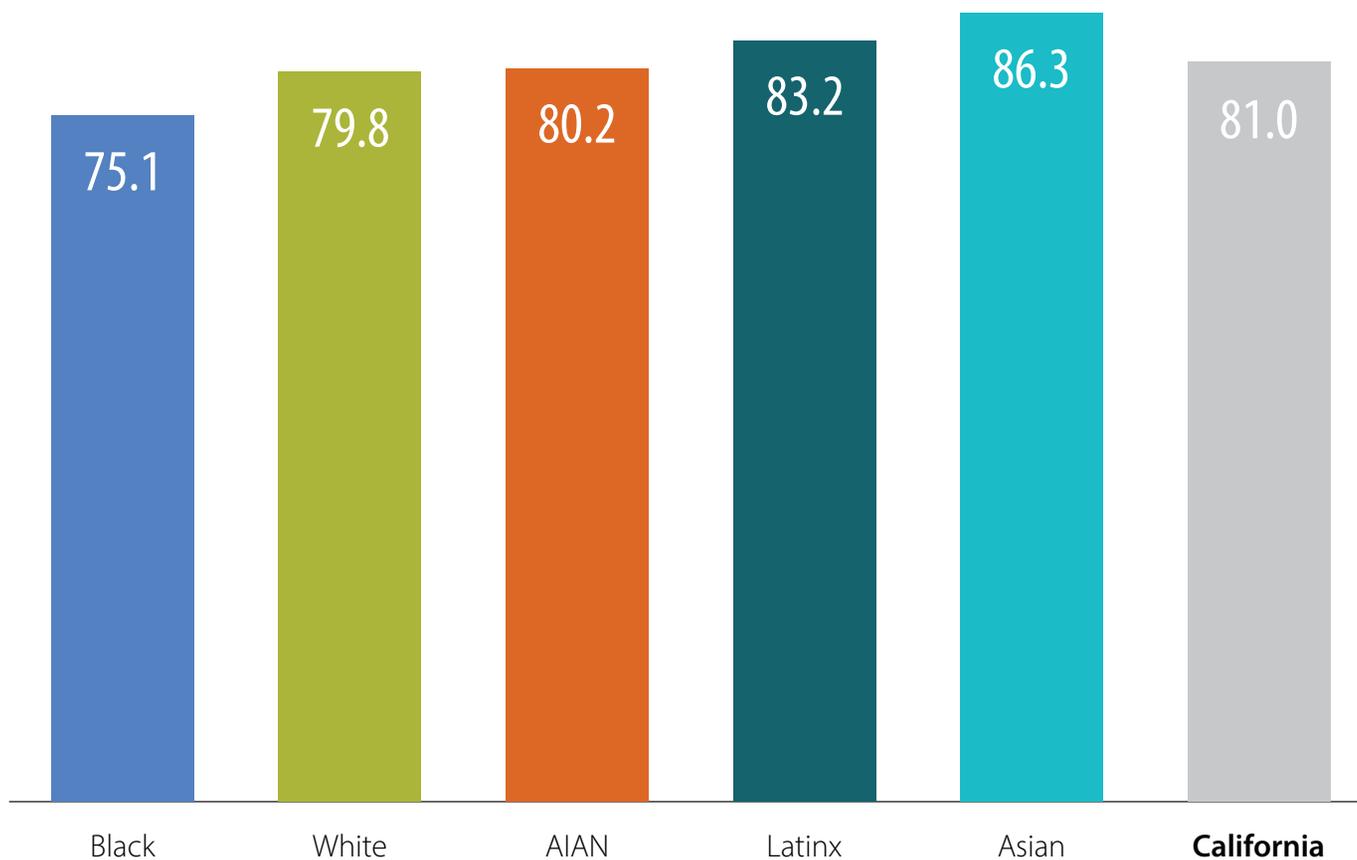
Health Disparities by Race and Ethnicity

Overview

Lack of health insurance was identified as a significant driver of health disparities in the Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. In 2020, one in nine Latinx Californians under age 65 reported they did not have health insurance coverage. White and multiracial Californians were most likely to report having employment-based health insurance.

Life Expectancy, by Race/Ethnicity

California, 2021



Notes: AIAN is American Indian and Alaska Native. Source uses *Latino* and *Native American*.
Source: "Life Expectancy by State 2021," World Population Review, accessed February 21, 2021.

Health Disparities by Race and Ethnicity

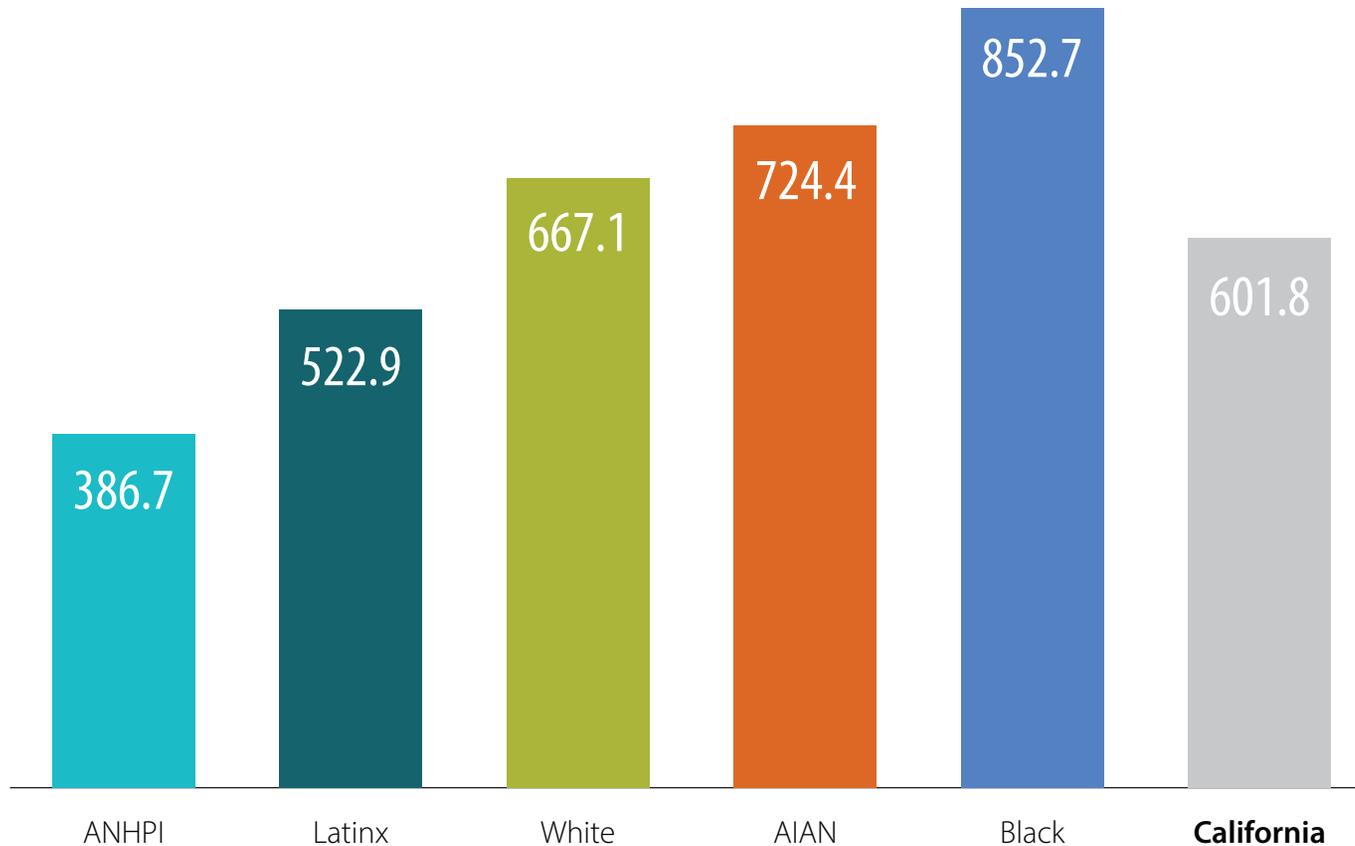
Overview

In 2021, Black Californians had the shortest life expectancy at birth compared to all other races/ethnicities. Life expectancy for the Black population was 11 years shorter than that of the Asian population and 6 years shorter than the state average. The Asian population had the longest life expectancy at birth of all racial/ethnic groups.

Death Rate, by Race/Ethnicity

California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: California total includes those whose ethnicity is "not stated." ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses *Asian or Pacific Islander, Hispanic or Latino, and Black or African American*.

Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

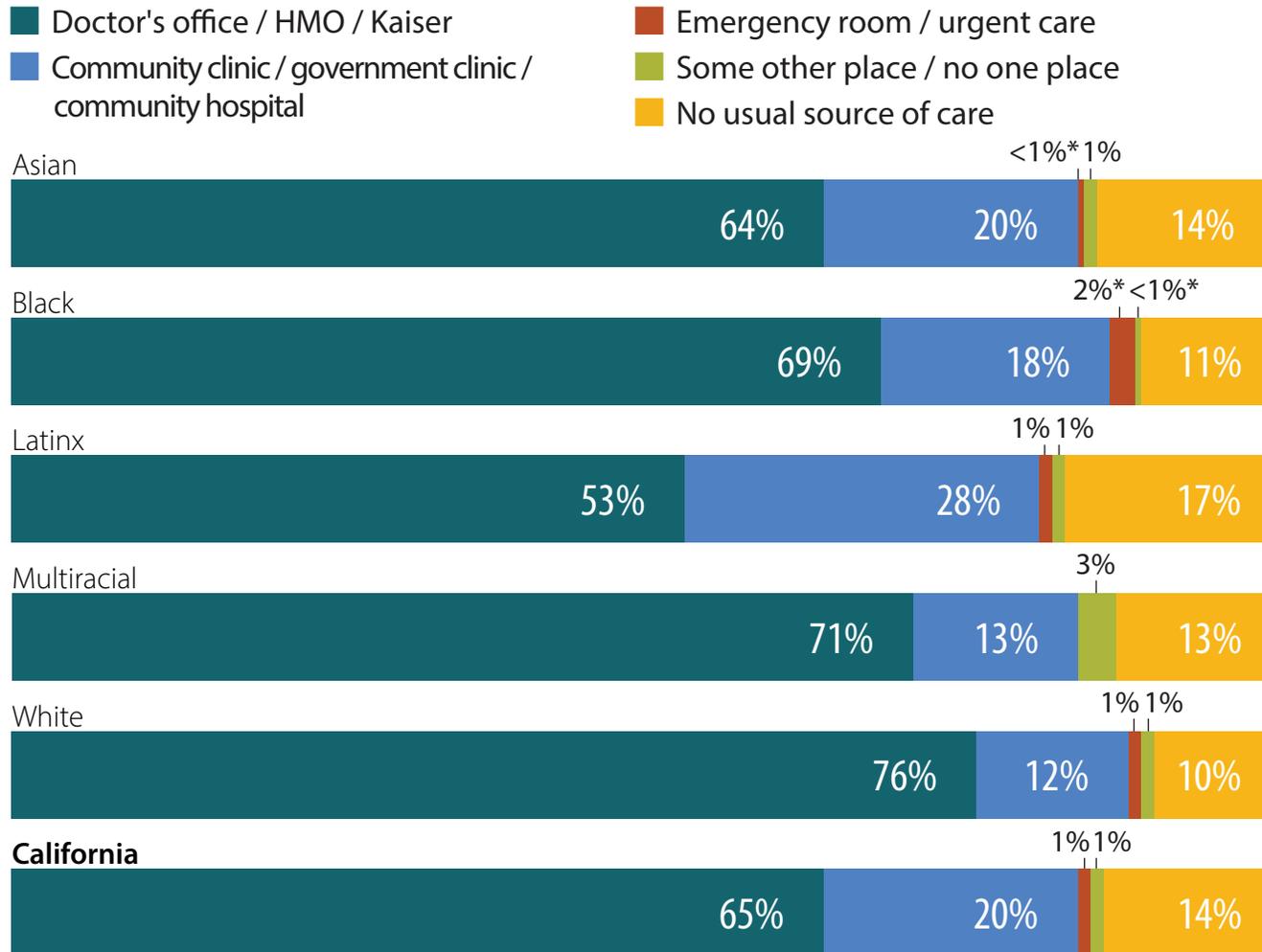
Health Disparities by Race and Ethnicity

Overview

In 2019, compared to other races/ethnicities, Californians who were Asian, Native Hawaiian, and Pacific Islander had the lowest death rate, and Black Californians had the highest. The death rate for the Black population was about 40% higher than the statewide average.

Usual Source of Care, by Race/Ethnicity

California, 2020



* Statistically unstable.

Notes: Usual source of care is a usual place to go when sick or in need of health advice. Source uses *Latino*, *Black* or *African American*, and *Two or more races*. Estimates for *American Indian* and *Alaska Native* and *Native Hawaiian and Pacific Islander* are not shown because the results were statistically unstable. Segments may not total 100% due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

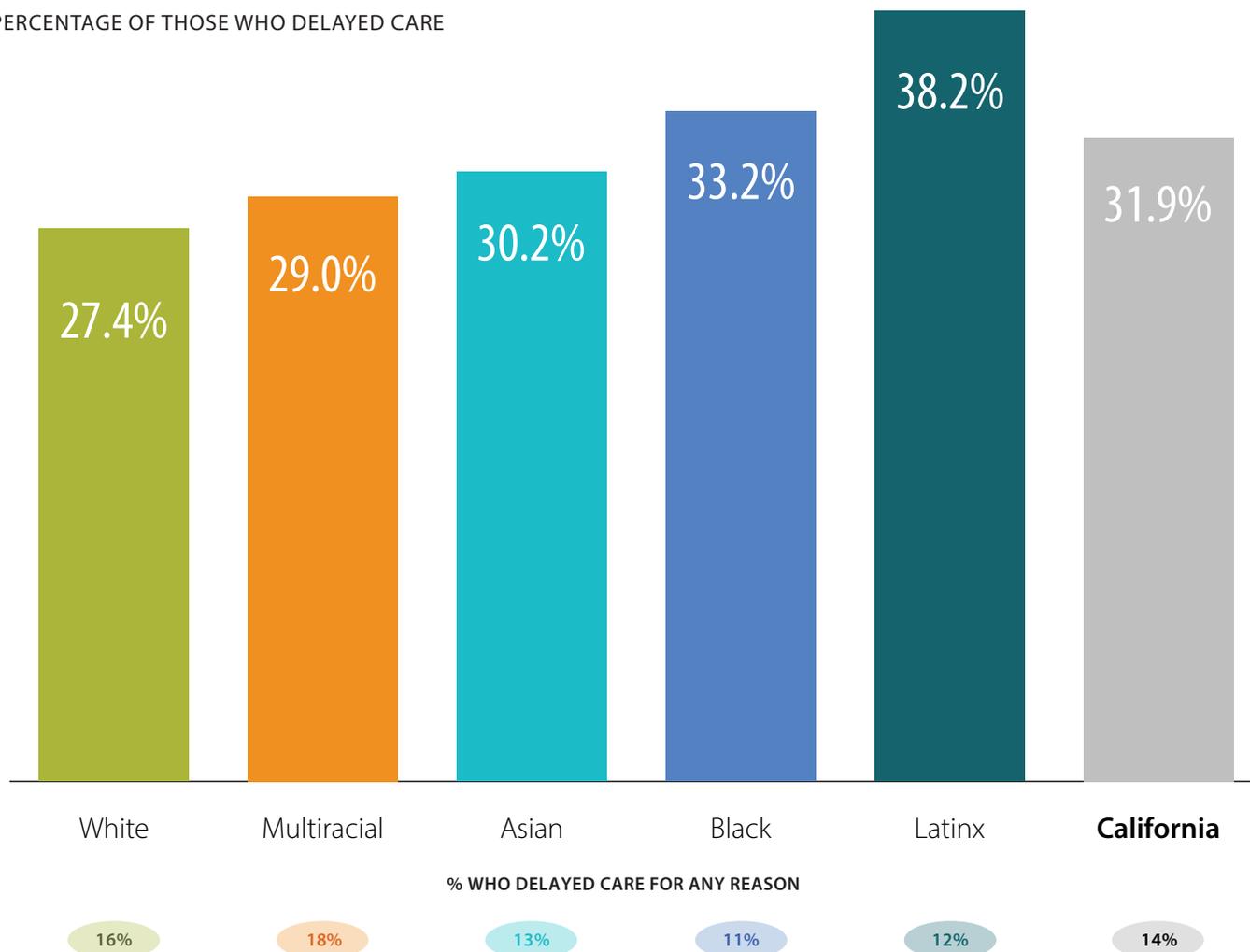
Health Disparities by Race and Ethnicity

Access to Care

In 2020, nearly 20% of Latinx Californians did not have a usual source of care. More than 70% of White and multiracial people reported that a doctor's office was their usual source of care. Only small percentages of Californians of all races/ethnicities reported using the emergency room or urgent care as a usual source of care.

Delayed Care Due to Cost or Lack of Insurance, by Race/Ethnicity, California, 2020

PERCENTAGE OF THOSE WHO DELAYED CARE



Notes: Source uses *Latino*, *Black or African American*, and *Two or more races*. Estimate for *American Indian and Alaska Native* is not shown because the result was statistically unstable. Estimate for *Native Hawaiian and Pacific Islander* who delayed care due to cost or lack of insurance is not shown due to small sample size (27% delayed care).

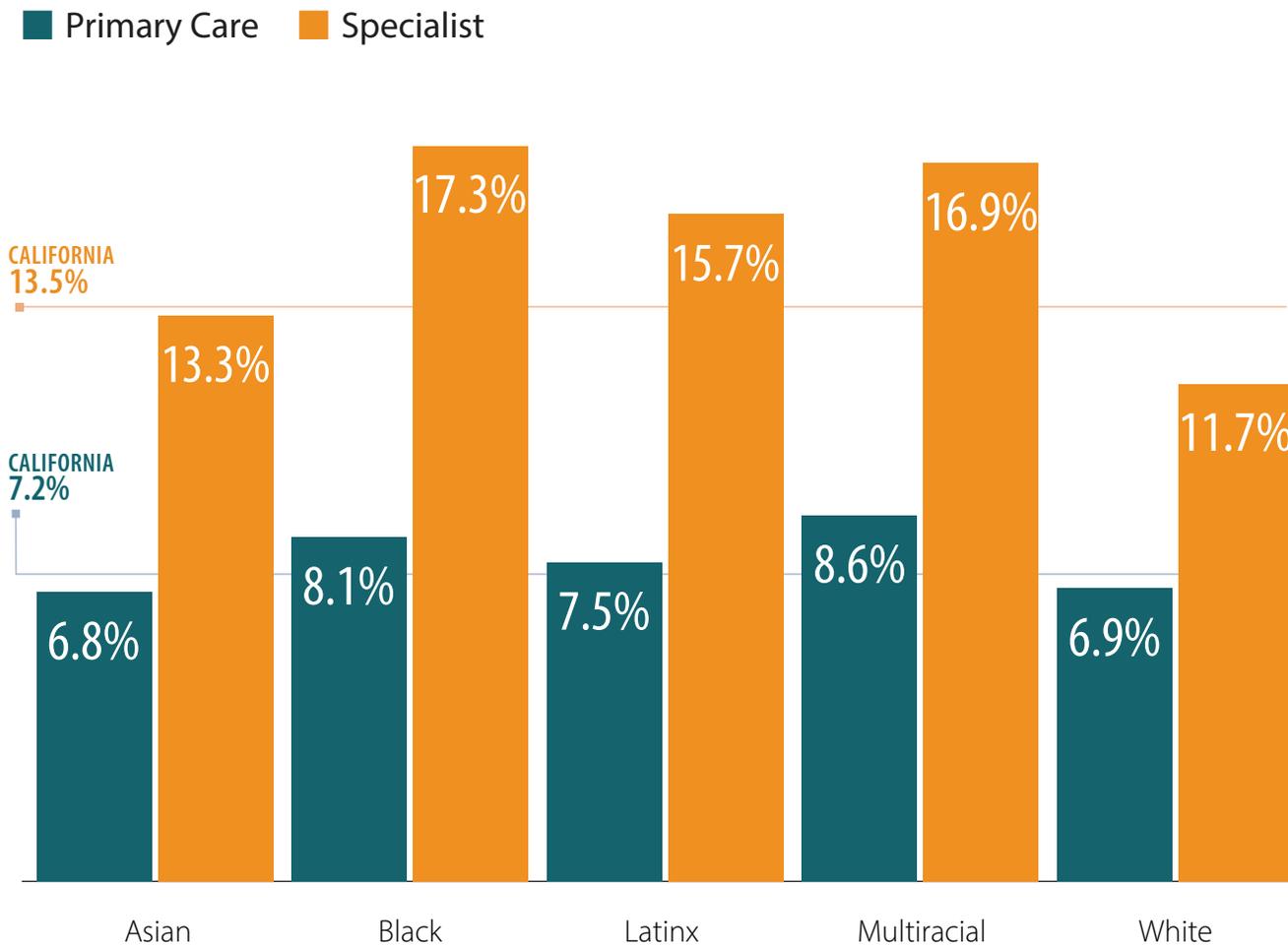
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Health Disparities by Race and Ethnicity Access to Care

In 2020, one in seven Californians reported delaying care. Of those who delayed care, about one in three cited cost or lack of health insurance as the reason. Latinx people who reported delaying care were more likely than those of other racial and ethnic groups to report cost or lack of insurance as the reason.

