

# 2020 Edition — Quality of Care: Chronic Conditions

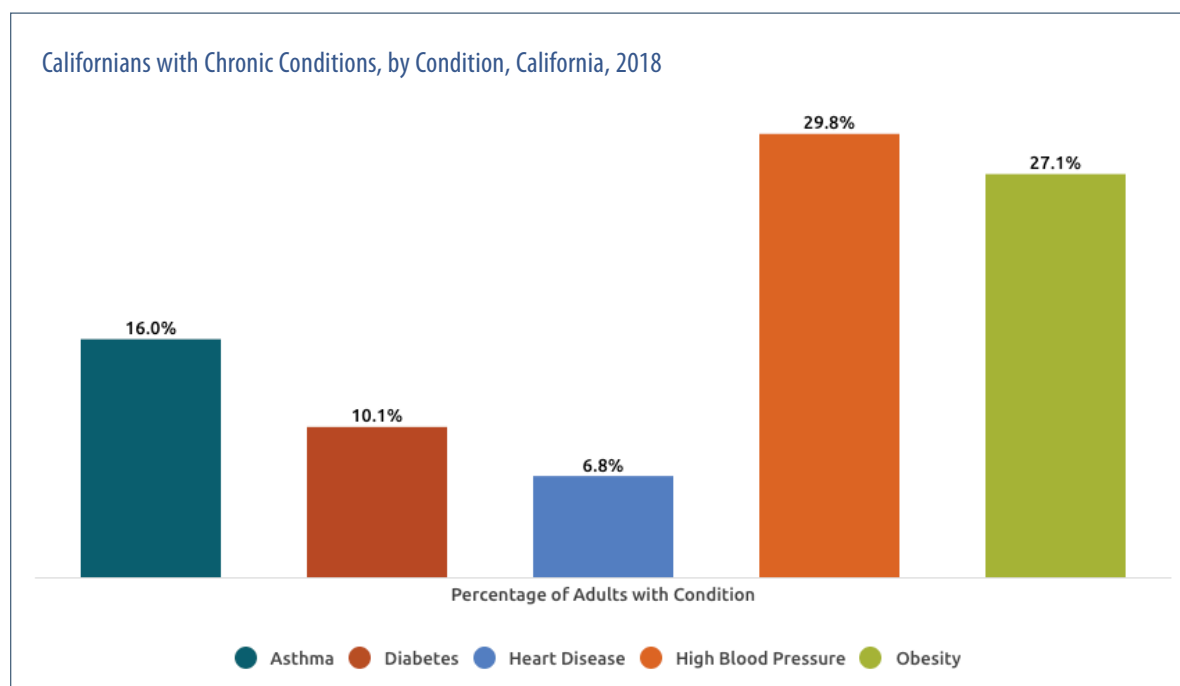
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Over the last few decades, there has been significant growth in the measurement and reporting of health care quality outcomes. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in 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 highlights California’s performance across a range of chronic conditions, including cancer, diabetes, cardiovascular disease, and respiratory disease, and includes data by race/ethnicity, payer, and county.

## Many Californians Suffer from Chronic Conditions.

Chronic conditions such as diabetes and heart disease were the leading cause of death and disability in the United States. In 2018, high blood pressure was the most common chronic condition, affecting 3 in 10 adults in California.

