Over the last few decades, there has been significant growth in the measurement and reporting of health care quality outcomes. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures CHCF is publishing on the quality of care in our state. Topics range from maternal to end-of-life care, and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on children’s health and reports the most recently available data.

**Children and adolescents with Medi-Cal are more likely to be overweight than those with employment-based insurance.**

In 2018, a higher percentage of children age 0 to 11 who are enrolled in Medi-Cal were overweight compared to children of the same ages with employment-based coverage. Similarly, adolescents age 12 to 17 with Medi-Cal coverage were more likely to be overweight or obese than adolescents with employment-based coverage. Being overweight or obese increases the risk of various health problems, including diabetes, high blood pressure, and asthma.

![Overweight for Age, by Payer, California, 2018 (children 0 to 11)](image)

Notes: Children age 0 to 11 who are overweight for their age based on sex, age in months, and weight. Adolescents age 12 to 17 who are overweight or obese based on BMI equal to or greater than 85th percentile of teens of the same age and sex.

Source: California Health Interview Survey.
In 2017, less than 70% of California children age 19 to 35 months received the recommended routine vaccinations to protect against 14 potentially serious illnesses.

Notes: Percentage of children (age 19 to 35 months) receiving combined seven-vaccine series (4:3:1:3*:3:1): four or more doses of diphtheria and tetanus toxoids and acellular pertussis vaccine, three or more doses of polio, one or more doses of measles-mumps-rubella, haemophilus influenzae type b full series (three or four doses, depending on product type received), three or more doses of hepatitis B, one or more doses of varicella, and four or more doses of pneumococcal conjugate vaccine. A shortage of the Hib vaccine in 2009 impacted seven-vaccine series coverage.
Source: National Immunization Survey.
Black children are more likely to have asthma and have much higher asthma-related ED visits than children of other races/ethnicities.

In 2017–18, 21% of Black children had been told by a doctor that they had asthma, compared to 16% of Latino children and 11% of white children. Black children were also much more likely to visit an emergency room for asthma symptoms than children of other races/ethnicities. Asthma can have many negative impacts on a child’s health and well-being, including making it difficult to exercise, play, and attend school.

*Estimate is statistically unstable.

Notes: Children age 1 to 17 who were ever told by a doctor that they have asthma. ED visits with asthma as the primary diagnosis among children age 0 to 17. California Health Interview Survey uses African American and American-Indian / Alaska Native. Let’s Get Healthy California uses African American, Hispanic, and American Indian / Alaska Native. Let’s Get Healthy California, launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs with 10-year improvement targets for 39 health care indicators.

Sources: California Health Interview Survey; and Let’s Get Healthy California.
The companion Excel data file is available for at www.chcf.org/publication/2020-edition-quality-care-childrens-health. These materials are part of CHCF’s California Health Care Almanac, an online clearinghouse for key data and analyses describing the state’s health care landscape. See our entire collection of current and past editions of Quality of Care at www.chcf.org/collection/quality-care-almanac.