Difficulty Finding a Doctor, by Race/Ethnicity

California, 2020



Health Disparities by Race and Ethnicity

Access to Care

One barrier to care is finding a doctor. In 2020, all races/ethnicities had greater difficulty finding a specialist than a primary care doctor. About one in six Black and multiracial adults reported difficulty accessing specialty care.

Notes: Adults only. Estimates are not shown for *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* because the results are statistically unstable. Source uses *Latino* and *Black or African American*.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

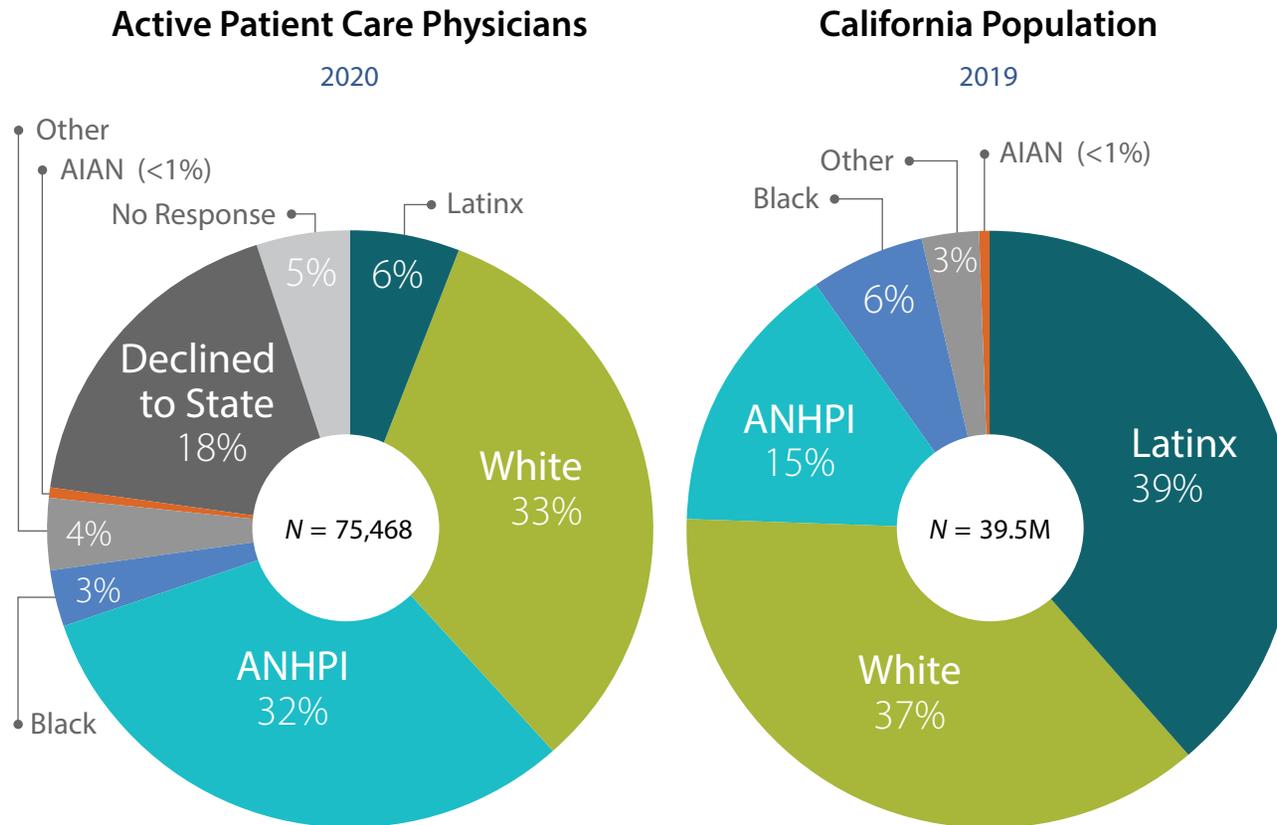
Race/Ethnicity of Physicians and Population

California, 2019 and 2020

Health Disparities by Race and Ethnicity

Access to Care

The racial/ethnic breakdown of California physicians is not representative of California's diverse population. Latinx people represented 39% of the population but only 6% of active patient care physicians. Studies have found that patients in race/ethnic-concordant provider relationships report greater satisfaction, are more likely to use needed health services, and are less likely to postpone or delay seeking care.*



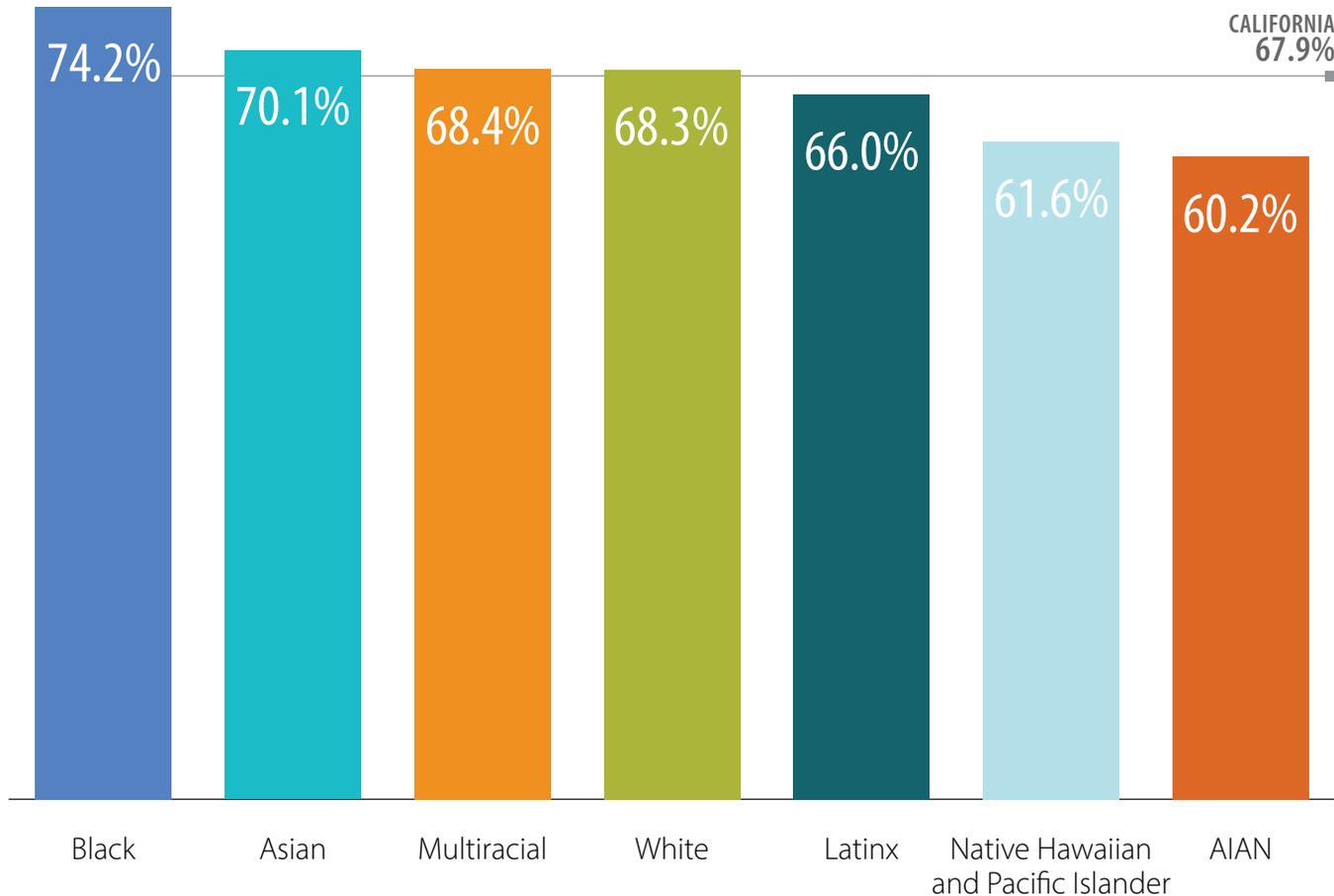
Notes: Data include all medical doctors (MDs) who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey). ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Other includes those of two or more races, and those of unknown race/ethnicity. The Census Bureau uses Black or African American and Hispanic. Segments may not total 100% due to rounding.

Sources: Janet Coffman, Emmie Calimlim, Margaret Fix, *California Physicians: A Portrait of Practice*, CHCF, March 2021.

* Ana H. Traylor et al., "The Predictors of Patient-Physician Race and Ethnic Concordance: A Medical Facility Fixed-Effects Approach," *Health Services Research* 45, no. 3 (June 2010): 792-805.

Routine Checkup, by Race/Ethnicity

California, 2020



Health Disparities by Race and Ethnicity

Prevention

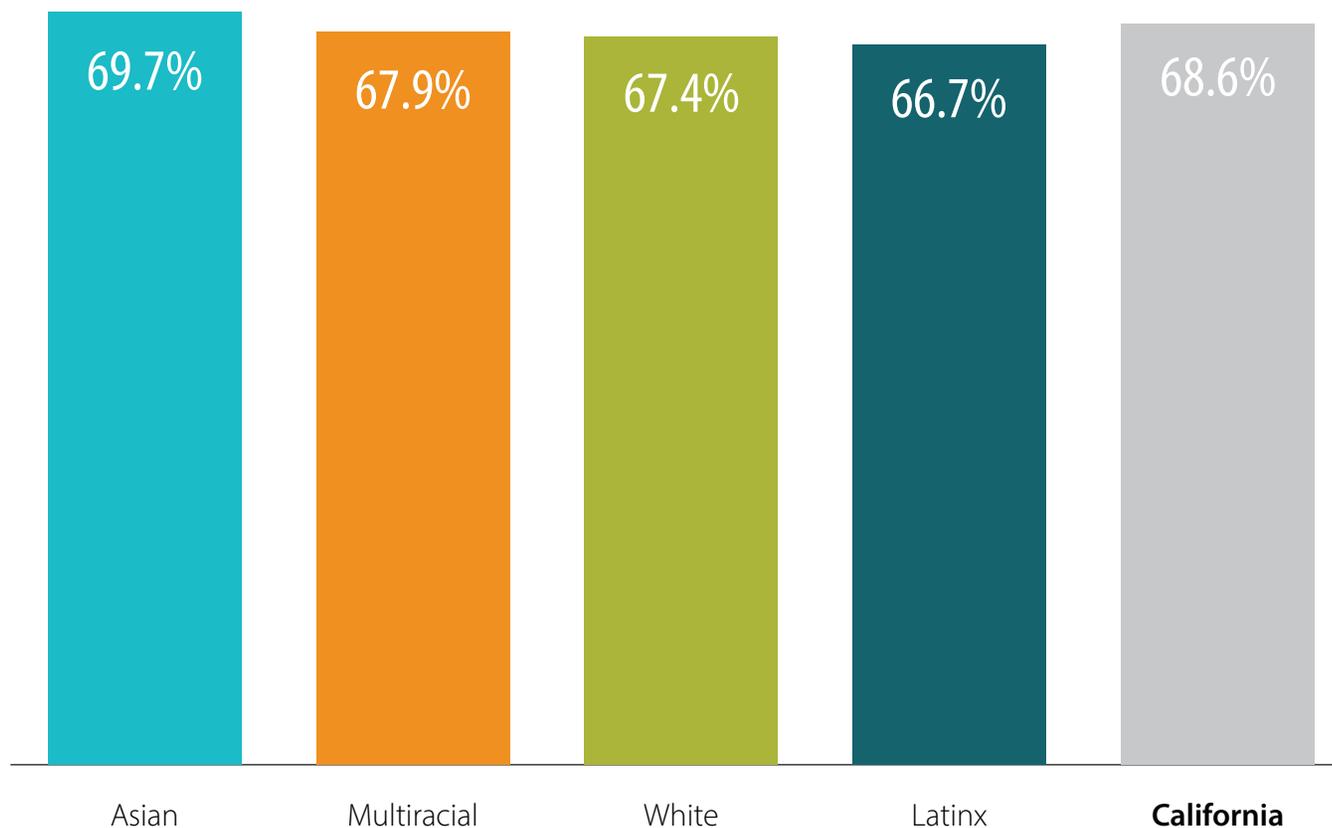
In 2020, about two in three adults in California reported having a routine checkup in the past year. California adults who are American Indian and Alaska Native as well as those who are Native Hawaiian and Pacific Islander were less likely to report having a checkup within the past year than all other racial/ethnic groups.

Notes: Adults only. Source uses *Latino*, *Black or African American*, and *Two or more races*. *AIAN* is American Indian and Alaska Native.
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Childhood Vaccination Rate, by Race/Ethnicity

California, 2017

LET'S GET HEALTHY CALIFORNIA TARGET
80.0%



Notes: Coverage among children 19–35 months. Source uses *Hispanic* and *Multiple races*. Estimates were not available for *American Indian and Alaska Native*, *Black*, and *Native Hawaiian and Pacific Islander*. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators.

Source: "2017 Childhood Combined 7-Vaccine Series Coverage Dashboard," Centers for Disease Control and Prevention, last reviewed October 11, 2018.

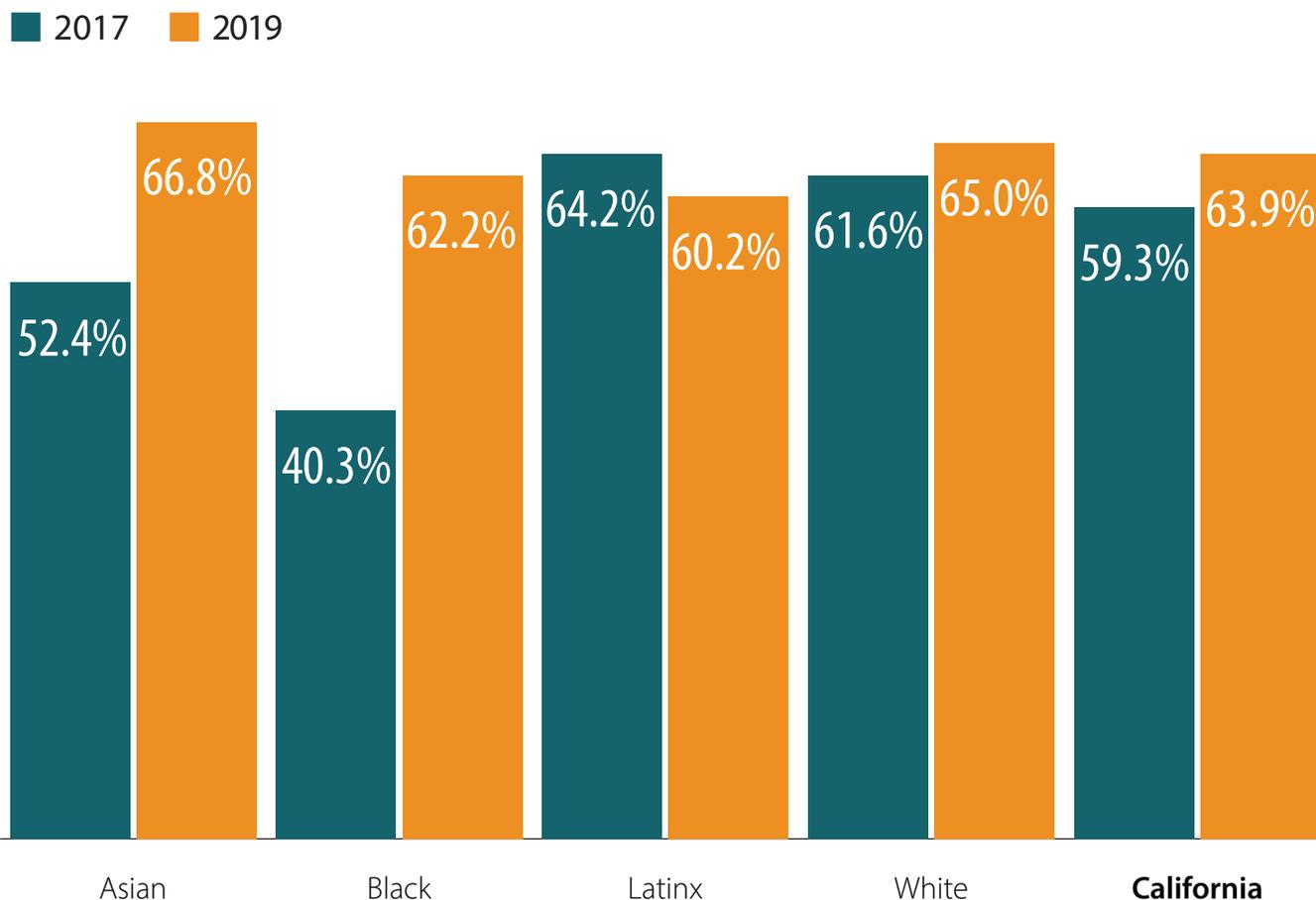
Health Disparities by Race and Ethnicity

Prevention

Vaccinations help provide immunity against potentially life-threatening diseases. In 2017, California's childhood vaccination rate of 69% was below the Let's Get Healthy California target of 80%. Childhood vaccination rates were relatively consistent by race/ethnicity.

Adults Age 65+ Who Had Flu Shot, by Race/Ethnicity

California, 2017 and 2019



Notes: Adults 65 and older who had a flu shot within the past year. Crude prevalence (not age-adjusted). Source uses *Hispanic*. Prevalence estimates were not available for *American Indian and Alaska Native, Multiracial or Native Hawaiian and Pacific Islander*.

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, last reviewed September 13, 2017.

Health Disparities by Race and Ethnicity

Prevention

Adults age 65 and older are at higher risk of developing serious complications from the flu compared with young, healthy adults.* In 2019, 64% of California's seniors reported having had a flu shot in the last year. Compared to 2017, flu shot rates for seniors have increased for all races/ethnicities except Latinx seniors.

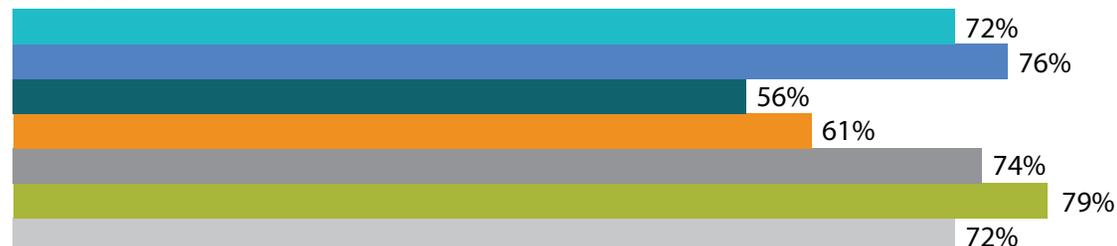
* Source: "People at Higher Risk for Flu Complications," Centers for Disease Control and Prevention, last reviewed February 11, 2021.

Cancer Screening Tests, by Race/Ethnicity

California, 2018

■ Asian
 ■ Black
 ■ Latinx
 ■ Multiracial
 ■ Other
 ■ White
 ■ California

Colorectal



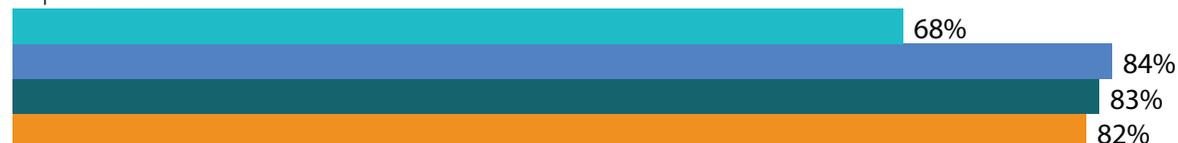
Mammogram



N/A



Pap Smear



N/A



Notes: Crude prevalence (not age-adjusted). *Colorectal* includes respondents age 50 to 75 who fully met the US Preventive Service Task Force recommendation. *Mammogram* includes women age 40 and over who had a mammogram in the past two years. *Pap smear* includes women age 21 to 65 who had a pap test in the past three years. Prevalence estimates are not available for *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander*. Source uses *Hispanic*.

