CALIFORNIA

Health Care Almanac

CHCF

OCTOBER 2019

Health Disparities by Race and Ethnicity:
The California Landscape

Executive Summary

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

As the most racially diverse state in the country, California has a critical stake in addressing health disparities experienced by people of color. *Health Disparities by Race and Ethnicity: The California Landscape* shows that people of color face barriers to accessing health care, often receive suboptimal treatment, and are most likely to experience poor outcomes in the health care system.

KEY FINDINGS

- Life expectancy at birth in California was 80.8 years. It was lowest for Blacks, at 75.1 years, and highest for Asians, at 86.3 years, an 11-year gap.
- Latinos were more likely to report being in fair/poor health, to have incomes below the federal poverty level, and to be uninsured. About one in five Latinos did not have a usual source of care, and one in six Latinos reported difficulty finding a specialist.
- Blacks had the highest rates of new prostate, colorectal, and lung cancer cases, and the highest death rates for breast, colorectal, lung, and prostate cancer.
- About 1 in 5 multiracial, Black, and white adults reported being told they have depression compared to about 1 in 10 Asian adults.
- Blacks fare worse on maternal/childbirth measures, with higher rates of low-risk, first-birth cesareans, preterm births, low-birthweight births, infant mortality, and maternal mortality.

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

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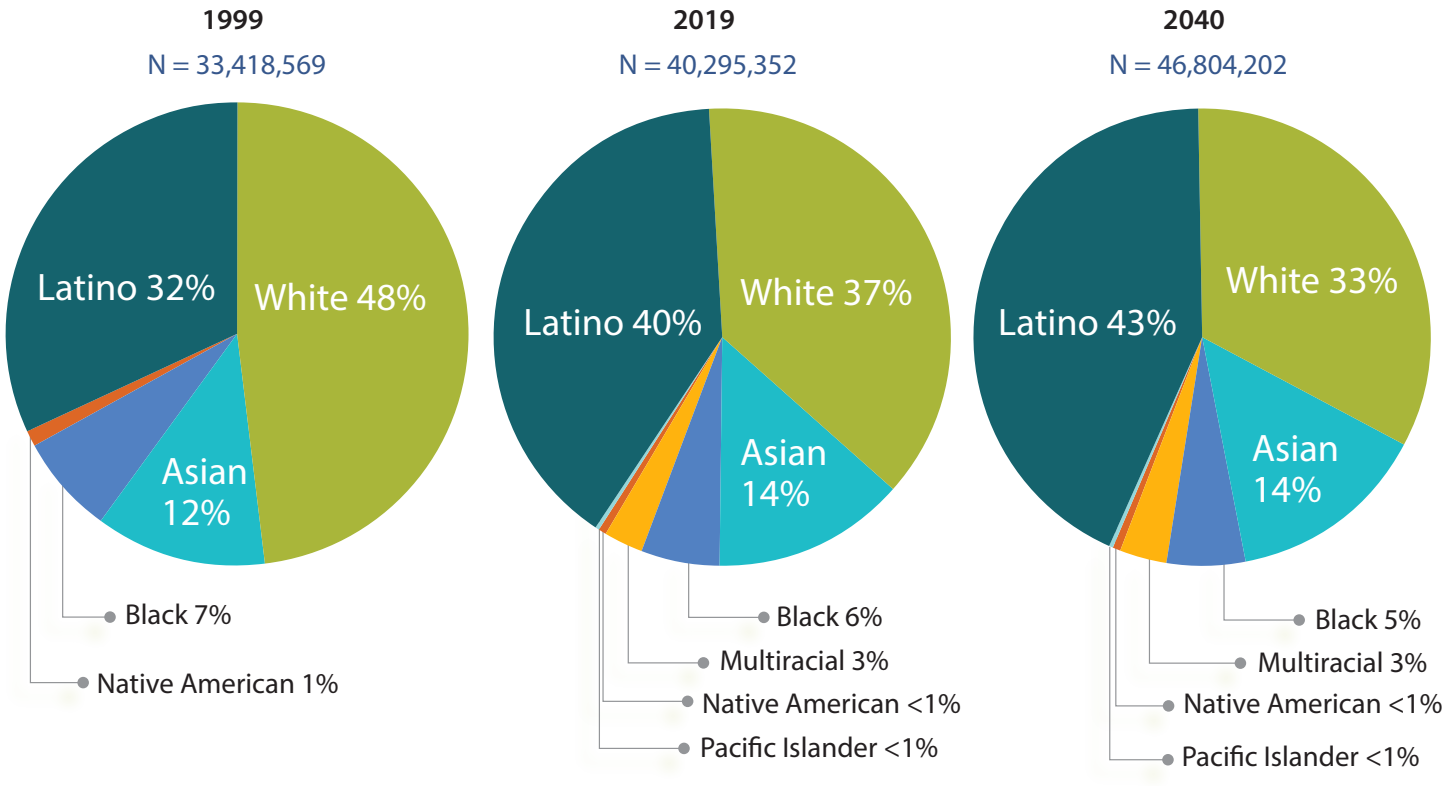
Population, by Race/Ethnicity

California, 1999, 2019, and 2040



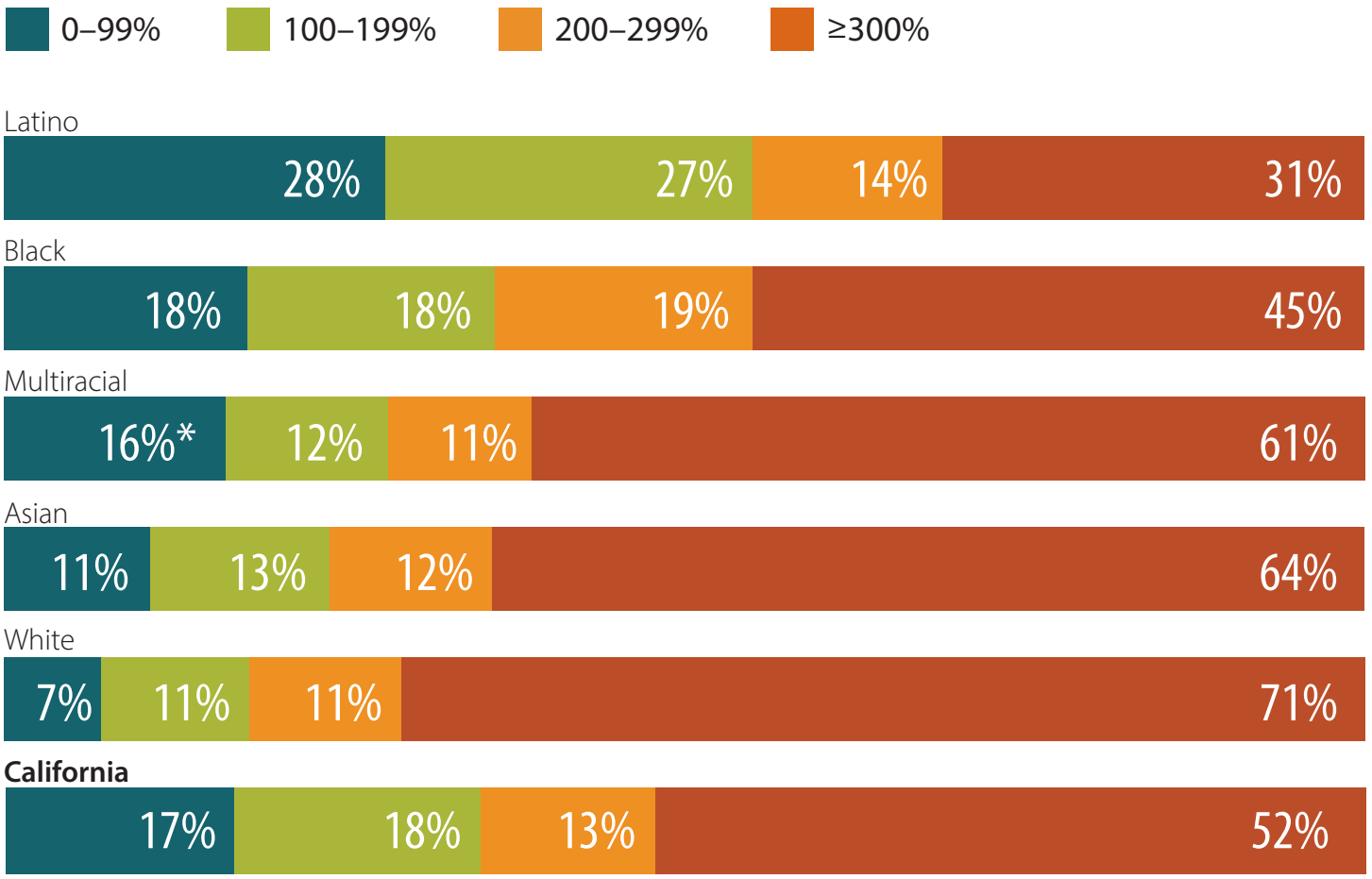
Note: Segments might not total 100% due to rounding. Source uses *Hispanic, American Indian or Alaska Native*, and *Native Hawaiian or Pacific Islander. Asian* includes Pacific Islander in 1999. *Multiracial* data were not available in 1999.

Source: Total Estimated and Projected Population for California: July 1, 2010 to July 1, 2060 in 1-year Increments, California Dept of Finance, January 2018, www.dof.ca.gov.

California is the most racially diverse state in the country. Over the last 20 years, California's population has grown more diverse, as Latinos have grown from 32% to 40% of the population and Asians from 12% to 14% while whites have declined from 48% to 37%. Between 2019 and 2040, California's population is expected to increase by 6.5 million. People of color represent 93%, or 6 million, of the expected increase (not shown).

Population, by Race/Ethnicity and Federal Poverty Level

California, 2017



*Statistically unstable.

Notes: In 2017, the federal poverty level was $12,060 for a single person and $24,600 for a household of four. *American Indian / Alaska Native* and *Native Hawaiian / Pacific Islander* are not shown because the results were statistically unstable. Source uses *African American* and *Two or More Races*.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 30, 2019, http://ask.chis.ucla.edu.

Poverty has been linked to death and disease. According to a recent study, having wealth and a higher income provides material benefits such as healthier living conditions and access to health care.*

Latinos were more likely to have incomes below the federal poverty level (FPL) than other races and represented 66% of all Californians under the FPL in 2017 (not shown).

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

Self-Reported Health Status, by Race/Ethnicity

California, 2017

*Statistically unstable

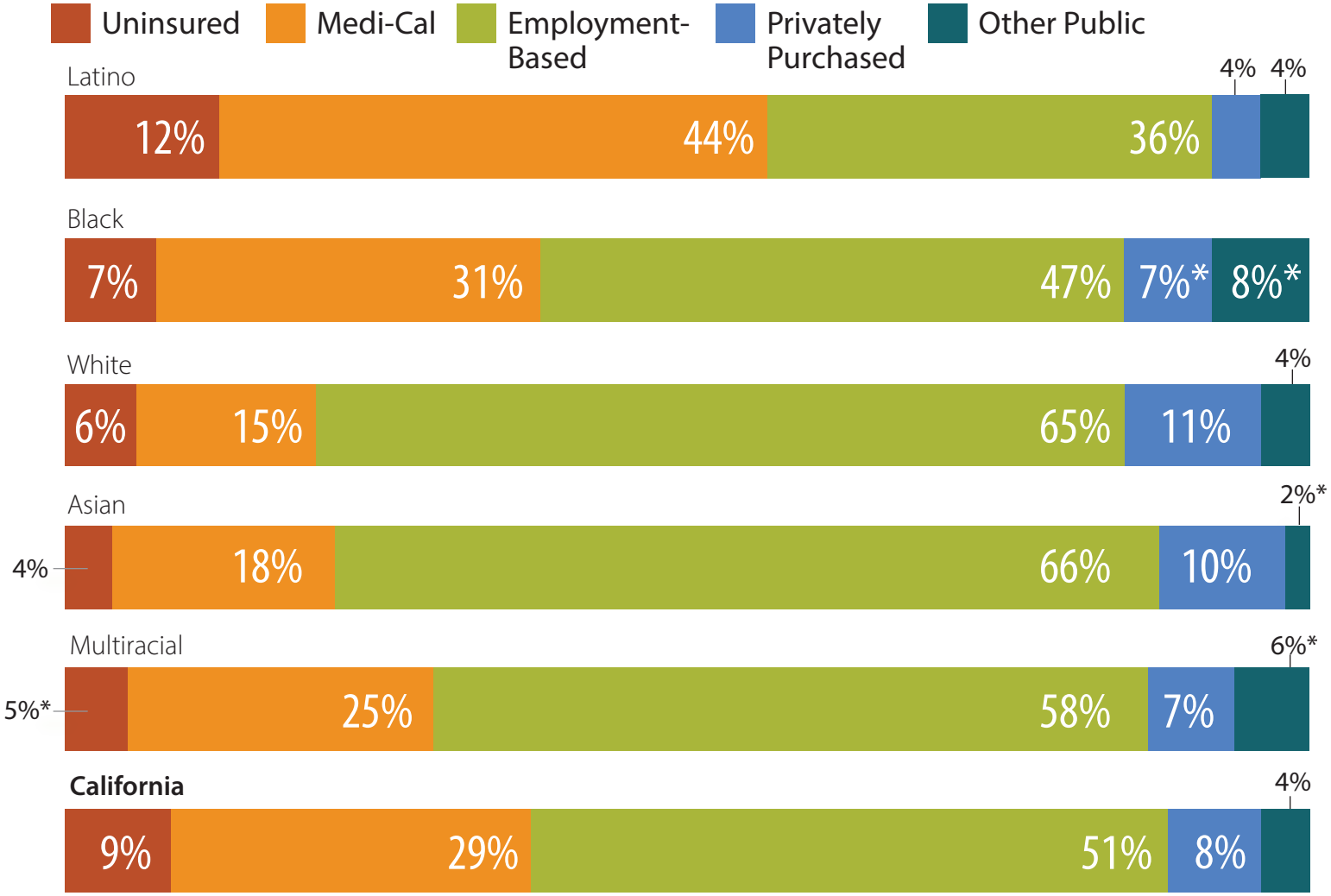
Note: Source uses *African American*. Estimates for *American Indian / Alaska Native* and *Native Hawaiian / Pacific Islander* are not shown because the results were statistically unstable. Segments may not total 100% due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed April 12, 2019, http://ask.chis.ucla.edu.

Whites and Asians were the most likely to report being in excellent or very good health while Latinos were the most likely to report being in fair or poor health.

Health Insurance, by Race/Ethnicity

California, 2017



*Statistically unstable.

