

CALIFORNIA Health Care Almanac



MAY 2024

Health Disparities by Race and Ethnicity in California: 2024 Edition

Executive Summary

All Californians should have access to the high-quality health care needed to lead long and healthy lives. Achieving this requires reducing disparities in health care and the social drivers of health that affect historically excluded or marginalized groups.* Disparities exists among 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: 2024 Edition* 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

- Black Californians had the shortest life expectancy at 74.6 years, while Asian Californians had the longest at 85.7 years.
- One in six Latino/x Californians reported being in fair or poor health. In 2021, 18% reported not having a usual source of care, and 15% delayed care. Of those who delayed, 38% reported cost or lack of insurance as the reason. About one in 10 reported they were uninsured, and more than one in four had incomes below the federal poverty level.
- One in four Black respondents in the California Health Interview Survey (CHIS) felt they could have received better care if they were a different race/ethnicity. In 2020, Black Californians had a higher percentage of preventable hospitalizations and Black adults had higher unplanned hospital readmission rates than those of other races/ethnicities.
- American Indian and Alaska Native Californians had the highest death rates from breast, colorectal, and lung cancer. Black Californians experienced the highest death rates from cervical and prostate cancer.
- Native Hawaiian/Pacific Islanders had the highest annual out-of-pocket expenses and medical debt. They also had the highest rates of obesity, diabetes, and hypertension, as well as the lowest rates of obtaining routine check ups.
- In 2021, the percentage of Black infants who were born preterm (12.7%) or who had low birthweight (12.4%) was higher than those of other races/ethnicities.
- Black mothers / birthing people[†] experienced the highest maternal mortality rate among all races/ethnicities between 2018 and 2020.

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

* Paula Braveman et al., *What Is Health Equity? And What Difference Does a Definition Make?*, Robert Wood Johnson Foundation, May 2017.

Notes: See the current and past editions of Health Disparities by Race and Ethnicity at www.chcf.org/collection/health-disparities-race-ethnicity-ca-almanac. Find more information on Asian subpopulations in *A Closer Look: Health Disparities Among California's Asian Communities*.

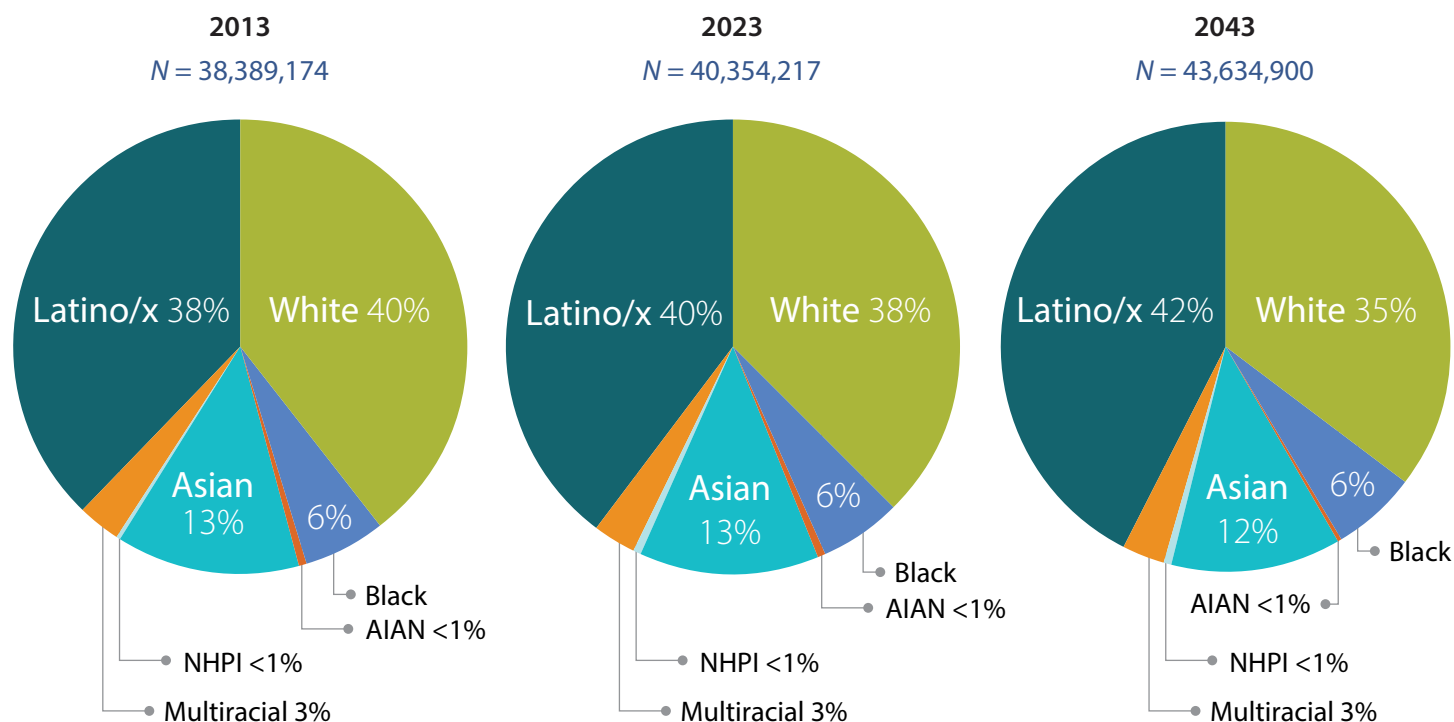
Population, by Race/Ethnicity

California, 2013, 2023, and 2043

Health Disparities by Race and Ethnicity

Overview

California is one of the most racially diverse states in the nation. Between 2023 and 2043, California's population is projected to increase by 3.3 million. During that time, the Latino/x population is projected to increase by 2.3 million (not shown).

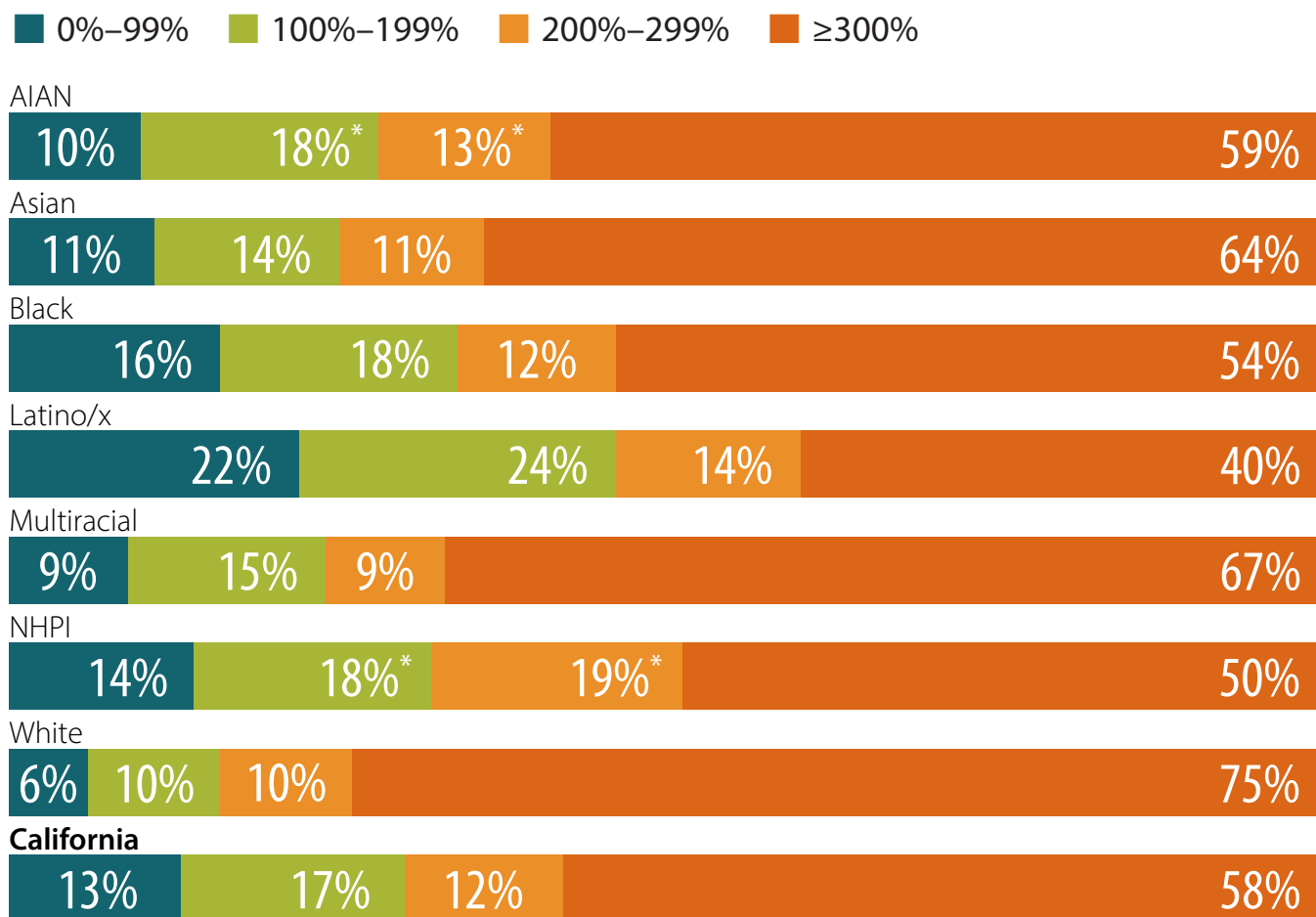


Notes: Data for 2023 and 2043 are projections. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*. Figures may not sum due to rounding.

Source: "Report P1-D: Total Population by Total Hispanic and Non-Hispanic Race for California: July 1, 2010 to July 1, 2060," California Dept. of Finance, July 2021.

Population, by Race/Ethnicity and Federal Poverty Level

California, 2021



* Statistically unstable

Notes: In 2021, the federal poverty level was \$12,880 for a single person and \$26,500 for a household of four. Source uses *Black or African American*, *Latino*, and *Two or more races*. AIAN is *American Indian and Alaska Native*; NHPI is *Native Hawaiian and Pacific Islander*. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 2, 2023.

Health Disparities by Race and Ethnicity

Overview

Poverty has been linked to death and disease. According to a Robert Wood Johnson Foundation study, wealth and income provide material benefits, such as healthier living conditions and access to affordable health care.[†] In 2021, 64% of Californians with incomes below 100% of the poverty level were Latino/x (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, 2021



* Statistically unstable.

Notes: AIAN is American Indian and Alaska Native. Source uses Black or African American, Latino, and Two or more races. Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable or not available due to small sample size. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 3, 2023.

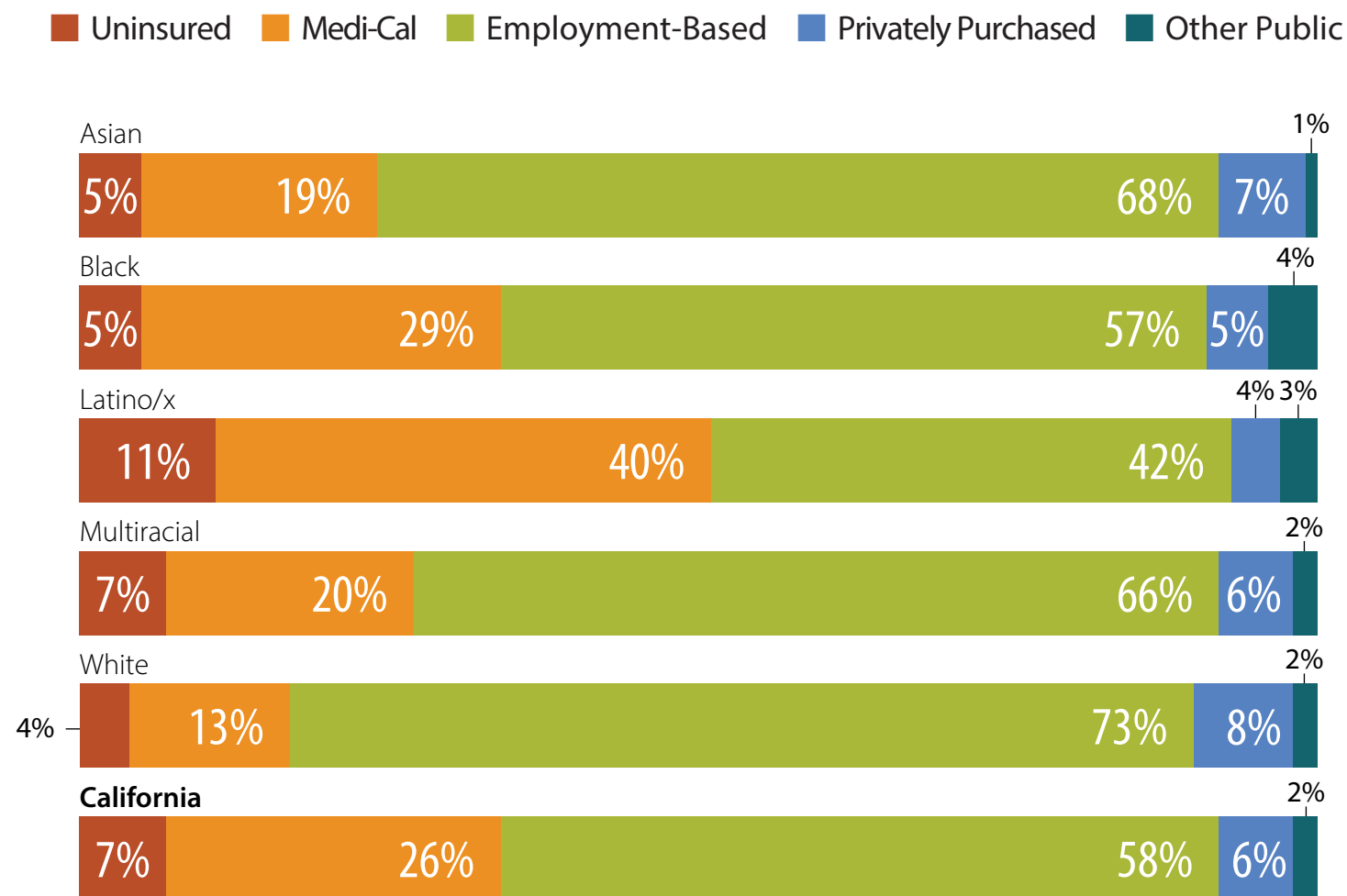
Health Disparities by Race and Ethnicity

Overview

In 2021, a larger proportion of White and multiracial people reported being in excellent or very good health than all other races/ethnicities. One in six Latino/x Californians reported being in fair or poor health.

Health Insurance, by Race/Ethnicity

California, 2021



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 *Black or African American*, *Latino*, 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 or not available due to small sample size. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed August 21, 2023.

Health Disparities by Race and Ethnicity

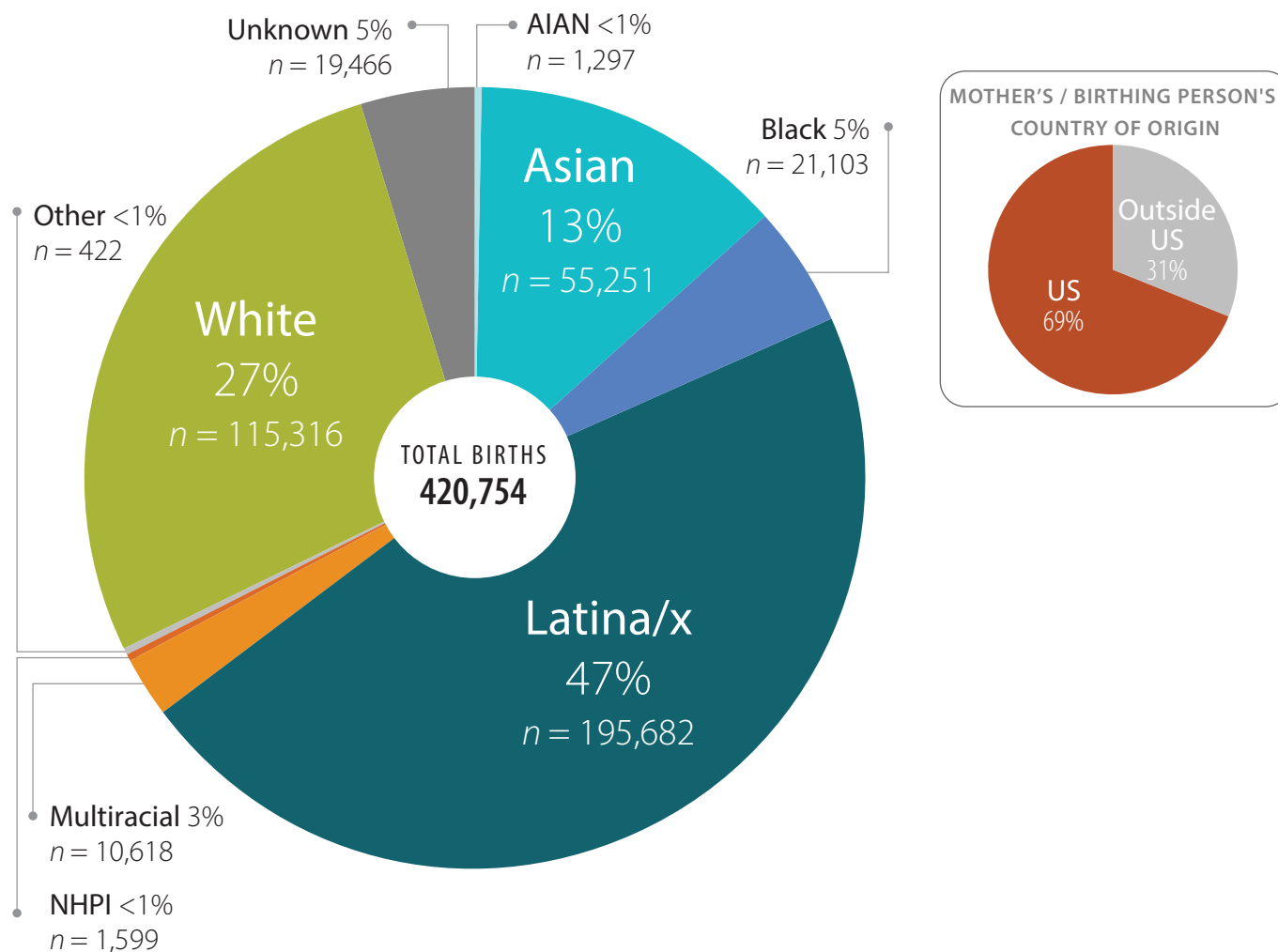
Overview

Without health insurance, people are less likely to have a regular health care provider and more likely to skip routine care, putting them at increased risk for serious health problems.* In 2021, 11% of Latino/x Californians reported that they were uninsured, and 40% reported Medi-Cal as their current source of health coverage. White Californians reported the highest rates of employment-based insurance.

* "Increase the proportion of people with health insurance — AHS 01," Healthy People 2030, Office of Disease Prevention and Health Promotion, last revised 2021.

Births, by Mother's / Birthing Person's Race/Ethnicity

California, 2021



Notes: *Birthing person* is used to recognize that not all people who become pregnant and give birth identify as women or mothers. Births by place of residence. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Multi-Race*, and *Pacific Islander*. *Outside US* includes US territories and foreign countries. Figures may not sum due to rounding.

Source: "Births," California Dept. of Public Health, last updated February 6, 2023.

Health Disparities by Race and Ethnicity

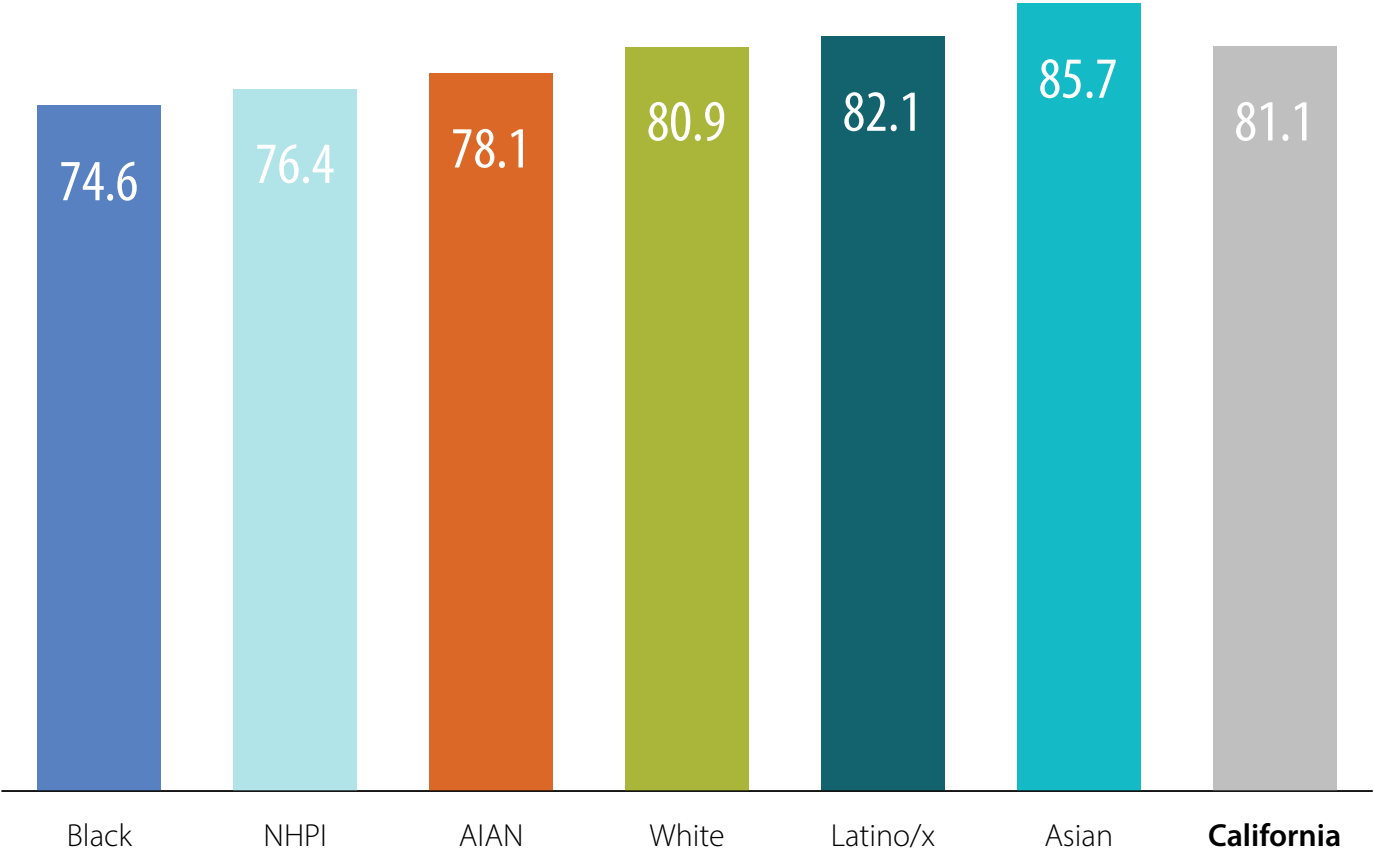
Overview

In 2021, births to Latina/x mothers / birthing people made up nearly half of all births in the state, at just under 200,000 births. About three in 10 births in California were to mothers / birthing people born outside the US.

Life Expectancy, by Race/Ethnicity

California, 2022

In 2022, life expectancy at birth was shorter for Black Californians than all other races/ethnicities.

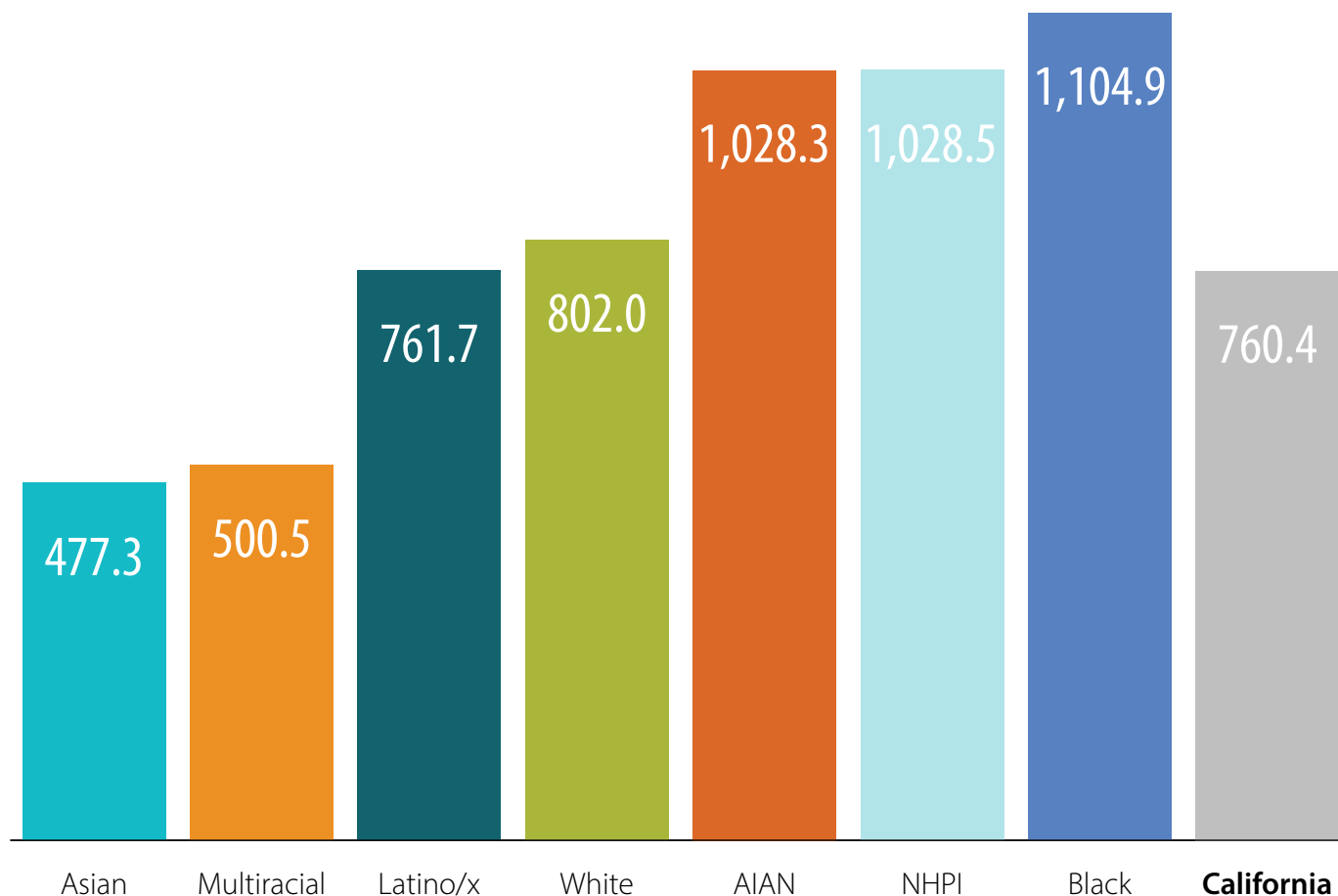


Notes: AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. *Multiracial* is not shown because the result was unreliable. Source uses *Latino*.
Source: "California Community Burden of Disease Engine: Trend in Life Expectancy, California, 2000-2022," California Dept. of Public Health, accessed July 21, 2023.

Death Rate, by Race/Ethnicity

California, 2021

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: *California* includes those whose race/ethnicity is "not stated." *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Black or African American*, *Latino or Hispanic*, and *More than one race*. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistic jurisdictions through the Vital Statistics Cooperative Program.

Source: "Underlying Cause of Death 2018-2021, Single Race Request," CDC WONDER Online Database, US Centers for Disease Control and Prevention, 2021.

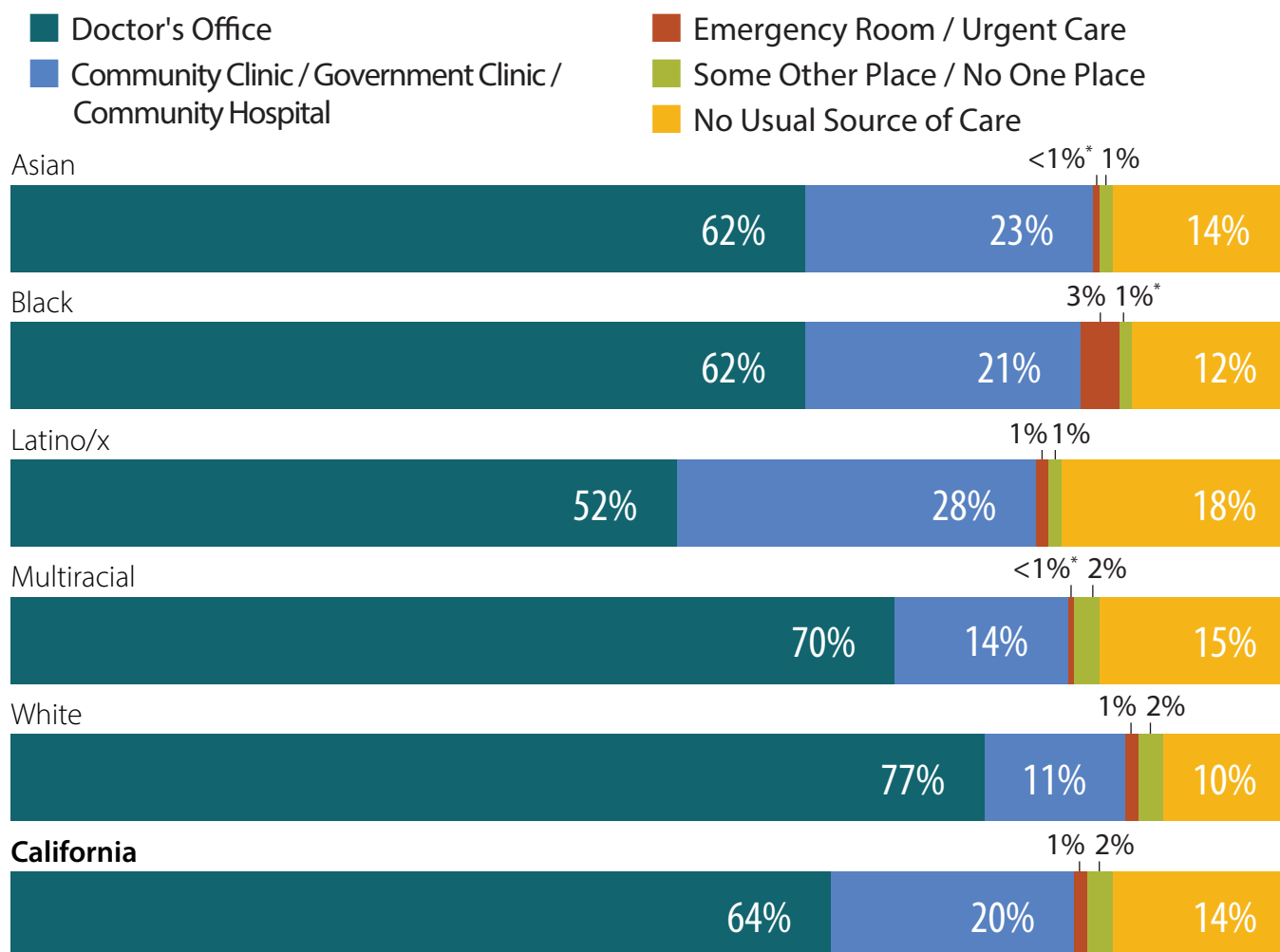
Health Disparities by Race and Ethnicity

Overview

In 2021, compared to other races/ethnicities, Californians who were Asian and multiracial had the lowest death rate. The death rate for the Black population was about 45% higher than the statewide average.

Usual Source of Care, by Race/Ethnicity

California, 2021



* Statistically unstable.