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, last reviewed September 13, 2017.

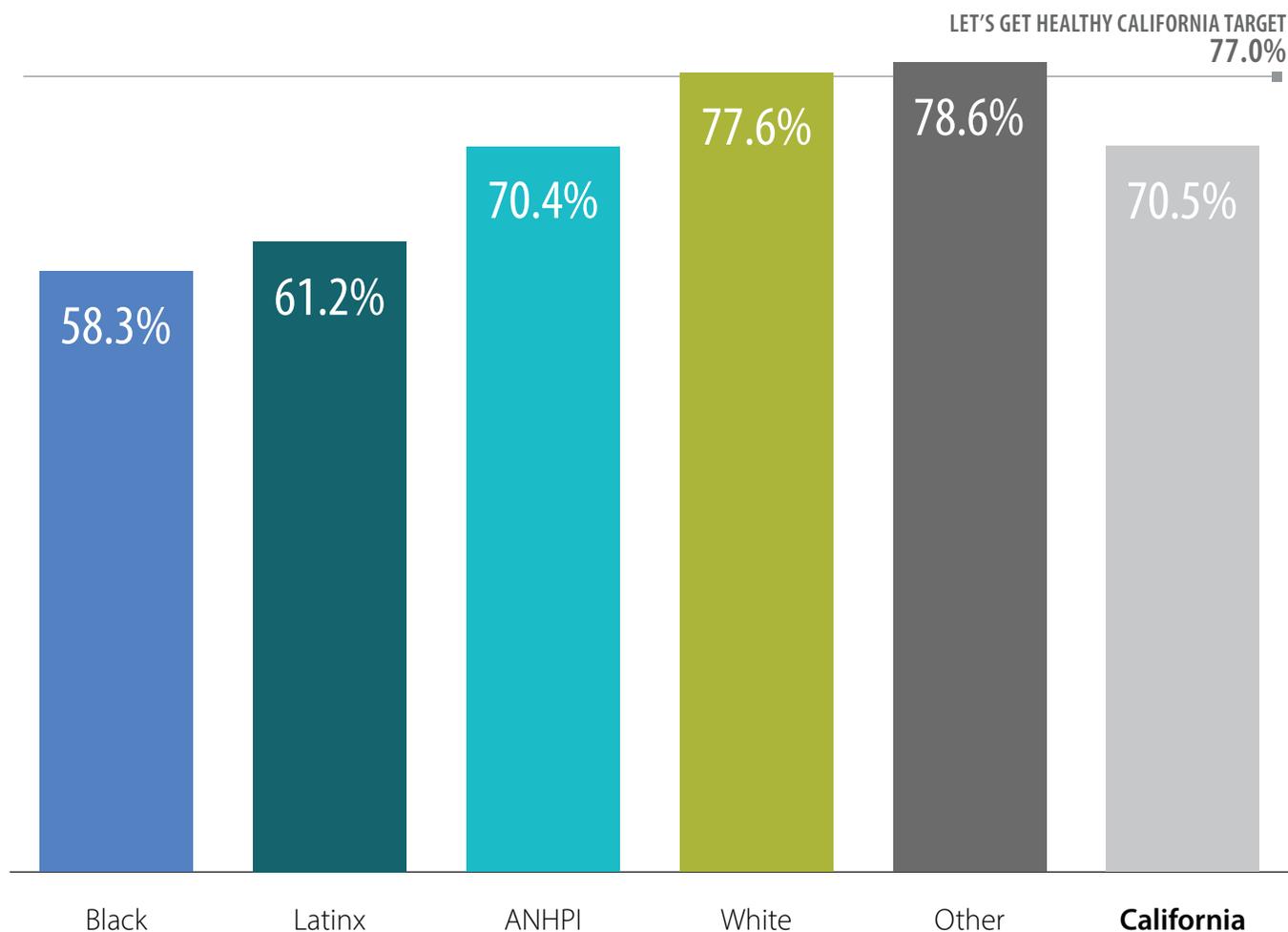
Health Disparities by Race and Ethnicity

Prevention

Screening offers the ability to detect cancer early, before symptoms appear. In 2018, California's colorectal, mammogram, and pap smear screening rates were above 70%. While there was little racial/ethnic variation in mammogram rates, colorectal screening rates were lower among Latinx Californians relative to those of other races/ethnicities, and Asian women were the least likely to have had a pap smear in the past three years.

Adult Physical Activity, by Race/Ethnicity

California, 2017



Notes: The percentage of adults age 18 and over who met aerobic physical activity guidelines in California. Based on self-reported information. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic*, *Asian / Pacific Islander* and *African-American*. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators.

Source: "Living Well / Increasing Adult Physical Activity," Let's Get Healthy California, accessed February 12, 2021.

Health Disparities by Race and Ethnicity

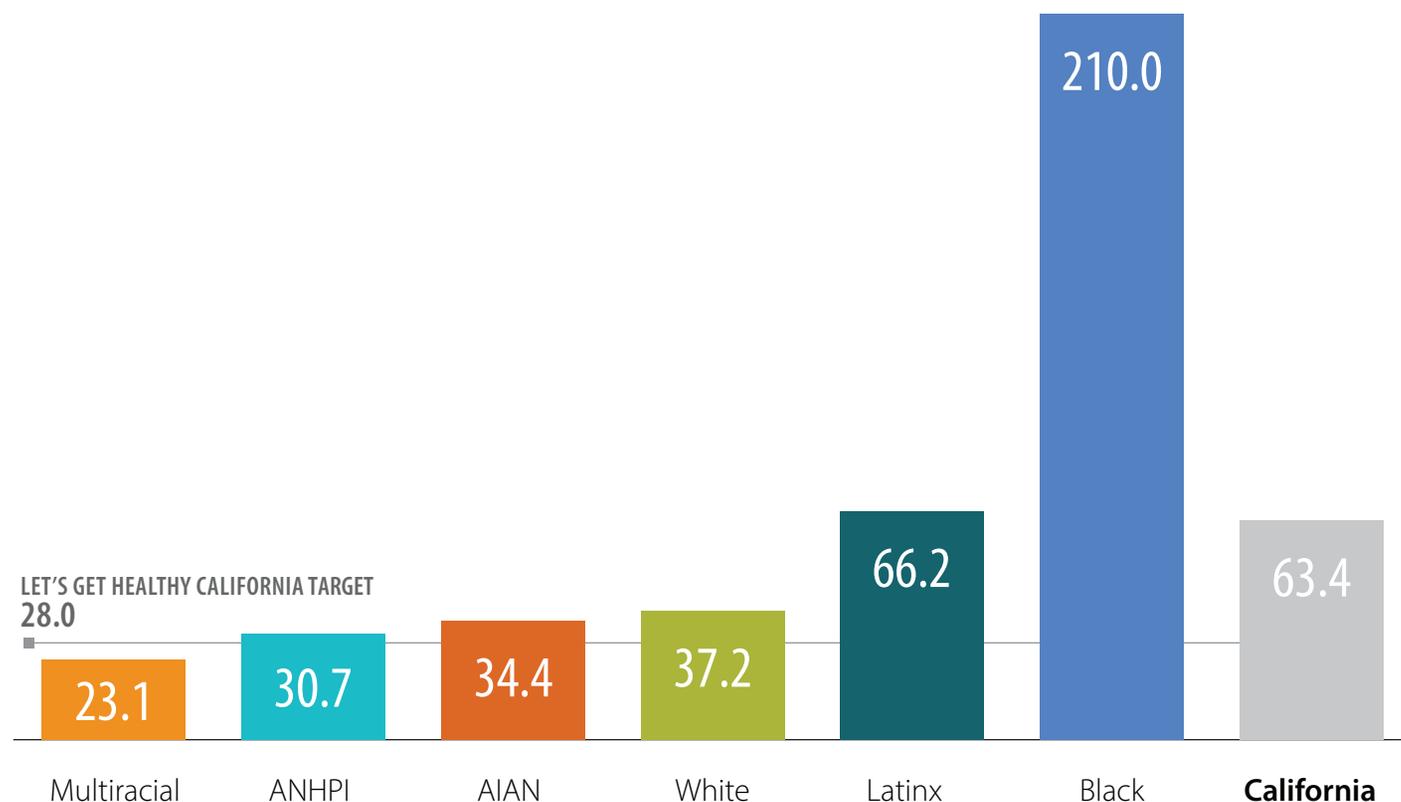
Prevention

Participation in regular physical activity, along with other healthy behaviors, may help prevent or postpone the development of chronic illness.* In 2017, the percentage of California adults that self-reported meeting the physical activity guidelines was below the Let's Get Healthy California target of 77%. Black and Latinx adults self-reported lower rates than other racial/ethnic groups.

*"Living Well / Increasing Adult Physical Activity," Let's Get Healthy California.

Asthma Emergency Department Visits, Children and Adolescents, by Race/Ethnicity, California, 2019

RATES PER 10,000 POPULATION



Notes: The number of emergency department visits with asthma as the primary diagnosis among children age 0–17 in California. Records are visit-based and not person-based. ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses *Hispanic*, *African-American*, and *Asian / Pacific Islander*. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators.

Source: "Healthy Beginnings / Reducing Childhood Asthma ED Visits," Let's Get Healthy California, accessed June 28, 2021.

In 2019, Black children in California experienced higher rates of emergency department visits for asthma than children of other races/ethnicities.

Preventable Hospitalizations, by Race/Ethnicity

California, 2015

HOSPITAL ADMISSIONS PER 100,000 POPULATION	ASIAN	BLACK	LATINX	WHITE
Angina, adults age 18 and over	9.5	39.3	19.1	12.3
Asthma, adults age 18–39	3.2	38.4	7.1	8.9
Asthma, children age 2–17	50.3	266.0	80.0	64.3
Chronic obstructive pulmonary disease or asthma, adults age 40 and over	153.0	683.6	209.2	261.0
Congestive heart failure	175.6	708.9	295.1	237.3
Diabetes (long-term complications), adults	45.5	230.1	172.9	75.0
Diabetes (short-term complications), adults	15.4	176.1	58.4	63.2
Diabetes (short-term complications), children age 6–17	6.2	60.8	18.1	31.6

Note: Source uses *Hispanic*.

Source: *Health Disparities by Race and Ethnicity: The California Landscape*, CHCF, October 2019.

Health Disparities by Race and Ethnicity

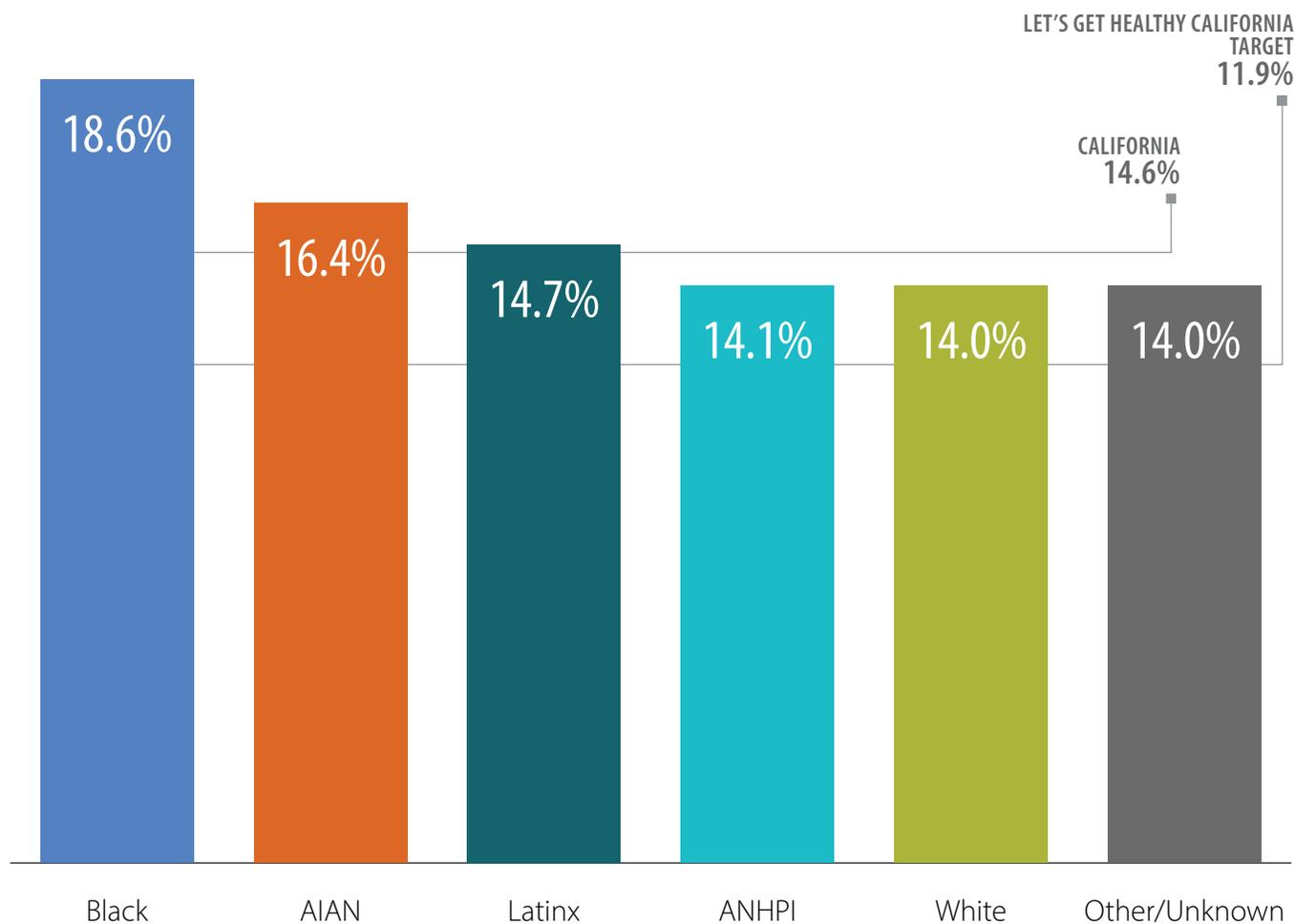
Quality

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses or worsening conditions that might not have been required if the conditions had been successfully managed with primary or preventive care in outpatient settings.* In 2015, the rates of preventable hospitalizations for Black Californians were much higher than the rates for those of other races/ethnicities.

* Source: Ernest Moy, Eva Chang, and Marguerite Barrett, "Potentially Preventable Hospitalizations — United States, 2001–2009," *Morbidity and Mortality Weekly Report* 62, no. 3 (Nov. 22, 2013): 139–43.

Hospital Readmissions, by Race/Ethnicity

California, 2017



Health Disparities by Race and Ethnicity

Quality

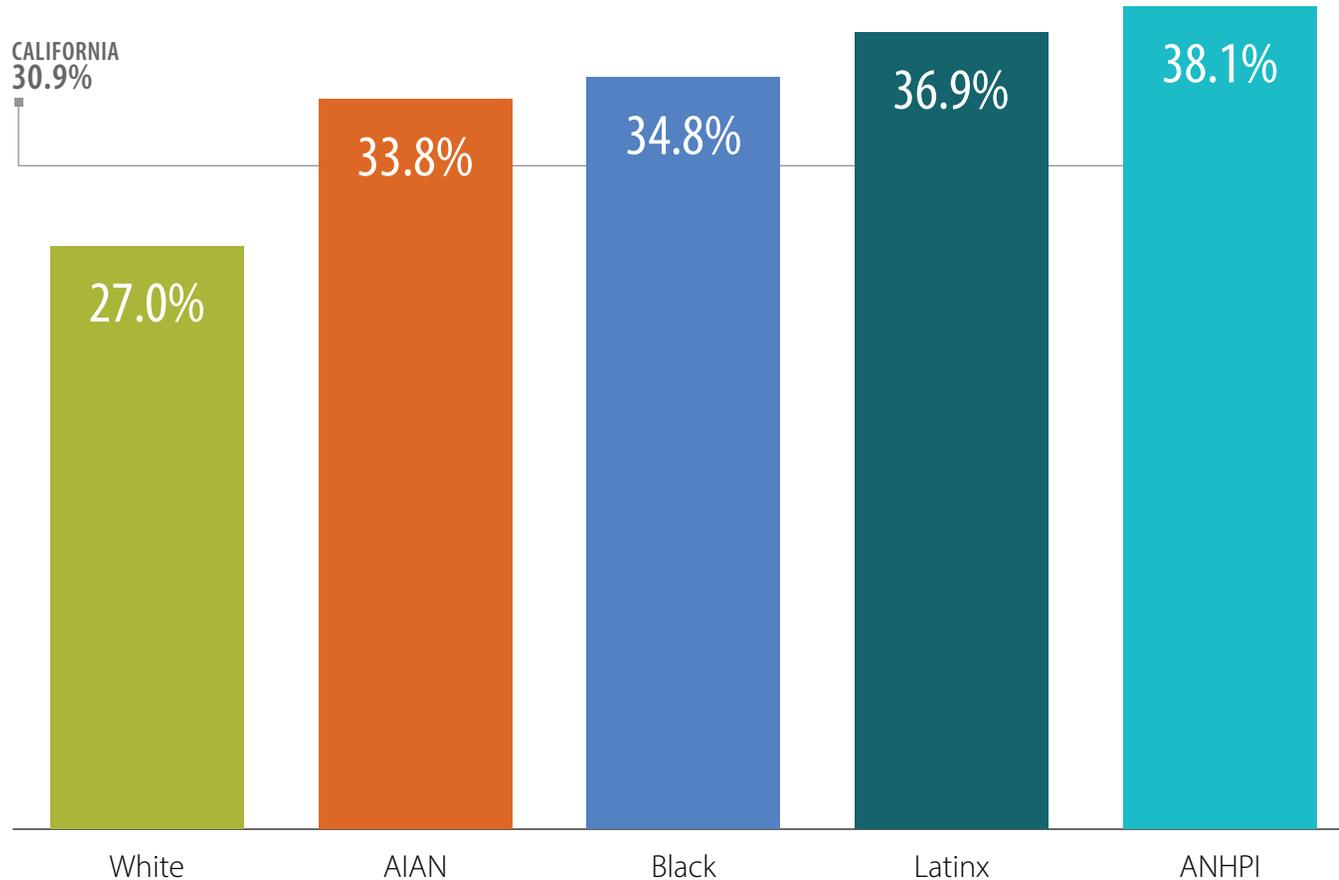
Hospital readmissions can be an indicator of poor clinical quality. Steps to reduce hospital readmissions include better coordination of care and communication between providers, patients, and their caregivers and improved discharge planning. In 2017, the unplanned hospital readmission rate in California was highest for Black adults.

Notes: Adults age 18 and older. Rates of unplanned hospital readmissions within 30 days of discharge. The rate is not risk-adjusted. ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian / Pacific Islander, Hispanic, African-American, and Native American. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators.

Source: "Redesigning the Health System / Reducing Hospital Readmissions," Let's Get Healthy California, accessed February 18, 2021.

Hospital Deaths, by Race/Ethnicity

California, 2019



Health Disparities by Race and Ethnicity

Quality

In 2019, nearly one-third of deaths in California occurred in the hospital. White Californians were less likely to die in the hospital than those of other races/ethnicities.

Notes: Percentage of deaths that occurred in an inpatient medical facility. ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian or Pacific Islander, Hispanic or Latino, and Black or African American. California includes people whose ethnicity is "Not stated."

Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Hospital Deaths, Selected Conditions, by Race/Ethnicity California, 2015

DEATHS PER 1,000 HOSPITAL ADMISSIONS

	CORONARY ARTERY BYPASS GRAFT*	CONGESTIVE HEART FAILURE	ACUTE MYOCARDIAL INFARCTION	PNEUMONIA
Asian	17.7	14.4	41.0	18.8
Black	19.6	12.1	31.5	16.2
Latinx	15.0	13.2	43.9	16.6
White	16.8	17.8	45.4	19.8
California	16.6	15.8	43.5	18.7

* Age 40 and over

Note: Source uses *Hispanic*.