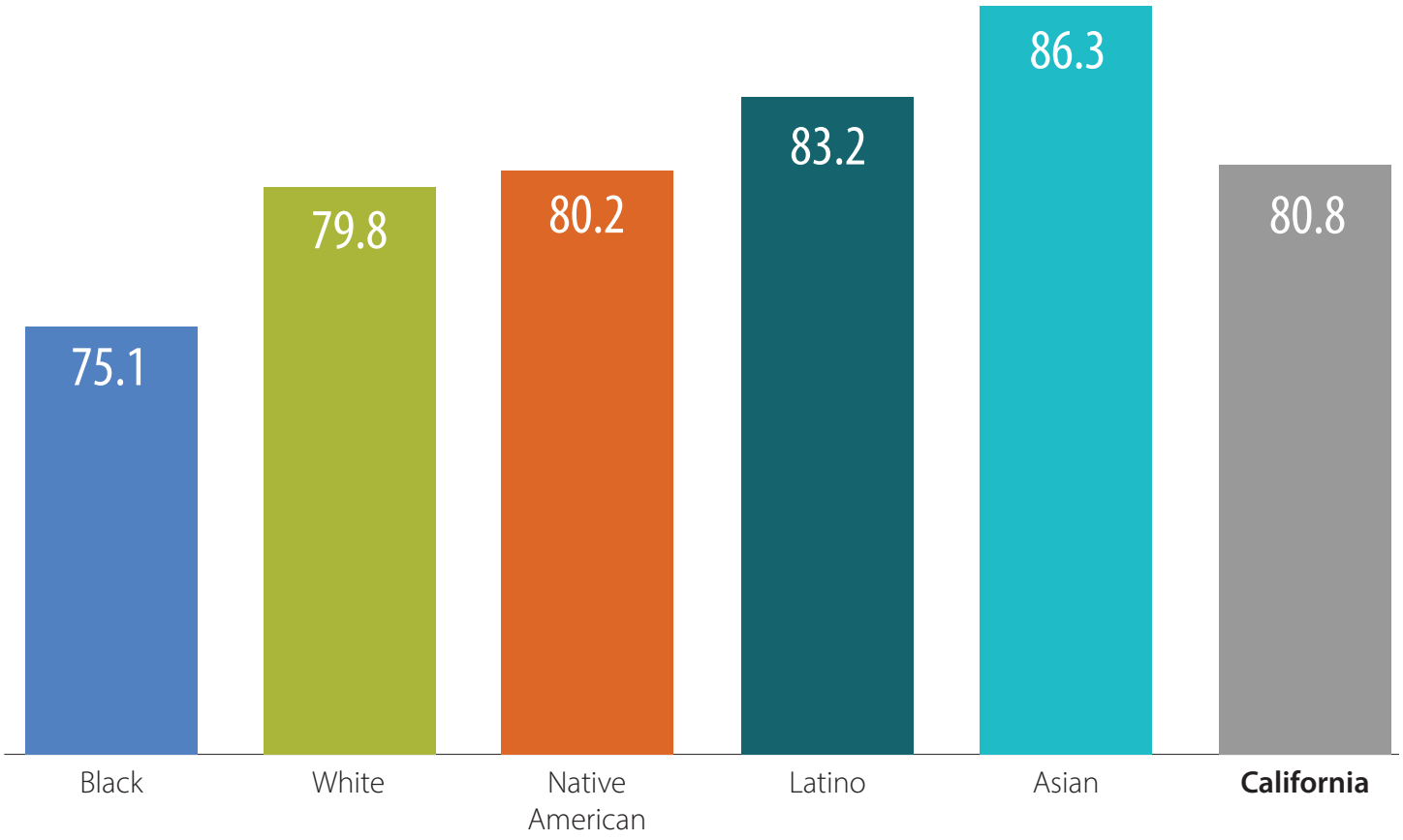
Notes: Insurance status is self-reported. *Medi-Cal* may include those with restricted-scope benefits. Age 0 to 64. *Other public* includes *Medicare only, Medicare & Medicaid* and *Medicare & Others.* Source uses *African American* and *Two or More Races*. Estimates for *American Indian / Alaska Native*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

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed August 21, 2019, http://ask.chis.ucla.edu.

Lack of insurance was identified as a significant driver of health disparities in the Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* About one in eight Latinos reported that they did not have health insurance coverage. Whites and Asians were most likely to report having health coverage through their employer while Latinos were more likely to report having Medi-Cal coverage.

Life Expectancy, by Race/Ethnicity

California, 2017



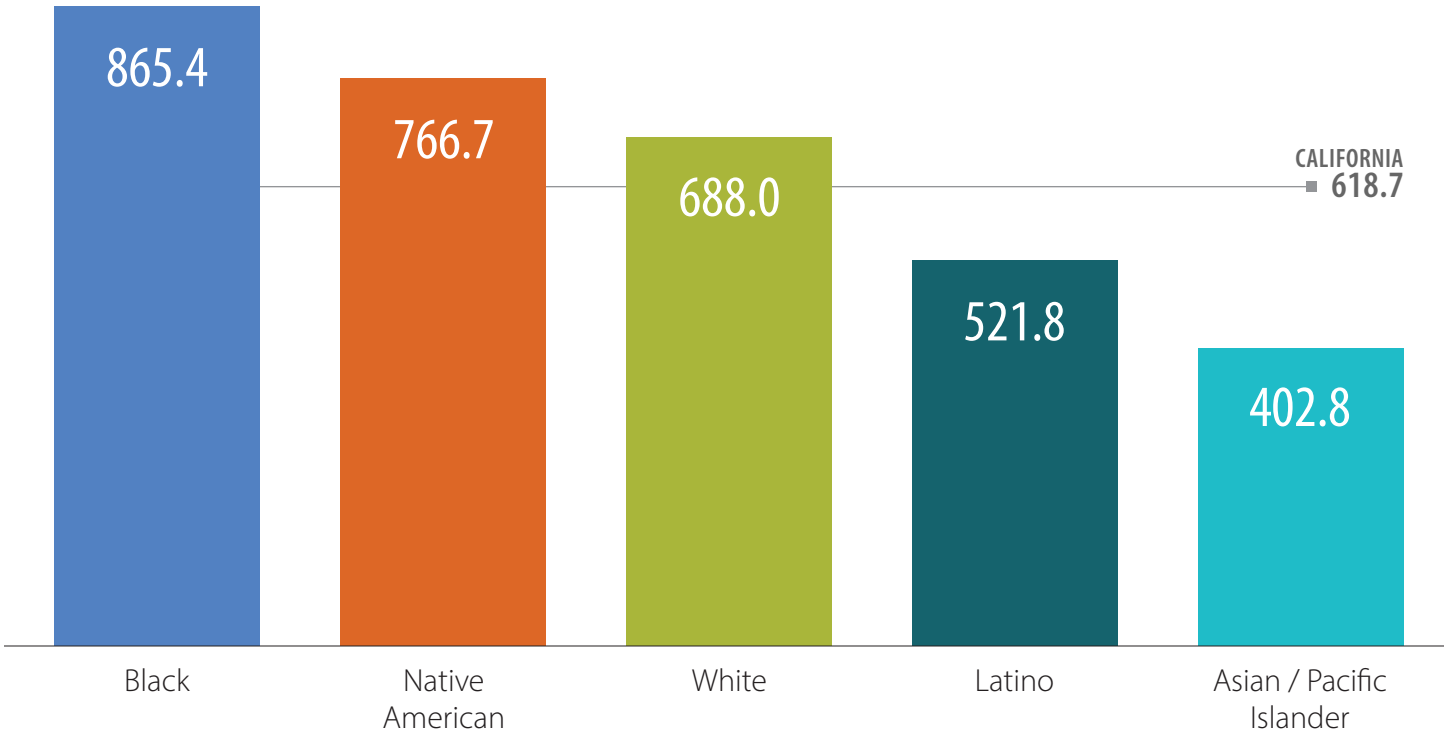
In 2017, Blacks had the shortest life expectancy at birth compared to all other races/ethnicities. Life expectancy for Blacks was eleven years shorter than that of Asians and nearly six years shorter than the state average.

Source: "Life Expectancy by State 2019: Life Expectancy Rates in California in Years," World Population Review, August 28, 2019, http://worldpopulationreview.com.

Death Rate, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION



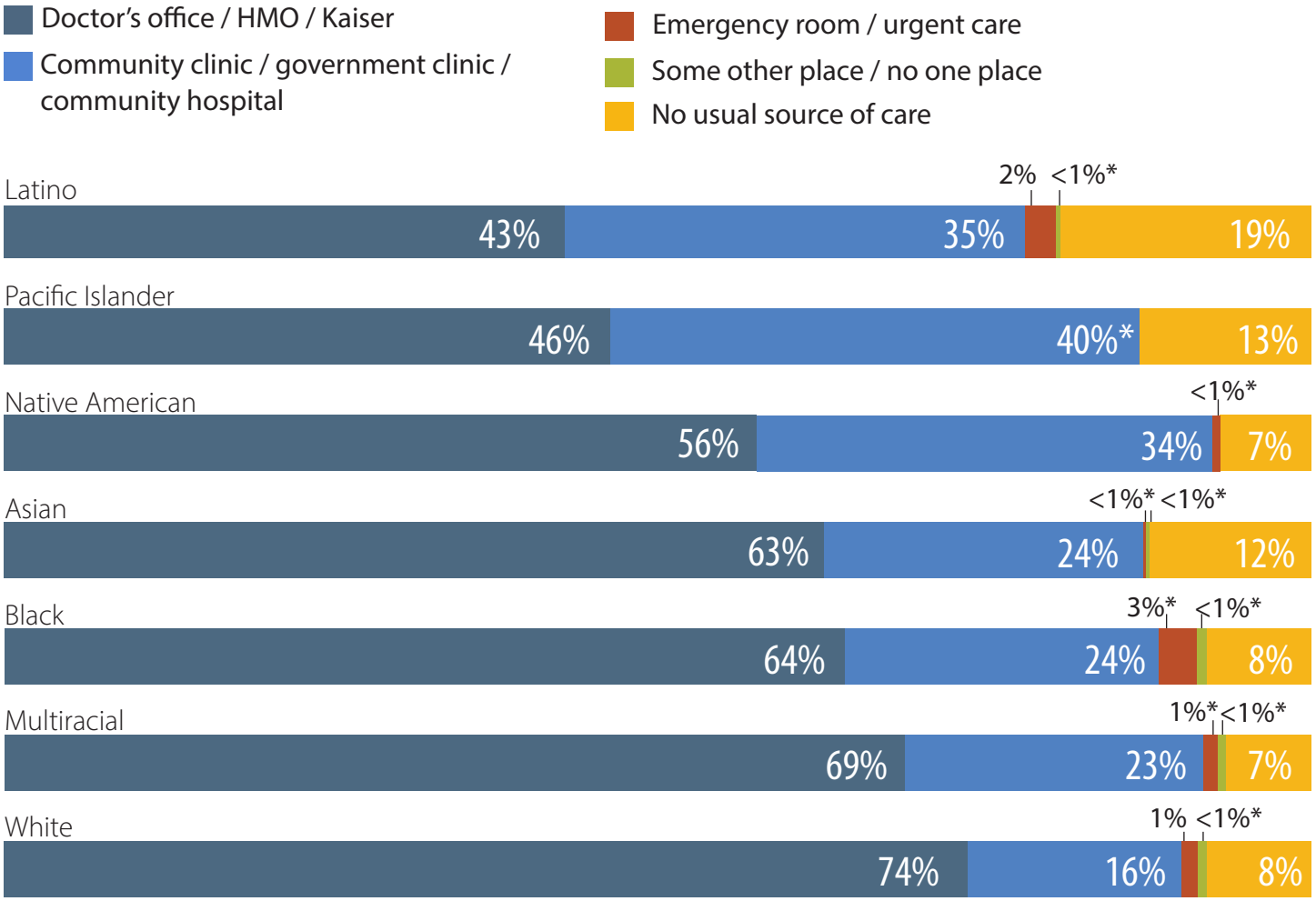
In 2017, Asians had the lowest death rate while Blacks had the highest. The death rate for Blacks was more than twice as high than the rate for Asians and 40% higher than the state average.

Note: Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska Native,* and *Asian or Pacific Islander.*

Source: "Underlying Cause of Death 1999-2017," CDC WONDER Online Database, Centers for Disease Control and Prevention, December 2018, http://wonder.cdc.gov.
Data are from the Multiple Cause of Death Files, 1999–2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Usual Source of Care, by Race/Ethnicity

California, 2017



* Statistically unstable.

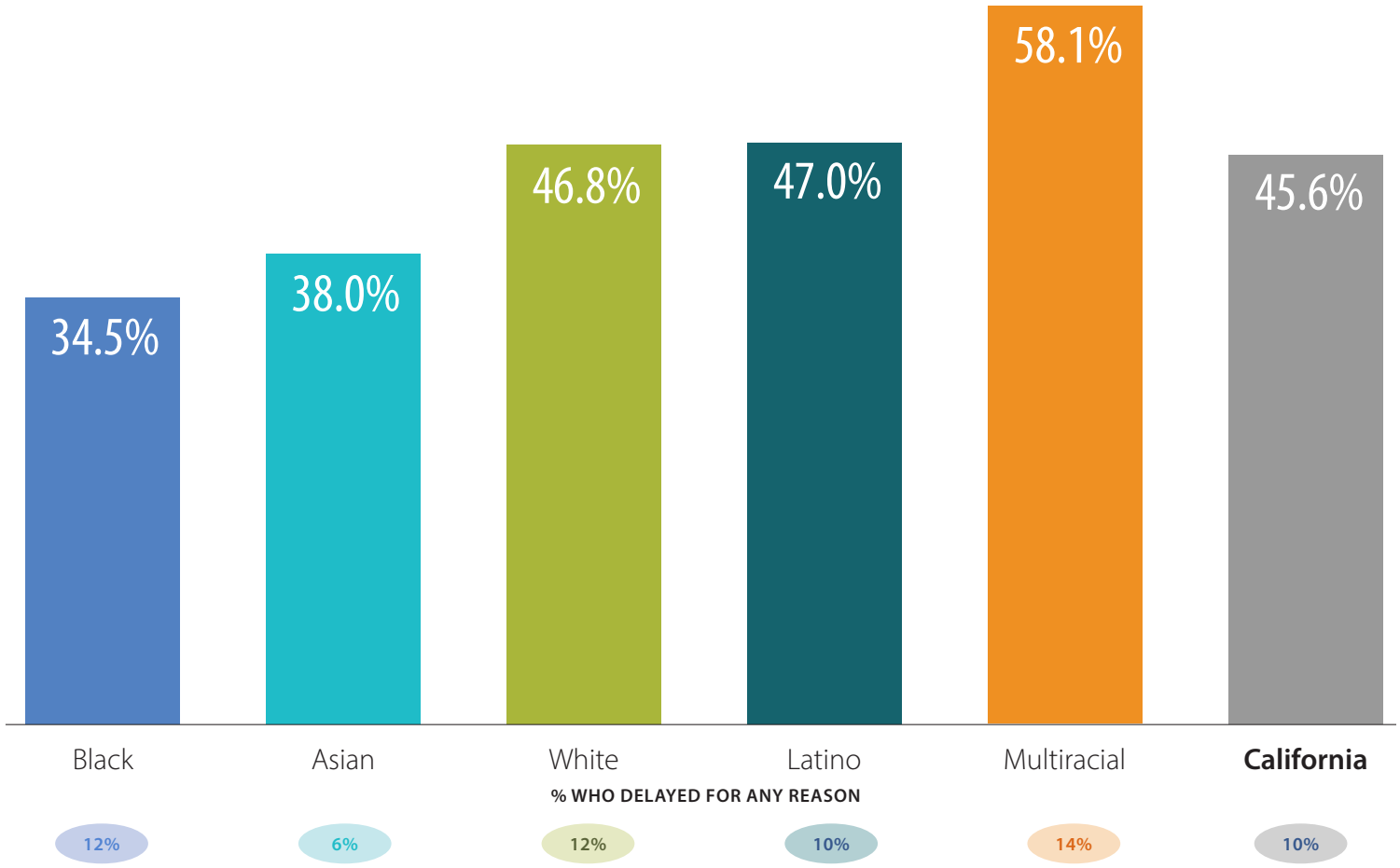
Notes: Respondents who have a usual place to go when sick or need health advice. Source uses *African American*, *American-Indian / Alaska Native*, *Native Hawaiian / Pacific Islander* and *Two or More Races*.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 20, 2019, http://ask.chis.ucla.edu.

About one in five Latinos did not have a usual source of care. Almost three-quarters of whites reported that a doctor's office was their usual source of care, while more than a third of Latinos reported that their usual source of care was a community clinic. Only small percentages of people of all races/ethnicities used the emergency room as a usual source of care.