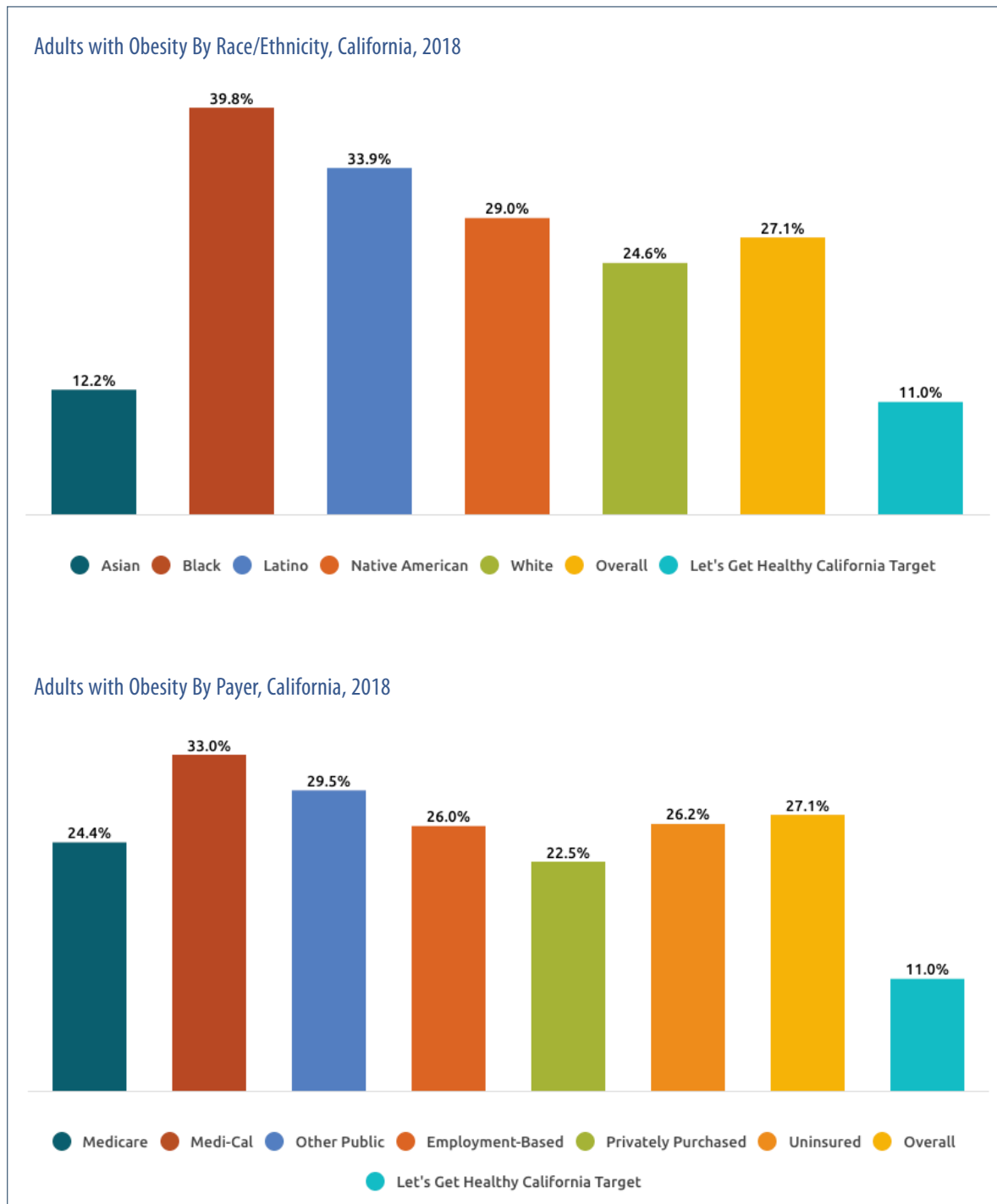


Note: Adults age 18 and older who have ever been told by a doctor that they have condition.

Source: California Health Interview Survey.

**The prevalence of obesity among adults varies by race/ethnicity and by payer.**

In 2018, over 1 in 4 adults in California was obese. About 4 in 10 Black adults in California was obese. One in 3 adults with Medi-Cal coverage was obese, the highest rate of any payer group.