Source: *Health Disparities by Race and Ethnicity: The California Landscape*, CHCF, October 2019.

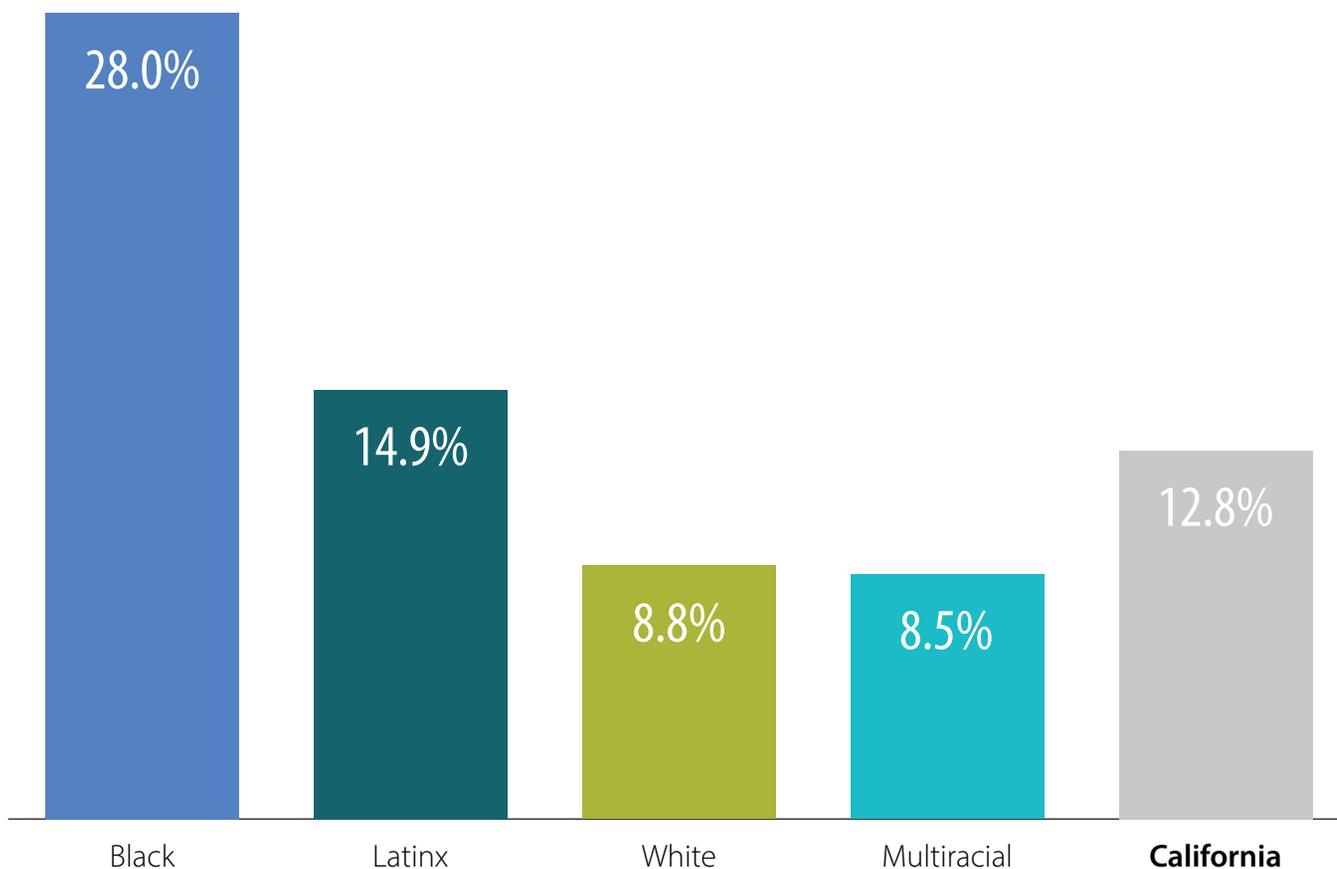
Health Disparities by Race and Ethnicity

Quality

Compared to other races/ethnicities, Black Californians experienced lower rates of death per hospital admission for acute myocardial infarction and congestive heart failure in 2015, but a higher death rate for coronary artery bypass graft.

Children Who Are Overweight, by Race/Ethnicity

California, 2020



Notes: Data include children under age 12 who are overweight for their age. Source uses *Latino*, *Black or African American*, and *Two or more races*. Estimates are not shown for *American Indian and Alaska Native* and *Asian* because the results were statistically unstable. Estimate for *Native Hawaiian and Pacific Islander* is not available due to small sample size.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Health Disparities by Race and Ethnicity

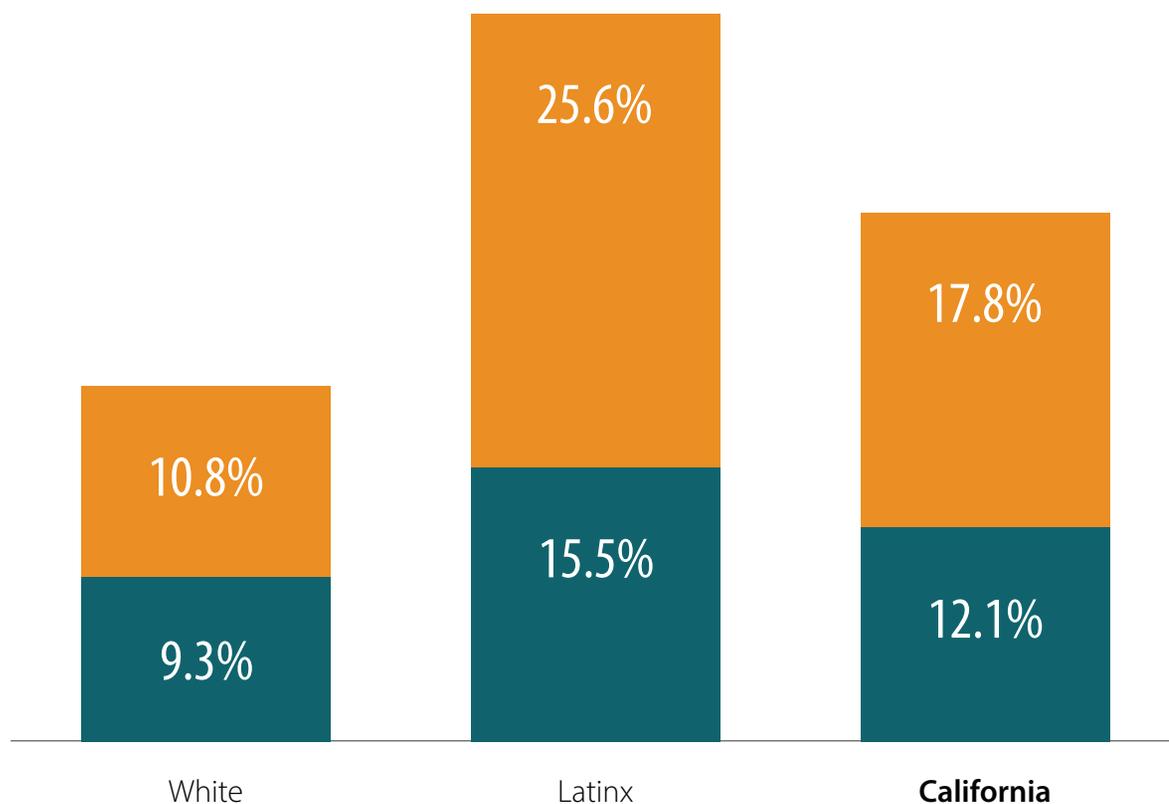
Chronic Conditions

Nearly 3 in 10 Black children were overweight for their age in 2020. Among other factors, lack of access to healthy food and recreational space can influence weight. Children who are overweight are more prone to become adults who are overweight.*

* Source: Frank M. Biro and Michelle Wien, "Childhood Obesity and Adult Morbidities," *Amer. Journal of Clinical Nutrition* 91, no. 5 (May 2010): 1499S-1505S.

Adolescents Who Are Overweight and Obese, by Race/Ethnicity, California, 2020

■ Obese ■ Overweight



Notes: Data include adolescents age 12–17. Adolescents with a body mass index (BMI) at or above the 85th percentile based on height and weight were classified as overweight. Adolescents with a BMI at or above the 95th percentile were classified as obese. Source uses *Latino*. Estimates are not shown for *Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander*, and *Two or more races* because the results were statistically unstable.

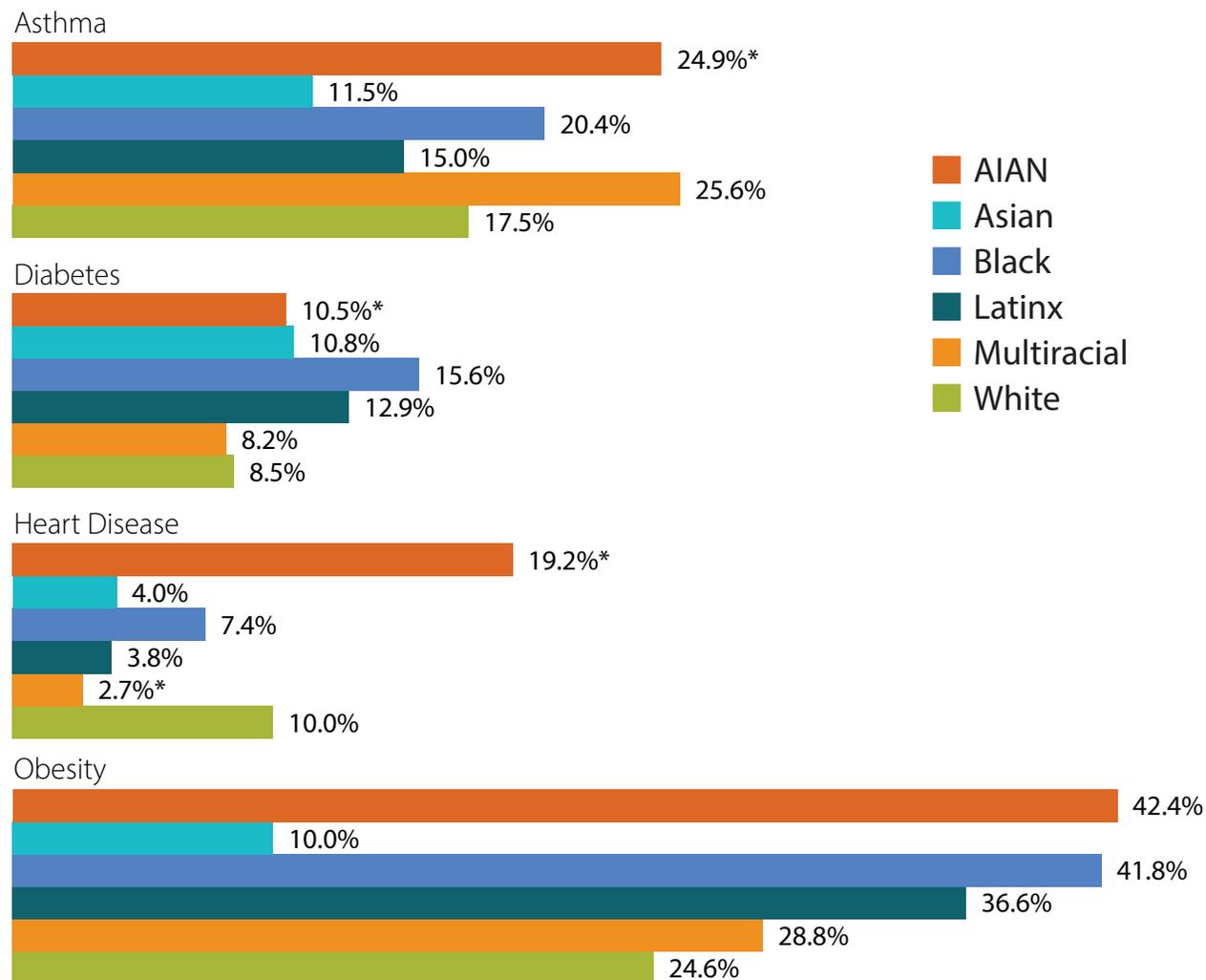
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

In 2020 nearly one-third of California's adolescents were overweight or obese. About one in four Latinx adolescents were obese in 2020. Being obese can lead to high blood pressure, high cholesterol, and an increased risk of type 2 diabetes.

Adults with Chronic Conditions, by Race/Ethnicity

California, 2020

In 2020, the prevalence of chronic conditions among California's adult population varied significantly by race/ethnicity.



* Statistically unstable.

Notes: *Diabetes, asthma, and heart disease* are percentage of those ever diagnosed. *AIAN* is American Indian and Alaska Native. Source uses *African American* and *Two or more races*. Data for *Native Hawaiian and Pacific Islander* are not shown.

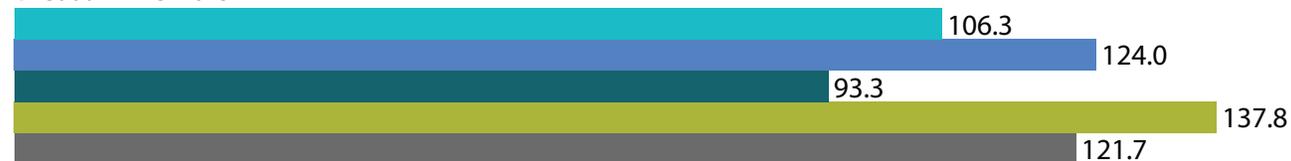
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Cancer Incidence Rates, New Cases, by Race/Ethnicity

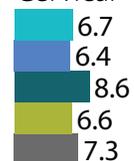
California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION

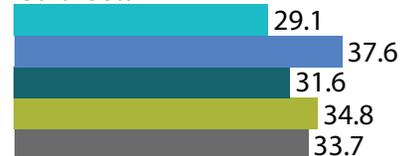
Breast — Female



Cervical



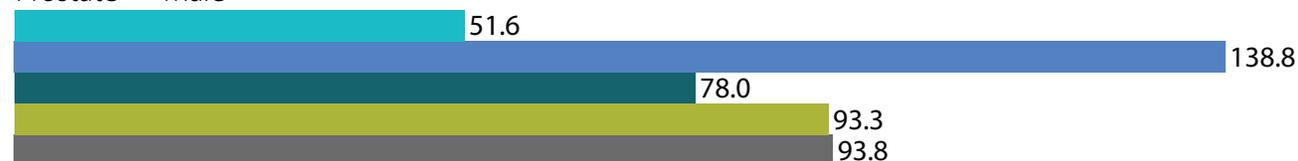
Colorectal



Lung



Prostate — Male



Notes: Excludes in situ cancers. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic* and *Asian / Pacific Islander*. Data for *American Indian and Alaska Native* are not available.

Source: *Annual Statistical Tables by Site (1988-2017)*, California Cancer Registry, December 2019.

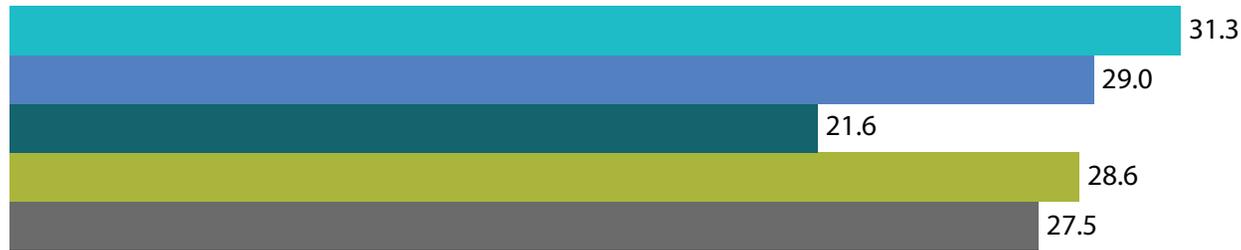
Cancer incidence rates vary by race/ethnicity and type of cancer. In 2017, White women experienced the highest rate of new breast cancer cases, Latinx women experienced the highest rate of new cervical cancer cases, and Black Californians experienced the highest rates of new colorectal, lung, and prostate cancer cases.

Cancer Early Diagnosis, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION

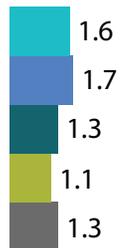
Breast — Female



Colorectal — Female



Colorectal — Male



Notes: In situ cancers. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic* and *Asian / Pacific Islander*.

Source: *Annual Statistical Tables by Site (1988-2017)*, California Cancer Registry, December 2019.

Health Disparities by Race and Ethnicity

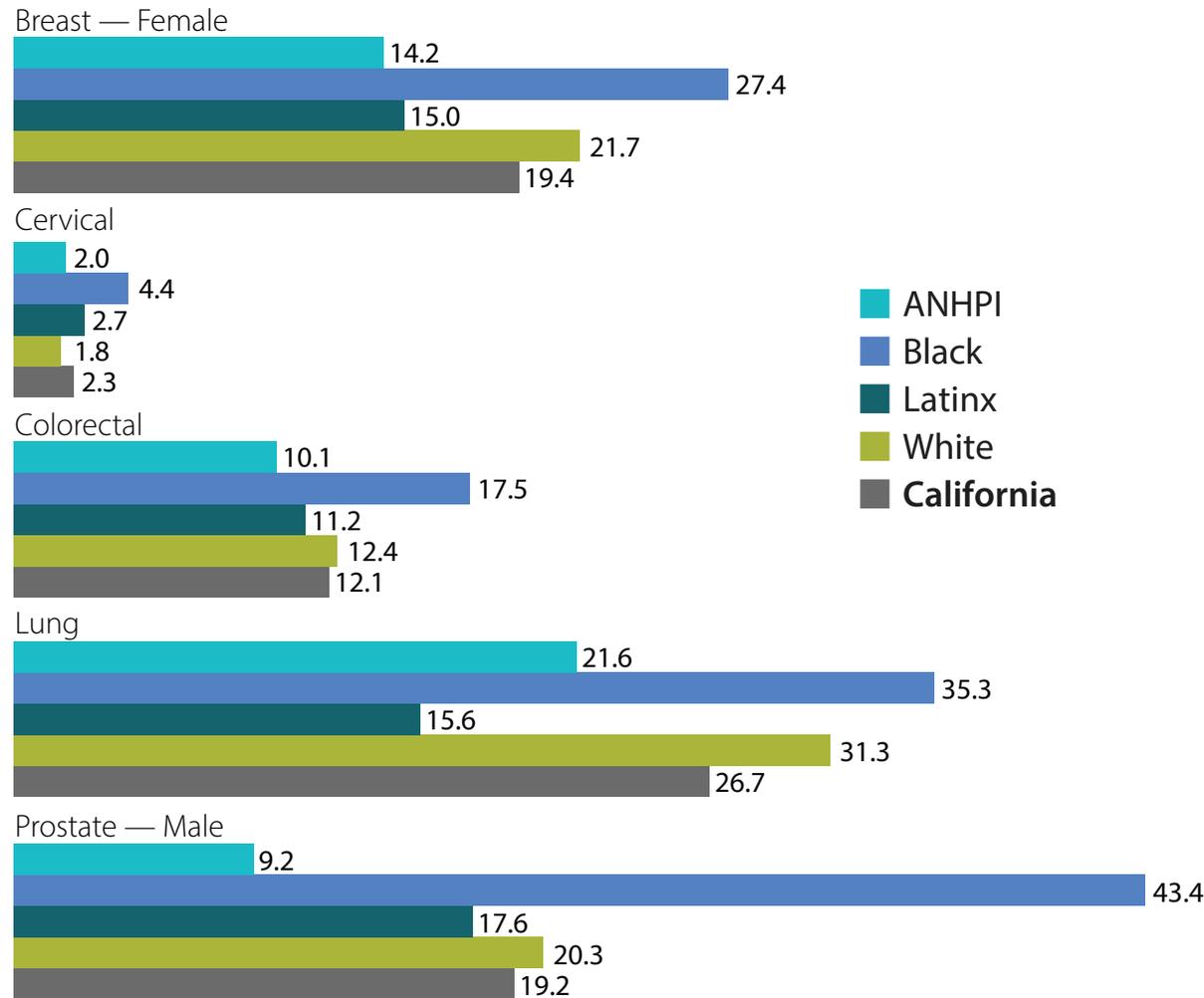
Chronic Conditions

Early diagnosis can help save lives by identifying cancers when they require less-extensive treatment and result in better health outcomes. In 2017, Latinx women in California experienced lower rates of early diagnosis of breast cancer than other races, while White Californians had slightly lower rates of early diagnosis of colorectal cancer.

