CALIFORNIA
Health Care Almanac

CHCF

SEPTEMBER 2025

California Latino Health Almanac

Measuring Access, Outcomes, and Opportunities

Executive Summary

California's future depends on the health of its largest demographic — Latino/x communities — who, despite their essential role in the state's economy and culture, continue to face systemic barriers to health and well-being. This Almanac, accompanied by an online dashboard and policy recommendations, serves as a vital resource for highlighting key opportunities to improve health outcomes and promote a healthier California.

KEY FINDINGS

- Latinos/x comprised 40% of California's population; two-thirds were US-born.
- The Latino/x population was younger and had lower educational attainment than other groups.
- Latino/x Californians were more likely to receive care in community or government clinics and less likely to have a usual source of care.
- Latino/x children and youth faced higher rates of housing instability, food insecurity, adverse childhood events, and had lower levels of school readiness.
- The ratio of Latino/x physicians, especially specialists, to the population was much lower in comparison to non-Latino/x physicians. Latinos/x are also underrepresented among behavioral health providers, especially psychologists.
- Historically lower mortality rates among Latino/x Californians were temporarily erased during the COVID-19 pandemic in 2020.
- There continues to be a steady rise in obesity, diabetes complications, and diabetes mortality among Latinos/x.
- HIV cases were rising among Latino/x people while dropping for other Californians.
- Adolescent birth rates fell for all groups, but Latina/x adolescents still have rates three times higher than others.
- Pregnant Latinas/x were more likely to be overweight, obese, or have diabetes at delivery and stop breastfeeding earlier than other groups.
- Latino/x children and youth faced higher rates of obesity and dental cavities, exacerbated by high soda consumption.

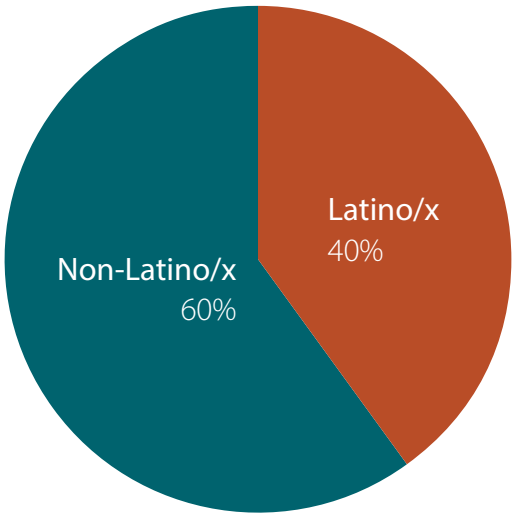
This Almanac highlights the need for targeted interventions to address health disparities and promote health equity for Latino/x Californians.

CONTENTS

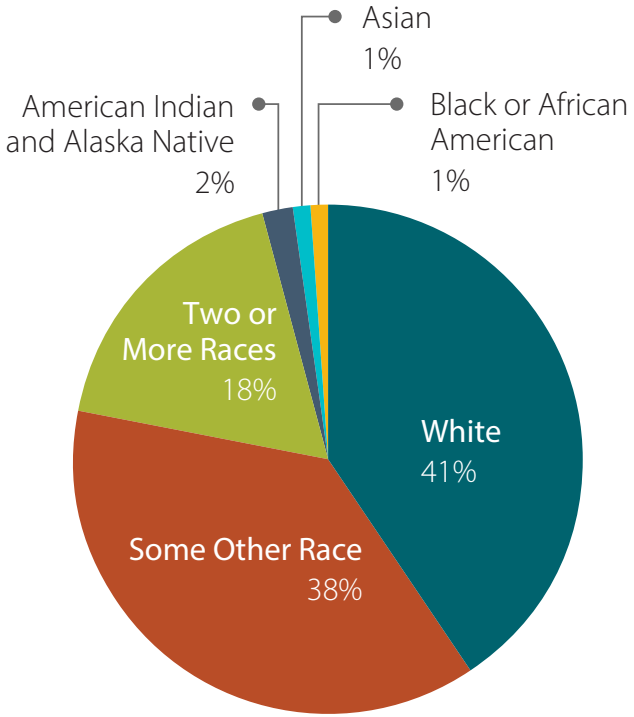
Latino/x Population, by Race and Ethnicity

California, 2021

Self-Identified Ethnicity Among Californians



Self-Identified Race Among Latinos/x



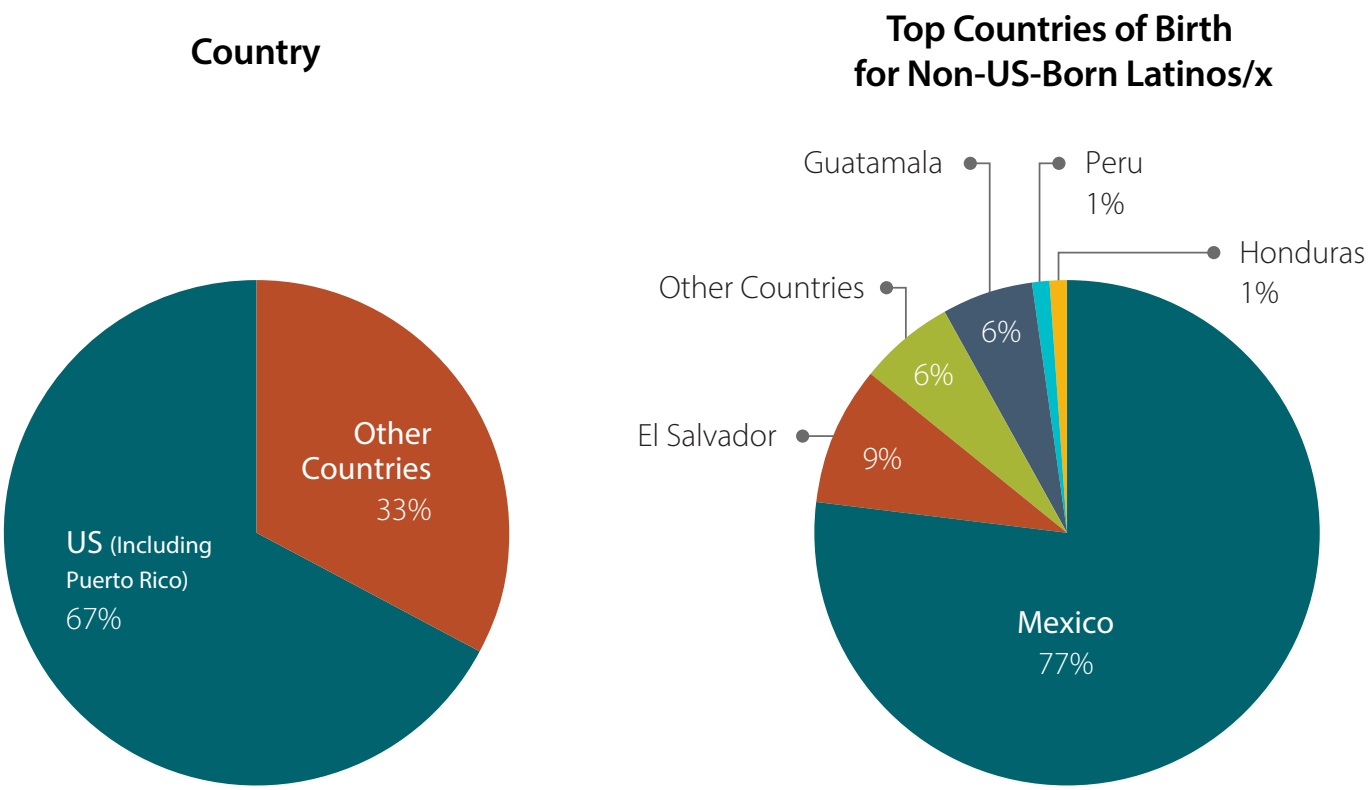
Notes: The 13,586 people who identified as Native Hawaiian and Other Pacific Islander were not included in the chart, as their category falls below 1% when calculated. Figures may not sum due to rounding.

Source: "Sex by Age" (Table B01001), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 12, 2024.

In California, about 40% of the population identified as Latino/x. Latinos/x identified predominantly as White or as "some other race," reflecting national findings that the current US Census racial categories do not capture many Latinos/x' racial self-identification. About 18% identified as multiracial, while 2% and under identified as Black or African American, American Indian and Alaska Native, or Asian.

Latino/x Population, by Country of Birth

California, 2021



Notes: Data include all ages. Figures may not sum due to rounding.

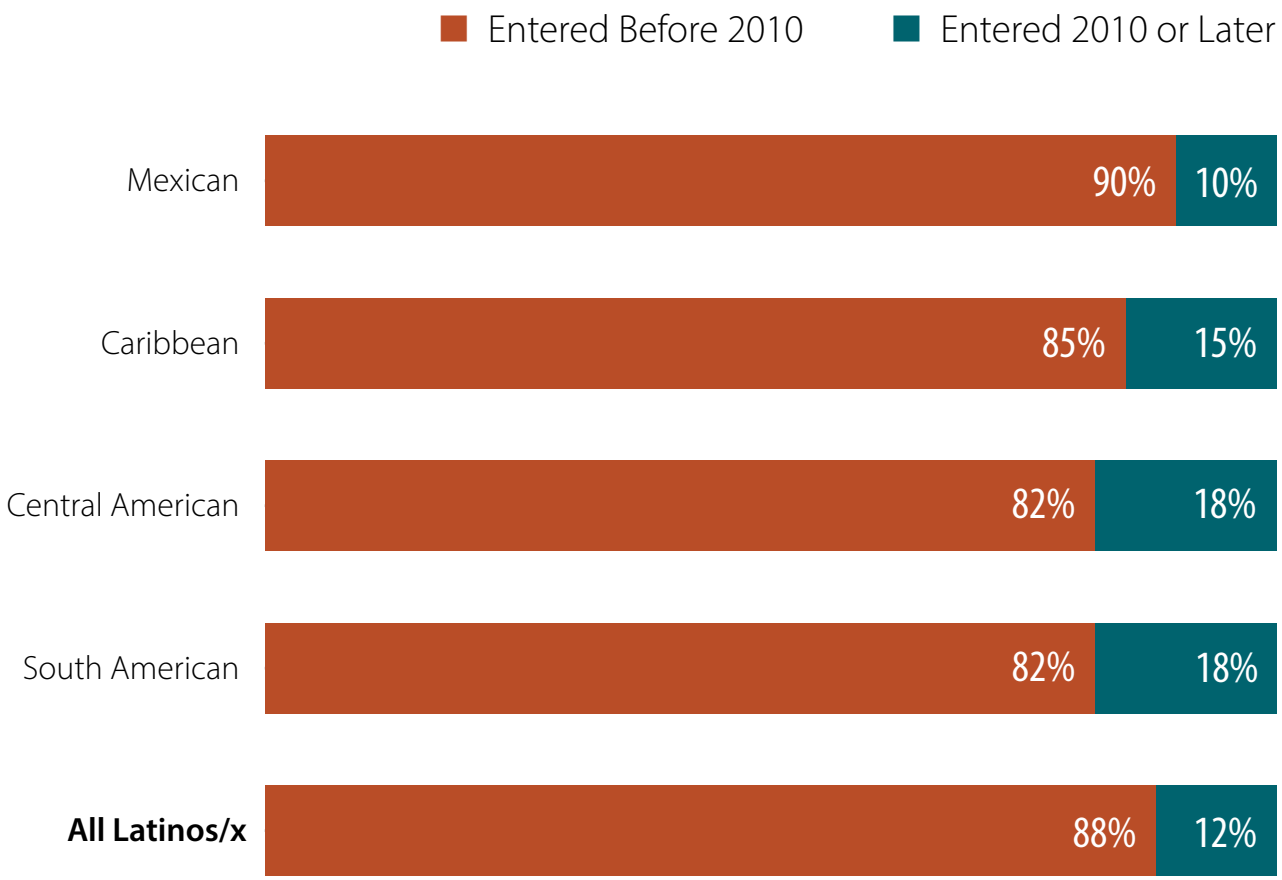
Source: "Place of Birth for the Foreign-Born Population in the United States" (Table B05006), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 12, 2024.

Approximately two-thirds (10,521,747) of California's Latinos/x were born in the US. The remaining third were predominantly born in Mexico (3,905,152). The next most common countries of origin were El Salvador (439,847) and Guatemala (282,340).

Latinos/x, by Time in the United States

California, 2021

AMONG FOREIGN-BORN LATINOS/X



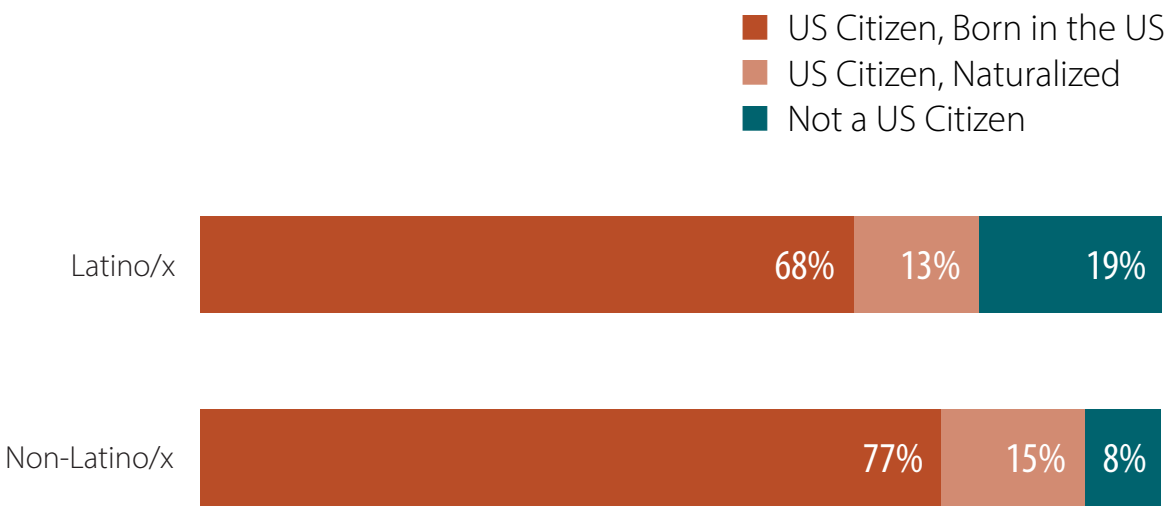
Notes: Data include all ages. Figures may not sum due to rounding.

Source: "Period of Entry by Nativity and Citizenship Status in the United States" (Table B05005), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 17, 2024.

Most foreign-born Latinos/x in California entered the US before 2010.

Citizenship Status, Latino/x and Non-Latino/x

California, 2021



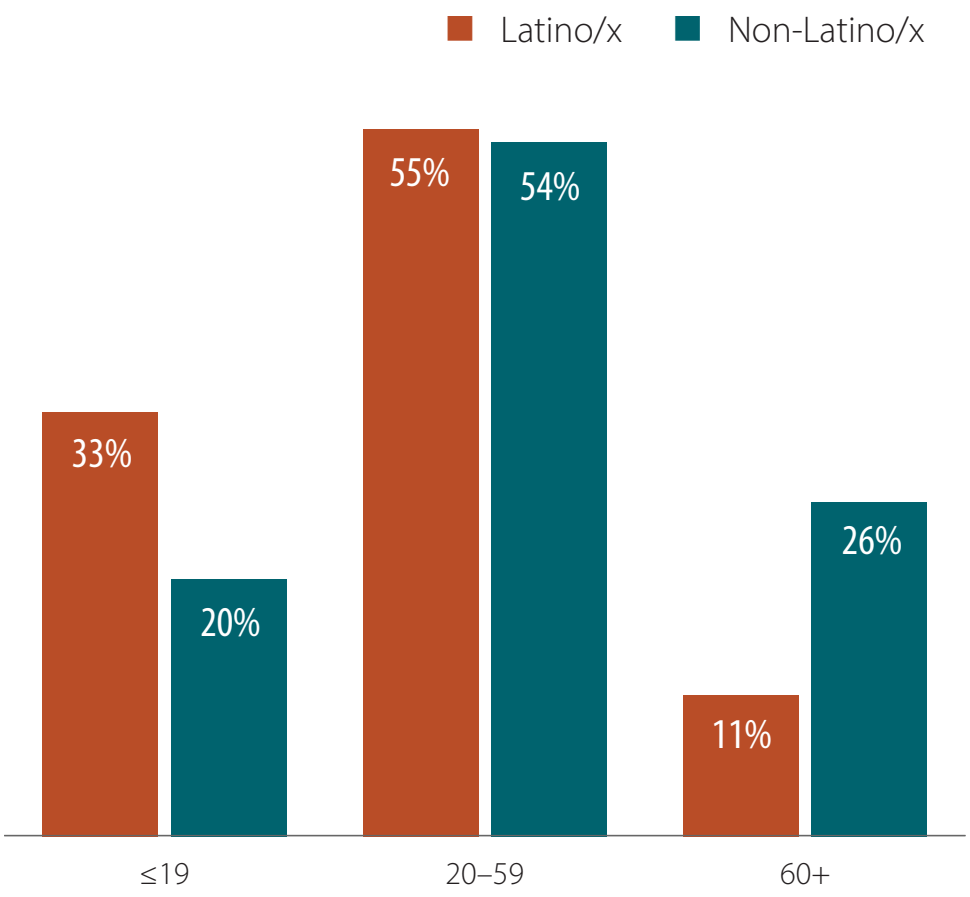
The majority of Latino/x Californians (81%) were US citizens either by birth or by naturalization. About 1 in 5 Latinos/x were not a US citizen; among non-Latino/x Californians about 1 in 12 were not US citizens. Not US citizens includes lawful permanent residents, conditional resident aliens, refugees, persons granted asylum, and unauthorized immigrants.

Notes: Data include all ages. Figures may not sum due to rounding.

Source: "Nativity and Citizenship Status in the United States" (Table B05001), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 17, 2024.

Age, Latino/x and Non-Latino/x

California, 2021

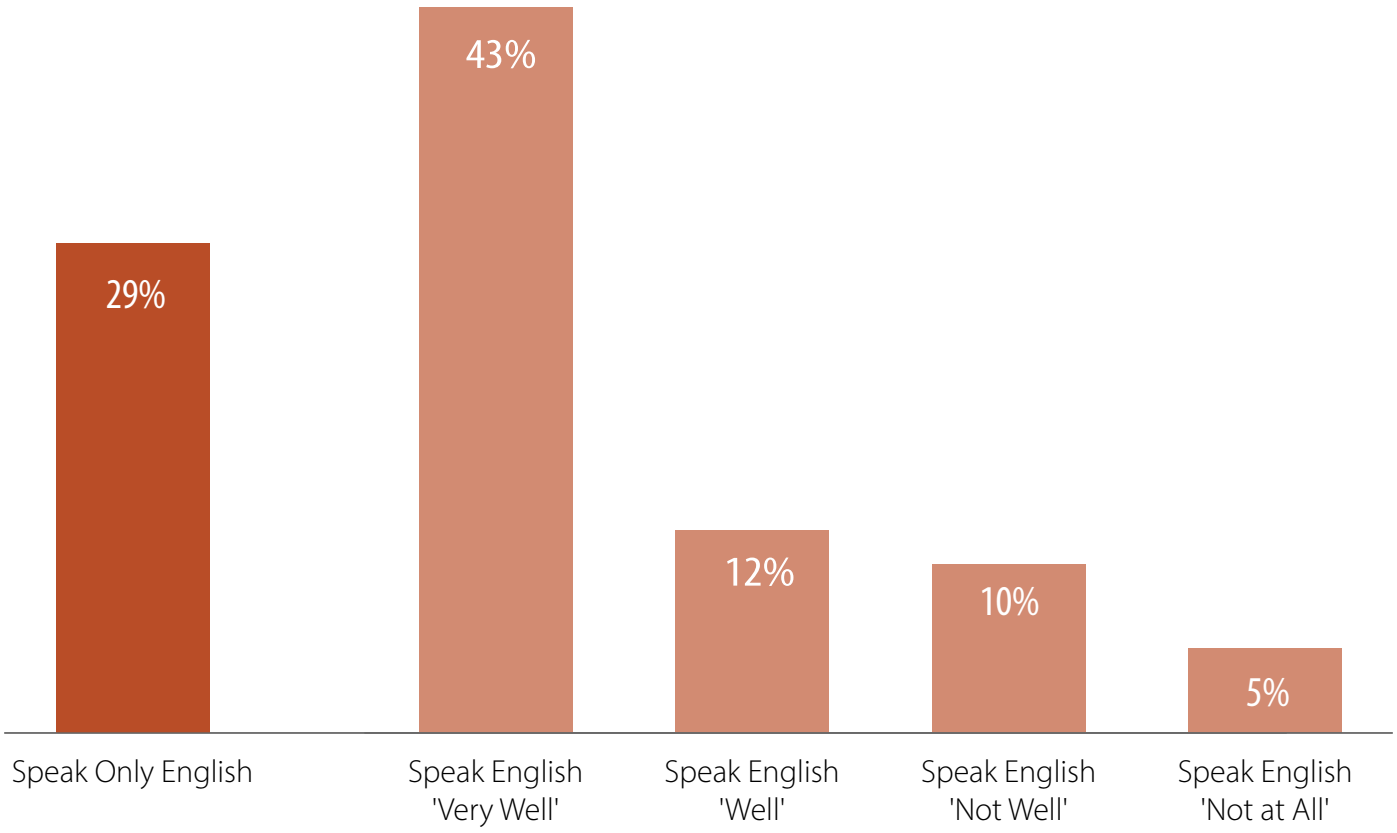


One in three Latino/x Californians were 19 or younger, compared to one in five non-Latino/x Californians. The majority of California children and adolescents (51%) were Latino/x, while Latinos/x make up only 22% of the population age 60 and older (not shown).

Source: "Sex by Age" (Table B01001), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 17, 2024.

Latino/x Population, by English Proficiency

California, 2021



Notes: Includes age 5 and older. The American Community Survey defines *proficiency in English* as speaking English "very well." Figures may not sum due to rounding.

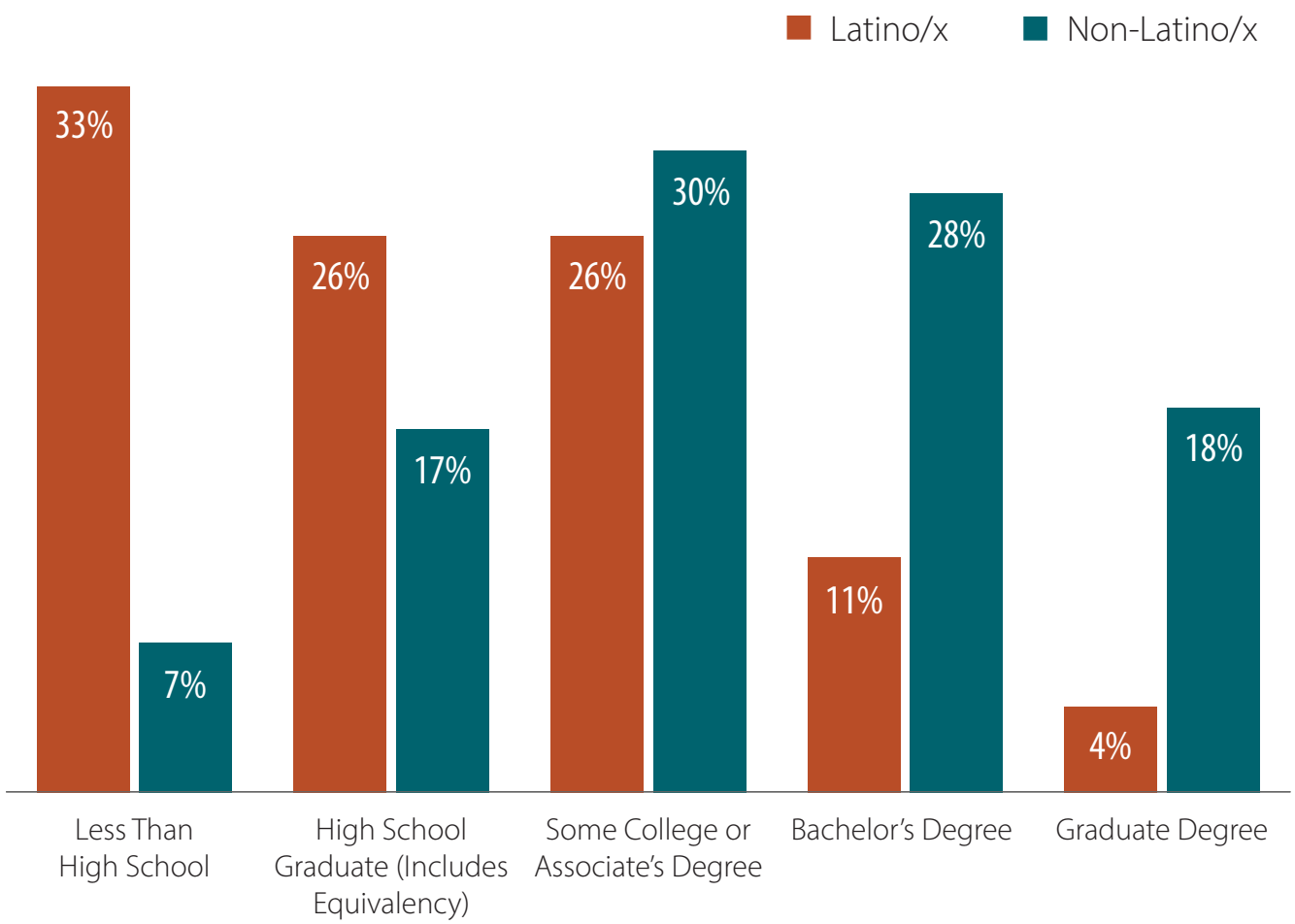
Source: "Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over" (Table B16004), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed February 13, 2025.

Twenty-nine percent of Latinos/x reported speaking only English. Additionally 43% of Latinos/x who primarily speak a language other than English reported speaking English "very well" while about 15% reported speaking English "not well" or "not at all." Latinos/x with limited English proficiency often face barriers in health care encounters.*

* Lisa Diamond et al., "A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes," *Journal of General Internal Medicine* 34, no. 8 (2019): 1591–1606.

Educational Attainment, Latino/x and Non-Latino/x

California, 2021



Notes: Includes age 25 and older. *Graduate degree* includes master's, doctorate's, and other professional degrees. Figures may not sum due to rounding.