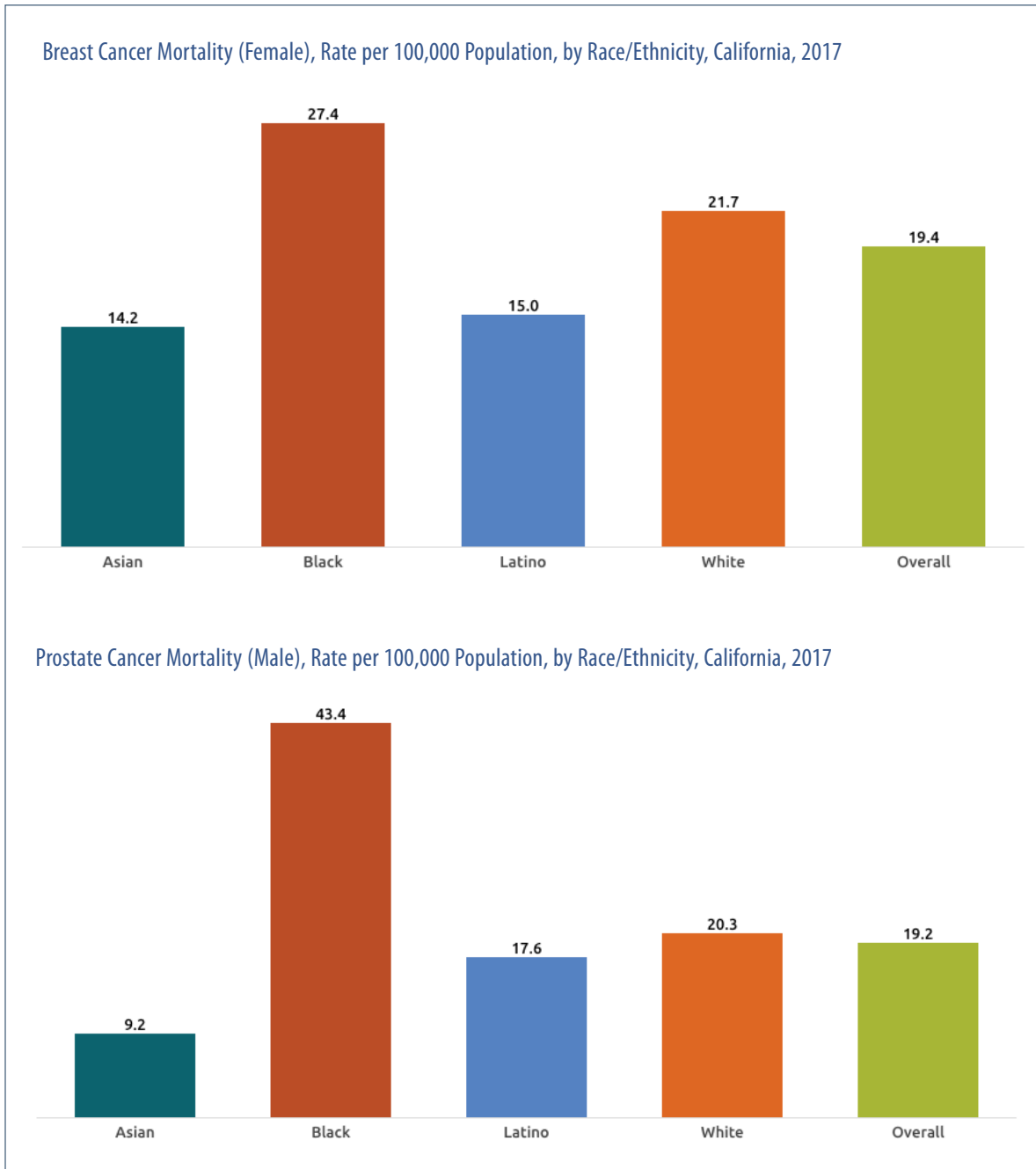


Notes: Adults (age 18 and older) who are obese, based on body mass index calculated from height and weight of 30 or higher. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs with 10-year improvement targets for 39 health care indicators. Source uses *African American* and *American-Indian/Alaska Native*. Medicare is "Medicare and Others or Medicare Only."

Source: California Health Interview Survey.