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

California, 2017



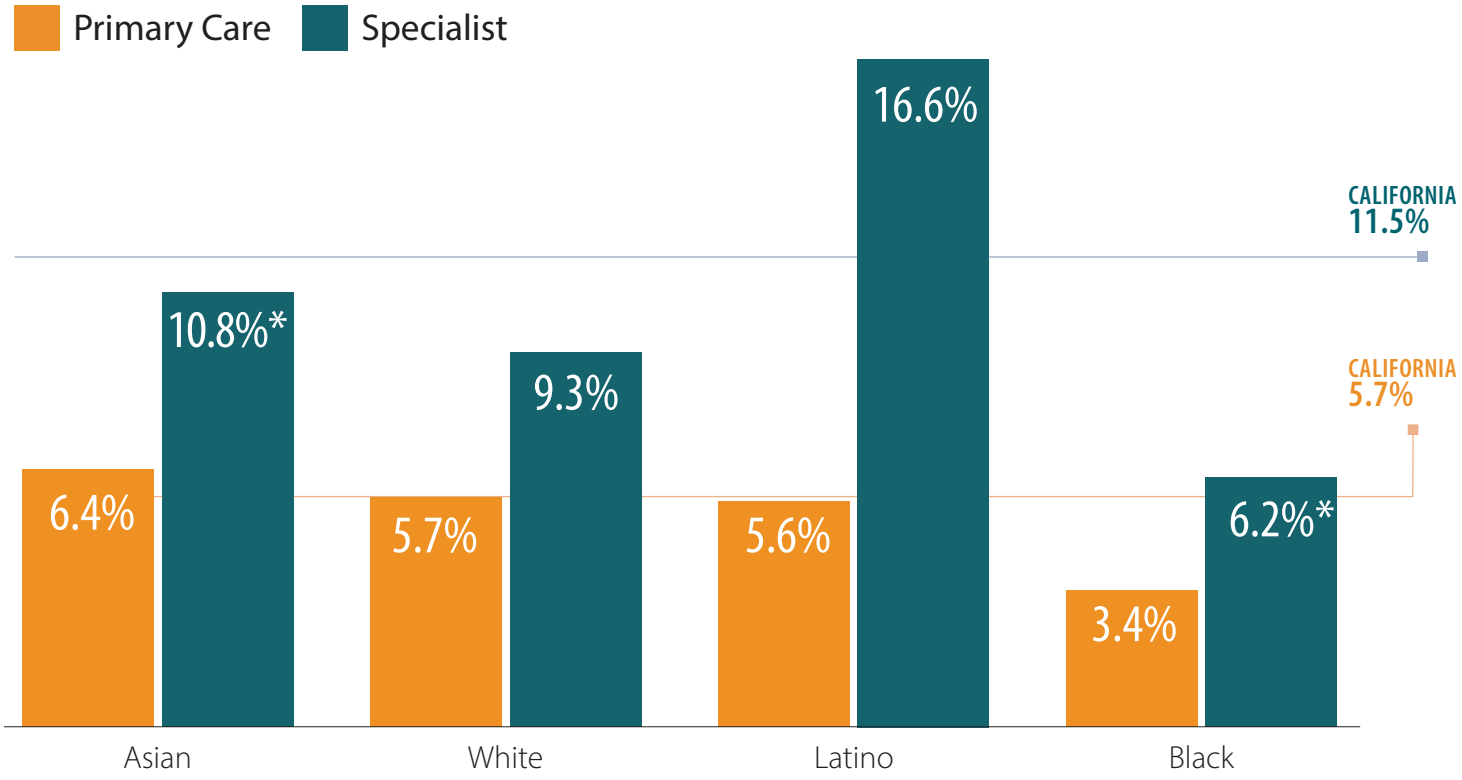
Notes: Of those respondents who delayed care, those who delayed due to cost or lack of insurance. Source uses *African American*. Estimates for *American-Indian / Alaska Native* and *Native Hawaiian / Pacific Islander* are not shown because the results were statistically unstable.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 20, 2019, http://ask.chis.ucla.edu.

One in 10 Californians reported delaying care. Of those who delayed care, almost half cited cost or lack of insurance as the reason. Blacks were less likely than other races/ethnicities to report cost or lack of insurance as the reason they delayed care.

Difficulty Finding a Doctor, by Race/Ethnicity

California, 2017



One barrier to care is finding a doctor. All races/ethnicities had more difficulty finding a specialist than a primary care doctor. One in six Latinos reported difficulty finding a specialist.

*Statistically unstable.

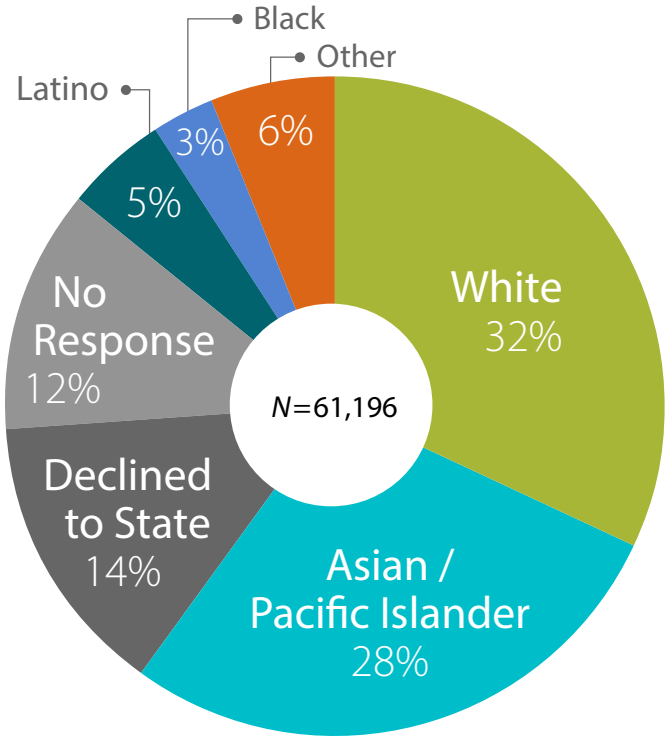
Notes: Adults only. Source uses *African American*. Estimates are not shown for *American-Indian / Alaska Native, Native Hawaiian / Pacific Islander,* and *Two or More Races* because the results were statistically unstable.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 20, 2019, http://ask.chis.ucla.edu.

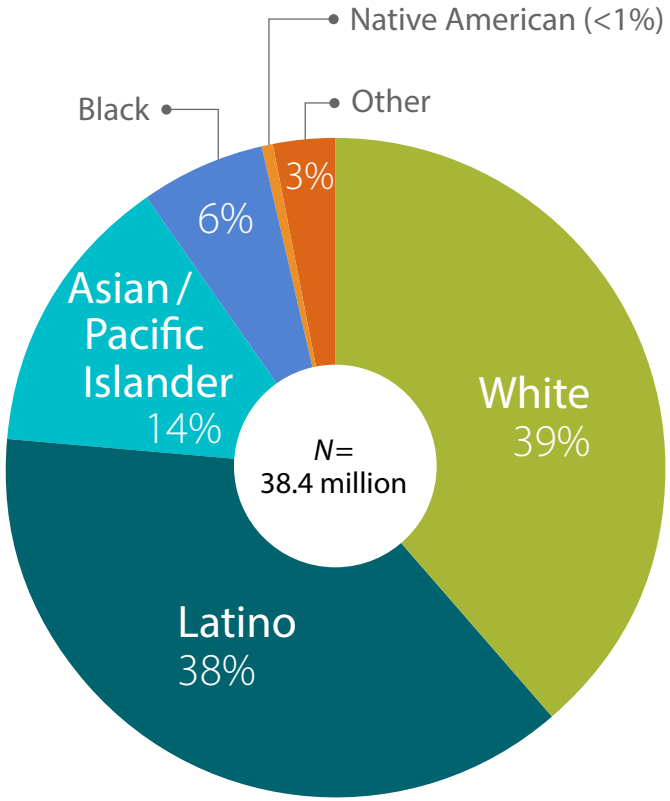
Race/Ethnicity of Physicians and Population

California, 2015

Active Patient Care Physicians



California Population



Notes: Data include active MDs, except residents and fellows, who practice in California providing at least 20 hours of patient care per week. *Other* includes *American Indian, Native American, Alaskan Native, Native Hawaiian*, those of two or more races, and those of unknown race/ethnicity. Source uses *African American* and *American Indian / Alaska Native*. Segments may not total 100% due to rounding.

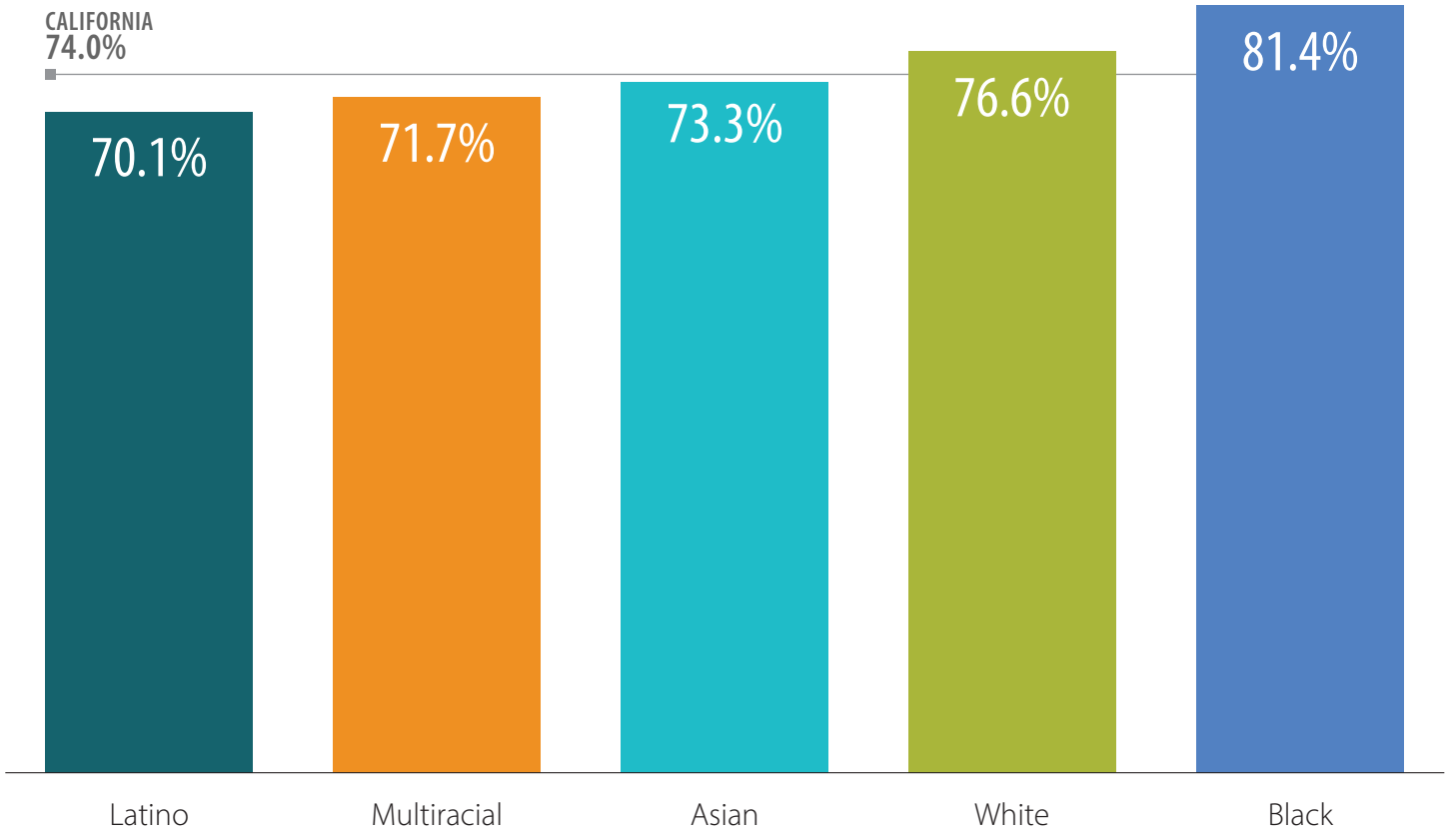
Sources: Survey of Licensees (private tabulation), Medical Board of California, 2015; and 2015 American Community Survey, US Census Bureau.

The racial/ethnic breakdown of California physicians is not representative of the state's diverse population. In 2015, Latinos represented 38% of the population but only 5% of active patient care physicians. Studies have found that minority patients in race/ethnic concordant relationships are more likely to use needed health services, are less likely to postpone or delay seeking care, and report greater satisfaction and better patient – provider communication.*

* 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, doi:10.1111/j.1475-6773.2010.01086.x.

Routine Checkup, by Race/Ethnicity

California, 2017



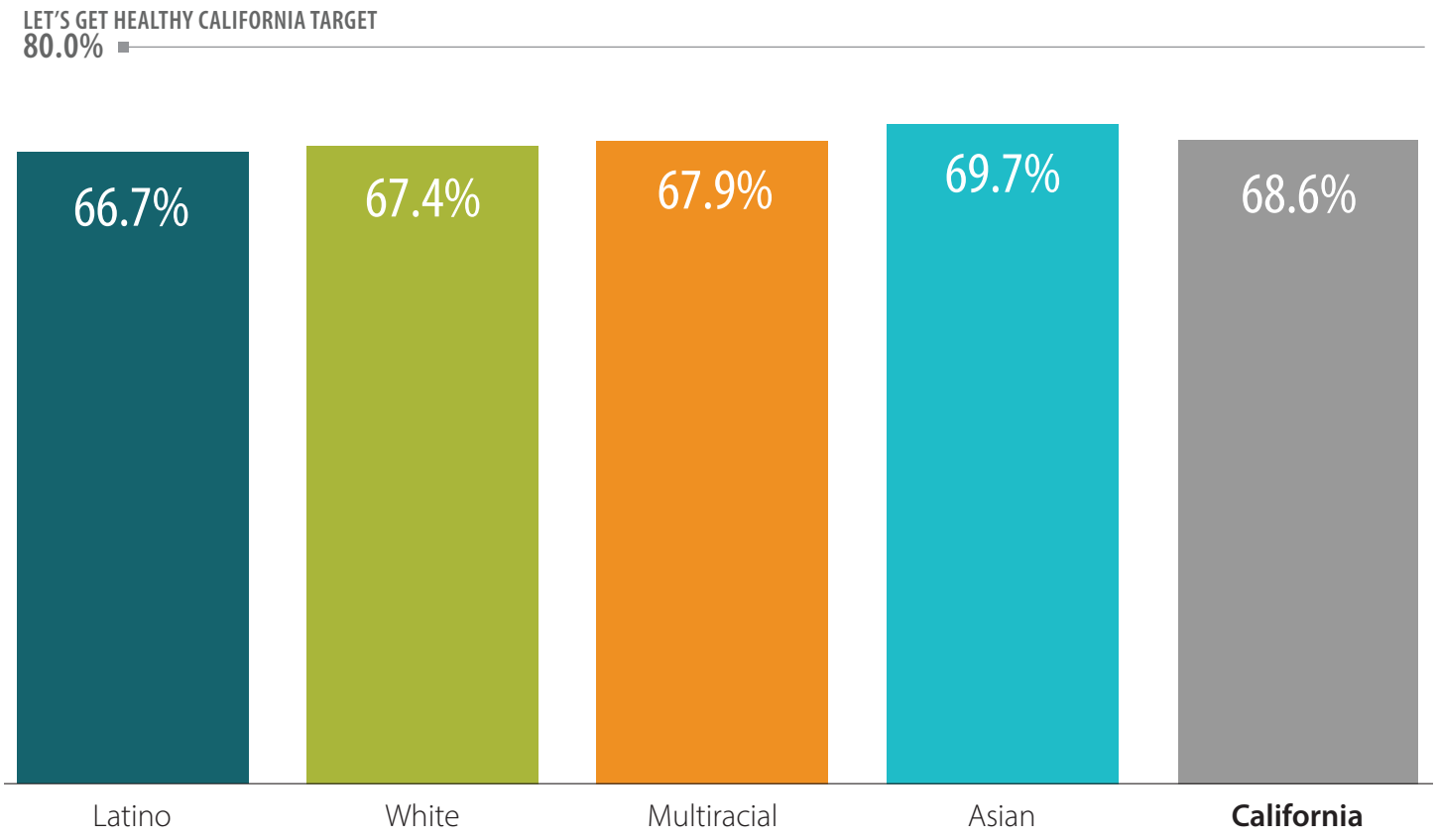
About three in four adults reported having a routine checkup in the past 12 months. Blacks were more likely to report having a routine checkup within the past year than other racial/ethnic groups.

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

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed April 12, 2019, http://ask.chis.ucla.edu.