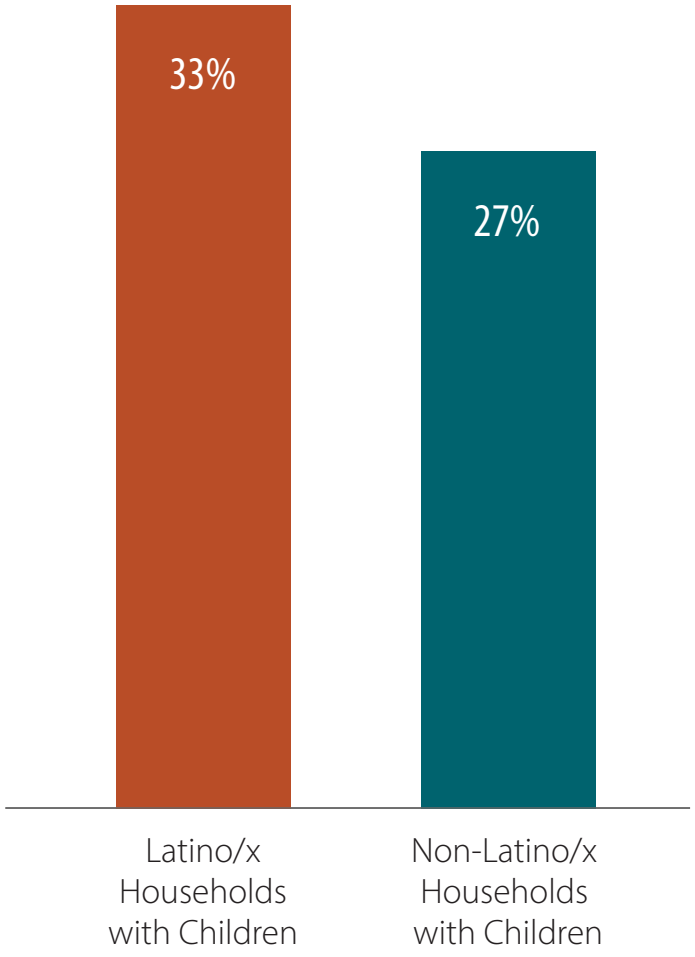
Source: "Sex by Educational Attainment for the Population 25 Year and Over" (Table B15002), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 12, 2024.

In California, Latinos/x have attained lower levels of education than non-Latinos/x. About one-third had not graduated high school — more than four times the proportion of non-Latino/x Californians. Fifteen percent of Latinos/x had a bachelor's or graduate degree compared to 46% of non-Latinos/x. Among Latinos/x born in the US, only 13% had not graduated from high school, while among immigrant Latinos/x' around half (51%) had not graduated from high school (not shown).

Household Food Insecurity, Latino/x and Non-Latino/x

California, September 2024

PERCENTAGE EXPERIENCING FOOD INSECURITY



Note: *Food insecurity* is having limited food intake and disrupted eating patterns due to limited money or food.

Sources: "CA Food Insecurity — by Race," California Association of Food Banks, 2024; Matthew P. Rabbitt et al., *Household Food Security in the United States in 2023*, US Department of Agriculture, 2024.

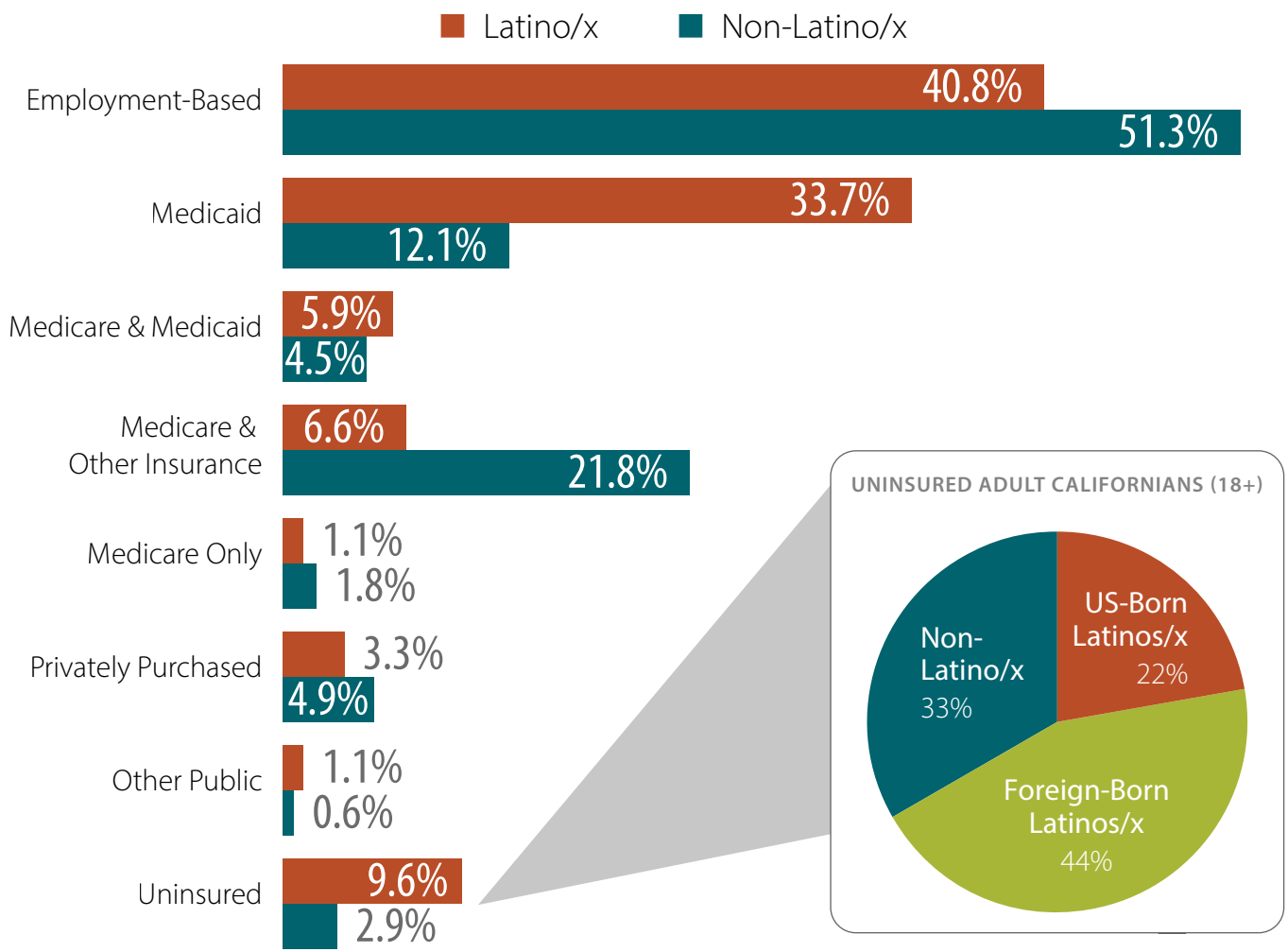
One-third of Latino/x households with children experienced food insecurity. Food insecurity was higher among Latino/x households than non-Latino/x households with children. Food insecurity among adults is associated with obesity, diabetes, and metabolic disease.* Among children, food insecurity is also associated with lower school performance.†

* Hilary K. Seligman and Seth A. Berkowitz. "Aligning Programs and Policies to Support Food Security and Public Health Goals in the United States," *Annual Review of Public Health* 40 (April 1, 2019): 319–37.

† Vanessa Wight et al., "Understanding the Link Between Poverty and Food Insecurity Among Children: Does the Definition of Poverty Matter?," *Journal of Children & Poverty* 20, no. 1 (2014): 1–20.

Health Insurance, by Type, Latino/x and Non-Latino/x

California, 2023



Notes: Includes age 18 and older. Figures may not sum due to rounding.

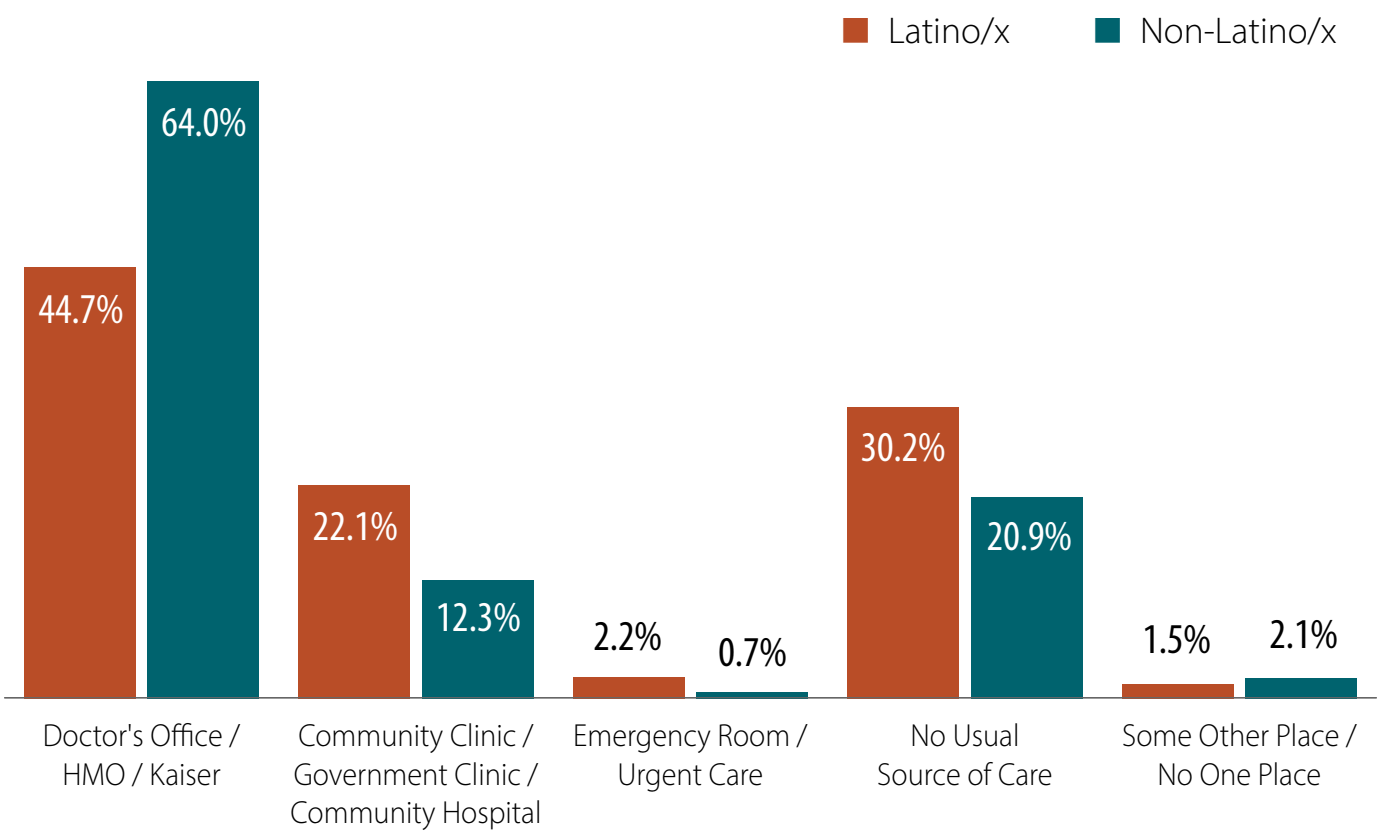
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed November 12, 2024.

Employment-based insurance was the most common type of insurance among both Latino/x and non-Latino/x adults. Medicaid was a very important source of coverage, insuring one in three Latino/x adults. Latinos/x made up 66% of California's uninsured in 2023. These data do not reflect the expansion of Medi-Cal to all income-eligible adults regardless of immigration status in 2024 and the freeze of new enrollments for certain adults who are undocumented in 2026.

* "Ages 26 through 49 Adult Full Scope Medi-Cal Expansion," California Department of Health Care Services, accessed February 22, 2025.

Usual Source of Care, Latino/x and Non-Latino/x

California, 2023



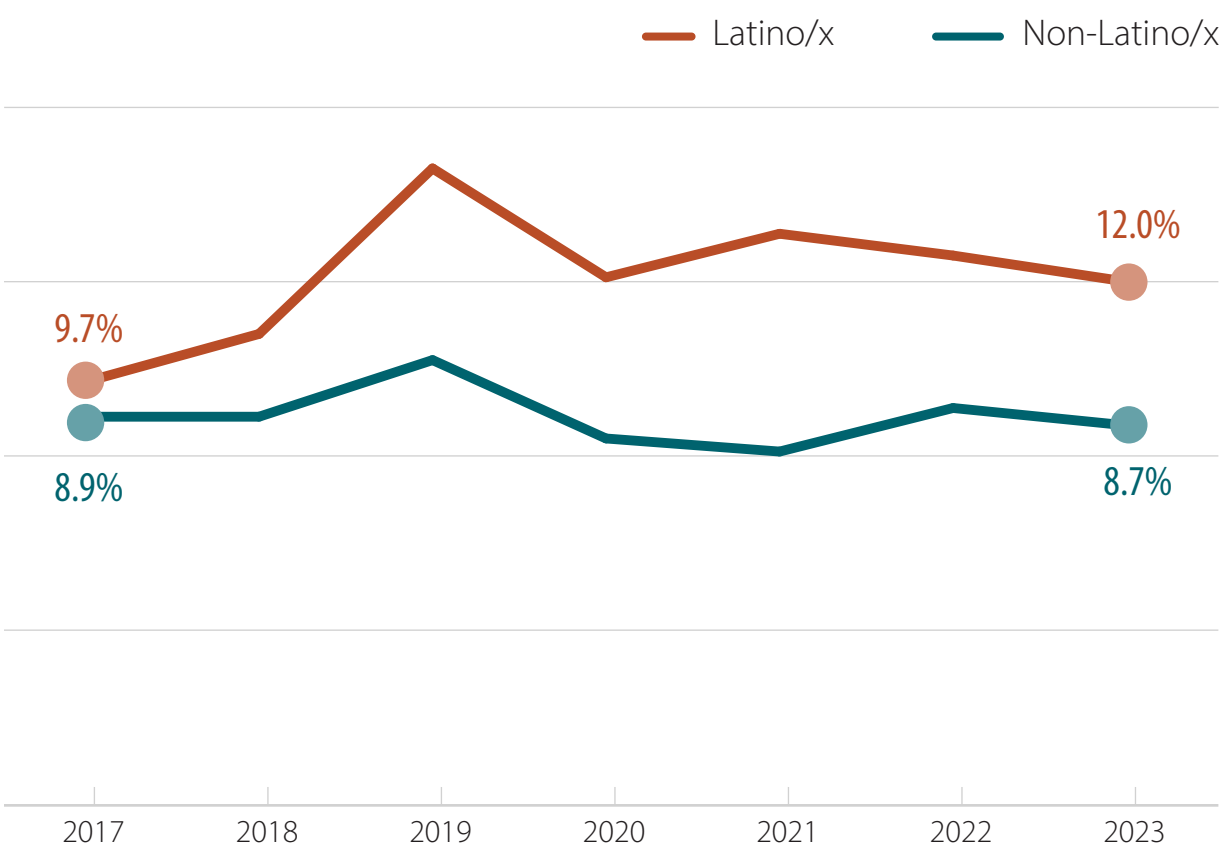
Notes: Includes age 18 and older. Figures may not sum due to rounding.

Source: "AskCHIS" (2023), UCLA Center for Health Policy Research, accessed November 12, 2024.

Latino/x Californians were more likely than non-Latino/x Californians to report a community or government clinic as their usual source of care and less likely to report a health care system or doctor's office. They were also more likely to report that they did not have a usual source of care. Not having a usual source of care is an indicator of poor access to care.*

* David M. Levine et al., "Quality and Experience of Outpatient Care in the United States for Adults with or Without Primary Care," *JAMA Internal Medicine* 179, no. 3 (2019): 363–72.

Problems Paying Medical Bills for Self or Household in Past 12 Months, Latino/x and Non-Latino/x, California, 2017 to 2023

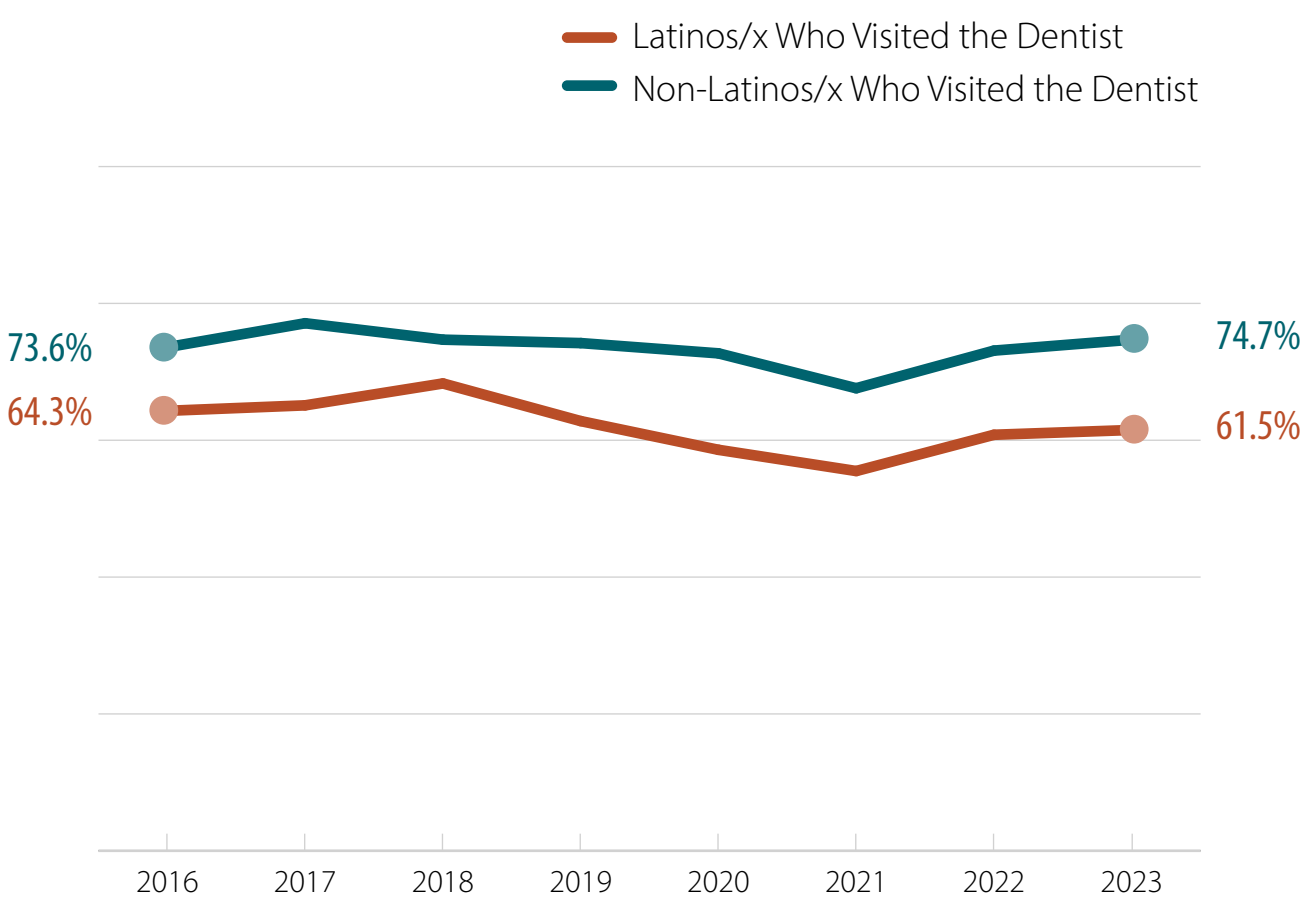


Note: Includes age 18 and older.

Source: "AskCHIS" (2017–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

Latinos/x were more likely than Non-Latinos/x to report problems paying medical bills. Between 2017 and 2023, this disparity increased.

Dental Visits in the Past 12 Months, Latino/x and Non-Latino/x, California, 2016 to 2023

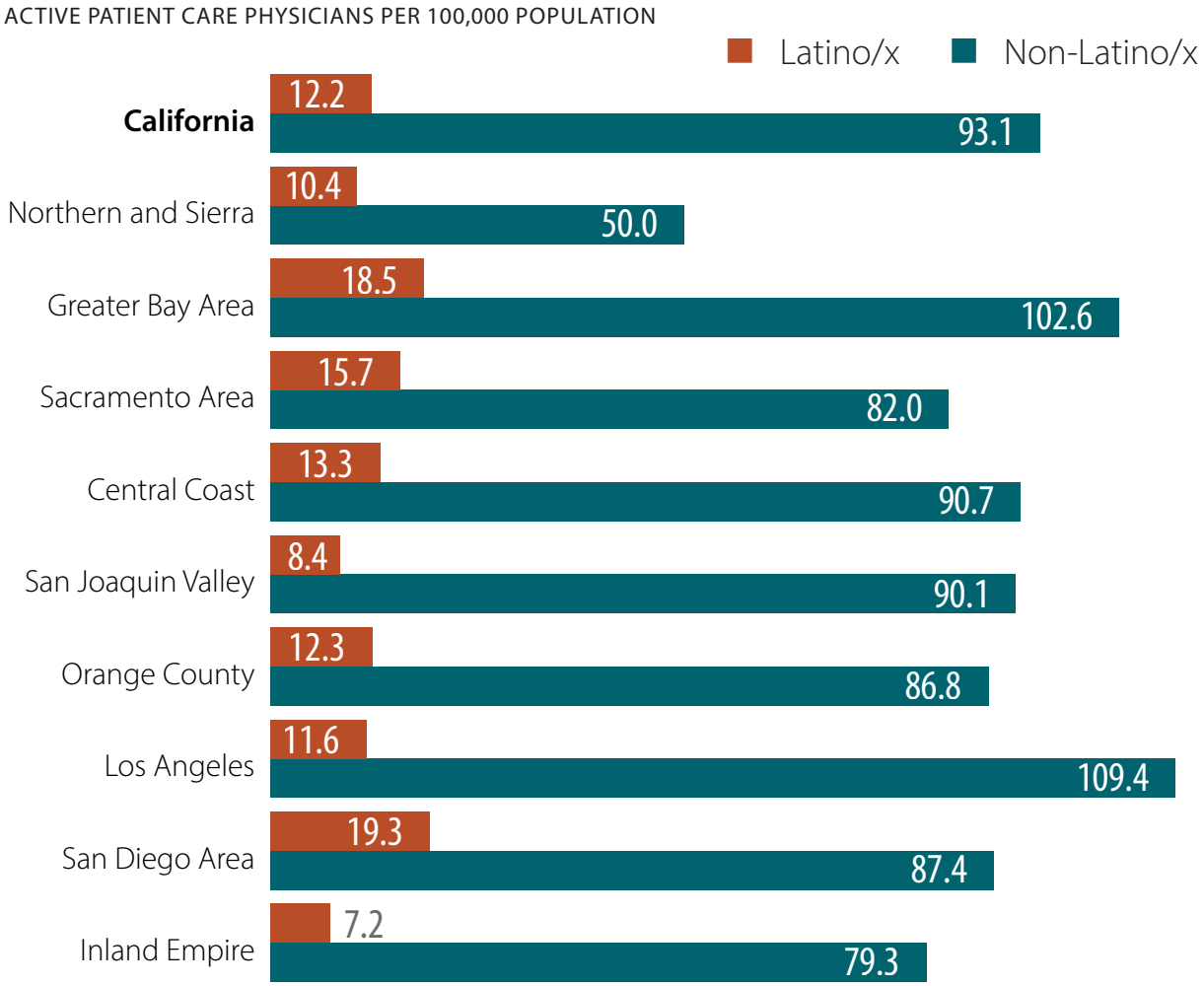


Note: Includes age 18 and older.

Source: "AskCHIS" (2016–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

A smaller percentage of Latino/x adults reported visiting the dentist in the past 12 months than their non-Latino/x counterparts. This disparity grew between 2016 and 2023.

Latino/x and Non-Latino/x Primary Care Physicians, Physicians, by Region, California, 2023



Notes: Chart uses CHIS regions. *Active patient care physicians* is defined as physicians who have completed residency/fellowship and provide patient care at least 20 hours per week.

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2024; and *Annual Estimates of the Resident Population for Counties in California: April 1, 2020 to July 1, 2023* (CO-EST2023-POP-06), US Census Bureau, March 2024.

Throughout California, the rate of Latino/x primary care physicians to Latinos/x was much lower than the rate of non-Latino/x primary care physicians to non-Latinos/x. Across the nine regions of California, Los Angeles County had the lowest ratio of Latino/x primary care physicians available to serve the large Latino/x population that lives there. Racial/ethnic concordance between physicians and patients is associated with higher levels of trust.*

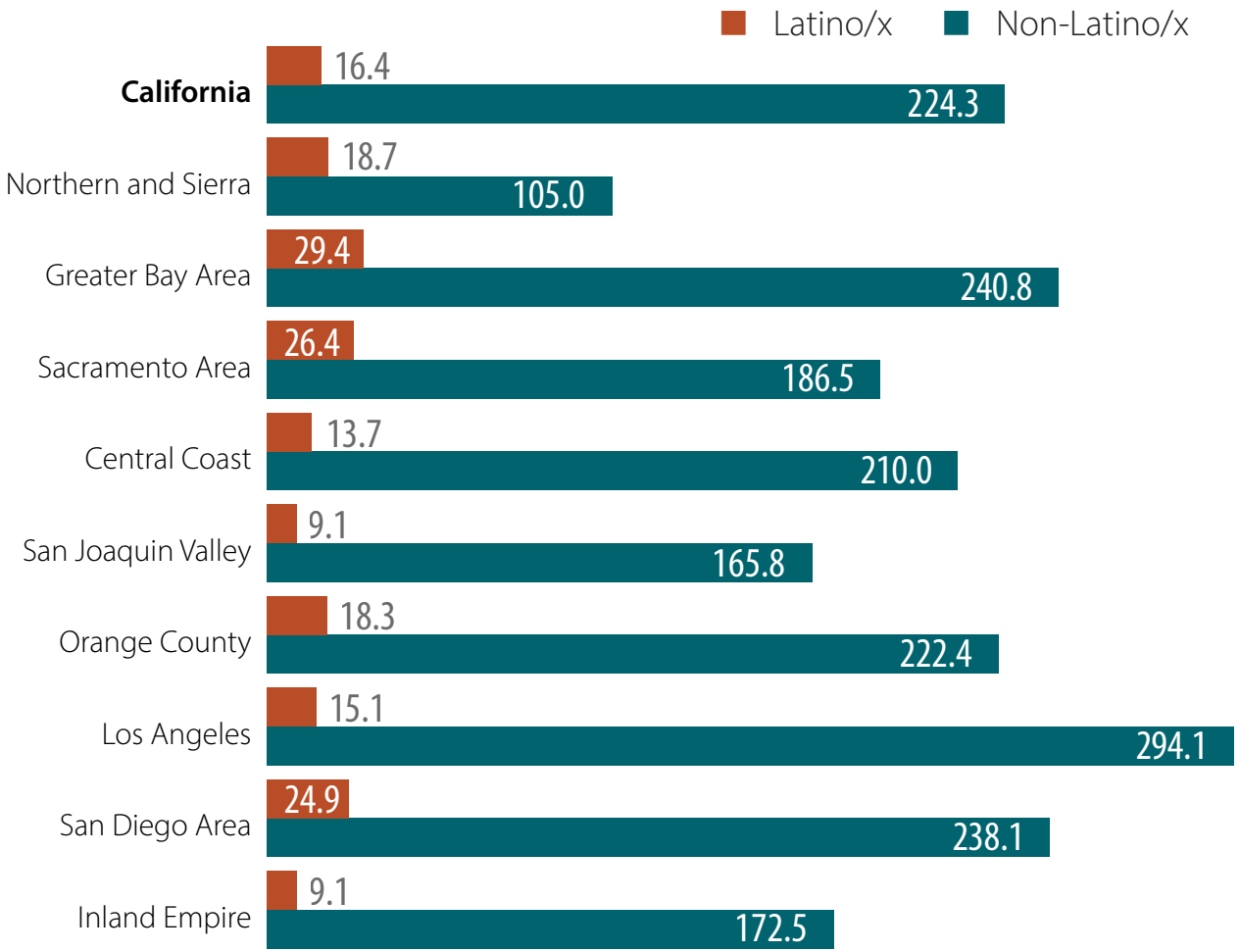
* Jessica Greene et al., "Is Patients' Trust in Clinicians Related to Patient-Clinician Racial/Ethnic or Gender Concordance?," *Patient Education and Counseling* 112 (July 1, 2023): 107750.