Notes: *Usual source of care* is a usual place to go when sick or in need of health advice. *Doctor's office* is *doctor's office/HMO/Kaiser* in the source. Source uses *Black* or *African American*, *Latino*, 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 or unavailable due to small sample size. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 9, 2023.

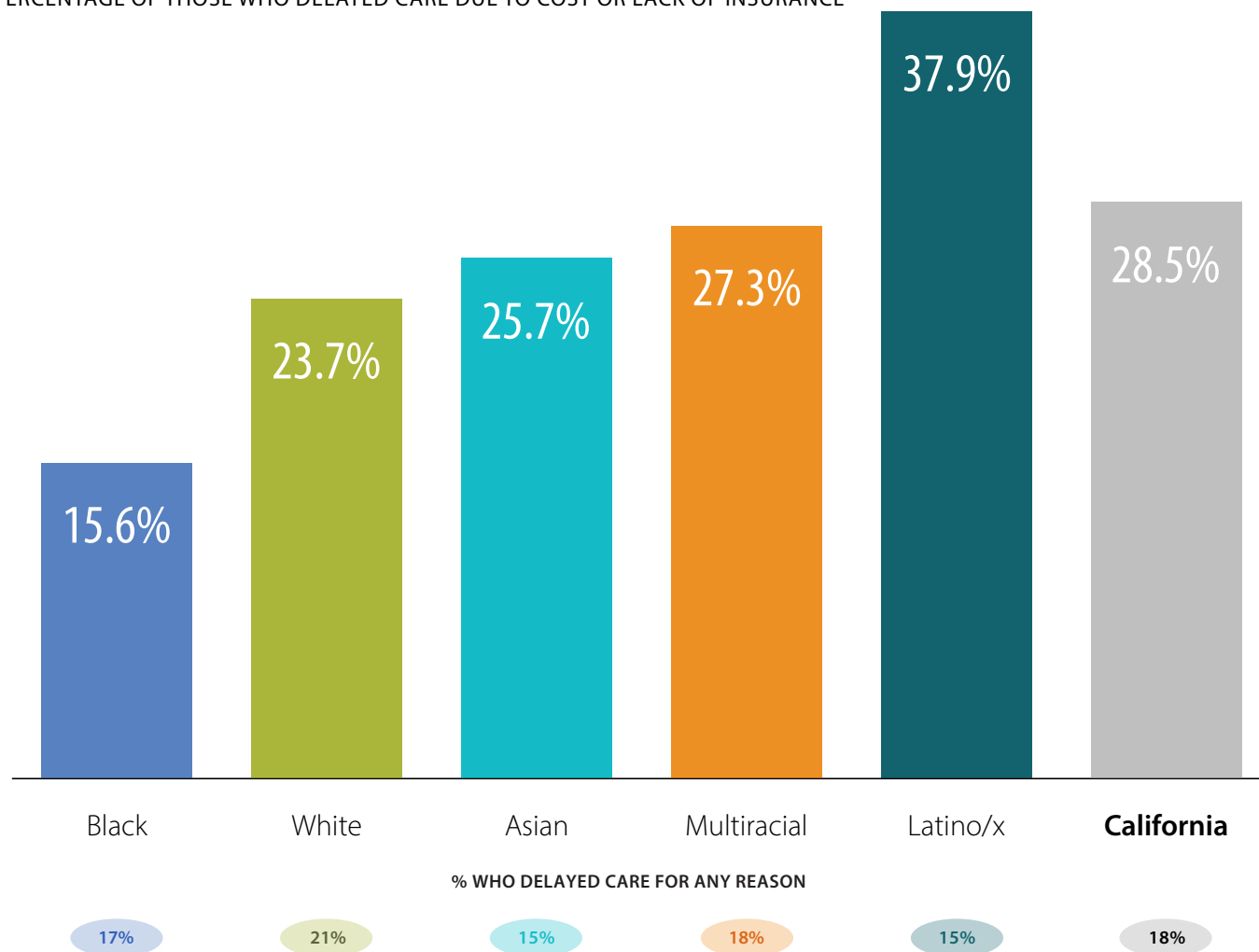
Health Disparities by Race and Ethnicity

Access to Care

High percentages of Californians reported a usual source of care across all races/ethnicities. Almost 80% of White Californians reported that a doctor's office was their usual source of care. In 2021, one in six Latino/x Californians did not have a usual source of care. Only small percentages of Californians of all races/ethnicities reported using the emergency room as a usual source of care.

Delayed Care Due to Cost or Lack of Insurance, by Race/Ethnicity, California, 2021

PERCENTAGE OF THOSE WHO DELAYED CARE DUE TO COST OR LACK OF INSURANCE



Notes: Source uses *Black or African American*, *Latino*, 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.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 9, 2023.

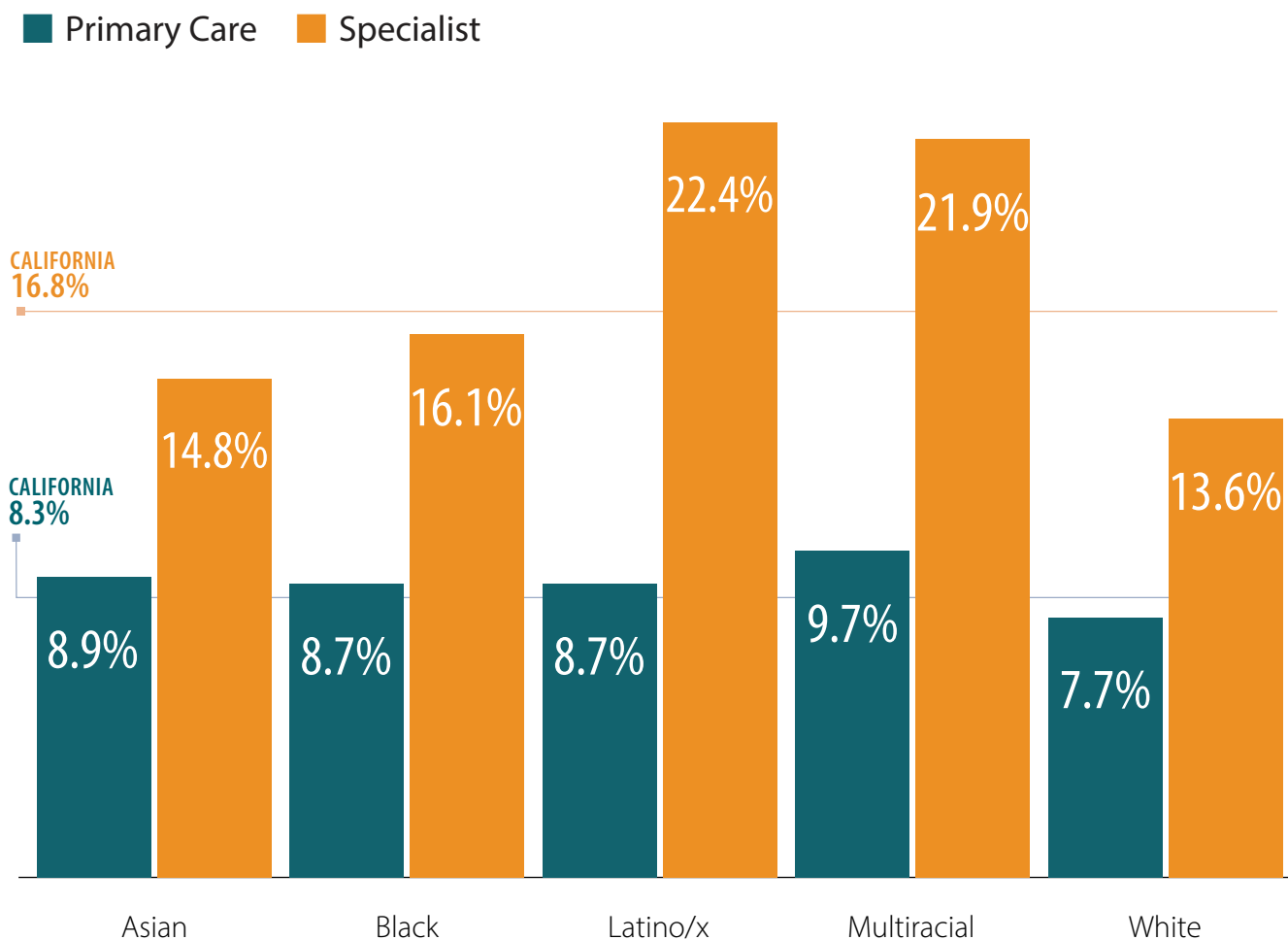
Health Disparities by Race and Ethnicity

Access to Care

In 2021, one in six Californians reported delaying care. Of those who delayed care, nearly 30% cited cost or lack of health insurance as the reason. Of the 15% of Latino/x people who delayed care, 38% reported cost or lack of insurance as the reason for the delay.

Difficulty Finding a Doctor, by Race/Ethnicity

California, 2021



Health Disparities by Race and Ethnicity

Access to Care

One barrier to care is the inability to find a doctor. In 2021, all races/ethnicities had greater difficulty finding a specialist than a primary care doctor. Over one in five Latino/x and multiracial adults reported difficulty finding specialty care.

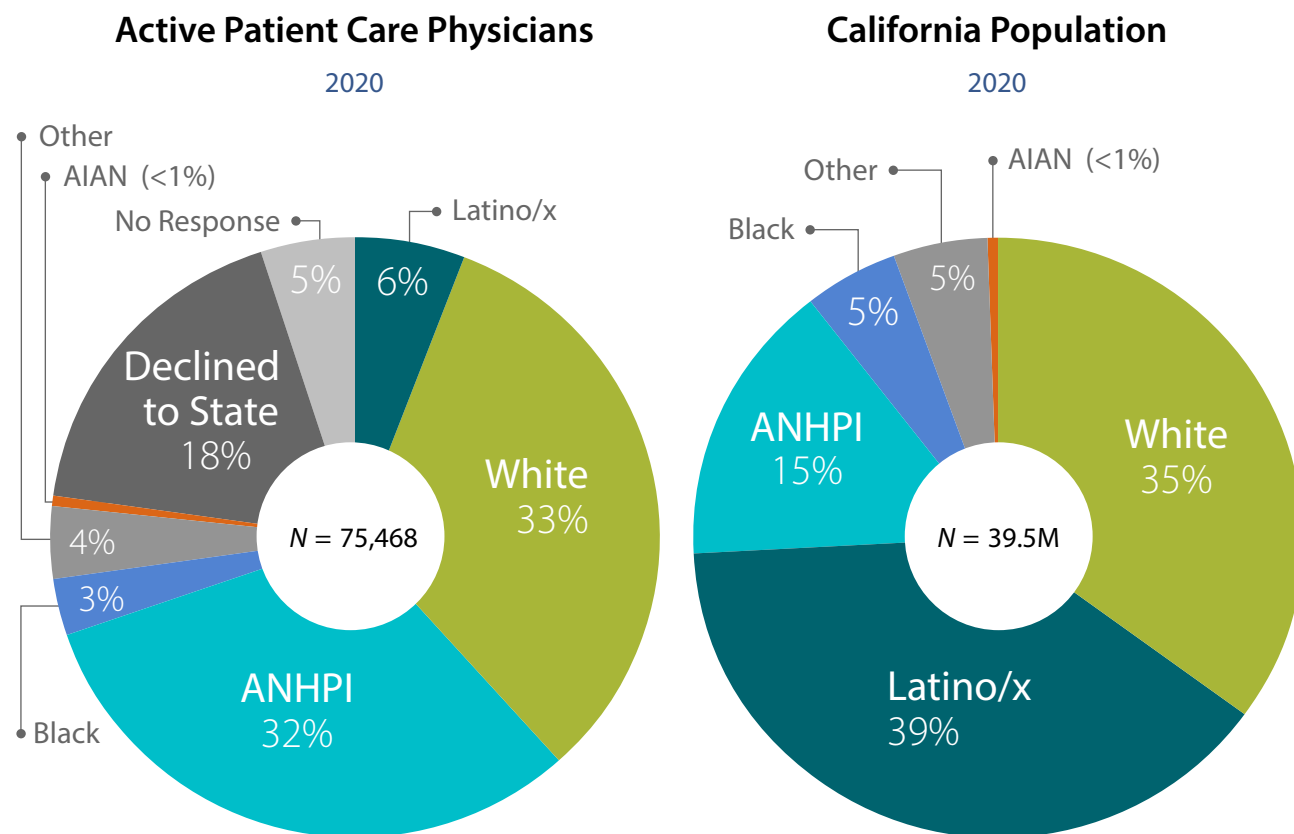
Notes: Adults only. *Specialist* data are based on responses from adults needing specialty care. *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* are not shown because the results are statistically unstable or unavailable due to small sample size. Source uses *Black or African American*, *Latino*, and *Two or more races*.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 9, 2023.

Race/Ethnicity of Physicians and Population

California, 2020

The racial/ethnic breakdown of California physicians is not representative of California's diverse population. Latino/x people represented 39% of the population yet 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.*



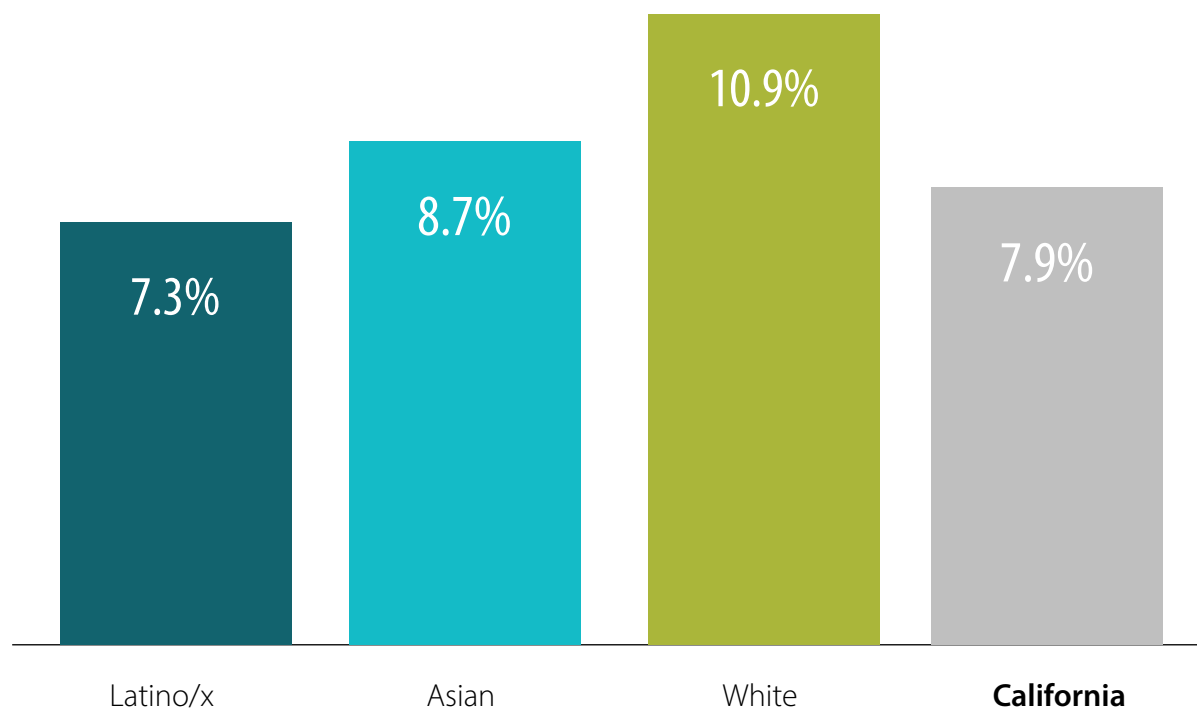
Notes: Data include all medical doctors (MDs) who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board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

Sources: Janet Coffman, Emmie Calimlim, and Margaret Fix, *California Physicians: A Portrait of Practice*, California Health Care Foundation, March 2021; and "2020: DEC Demographic Profile," US Census Bureau, accessed July 25, 2023.

* 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.

Difficulty Understanding Doctor, by Race/Ethnicity California, 2021

ADULTS WITH LIMITED ENGLISH PROFICIENCY



Notes: Adults who have seen a doctor and do not speak English "very well" that reported having a hard time understanding their doctor the last time they saw a doctor. Source uses *Latino, American Indian and Alaska Native, Black or African American, Native Hawaiian and Pacific Islander*, and *Two or more races* are not shown because the results were statistically unstable or not available due to small sample size.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 23, 2023.

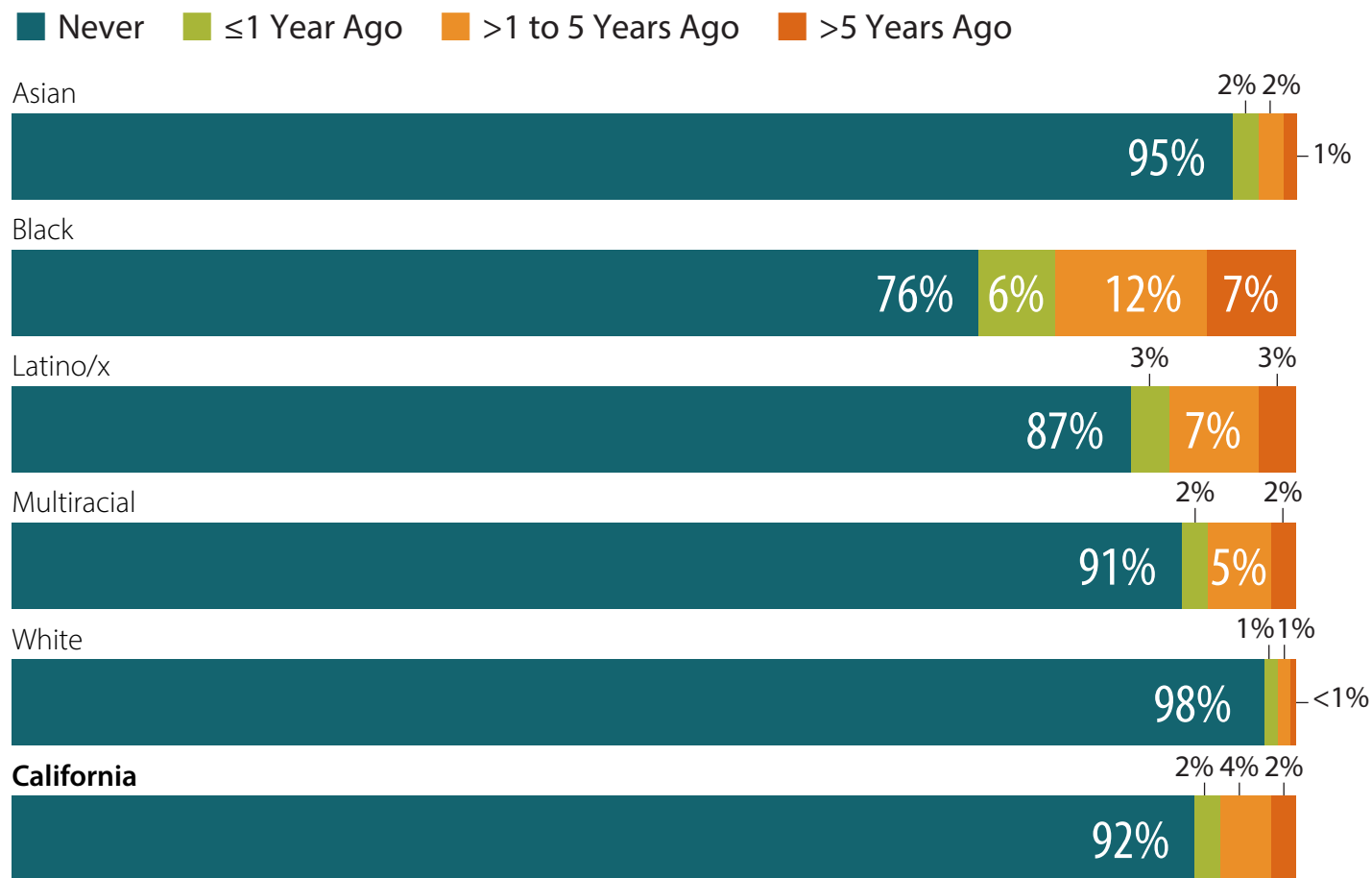
Health Disparities by Race and Ethnicity Access to Care

Communication barriers between patients and providers can have adverse impacts on health care quality and cost and contribute to disparities in patient safety.* In 2021, approximately 8% of Californians with limited English proficiency (LEP) reported difficulty understanding their doctor during their last visit. Eleven percent of White Californians with LEP reported difficulty understanding their doctor.

* "Improving Patient Safety Systems for Patients with Limited English Proficiency," Agency for Healthcare Research and Quality, last reviewed September 2020.

Unfair Treatment Due to Race/Ethnicity, by Race/Ethnicity

California, 2021



Notes: Respondents who felt they could have received better medical care if they belonged to a different racial or ethnic group. Source uses *Black or African American*, *Latino*, and *Two or more races*. *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* are not shown because the results are statistically unstable or not available due to small sample size. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 23, 2023.

Health Disparities by Race and Ethnicity

Access to Care

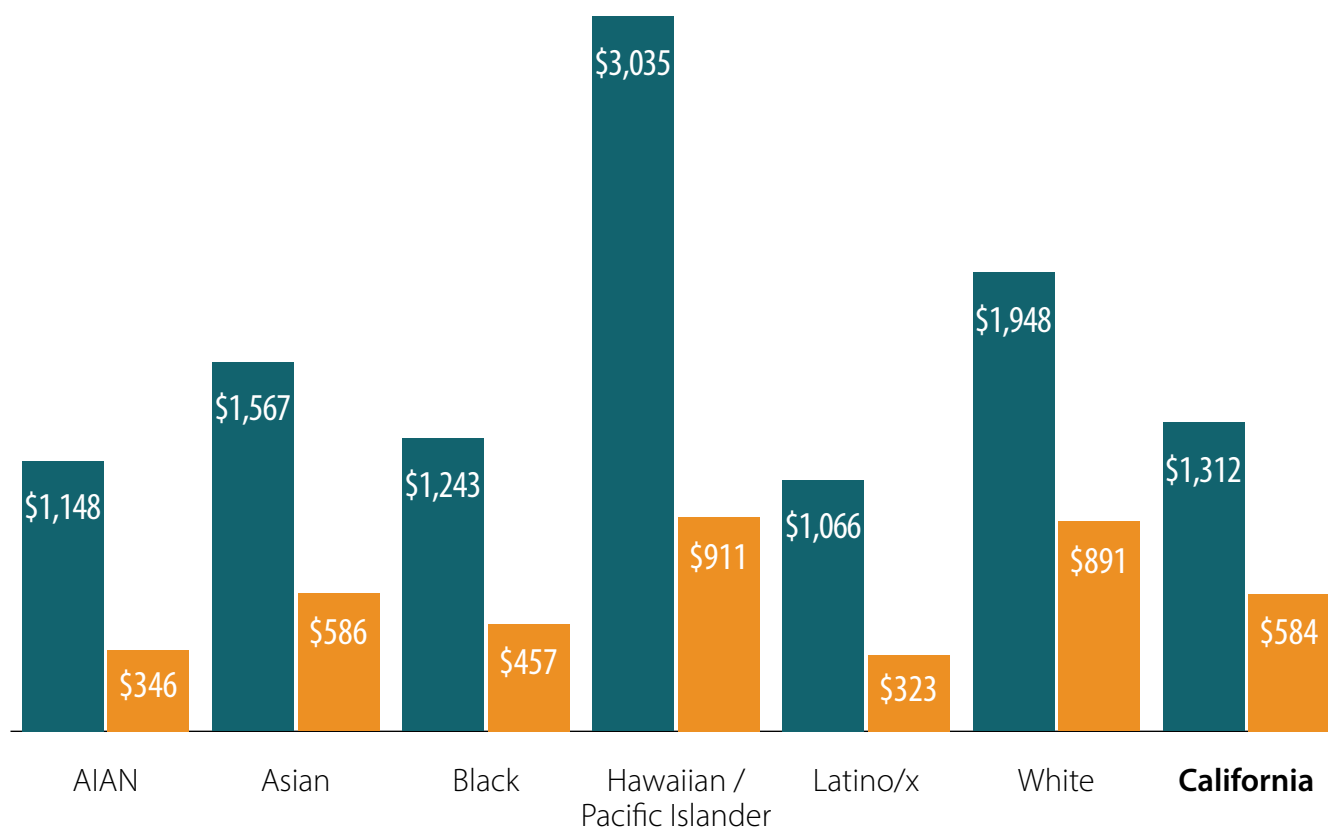
The Centers for Disease Control and Prevention has identified racism as a serious threat to public health. * One in four Black respondents felt they could have received better medical care if they were a different race/ethnicity.

* "Racism and Health," Centers for Disease Control and Prevention, last reviewed November 24, 2021.

Average Annual Out-of-Pocket Spending, by Race/Ethnicity

California, 2023

■ Per Family
■ Per Individual



Notes: Average out-of-pocket expenditures for nonpremium medical care includes copays for doctor and dentist visits, diagnostic tests, prescription medicine, glasses and contacts, and medical supplies. *AIAN* is American Indian and Alaska Native. Source uses *Hispanic*.

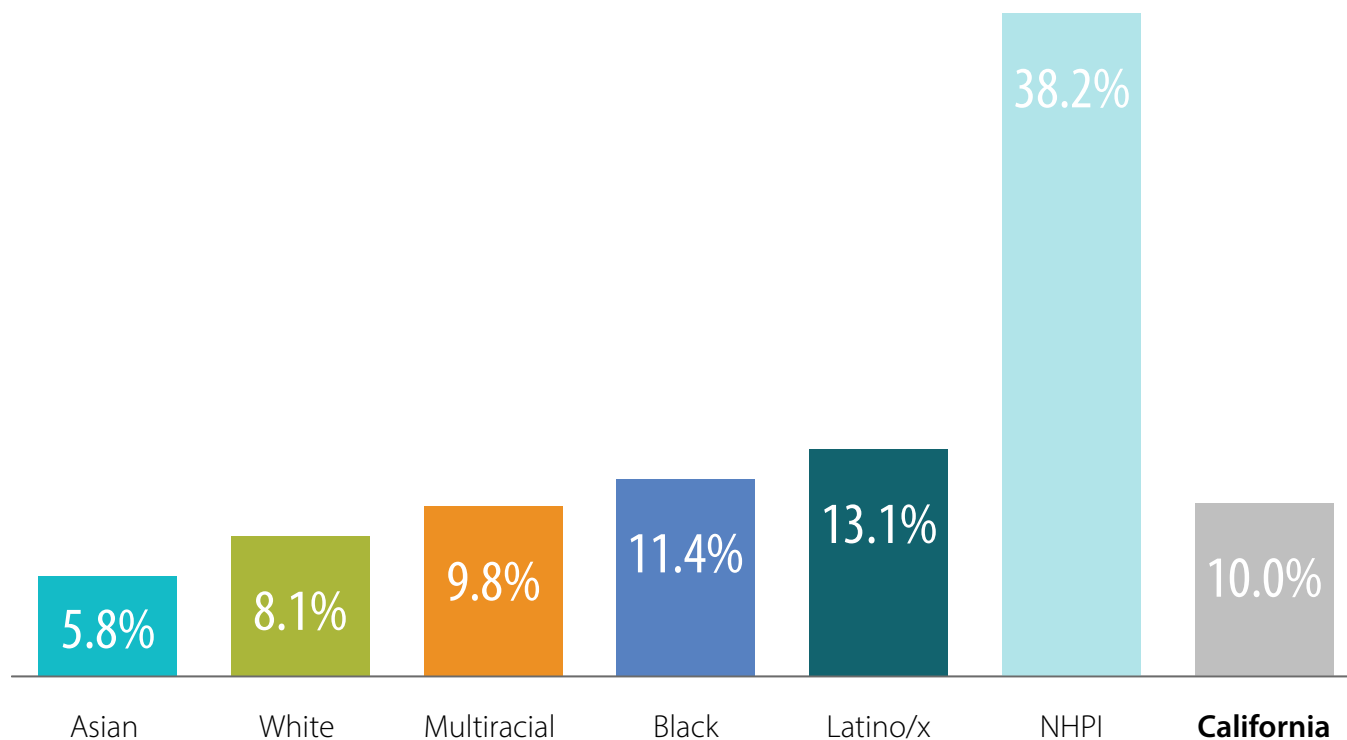
Source: Current Population Survey Annual Social and Economic (March) Supplement (202303), US Census Bureau, accessed February 1, 2024.

Health Disparities by Race and Ethnicity
Access to Care

In California, average annual out-of-pocket spending varied by race and ethnicity.

Medical Debt, by Race/Ethnicity

California, 2021



Notes: Adult respondents who reported having problems paying medical bills for themselves or family members in their household in the past 12 months. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Black or African American*, *Latino*, and *Two or more races*. *American Indian and Alaska Native* is not shown because the results were statistically unstable.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 24, 2023.

Health Disparities by Race and Ethnicity

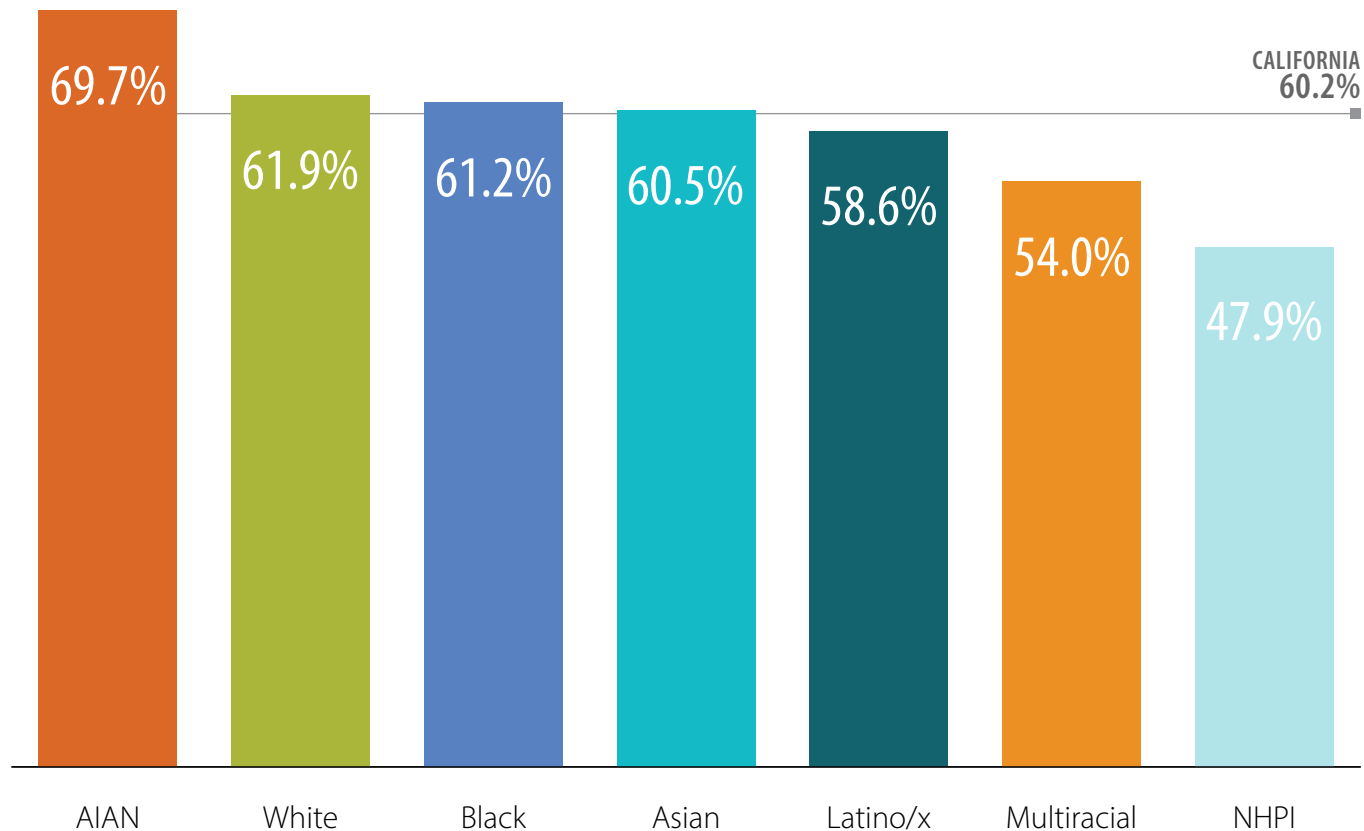
Access to Care

People with medical debt are more likely to forgo needed medical care.* One in 10 Californians reported having problems paying for medical bills for themselves or family members in their household in the past year. A larger percentage of Native Hawaiian and Pacific Islander Californians reported problems paying medical bills in the past year than Californians of other races/ethnicities.