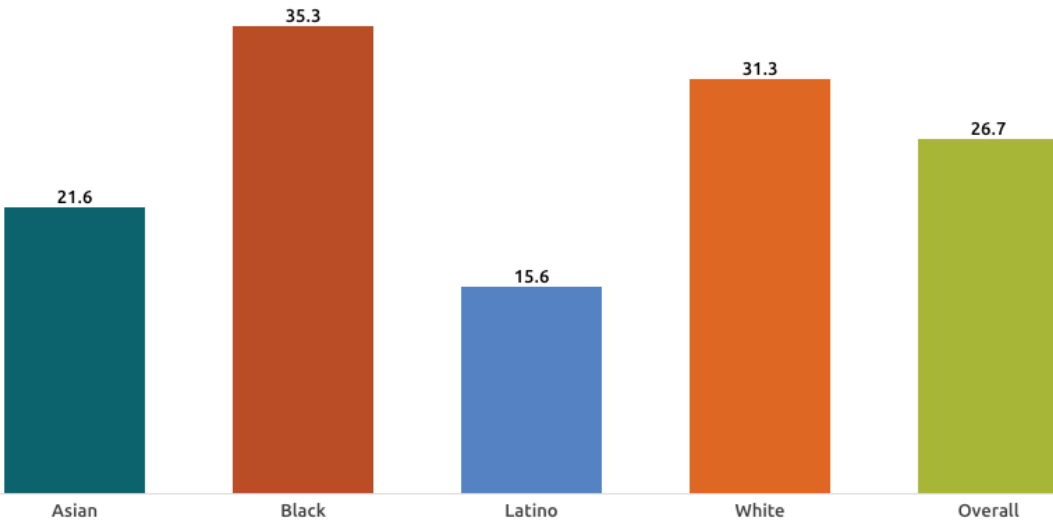
**Black Californians have higher mortality rates for four leading cancers compared with other races/ethnicities.**

Black Californians had higher mortality rates for breast, prostate, lung, and colorectal cancer than Asian, Latino, and white Californians in 2017. The largest disparity was with prostate cancer, where Black men had mortality rates that were two times higher than the rate for Latino and white men and four times higher than the rate for Asian men.

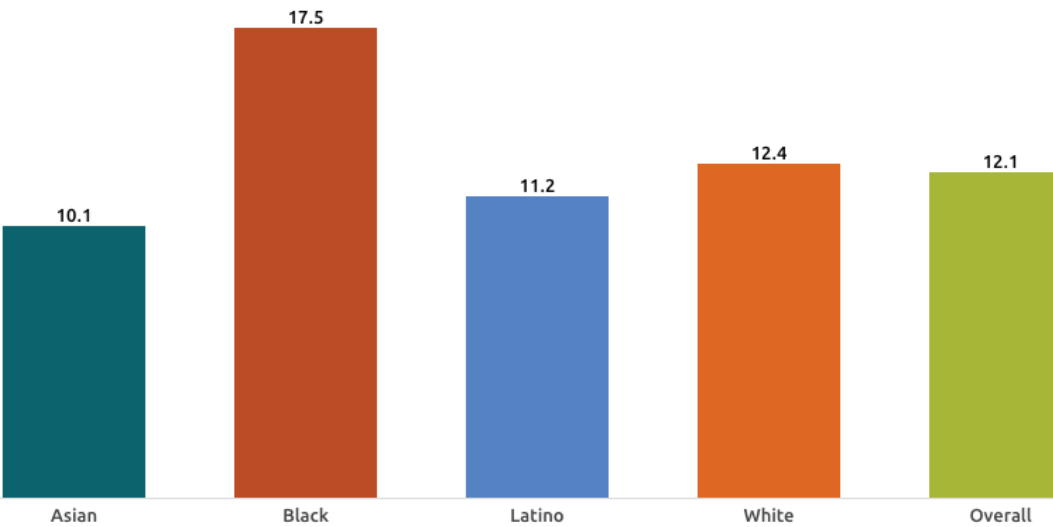


Notes: Age-adjusted rates. Excludes in situ cancers. Source uses *Hispanic*.  
Source: California Cancer Registry.