Latino/x and Non-Latino/x Specialist Physicians, by Region

California, 2023

Underrepresentation was greater for specialists than for primary care physicians per 100,000 population.

ACTIVE PATIENT CARE PHYSICIANS PER 100,000 POPULATION



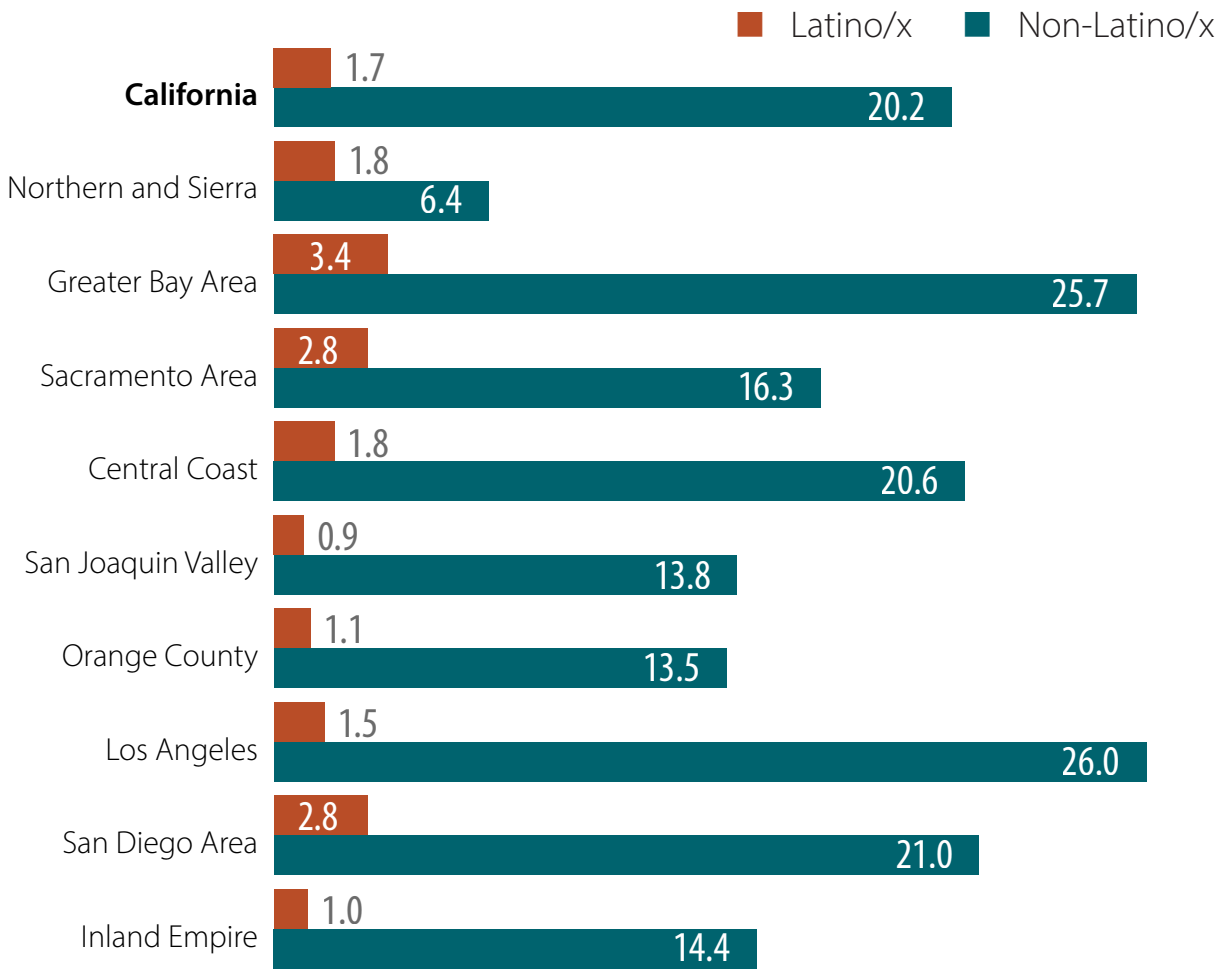
Notes: Chart uses CHIS regions. *Active patient care physicians* is defined as physicians who have completed residency/fellowship and provide patient care at least 20 hours per week.

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2024; and *Annual Estimates of the Resident Population for Counties in California: April 1, 2020 to July 1, 2023* (CO-EST2023-POP-06), US Census Bureau, March 2024.

Latino/x and Non-Latino/x Psychiatrists, by Region

California, 2023

RATE PER 100,000 POPULATION



Note: Chart uses CHIS regions.

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2024; and Annual Estimates of the Resident Population for Counties in California: April 1, 2020 to July 1, 2023 (CO-EST2023-POP-06) (XLSX), US Census Bureau, March 2024.

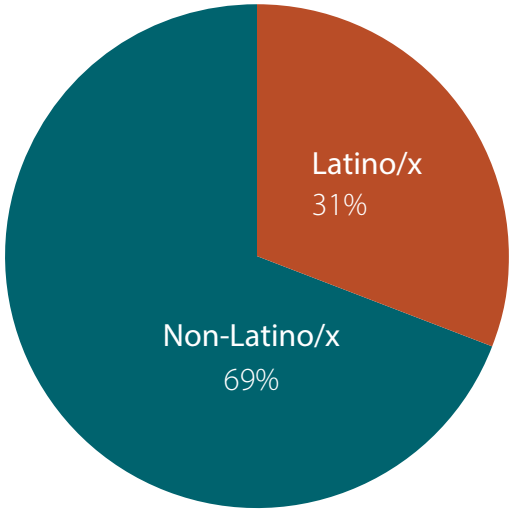
Very few Latinos/x psychiatrists practiced across California. Studies show that patients are more likely to discuss their mental health needs with their physicians if they share cultural backgrounds or speak the same language.*

* Kristin J. August et al., "Language Concordance and Patient-Physician Communication Regarding Mental Health Needs," *Journal of the American Geriatrics Society* 59, no. 12 (2011): 2356–62.

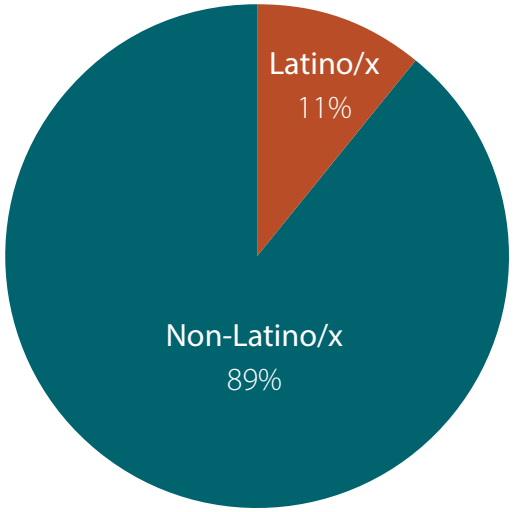
Latino/x and Non-Latino/x Behavioral Health Clinicians

California, 2023

Master's-Level Behavioral Health Professionals



Licensed Psychologists



Latinos/x were underrepresented among psychologists and master's-level behavioral health professionals who provide services to people with behavioral health needs. In 2023, Latinos/x accounted for 40% of Californians, but only 31% of master's-level behavioral health professionals and 11% of psychologists.

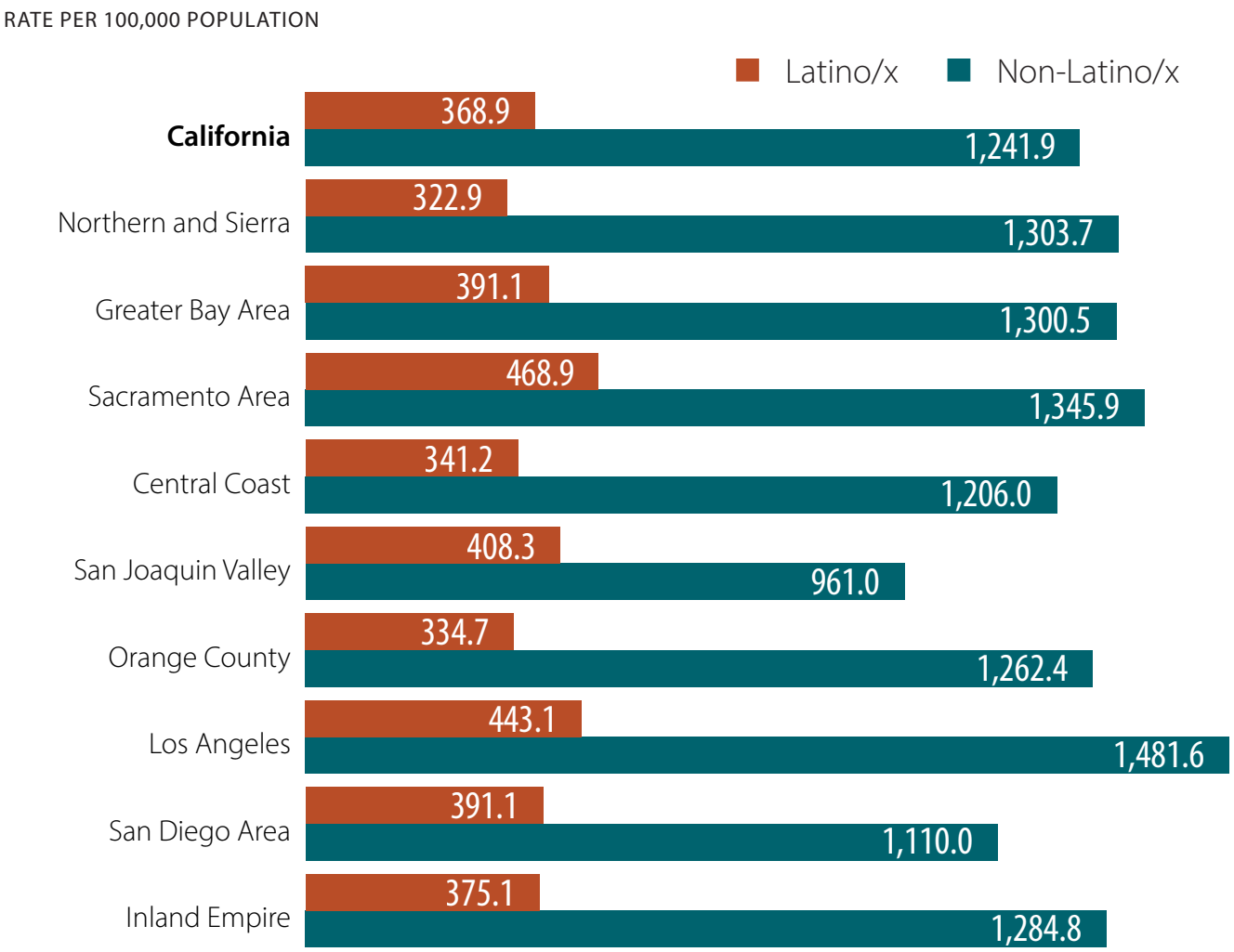
Notes: *Master's level* includes licensed clinical social workers, licensed marriage and family therapists, and licensed professional clinical counselors. Figures may not sum due to rounding.

Source: Health Workforce Race & Ethnicity Data, California Department of Health Care Access and Information, last updated December 4, 2023.

Latino/x and Non-Latino/x Registered Nurses, by Region

California, 2023

Throughout California, the percentage of registered nurses who were Latino/x was substantially below the Latino/x representation in the population.



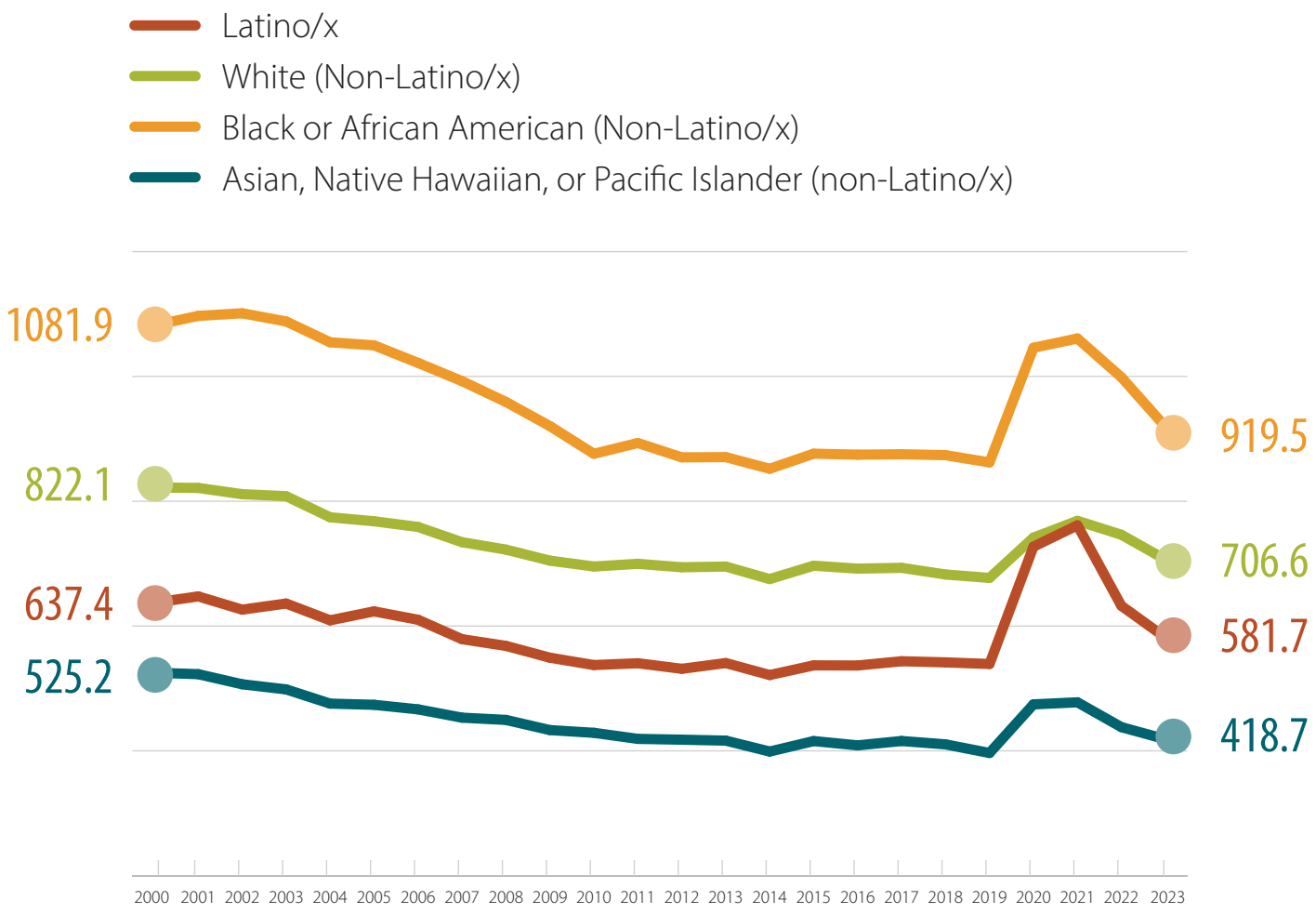
Note: Chart uses CHIS regions.

Source: Health Workforce Race & Ethnicity Data, California Department of Health Care Access and Information, last updated December 4, 2023.

All-Cause Mortality, by Race/Ethnicity

California, 2000 to 2023

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Data include all ages and sexes.

Source: HDPulse: An Ecosystem of Minority Health and Health Disparities Resources, National Institutes of Health, November 13, 2024. Note: Using CHIS regions.

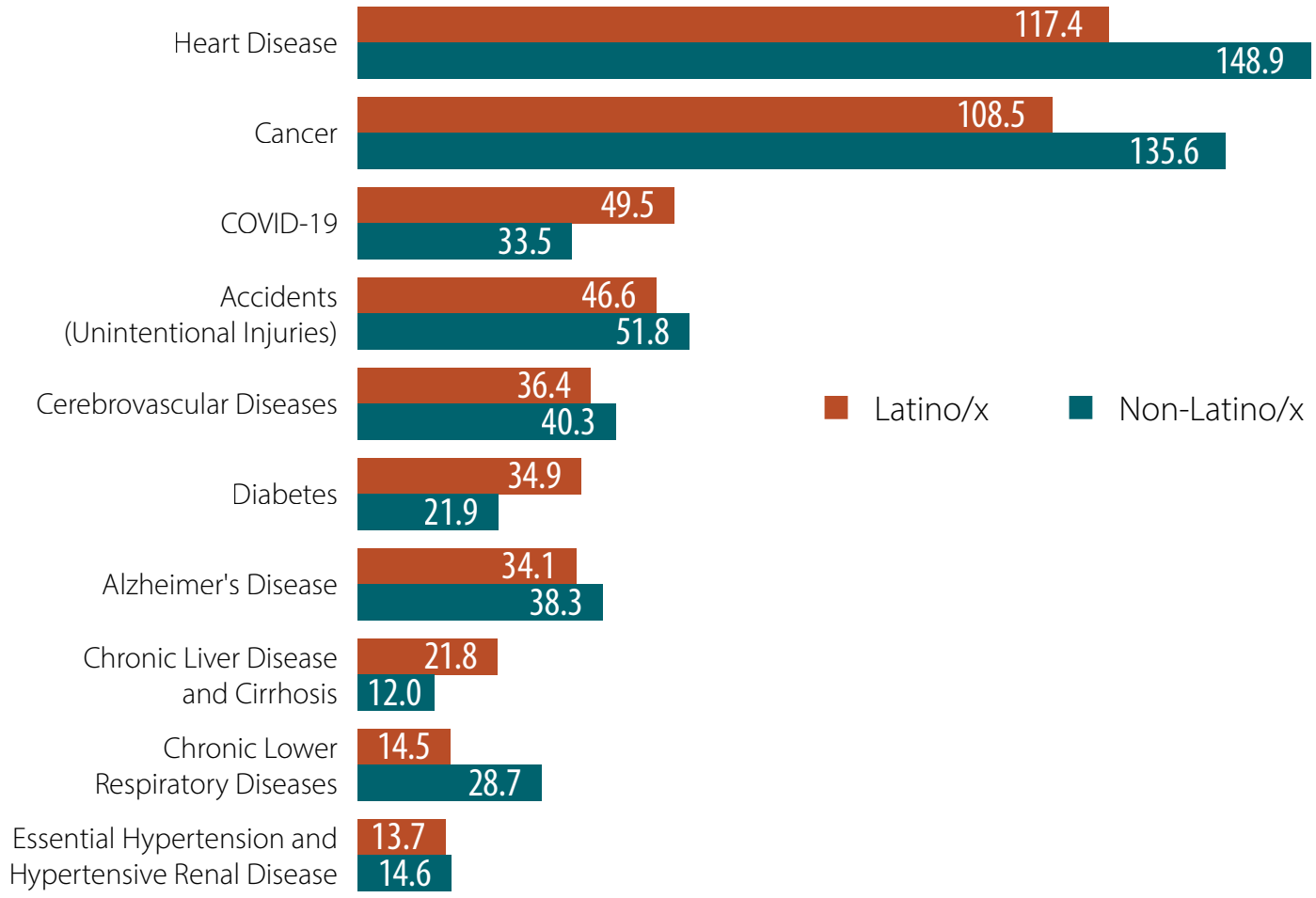
Latinos/x have lower overall mortality than White and Black Californians despite often having lower education and income levels, which are associated with poor health outcomes. This Latino/x mortality advantage was temporarily erased during the COVID-19 pandemic in 2020 and 2021.*

* Alicia R. Riley et al., "Excess Mortality Among Latino People in California During the COVID-19 Pandemic," *SSM Population Health* 15 (September 2021): 100860.

Leading Causes of Death, Latino/x and Non-Latino/x

California, 2022

AGE-ADJUSTED RATE PER 100,000 POPULATION



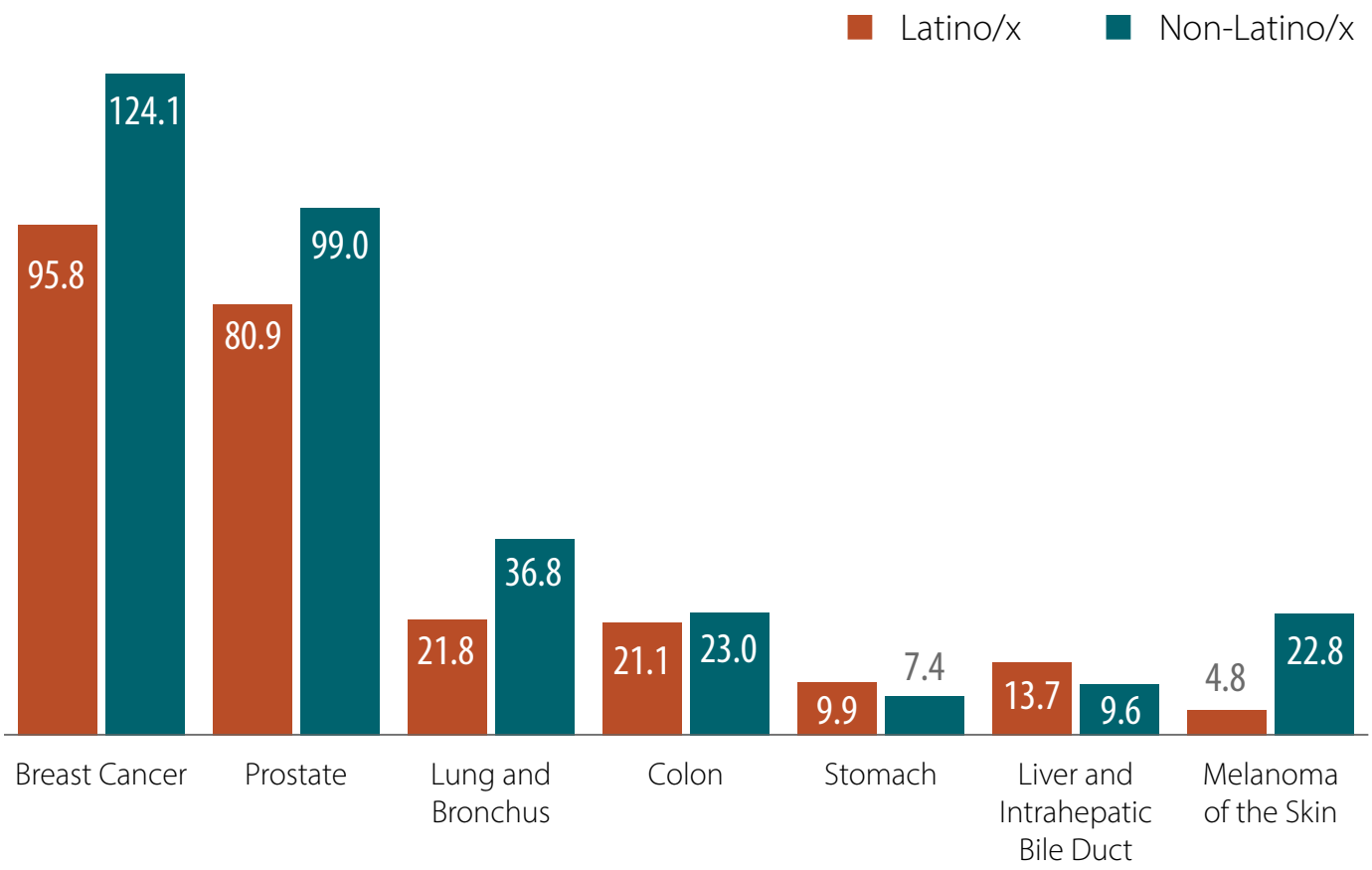
Source: CDC WONDER, US Centers for Disease Control and Prevention, 2022.

The leading causes of death were similar between Latino/x and non-Latino/x Californians. Latinos/x had higher mortality rates related to diabetes, chronic liver disease, and COVID-19 and lower mortality rates from heart disease and cancer.

Cancer Incidence, Latino/x and Non-Latino/x

California, 2017 to 2021

AGE-ADJUSTED RATE PER 100,000 POPULATION



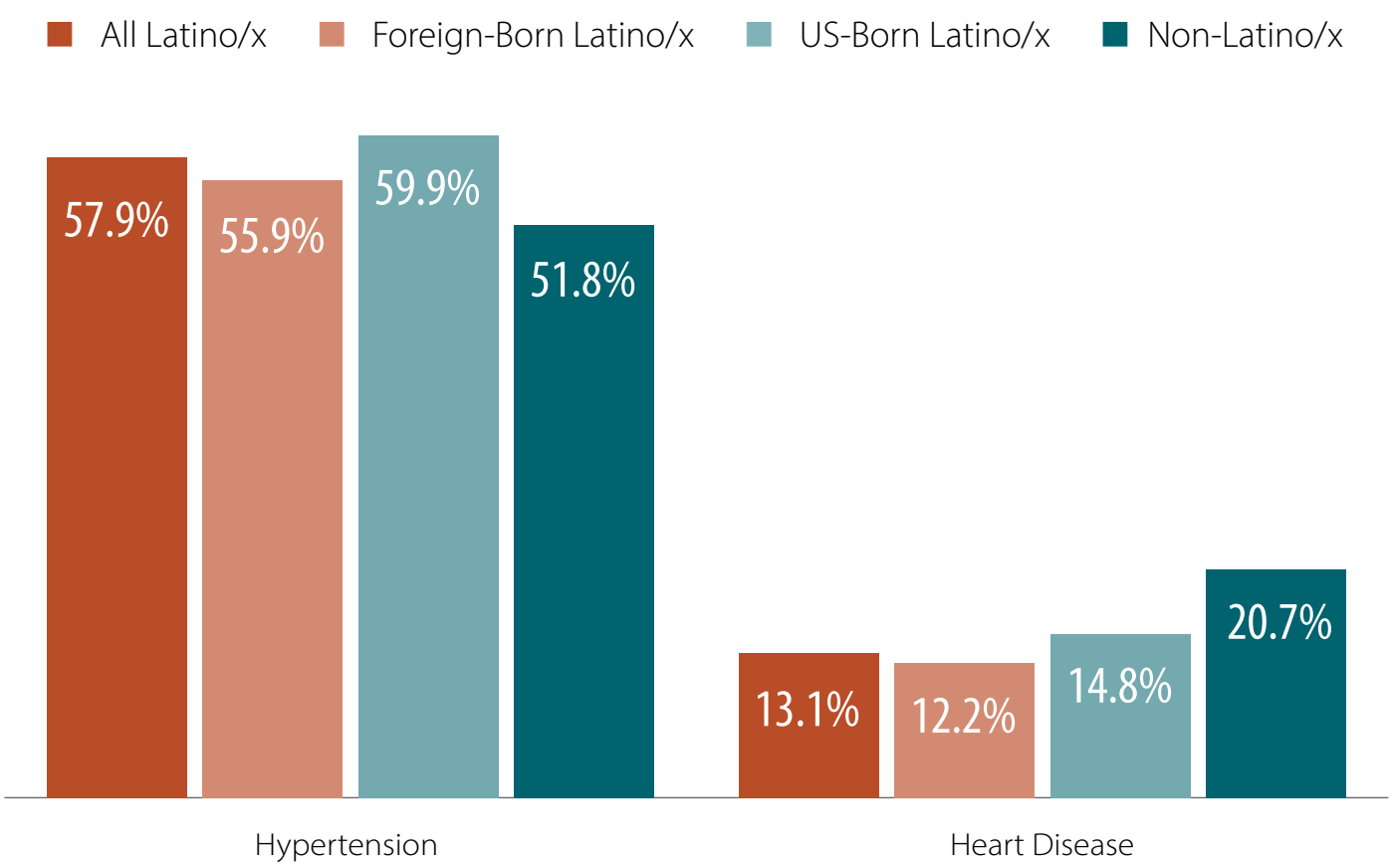
Latino/x Californians had lower rates of most cancers than their non-Latino/x counterparts. Cancers of the liver and bile ducts and the stomach were exceptions.