* Alex Montero et al., "Americans' Challenges with Health Care Costs," KFF, July 14, 2022.

Routine Checkup, by Race/Ethnicity

California, 2021



Health Disparities by Race and Ethnicity

Prevention

In 2021, 60% of adults in California reported having a routine checkup in the past year. Less than half of Californian adults identifying as Native Hawaiian and Pacific Islander reported a checkup within the past year.

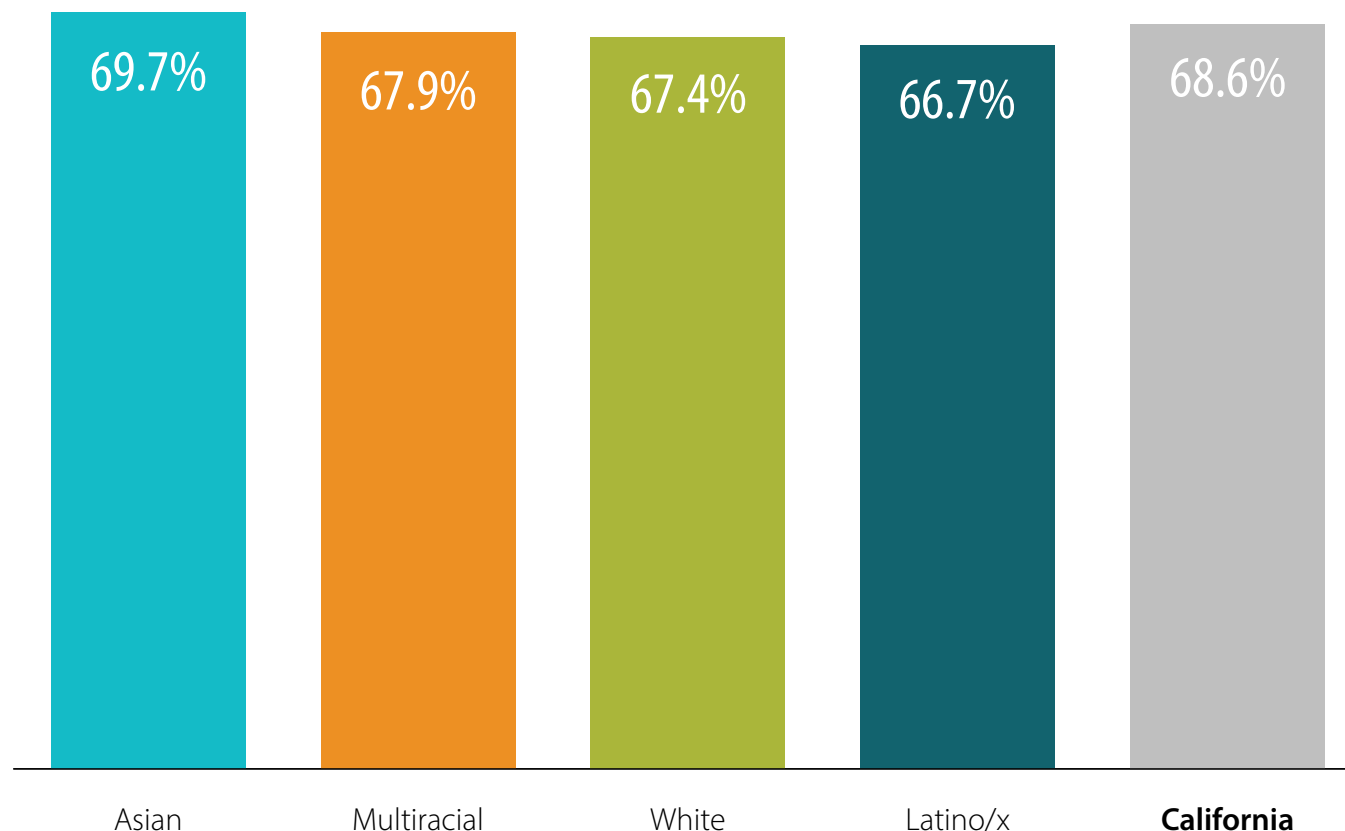
Notes: Adults who reported a routine checkup with a provider in the past 12 months. Source uses *Black or African American*, *Latino*, and *Two or more races*. AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed June 2, 2023.

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," US Centers for Disease Control and Prevention, last reviewed October 11, 2018.

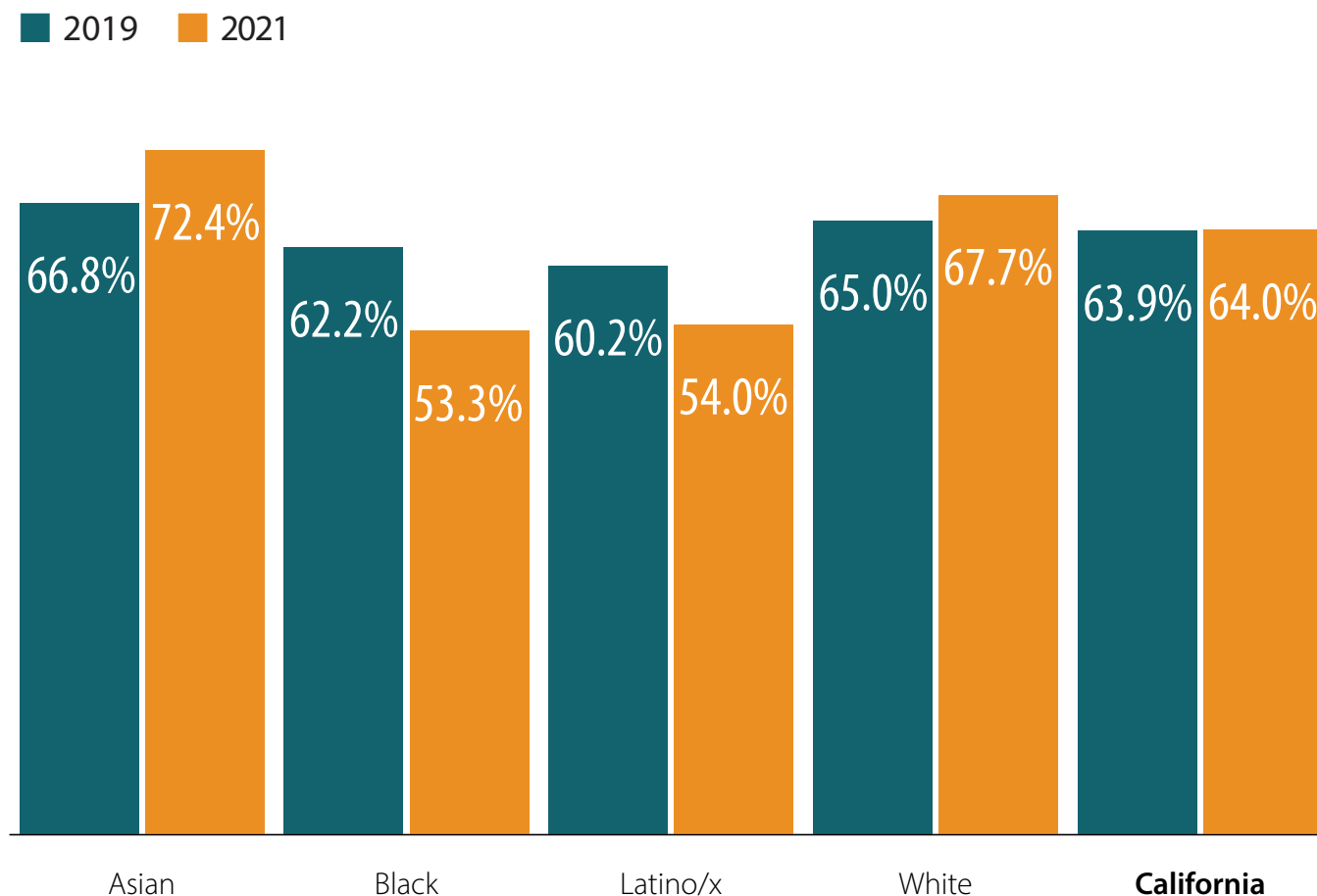
Health Disparities by Race and Ethnicity

Prevention

Vaccinations help provide immunity against potentially life-threatening diseases. According to 2017 data, the most recent available, 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, 2019 and 2021



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, Native Hawaiian and Pacific Islander, and Other*.

Source: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed May 26, 2023.

Health Disparities by Race and Ethnicity

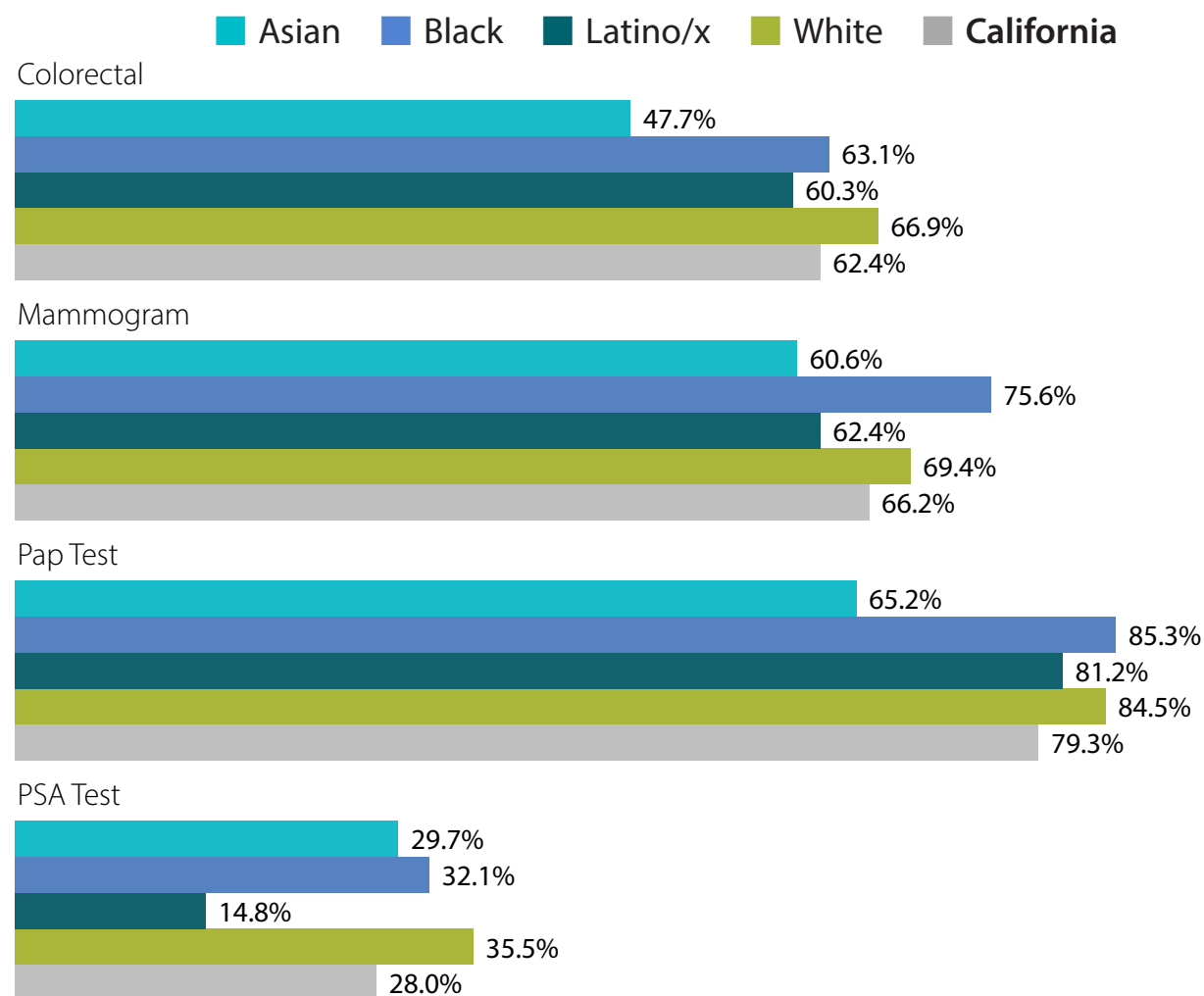
Prevention

Adults age 65 and older are at higher risk of developing serious complications from the flu compared with young, healthy adults.* In 2021, 64% of California's seniors reported having a flu shot in the last year. Compared to 2019, flu shot rates decreased for Black and Latino/x seniors and increased for Asian and White seniors.

*"People at Higher Risk for Flu Complications," US Centers for Disease Control and Prevention, last reviewed August 25, 2023.

Cancer Screening Tests, by Race/Ethnicity

California, 2020



Notes: Crude prevalence (not age-adjusted). *PSA test* (prostate-specific antigen) includes men age 40 and over who had a PSA test within the past two years. *Colorectal* includes adults age 50 to 75 who fully met the US Preventive Services Task Force recommendation. *Mammogram* includes women age 40 and over who had a mammogram in the past two years. *Pap test* includes women age 21 to 65 who had a Pap test in the past three years. Prevalence estimates are not available for American Indian or Alaska Native, Multiracial, Native Hawaiian or other Pacific Islander, and Other. Source uses *Hispanic*.

Source: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed June 5, 2023.

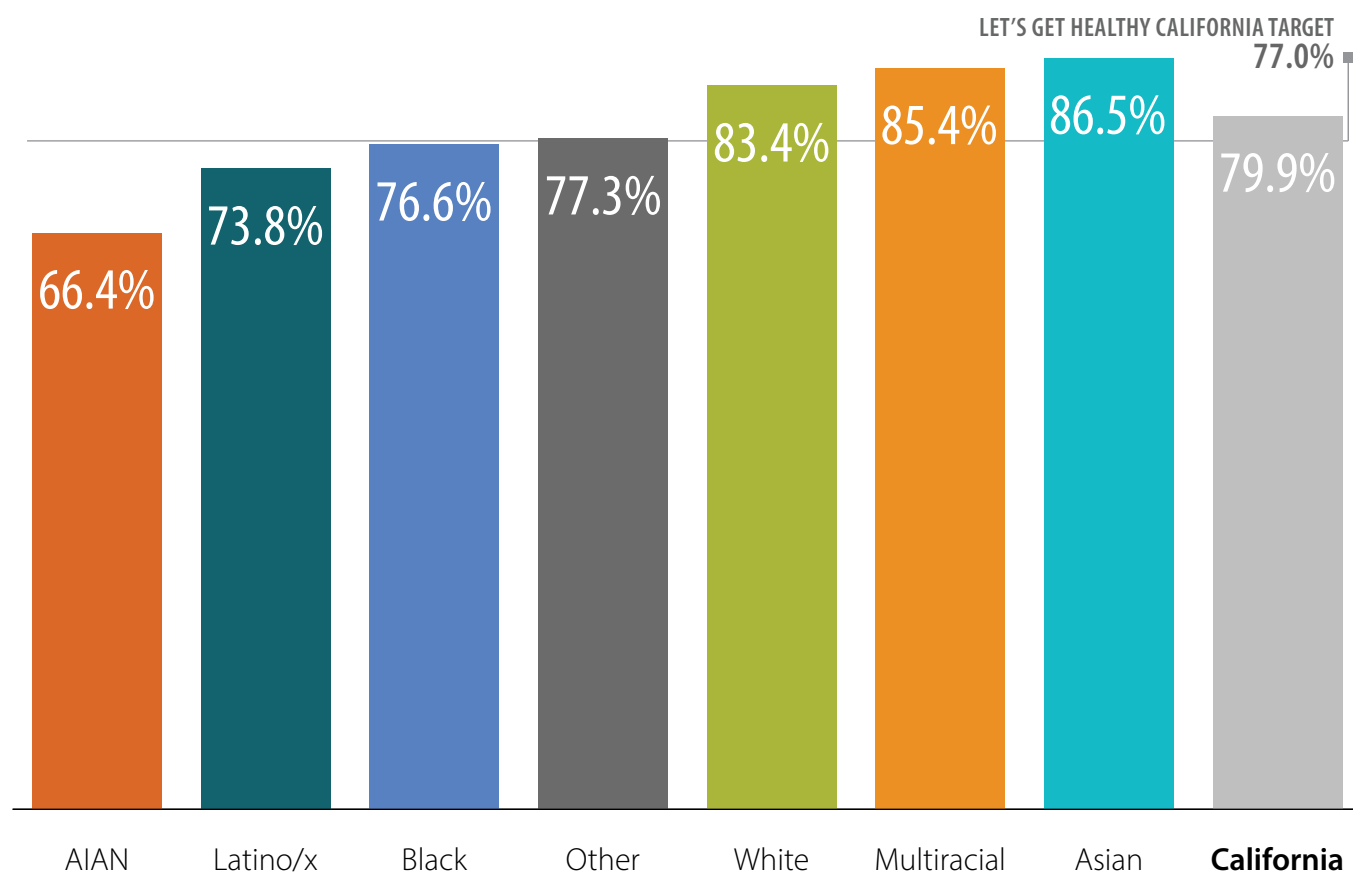
Health Disparities by Race and Ethnicity

Prevention

Screening offers the ability to detect cancer early, before symptoms appear. Compared to other races/ethnicities, Latino/x men had the lowest prostate-specific antigen (PSA) test rate, Asian Californians the lowest colorectal screening, and Asian women the lowest Pap test rates. Black women had the highest rate of mammograms.

Adult Physical Activity, by Race/Ethnicity

California, 2021



Notes: Adults age 18 and over who indicated that they participated in physical activities in the past month. Based on self-reported information. AIAN is American Indian and Alaska Native. Source uses *Hispanic*. Prevalence estimates were not available for *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: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed June 5, 2023.

Health Disparities by Race and Ethnicity

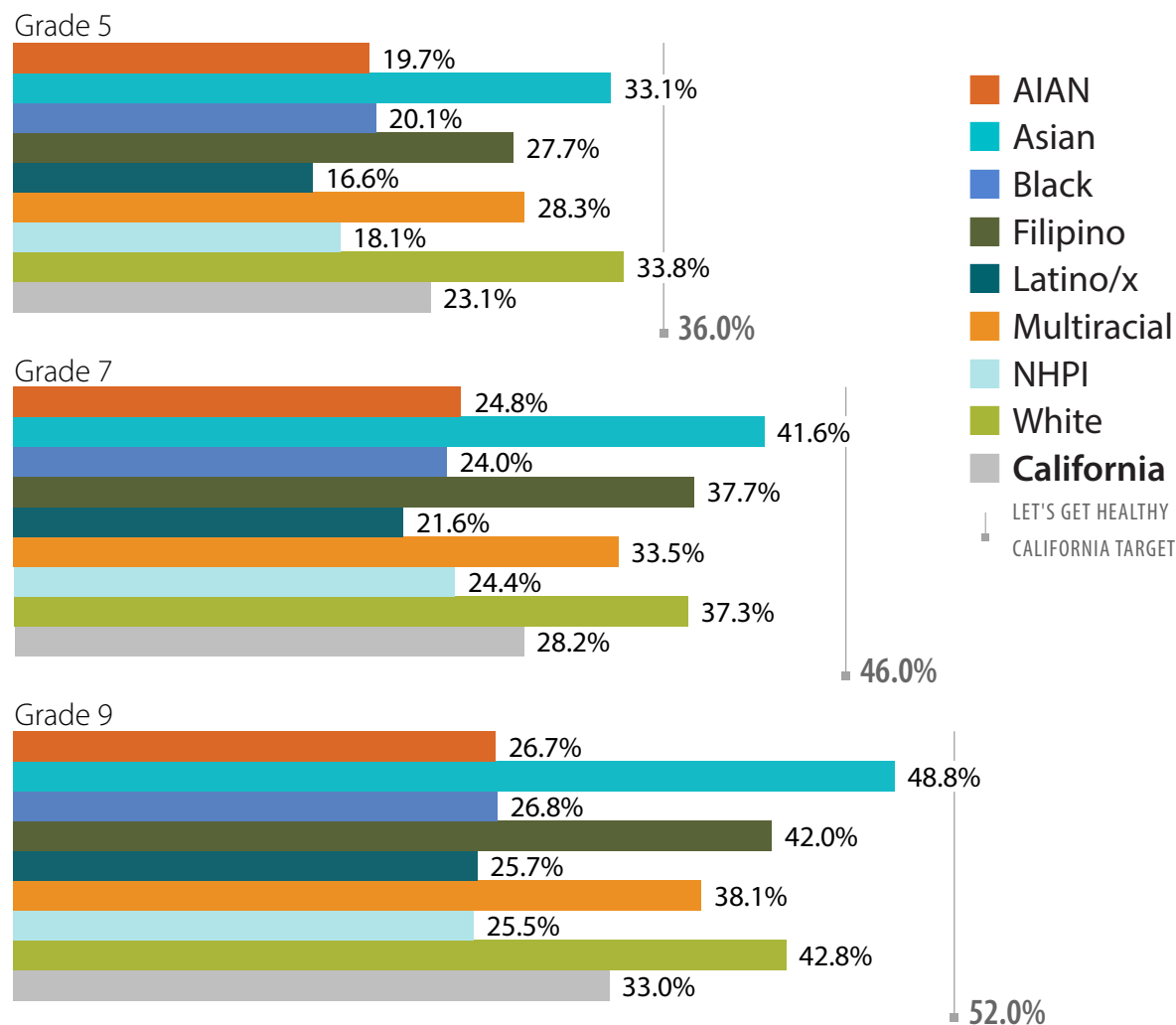
Prevention

Participation in regular physical activity, along with other healthy behaviors, may help prevent or postpone the development of chronic illness.* In 2021, the percentage of California adults who reported participating in physical activities exceeded the Let's Get Healthy California target of 77%. American Indian and Alaska Native adults reported lower rates of physical activity than other racial/ethnic groups.

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

Childhood Fitness, by Race/Ethnicity

California, 2019



Notes: The percentage of "physically fit" 5th, 7th, and 9th grade students (who score 6 of 6 on the required California school FITNESSGRAM® test). The test is administered only to children in public schools. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Black* or *African American* and *Hispanic*. 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: "PFTResearchFiles19," PFT Statewide Research Files, California Dept. of Education, January 28, 2020.

Health Disparities by Race and Ethnicity

Prevention

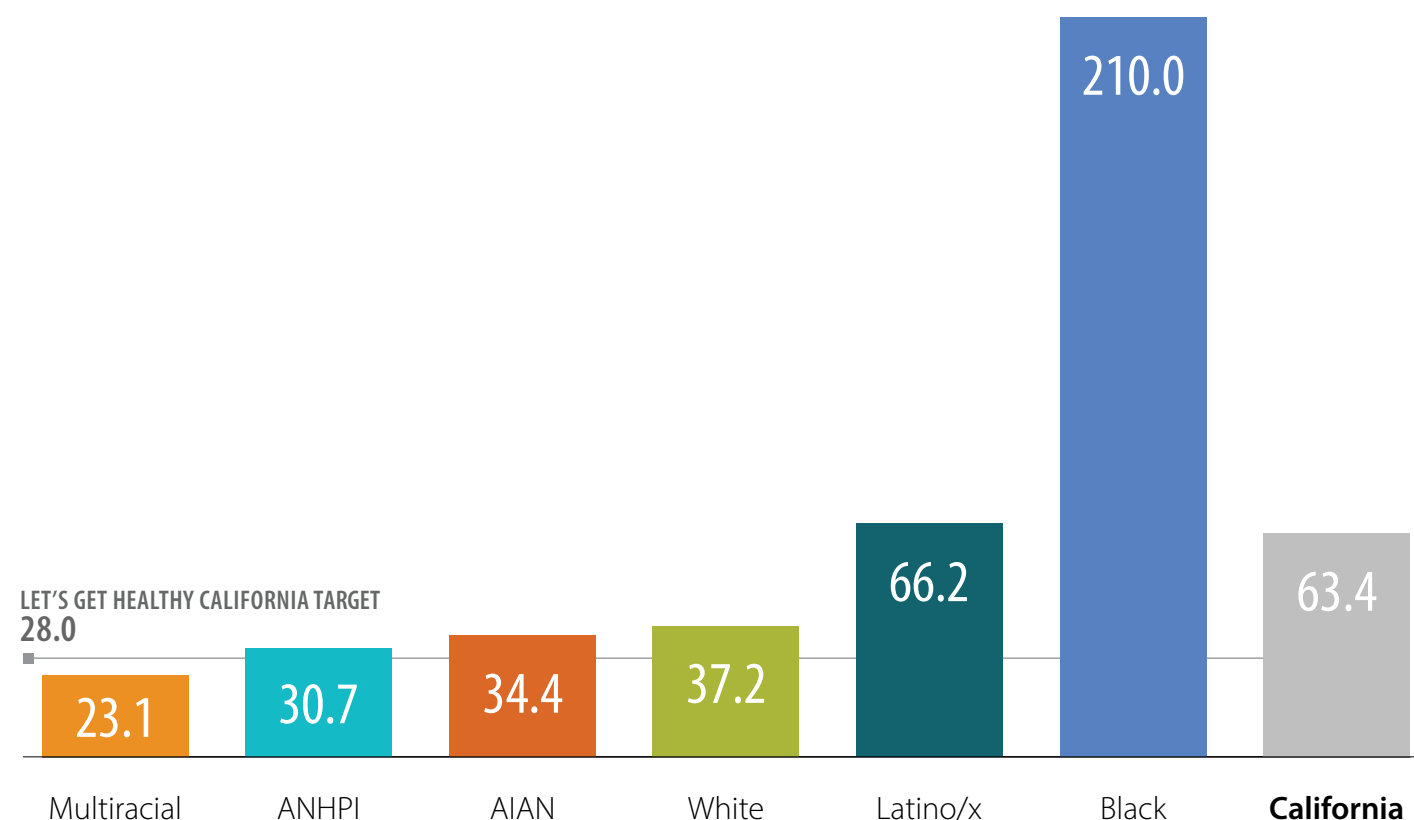
Active lifestyles are important for children to develop early in life, since habits formed in childhood and adolescence can affect later habits.* In 2019, the rate of "physically fit" students was below the Let's Get Healthy California target for each grade overall and across each race/ethnicity.†

* "Living Well / Increasing Adult Physical Activity," Let's Get Healthy California, accessed October 13, 2023.

† "Healthy Beginnings / Increasing Childhood Fitness," Let's Get Healthy California, accessed June 6, 2023.

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

RATES PER 10,000 POPULATION



Notes: Rate of emergency department visits with asthma as the primary diagnosis among children age 0–17. Records are visit-based and not person-based. AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *African-American*, *Asian/Pacific Islander*, and *Hispanic*. 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 8, 2023.

Health Disparities by Race and Ethnicity Quality

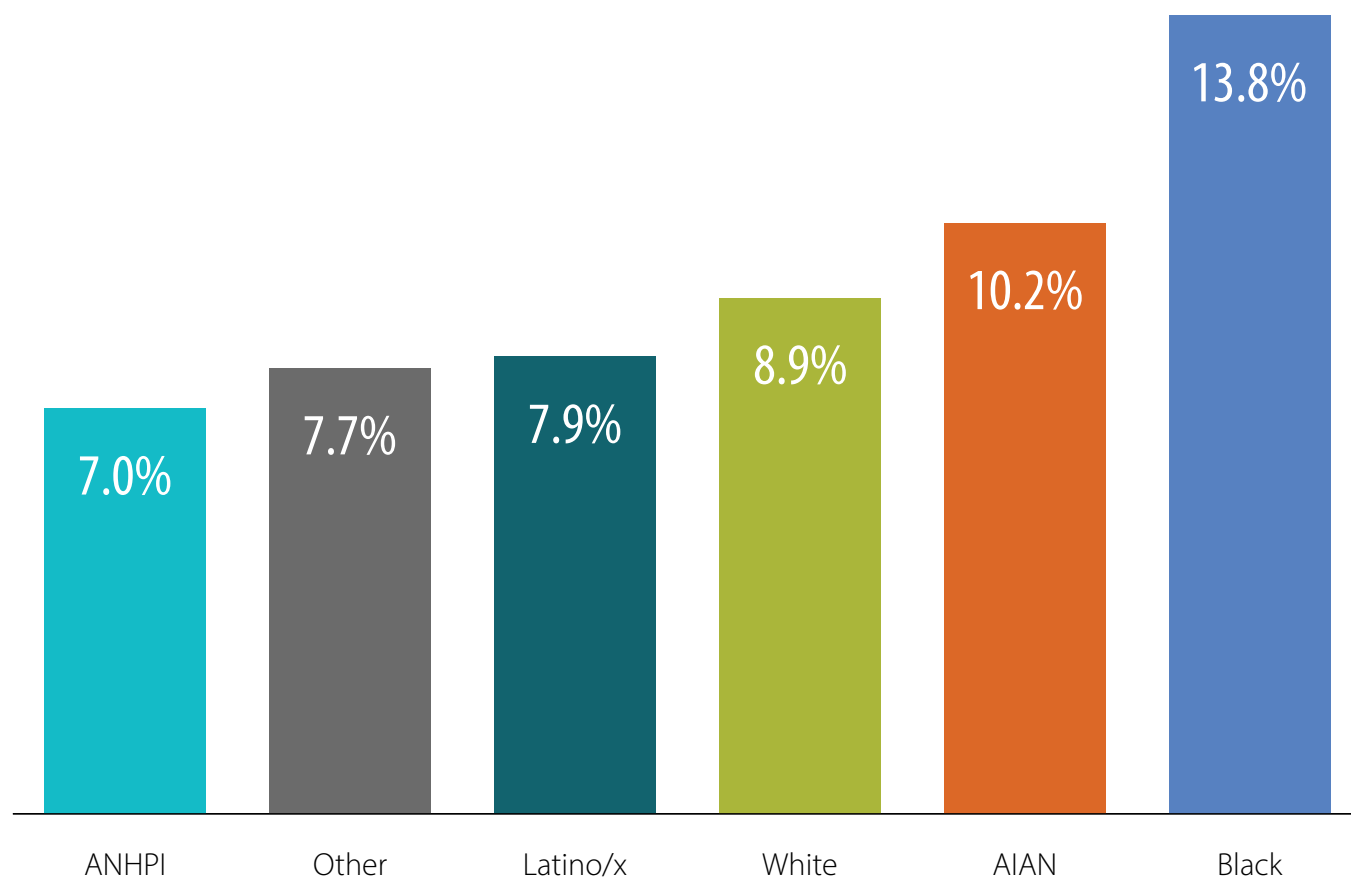
Emergency department (ED) visits for asthma may be avoided with proper asthma management.* In 2019, Black children in California had higher rates of ED visits for asthma than children of other racial and ethnic groups. In 2021, 21% of Black children had been diagnosed with asthma, higher than any other race/ethnicity.† Environmental exposure is a possible cause for the higher rates.

* "Healthy Beginnings / Reducing Childhood Asthma ED Visits," Let's Get Healthy California, accessed June 8, 2023.

† "AskCHIS," UCLA Center for Health Policy Research, accessed June 8, 2023.

Preventable Hospitalizations, by Race/Ethnicity

California, 2020



Notes: *Preventable hospitalization* diagnoses include diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific Islander Hispanic*, and *Native American*.

Source: "Social Drivers of Health (SDoH) and Preventable Hospitalization Rates," California Dept. of Health Care Access and Information, accessed June 5, 2023.