Childhood Vaccination Rates, by Race/Ethnicity

California, 2017



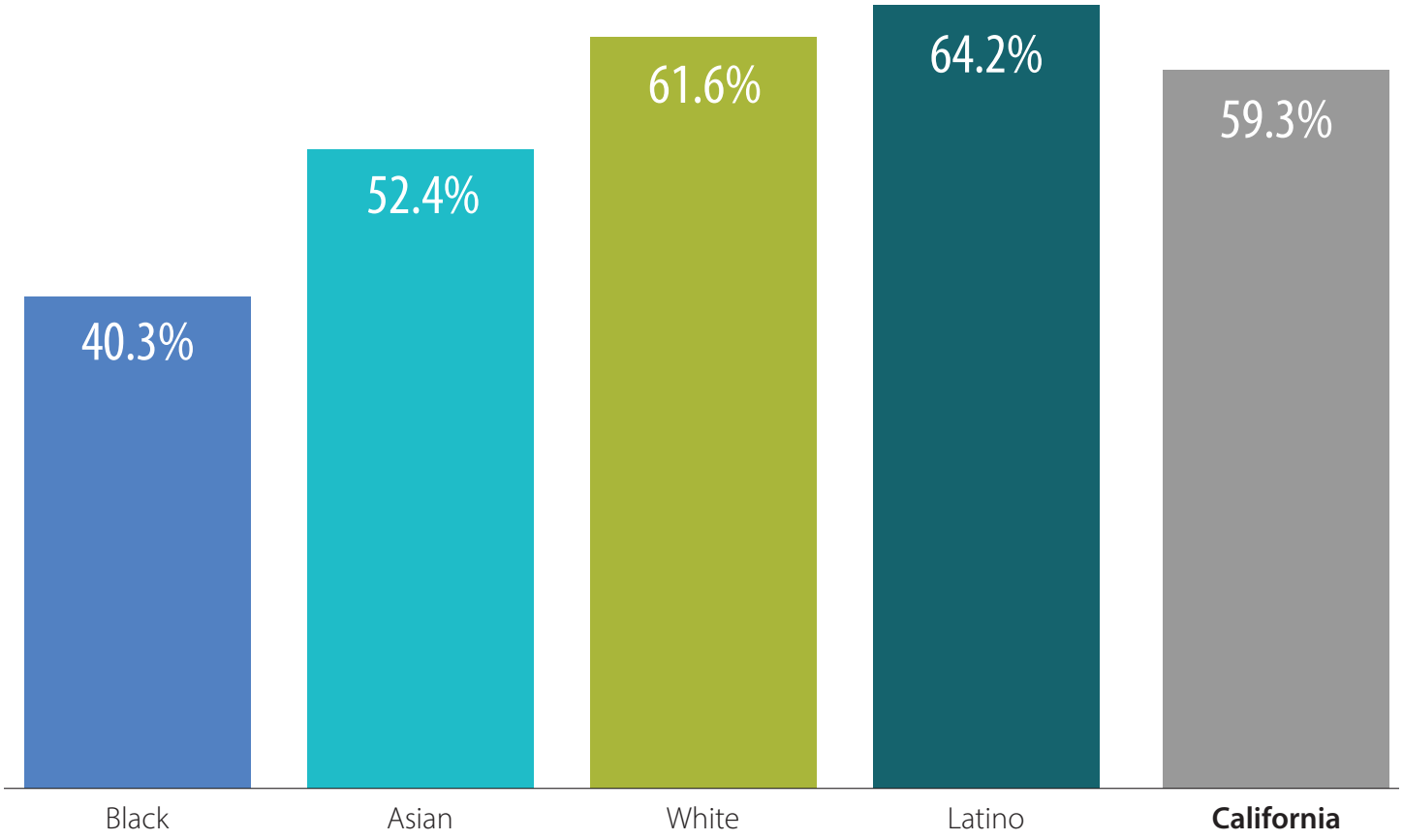
Notes: Coverage among children 19–35 months. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 39 health care indicators. Source uses *Hispanic* and *Multiple Races.* Estimates were not available for *Black, American Indian or Alaska Native,* and *Native Hawaiian or other Pacific Islander.*

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

In 2017, California's childhood vaccination rate of 69% was below the Let's Get Healthy California target of 80%. Childhood vaccination rates did not vary much among races/ethnicities. Vaccinations help provide immunity against potentially life-threatening diseases.

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

California, 2017



About 60% of Californians age 65 and older had a flu shot in the last year. Black seniors had the lowest vaccination rate, at 40%. Seniors are at greater risk of serious complications from the flu compared to younger adults because human immune defenses become weaker with age.*

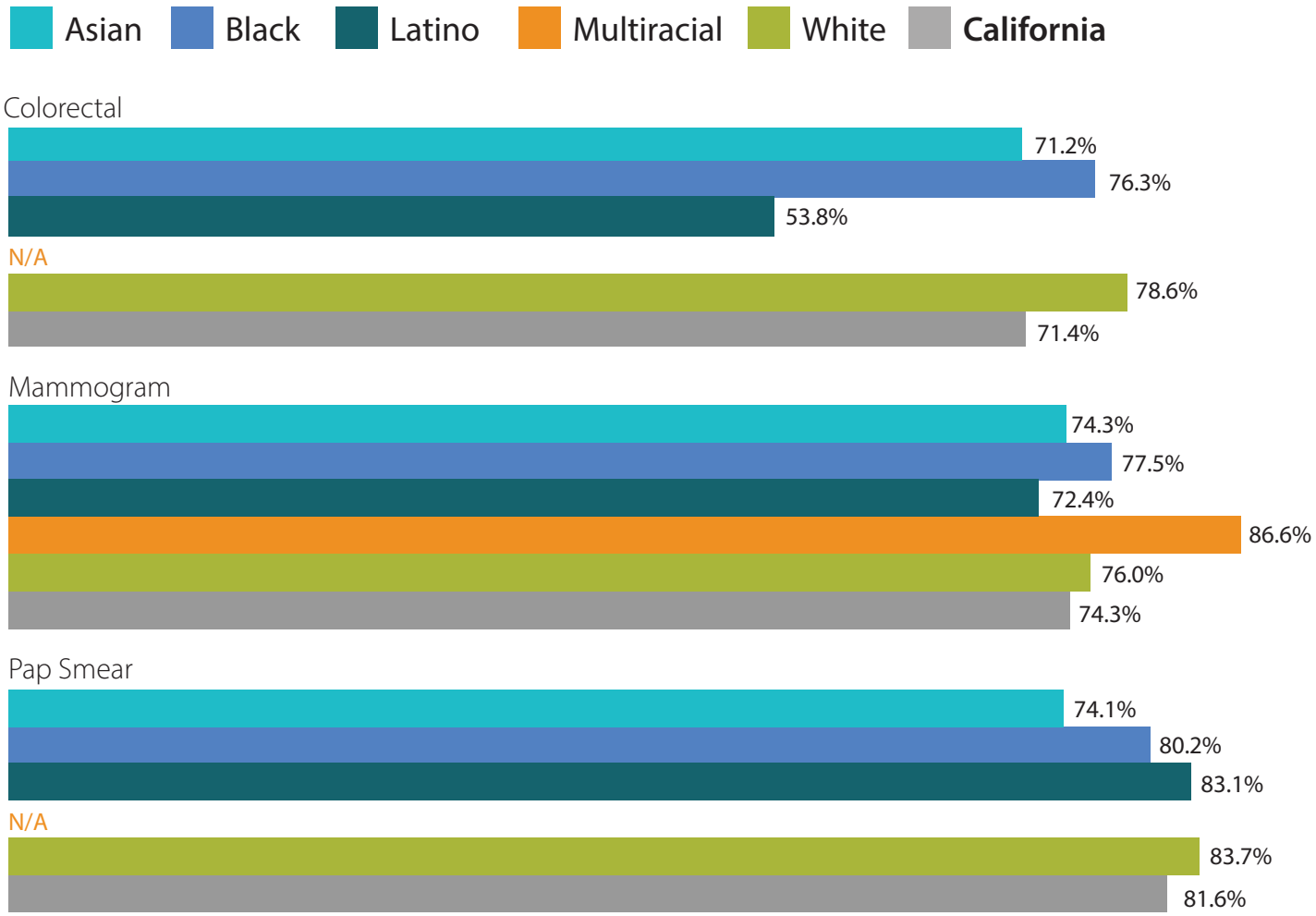
Notes: Adults 65 and older who had a flu shot within the past year. Crude prevalence (not age-adjusted). Source uses *Hispanic*. Prevalence estimates were not available for *American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Other*, and *Multiracial*.

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, accessed April 12, 2019, www.cdc.gov.

* "People 65 Years and Older & Influenza," Centers for Disease Control and Prevention, last reviewed February 12, 2019, www.cdc.gov.

Cancer Screening Tests, by Race/Ethnicity

California, 2016



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

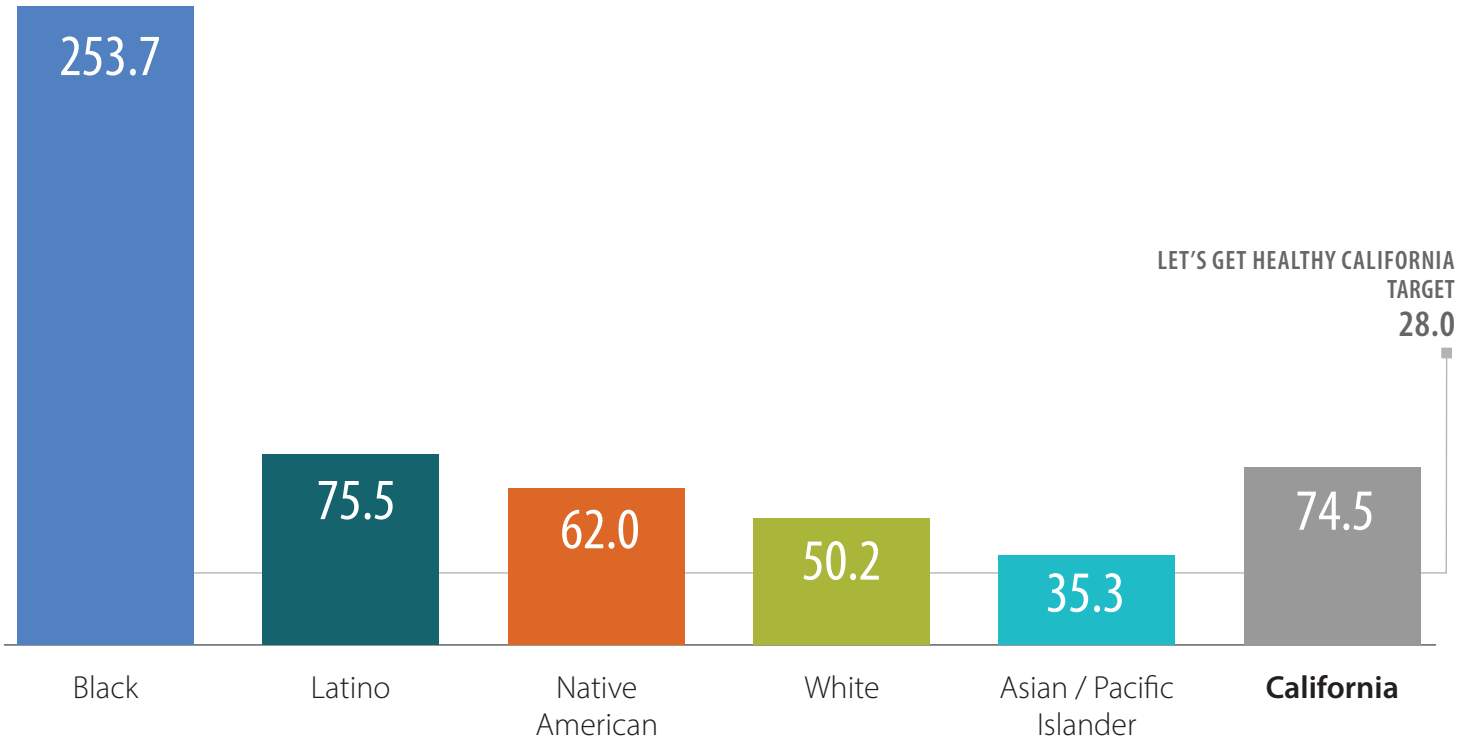
Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, accessed April 12, 2019, www.cdc.gov.

Screening offers the ability to detect cancer early before symptoms appear. With the exception of colorectal screening, there was not much variation in rate of cancer screening tests among racial/ethnic groups. Latinos were less likely to get colorectal screening than other races/ethnicities.

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

California, 2017

RATES PER 10,000 POPULATION



Notes: The number of emergency department visits with asthma as the primary diagnosis among children age 0–17 in California. Records are visit-based and not person-based. Source uses *Hispanic, African-American,* and *American Indian / Alaskan Native.* Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 39 health care indicators.

Source: "Healthy Beginnings / Reducing Childhood Asthma ED Visits," Let's Get Healthy California, accessed April 25, 2019, https://letsgethealthy.ca.gov.

Health Disparities by Race and Ethnicity
Quality

Emergency department (ED) visits for asthma may be avoided with proper asthma management. Black children were much more likely than other racial/ethnic groups to visit the ED for asthma. Slightly more than one in four Black children have been diagnosed with asthma, higher than California's overall rate of one in seven children (not shown).

Preventable Hospitalizations, by Race/Ethnicity

California, 2015

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

Note: Source uses *Hispanic*.

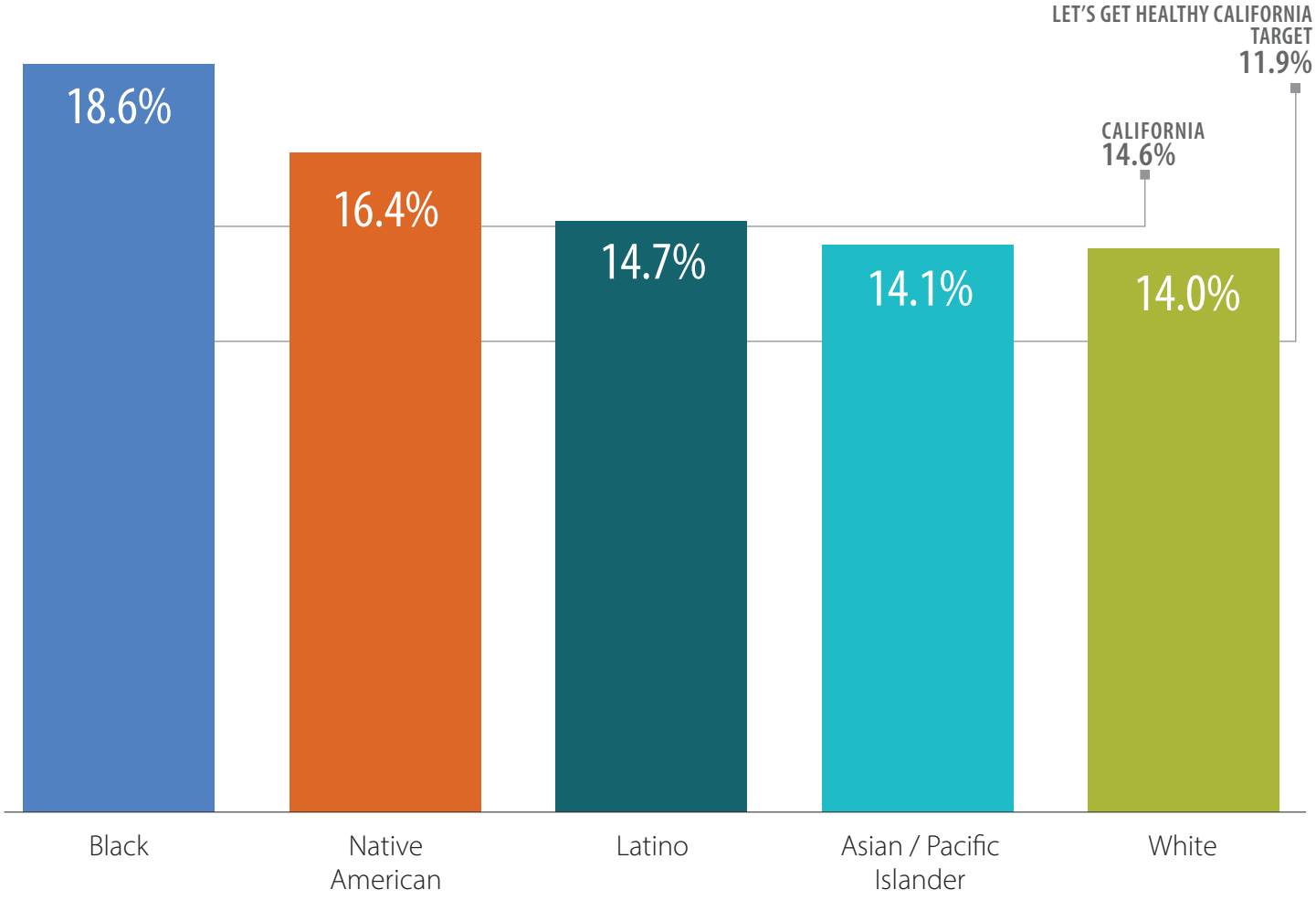
Source: "National Healthcare Quality and Disparities Reports," Agency for Healthcare Research and Quality, n.d., https://nhqrnet.ahrq.gov.