Notes: Includes age 18 and older. Data are five-year age-adjusted incidence rates.

Source: California Cancer Registry (2017–21), California Department of Health, last updated June 27, 2024.

Hypertension and Heart Disease, Latino/x and Non-Latino/x

California, 2023



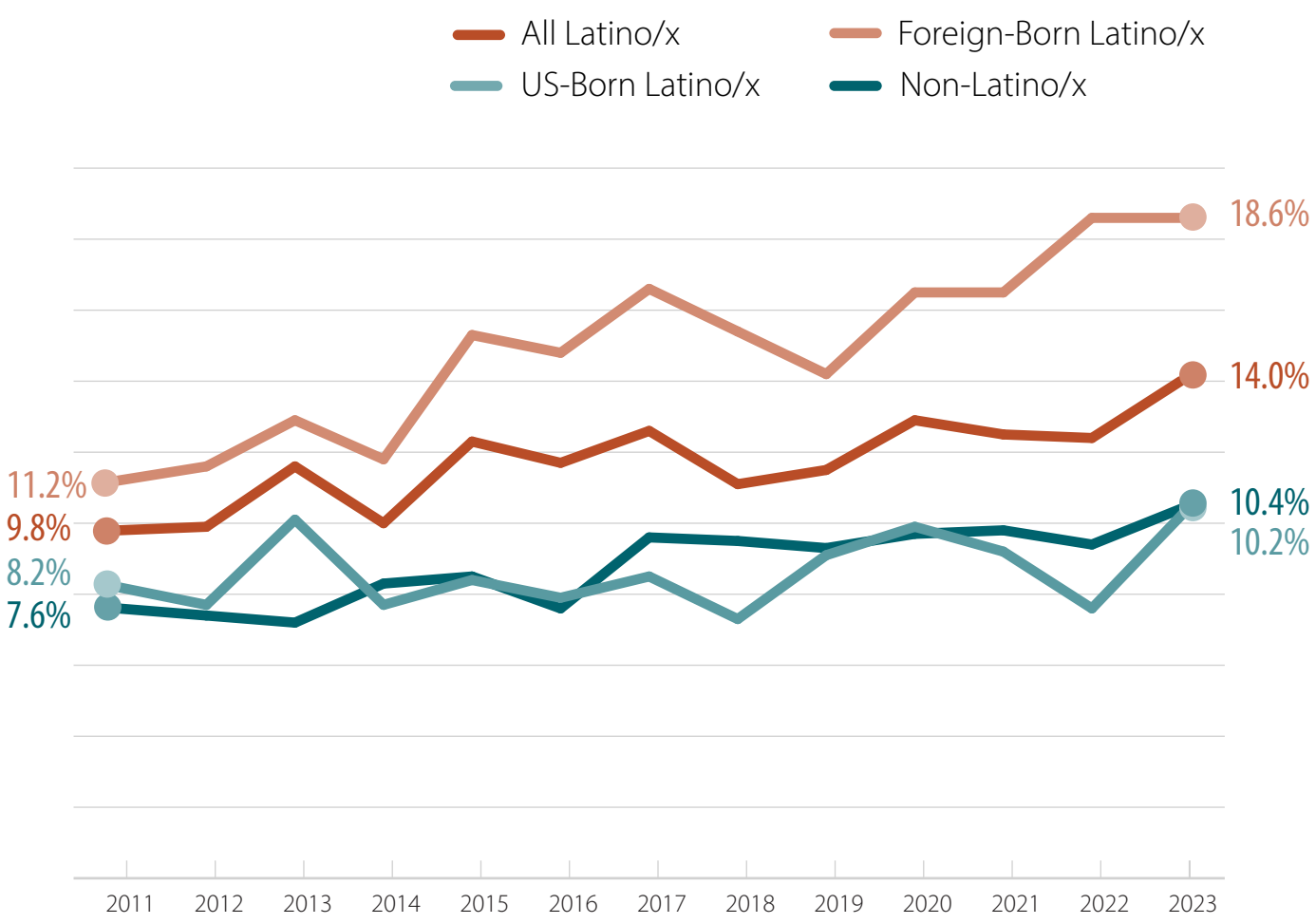
Notes: Includes adults age 65 and older ever diagnosed with high blood pressure and ever diagnosed with heart disease. Includes participants reporting "Has/Had high blood pressure" and/or "Has heart disease." Data are not age-adjusted.

Source: "AskCHIS" (2023), UCLA Center for Health Policy Research, accessed March 3, 2025.

Rates of self-reported hypertension diagnoses were somewhat higher among Latinos/x than non-Latinos/x, reflecting in part higher rates of obesity. However, Latinos/x age 65 and older have lower rates of heart disease than non-Latinos/x.

Diabetes, Latino/x and Non-Latino/x

California, 2003 to 2023



Diabetes prevalence has been rising among both Latino/x and non-Latino/x Californians. Foreign-born Latinos/x have higher rates of diabetes than US-born Latinos/x.

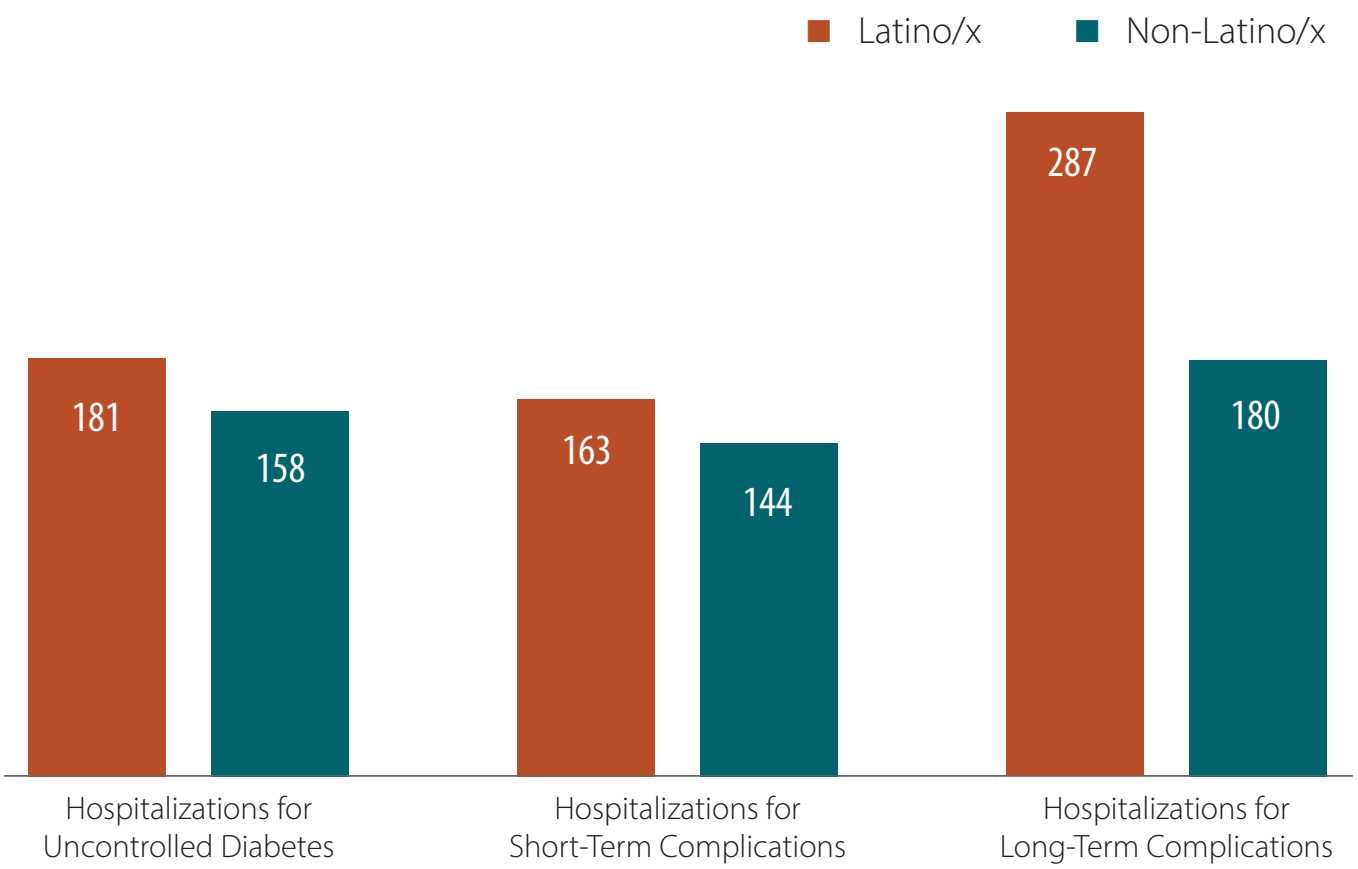
Note: Includes adults ever diagnosed with diabetes.

Source: "AskCHS" (2023), UCLA Center for Health Policy Research, accessed March 3, 2025.

Diabetes Hospitalizations, Latino/x and Non-Latino/x

California, 2022

RATE PER 100,000 POPULATION



Notes: Includes age 18 and older. All rates exclude obstetrics hospitalizations and transfers from other institutions. *Hospitalizations for uncontrolled diabetes* includes being hospitalized for very high or low blood sugar. *Short-term complications* includes diabetic ketoacidosis and hypoglycemic shock. *Long-term complications,* such as limb amputations and chronic kidney disease, can lead to frequent hospitalizations and longer hospital stays.

Sources: Author calculations based on custom data request, Patient Discharge Data 2022-2023 California Department of Health Care Access and Information, received February 18, 2025; and "Age and Sex" (Table S0101), 2022 American Community Survey 1-Year Estimates Subject Tables, US Census Bureau, accessed on February 22, 2025.

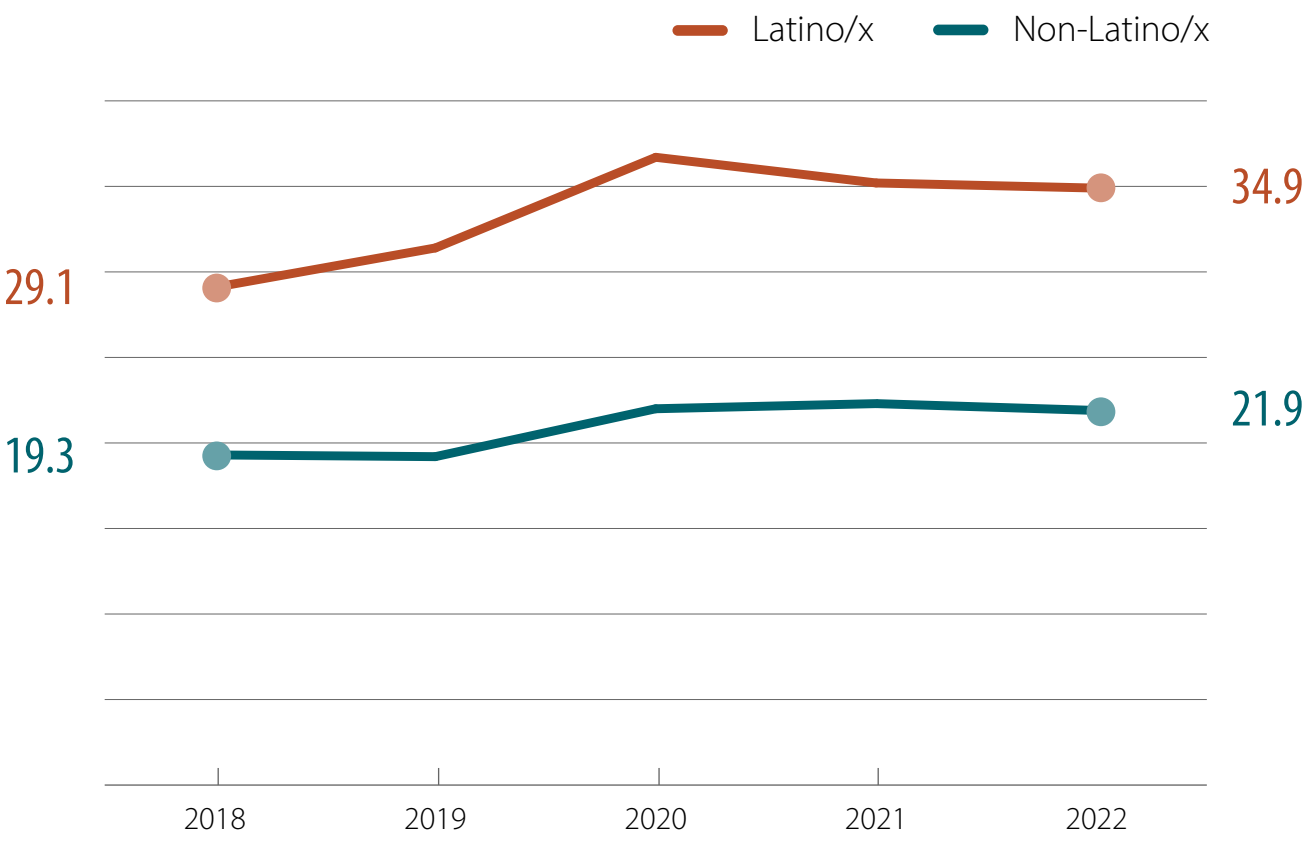
Latinos/x with diabetes had higher rates of hospitalization for uncontrolled diabetes and short-term complications of diabetes than their non-Latino/x counterparts. Long-term complications, such as chronic kidney disease, blindness, limb amputation, and other serious conditions, were much more common among Latinos/x with diabetes. This reflects in part worse access to and lower quality of care.[*]

[*] Juan R. Canedo et al., "Racial/Ethnic Disparities in Diabetes Quality of Care: The Role of Healthcare Access and Socioeconomic Status," *Journal of Racial and Ethnic Health Disparities* 5, no. 1 (2018): 7–14.

Diabetes Mortality, Latino/x and Non-Latino/x

California, 2018 to 2022

AGE-ADJUSTED RATE PER 100,000 POPULATION



Source: Multiple Cause of Death Files (2018–22), US Centers for Disease Control and Prevention, accessed November 20, 2024.

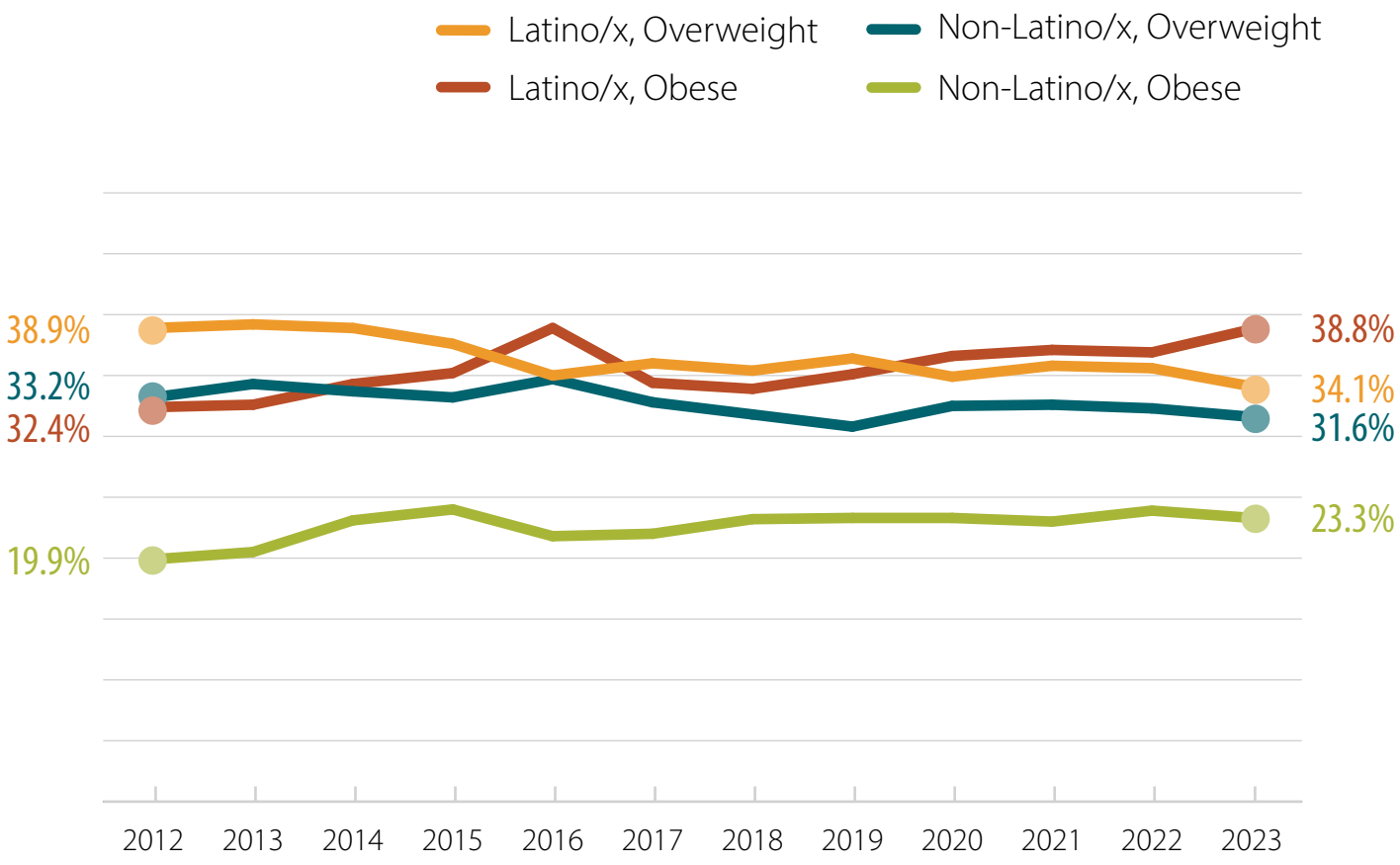
Diabetes mortality was high among Latinos/x in California. Disparities in access to and quality of care contribute to excess diabetes mortality among Latinos/x.[*] This disparity widened with the COVID-19 pandemic.[†]

[*] Ahmed, Mushood, Eeshal Zulfiqar, Aimen Shafiq, et al., "Type 2 Diabetes Mellitus–Related Mortality in the United States, 1999 to 2023." JACC: Advances 4, no. 7 (2025): 101882.

[†] Alicia R. Riley et al., "Excess Death Among Latino People in California During the COVID-19 Pandemic," *SSM Population Health* 15 (Sept. 2021): 100860.

Overweight and Obese, Latino/x and Non-Latino/x

California, 2012 to 2023



Notes: Includes age 18 and older. *BMI* is body mass index. *Overweight* is BMI of 25.0 to 29.99; *Obese* is BMI of 30.00 or more.

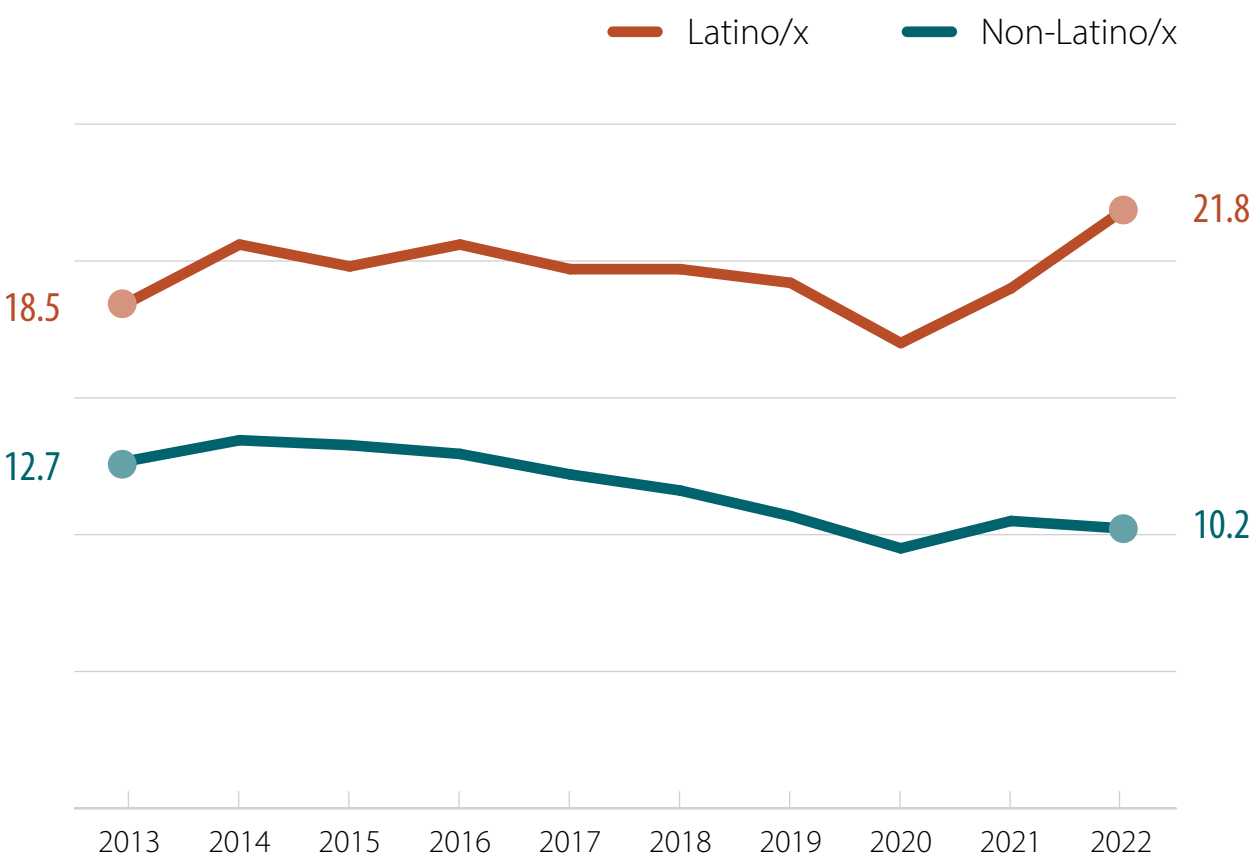
Source: "AskCHIS" (2012–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

The proportion of Latinos/x who were overweight was much greater than that of non-Latino/x Californians. Between 2012 and 2023, obesity rates continued to rise among Latinos/x while stabilizing in the non-Latino/x population. In 2023, over 70% of Latino/x Californians were overweight (34%) or obese (39%).

New HIV Diagnoses, Latino/x and Non-Latino/x

California, 2013 to 2022

RATE PER 100,000 POPULATION



Note: Includes age 13 and older.

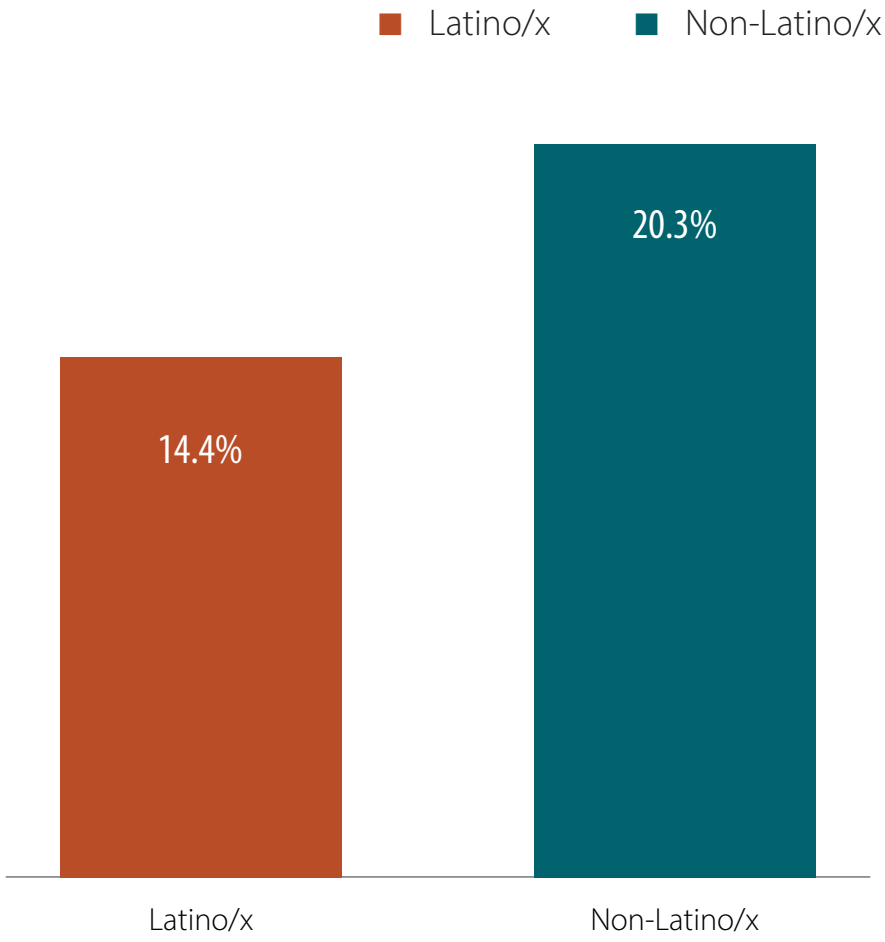
Source: "AtlasPlus" (2013–22), US Centers for Disease Control and Prevention.

While the rates of new HIV diagnoses have been dropping among non-Latino/x Californians, they have been rising among Latinos/x. Stigma and lack of access to culturally competent care may contribute to this disparity.*

* Mabel Padilla et al., "HIV Stigma and Health Care Discrimination Experienced by Hispanic or Latino Persons with HIV — United States, 2018–2020," *Morbidity and Mortality Weekly Report* 71, no. 41 (2022): 1293–1300.