Health Disparities by Race and Ethnicity

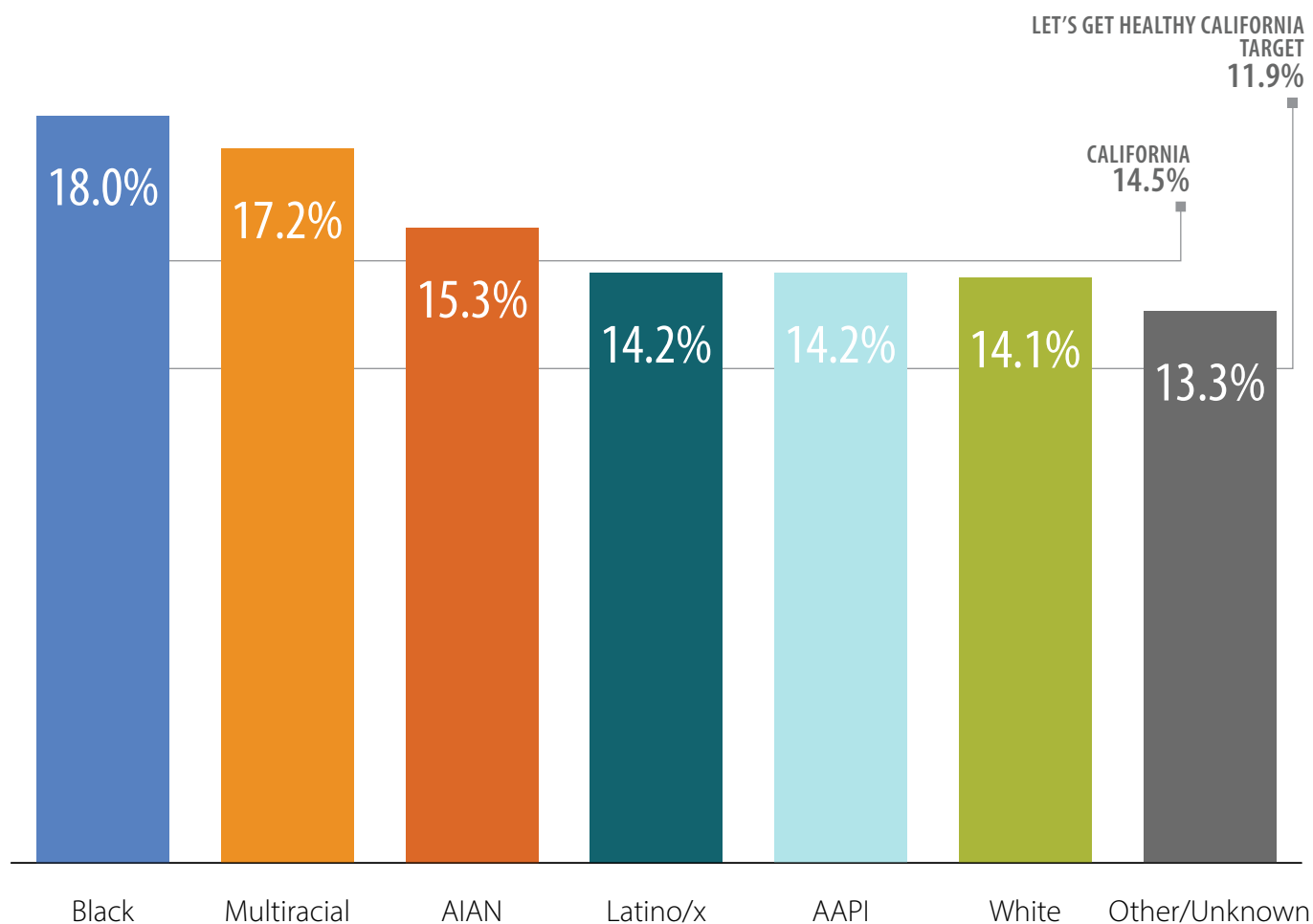
Quality

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 2020, Black Californians had a higher percentage of preventable hospitalizations than Californians of other races/ethnicities.

* 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, 2020



Notes: Adults age 18 and older. Unadjusted rates for all-cause, unplanned hospital readmissions within 30 days of discharge. AIAN is American Indian and Alaska Native; AAPI is Asian American and Pacific Islander. Source uses African-American, Asian / Pacific Islander, Hispanic, and Native American. Other/unknown are those who do not fall under any listed race or ethnicity. 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: "All-Cause Unplanned 30-Day Hospital Readmission Rate, California," California Dept. of Health Care Access and Information, accessed May 20, 2023.

Health Disparities by Race and Ethnicity

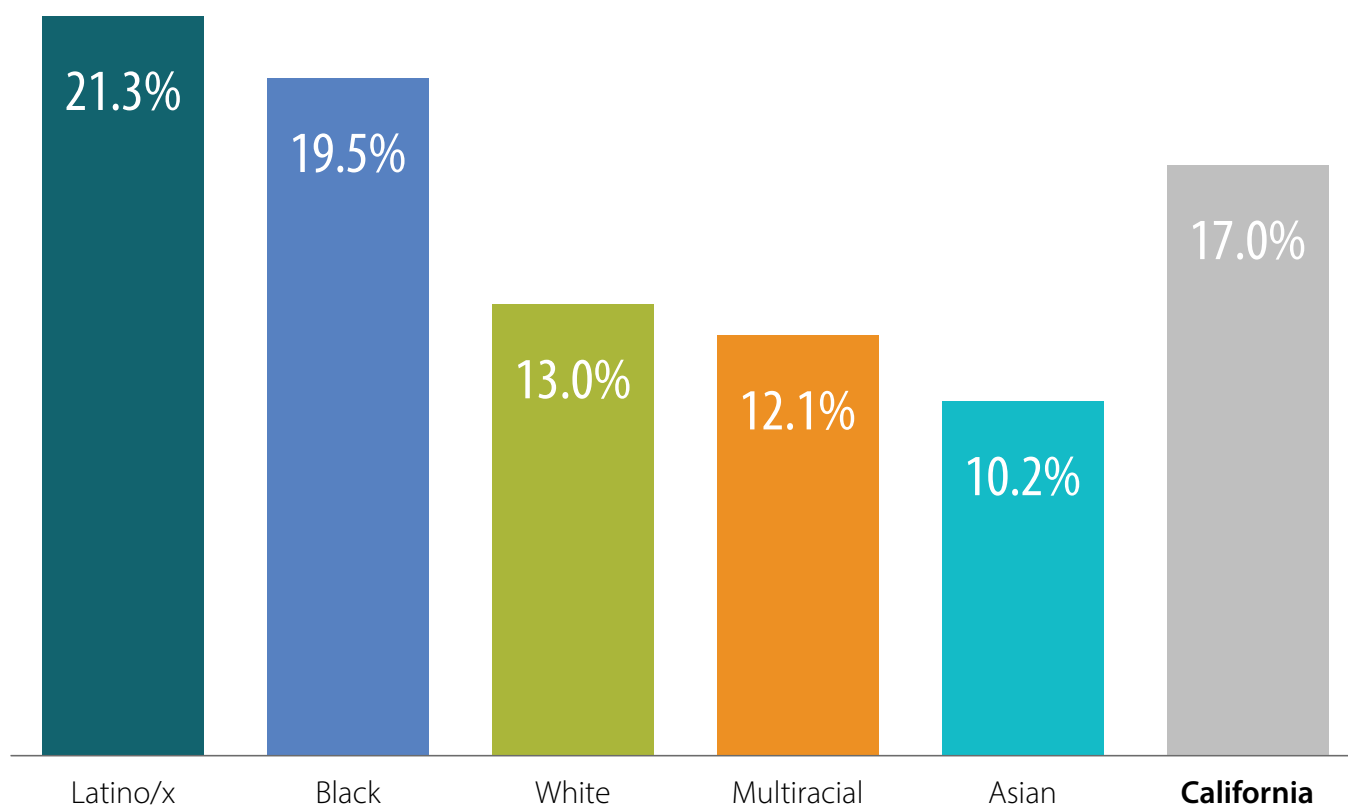
Quality

Hospital readmissions can be an indicator of poor clinical quality.* In 2020, the rates of unplanned hospital readmissions across all races/ethnicities were higher than the Let's Get Healthy California target of 11.9%. The unplanned hospital readmission rate for Black adults in California was higher than it was for California adults of other races and ethnicities.

* "Redesigning the Health System / Reducing Hospital Readmissions," Let's Get Healthy California.

Children Who Are Overweight, by Race/Ethnicity

California, 2021



Notes: Data include children under age 12 who are overweight for their age. Source uses *Black or African American*, *Latino*, 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.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 25, 2023.

Health Disparities by Race and Ethnicity

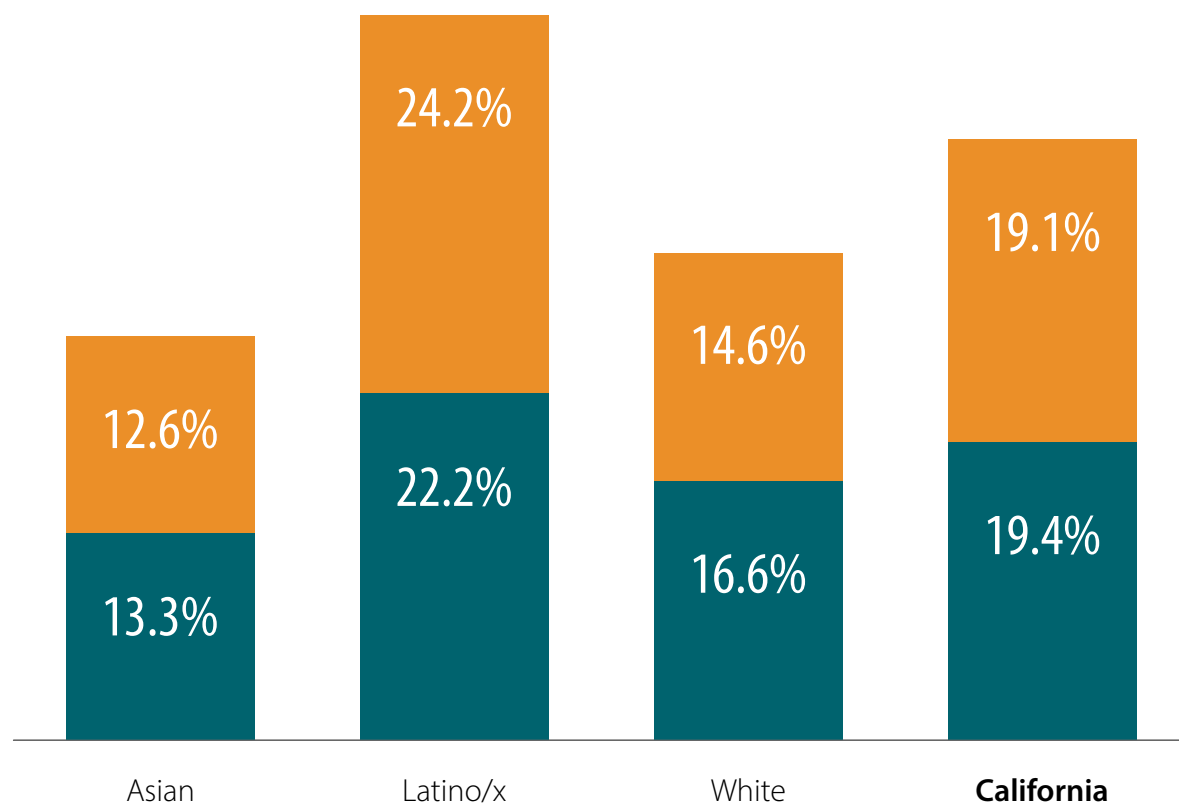
Chronic Conditions

Overweight and obese children are more likely to develop conditions like diabetes and cardiovascular diseases at a younger age than children who are not overweight and are also likely to stay obese into adulthood.* Approximately one in five Latino/x and Black children in California were overweight for their age in 2021.

* Krushnapriya Sahoo et al., "Childhood Obesity: Causes and Consequences," *Journal of Family Medicine and Primary Care* 4, no. 2 (Apr.–June 2015): 187–92.

Adolescents Who Are Overweight and Obese, by Race/Ethnicity, California, 2021

■ Overweight ■ Obese



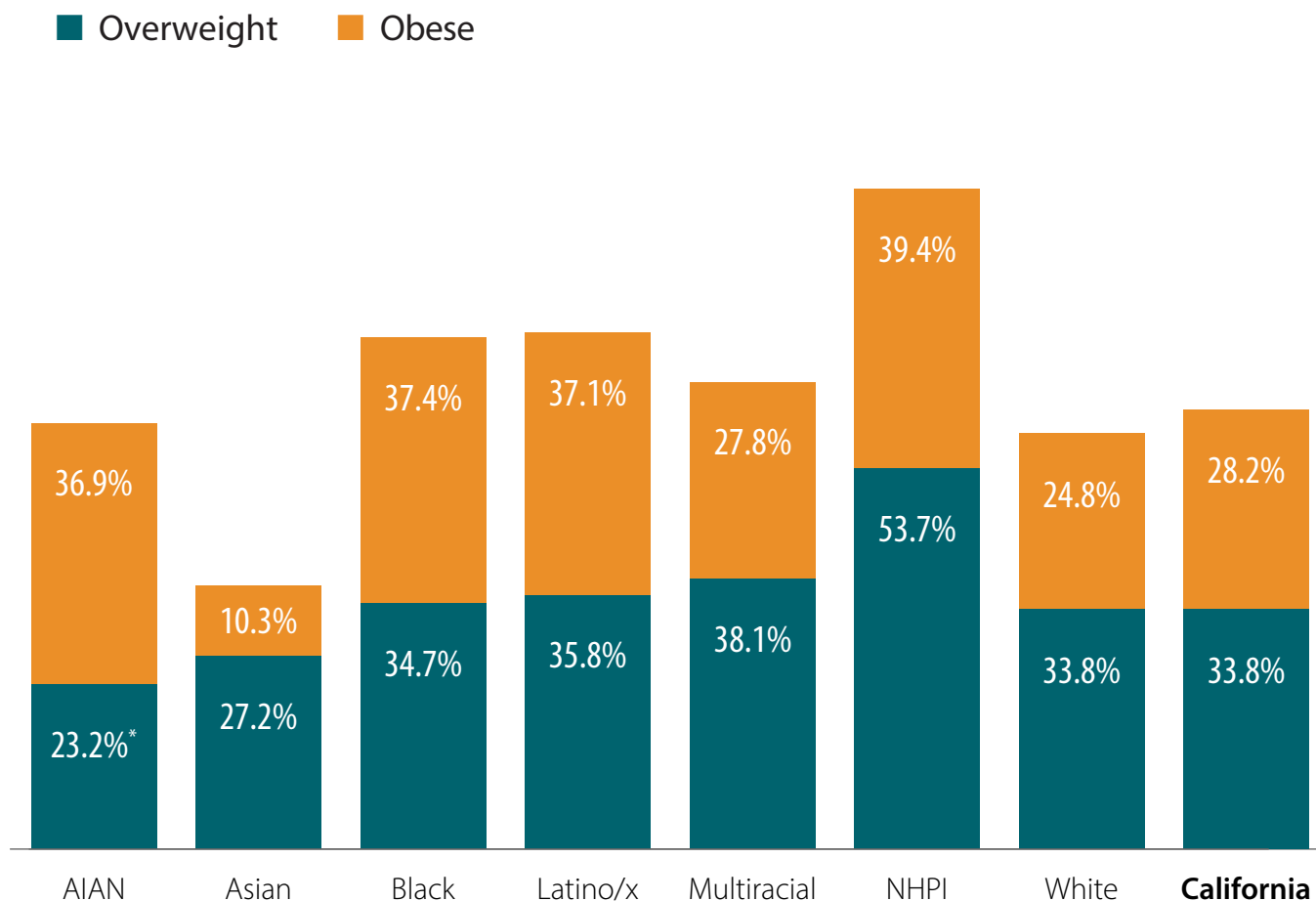
Notes: Data include adolescents age 12 to 17. Adolescents with a body mass index (BMI) at or above the 85th percentile based on height and weight were classified as overweight. Adolescents with a BMI at or above the 95th percentile were classified as obese. Source uses *Latino, American Indian and Alaska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

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 25, 2023.

Health Disparities by Race and Ethnicity Chronic Conditions

Almost two in five California adolescents were overweight or obese in 2021. About one in four Latino/x adolescents were obese. Being obese can lead to high blood pressure, high cholesterol, and an increased risk of type 2 diabetes.

Adults Who Are Overweight and Obese, by Race/Ethnicity, California, 2021



* Statistically unstable.

Notes: AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. Source uses African American, Latino, and Two or more races.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 20, 2023.

Health Disparities by Race and Ethnicity

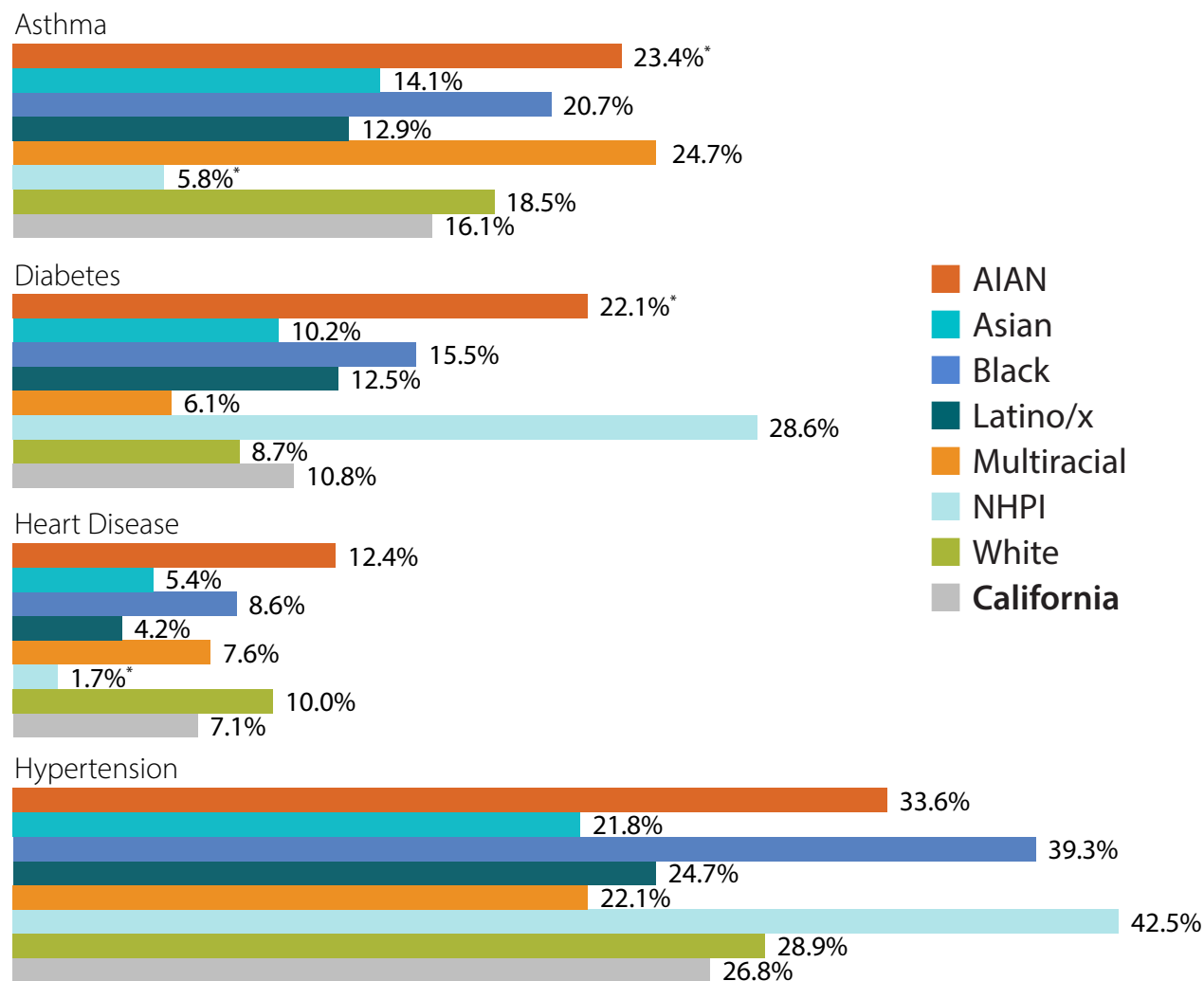
Chronic Conditions

In 2021, about three in five California adults were overweight or obese. Nine in 10 Native Hawaiian and Pacific Islander adults were overweight or obese in 2021. In California, Asian adults had the lowest rate, with approximately 40% of adults overweight or obese.

Adults with Chronic Conditions, by Race/Ethnicity

California, 2021

PERCENTAGE OF THOSE EVER DIAGNOSED



* Statistically unstable

Notes: Source uses *high blood pressure*. AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. Source uses *African American*, *Latino*, and *Two or more races*.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 20, 2023.

Health Disparities by Race and Ethnicity

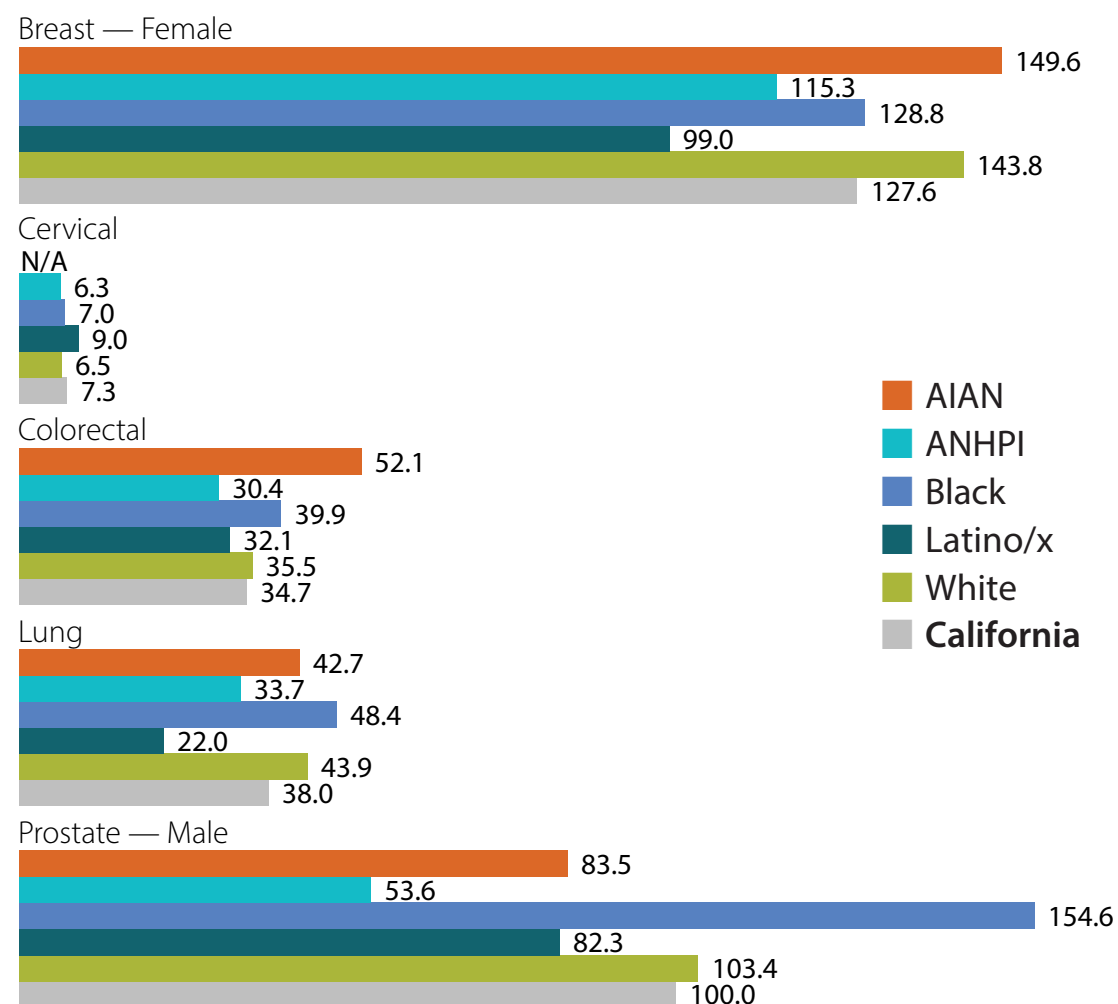
Chronic Conditions

In 2021, the prevalence of chronic conditions among California's adult population varied by race/ethnicity. Rates of hypertension and diabetes were higher for Native Hawaiian and Pacific Islander adults in California than they were for other racial/ethnic groups.

Cancer Incidence Rates, New Cases, by Race/Ethnicity

California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Due to inconsistent reporting by the Department of Veterans Affairs, case counts and incidence rates for some cancers may be underestimated. *AIAN* is American Indian and Alaska Native; *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific Islander* and *Hispanic*. The cervical cancer rate for *AIAN* is not available due to small sample size.

Sources: "Cal*Explorer Application," California Cancer Registry, accessed August 18, 2023.

Health Disparities by Race and Ethnicity

Chronic Conditions

Cancer incidence rates vary by race/ethnicity and type of cancer. In 2019, American Indian and Alaska Native Californians had the highest rates of colorectal cancer cases, and Black men had the highest rate of new prostate cancer cases.

Cancer Early Diagnosis, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION

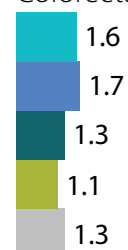
Breast — Female



Colorectal — Female



Colorectal — Male



Notes: In situ cancers. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific Islander* and *Hispanic*. The colorectal cancer rate for Black Californians who are female is not available.

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

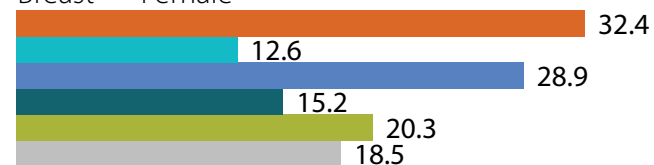
Early diagnosis can help save lives by identifying cancers when they require less extensive treatment and when patients may have better health outcomes. In 2017, Latina/x women in California had lower rates of early diagnosis of breast cancer than California women of other races/ethnicities.

Cancer Deaths, by Race/Ethnicity

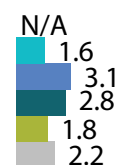
California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION

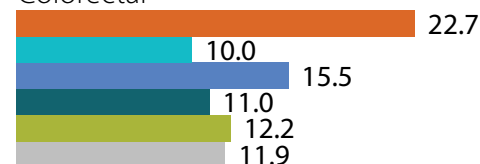
Breast — Female



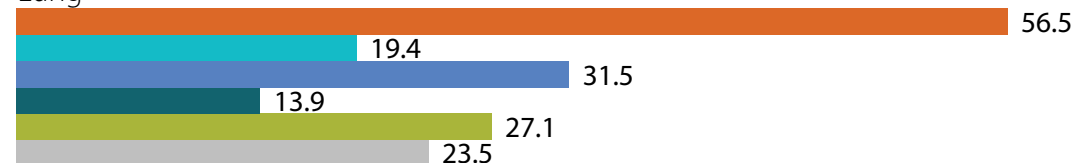
Cervical



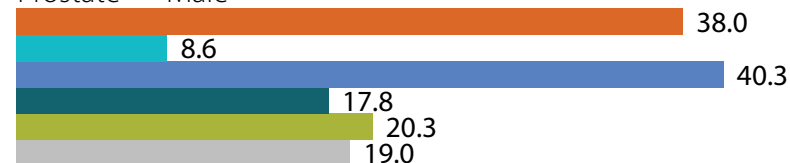
Colorectal



Lung



Prostate — Male



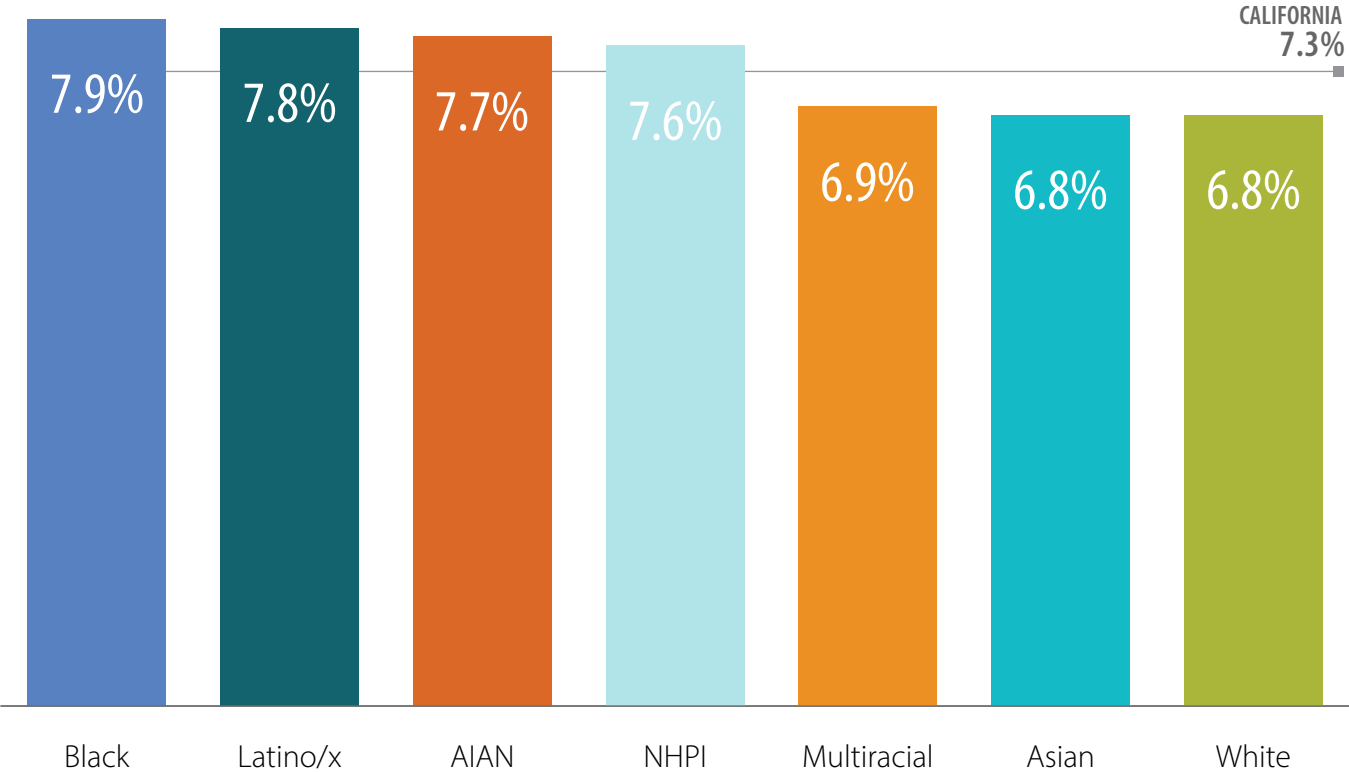
Notes: Due to inconsistent reporting by the Department of Veterans Affairs, case counts and incidence rates for some cancers may be underestimated. AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific Islander* and *Hispanic*. The cervical cancer rate for AIAN is not available due to small sample size.

Sources: "Cal*Explorer Application," California Cancer Registry, accessed August 17, 2023.

In 2019, the American Indian and Alaska Native population in California experienced higher death rates from breast, colorectal, and lung cancer than other racial/ethnic groups.

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

Serious emotional disturbance varied slightly by race/ethnicity in 2019.