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 by primary or preventive care in outpatient settings.* The rates of preventable hospitalizations for Blacks were much higher than the rates for 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, www.cdc.gov.

Hospital Readmissions, by Race/Ethnicity

California, 2017



Notes: Adults age 18 and older. Rates of all-cause, unplanned hospital readmissions within 30 days of discharge. The rate is not risk-adjusted. Source uses *Hispanic, African-American,* and *American Indian / Alaskan Native.* Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 39 health care indicators.

Source: "Redesigning the Health System / Reducing Hospital Readmissions," Let's Get Healthy California, State of California, accessed May 24, 2019, https://letsgethealthy.ca.gov.

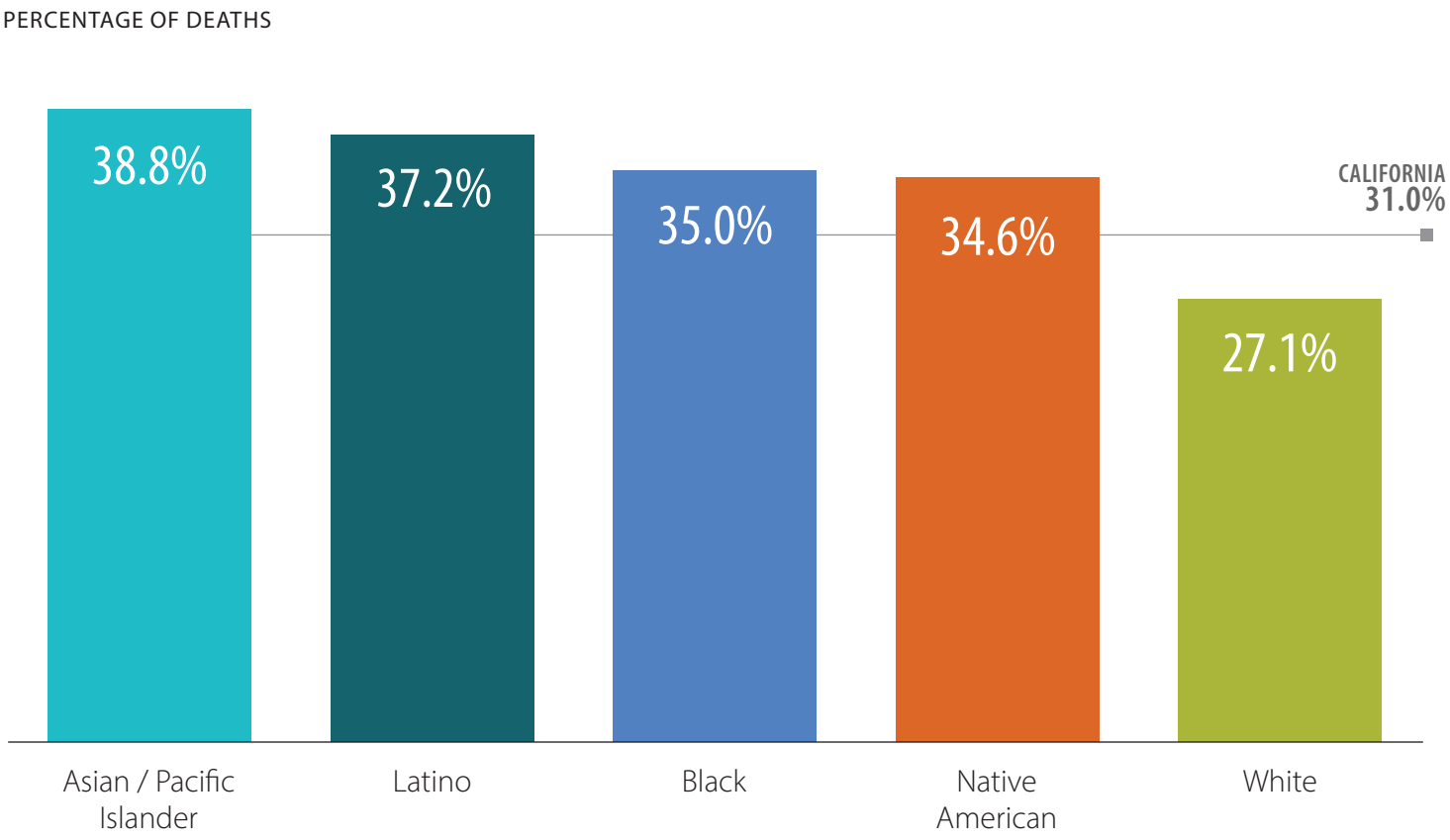
Health Disparities by Race and Ethnicity
Quality

Hospital readmissions can be an indicator of poor clinical quality. Steps to reduce hospital readmissions include better coordination of care and communications between providers, patients, and their caregivers, and improved discharge planning. In 2017, readmission rates were highest for Blacks.

Hospital Deaths, by Race/Ethnicity

California, 2017

In 2017, nearly one-third of deaths occurred in the hospital. Whites were less likely to die in the hospital than other races/ethnicities.



Note: Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska Native,* and *Asian or Pacific Islander.*

Source: "Underlying Cause of Death 1999-2017," CDC WONDER Online Database, Centers for Disease Control and Prevention, December 2018, http://wonder.cdc.gov. Data are from the Multiple Cause of Death Files, 1999–2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Hospital Deaths, Selected Conditions

California, 2015

DEATHS PER 1,000 HOSPITAL ADMISSIONS

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

*Age 40 and over

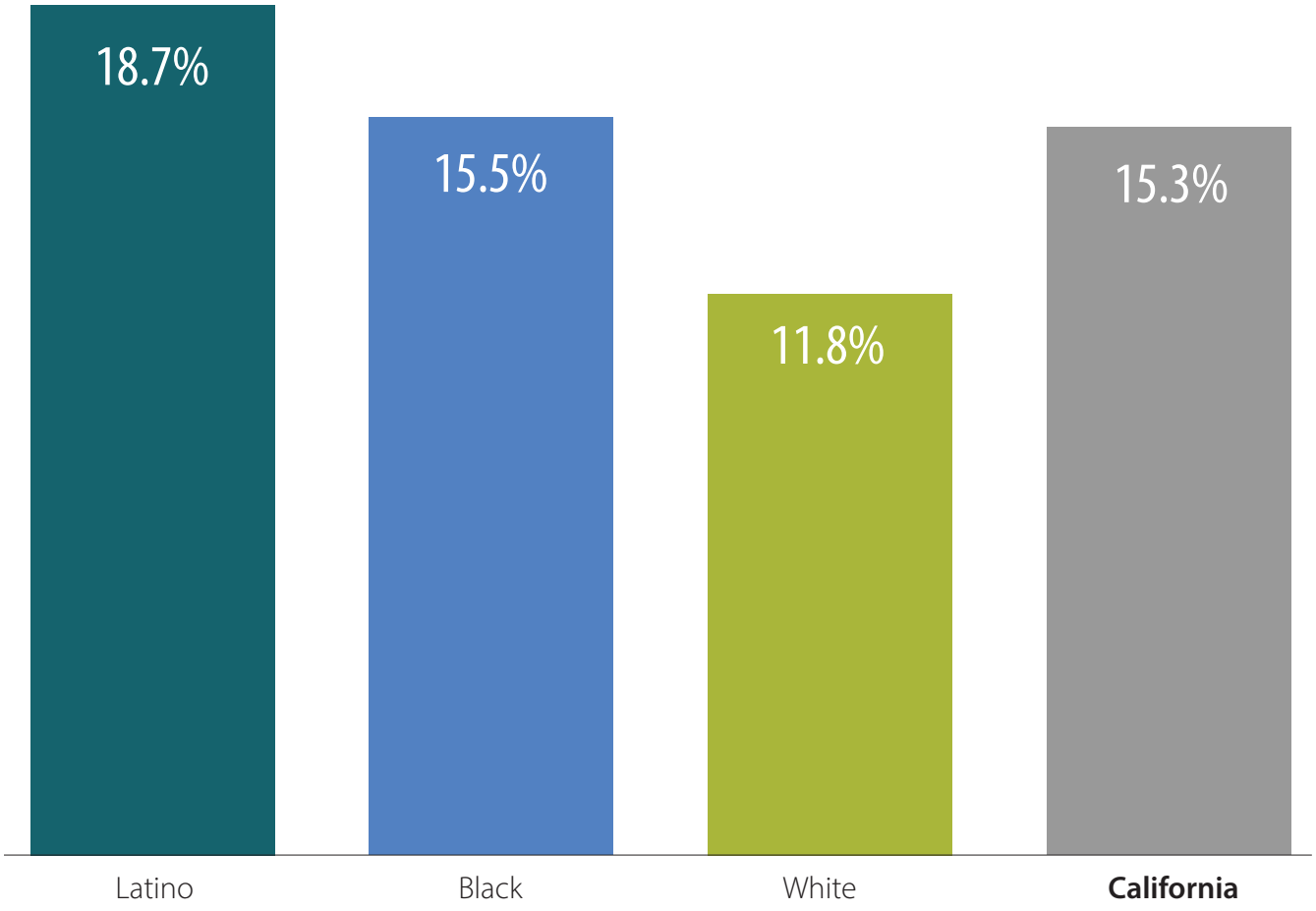
Note: Source uses *Hispanic*.

Source: "National Healthcare Quality and Disparities Reports," Agency for Healthcare Research and Quality, n.d., https://nhqrnet.ahrq.gov.

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

Childhood Overweight, by Race/Ethnicity

California, 2015 to 2017



Notes: Overweight for age (does not factor height). Data reflect children under age 12. Source uses *African American*. Estimates are not shown for *Asian, American Indian / Alaska Native, Native Hawaiian / Pacific Islander*, and *Two or More Races* because the results were statistically unstable..

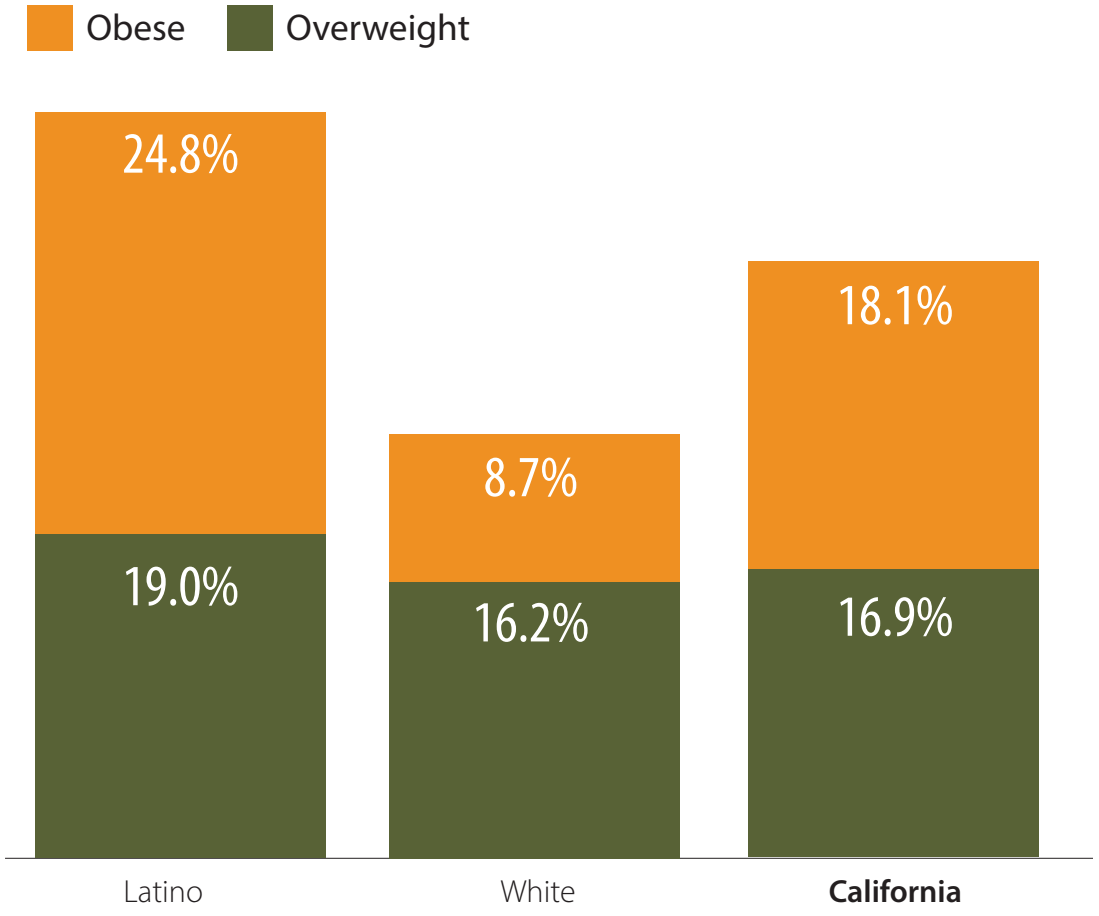
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed April 12, 2019, http://ask.chis.ucla.edu.

Nearly one in five Latino children were overweight for their age. Among other things, an unhealthy diet, lack of exercise, and sedentary activities can impact weight gain. Children who are overweight are more prone to becoming overweight adults.*

* Frank M. Biro and Michelle Wien, "Childhood Obesity and Adult Morbidities," *The American Journal of Clinical Nutrition*: 91, no. 5 (May 2010): 1492S-1505S, doi: 10.3945/ajcn.2010.28701B.

Adolescent Overweight and Obesity, by Race/Ethnicity

California, 2015 to 2017



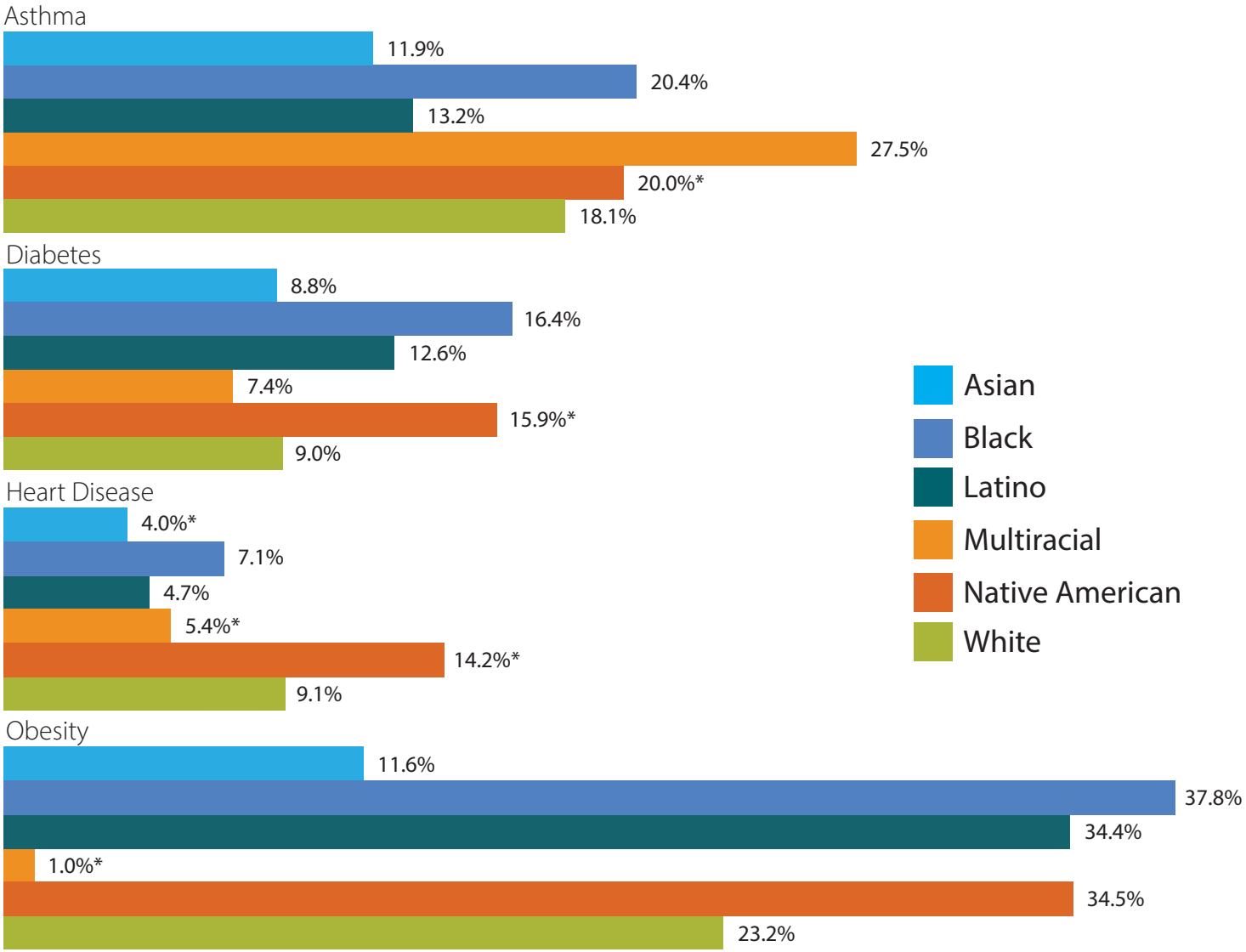
Notes: Data reflect adolescents age 12 to 17. Adolescents with a body mass index (BMI) at or above the 85th percentile based on height and weight were classified as overweight. Adolescents with a BMI at or above the 95th percentile were classified as obese. Estimates are not shown for *African American, American Indian / Alaska Native, Native Hawaiian / Pacific Islander,* and *Two or More Races* because the results were statistically unstable.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed May 28, 2019, http://ask.chis.ucla.edu.