Ever Diagnosed with Depression, Latino/x and Non-Latino/x

California, 2023



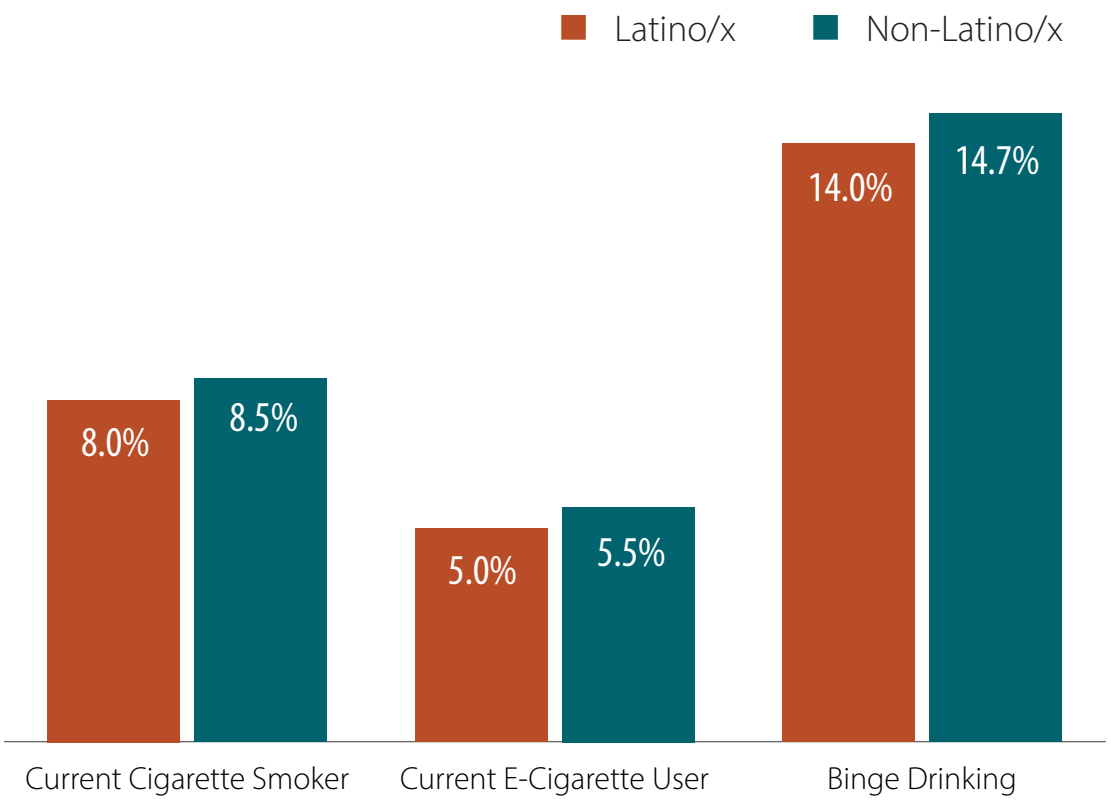
Notes: Includes age 18 and older. Self-reported based on the question "Ever told you that you have a form of depression?"

Source: "BRFSS Prevalence & Trends Data" (2023), US Centers for Disease Control and Prevention, accessed November 12, 2024.

A smaller percentage of Latino/x Californians reported ever being diagnosed with depression than their non-Latino/x counterparts. This may be due to lower depression rates among Latinos/x or underdiagnosis due to difficulties accessing care and cultural and linguistic barriers.*

* William Armando Vega et al., "Research Issues for Improving Treatment of U.S. Hispanics with Persistent Mental Disorders," *Psychiatric Services* 58, no. 3 (2007): 385–94.

Current Cigarette and E-Cigarette Use, Binge Drinking, Latino/x and Non-Latino/x, California, 2023



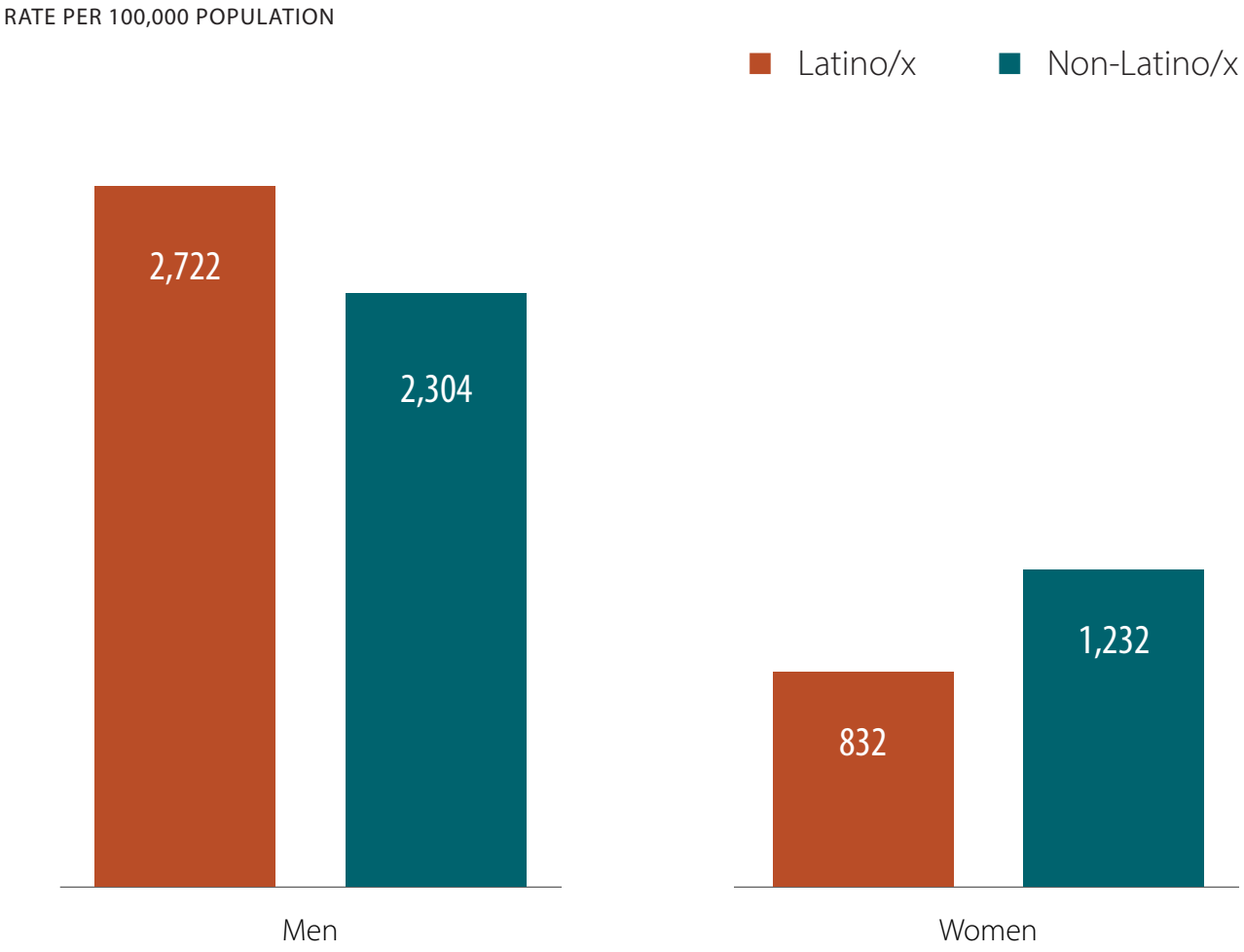
Adult Latino/x and non-Latino/x Californians had similar rates of current cigarette and e-cigarette use and binge drinking.

Notes: Includes only age 18 and older. For binge drinking, the question was framed as "in the last 30 days." *Binge drinking* is defined by the National Institute on Alcohol Abuse and Alcoholism as consuming five or more drinks on one occasion for males and four or more drinks on one occasion for women (typically within two hours).

Source: "BRFSS Prevalence & Trends Data" (2023), US Centers for Disease Control and Prevention, accessed November 12, 2024.

Emergency Department Visits for Alcohol Intoxication/ Withdrawal, Latino/x and Non-Latino/x, California, 2022 to 2023

Rates of emergency department visits for alcohol intoxication or withdrawal were higher for Latino/x men than non-Latino/x men, though lower among Latina/x women compared to non-Latinas/x.

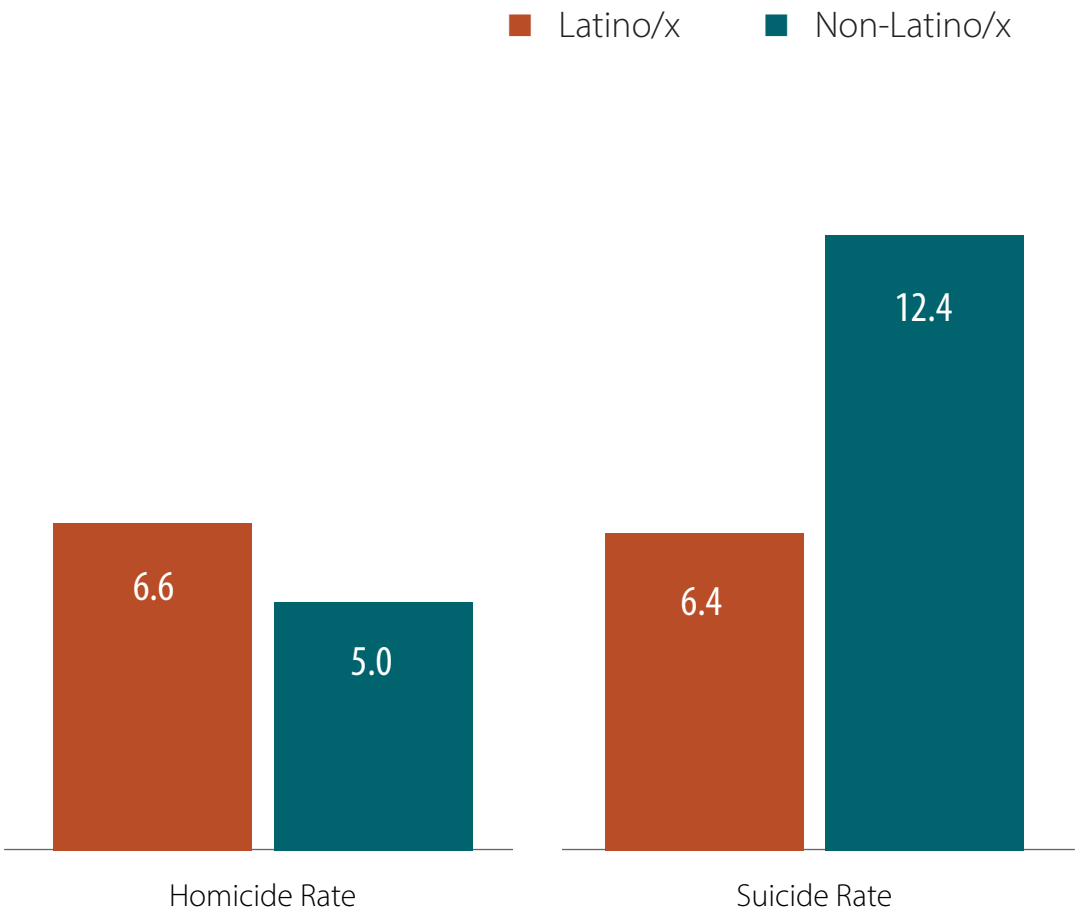


Note: Includes age 20 and older.

Sources: Author calculations based on custom data request, Patient Discharge Data 2022-2023; "Alcohol-Related Emergency Encounters in California," California Department of Health Care Access and Information; and "Age and Sex" (Table S0101), 2022 American Community Survey 1-Year Estimates Subject Tables, US Census Bureau.

Death Rates from Suicide and Homicide, Latino/x and Non-Latino/x, California, 2022 to 2023

AGE-ADJUSTED RATE PER 100,000 POPULATION



Note: Includes age 18 and older.

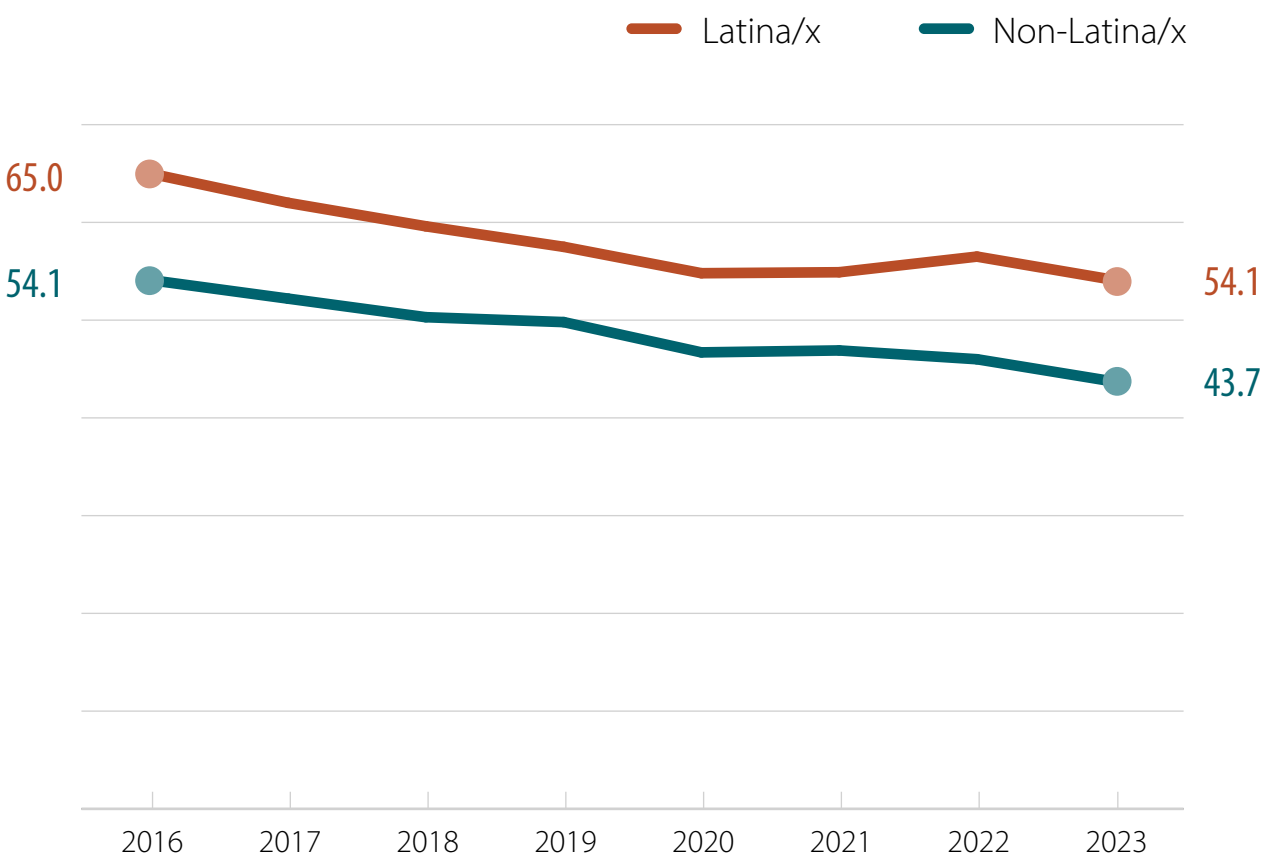
Source: "Underlying Cause of Death, 2022, Single Race Request," US Centers for Disease Control and Prevention, accessed September 17, 2024.

Latinos/x had slightly higher rates of death from homicide, however they had much lower rates of death from suicide than non-Latinos/x.

Fertility Rate, Latina/x and Non-Latina/x

California, 2016 to 2023

RATE PER 1,000 WOMEN AGE 15–44



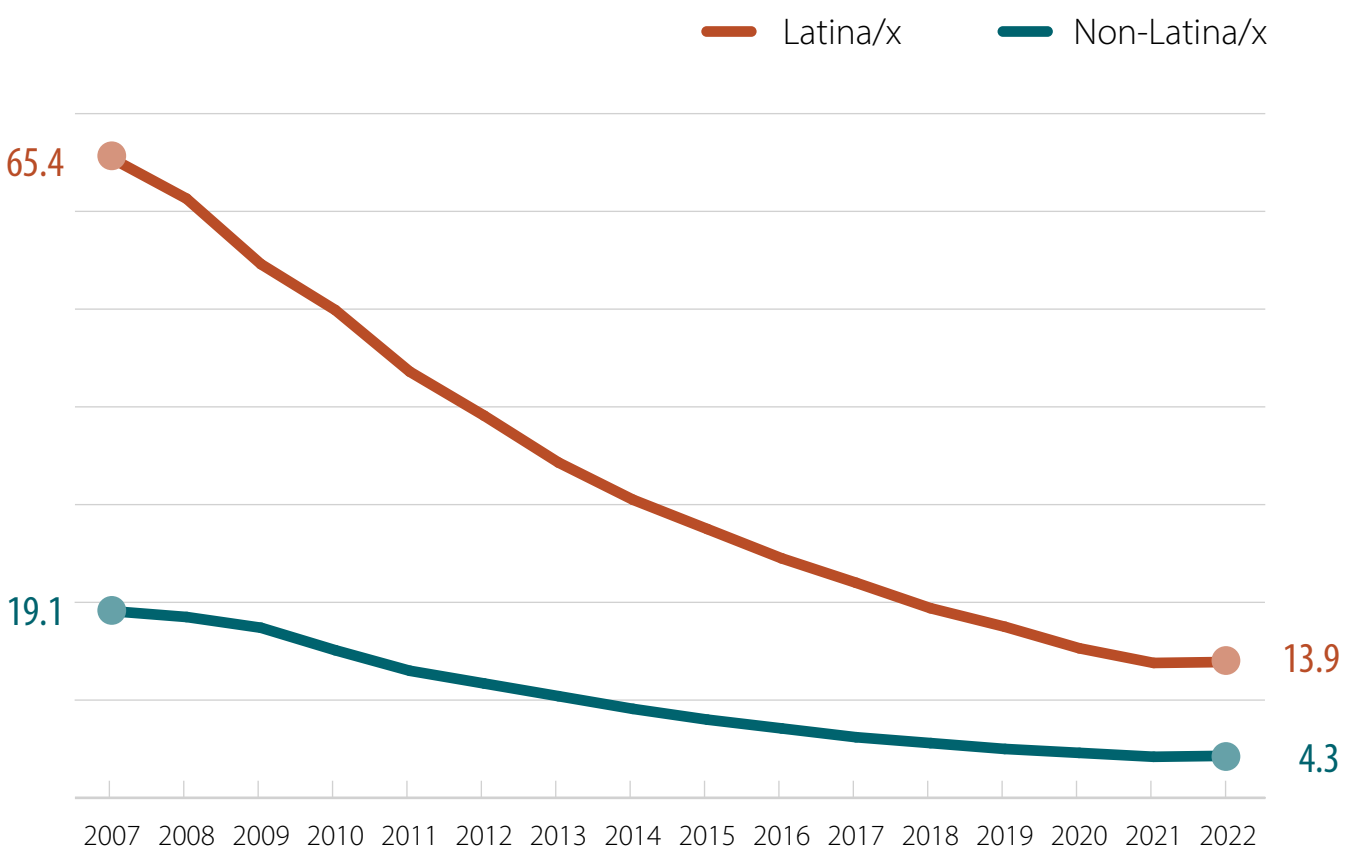
Source: "Natality, 2016–2023 Expanded Request," US Centers for Disease Control and Prevention, accessed November 20, 2024.

In California, the fertility rate for both Latina/x and non-Latina/x Californians decreased substantially between 2016 and 2023. However, the fertility rate remains higher among Latina/x Californians than non-Latina/x Californians.

Adolescent Birth Rate, Latina/x and Non-Latina/x

California, 2007 to 2022

RATE PER 1,000 WOMEN AGE 15–19



Note: Non-Latina/x rate calculated by author.

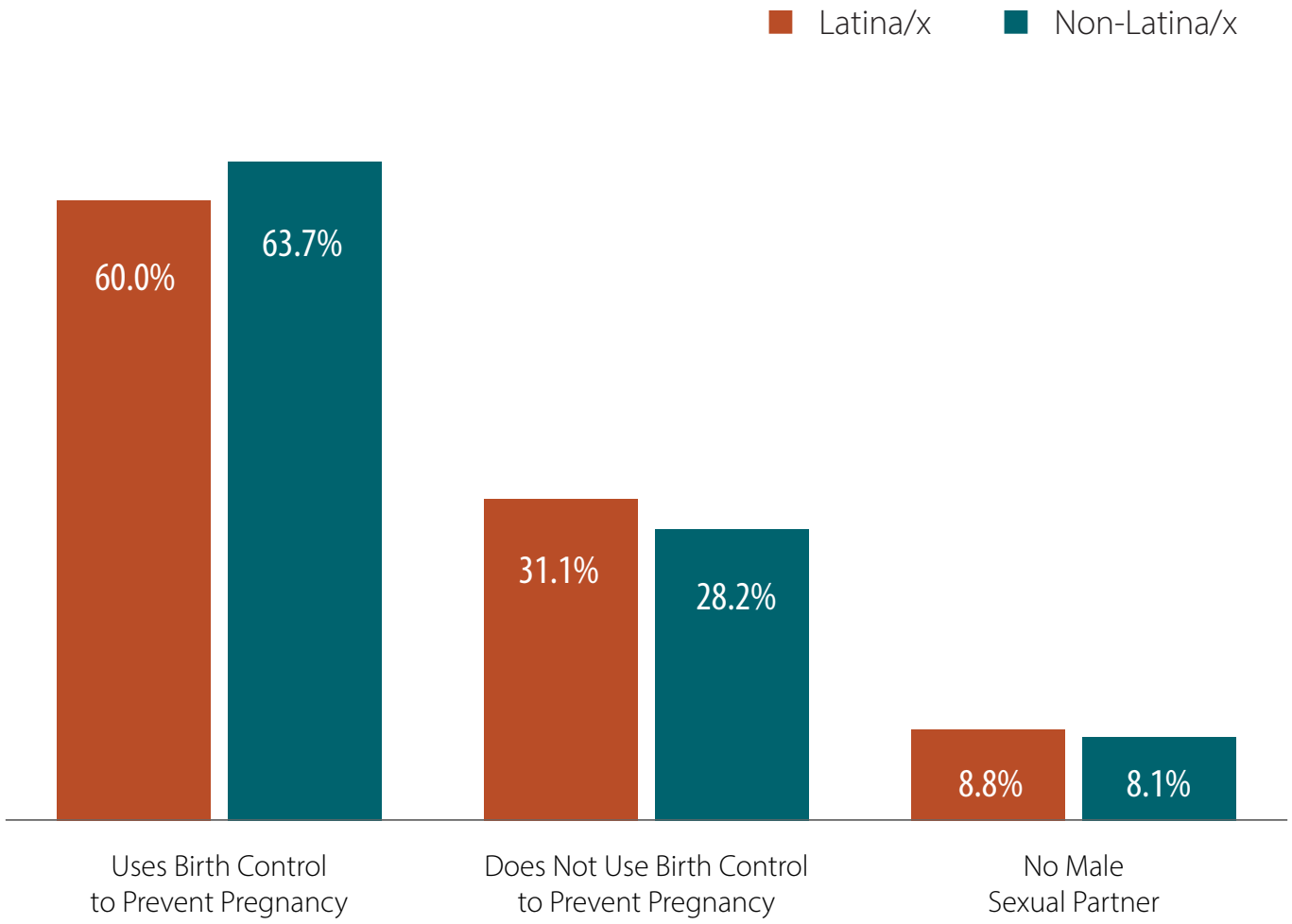
Source: "Adolescent Births," California Department of Public Health, last modified April 2024.

Although the adolescent birth rate has decreased substantially since for all population groups, the birth rate among Latina/x adolescents was three times higher than among non-Latina/x adolescents.

Birth Control Use, Latina/x and Non-Latina/x

California, 2022

Fewer Latina/x Californians used birth control to prevent pregnancy than non-Latina/x Californians.



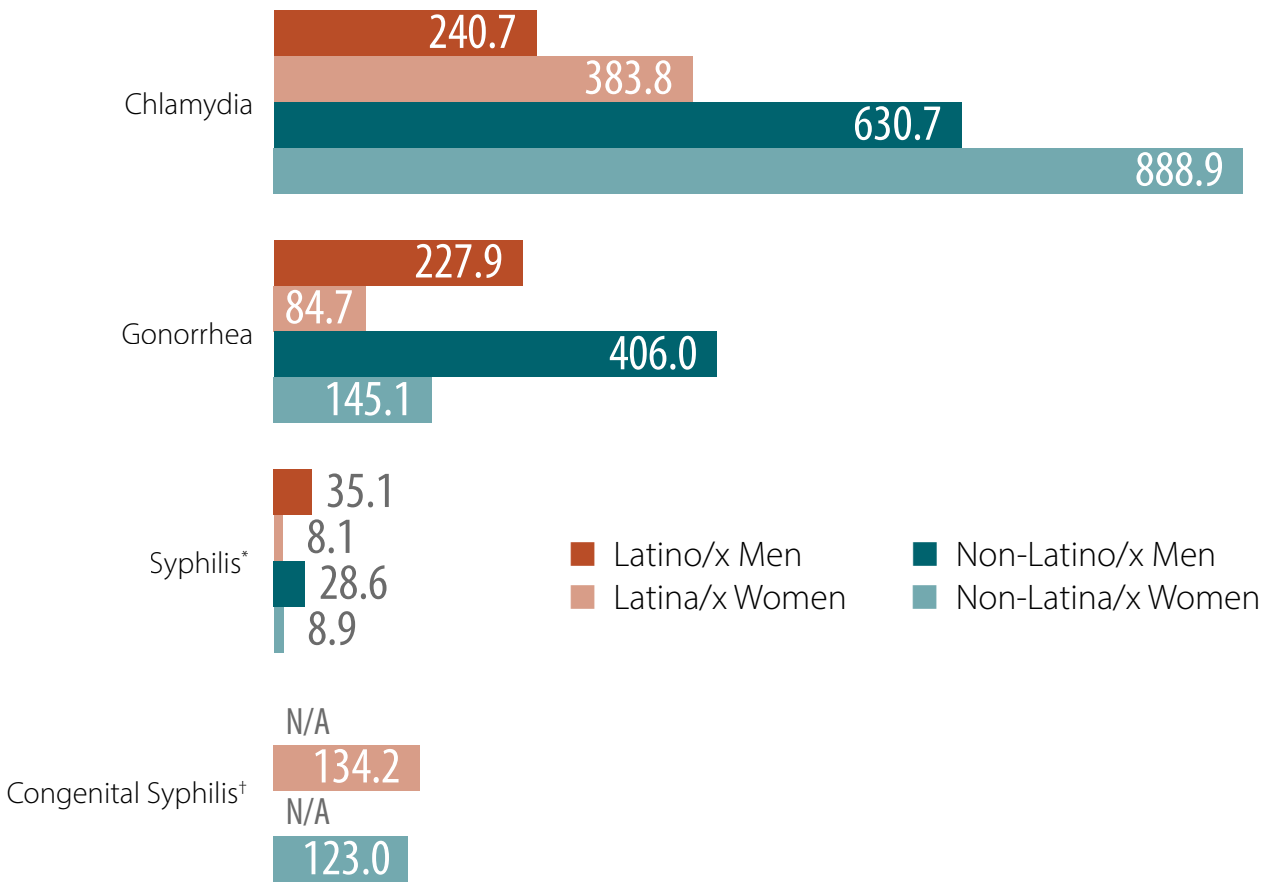
Notes: Includes females age 18-49 who were sexually active and took birth control to prevent pregnancy.