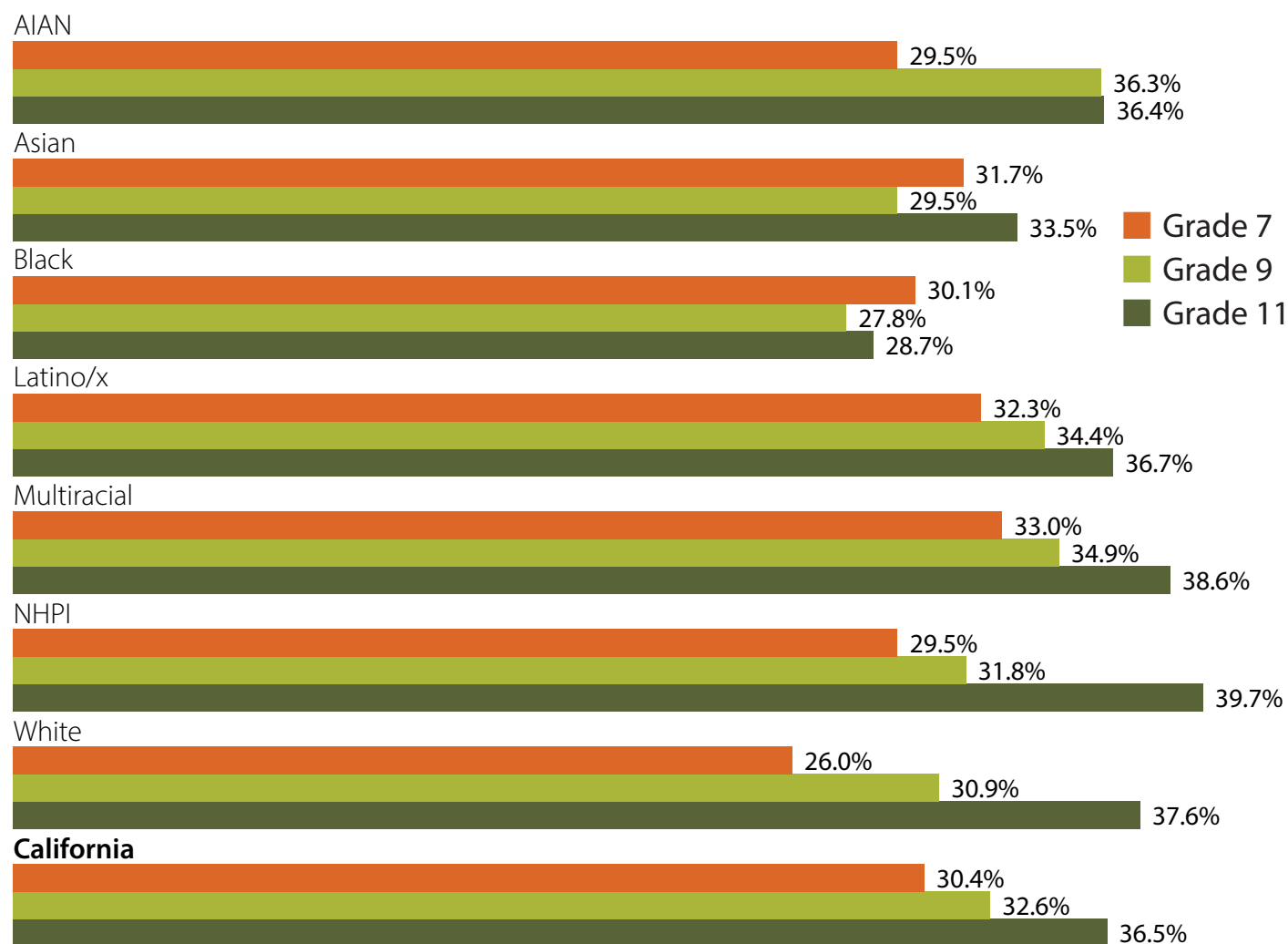


Notes: *Serious emotional disturbance (SED)* is a categorization for children age 17 and under who currently have, or at any time during the past year have had, a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities. Prevalence estimates for SED were developed by Dr. Charles Holzer. See page 59 of the data source for a description of the methodology used to develop these estimates. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *African American*, *Hispanic*, *Native American*, and *Pacific Islander*.

Source: *Mental Health in California: Waiting for Care*, California Health Care Foundation, July 2022.

Children with Depression-Related Feelings, by Race/Ethnicity

California, 2017 to 2019



Notes: Percentage of 7th, 9th, and 11th grade 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; NHPI is Native Hawaiian and Pacific Islander. Source uses *Black* or *African American*, *Hispanic* or *Latino*, and *Mixed* (two or more) races.

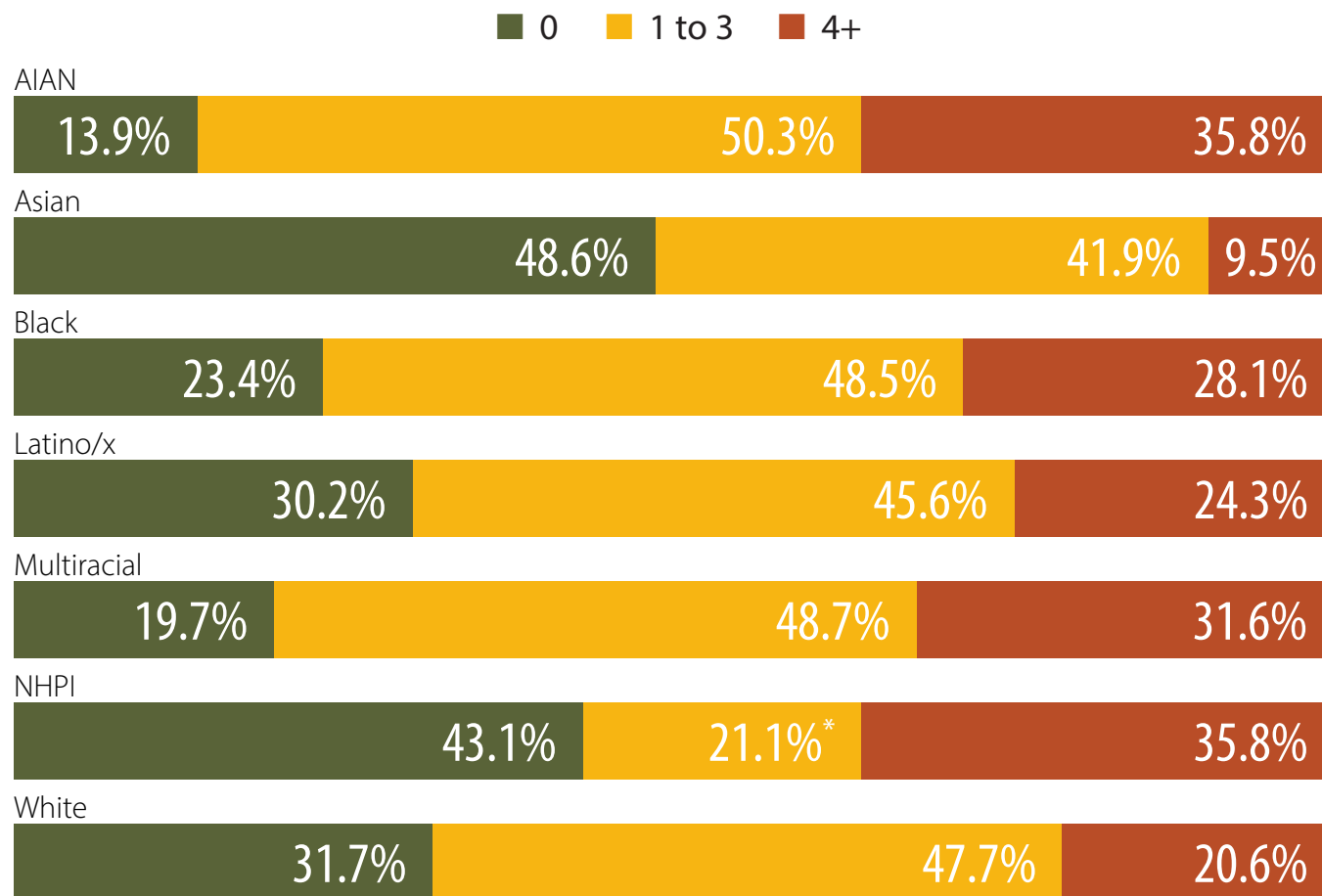
Source: Gregory Austin et al., *School Climate and Student Engagement and Well-Being in California, 2017/19: Results of the Seventeenth Biennial State California Healthy Kids Survey, Grades 7, 9, and 11* (PDF), WestEd, 2020.

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 children of other races/ethnicities.

Adverse Childhood Experiences, by Race/Ethnicity

California, 2021

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES



* Statistically unstable.

Notes: Data based on responses from adults age 18 and older about their experiences in the first 18 years of life. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Latino*, *Black* or *African American*, and *Two or more races*. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed April 7, 2023.

Health Disparities by Race and Ethnicity

Behavioral Health

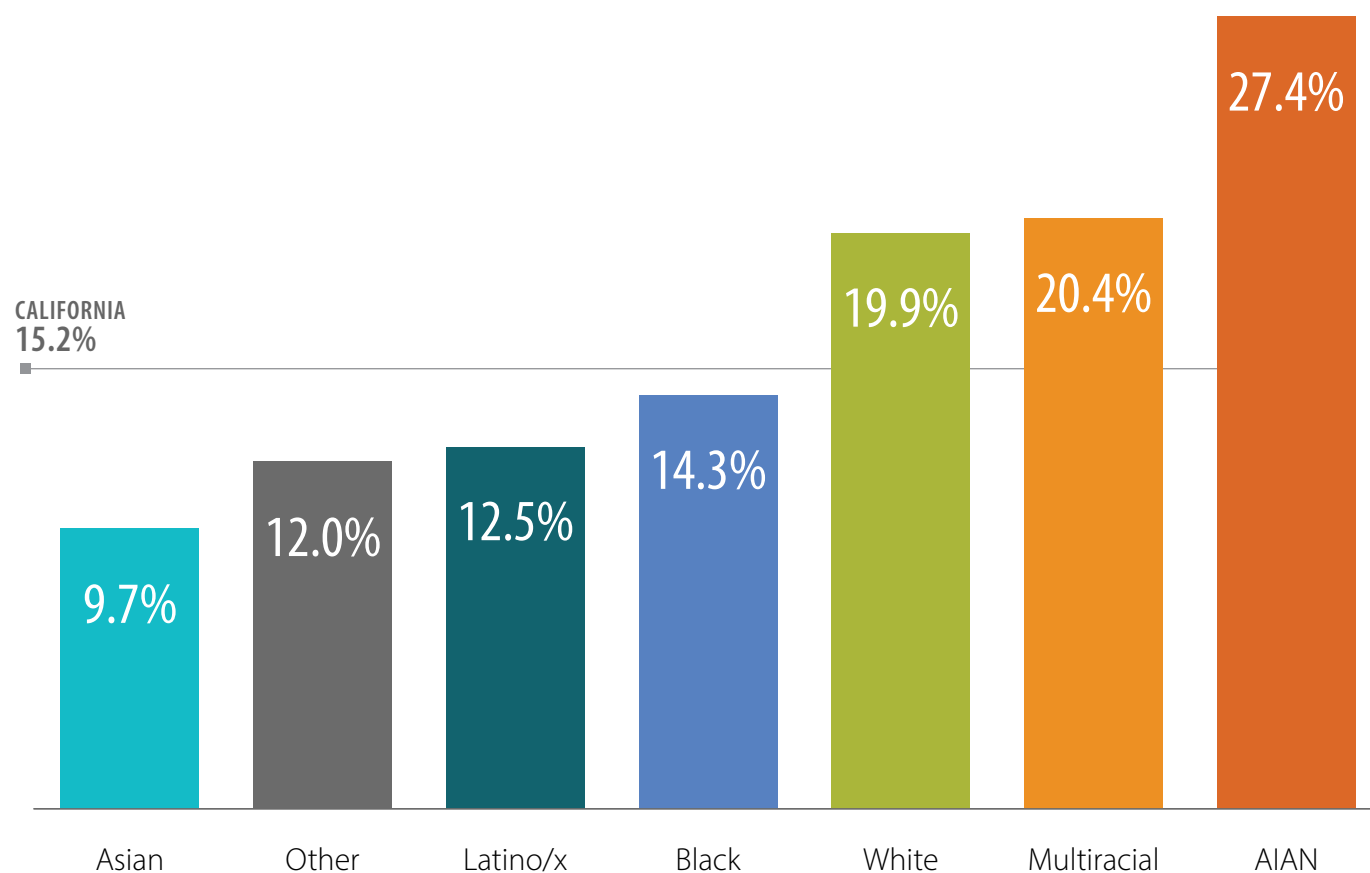
Adverse childhood experiences (ACEs) are traumatic events that can have negative effects on health, education, and employment opportunities throughout a person's life. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.[†] In 2021, a higher proportion of American Indian and Alaska Native and Native Hawaiian and Pacific Islander Californians reported experiencing four or more ACEs than Californians of other races/ethnicities.

[†] *Vital Signs Fact Sheet: Adverse Childhood Experiences (ACEs)*, Centers for Disease Control and Prevention, November 5, 2019.

Adults with Depression, by Race/Ethnicity

California, 2021

Depression prevalence varied by race/ethnicity in 2021. Nearly three in 10 American Indian and Alaska Native adults reported being told they had a form of depression. Asian adults reported the lowest rates of depression.



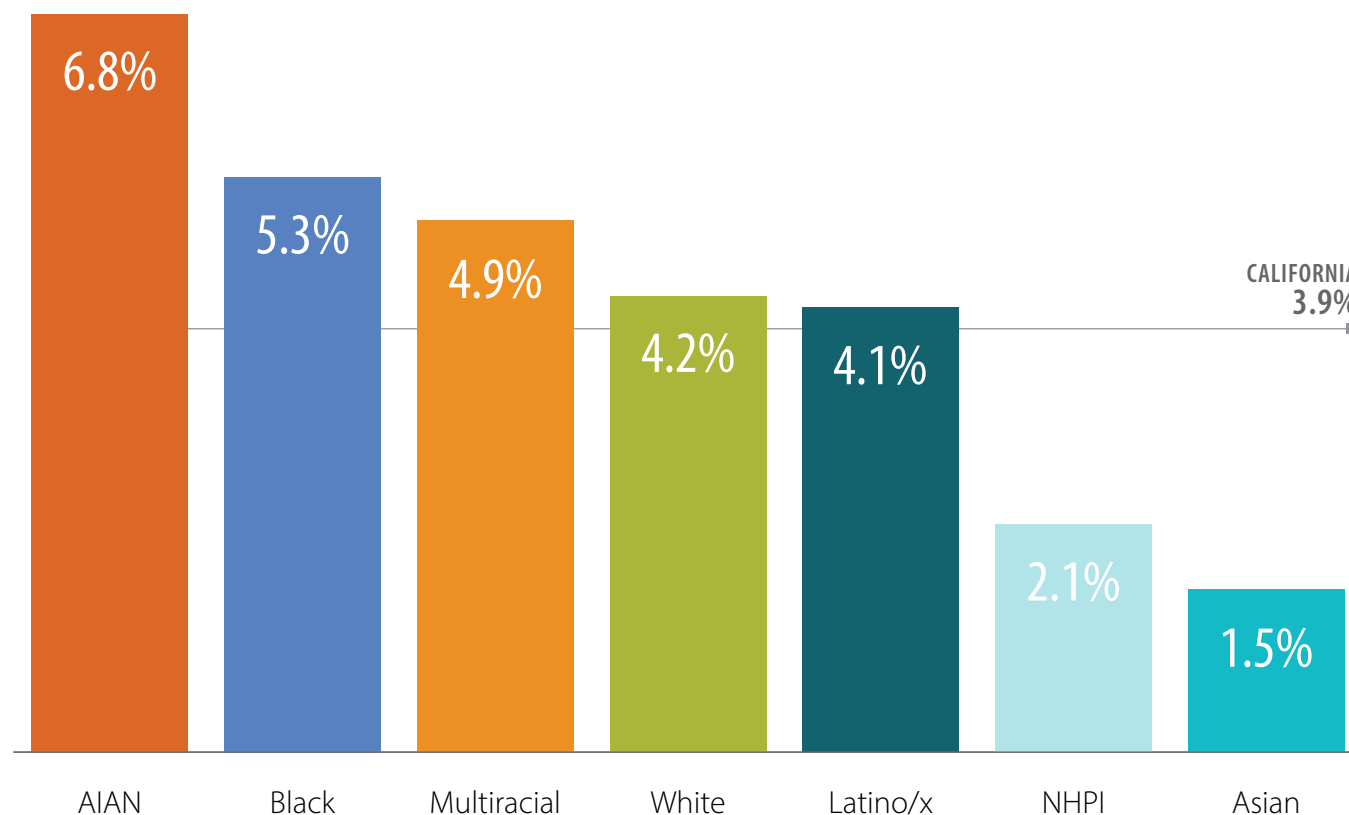
Notes: Adults who have ever been told they have a form of depression. Crude prevalence rate (not age-adjusted). AIAN is American Indian and Alaska Native. Source uses *Hispanic*. Prevalence estimate is not available for *Native Hawaiian and Pacific Islander*.

Source: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed May 25, 2023.

Adults with Serious Mental Illness, by Race/Ethnicity

California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: *Serious mental illness* (SMI) 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. Prevalence estimates for SMI were developed by Dr. Charles Holzer. See page 59 of the data source for a description of the methodology used to develop these estimates. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *African American*, *Hispanic*, *Native American*, and *Pacific Islander*.

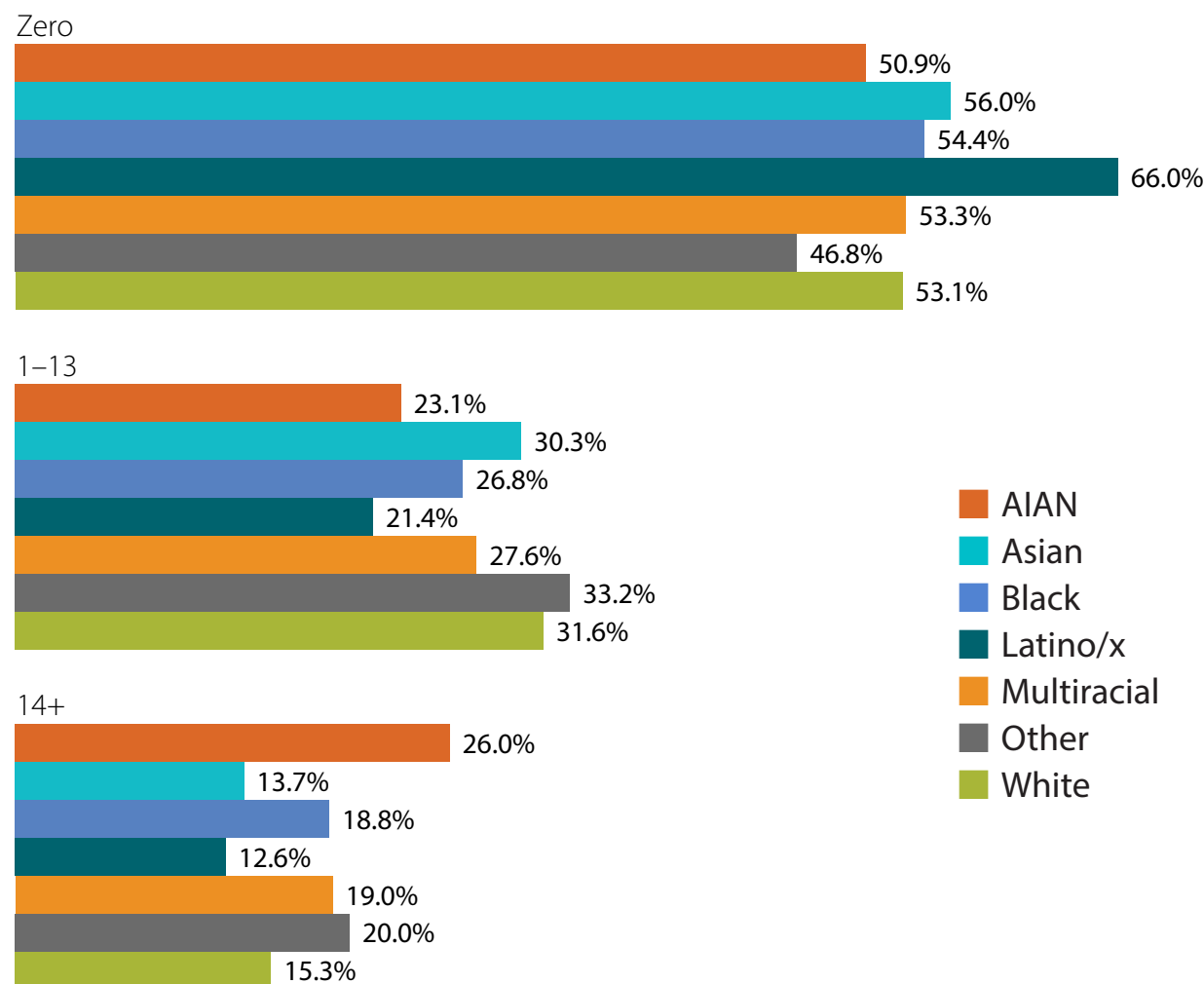
Source: *Mental Health in California: Waiting for Care*, California Health Care Foundation, July 2022.

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

Days of Poor Mental Health, by Race/Ethnicity

California, 2021

PERCENTAGE OF ADULT POPULATION



Notes: Adults only. Days when mental health, which includes stress, depression, and problems with emotions, was not good in the past 30 days. Crude prevalence (not age-adjusted). AIAN is American Indian and Alaska Native. Source uses *Hispanic*. Prevalence estimates were not available for *Native Hawaiian and Pacific Islander*.
 Source: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed May 8, 2023.

Health Disparities by Race and Ethnicity

Behavioral Health

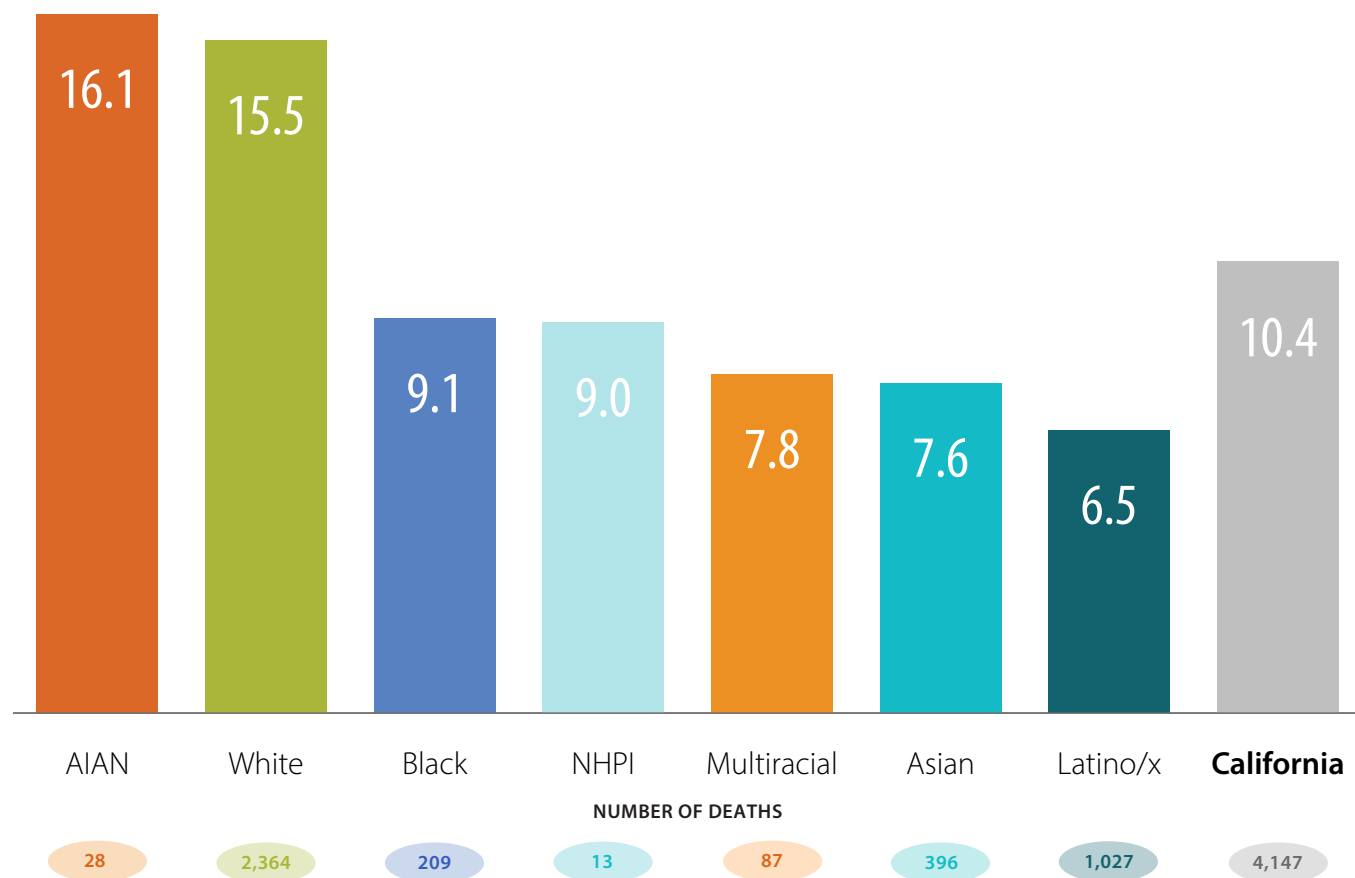
Mental health is as important to overall health and well being as physical health.* One in four American Indian and Alaska Native adults in California reported 14 or more days in the past month when their mental health was not good. The percentage of Latino/x Californians who reported they didn't experience any poor mental health in the past 30 days was higher than other races/ethnicities.

* "About Mental Health," US Centers for Disease Control and Prevention, last reviewed April 25, 2023.

Suicide Rates, by Race/Ethnicity

California, 2021

RATE PER 100,000 POPULATION



Notes: Source uses person-years (population multiplied by the number of years) to calculate incidence rates. Since these data are for a single year (2021), the number of person-years is equivalent to the population. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic* and *Pacific Islander*. There were 23 suicide deaths for those whose race/ethnicity was other/unknown. The other/unknown population is not known, therefore a rate could not be calculated. *California* includes *Other/Unknown*.

Source: Author calculations based on "EpiCenter California Injury Data Online," California Dept. of Public Health, accessed May 25, 2023.

Health Disparities by Race and Ethnicity

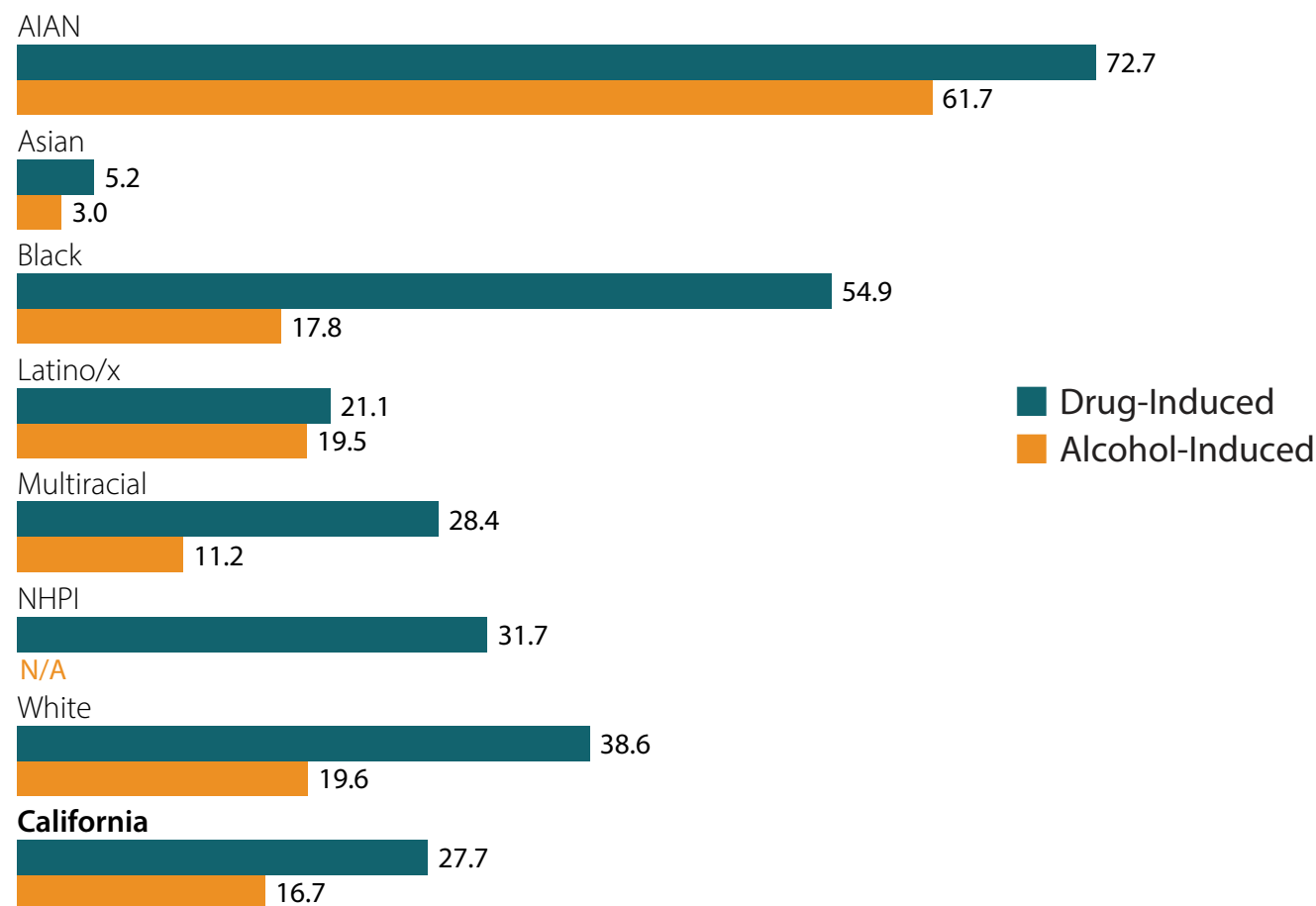
Behavioral Health

In 2021, American Indian and Alaska Native and White Californians had the highest suicide rates among all races/ethnicities. White people accounted for nearly 60% of the 4,147 suicides in California.

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

California, 2021

AGE-ADJUSTED RATE PER 100,000 POPULATION



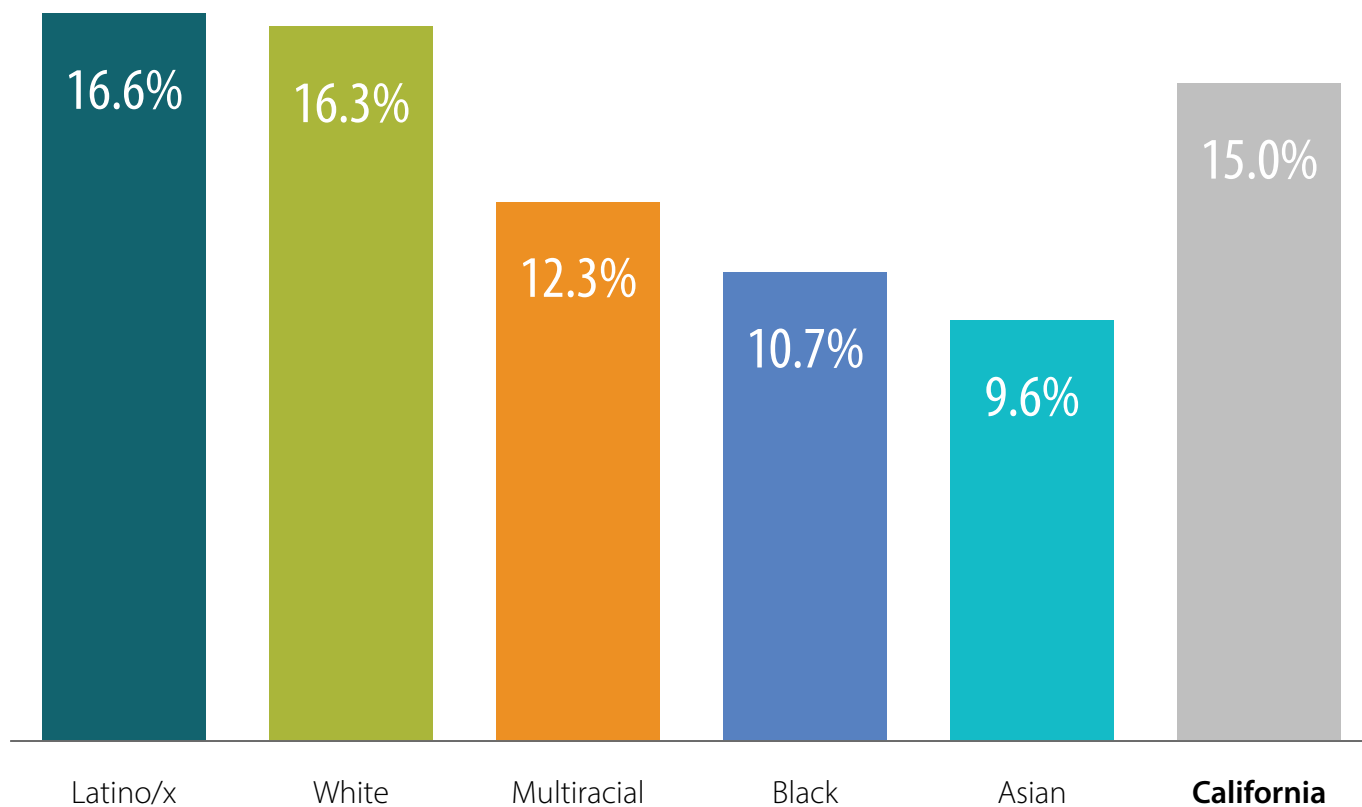
Notes: Data come from registered death certificates. Excludes deaths when age not indicated. Drug-induced deaths are those with ICD-10 codes that cover unintentional, suicide, homicide, and undetermined poisoning. Alcohol-induced deaths include accidental or intended poisoning, in addition to other conditions directly induced by use of alcohol. *California* includes people whose ethnicity is "Not stated." *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Black or African American*, *Hispanic or Latino*, and *More than one race*. Alcohol-induced death rate for *Native Hawaiian and Pacific Islander* is not available. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Source: "Underlying Cause of Death 2018-2021," CDC WONDER Online Database, US Centers for Disease Control and Prevention.