Cancer Deaths, by Condition, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION

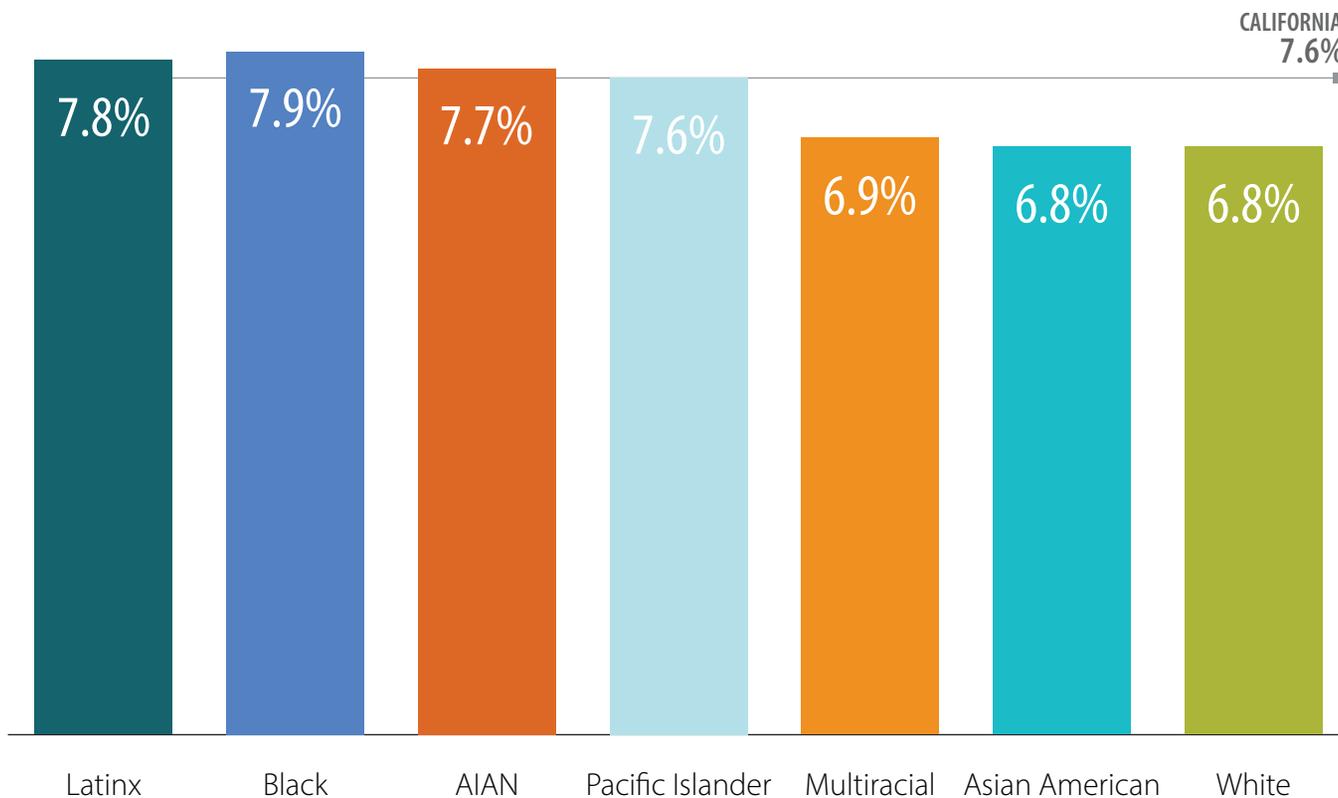


Notes: Excludes in situ cancers. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses Asian / Pacific Islander and Hispanic. Data for American Indian and Alaska Native are not available.

Sources: Annual Statistical Tables by Site (1988-2017), California Cancer Registry, December 2019.

In 2017, the Black population in California experienced the highest death rates from several types of cancers compared to populations of other races/ethnicities.

Children with Serious Emotional Disturbance, by Race/Ethnicity, California, 2019



Health Disparities by Race and Ethnicity

Behavioral Health

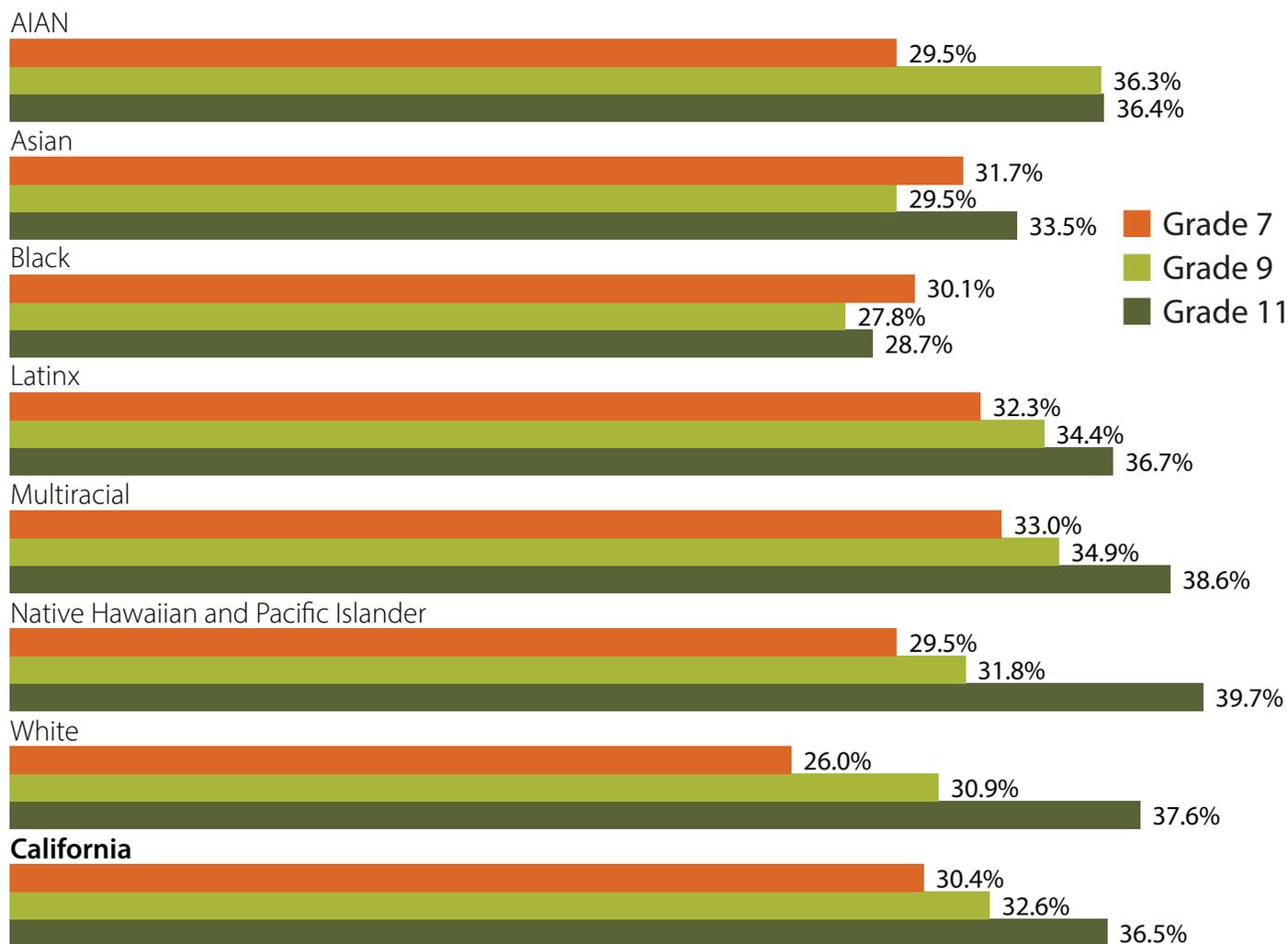
Serious emotional disturbance (SED) varied slightly by race/ethnicity in 2019: Children who are Latinx, Black, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander experienced rates of SED close to 8%, while rates for White, Asian, and multiracial children were about 7%.

Notes: *Serious emotional disturbance* is a categorization for children age 17 and under who currently have, or at any time during the past year have had, a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities. AIAN is American Indian and Alaska Native. Source uses *Hispanic, African American, Pacific Islander, and Native American*.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services."

Children with Depression-Related Feelings, by Race/Ethnicity

California, 2017 to 2019



Between 7th grade and 11th grade, the share of students who reported depression-related feelings increased or remained at similar levels across racial/ethnic groups. Black children in 11th grade reported depression-related feelings at lower rates than other races/ethnicities.

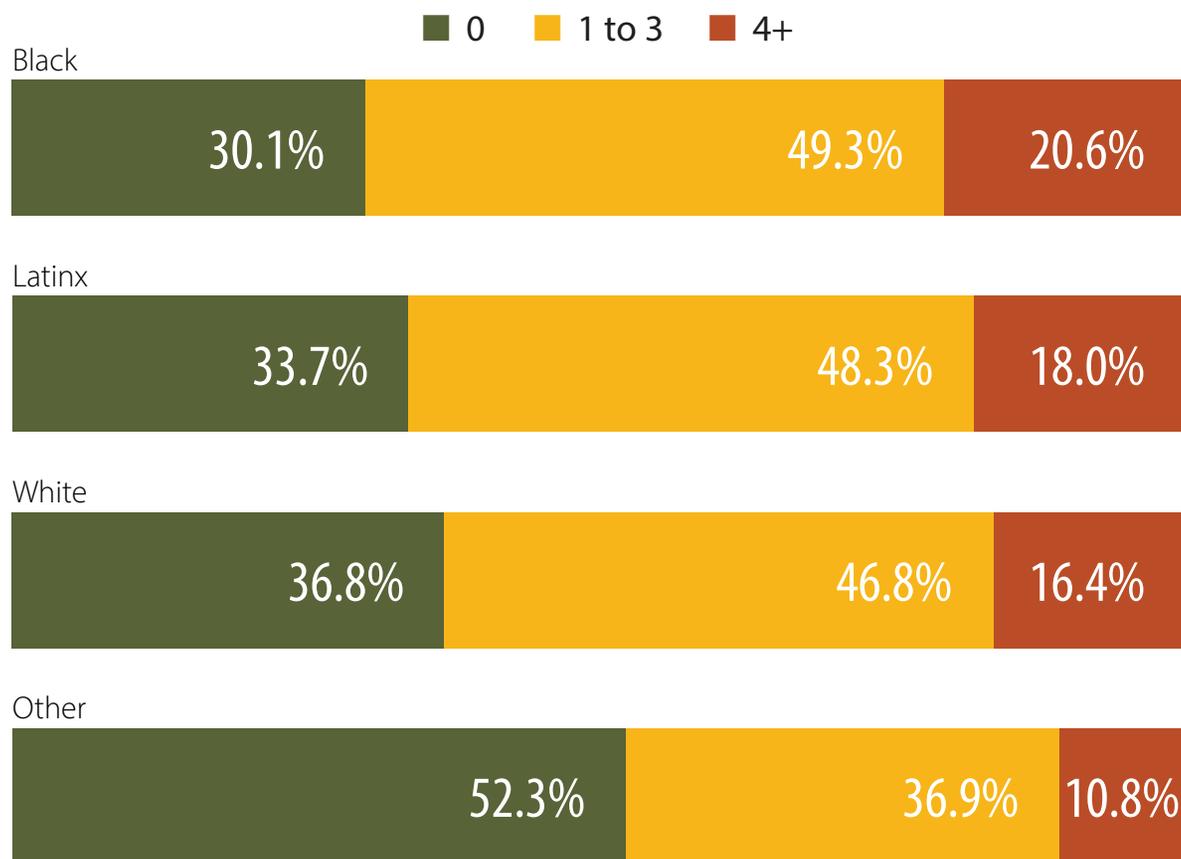
Notes: Percentage of students who answered yes to the question: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?" AIAN is American Indian and Alaska Native. Source uses *Hispanic or Latino*, *Black or African American*, and *Mixed (two or more) races*.

Source: Gregory Austin et al., *School Climate and Student Engagement and Well-Being in California Students, 2017/19: Results of the Seventeenth Biennial State California Healthy Kids Survey, Grades 7, 9, and 11* (PDF), WestEd, 2020.

Adverse Childhood Experiences, by Race/Ethnicity

California, 2011 to 2017

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES (ACEs)



Notes: Data are based on responses from adults age 18 and older about their experiences in the first 18 years of life. Source uses *Hispanic*. *Other* includes *Asian*, *Pacific Islander*, *American Indian*, *Alaska Native*, and *Other race/ethnicity*.

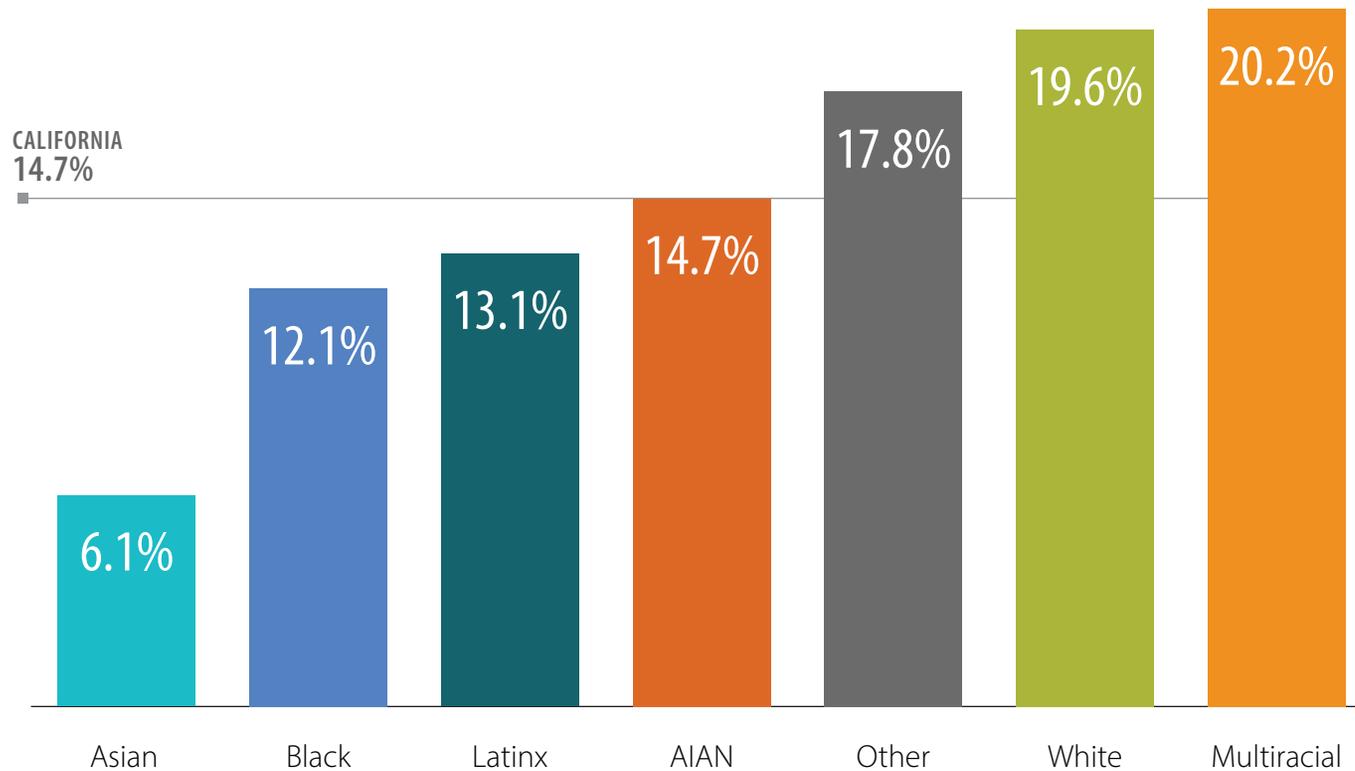
Source: *Adverse Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017* (PDF), California Dept. of Public Health, October 2020.

Adverse childhood experiences (ACEs) are traumatic events that can have negative impacts on health, education, and employment opportunities over the course of a person's life. Experiencing four or more ACEs is associated with increased risk of death in adulthood from conditions such as heart disease, cancer, and diabetes.* Black adults in California were slightly more likely to report experiencing four or more ACEs than other races/ethnicities.

*"Adverse Childhood Experiences Resources," Centers for Disease Control and Prevention.

Depression Prevalence, by Race/Ethnicity

California, 2019



Health Disparities by Race and Ethnicity

Behavioral Health

Depression prevalence varied by race/ethnicity in 2019. One in five White and multiracial adults reported depression. Asian adults had the lowest depression prevalence rates.

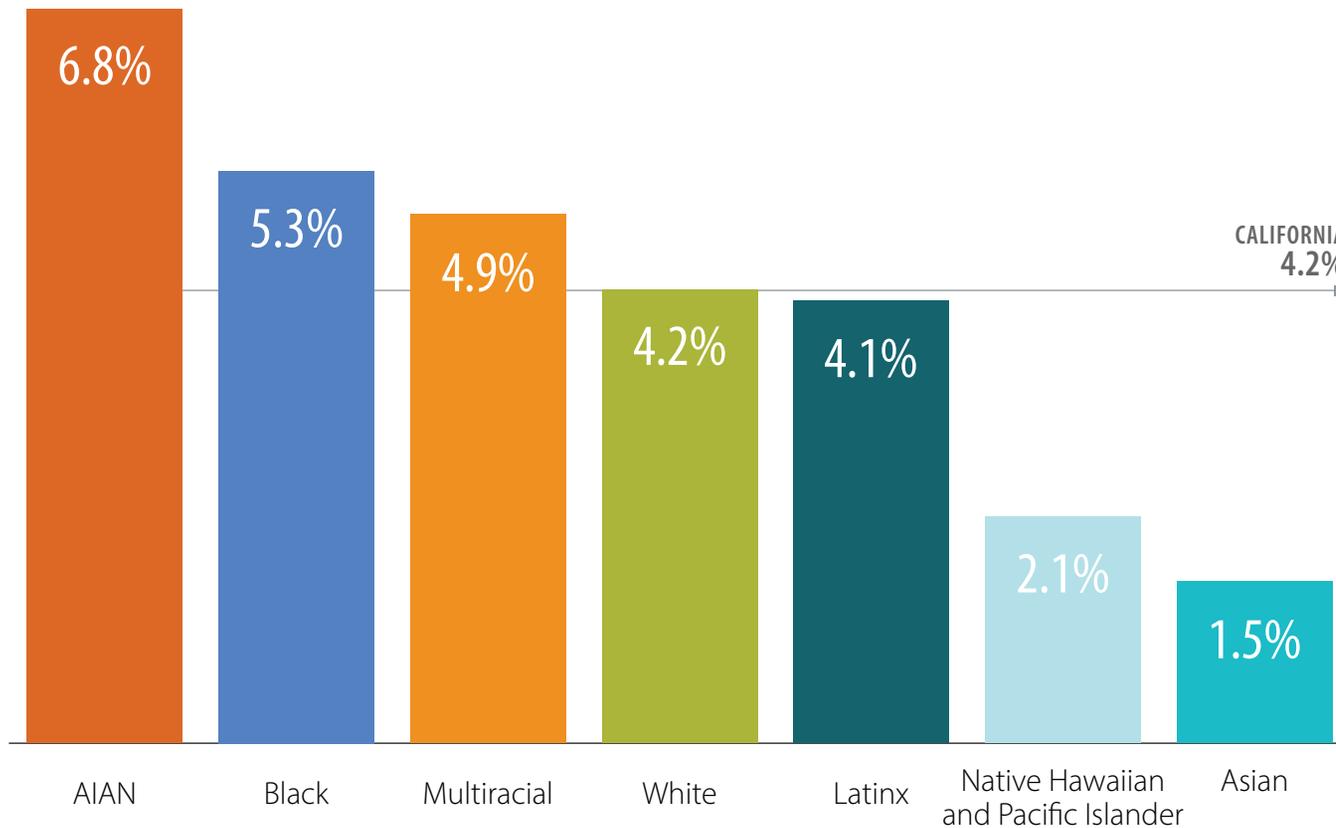
Notes: Adults who have ever been told they have a form of depression. Crude prevalence (not age-adjusted). AIAN is American Indian and Alaska Native. Source uses *Hispanic*. Prevalence estimate is not available for *Native Hawaiian and Pacific Islander*.