More than one-third of California's adolescents were overweight or obese. One in 4 Latino adolescents were obese compared to less than 1 in 10 white adolescents. Obesity can lead to high blood pressure, high cholesterol, and an increased risk of type 2 diabetes.

Adults with Chronic Conditions, by Race/Ethnicity

California, 2017



* Statistically unstable.

Notes: Source uses *African American, American-Indian / Alaska Native,* and *Two or More Races*. Estimates are not shown for *Native Hawaiian / Pacific Islander* because the results were statistically unstable..

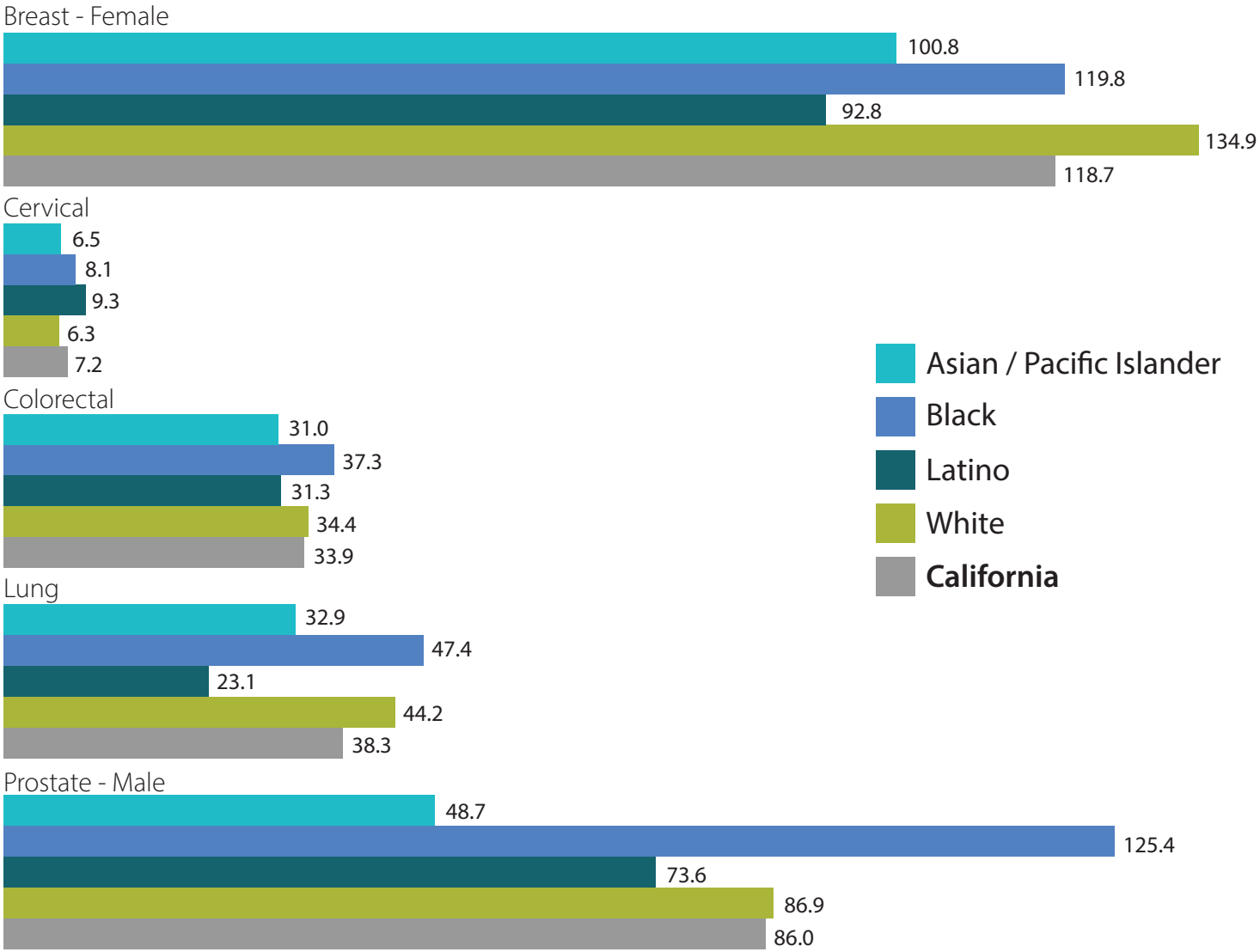
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed April 12, 2019, http://ask.chis.ucla.edu.

In 2017, significant racial and ethnic disparities existed among prevalence rates for chronic conditions.

Cancer Incidence Rates, New Cases, by Race/Ethnicity

California, 2016

RATE PER 100,000 POPULATION



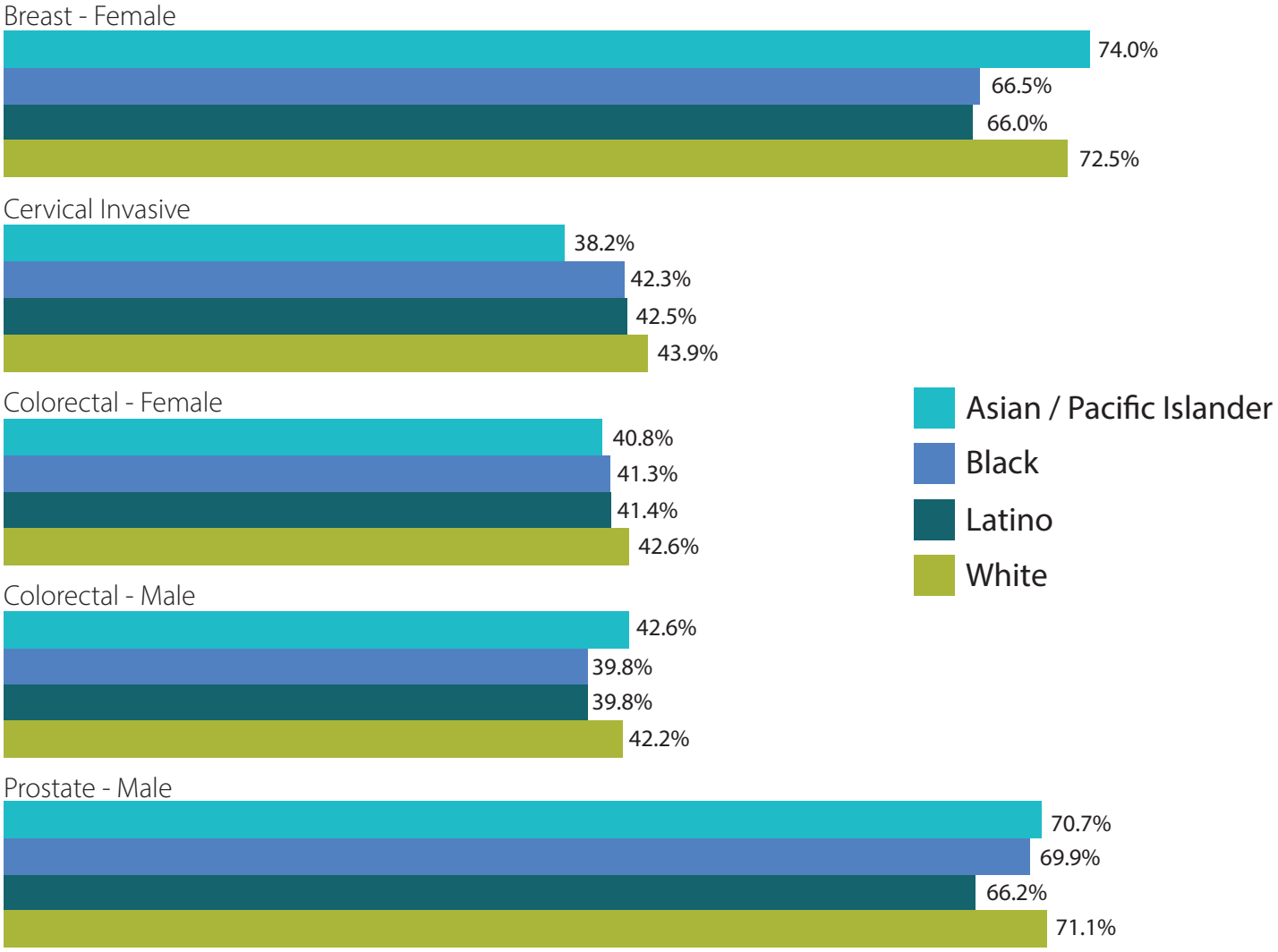
Notes: Excludes in situ cancers. Source uses *Hispanic*.

Source: *Annual Statistical Tables by Site (1998-2016)*, California Cancer Registry, n.d. www.ccrcal.org.

Cancer incidence rates vary by race and type of cancer. White women had the highest rate of new breast cancer cases while Blacks had the highest rates of new prostate, colorectal, and lung cases. Latinas had the highest rate of new cervical cancer cases.

Cancer Early Diagnosis, by Race/Ethnicity

California, 2014



Note: Source uses *Hispanic* and *African American*.

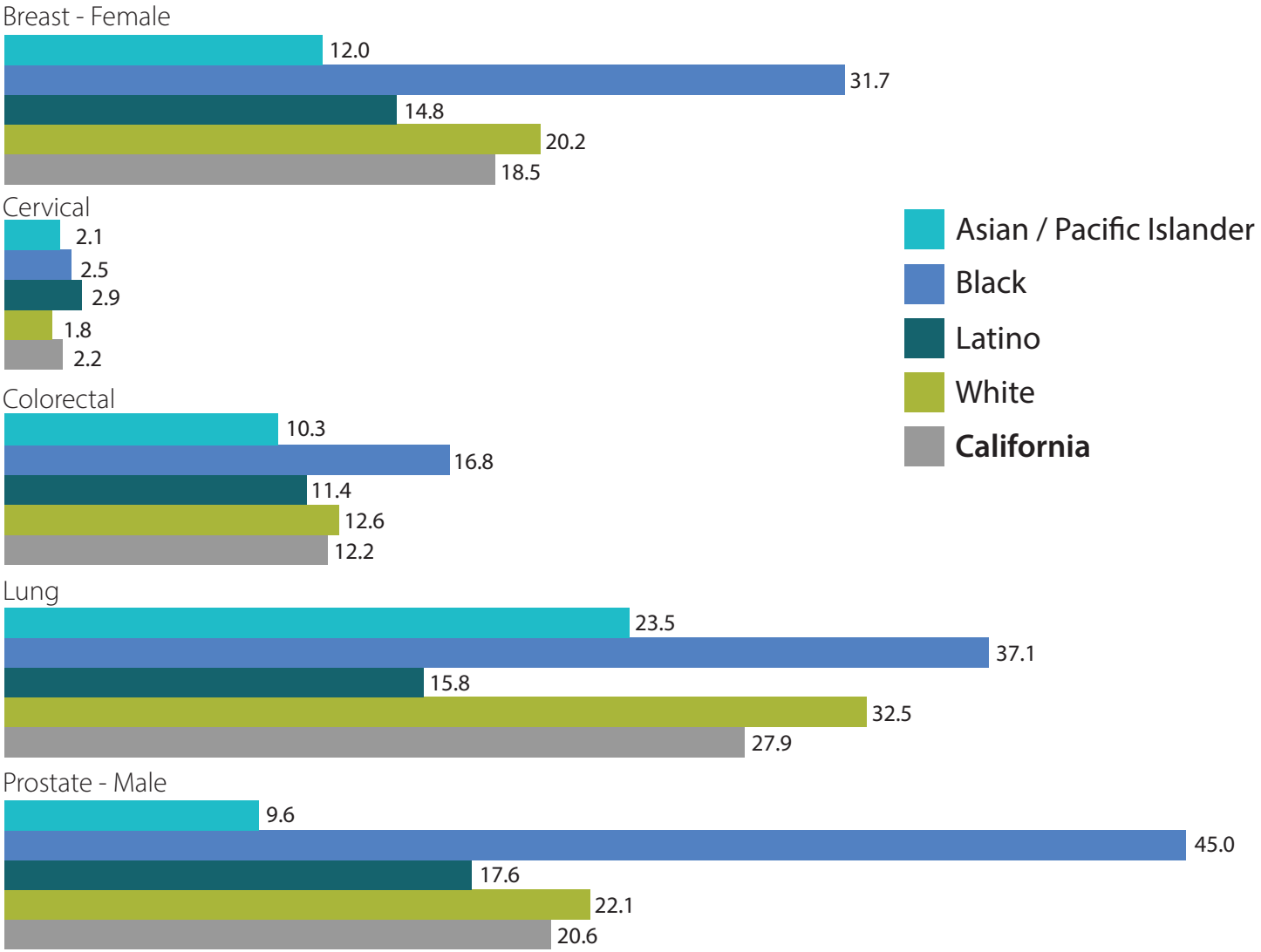
Source: *California Cancer Facts & Figures 2017*, California Cancer Registry, 2017, www.ccrcal.org.

Early diagnosis can help save lives by identifying cancers when they require less-extensive treatment and have better outcomes. Black females and Latinas were less likely to have breast cancer diagnosed at an early stage than white and Asian / Pacific Islander women. The mammography rates for Black females and Latinas were similar to the rates for white and Asian females (not shown).