Drug- and alcohol-induced death rates differed considerably by race/ethnicity in California, with American Indian and Alaskan Native people experiencing the highest rates in 2021.

Binge Drinkers, by Race/Ethnicity

California, 2021



Notes: *Binge drinkers* are defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion. Data are crude prevalence (not age-adjusted). Source uses *Hispanic*. Prevalence estimates are not available for *American Indian and Alaska Native*, *Native Hawaiian and Pacific Islander*, and *Other* due to small sample sizes. Source: "BRFSS Prevalence & Trends Data," US Centers for Disease Control and Prevention, accessed July 26, 2023.

Health Disparities by Race and Ethnicity

Behavioral Health

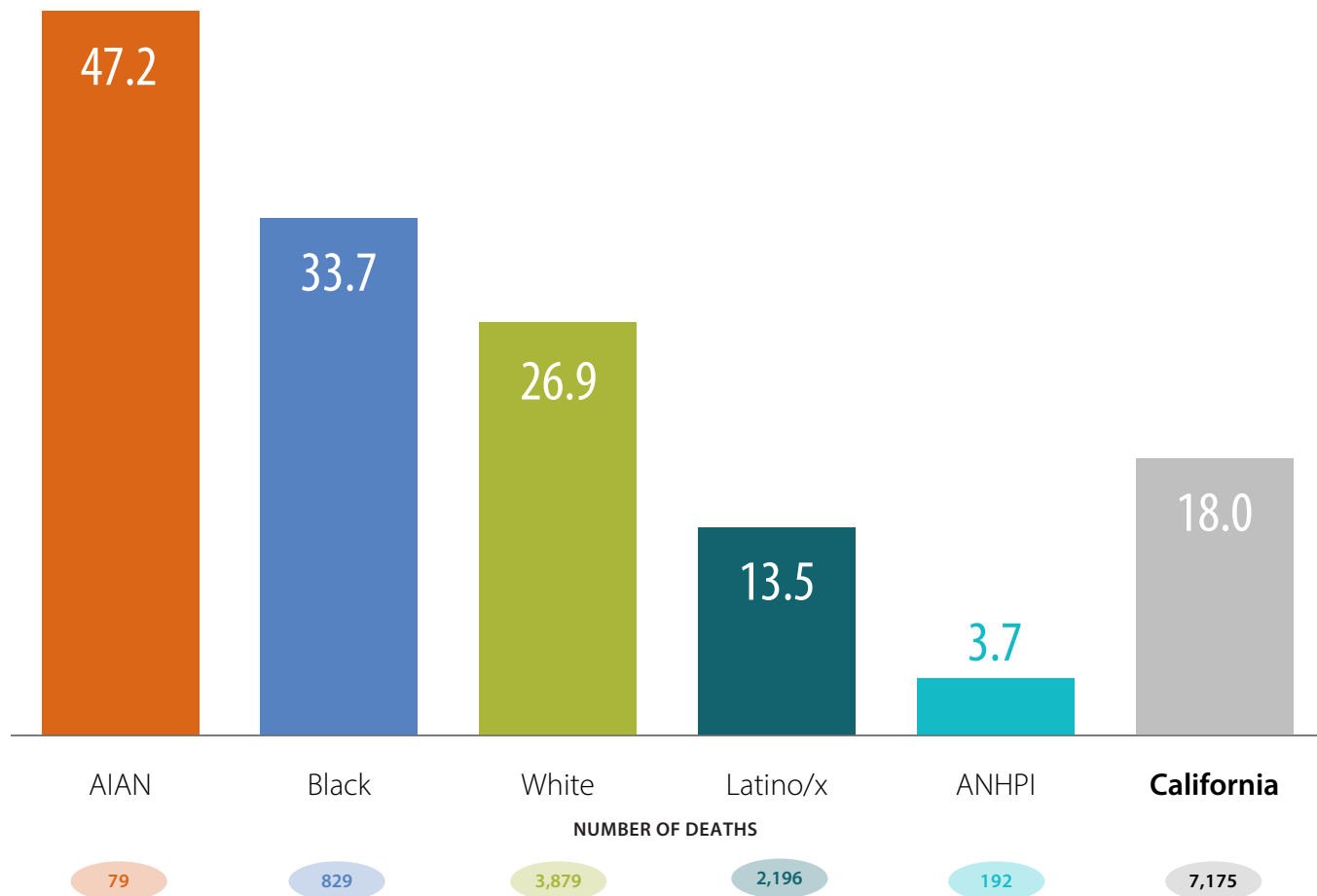
About one in seven Californians met the definition of a binge drinker in 2021. Latino/x and White Californians had the highest rates of binge drinking among all races/ethnicities. Binge drinking is associated with serious injuries and diseases, as well as with higher risk of alcohol use disorder.*

* "Binge Drinking," US Centers for Disease Control and Prevention, accessed July 27, 2023.

Opioid Overdose Deaths, by Race/Ethnicity

California, 2021

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. AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses Asian / Pacific Islander, Black / African American, Hispanic / Latino, and Native American / Alaska Native. See [Appendix A](#) for opioid overdose deaths due to prescription opioids, fentanyl, and heroin.

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health, accessed May 25, 2023.

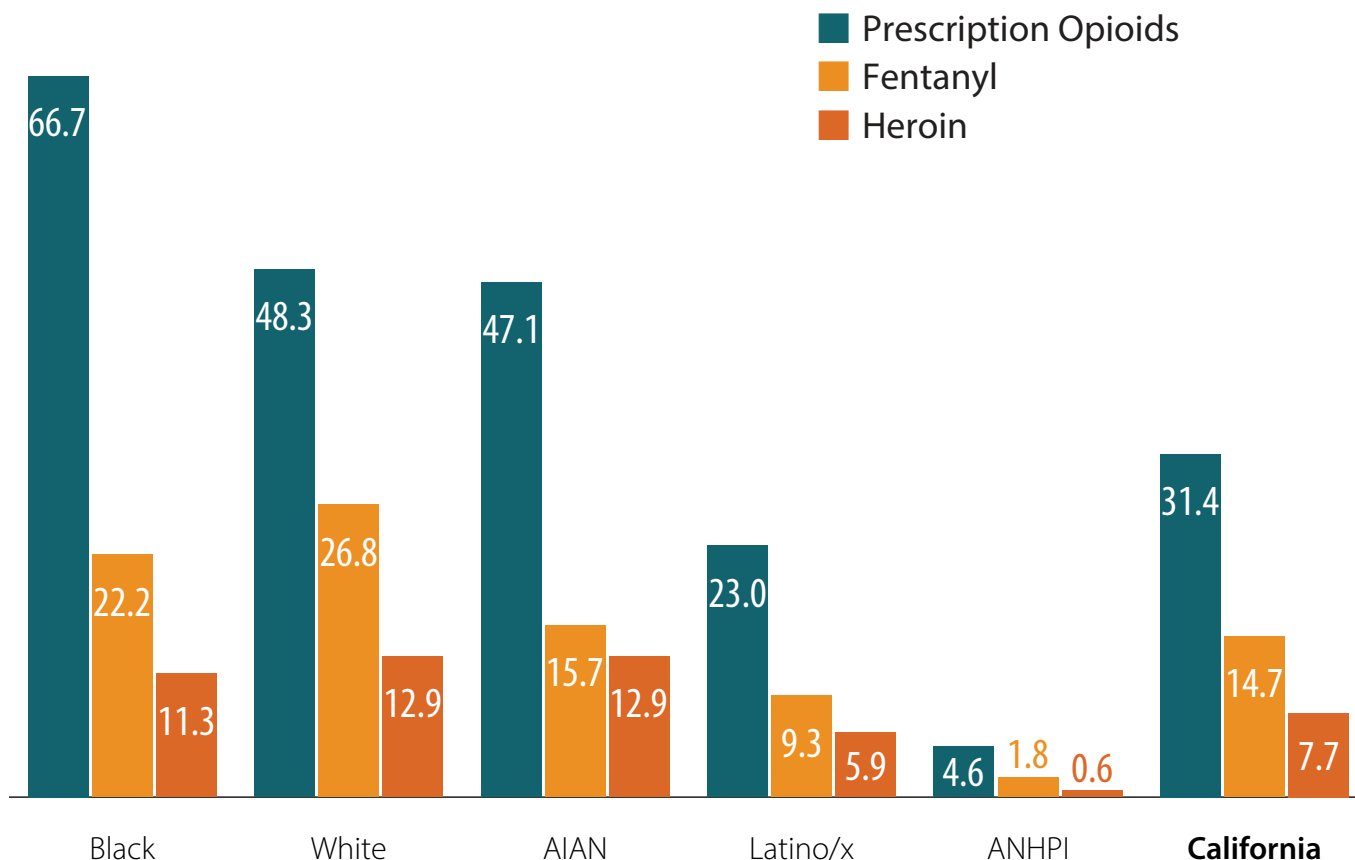
Health Disparities by Race and Ethnicity

Behavioral Health

Drug overdose deaths are a national public health emergency.* More than 7,100 Californians died from an opioid overdose in 2021, with White people accounting for over half of those deaths. American Indian and Alaska Native Californians had the highest mortality rate of all races/ethnicities. The number of opioid overdose deaths in California more than doubled between 2019 and 2021, and the death rate increased for all races/ethnicities (not shown).

Opioid Overdose Emergency Department Visits, by Race/Ethnicity, California, 2021

AGE-ADJUSTED RATE PER 100,000 POPULATION



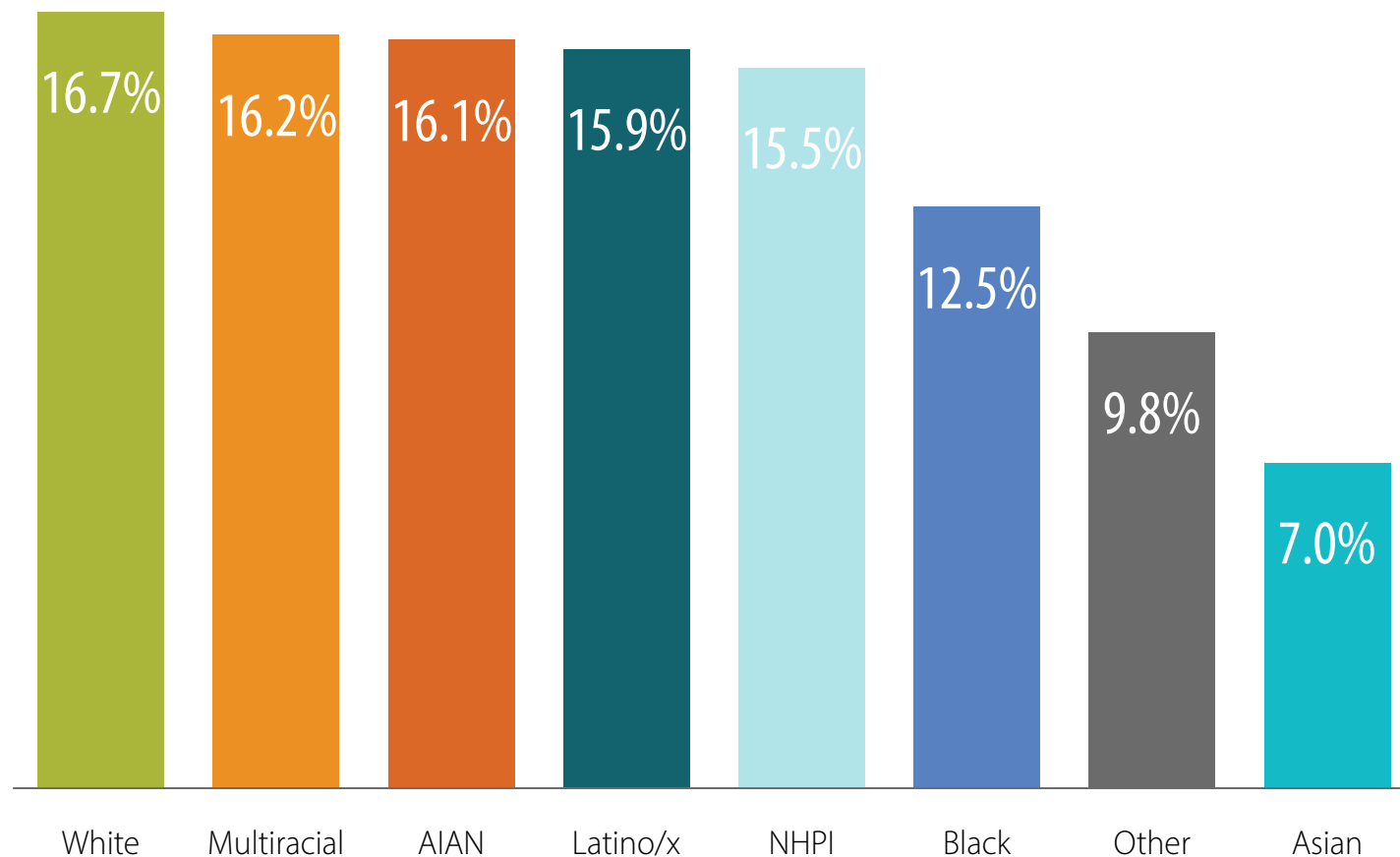
Notes: Emergency department visits caused by nonfatal acute poisonings due to the effects of opioid drugs regardless of intent (e.g., suicide, unintentional, or undetermined). *AIAN* is American Indian and Alaska Native; *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific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

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health, accessed July 28, 2023.

In 2021, Black Californians had the highest rate of ED visits for prescription opioid–related overdose while White Californians had the highest rate of ED visits for fentanyl–related overdose.

Youth Alcohol and Drug Use, by Race/Ethnicity

California, 2017 to 2019



Health Disparities by Race and Ethnicity

Behavioral Health

From 2017 to 2019, 7% of Asian children in 7th, 9th, and 11th grades and non-traditional programs in California used alcohol or drugs in the past month, the lowest rate among all races/ethnicities.

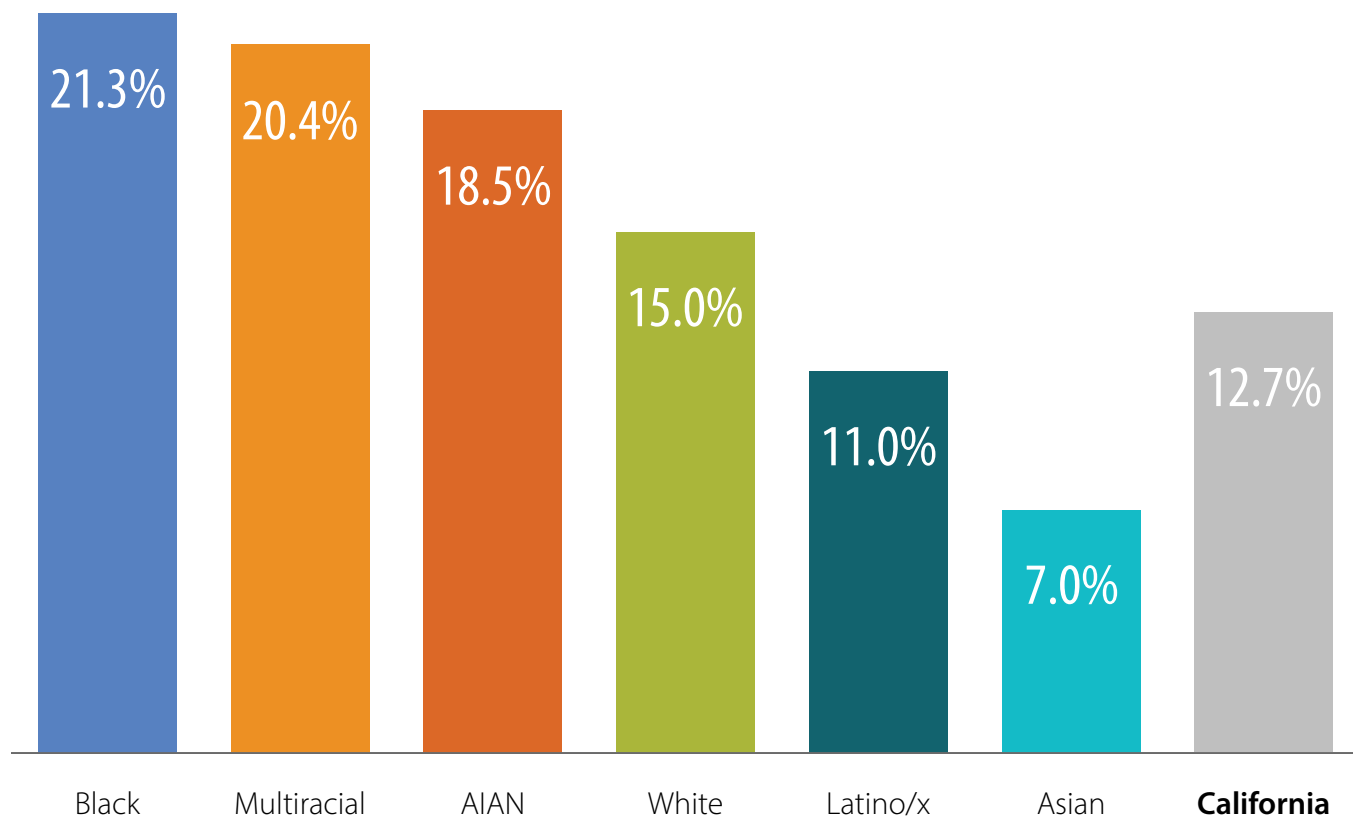
Notes: Estimated percentage of public school students in 7th, 9th, and 11th grades and non-traditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *African American / Black*, *Hispanic/Latino*, and *Another group*.

Source: "Summary: Youth Alcohol, Tobacco, and Other Drug Use," kidsdata.org, accessed June 5, 2023.

Adult Tobacco Use, by Race/Ethnicity

California, 2021

In California, Black and multiracial adults had the highest rates of current tobacco use, while Asian adults had the lowest.

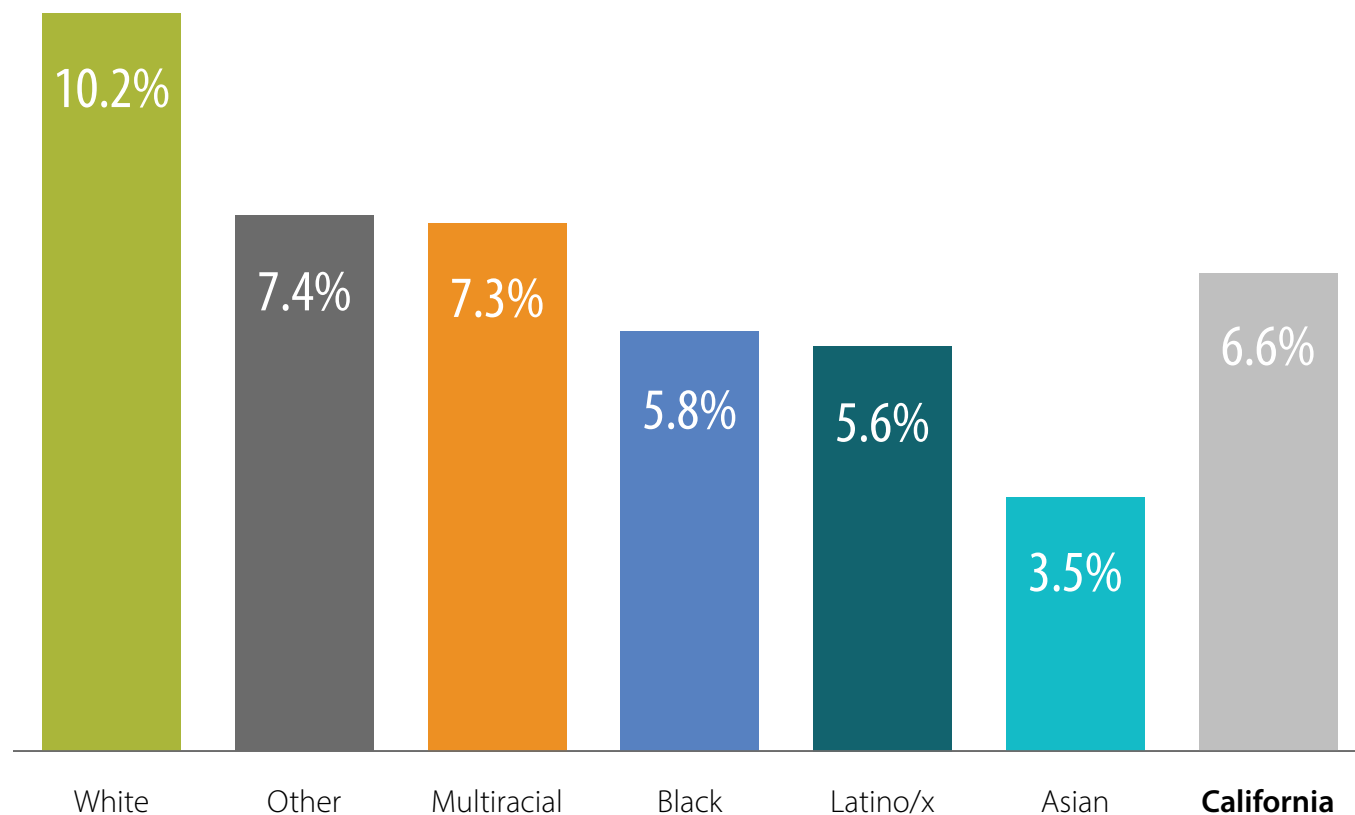


Notes: Adults age 18 to 64 that currently use tobacco. Tobacco use includes frequent or recent use of cigarettes; e-cigarettes, or other electronic vaping products; big cigars; cigarillos or little cigars; hookah water pipes; and chewing tobacco, snuff, or snus. AIAN is American Indian and Alaska Native. Native Hawaiian and Pacific Islander results are not shown due to concerns about precision. Source uses African American / Black, Hispanic/Latino, and 2+ Race. Data are from questions in the California Health Interview Survey.

Source: "Tobacco-Related Disparity Indicators Dashboard," California Dept. of Public Health, accessed August 23, 2023.

Youth Tobacco Use, by Race/Ethnicity

California, 2022



Notes: Students in 10th and 12th grades who have smoked cigarettes, smoked big cigars, smoked little cigars or cigarillos, vaped, or used other tobacco products in the last 30 days. *Other* includes *American Indian and Alaska Native*, *Native Hawaiian or other Pacific Islander* and any other race not captured by the survey. Source uses *African American or Black* and *Hispanic*.

Source: Lauren McCarl Dutra et al., *Results of the 2022 California Youth Tobacco Survey* (PDF), California Dept. of Public Health, March 2023.

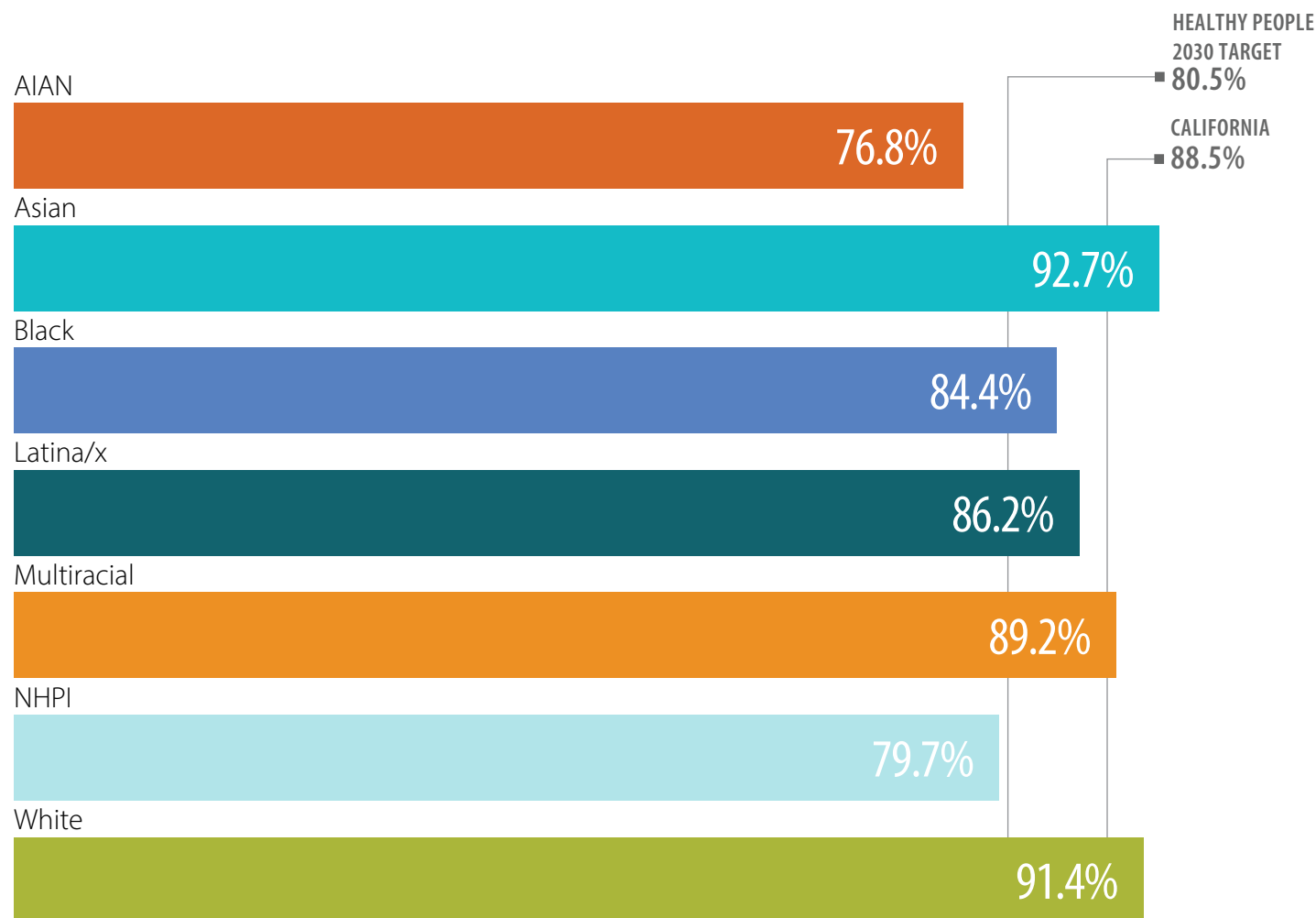
Health Disparities by Race and Ethnicity

Behavioral Health

In 2022, 10% of White youth in 10th and 12th grades in California used tobacco in the past month, the highest rate among all races/ethnicities in the age group and 55% higher than the statewide average.

Prenatal Care, First Trimester, by Race/Ethnicity

California, 2021



Notes: *Early prenatal care* is prenatal care initiated during the first trimester (first, second, or third month) of pregnancy. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Pacific Islander*, and *Multi-Race*. The US government's *Healthy People 2030* initiative sets data-driven national objectives to improve health and well-being over the next decade. Data are from the California Comprehensive Master Birth File, 2018-2021.

Source: "Prenatal Care," California Dept. of Public Health, accessed July 24, 2023.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

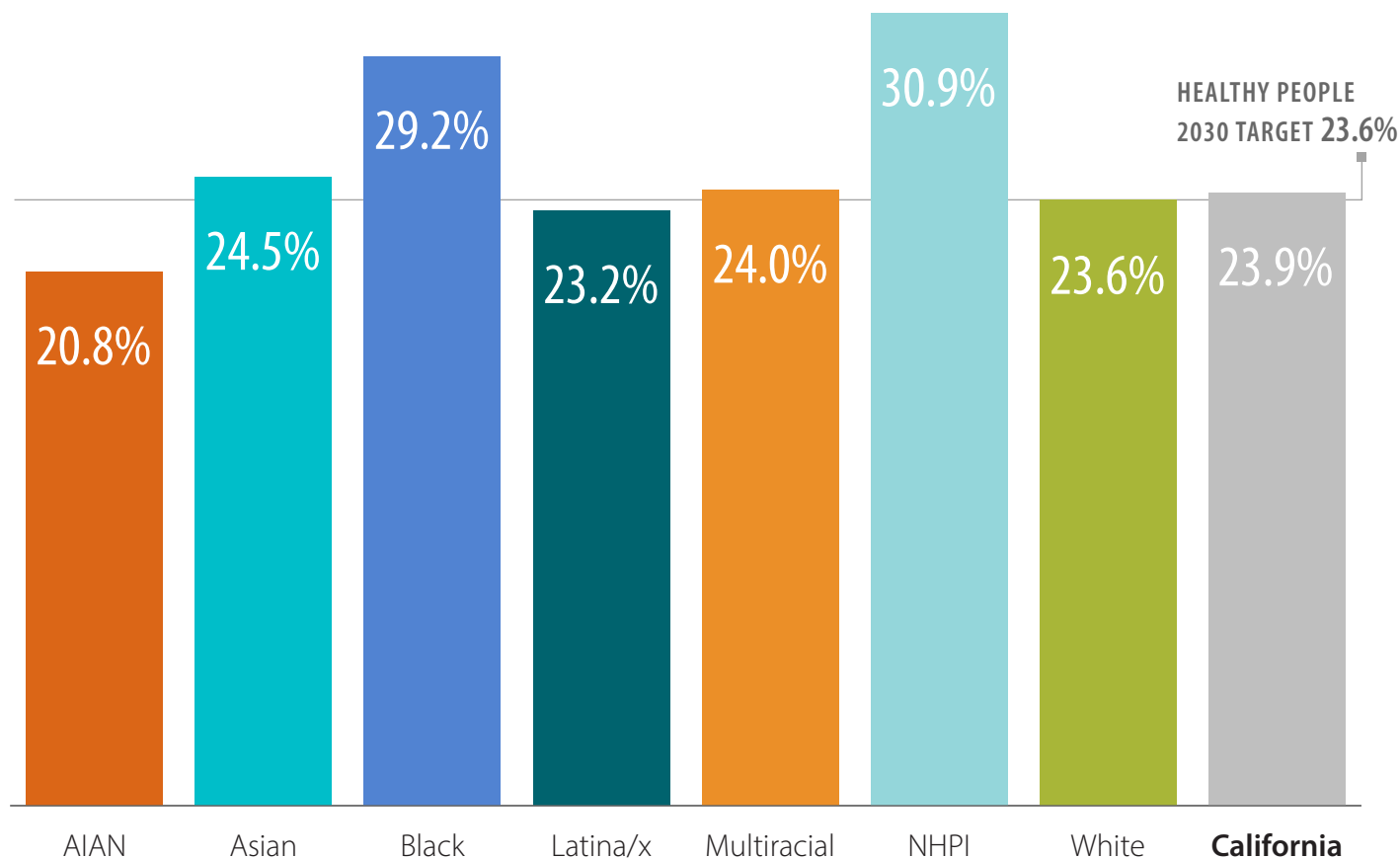
Prenatal care is an important part of staying healthy during pregnancy. Although California exceeded the Healthy People 2030 target for prenatal care in 2021, American Indian and Alaska Native and Native Hawaiian and Pacific Islander mothers / birthing people* were below the target and had lower rates of prenatal care in the first trimester than mothers / 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.