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, accessed February 22, 2021.

Adults with Serious Mental Illness, by Race/Ethnicity

California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: *Serious mental illness* is a categorization for adults age 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities. *AIAN* is American Indian and Alaska Native. Source uses *Hispanic, African American, Pacific Islander, and Native American*.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services."

Health Disparities by Race and Ethnicity

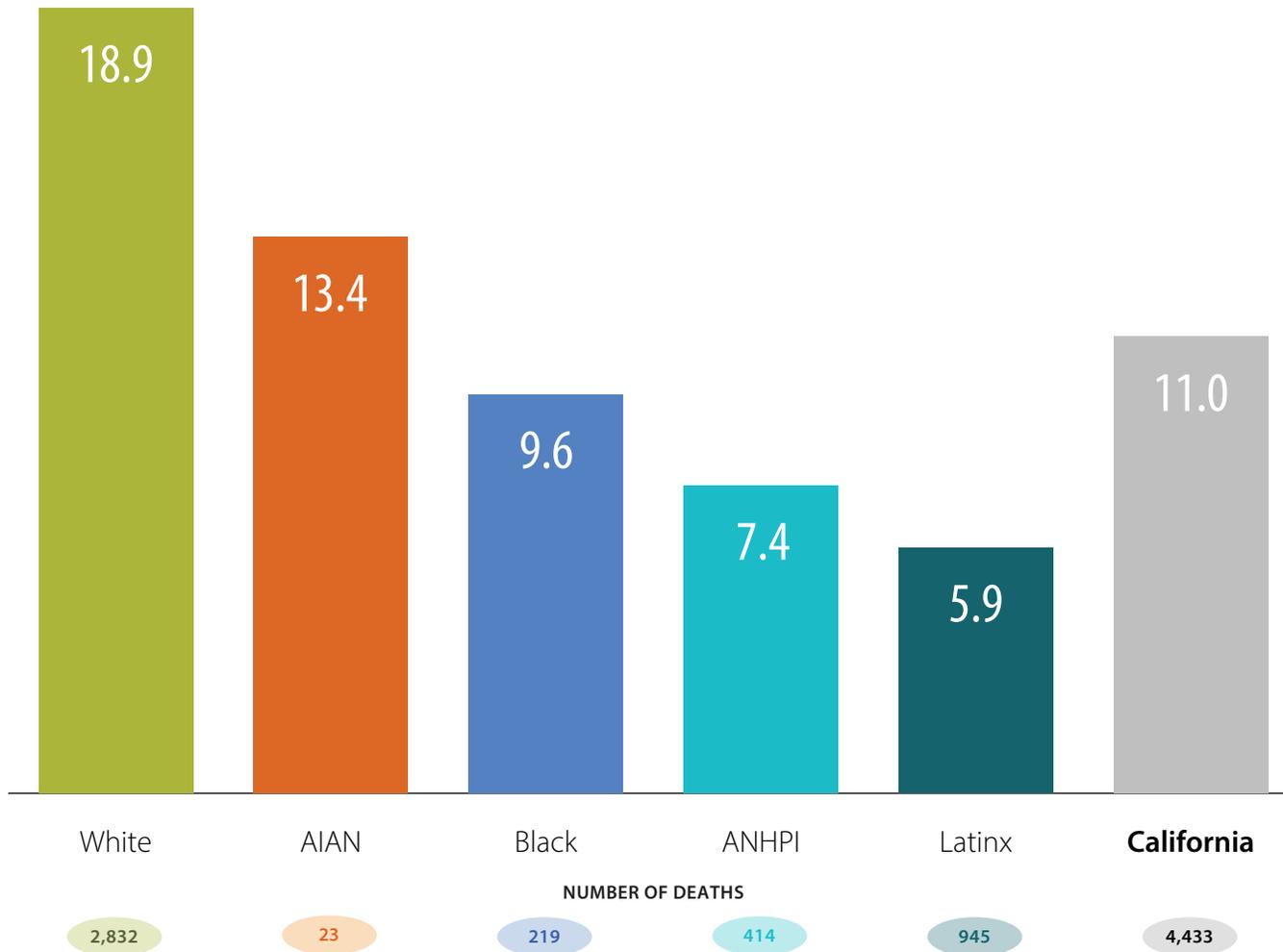
Behavioral Health

Rates of serious mental illness in California adults varied considerably by racial/ethnic group. In 2019, American Indian and Alaska Native Californians experienced the highest rates, while Asian Californians experienced the lowest.

Suicide Rates, by Race/Ethnicity

California, 2019

RATE PER 100,000 POPULATION



Notes: ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian / Pacific Islander, Hispanic, and American Indian. White includes Other and Unknown.

Source: "Overall Injury Surveillance," California Dept. of Public Health, accessed February 22, 2021.

Health Disparities by Race and Ethnicity

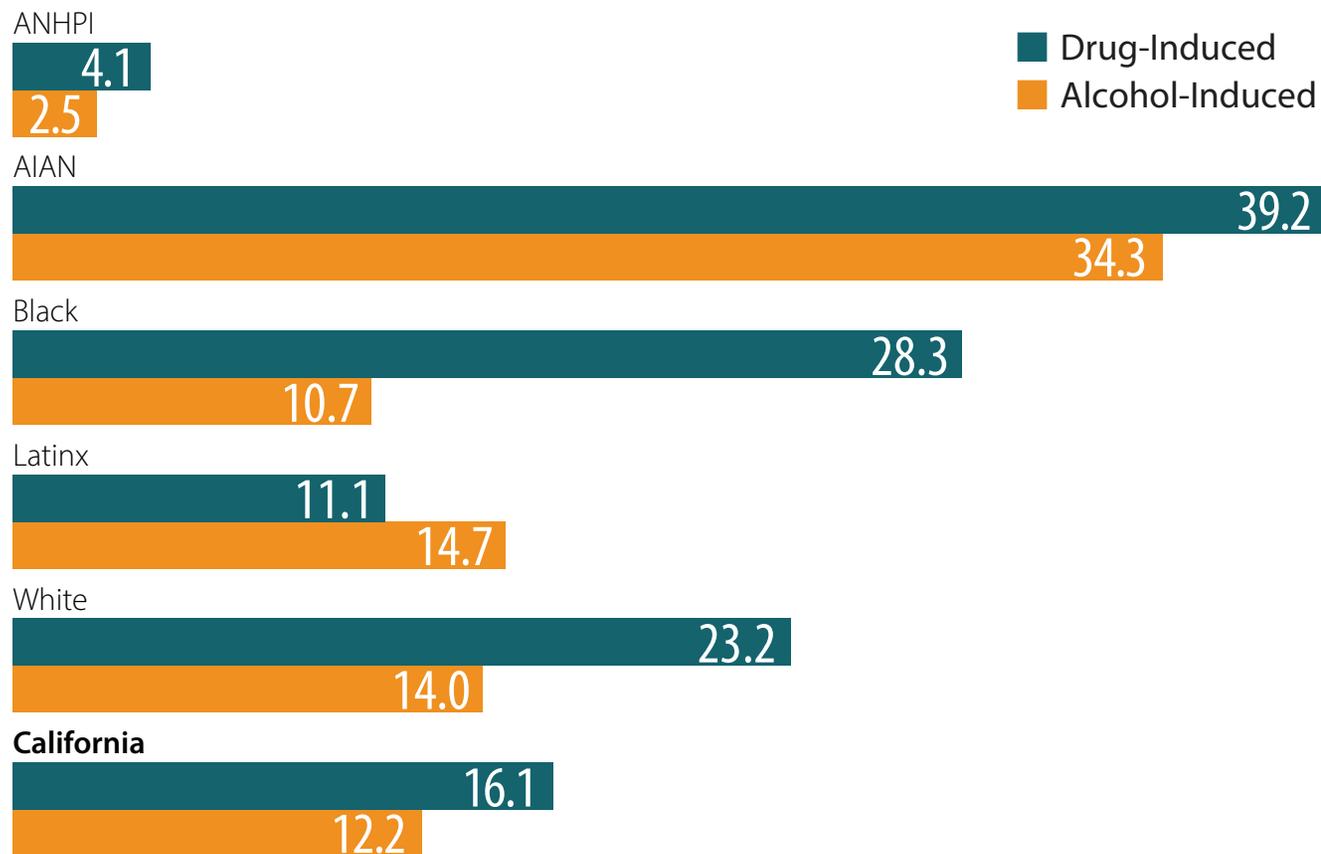
Behavioral Health

In 2019, White people experienced the highest suicide rate among all races/ethnicities and accounted for more than 60% of the 4,400 suicides in California.

Drug- and Alcohol-Induced Deaths, by Race/Ethnicity

California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Data come from registered death certificates. Excludes deaths when age is not indicated. Drug-induced deaths are those with ICD-10 codes that cover unintentional, suicide, homicide, and undetermined poisoning. Alcohol-induced deaths include accidental or intended poisoning, in addition to other conditions directly induced by use of alcohol. California totals reflect those whose ethnicity is "Not stated." ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses *Asian or Pacific Islander*, *Hispanic or Latino*, and *Black or African American*.

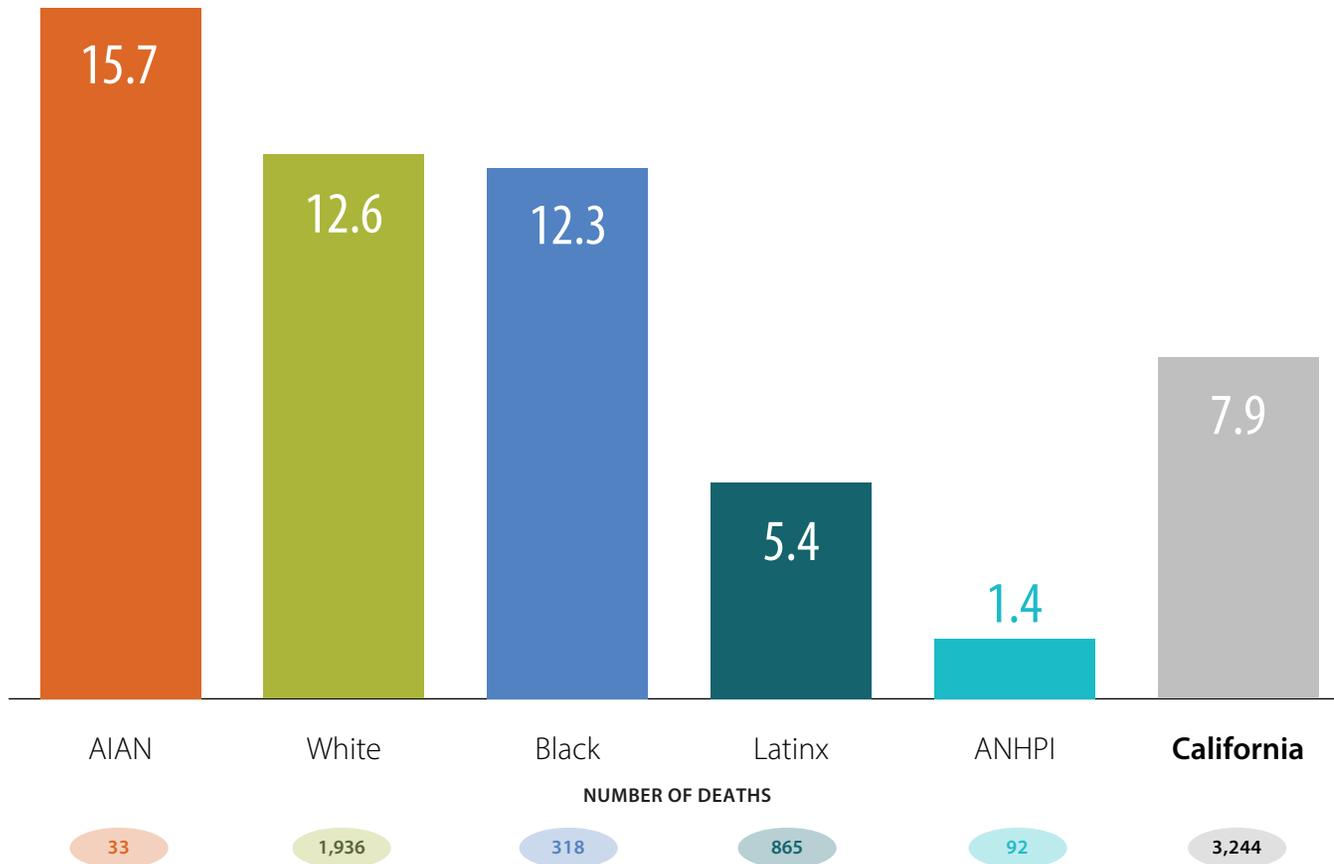
Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention.

Drug- and alcohol-induced death rates differed considerably by race/ethnicity in California, with American Indian and Alaska Native people experiencing the highest rates in 2019. The drug-induced death rates for Black and White Californians were more than twice as high as the rate for Latinx Californians. Compared to 2017 (not shown), drug-induced death rates increased for all racial/ethnic groups, and alcohol-induced death rates increased among White and Latinx Californians.

Opioid Overdose Deaths, by Race/Ethnicity

California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Acute poisoning deaths involving opioids such as prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), heroin, and opium. Excludes deaths related to chronic use of drugs. ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian / Pacific Islander, Black / African American, Native American / Alaska Native, and Hispanic/Latino.

Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, accessed April 12, 2021.

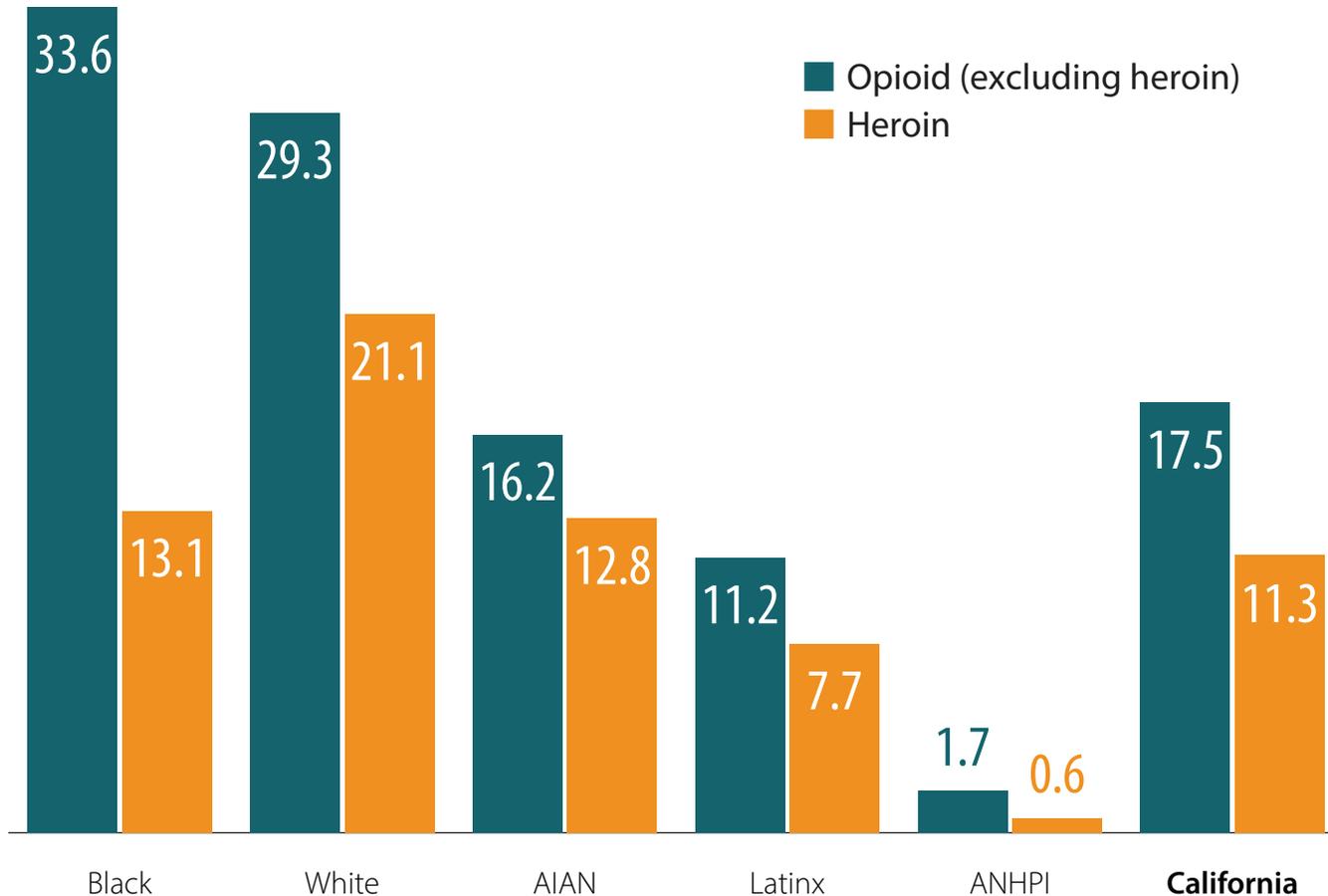
Health Disparities by Race and Ethnicity

Behavioral Health

More than 3,200 Californians died from an opioid overdose in 2019, with White people representing nearly two-thirds of those deaths. American Indian and Alaska Native people experienced the highest mortality rate of all races/ethnicities. There were approximately 1,000 more opioid overdose deaths in California in 2019 than in 2017 (not shown), and the death rate increased for all races except Asian, Native Hawaiian, and Pacific Islander Californians.

Opioid Overdose Emergency Department Visits, by Race/Ethnicity, California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



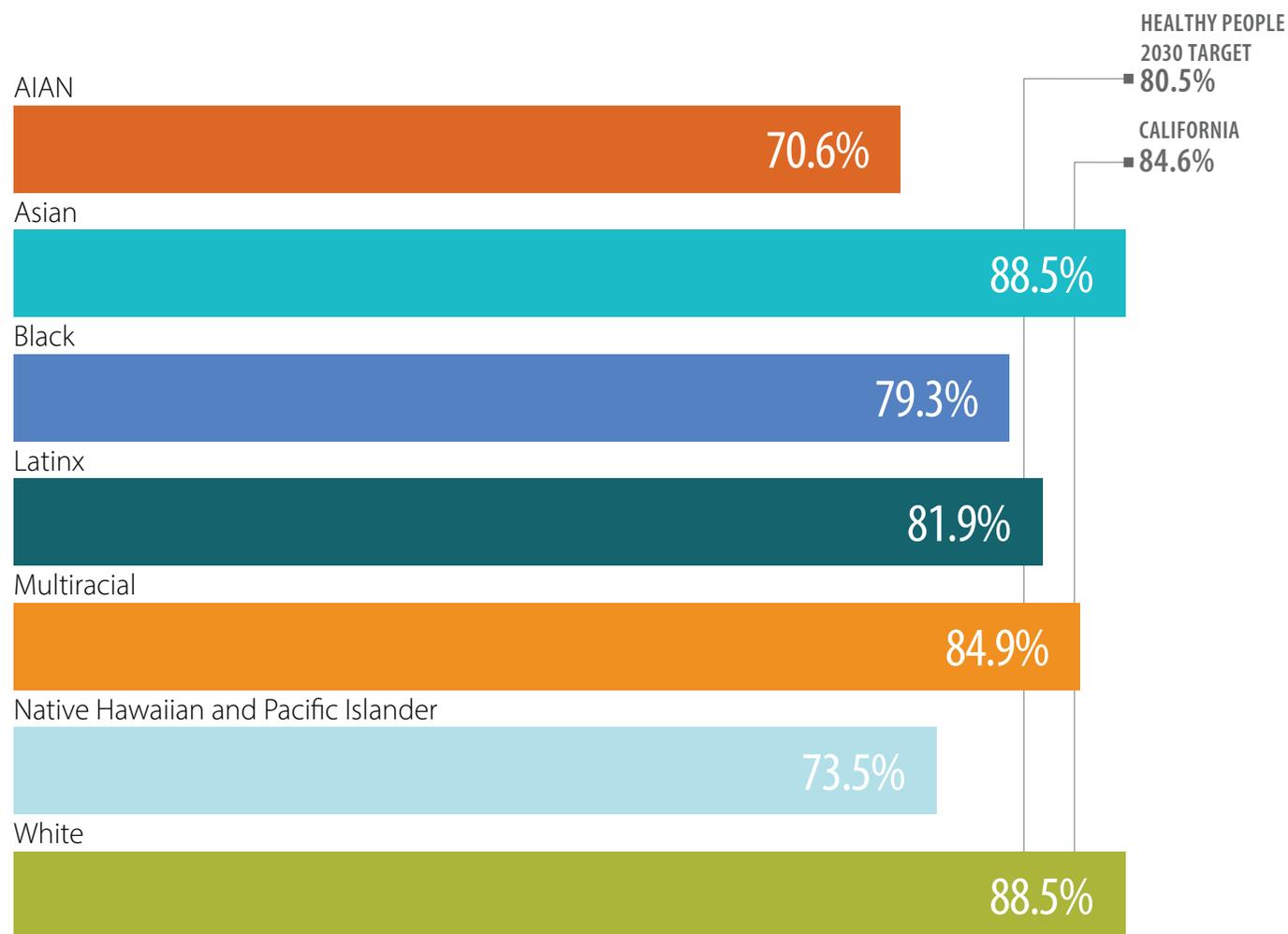
Notes: Emergency department visits caused by nonfatal acute poisonings due to the effects of opioid drugs regardless of intent (e.g., suicide, unintentional, or undetermined). ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian / Pacific Islander, Black / African American, Native American / Alaska Native, and Hispanic/Latino.

Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, accessed April 12, 2021.

In 2019, the rate of nonfatal emergency department (ED) visits for heroin overdose was higher for White Californians than those of other races/ethnicities. Black Californians experienced the highest rate of ED visits for nonheroin opioids.

Prenatal Care, First Trimester, by Race/Ethnicity

California, 2019



Notes: Percentage of live births where birthing person began prenatal care in the first trimester. California total reflects those whose ethnicity is "unknown" or "not stated." AIAN is American Indian and Alaska Native. Source uses *Hispanic or Latino*, *Black or African American*, and *More than one race*. The US government's Healthy People 2030 initiative establishes data-driven 10-year national objectives for improving the health of all Americans.

Source: Author calculations based on "Natality 2007-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, October 2020.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

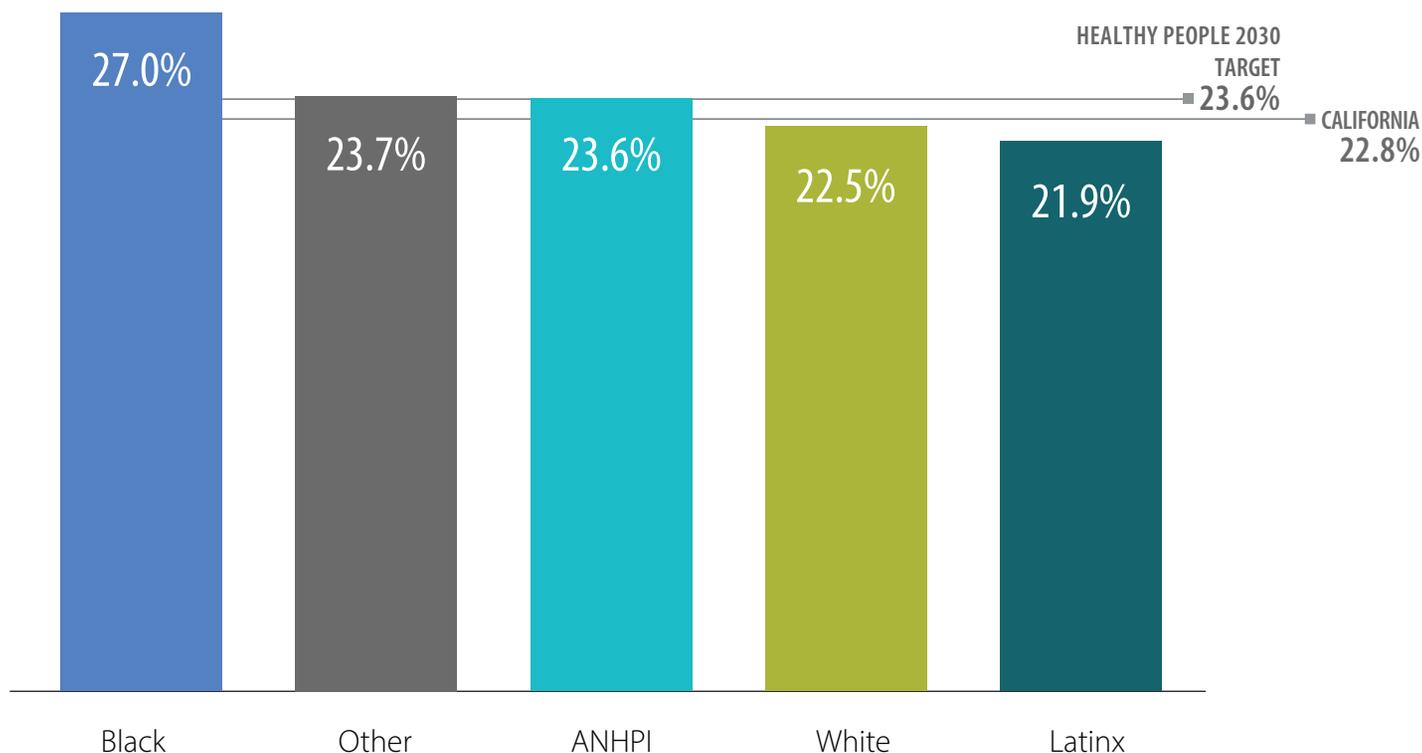
Receiving timely access to prenatal care is an important part of staying healthy during pregnancy. While California exceeded the Healthy People 2030 target for prenatal care in 2019, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander Californians were less likely than birthing people* of other races/ethnicities to receive care in the first trimester.

* "Birthing people" is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

Low-Risk, First-Birth Cesarean Rate, by Race/Ethnicity

California, 2019

PERCENTAGE OF BIRTHS



Notes: Percentage of cesarean deliveries among first-time birthing people delivering a single baby in a head-down position after 37 weeks gestational age. The technical term for this measure is the nulliparous, term, singleton, vertex (NTSV) cesarean birth rate. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic* and *Asian / Pacific Islander*. California total includes people whose race/ethnicity is missing. These numbers are unofficial estimates; due to differences in data sources and/or methods of data cleaning, the numbers may not align with other current or future publicly available estimates. The US government's *Healthy People 2030* initiative establishes data-driven 10-year national objectives for improving the health of all Americans.

Source: Special data request to the [California Maternal Quality Care Collaborative](#), received March 25, 2021.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

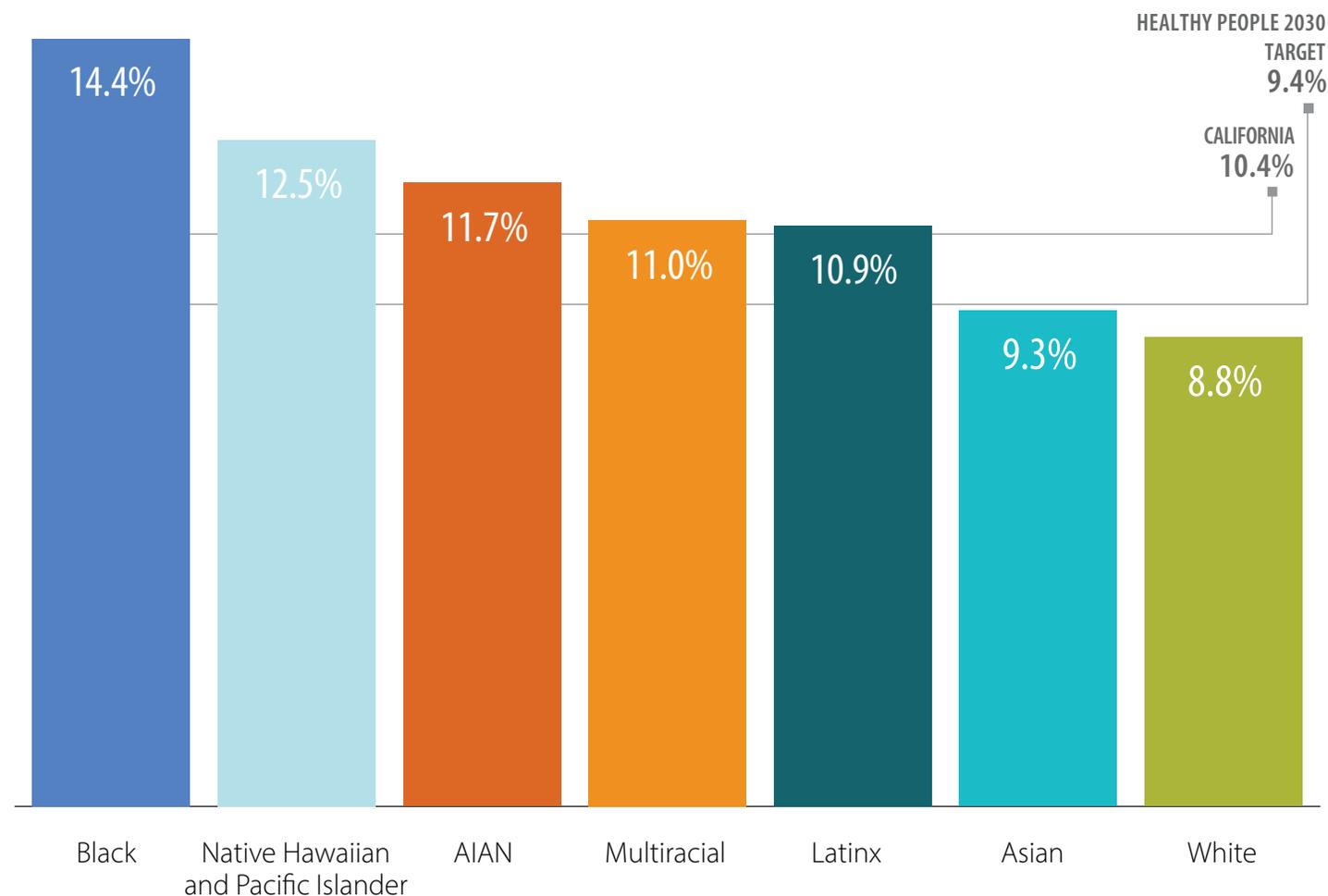
While critical in certain circumstances, cesarean deliveries (c-sections) can pose serious risks for both baby and the person giving birth. In 2019, nearly one in four births among low-risk, first-birth birthing people* in California were c-sections. In 2019, Black birthing people experienced the highest rate (27.0%), which was above the Healthy People 2030 target (23.6%).

* "Birthing people" is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

Preterm Births, by Race/Ethnicity

California, 2019

PERCENTAGE OF BIRTHS



Notes: Percentage of births with less than 37 completed weeks of gestation based on the obstetric estimate. AIAN is American Indian and Alaska Native. Source uses *Hispanic or Latino*, *Black or African American*, and *More than one race*. California total reflects those whose ethnicity is "unknown" or "not stated." The US government's Healthy People 2030 initiative establishes data-driven 10-year national objectives for improving the health of all Americans.

Source: Author calculations based on "Natality 2007-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, October 2020.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

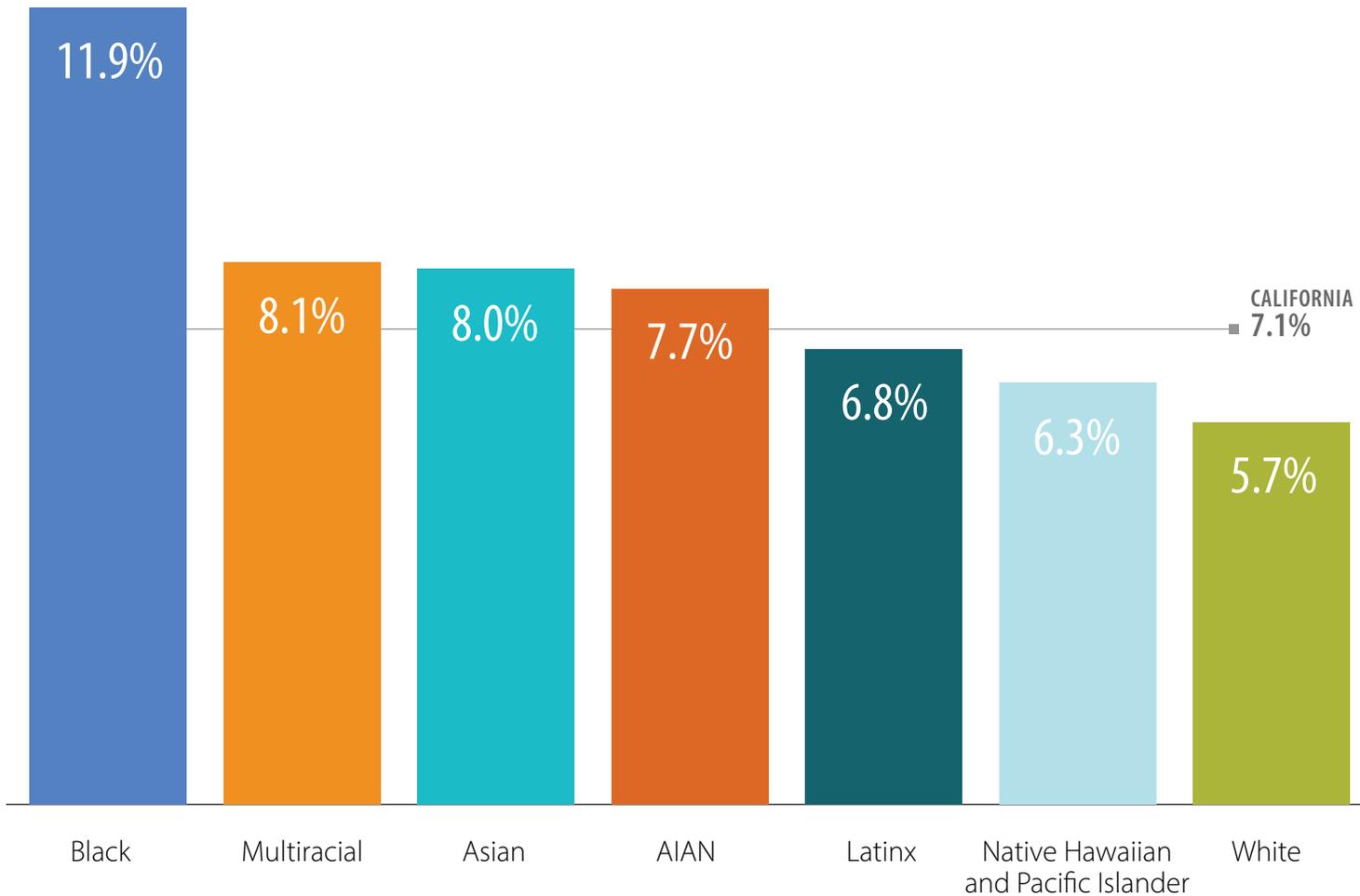
Babies who are born preterm have higher rates of death and disability. In 2019, Black birthing people* experienced the highest rate of preterm births (14.4%), which was 53% higher than the Healthy People 2030 target of 9.4%. Compared to 2017, the preterm birth rate increased for all racial/ethnic groups (not shown).

* "Birthing people" is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

Low Birthweight Births, by Race/Ethnicity

California, 2019

PERCENTAGE OF BIRTHS



Notes: Percentage of births where infant weighed less than 2,500 grams. California total reflects those whose race/ethnicity is "unknown" or "not stated." AIAN is American Indian and Alaska Native. Source uses *Hispanic or Latino, Black or African American, and More than one race*.

Source: Author calculations based on "Natality 2007-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, October 2020.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

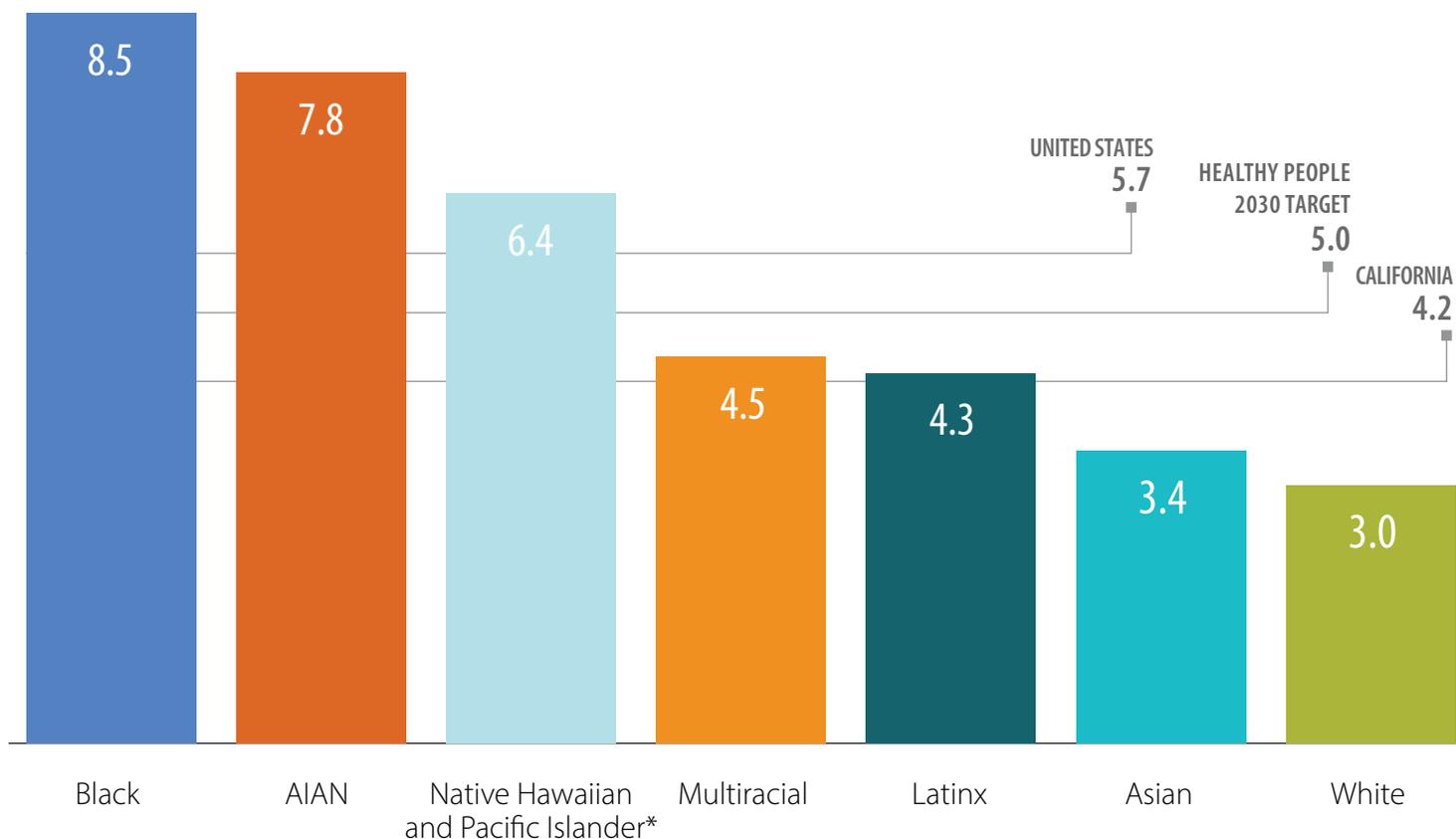
In 2019, one in nine Black babies in California had a low birthweight, the highest rate among all races/ethnicities. Being low birthweight can cause serious health problems for some babies including trouble eating, gaining weight, and fighting off infections. Some low-birthweight babies may also have long-term health problems.*

*"Low Birthweight," March of Dimes, last reviewed March 2018.

Infant Mortality, by Birthing Person's Race/Ethnicity

California, 2018

RATE PER 100,000 LIVE BIRTHS



* Statistically unreliable — rates with fewer than 20 deaths in the numerator

Notes: "Birthing person" is used to recognize that not all people who become pregnant and give birth identify as women or mothers. AIAN is American Indian and Alaska Native. Source uses *Hispanic or Latino*, *Black or African American*, and *More than one race*. California includes those whose ethnicity is "unknown" or "not stated." The US government's Healthy People 2030 initiative establishes data-driven 10-year national objectives for improving the health of all Americans.

Source: "Linked Birth / Infant Death Records 2007-2018," CDC WONDER Online Database, Centers for Disease Control and Prevention.