Source: "AskCHIS" (2022), UCLA Center for Health Policy Research, accessed February 13, 2025.

Sexually Transmitted Infections, Latino/x and Non-Latino/x

California, 2023

RATE PER 100,000 POPULATION



Notes: Includes age 15 and older. Syphilis* here includes only primary and secondary stages, which are typically characterized by visible symptoms. Congenital syphilis† is a sexually transmitted infection that is passed from a pregnant mother to her unborn child. Congenital syphilis incidence rate is per 100,000 live births.

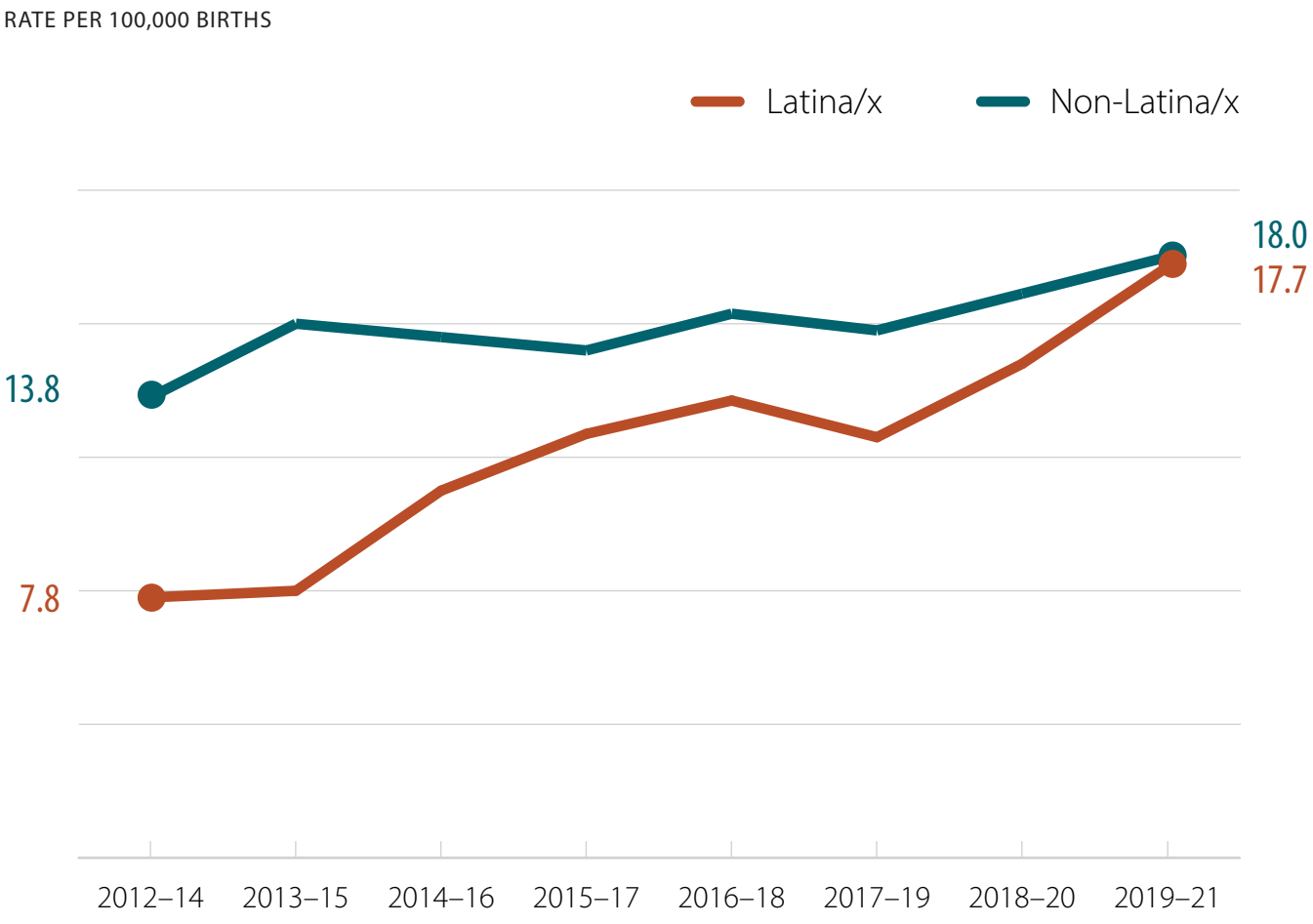
Sources: "Sexually Transmitted Infection Data" (2023), California Department of Public Health; and "Age and Sex" (Table S0101), Author calculations based on custom data requests and 2022 American Community Survey 1-Year Estimates Subject Tables, US Census Bureau, accessed February 22, 2025.

Rates of sexually transmitted infections were lower among Latinos/x than their non-Latino/x counterparts across several infections. The rate of chlamydia was higher among Latina/x women compared to Latino/x men. Chlamydia is associated with infertility. Congenital syphilis, a serious condition for newborns, was higher in infants born to Latinas/x.* Congenital syphilis rates were increasing in California (not shown).

* "Increasing Cases of Congenital Syphilis and Syphilis Among Females in Northern California," California Department of Public Health, California Health and Human Services Agency, October 2021.

Pregnancy-Related Mortality, Latina/x and Non-Latina/x

California, 2012 to 2021



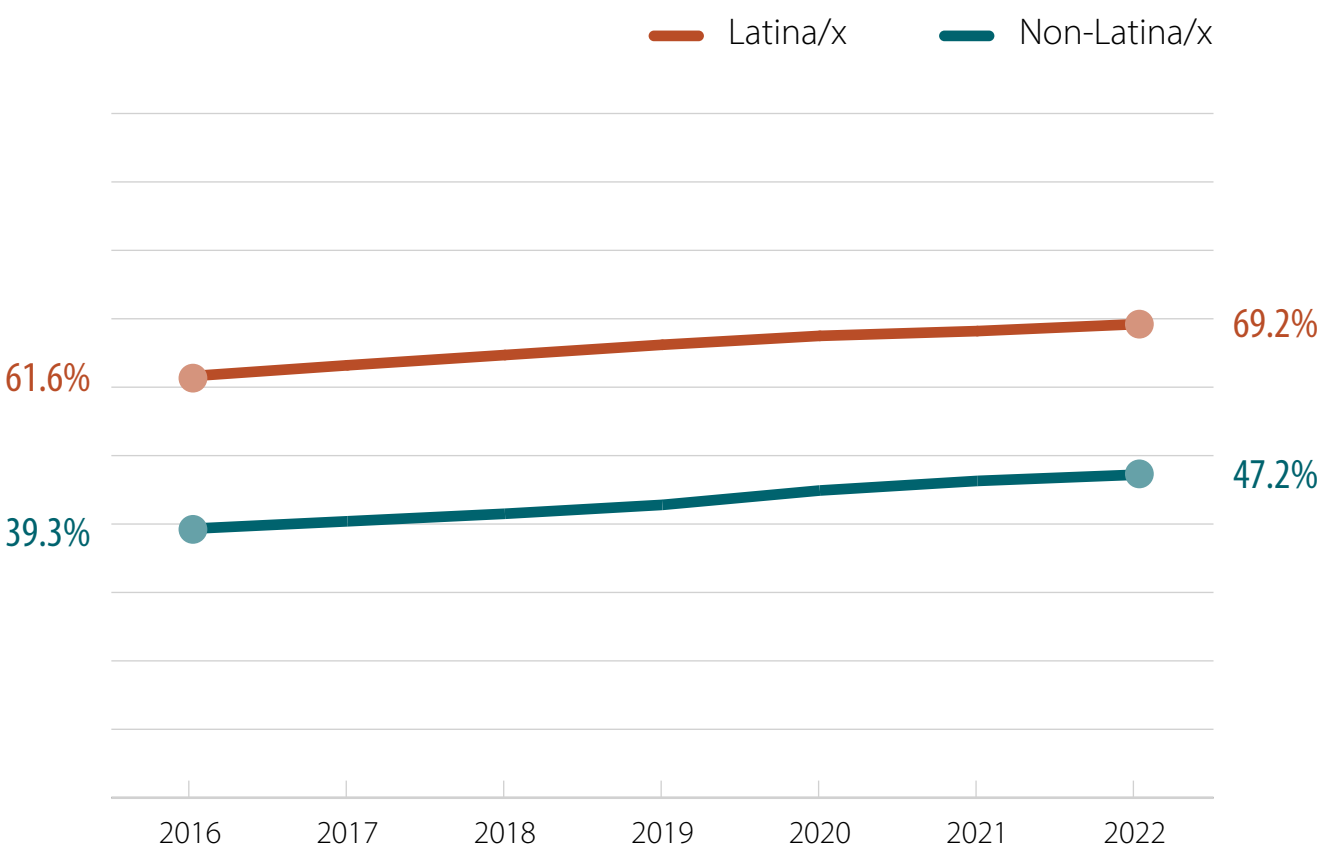
Notes: All ages included except records with unknown ages.

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated April 2024.

Maternal mortality* among Latina/x Californians has been rising. Latina/x maternal mortality was higher (17.7 vs. 14.0 per 100,000 births) than that of White Californians and much lower (17.7 vs. 49.7 per 100,000 births) than that of Black Californians (not shown).

* The US Centers for Disease Control and Prevention defines *maternal mortality* as the death of a woman during or within 42 days of pregnancy termination.

Prepregnancy Overweight and Obesity, Latina/x and Non-Latina/x, California, 2016 to 2022



Notes: *BMI* is body mass index. *Overweight* is a prepregnancy BMI of 25–29.9. *Obese* is a BMI of 30–39.9; a BMI of 40 or higher is classified as morbidly obese. Source uses *Hispanic*.
Source: "Prepregnancy Weight," California Department of Public Health, last modified March 4, 2024.

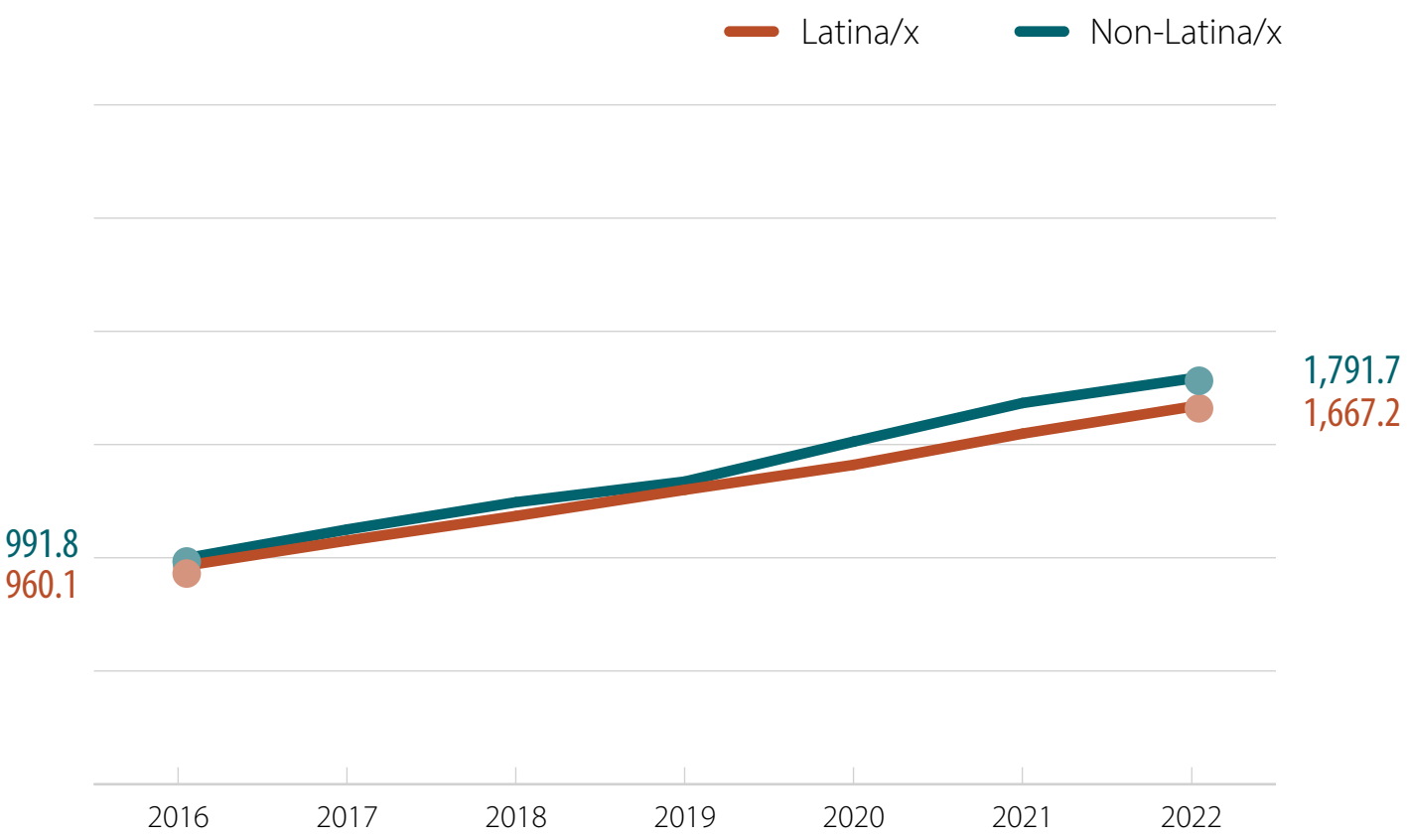
Latina/x Californians were much more likely to be overweight or obese prior to pregnancy than non-Latina/x Californians. Prepregnancy obesity is associated with diabetes, hypertension, and preeclampsia, which convey risk to the person giving birth and baby.*

* Michael C. Wang et al., "Trends in Prepregnancy Obesity and Association With Adverse Pregnancy Outcomes in the United States, 2013 to 2018," *Journal of the American Heart Association* 10, no. 17 (2021): e020717.

Hypertension at Delivery, Latina/x and Non-Latina/x

California, 2016 to 2022

RATE PER 10,000 BIRTHS



Note: Non-Latina/x rate calculated by author.

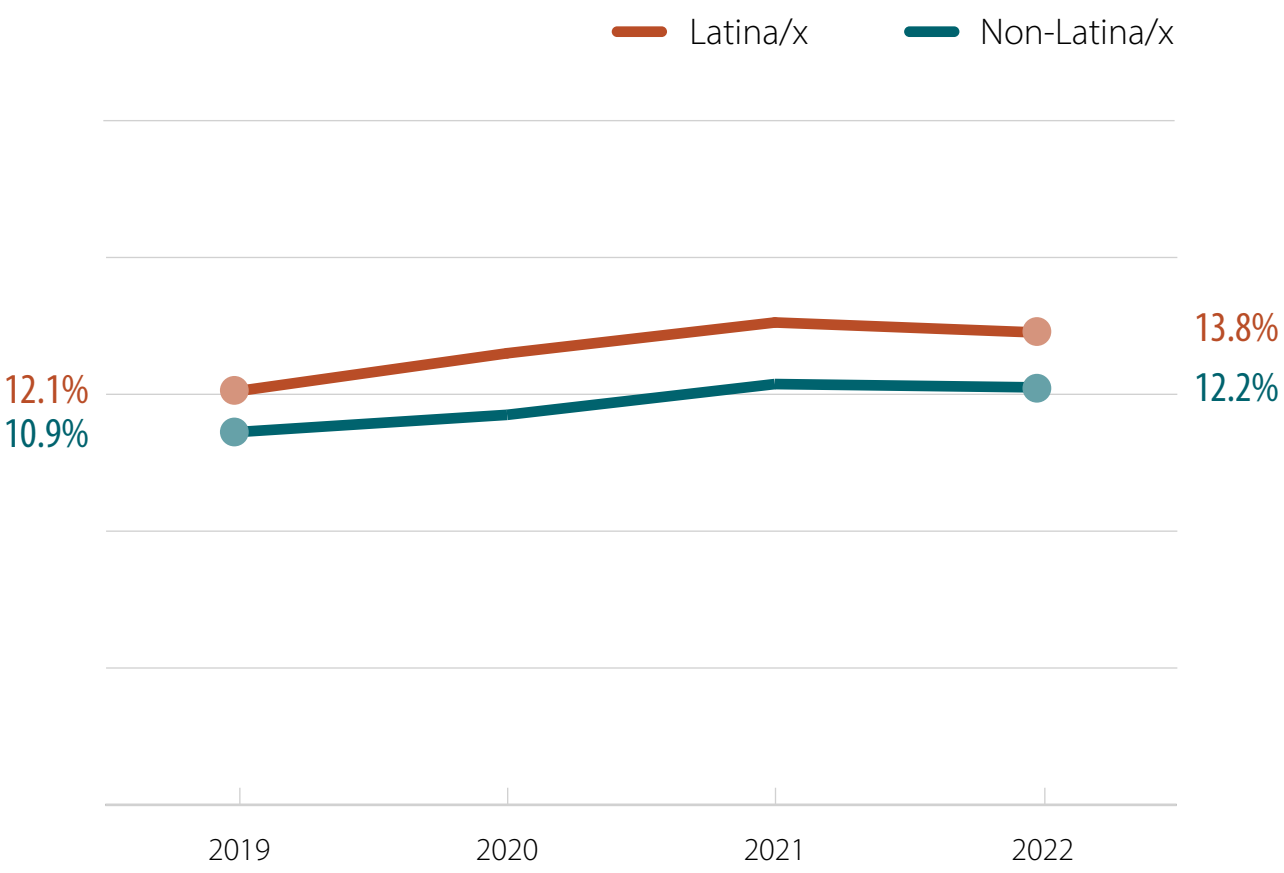
Source: "Selected Maternal Complications," California Department of Public Health, last modified February 2024.

In recent years, there has been a steady increase in hypertension at delivery, which can be dangerous for both the person giving birth and the infant.* Despite being overweight at higher rates, Latina/x Californians who gave birth were slightly less likely to have hypertension at delivery than non-Latinas/x.

* Stephanie A. Leonard et al., "Chronic Hypertension During Pregnancy: Prevalence and Treatment in the United States, 2008-2021," *Hypertension* 81, no 8. (2024): 1716–23.

Any Diabetes at Delivery, Latina/x and Non-Latina/x

California, 2019 to 2022



Note: *Any diabetes* includes type 1, type 2, or gestational diabetes during delivery.

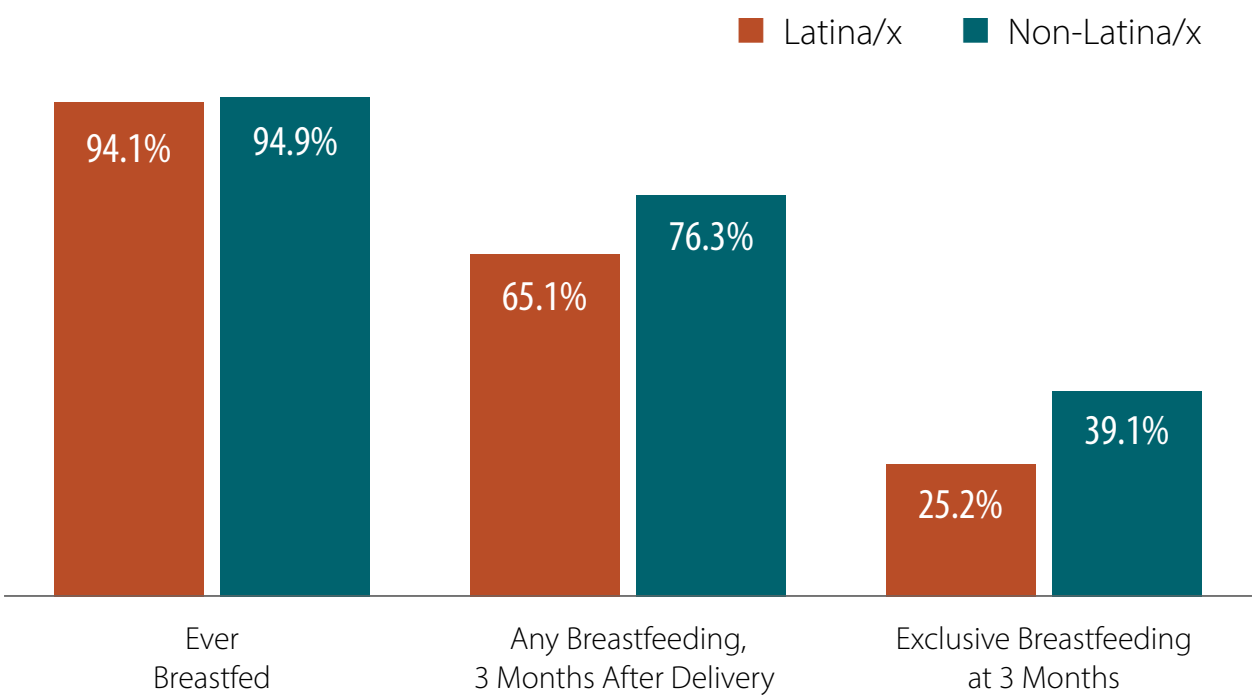
Source: "Selected Maternal Complications," California Department of Public Health, last modified February 2024.

A higher percentage of Latina/x Californians experienced diabetes during delivery than non-Latinas/x. Diabetes during delivery elevates the risk of pregnancy complications and negative health outcomes for the infant and the person giving birth.*

* Kartik K. Venkatesh, et al. "Risk of Adverse Pregnancy Outcomes Among Pregnant Individuals With Gestational Diabetes by Race and Ethnicity in the United States," 2014–2020, *JAMA*; 327, no. 14 (2022):1356–1367.

Breastfeeding Rates, Latina/x and Non-Latina/x

California, 2019 to 2021



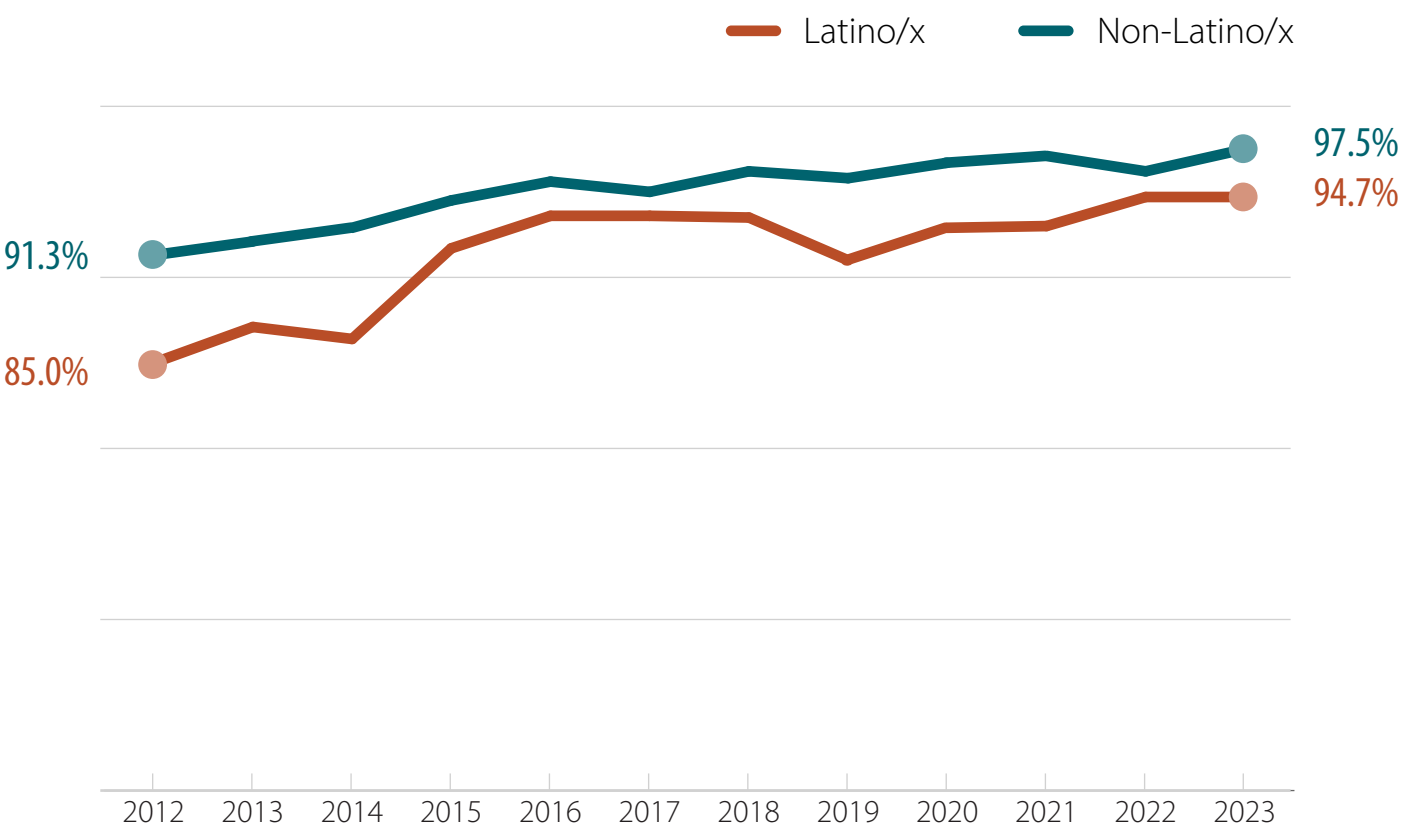
Source: Maternal and Infant Health Assessment (MIHA), California Department of Public Health, 2024.

Although Latina/x Californians initiate breastfeeding at rates similar to non-Latina/x Californians, by three months postpartum, rates of any breastfeeding, and especially exclusive breastfeeding, among Latinas/x drop substantially below that of their non-Latina/x counterparts. The World Health Organization currently recommends six months of exclusive breastfeeding because it is associated with health benefits for both parent and child.*

* *WHO Recommendations on Postnatal Care of the Mother and Newborn*, World Health Organization, 2014.