Cancer Deaths, by Condition

California, 2016

RATE PER 100,000 POPULATION



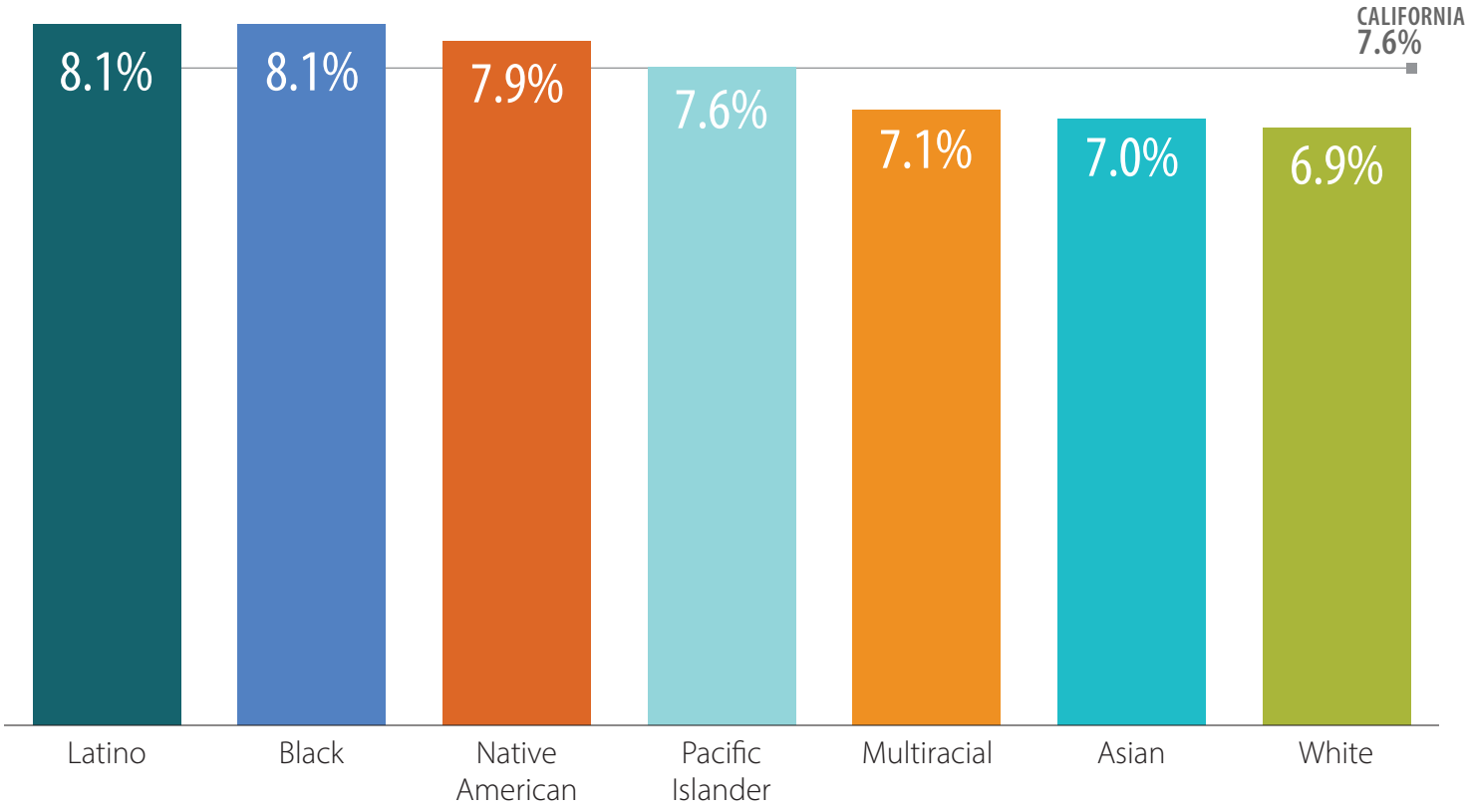
Notes: Excludes in situ cancers. Source uses *Hispanic*.

Source: *Annual Statistical Tables by Site (1998-2016)*, California Cancer Registry, n.d. www.ccrcal.org.

Blacks had the highest death rates for breast, colorectal, lung, and prostate cancer among all races and ethnicities.

Children with Serious Emotional Disturbance, by Race/Ethnicity

California, 2014



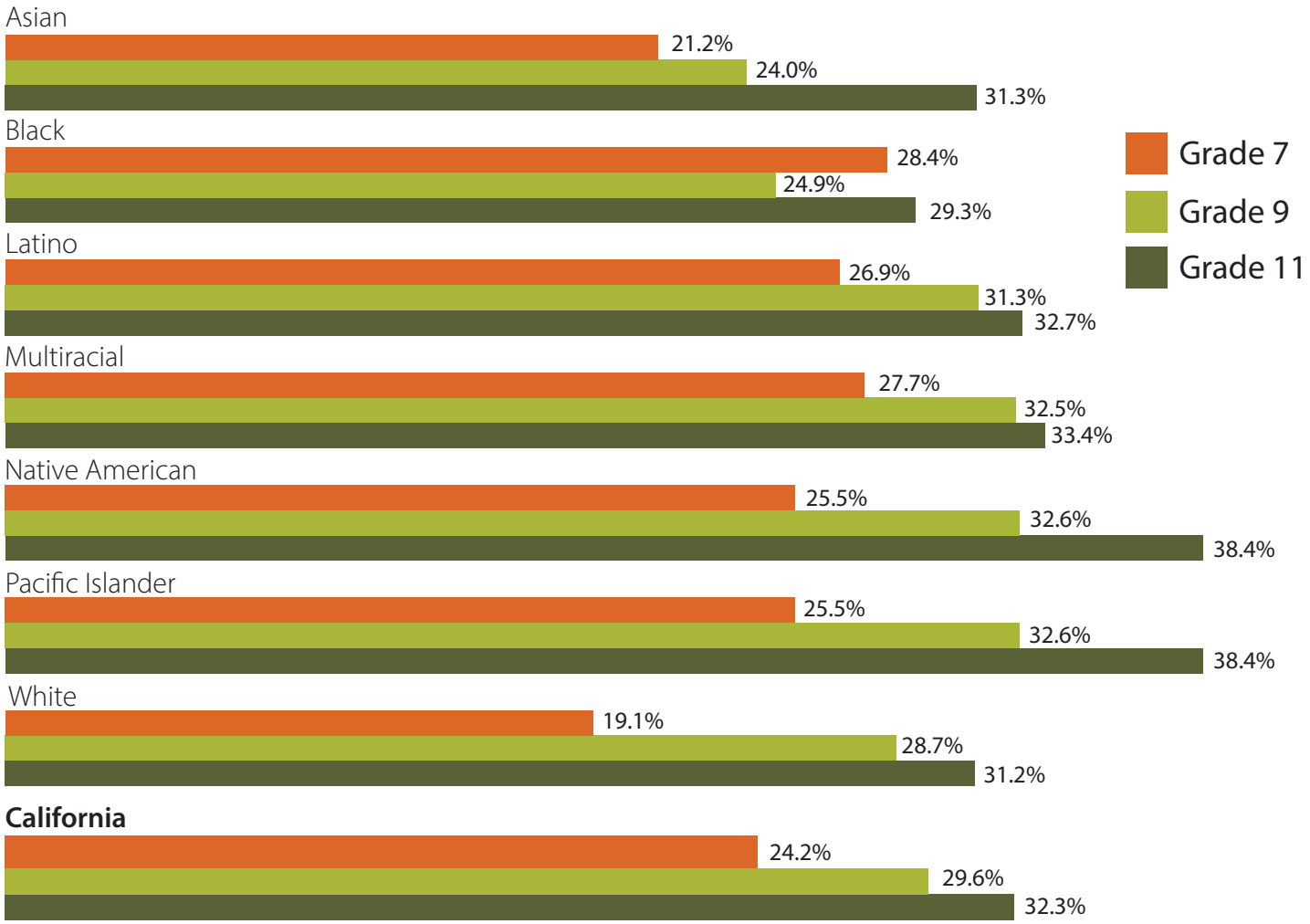
Note: Serious emotional disturbance is a categorization for children age 17 and under who currently have, or at any time during the past year have had, a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities.

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

Serious emotional disturbance (SED) varied slightly by race/ethnicity: Latino, Black, Native American, and Pacific Islander children experienced rates of SED close to 8%, while rates for white, Asian, and multiracial children were about 7%.

Children with Depression-Related Feelings, by Race/Ethnicity

California, 2015 to 2017



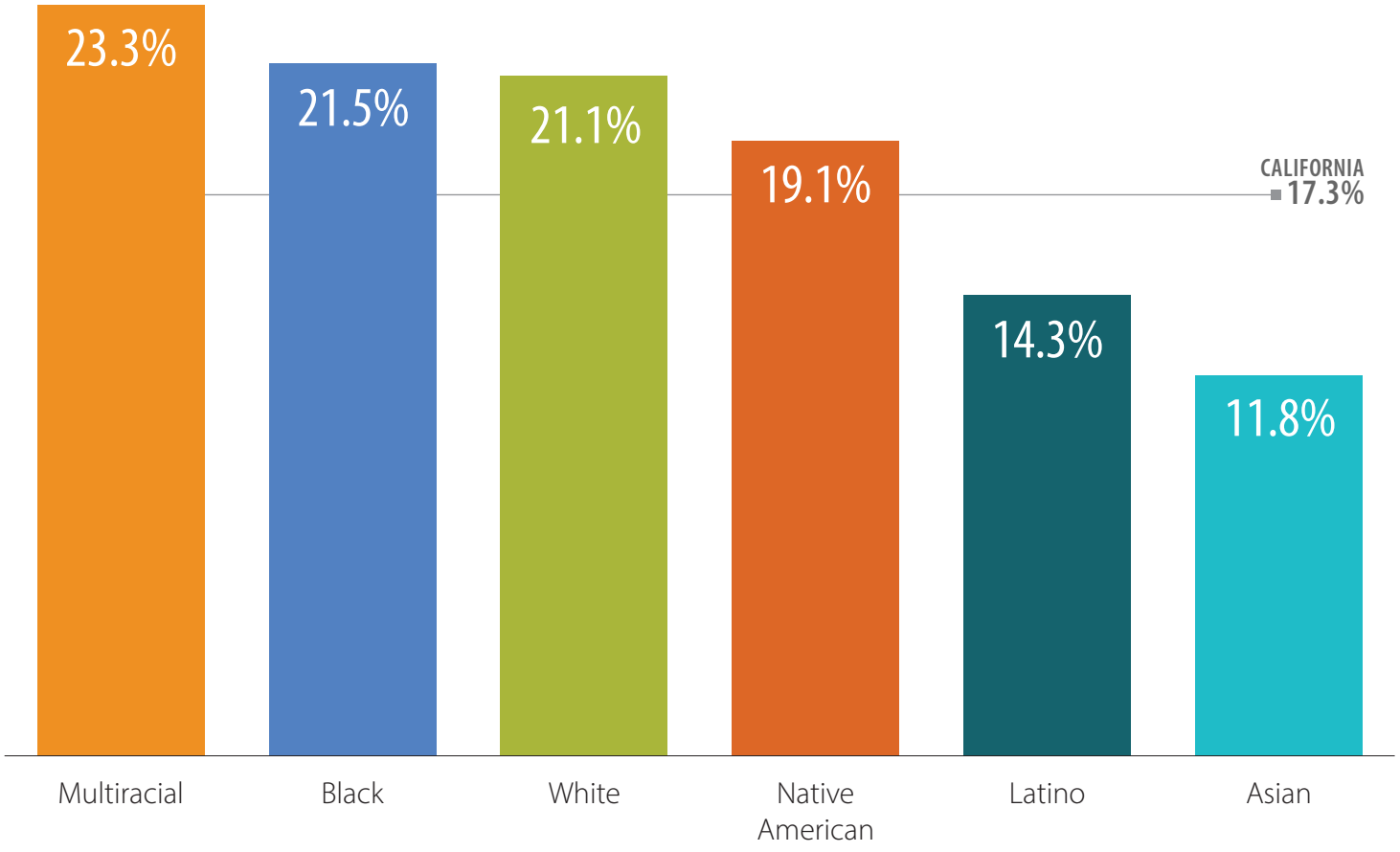
Notes: Percentage of students who answered "yes" to the question: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities? "Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska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

Source: Gregory Austin et al., *School Climate, Substance Use, and Well-Being Among California Students, 2015-2017: Results of the Sixteenth Biennial Statewide Student Survey, Grades 7, 9, and 11*, WestEd, 2018, https://data.calschls.org (PDF).

Across racial/ethnic groups, the share of students who reported depression-related feelings increased between the 7th grade and the 11th grade. Native American and Pacific Islander children in grade 11 reported depression-related feelings at the highest rates.

Depression Prevalence, by Race/Ethnicity

California, 2017



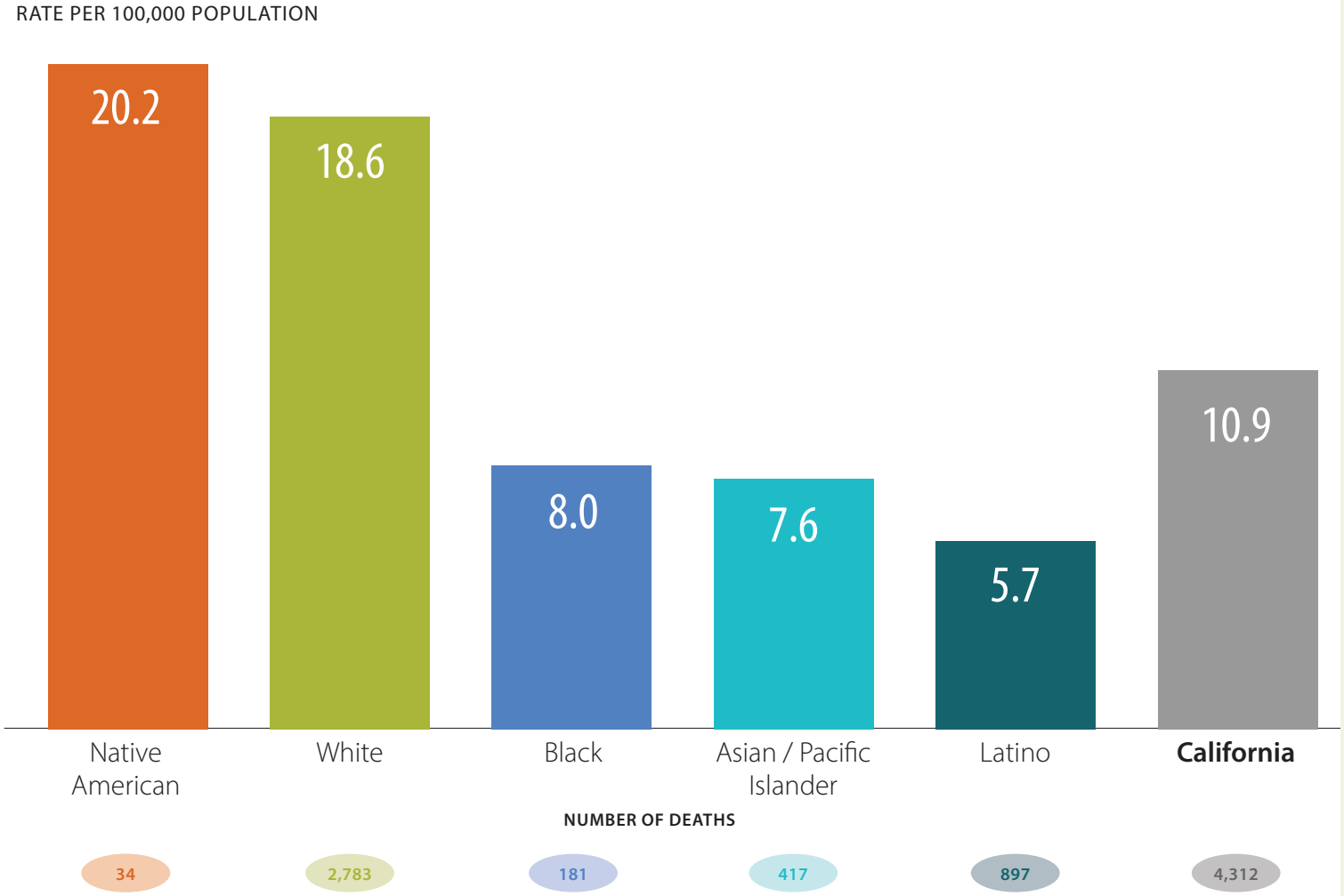
Depression prevalence among adults varied across races and ethnicities. About one in five multiracial, Black, Native American, and white adults reported depression compared to about one in eight Asian adults.

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

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, n.d. www.cdc.gov.

Suicide Rates, by Race/Ethnicity

California, 2017



Note: *White* includes *Other* and *Unknown*. Source uses *Hispanic* and *American Indian*.