Health Disparities by Race and Ethnicity

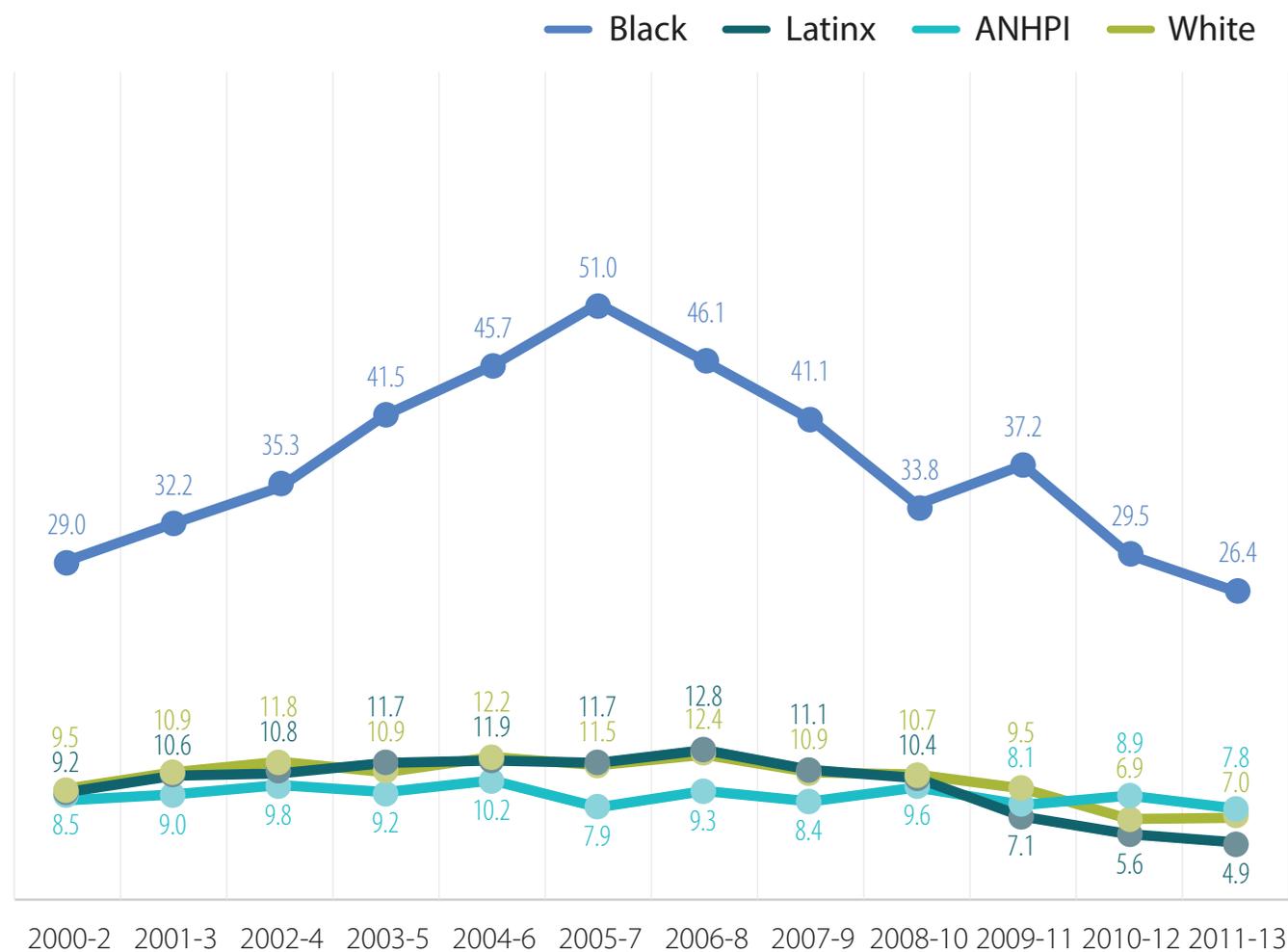
Maternal/Childbirth

In 2018, the mortality rate for Black infants was the highest among all races/ethnicities. White and Asian infants had the lowest rates. California's overall rate was below the Healthy People 2030 target in 2018.

Maternal Mortality, by Race/Ethnicity

California, 2000 to 2013

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



Notes: *Maternal mortality* refers to deaths 42 days or less postpartum. Three-year moving average is used. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian, Hispanic, and African-American*.

Source: *The California Pregnancy-Associated Mortality Review: Report from 2002 to 2007 Maternal Death Reviews* (PDF), California Dept. of Public Health, Spring 2018.

Health Disparities by Race and Ethnicity

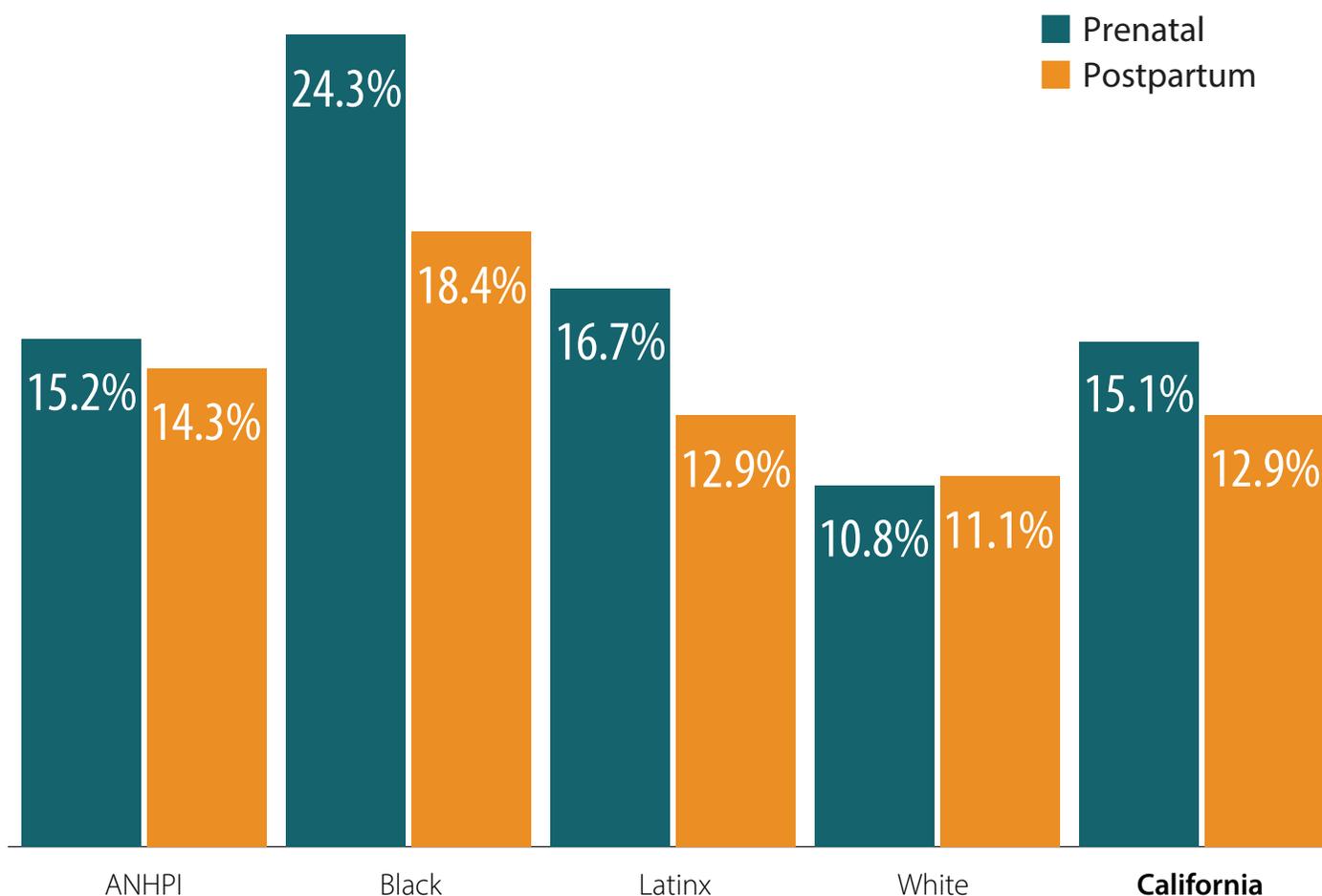
Maternal/Childbirth

Between 2000 and 2013, there were significant racial disparities in California's maternal mortality rate. During this period, Black birthing people* experienced the highest maternal mortality rates among all races/ethnicities. Studies have shown that Black birthing people continue to experience significantly higher maternal mortality rates even when age, education, and insurance coverage are considered.[†]

* "Birthing people" is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

† "Birth Equity," California Maternal Quality Care Collaborative, accessed July 15, 2019.

Prenatal and Postpartum Depressive Symptoms, by Race/Ethnicity, California, 2018 to 2019



Notes: Experienced either of the following always or often: felt down, depressed or hopeless; had little interest or little pleasure in most things usually enjoyed. *Prenatal depressive symptoms* are during pregnancy. *Postpartum depressive symptoms* are since most recent birth. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Latina* and *Asian/PI*. Source: Special data request, Maternal and Infant Health Assessment (2018–19), California Dept. of Public Health, received 2021.

Emotional well-being during and after pregnancy is central to birthing people’s* health, as well as to their infants’ development.† Black birthing people were more likely to report experiencing prenatal and postpartum depressive symptoms than birthing people of other races/ethnicities.

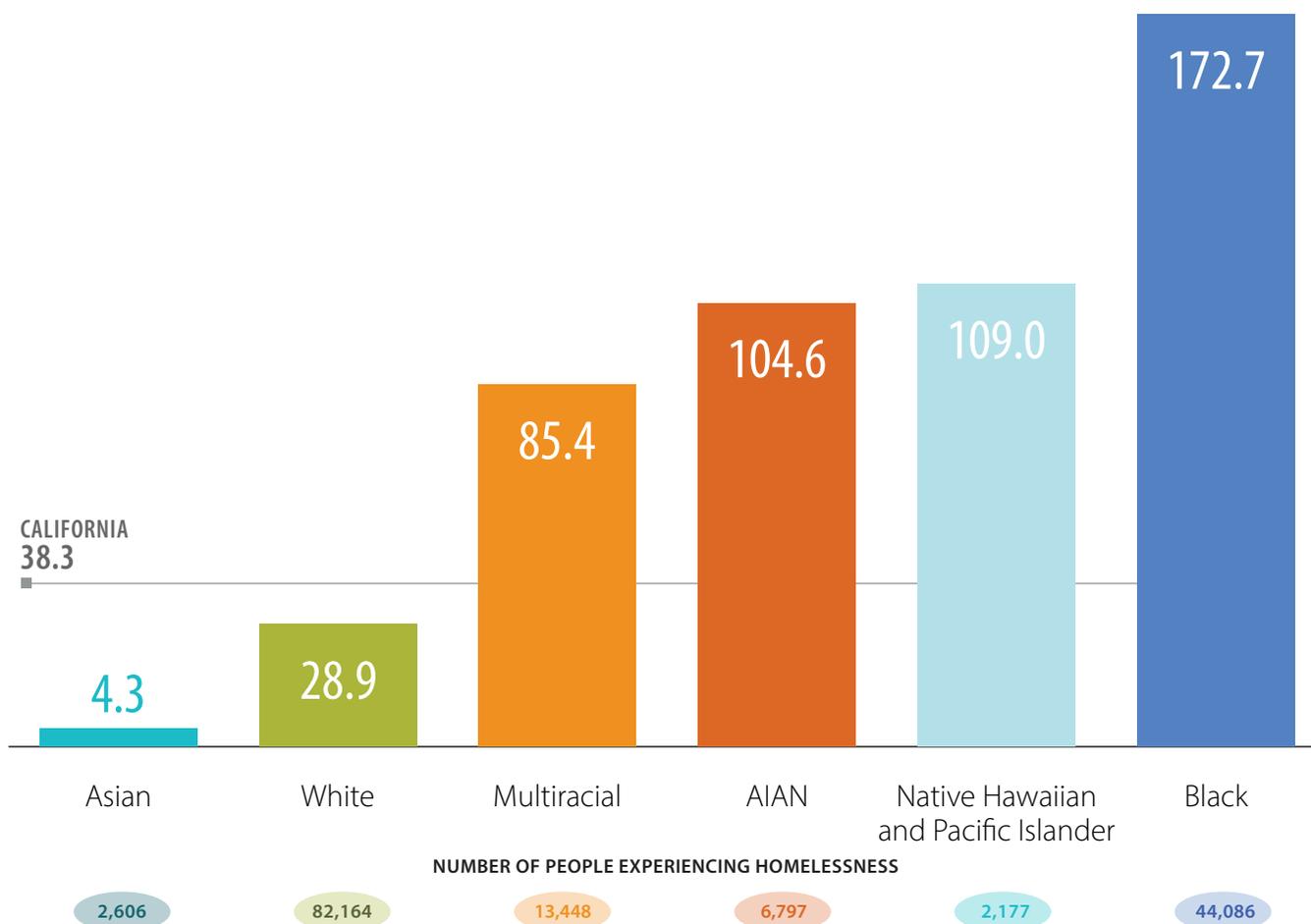
* "Birthing people" is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

† "Depression During Pregnancy," March of Dimes, last reviewed March 2019.

Homelessness, by Race

California, 2019

RATE PER 10,000 PEOPLE



Notes: Data are point-in-time estimates of people experiencing homelessness — both sheltered and unsheltered — on a single night in January 2019. The one-night counts were conducted during the last 10 days of January. Racial groups include people of Latinx ethnicity. AIAN is American Indian and Alaska Native. Housing and Urban Development uses *Multiple races*. The Census Bureau uses *Native Hawaiian and other Pacific Islander*, and *Two or more races*. Both sources use *Black or African American*.

Sources: Author calculations based on *2007-2019 Point-in-Time Estimates by State*, US Dept. of Housing and Urban Development, January 2020; and *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for California: April 1, 2020 to July 1, 2019* (SC-EST2019-SR11H-06), US Census Bureau, June 2020.

Health Disparities by Race and Ethnicity

Homelessness

People who are homeless have higher rates of illness and die on average 12 years sooner than the general US population.* According to a recent report, nearly one-third of people experiencing homelessness in the US live in California.† While Californians who are Black, Native Hawaiian and Pacific Islander, American Indian and Alaska Native, and multiracial had the highest rates of homelessness in the state, half of the population experiencing homelessness was White.

* *Homelessness & Health: What's the Connection* (PDF), National Health Care for the Homeless Council, February 2019.

† *The 2019 Annual Homeless Assessment Report (AHAR) to Congress — Part 1: Point-in-Time Estimates of Homelessness* (PDF), US Dept. of Housing and Urban Development, January 2020.

COVID-19 Testing, Cases, and Deaths, by Race/Ethnicity

California, May 2021

The COVID-19 pandemic has had a disproportionate impact on some racial and ethnic groups in California. The Black population represents 6.0% of California's population but 10.7% of COVID-19 cases and 8.3% of COVID-19 deaths. A substantial percentage of COVID-19 data in California are missing race/ethnicity information.

	PERCENTAGE OF TESTING	PERCENTAGE OF CASES	PERCENTAGE OF DEATHS	PERCENTAGE OF TOTAL POPULATION
AIAN	0.4%	0.6%	*	0.5%
Asian	14.9%	9.6%	13.1%	15.4%
Black	7.1%	10.7%	8.3%	6.0%
Latinx	38.6%	40.5%	41.8%	38.9%
Multiracial	0.4%	3.0%	*	2.2%
Native Hawaiian and Pacific Islander	0.8%	0.9%	*	0.3%
White	37.9%	34.8%	33.3%	36.6%
NOT INCLUDED				
Other	13.4%	8.8%	3.9%	N/A
Unknown	35.2%	15.3%	3.9%	N/A

* Data not shown because there are fewer than 11 deaths.

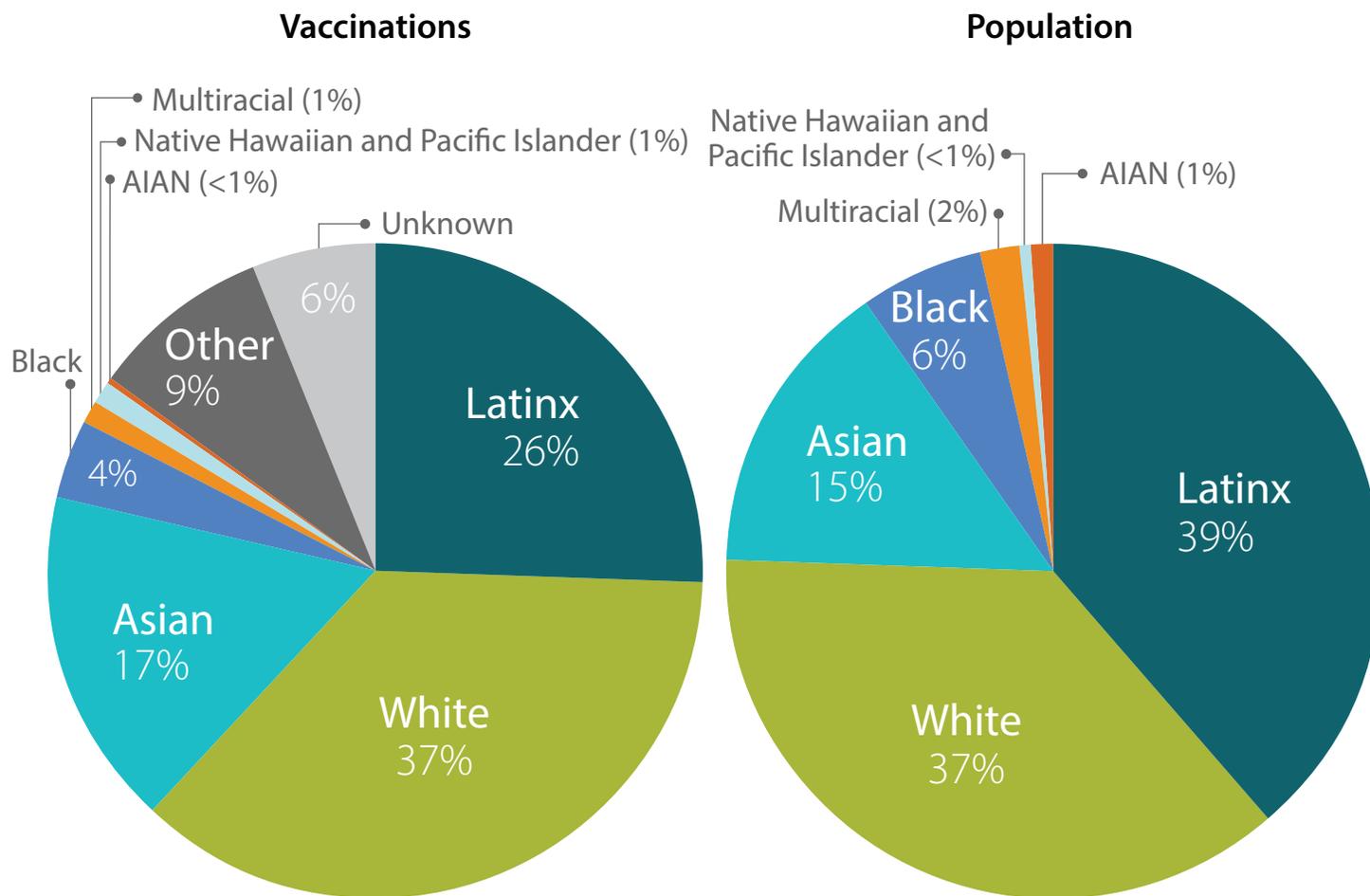
Notes: Data are as of May 12, 2021, and are cumulative for the last 30 days and updated weekly. Percentage distribution does not include *Other* and *Unknown* categories, since state population for these groups is not available. *AIAN* is American Indian and Alaska Native. Source uses *Latino* and *Multi-race*.

Source: "California's Commitment to Health Equity," State of California, accessed May 13, 2021.

COVID-19 Vaccination, by Race/Ethnicity

California, May 2021

As of May 2021, Latinx Californians, who represent the highest percentage of COVID-19 cases in the state (41%, not shown), have received only 26% of vaccine doses administered.



Notes: The data are as of May 12, 2021, and represent the percentage of vaccine recipients who received at least one vaccine dose. AIAN is American Indian and Alaska Native. Source uses African American and Multi-race. Other are those who do not fall under any listed race or ethnicity. Unknown includes those who declined to state or whose race and ethnicity information is missing.

Source: "Vaccination Progress Data," State of California, accessed May 13, 2021.

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

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