Lung Cancer Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2017



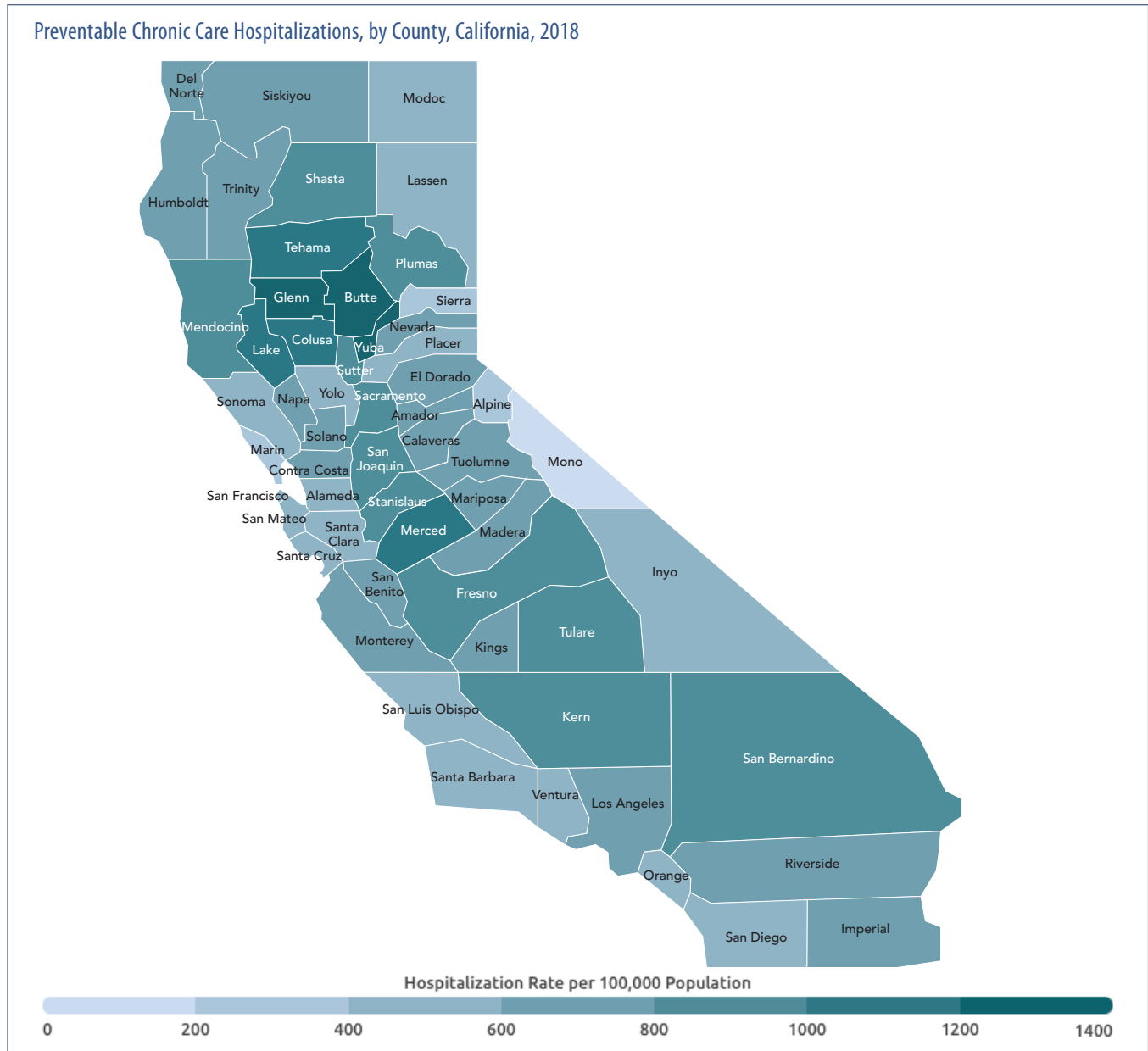
Colorectal Cancer Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2017



Notes: Age-adjusted rates. Excludes in situ cancers. Source uses *Hispanic*.  
Source: California Cancer Registry.

**Preventable chronic care hospitalizations vary by county.**

In California, nearly 700 hospitalizations per 100,000 people were potentially preventable through effective chronic care management and access to high-quality primary care, based on a composite measure of hospital admission rates for eight chronic care conditions. The preventable hospitalization rate varied from a low of 129 in Mono County to a high of 1,341 in Butte County.



Source: California Office of Statewide Health Planning and Development.

The companion Excel data file is available for at [www.chcf.org/publication/2020-edition-quality-care-chronic-conditions](http://www.chcf.org/publication/2020-edition-quality-care-chronic-conditions). 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](http://www.chcf.org/collection/quality-care-almanac).