Insured Children and Youth, Latino/x and Non-Latino/x

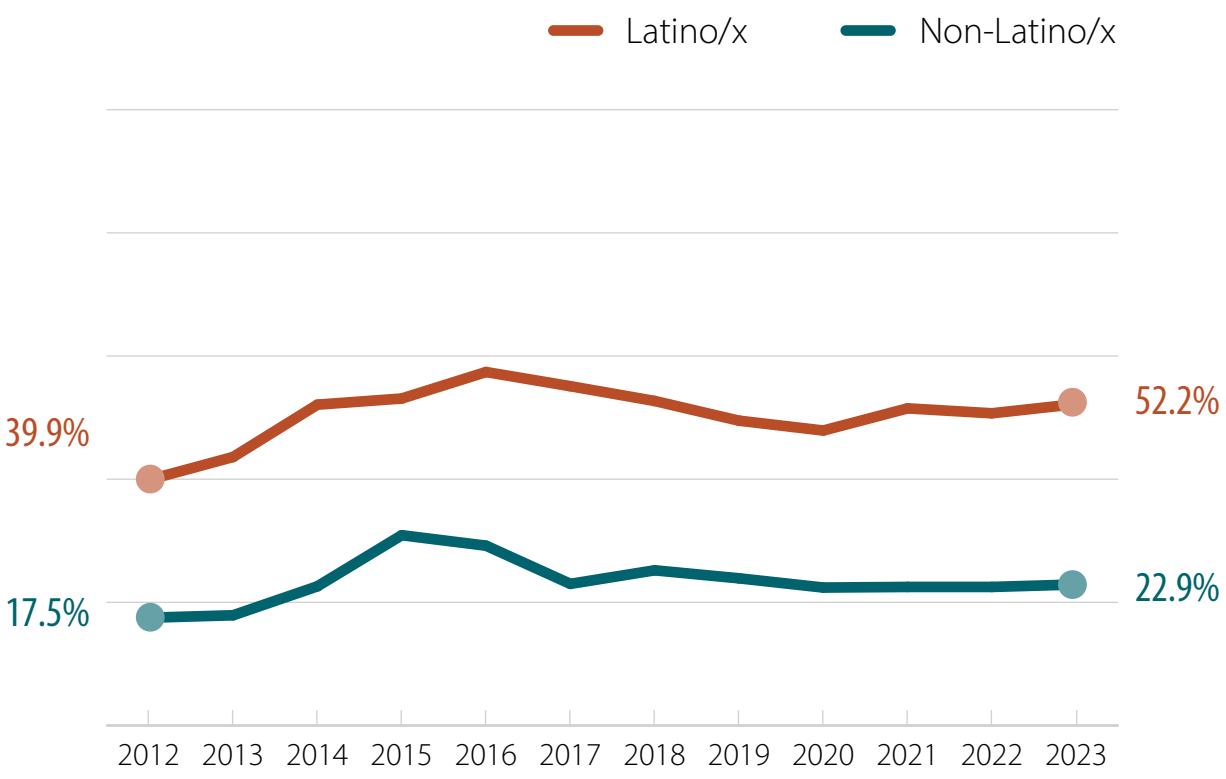
California, 2012 to 2023



Since the implementation of the Affordable Care Act in 2014, most children and youth in all racial/ethnic groups in California are insured. In 2023, Latinos/x were insured at a rate slightly below that of non-Latinos/x.

Source: "AskCHIS" (2012–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

Children and Youth Covered by Medi-Cal, Latino/x and Non-Latino/x, California, 2012 to 2023

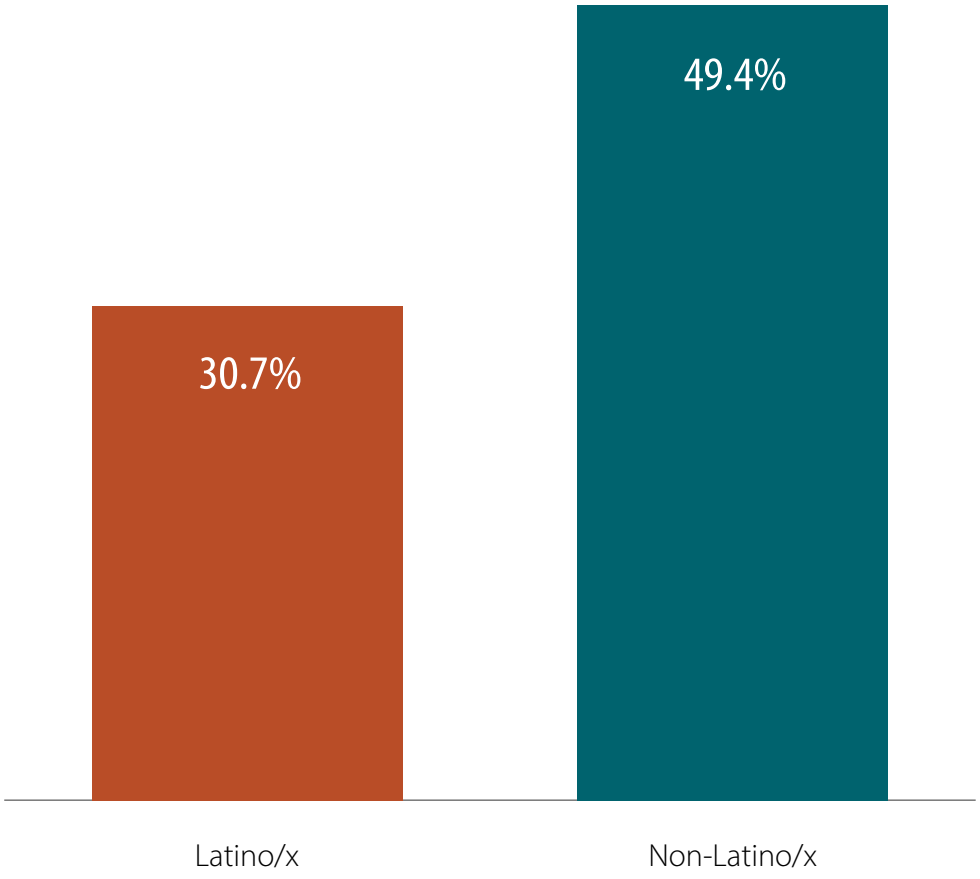


Latino/x children and youth were much more likely to have health insurance through Medi-Cal than were their non-Latino/x counterparts. One in every two Latino/x children was insured through this joint federal-state program, reflecting the low income of a large proportion of the Latino/x community.

Notes: Data include children and youth age 0 to 26 who were actively insured. Medi-Cal expanded eligibility for children in 2015 and for youth age 0 to 26 in 2020.
Source: "AskCHIS" (2012–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

Children with a Medical Home, Latino/x and Non-Latino/x

California, 2022 to 2023



Latino/x children were much less likely to have a medical home than their non-Latino/x counterparts. A medical home offers comprehensive preventive care and a source of sick care.*

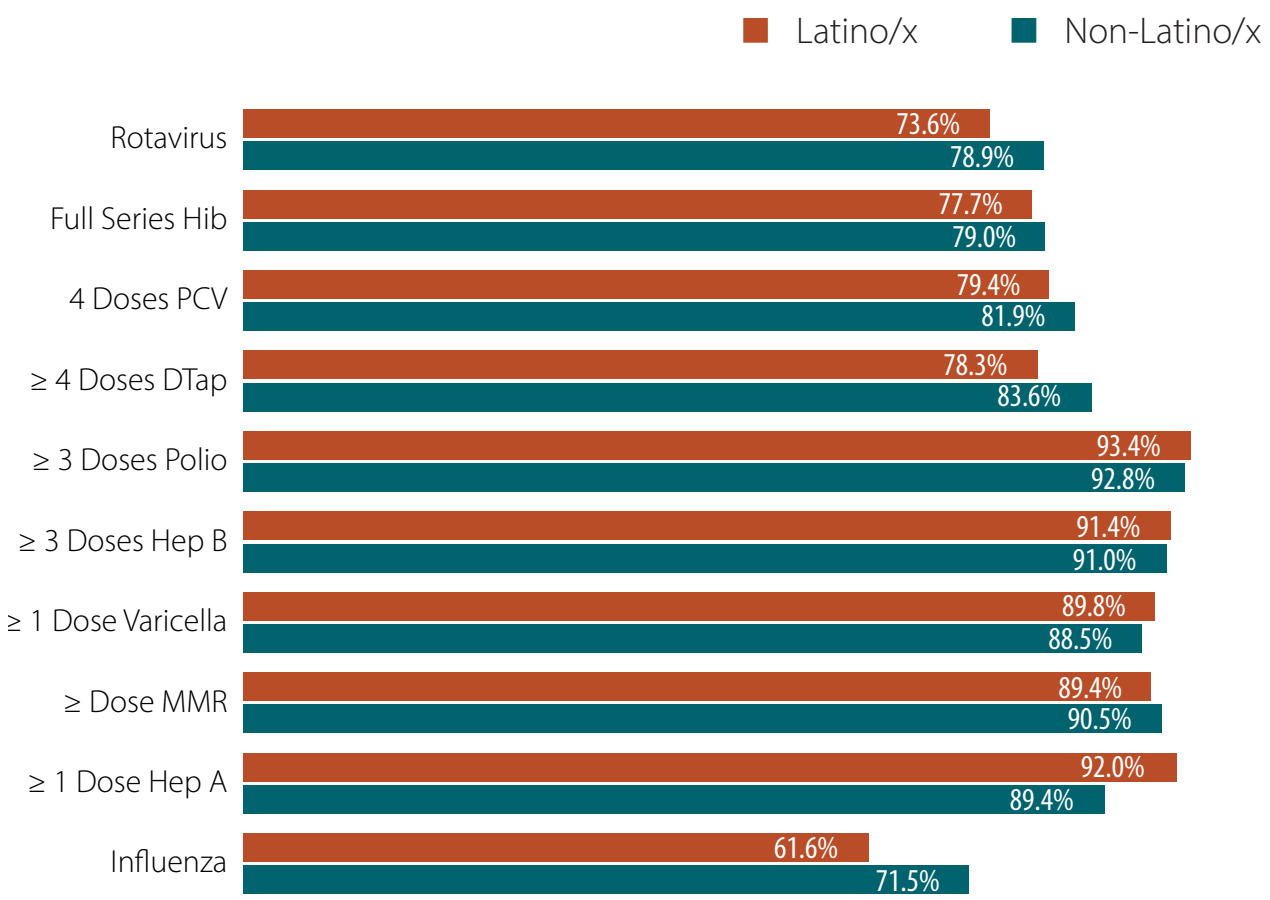
Notes: Includes children age 0 to 17. *Medical home* is an approach by which the child and their family's needs are addressed, both medical and non-medical needs. It is a composite measure including the following essential qualities: (1) a personal doctor or nurse, (2) a usual source for sick care, (3) family-centered care, (4) difficulties getting needed referrals to specialists, and (5) effective care coordination when needed. Youth had a medical home if they met the criteria for adequate care on the first three components: personal doctor or nurse, usual source for care, and family-centered care.

Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

* Measuring Medical Home for Children and Youth a Resource Manual for Child Health Program Leaders, Researchers and Analysts (PDF), Child and Adolescent Health Measurement Initiative, May 2009.

Vaccination Coverage by 24 Months, Children Born 2016 to 2019, Latino/x and Non-Latino/x, California

At 24 months, Latino/x children were slightly less likely to be vaccinated than non-Latino/x children in California, with rates varying by vaccine.

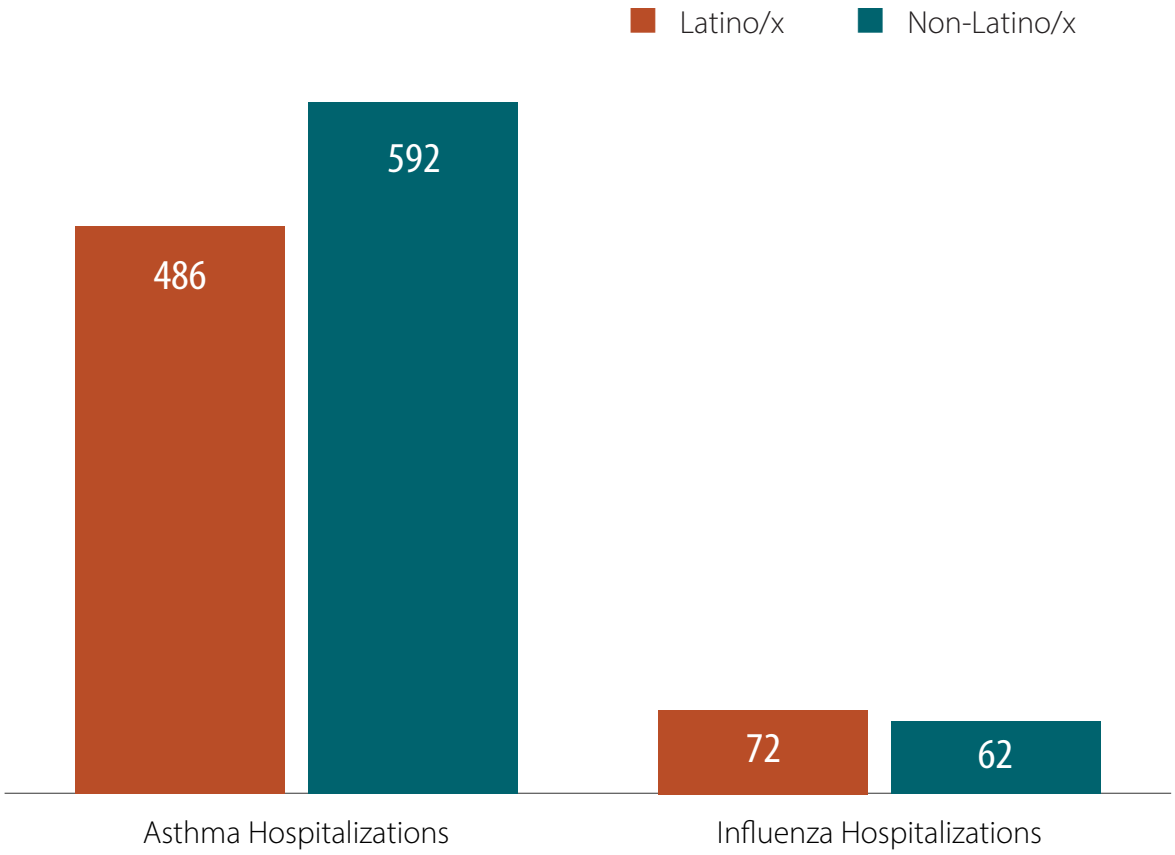


Notes: Includes children age 24 months with adequate provider-reported immunization records. Data collection occurred between 2018 and 2021. *Hib* is haemophilus influenzae type b, *PCV* is pneumococcal conjugate vaccine, *DTap* is diphtheria, tetanus, and pertussis, *Hep B* is hepatitis b, *MMR* is measles, mumps, and rubella, *Hep A* is hepatitis a.

Source: National Immunization Survey (2018–21), US Centers for Disease Control and Prevention.

Children and Youth Asthma and Flu Hospitalization, Latino/x and Non-Latino/x, California, 2022 to 2023

RATE PER 100,000 POPULATION



Notes: Includes children and youth age 2 to 17. Author calculations based on ACS estimates of the population age 0 to 17.

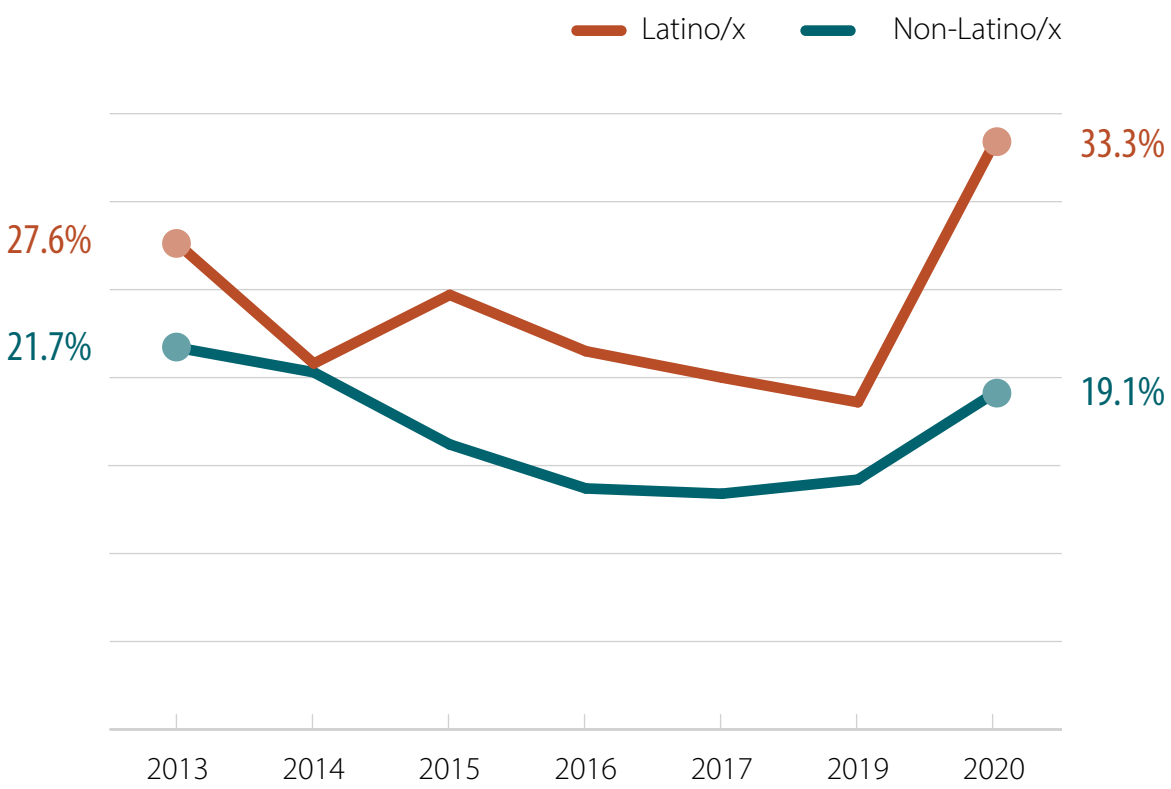
Sources: Custom data request, California Department of Health Care Access and Information Patient Discharge Data (2022–23), received February 18, 2025; and "Age and Sex" (Table S0101), 2022 American Community Survey (ACS) 1-Year Estimates Subject Tables, US Census Bureau, accessed February 22, 2025.

Asthma is one of the most common chronic diseases of childhood.* Latino/x children and youth with asthma have lower rates of hospitalization than their non-Latino/x counterparts in California, even though their rates of diagnosis are similar (not shown). Latino/x children and youth have somewhat higher rates of hospitalization for influenza than their non-Latino/x counterparts. In part this reflects lower rates of influenza vaccination among Latino/x children and youth and higher rates of obesity, a risk factor for hospitalization.†

* Hatice S. Zahran et al., "Vital Signs: Asthma in Children — United States, 2001–2016," *Morbidity and Mortality Weekly Report* 67, no 5 (2018): 149–55.

† Joe-Ann S. Moser et al., "Underweight, Overweight, and Obesity as Independent Risk Factors for Hospitalization in Adults and Children from Influenza and Other Respiratory Viruses," *Influenza and Other Respiratory Viruses* 13, no. 1 (2019), 3–9.

Children and Youth Soda Consumption, Latino/x and Non-Latino/x, California, 2013 to 2020



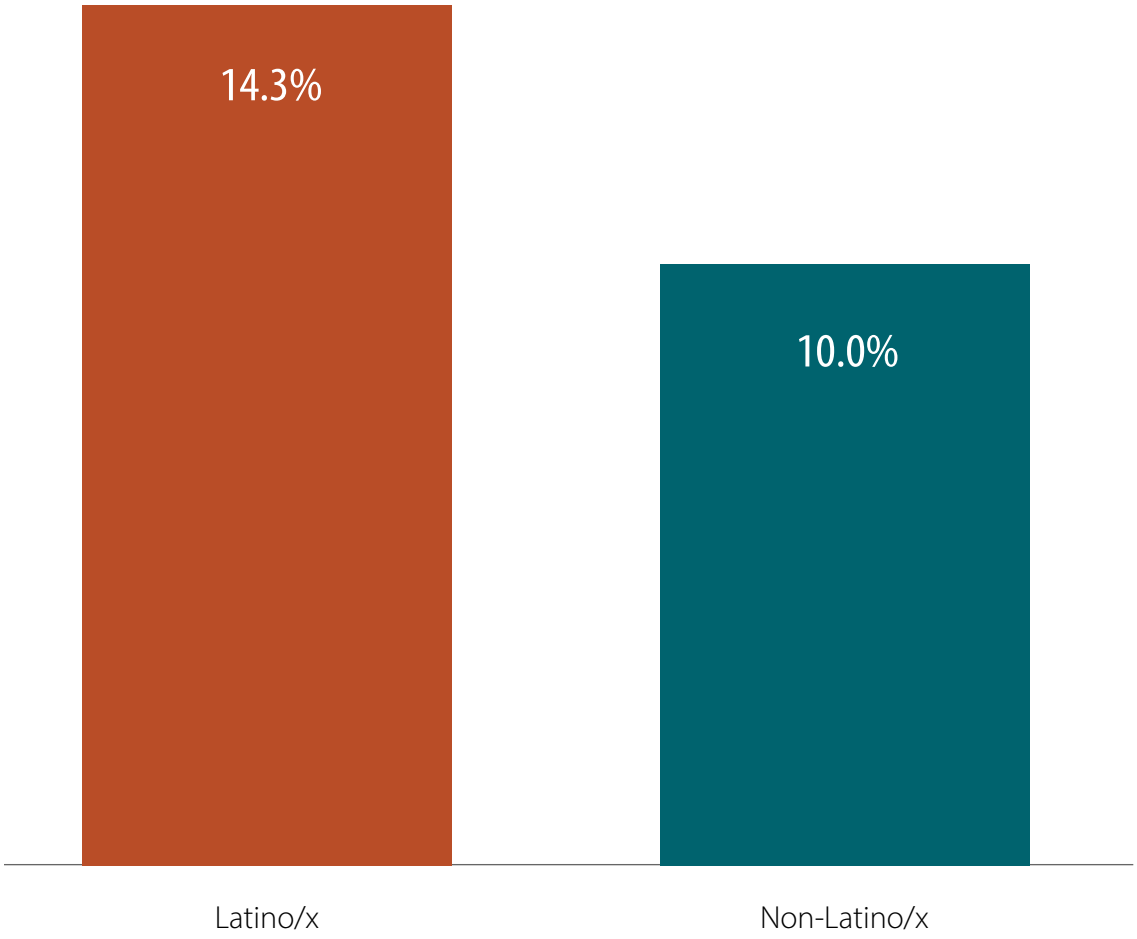
Soda consumption was much more common among Latino/x than non-Latino/x children and youth in California. Drinking soda, along with other sugar-sweetened beverages, is associated with dental cavities, obesity, and metabolic syndrome in children, including type 2 diabetes and fatty liver disease.*

Notes: Data not available for year 2018. Includes youth age 0 to 17 who consumed one or more glasses of soda the day before.

Source: "AskCHIS" (2013–20), UCLA Center for Health Policy Research, accessed March 3, 2025.

* Amy L. Beck et al., "Trends in Sugar-Sweetened Beverage Consumption Among California Children," *Public Health Nutrition* 23, no. 16 (2020): 2864–69.

Children with Decayed Teeth or Cavities, Latino/x and Non-Latino/x, California, 2022 to 2023



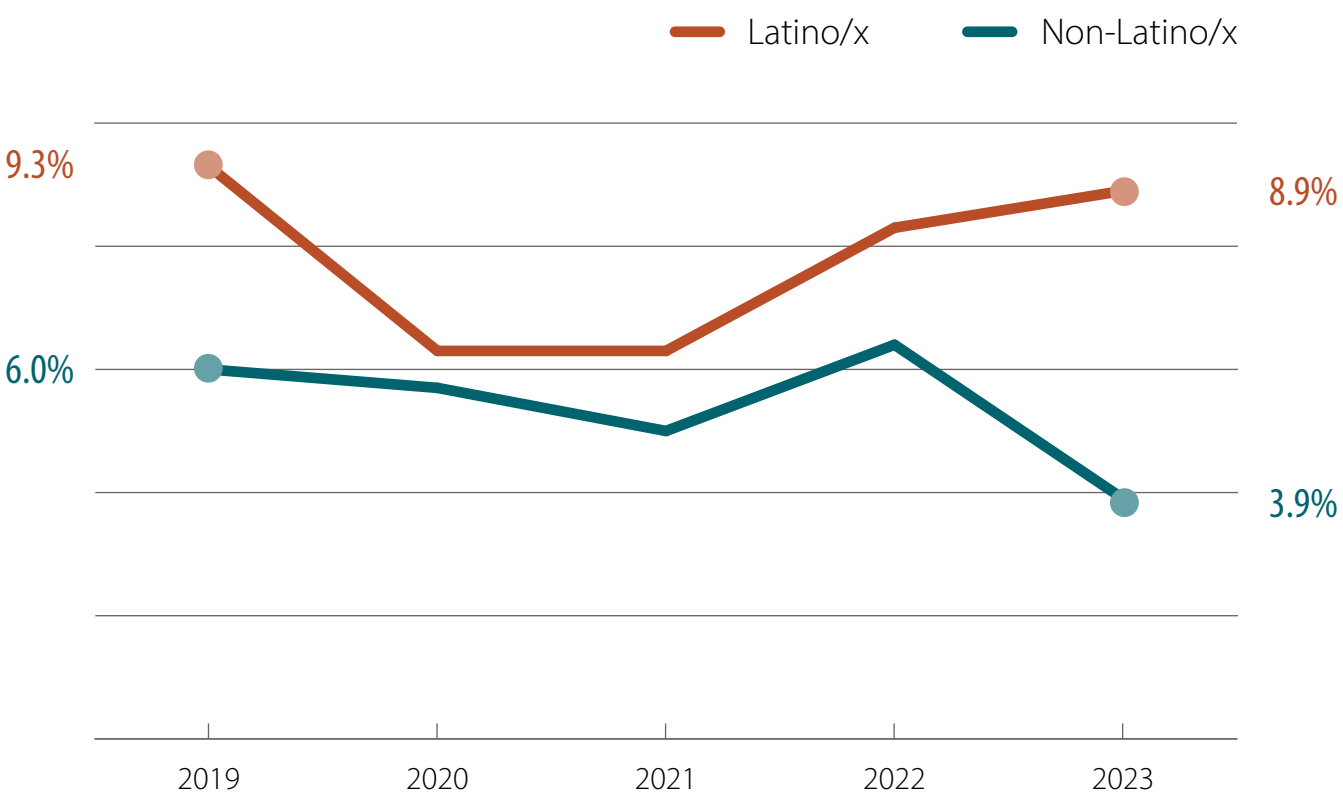
Note: Includes children age 1 to 17 who had decayed teeth or cavities within the previous 12 months.

Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

Latino/x children age 1 to 17 were more likely to have dental decay or cavities than non-Latino/x children and youth in California. Poor oral health is correlated with school absenteeism.*

* Ryan R. Ruff et al., "Oral Health, Academic Performance, and School Absenteeism in Children and Adolescents: A systematic review and meta-analysis," *Journal of the American Dental Association* 150, no. 2 (2019): 111–21.