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

California, 2021

PERCENTAGE OF BIRTHS



Notes: Data are based on in-hospital births at nonmilitary hospitals that performed deliveries in 2021 and reported data to the California Department of Health Care Access and Information. *Low-risk, first-birth cesarean rate* represents the percentage of cesarean deliveries among first-time mothers / 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 cesarean birth rate. *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. The US government's Healthy People 2030 initiative sets data-driven national objectives to improve health and well-being over the next decade (see <https://health.gov/healthypeople>). *Birthing people* is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

Source: Custom data request, California Maternal Quality Care Collaborative, received April 28, 2023.

Health Disparities by Race and Ethnicity

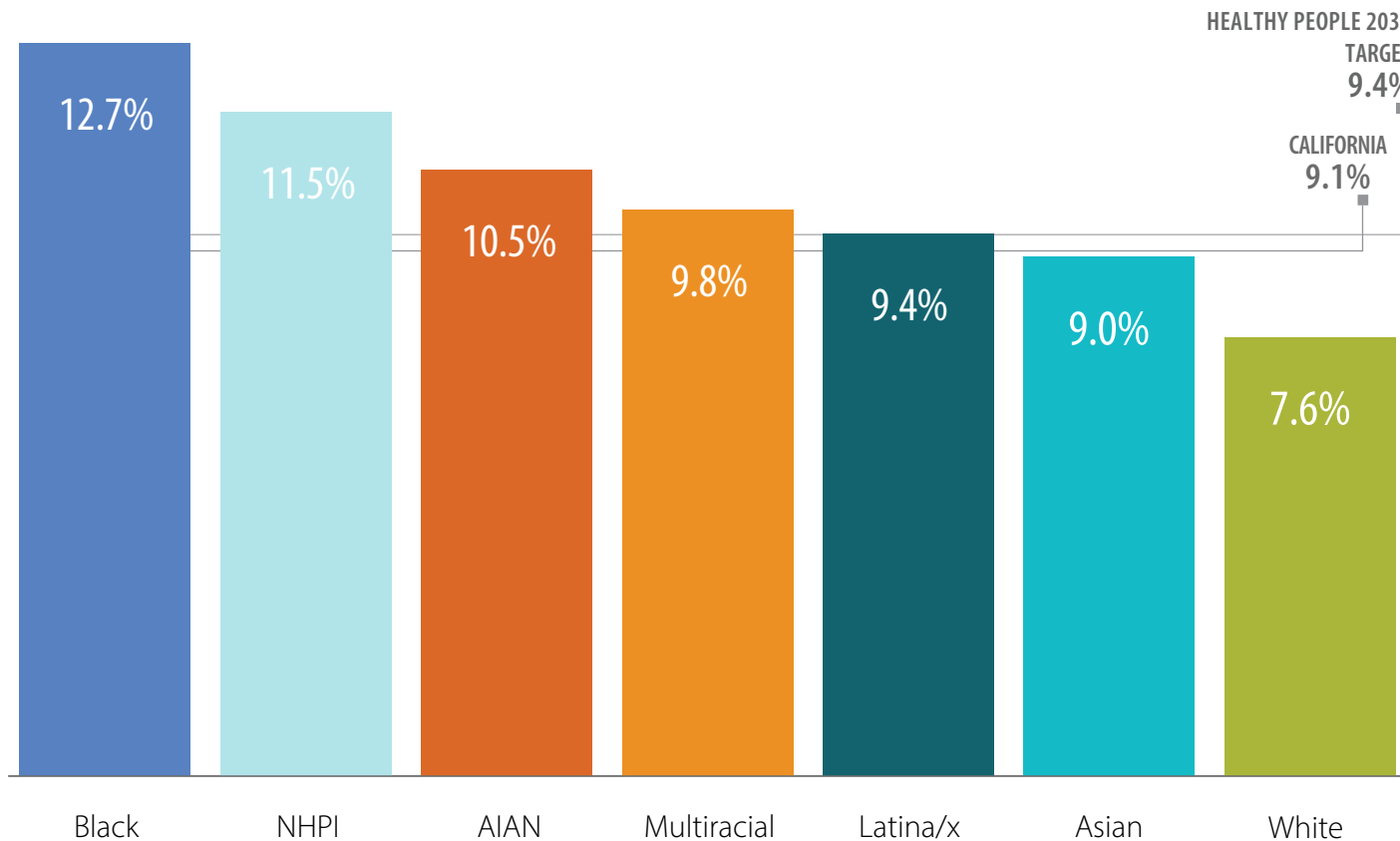
Maternal/Childbirth

Low-risk, first-birth cesarean rates varied by race/ethnicity. Both Black and Native Hawaiian and Pacific Islander mothers / birthing people had rates about six percentage points higher than the national target.

Preterm Births, by Race/Ethnicity

California, 2021

PERCENTAGE OF BIRTHS



Notes: *Preterm births* are births delivered at less than 37 completed weeks of gestation, based on the obstetric estimate of gestation. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Pacific Islander*, and *Multi-Race*. The US government's *Healthy People 2030* initiative sets data-driven national objectives to improve health and well-being over the next decade. Data are from the California Comprehensive Master Birth File, 2018-2021.

Source: "Preterm Birth," California Dept. of Public Health, accessed July 24, 2023.

Health Disparities by Race and Ethnicity

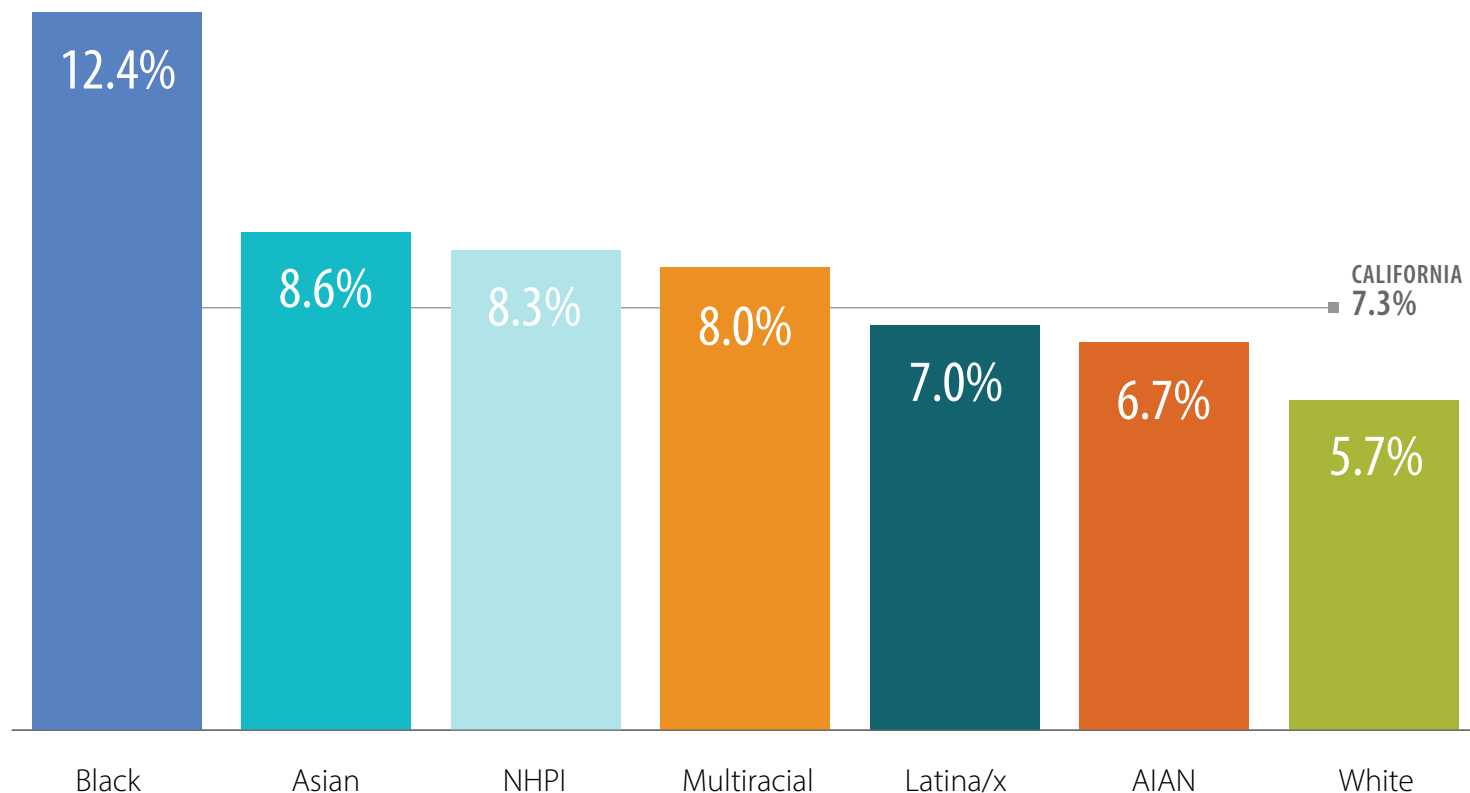
Maternal/Childbirth

Babies who are born preterm have higher rates of death and disability. In 2021, Black infants had the highest rate of preterm birth in California (12.7%), which was 35% higher than the Healthy People 2030 target of 9.4%.

Low Birthweight Births, by Race/Ethnicity

California, 2021

PERCENTAGE OF BIRTHS



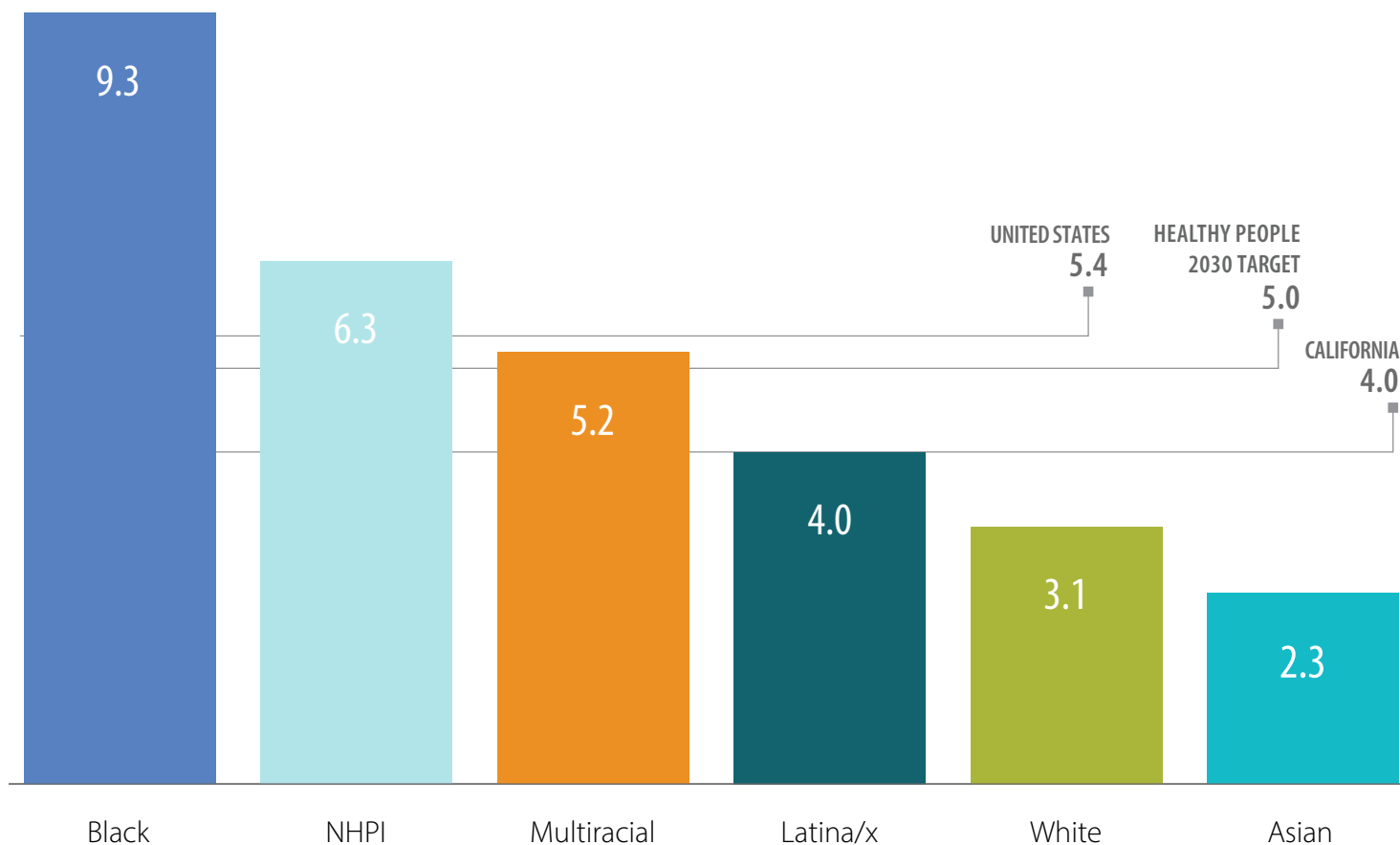
Notes: *Low birthweight* is an infant born weighing less than 2,500 grams or 5 pounds, 8 ounces. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *AIAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Pacific Islander*, and *Multi-Race*. Data are from the California Comprehensive Master Birth File, 2018-2021.

Source: "Low Birthweight," California Dept. of Public Health, accessed July 24, 2023.

In 2021, one in eight Black babies in California had a low birthweight, the highest rate among babies of all races/ethnicities. Low birthweight infants are likely to experience short- and long-term health consequences, including respiratory ailments, heart conditions, feeding difficulties, and chronic health conditions later in life.

Infant Mortality, by Mother / Birthing Person's Race/Ethnicity California, 2020

RATE PER 100,000 LIVE BIRTHS



Notes: *Infant mortality* is deaths among infants under one year of age. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Pacific Islander*, and *Multi-Race*. Rate for *American Indian and Alaska Native* is not available. The US government's *Healthy People 2030* initiative sets data-driven national objectives to improve health and well-being over the next decade. Data are from the California Dept. of Public Health, Birth Cohort File, 2007-2020.

Source: "Infant Mortality," California Dept. of Public Health, accessed July 24, 2023.

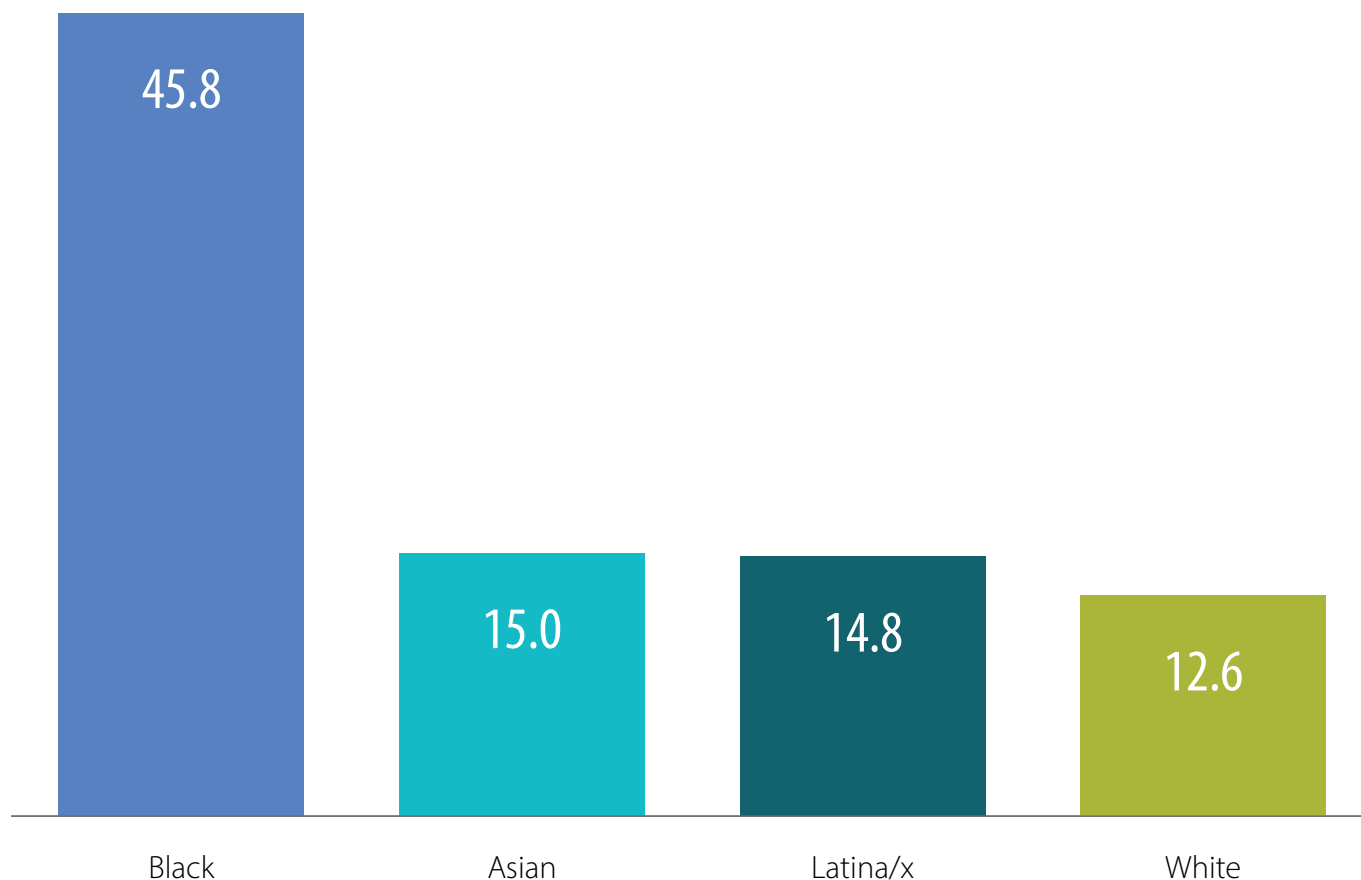
Health Disparities by Race and Ethnicity Maternal/Childbirth

In 2020, the mortality rate for Black infants was the highest among all races/ethnicities. Asian infants had the lowest rate. Although California's overall rate was below the Healthy People 2030 target, the mortality rates for Black, Native Hawaiian and Pacific Islander, and multiracial infants exceeded the target.

Pregnancy-Related Mortality, by Race/Ethnicity

California, 2018 to 2020

MORTALITY RATE PER 100,000 LIVE BIRTHS



Notes: *Pregnancy-related mortality* is death while pregnant or within one year of the end of pregnancy, regardless of the outcome, duration, or site of the pregnancy, and from any cause related to or aggravated by the pregnancy or its management. It does not include death from accidental or incidental causes. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* results were not available due to small sample size. Source uses *Hispanic* and *Multi-Race*. Data are from the California Comprehensive Master Birth File, 2018-2021 and the California Pregnancy Mortality Surveillance System Data, 2009-2020. The California rate for 2020 was 18.6.

Source: "Pregnancy-Related Mortality," California Dept. of Public Health, accessed August 18, 2023.

Health Disparities by Race and Ethnicity

Maternal/Childbirth

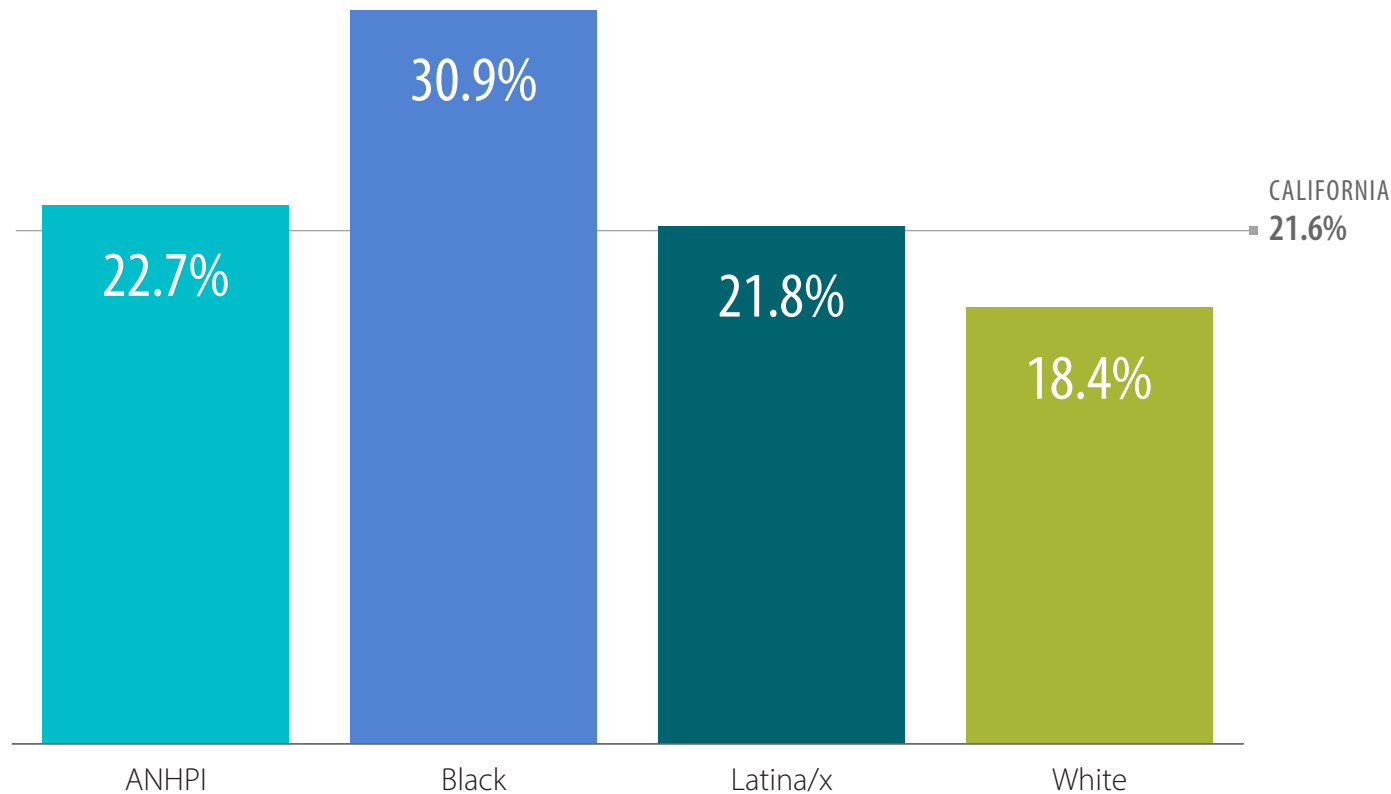
Between 2018 and 2020, there were significant racial disparities in California's pregnancy-related mortality rate. During this period, Black mothers / birthing people* had the highest pregnancy-related mortality rates among all races/ethnicities. Studies have shown that Black mothers / birthing people 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.

[†] "Perinatal Equity," California Maternal Quality Care Collaborative, accessed August 21, 2023.

Prenatal or Postpartum Depressive Symptoms

by Race/Ethnicity, California, 2018 to 2020



Health Disparities by Race and Ethnicity

Maternal/Childbirth

Many California mothers / birthing people suffer from mental health conditions while pregnant or after giving birth. A higher percentage reported symptoms of anxiety than of depression during their recent pregnancy and during the last two weeks (postpartum). In all cases, a greater proportion of Black mothers / birthing people reported such symptoms than those of other racial or ethnic groups.

Notes: Data are from a statewide survey of 2,539 mothers / birthing people who gave birth in California in 2016. Not all eligible respondents answered each item; 2,519 mothers / birthing people answered these questions. *Birthing people* is used to recognize that not all people who become pregnant and give birth identify as women or mothers. Respondents were asked two questions each about the frequency of anxiety symptoms and depression symptoms, both “during your recent pregnancy” and “over the past two weeks” (postpartum). ANHPI is Asian, Native Hawaiian, and Pacific Islander.

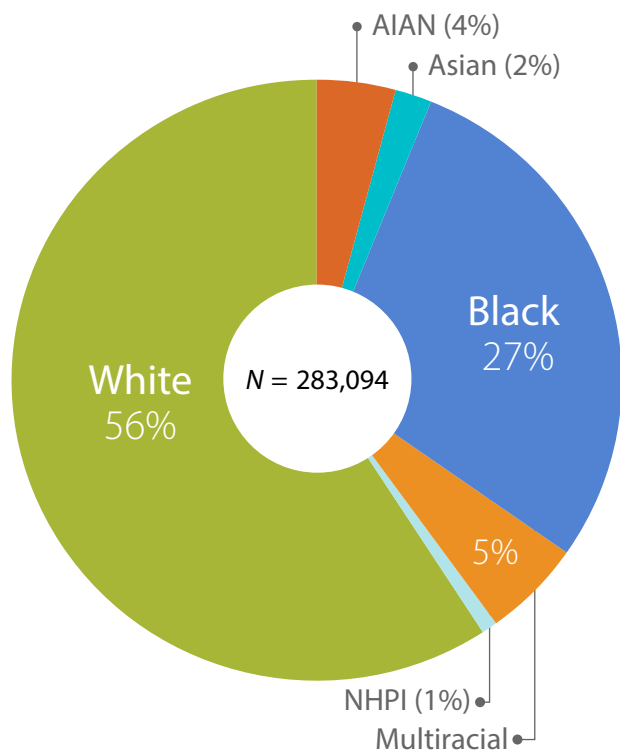
Source: Carol Sakala, Eugene R. Declercq, and Jen Joynt, *Data Snapshot: Listening to Mothers in California*, California Health Care Foundation, September 2018.

People Experiencing Homelessness, by Race

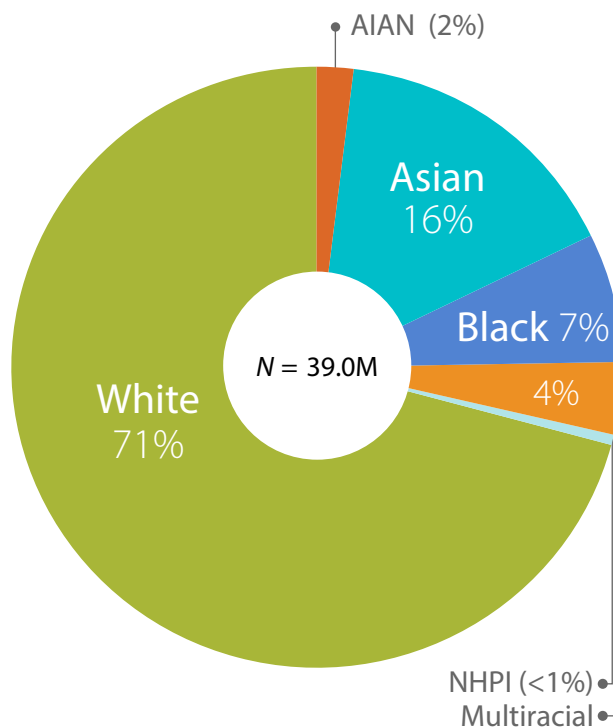
California, 2022

In 2022, California provided housing and services to 283,094 people experiencing homelessness. Over half of those were Latino/x and non-Latino/x White.

People Experiencing Homelessness



California Population



Notes: California has 44 Continuums of Care, which are regional homelessness service coordination and planning bodies. Race groups include those of Latino/x ethnicity. The number of people in each category do not sum to the California total because the California total is deduplicated. AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. Source uses *American Indian, Alaska Native, or Indigenous*; *Asian or Asian American*; *Black, African American, or African*; and *Multiple races*. Figures may not sum due to rounding.

Sources: "People Receiving Homeless Response Services by Age, Race, and Gender," California Interagency Council on Homelessness, accessed September 25, 2023; and "QuickFacts, California," US Census Bureau, accessed September 18, 2023.

People Experiencing Homelessness, by Region and Race California, 2022

Health Disparities by Race and Ethnicity Homelessness

Across all regions, the number of White Californians receiving homelessness response services outnumbered all other races.

REGION	AIAN	ASIAN	BLACK	MULTIRACIAL	NHPI	UNKNOWN	WHITE	TOTAL
Regions 1 and 2	1,813	361	6,420	2,634	350	1,953	21,240	34,771
Region 3	3,859	2,435	21,164	4,046	1,606	2,725	28,460	64,295
Region 4 and 6	1,327	699	8,739	2,233	339	509	27,116	40,962
Region 5	607	130	944	711	115	388	11,138	14,033
Region 7	513	151	6,894	573	174	425	12,546	21,276
Region 8	1,075	872	26,788	1,487	453	5,469	28,697	64,841
Region 9	499	566	2,324	618	270	4,111	14,579	22,967
Region 10	653	447	6,602	1,018	377	899	17,207	27,203
California	10,346	5,661	79,875	13,320	3,684	16,479	160,983	290,348

Notes: Regions are based on Census 2020 regions. California's 44 Continuum of Care (CoCs), regional homelessness service coordination and planning bodies, may serve across two regions, therefore Regions 1 and 2 and Regions 4 and 6 were combined. Race groups include those of Latino/x ethnicity. The categories do not sum to the California totals because the California totals are deduplicated. AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. Source uses *American Indian, Alaska Native, or Indigenous; Asian or Asian American; Black, African American, or African; Native Hawaiian or Pacific Islander; and Multiple Races*. See [Appendix B](#) for detail of CoCs and regions.

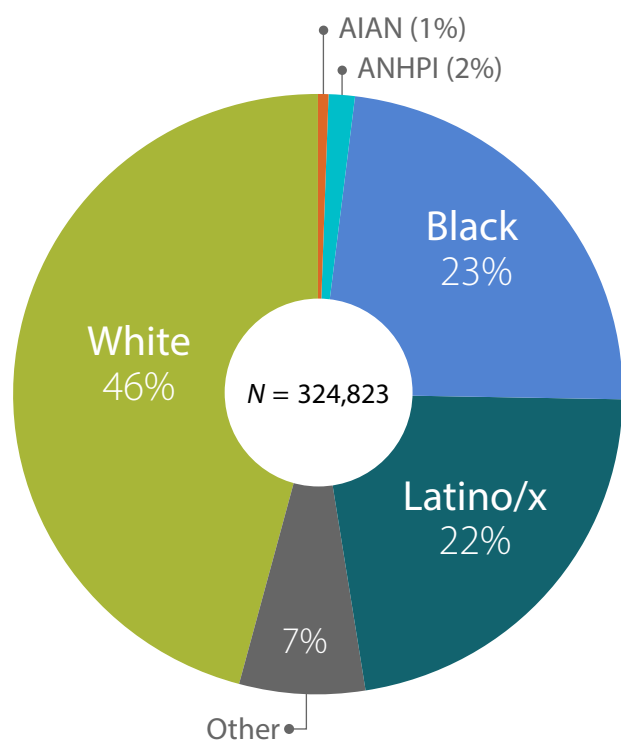
Sources: "Homelessness Demographic by Race," California Open Data Portal, April 6, 2023; author calculations based on "People Receiving Homeless Response Services by Age, Race, and Gender," California Open Data Portal, accessed September 25, 2023; and "Regions," California Census 2020.