Children Who Couldn't Afford Needed Dental Care, Latino/x and Non-Latino/x, California, 2019 to 2023



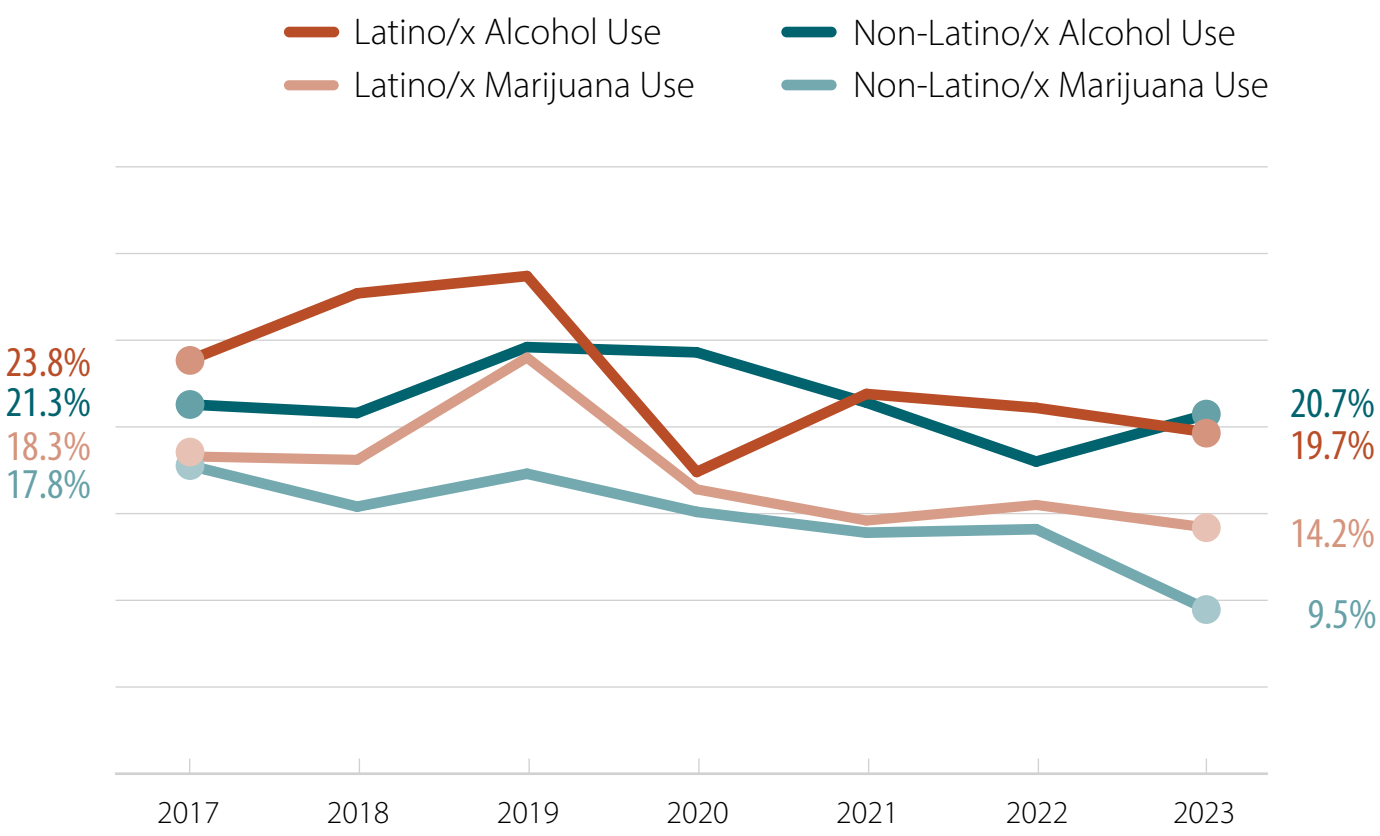
In recent years, Latino/x families were more than twice as likely as non-Latino/x families in California to report that they could not afford needed dental care for their child.

Note: Includes youth age 11 and younger who couldn't afford needed dental care in the previous 12 months.

Source: "AskCHIS" (2019-23), UCLA Center for Health Policy Research, accessed March 3, 2025.

Alcohol or Marijuana Use, Latino/x and Non-Latino/x Youth

California, 2017 to 2023

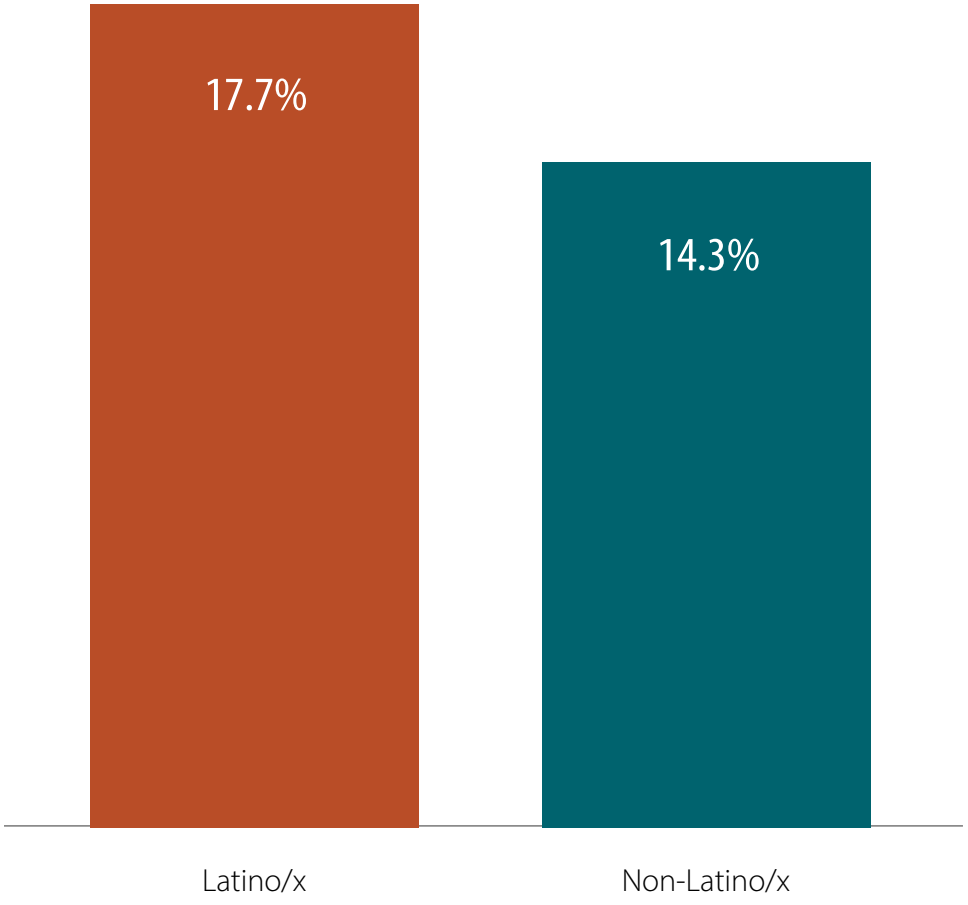


Note: Includes youth age 12 to 18 who reported ever having an alcoholic drink or ever using marijuana.

Source: "AskCHIS" (2017–23), UCLA Center for Health Policy Research, accessed March 3, 2025.

In California, Latino/x youth age 12 to 18 were about as likely to report ever having an alcoholic drink as their non-Latino/x peers. Latino/x youth age 12 to 18 were more likely than their non-Latino/x counterparts to report ever trying marijuana. Substance use went down during the COVID-19 pandemic.

Adverse Childhood Experiences, Latino/x and Non-Latino/x Children, California, 2017 to 2021



Notes: Most adverse childhood experiences (ACEs) assessments are given to adults age 18+, but in contrast, the National Survey of Children's Health is parent reported and includes youth age 0 to 17. ACEs questionnaires ask whether a child has ever: (1) experienced economic hardship, (2) had a parent or guardian who got divorced or separated, (3) had a parent or guardian who died, (4) had a parent or guardian who served time in jail, (5) witnessed domestic violence, (6) witnessed or experienced neighborhood violence, (7) had a household member who was mentally ill, (8) had a household member who abused alcohol or drugs, (9) been treated unfairly because of race/ethnicity, and, for children age 6 to 17, (10) been treated unfairly because of sexual orientation or gender identity.

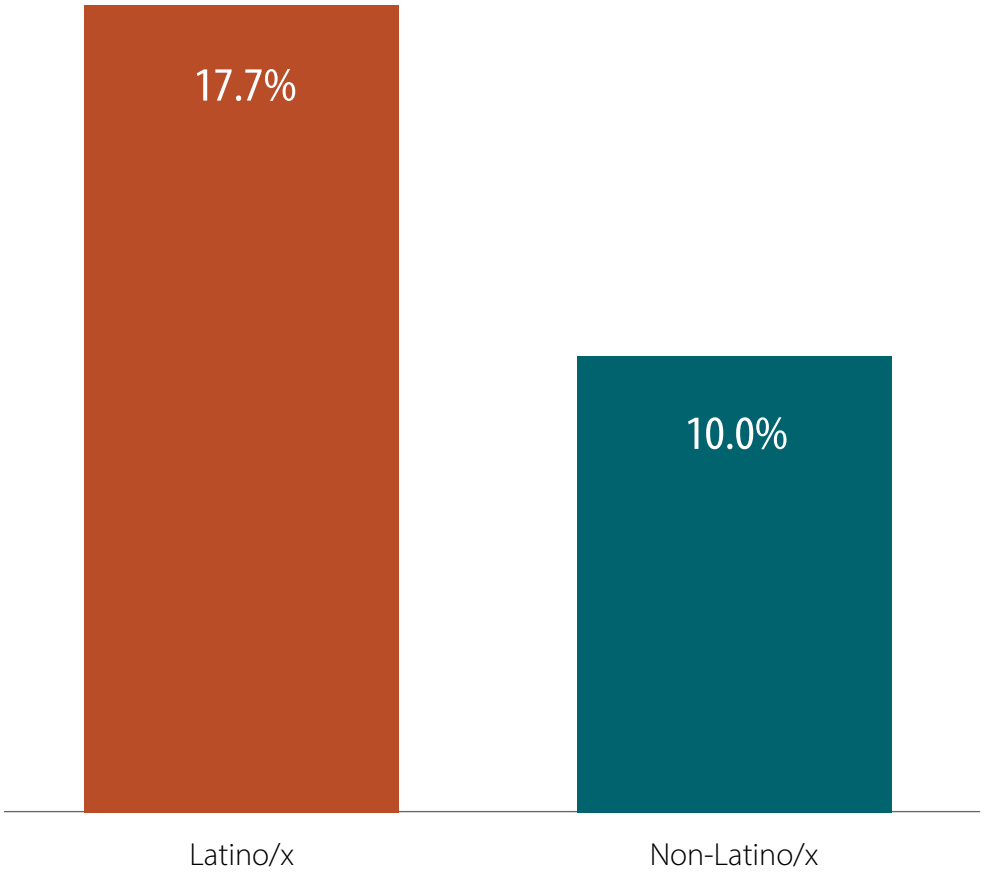
Source: National Survey of Children's Health, US Department of Health and Human Services, April 2023.

Latino/x children age 0 to 17 more commonly experience two or more adverse childhood experiences (ACEs). ACEs are associated with the development of mental and physical health conditions in adulthood.*

* Vincent J. Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* 14, no. 4 (1998): 245–58.

Housing Instability, Latino/x and Non-Latino/x Children

California, 2022 to 2023



Notes: Data from caregivers of youth age 0 to 11. *Housing instability* includes having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. Data include those who stated they experienced at least one of the following in the past 12 months: experienced homelessness or lived in a shelter, missed a mortgage payment, or lived in three or more places.

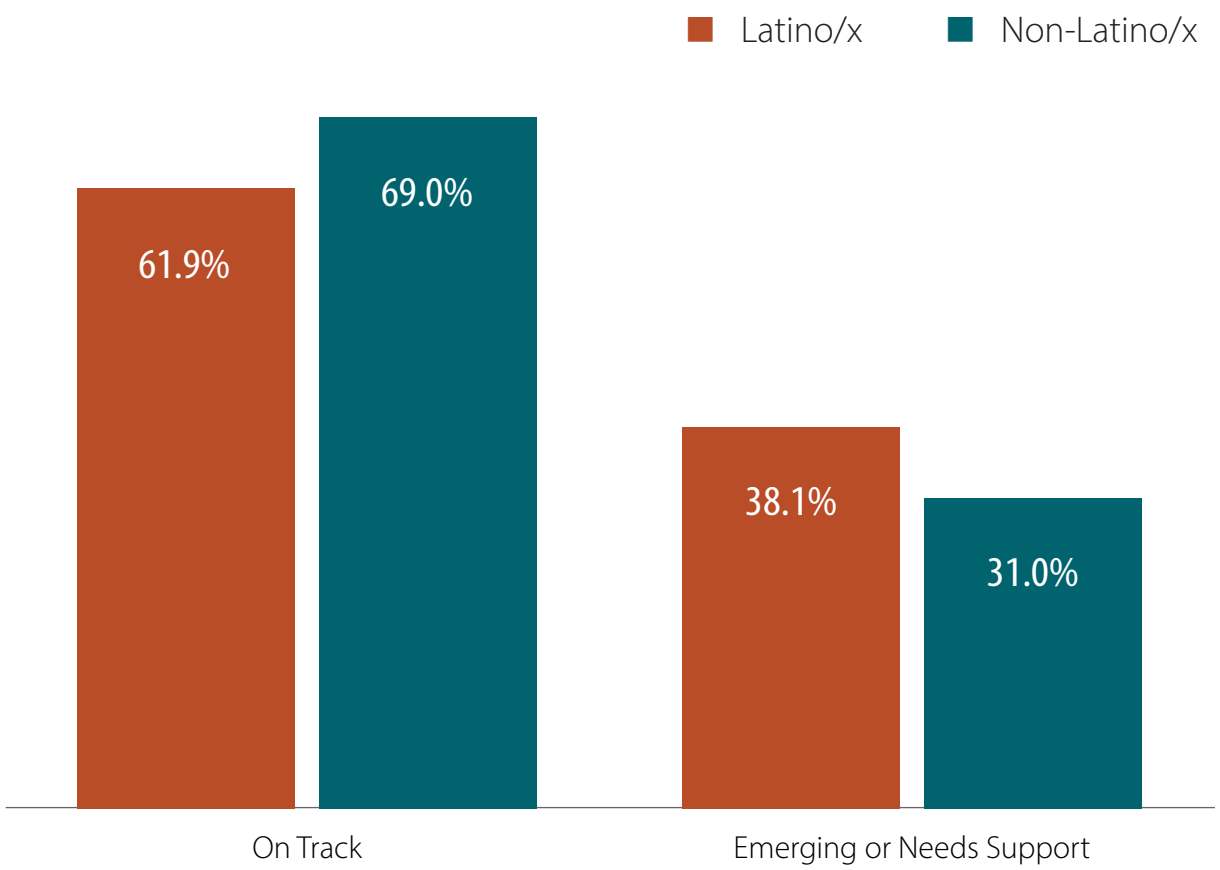
Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

In California, many more Latino/x families with children age 0 to 11 experienced housing instability than non-Latino/x families. Housing instability is associated with health conditions such as asthma, emotional health problems, and disruption of schooling.*

* Kiana D. Bess et al., "The Effects of Housing Insecurity on Children's Health: A Scoping Review," *Health Promotion International* 38, no 3 (2023): daac006.

School Readiness, Latino/x and Non-Latino/x Children

California, 2022 to 2023



Note: Includes children age 3 to 5.

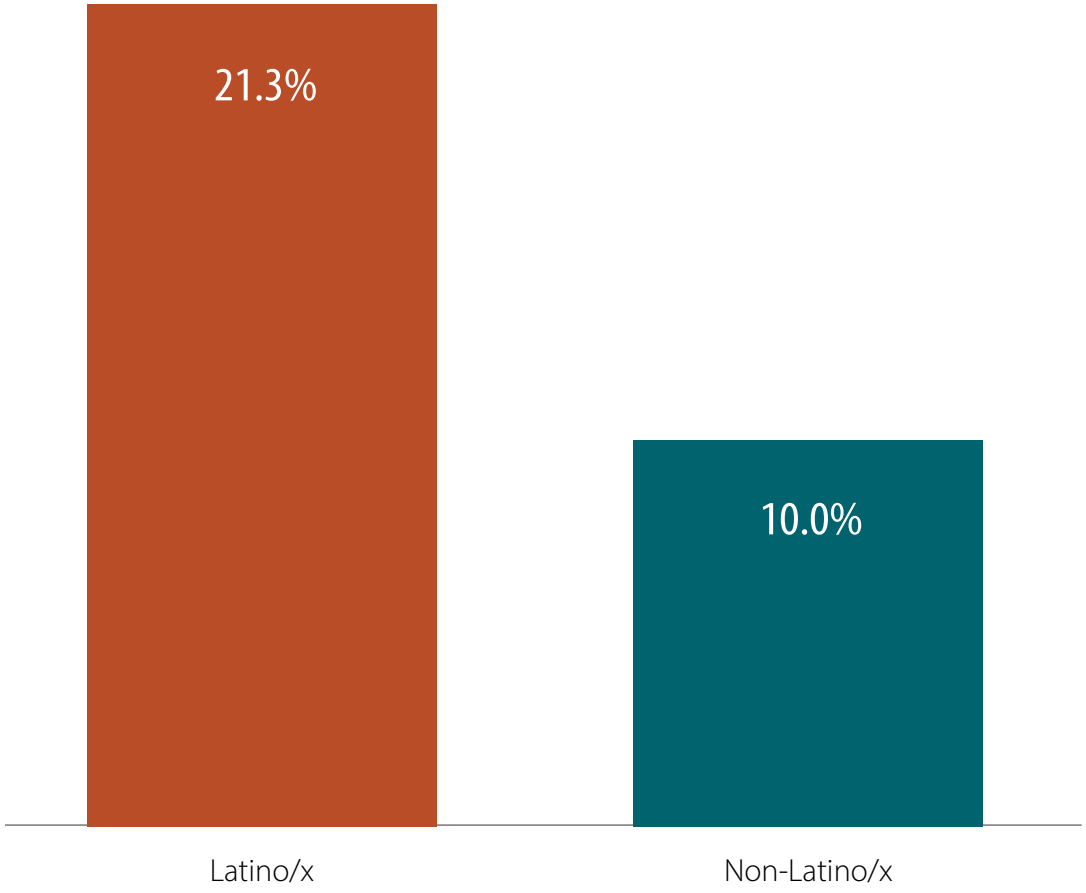
Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

Latino/x children age three to five were less likely to be ready for school and more likely to need support when entering the school system. School readiness is associated with academic success.* School readiness has been selected as a Healthy People 2030 Objective and a National Academy of Science Pediatric Vital Sign.

* Pamela C. High, and the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health; "School Readiness," *Pediatrics* 121, no. 4 (April 2008): e1008–e1015.

Child and Youth Obesity Rate, Latino/x and Non-Latino/x

California, 2022 to 2023



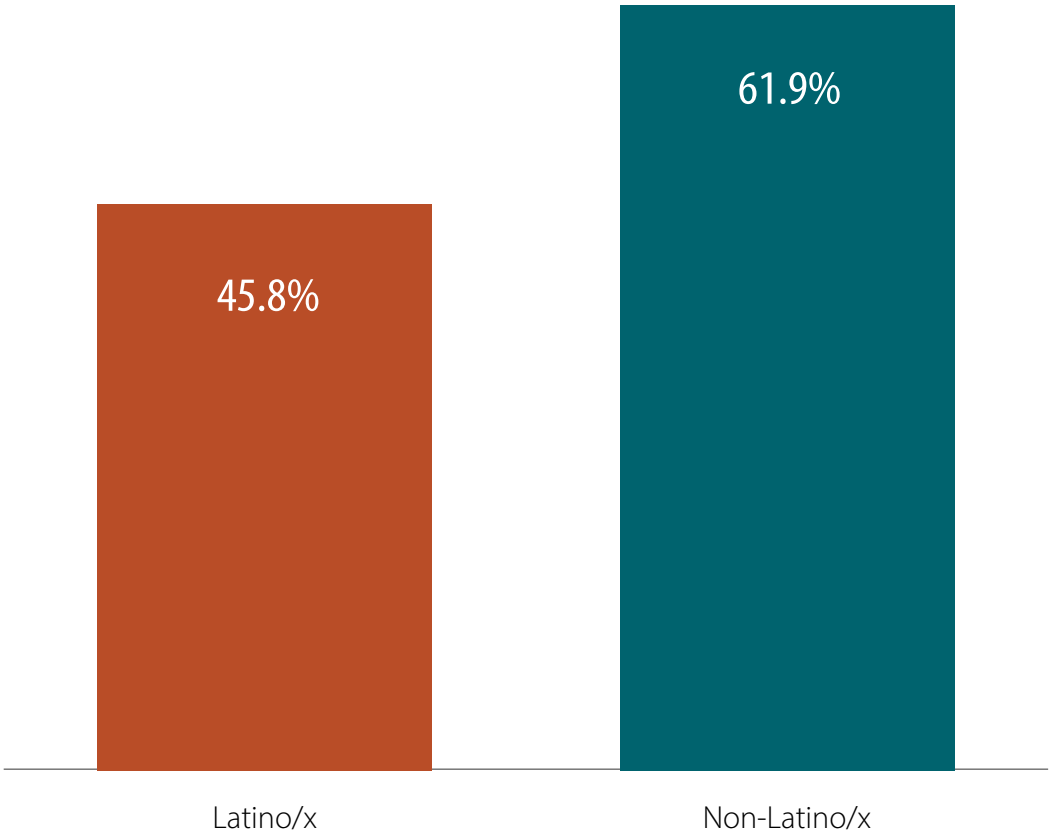
Latino/x children age 6 to 17 were much more likely to have a body mass index (BMI) at or above the 95th percentile than non-Latino/x children in California. A high BMI during childhood is associated with greater risk of obesity later in life.*

Notes: Body mass index (BMI) is based on parents' recollection of their child's height and weight. *Obesity* is having a BMI at or above the 95th percentile.

Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

* Mark Simmonds et al, "Predicting Adult Obesity From Childhood Obesity: A Systemic Review and Meta-Analysis," *Obesity Reviews*, 17, 2 (2016).

Sports Participation, Latino/x and Non-Latino/x Children and Youth, California, 2022 to 2023



Note: Includes children and youth age 6 to 17 who participated in after-school or weekend sports activities in the last 12 months..

Source: National Survey of Children's Health (2022–23), Child and Adolescent Health Measurement Initiative.

Latino/x children age 6 to 17 were less likely to participate in after-school or weekend organized sport activities than their non-Latino/x counterparts. Regular physical activity decreases weight and obesity.* Neighborhood characteristics including safety and proximity to parks are related to physical activity levels among youth, as are the existence of low-cost sports programs.†

* Ian Janssen et al. "Systemic Review of the Health Benefits of Physical Activity and Fitness in School-Aged Children and Youth," Int J Behav Nutr Phys Act 7, 40 (2010).

† Susan H. Babey et al., "Few California Children and Adolescents Meet Physical Activity Guidelines," *Policy Brief (UCLA Center for Health Policy Research)* 2018, no. 8: 1–8.

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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Appendix A: Methodology

CONVENING RESEARCHERS AND COMMUNITY HEALTH EXPERTS FOR GUIDANCE ON DATA INCLUSION AND RECOMMENDATIONS

Recognizing limitations in available data and space, the authors focused on the following:

- Major drivers of health (e.g., education level)
- Key metrics of health access and health workforce capacity
- Health conditions that are highly prevalent among adults and children
- Key metrics in reproductive health and behavioral/mental health

To capture a broad range of data, the authors convened two advisory groups: a *research advisory group* that would advise on data sources and key metrics; and a *community advisory group* (see Appendix B) that would advise on key metrics for inclusion as well as ways to most effectively present data to target audiences.

Each advisory group met twice with the project team and then jointly in a third meeting focused on the development of *policy recommendations*. In that meeting, which took place in January 2025, advisory group members offered guidance on specific draft recommendations and shared their thoughts on policy priorities.

Choosing Comparison Groups

This report follows CHCF's preferred method of comparing Latino/x Californians to all non-Latino/x Californians when data are available. This approach highlights the Latino/x population without reinforcing the idea that the experience of one group is the norm. A drawback of this approach is the potential for obscuring disparities between Latinos/x and more socially advantaged groups. Therefore, the Almanac comments on any relevant, population-specific data differences in the text accompanying those charts.

Appendix A: Methodology, *cont.*

Data Sources

This Almanac was limited to publicly available data and to data sources that covered the entire state. To include non-Latinos/x as a comparison group, some data sources where the original survey design did not permit calculations of estimates for non-Latinos/x were not included.

Data Limitations

Stratified data by country of origin, primary language (including Indigenous languages), county of residence, sex, and age was not readily available in public data sets and therefore could not be included.

Information regarding many important factors that affect health was not readily available in public data sets. Some measures of health care quality, which is known to vary by primary language and health system, were not available in a statewide dataset, especially for physical and behavioral health conditions that are primarily managed in outpatient settings. Likewise, it was difficult to obtain information on important emerging conditions, such as "long COVID," the persistence of symptoms attributed to COVID-19.

Due to data limitations, researchers could not fully capture health and health care disparities between urban and rural areas of California. See the California Latino Health Dashboard for more county- or regional-level data.

Although the latest data available from each source were included, in some areas, such as health insurance coverage, important changes have taken place that were not yet captured by data sources. This Almanac presents a snapshot of a rapidly changing policy environment.

Data Calculations

For some charts, data sources did not allow the comparison of Latino/x and non-Latino/x groups directly. In those cases, researchers created non-Latino/x group data through calculations that pulled from data available for each of the major California racial/ethnic groups. The report indicates where these calculations were made in the notes accompanying the charts. The report does not include data charts with weighted survey data as that would have required access to the original weights.

Appendix B: Advisors

Community Advisory Group

Mayra Alvarez, MHA, president, The Children's Partnership

Seciah Aquino, DrPH, MS, executive director, Latino Coalition for Healthy California

Selene Betancourt, MPP, policy manager, California Pan-Ethnic Health Network

Chris Iglesias, chief executive officer, The Unity Council

Hugo Morales, co-executive director and founder, Radio Bilingue

Sural Shah, MD, MPH, quality and health equity evaluation and monitoring brand chief, California Department of Health Care Services

Francisco Silva, Esq., president and chief executive officer, California Primary Care Association

Research Advisory Group

Alyssa Borders, PhD, research scientist, California Department of Health Care Access and Information

Claire Brindis, DrPH, distinguished professor of health policy and emerita director of the Phillip R. Lee Institute for Health Policy Studies, UCSF

Arturo Vargas Bustamante, PhD, MPP, professor of health policy and management and faculty research director of the Latino Policy and Politics Institute, UCLA

Sergio Aguilar Gaxiola, MD, PhD, professor of medicine and founding director of the Center for Reducing Health Disparities, University of California Davis School of Medicine

Kurt Organista, PhD, professor of social welfare, UC Berkeley

Denise Payan, MPP, PhD, associate professor of health, society, and behavior, University of California, Irvine

Maria-Elena Young, PhD, MPH, assistant professor of public health, University of California, Merced

Appendix C: Authors

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This was a joint effort by the Latinx Center of Excellence, the Phillip R. Lee Institute for Health Policy Studies, and Healthforce Center at UCSF.