Emergency Department Visits Among People Experiencing Homelessness, by Race/Ethnicity, California, 2019

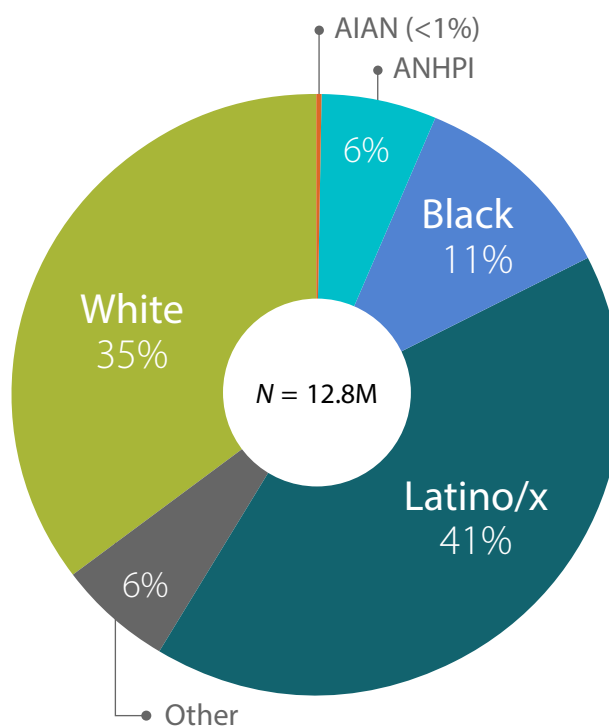
Health Disparities by Race and Ethnicity Homelessness

In 2019, the percentage of emergency department (ED) visits by people experiencing homelessness was highest among White Californians. Although Black Californians accounted for 11% of overall ED visits, they constituted 23% of ED visits among people experiencing homelessness. Latino/x Californians, who accounted for 41% of overall ED visits, represented 22% of ED visits among people experiencing homelessness in 2019.

ED visits by People Experiencing Homelessness



ED Visits



Notes: ED is emergency department. AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses Hispanic and Other Race/Ethnicity. Figures may not sum due to rounding.

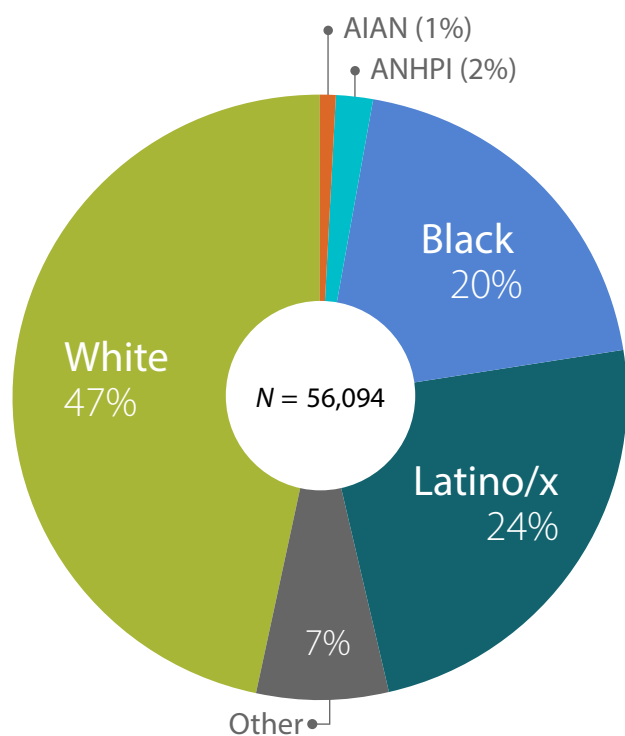
Source: "2019-2020 Homeless Hospital Encounters: Age, Race, Sex, Expected Payer (Statewide)," California Dept. of Health Care Access and Information, accessed June 2, 2023.

Hospitalizations by People Experiencing Homelessness, by Race/Ethnicity, California, 2019

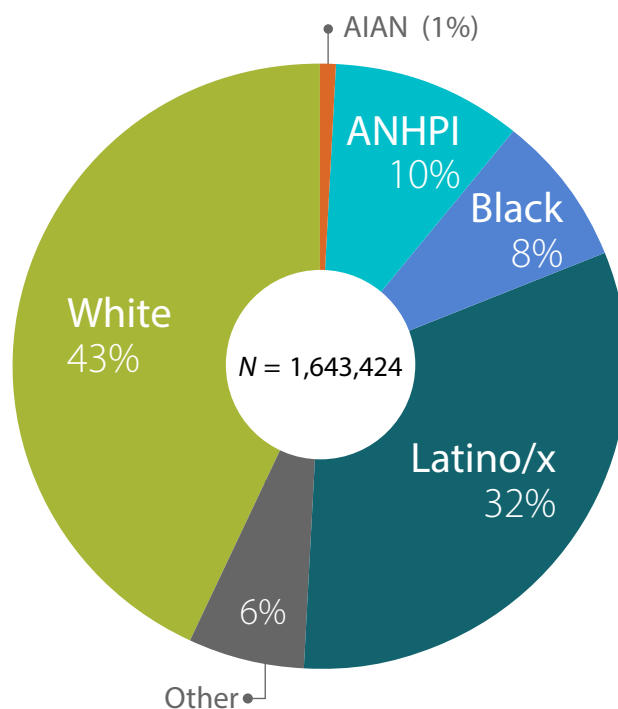
Health Disparities by Race and Ethnicity Homelessness

Although Black patients accounted for 8% of overall hospitalizations in 2019, they accounted for 20% of hospitalizations among people experiencing homelessness. White Californians had the highest percentage of hospitalizations in the state, both overall and among people experiencing homelessness.

Hospitalizations by People Experiencing Homelessness



Hospitalizations

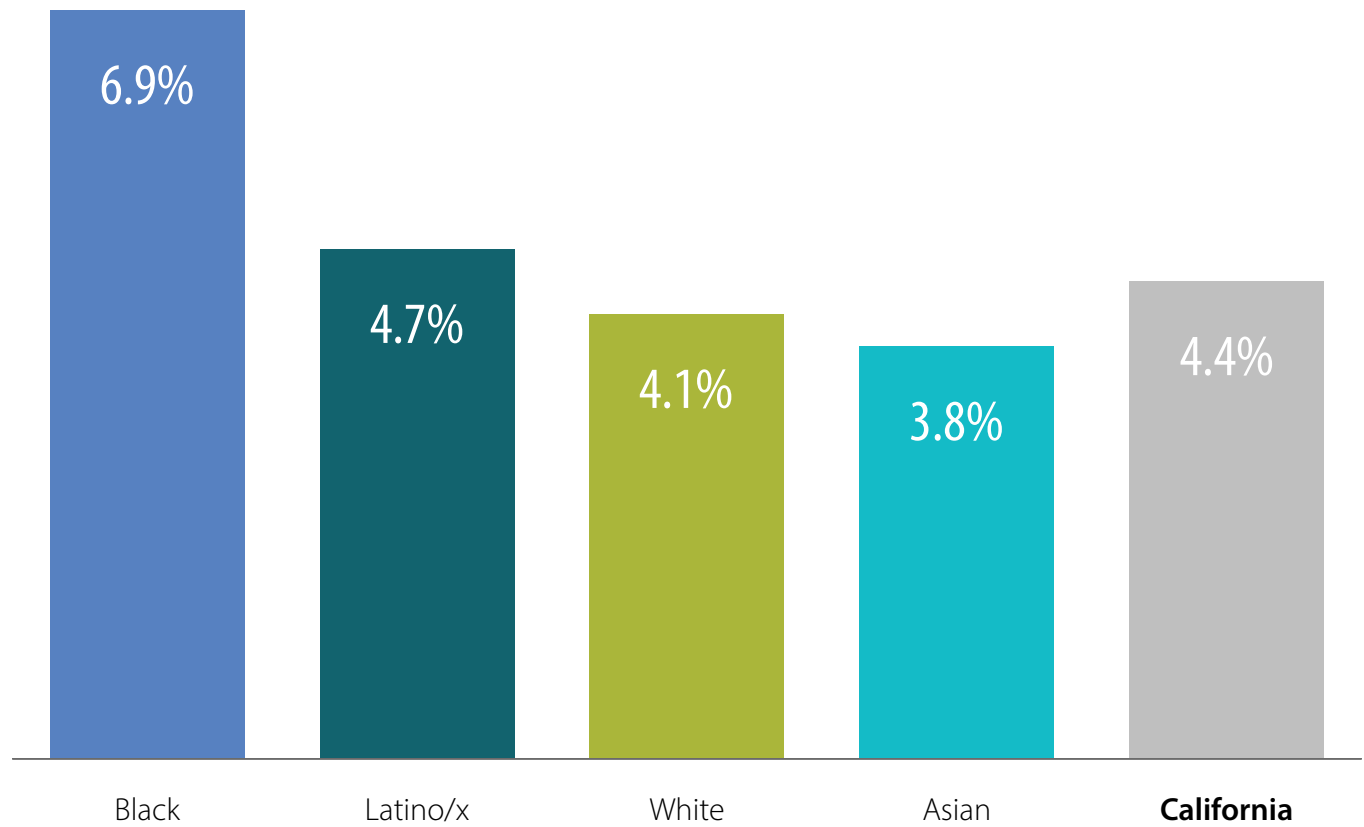


Notes: AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic* and *Other Race / Ethnicity*. Figures may not sum due to rounding.

Source: "2019-2020 Homeless Hospital Encounters: Age, Race, Sex, Expected Payer (Statewide)," California Dept. of Health Care Access and Information, accessed June 21, 2023.

Unemployment Rate, by Race/Ethnicity

California, 2023



Notes: Source uses *Hispanic*. Rates for *American Indian and Alaska Native* and *Native Hawaiian and Pacific Islander* are not available.
Source: *California Demographic Labor Force, Summary Tables - August 2023* (PDF), California Employment Development Dept., accessed August 21, 2023.

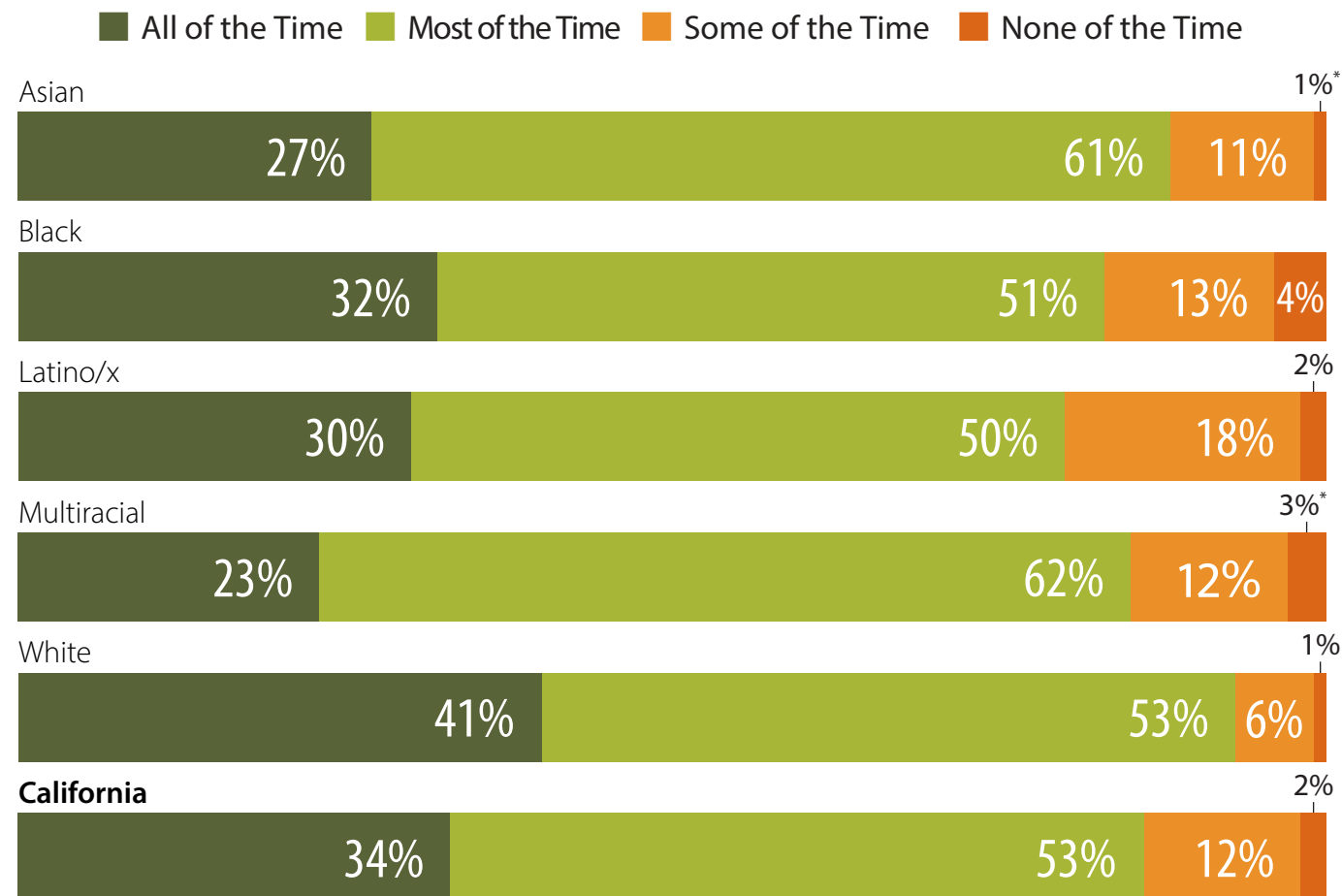
In 2023, Black Californians had the highest rates of unemployment. People who are unemployed report feelings of depression and anxiety and tend to suffer more from stress-related illnesses including high blood pressure, stroke, heart disease, and arthritis than those who are employed.*

* *Employment*, Healthy People 2030, Office of Disease Prevention and Health Promotion, accessed July 28, 2023.

Neighborhood Safety, by Race/Ethnicity

California, 2021

PERCENTAGE WHO FEEL SAFE...



* Statistically unstable

Notes: American Indian and Alaska Native and Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable or unavailable due to small sample size. Source uses Black or African American, Latino, and Two or more races. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 26, 2023.

Health Disparities by Race and Ethnicity

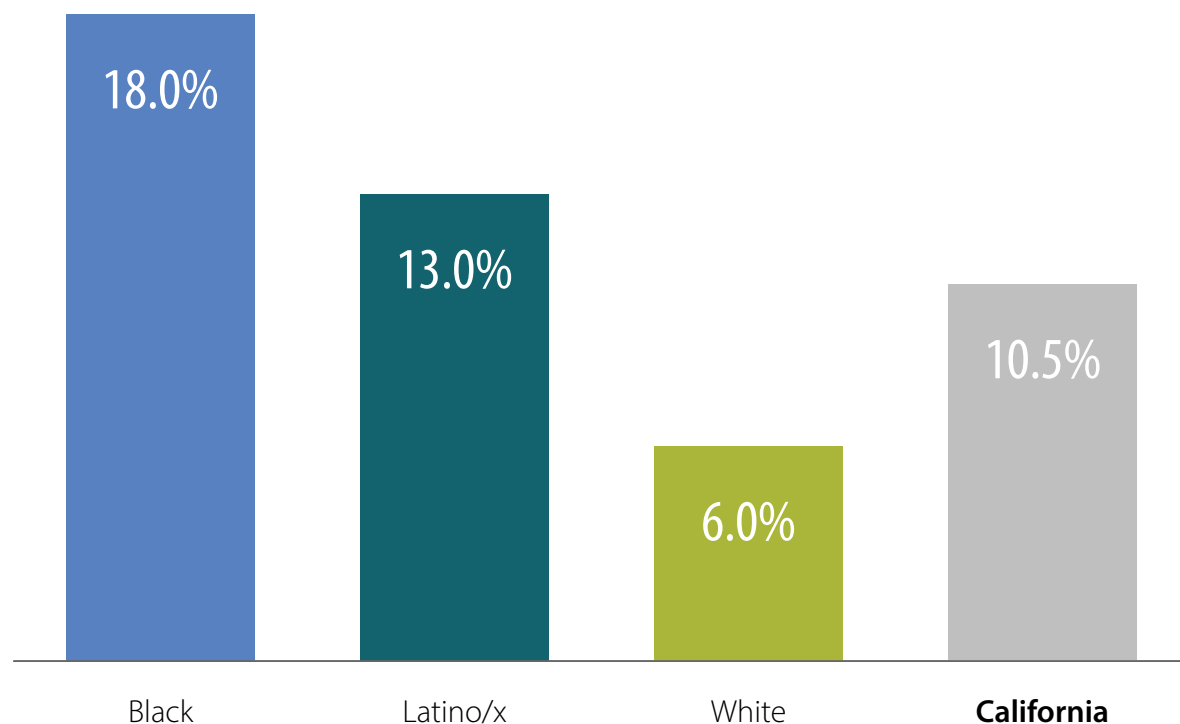
Social Drivers of Health

Safe communities that provide opportunities to be active and eat well support people in making healthy choices.[†] In 2021, one in five Latino/x Californians reported feeling safe in their neighborhood only some or none of the time.

[†]"Make Our Communities Healthy and Violence-Free," Let's Get Healthy California.

Food Insecurity, by Race/Ethnicity

California, 2021



Notes: *Food insecurity* is a lack of consistent access to enough food for every person in a household to live an active, healthy life. *Black* includes those whose identified race is Black or African American, including both Hispanic and non-Hispanic Black people; consequently, there may be overlap between the results for this population and Latino/x. Data are unavailable for *Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and Multiracial* Californians. Source uses *Latino (Hispanic)*. See [Appendix C](#) for data stratified by race/ethnicity by county.

Source: "Map the Meal Gap: Food Insecurity Among Overall (All Ages) Population in California," Feeding America, accessed June 5, 2023.

Health Disparities by Race and Ethnicity

Social Drivers of Health

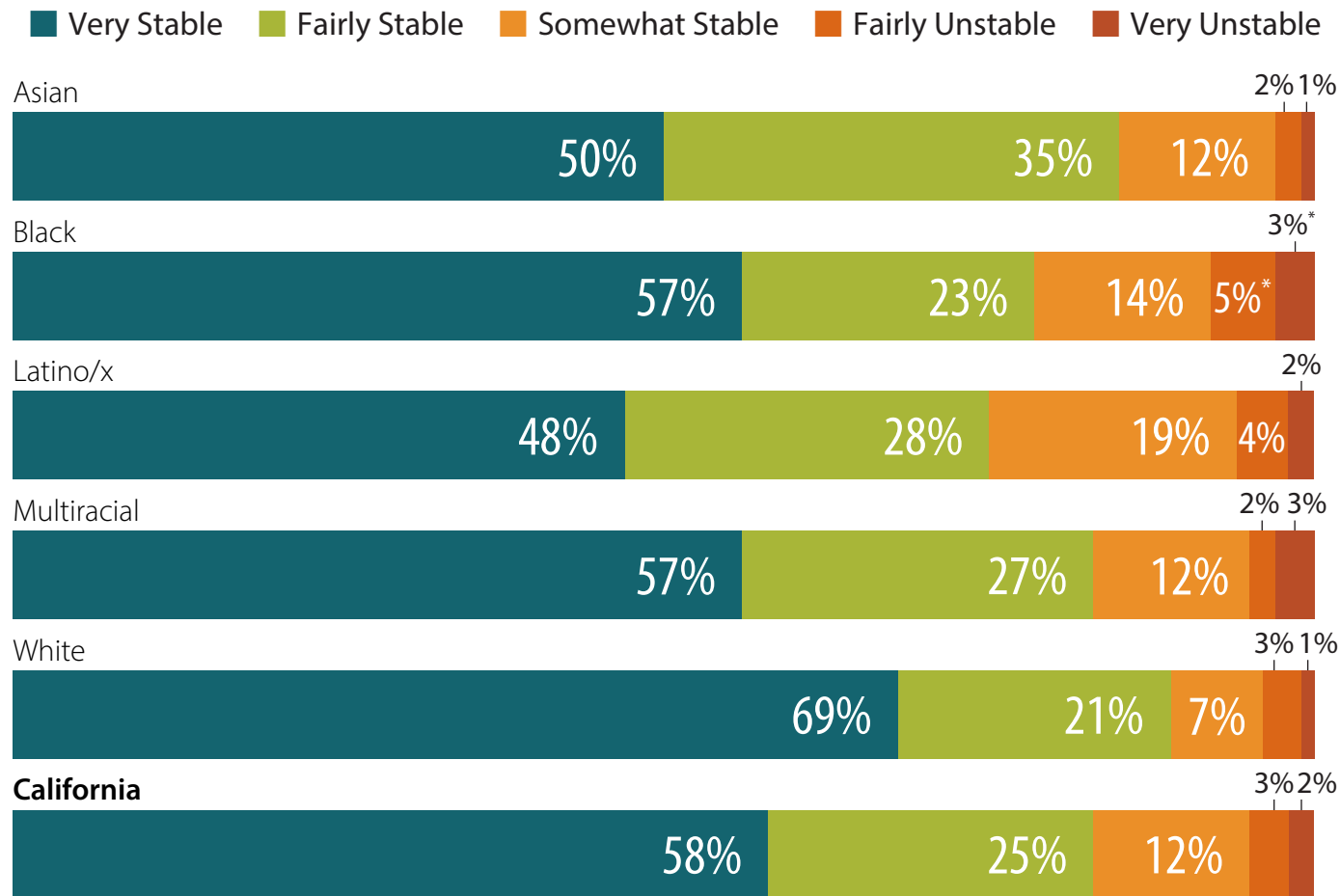
Food insecurity is linked to negative health outcomes in children and adults.* Nearly one in five Black Californians experienced food insecurity in 2021. Food insecurity is influenced by multiple factors, including poverty, unemployment, and a lack of household assets, all of which are disproportionately experienced by communities of color.†

* "Food Insecurity," Healthy People 2030, Office of Disease Prevention and Health Promotion.

† Monica Hake, Emily Engelhard, and Adam Dewey, *Map the Meal Gap 2023: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2021*, Feeding America, May 3, 2023.

Housing Security, by Race/Ethnicity

California, 2021



* Statistically unstable.

Notes: American Indian and Alaska Native and Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable or unavailable due to small sample size. Source uses Black or African American, Latino, and Two or more races. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 26, 2023.

Health Disparities by Race and Ethnicity

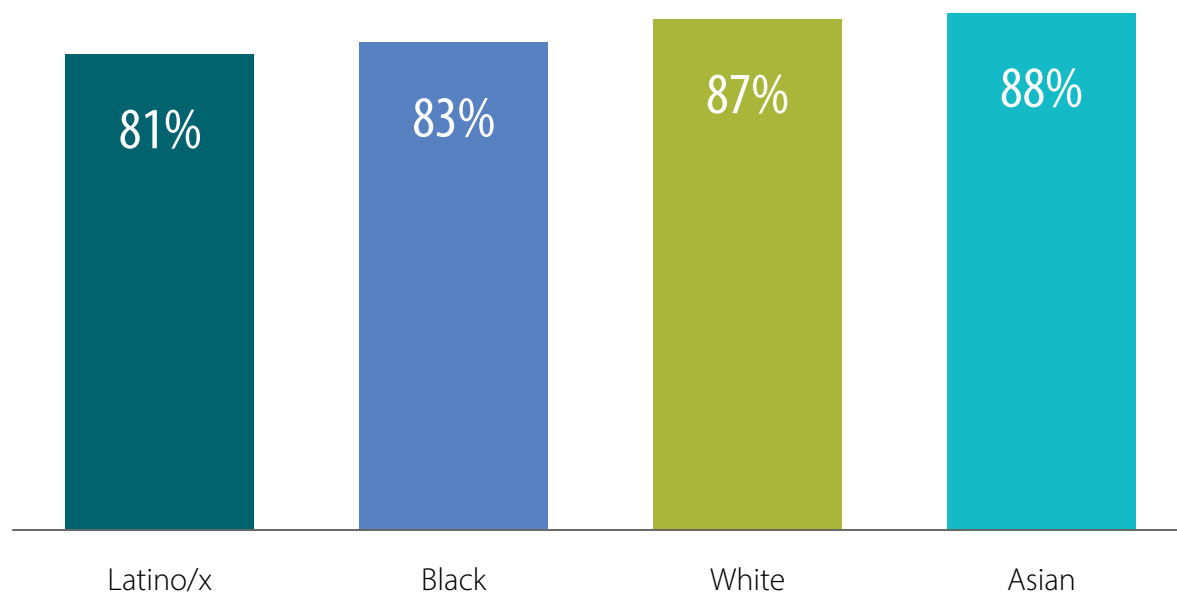
Social Drivers of Health

In 2021, four in five Californians considered their housing to be very or fairly stable. Almost 70% of White Californians reported very stable housing, higher than any other racial and ethnic group.

Internet Access, by Race/Ethnicity

California, 2020

REPORTED HAVING BROADBAND ACCESS



Note: Source uses *Asian American* and *Latino*.

Source: Eric Assan, Niu Gao, and Joseph Hayes, "California's Digital Divide," Public Policy Institute of California, June 2023.

Health Disparities by Race and Ethnicity

Social Drivers of Health

Broadband, or high-speed internet, is required for telehealth services such as video visits with a health care provider.* In 2020, a slightly higher percentage of White and Asian Californians reported having internet access than Black and Latino/x Californians.

* "Health Equity and Broadband Internet Access," American Health Information Management Assn. Foundation, last updated February 9, 2023.

Appendix A. Overdose Deaths Due to Prescription Opioid, Fentanyl, and Heroin, by Race/Ethnicity, California, 2021

	NUMBER OF DEATHS			AGE-ADJUSTED RATE PER 100,000 RESIDENTS		
	PRESCRIPTION OPIOIDS	FENTANYL	HEROIN	PRESCRIPTION OPIOIDS	FENTANYL	HEROIN
AIAN	20	60	7	10.2	37.4	3.8
ANHPI	187	175	13	0.4	3.4	0.2
Black	100	704	91	3.9	29.1	3.2
Latino/x	228	1,921	228	1.5	11.7	1.5
White	870	3,101	438	5.2	22.5	2.9
California	1,239	5,961	777	2.9	15.3	1.9

Notes: *Prescription opioid* deaths include pain relievers such as hydrocodone, oxycodone, and morphine. They also include methadone, and exclude synthetic opioids such as fentanyl. *Fentanyl* deaths are deaths caused by acute poisonings that involve fentanyl or fentanyl analogs as a contributing cause of death, regardless of intent (e.g., unintentional, suicide, assault, or undetermined). Fentanyl and associated analogs are strong synthetic opioid analgesics that may be prescribed or obtained illegally. *Heroin* deaths are deaths caused by acute poisonings that involve heroin as a contributing cause of death, regardless of intent (e.g., unintentional, suicide, assault, or undetermined). Deaths related to chronic use of drugs are excluded. *AIAN* is American Indian and Alaska Native; *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Asian / Pacific Islander*, *Black / African American*, *Hispanic/Latino*, and *Native American / Alaska Native*.

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health, accessed July 28, 2023.

Appendix B. Continuums of Care (CoCs), by Region, California, 2022

CoC ID	CoC	State Region(s) Covered	CoC ID	CoC	State Region(s) Covered	CoC ID	CoC	State Region(s) Covered
CA-500	Santa Clara County	3	CA-518	Solano County	3	CA-604	Kern County	6
CA-501	San Francisco County	3	CA-519	Butte County	1	CA-606	Long Beach (Los Angeles County)	8
CA-502	Alameda County	3	CA-520	Merced County	4	CA-607	Pasadena (Los Angeles County)	8
CA-503	Sacramento County	1	CA-521	Yolo County	1	CA-608	Riverside County	7
CA-504	Sonoma County	2	CA-522	Humboldt County	2	CA-609	San Bernardino County	7
CA-505	Contra Costa County	3	CA-523	Colusa, Glenn, Trinity Counties	1 & 2	CA-611	Ventura County	5
CA-506	Monterey, San Benito Counties	5	CA-524	Sutter, Yuba Counties	1	CA-612	Glendale (Los Angeles County)	8
CA-507	Marin County	3	CA-525	El Dorado County	1	CA-613	Imperial County	10
CA-508	Santa Cruz County	5	CA-526	Amador, Calaveras, Mariposa, Tuolumne Counties	4	CA-614	San Luis Obispo County	5
CA-509	Mendocino County	2	CA-527	Tehama County	1			
CA-510	Stanislaus County	4	CA-529	Lake County	2			
CA-511	San Joaquin County	4	CA-530	Alpine, Inyo, Mono Counties	4 & 6			
CA-512	San Mateo County	3	CA-531	Nevada County	1			
CA-513	Kings, Tulare Counties	6	CA-600	Los Angeles County	8			
CA-514	Fresno, Madera Counties	4 & 6	CA-601	San Diego County	10			
CA-515	Placer County	1	CA-602	Orange County	9			
CA-516	Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou Counties	1 & 2	CA-603	Santa Barbara County	5			
CA-517	Napa County	2						

Sources: "Homelessness Demographic by Race," California Open Data Portal, April 6, 2023; "People Receiving Homeless Response Services by Age, Race, and Gender," California Open Data Portal and "QuickFacts California," US Census Bureau, accessed June 22, 2023.

Appendix C. Food Insecurity, by Race/Ethnicity and County, California, 2021

	Black	White (non-Latino/x)	Latino/x
Alameda	18%	4%	11%
Alpine		6%	
Amador		6%	12%
Butte	30%	10%	17%
Calaveras		8%	15%
Colusa		8%	12%
Contra Costa	14%	4%	11%
Del Norte		9%	16%
El Dorado	15%	4%	12%
Fresno	24%	8%	17%
Glenn		7%	14%
Humboldt	30%	11%	18%
Imperial		8%	18%
Inyo		6%	13%
Kern	25%	9%	15%
Kings	20%	7%	16%
Lake	21%	10%	16%
Lassen	23%	8%	
Los Angeles	20%	8%	13%
Madera		8%	16%
Marin	19%	3%	11%
Mariposa		9%	15%

	Black	White (non-Latino/x)	Latino/x
Mendocino	23%	9%	17%
Merced	25%	10%	16%
Modoc		11%	15%
Mono		4%	11%
Monterey	14%	6%	12%
Napa	10%	4%	11%
Nevada		5%	13%
Orange	15%	5%	11%
Placer	5%	4%	10%
Plumas		8%	14%
Riverside	14%	6%	12%
Sacramento	20%	7%	13%
San Benito	6%	3%	11%
San Bernardino	20%	7%	13%
San Diego	20%	6%	13%
San Francisco	24%	5%	12%
San Joaquin	18%	7%	13%
San Luis Obispo	16%	7%	12%
San Mateo	11%	2%	10%
Santa Barbara	19%	6%	13%
Santa Clara	15%	3%	10%
Santa Cruz	13%	5%	13%

	Black	White (non-Latino/x)	Latino/x
Shasta	18%	9%	14%
Sierra		8%	
Siskiyou	21%	10%	16%
Solano	15%	5%	11%
Sonoma	17%	5%	11%
Stanislaus	17%	8%	14%
Sutter	14%	8%	14%
Tehama	18%	10%	16%
Trinity		11%	19%
Tulare	20%	8%	16%
Tuolumne		8%	13%
Ventura	13%	5%	12%
Yolo	26%	7%	13%
Yuba	9%	8%	14%

Notes: *Food insecurity* is a lack of consistent access to enough food for every person in a household to live an active, healthy life. *Black* includes those whose identified race is Black or African American, including both Latino/x and non-Latino/x Black people; consequently, there may be overlap between the results for this population and Latino/x. Data unavailable for *Asian*, *American Indian and Alaska Native*, *Native Hawaiian and Pacific Islander*, and *Multiracial*. Source uses *Latino (Hispanic)*. Blank cells indicate that values are not applicable and/or data required to produce local estimates were not available.

Source: "Map the Meal Gap 2023: Food Insecurity Among Overall (All Ages) Population in California," Feeding America, accessed June 5, 2023.

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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