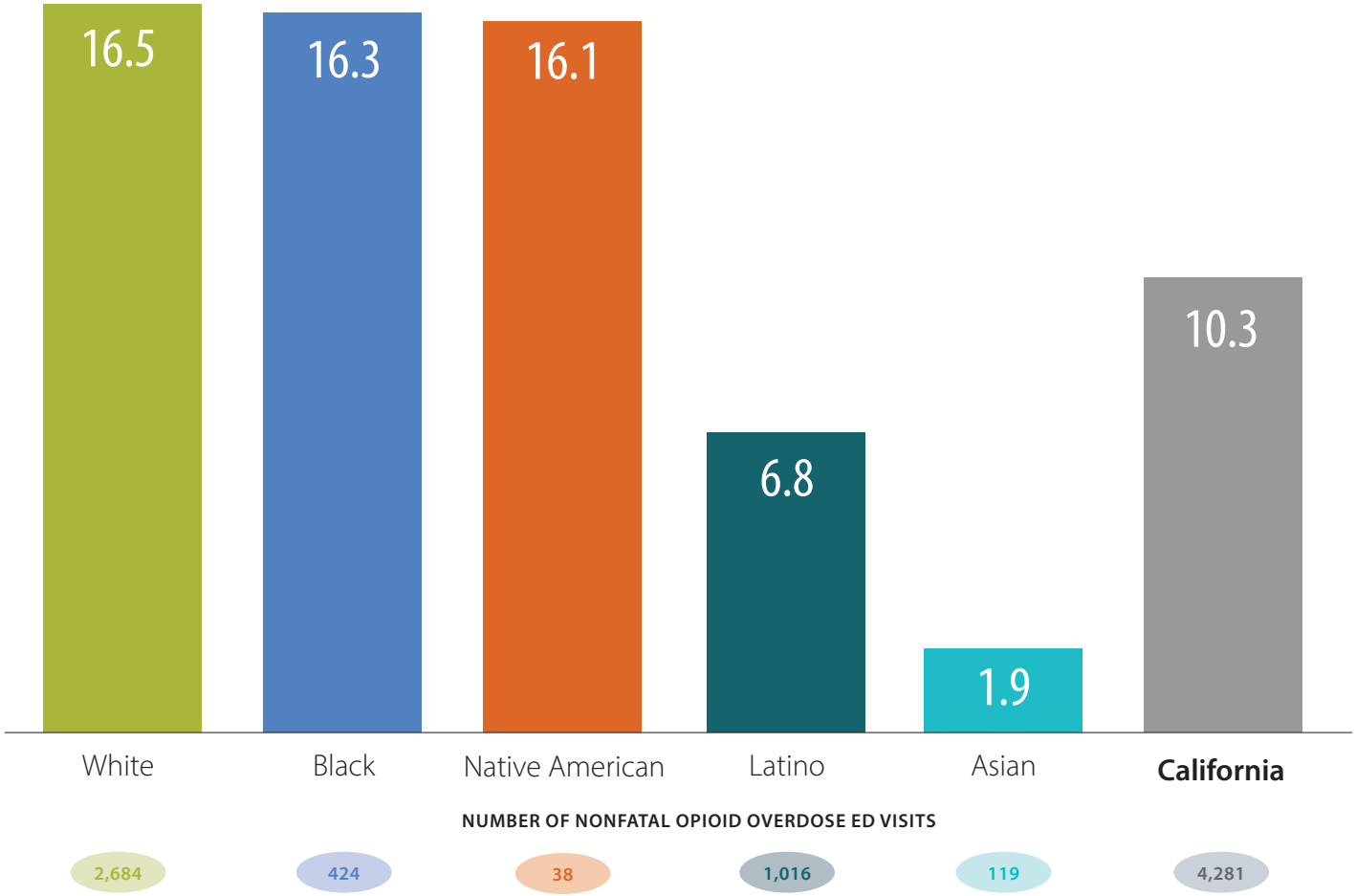
Source: "Overall Injury Surveillance," California Dept. of Public Health, accessed April 11, 2019, http://epicenter.cdph.ca.gov.

In 2017, whites accounted for more than 60% of the 4,300 suicides in California. While suicides among Native Americans represented only 1% of total suicides, the suicide rate for Native Americans was higher than all other races/ethnicities and almost double the state average.

Opioid Overdose Emergency Department Visits, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION



Note: Emergency department (ED) visits caused by nonfatal acute poisonings due to the effects of all opioid drugs, excluding heroin, regardless of intent (e.g., suicide, unintentional, or undetermined).

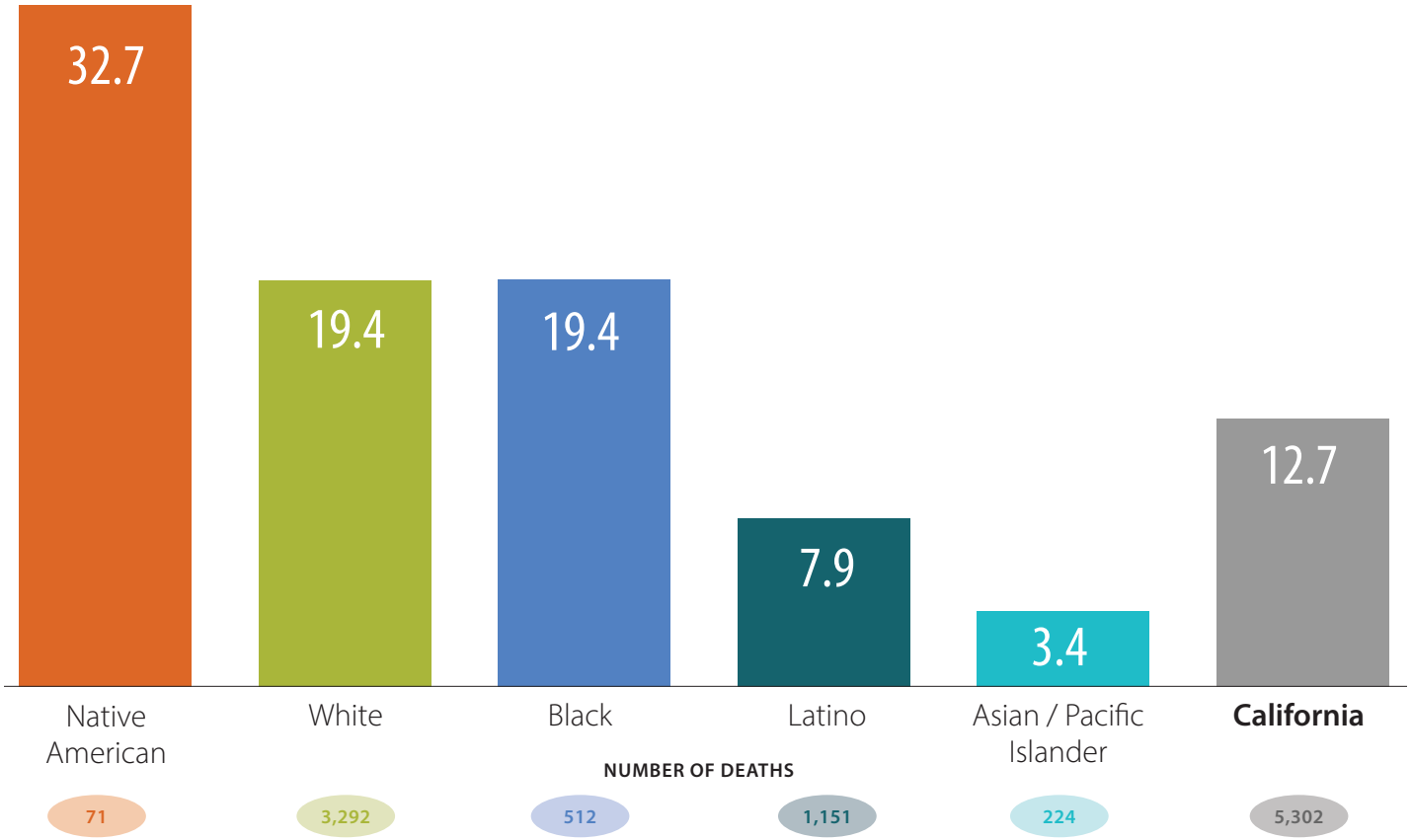
Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, accessed April 12, 2019, https://discovery.cdph.ca.gov.

While white people accounted for 63% of the 4,281 nonfatal opioid overdose emergency department visits, the rate of such visits for whites was similar to the rates for Blacks and Native Americans.

Drug-Induced Deaths, by Race/Ethnicity

California, 2017

AGE-ADJUSTED RATE PER 100,000 POPULATION



Drug-induced death rates differed considerably by race / ethnicity. Native Americans had the highest rate of 32.7 per 100,000 population, nearly ten times that of Asian / Pacific Islanders.

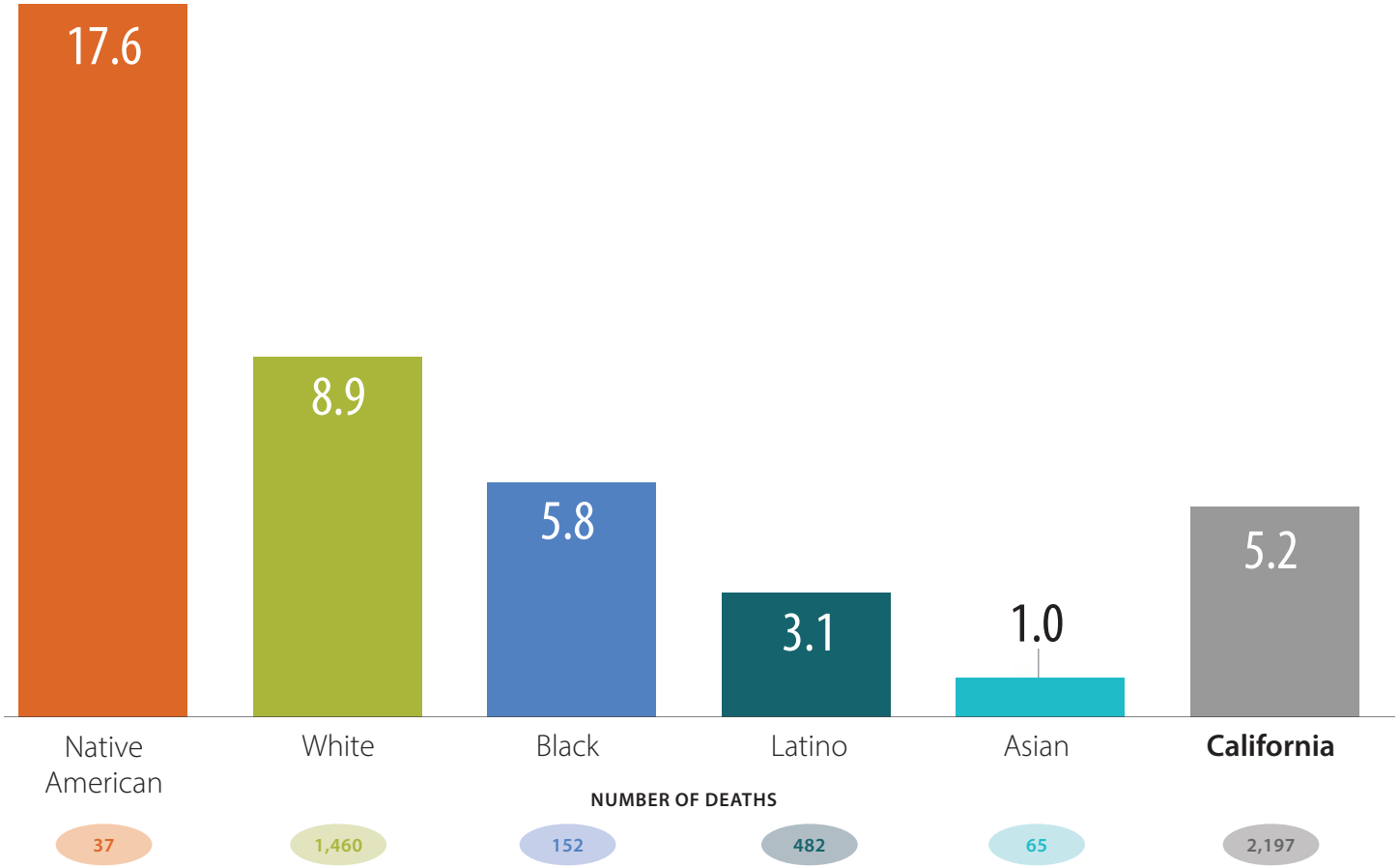
Notes: Data come from registered death certificates. Deaths for persons of unknown age are included in the number but not age-adjusted rate. Drug-induced deaths are those with ICD-10 codes that cover unintentional, suicide, homicide, and undetermined poisoning. Source uses *Hispanic or Latino, American Indian or Alaska Native,* and *Black or African American*.

Source: "Underlying Cause of Death 1999 –2017," Centers for Disease Control and Prevention, released December 2017, accessed October 18, 2019, https://wonder.cdc.gov.

Opioid Overdose Deaths, by Race/Ethnicity

California, 2017

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.

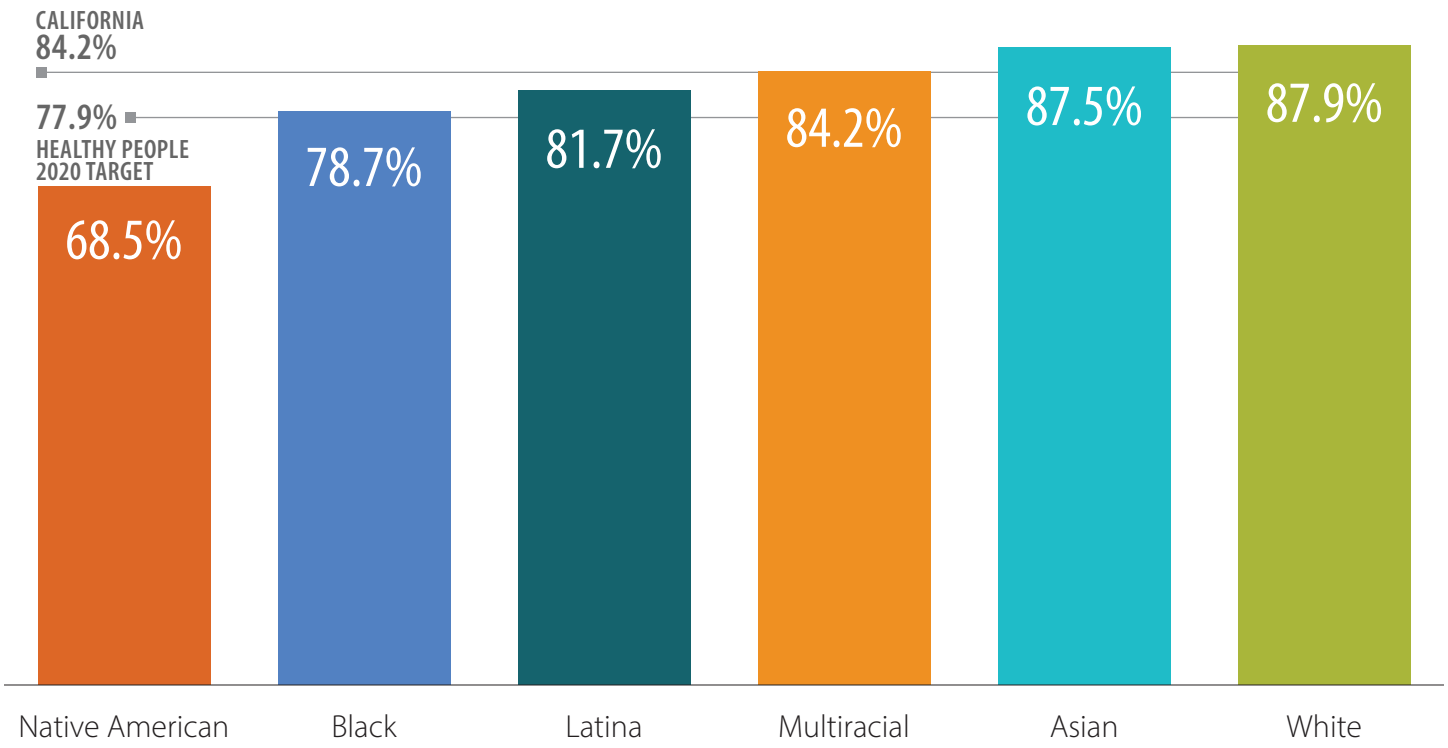
Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, accessed April 12, 2019, https://discovery.cdph.ca.gov.

Nearly 2,200 Californians died from an opioid overdose in 2017, with whites representing two-thirds of those deaths. Native Americans had the highest opioid overdose mortality rate.

Prenatal Care, First Trimester, by Race/Ethnicity

California, 2017

PERCENTAGE OF BIRTHS



Prenatal care is an important part of staying healthy during pregnancy. In 2017, Native Americans were less likely than other races to start prenatal care in the first trimester.

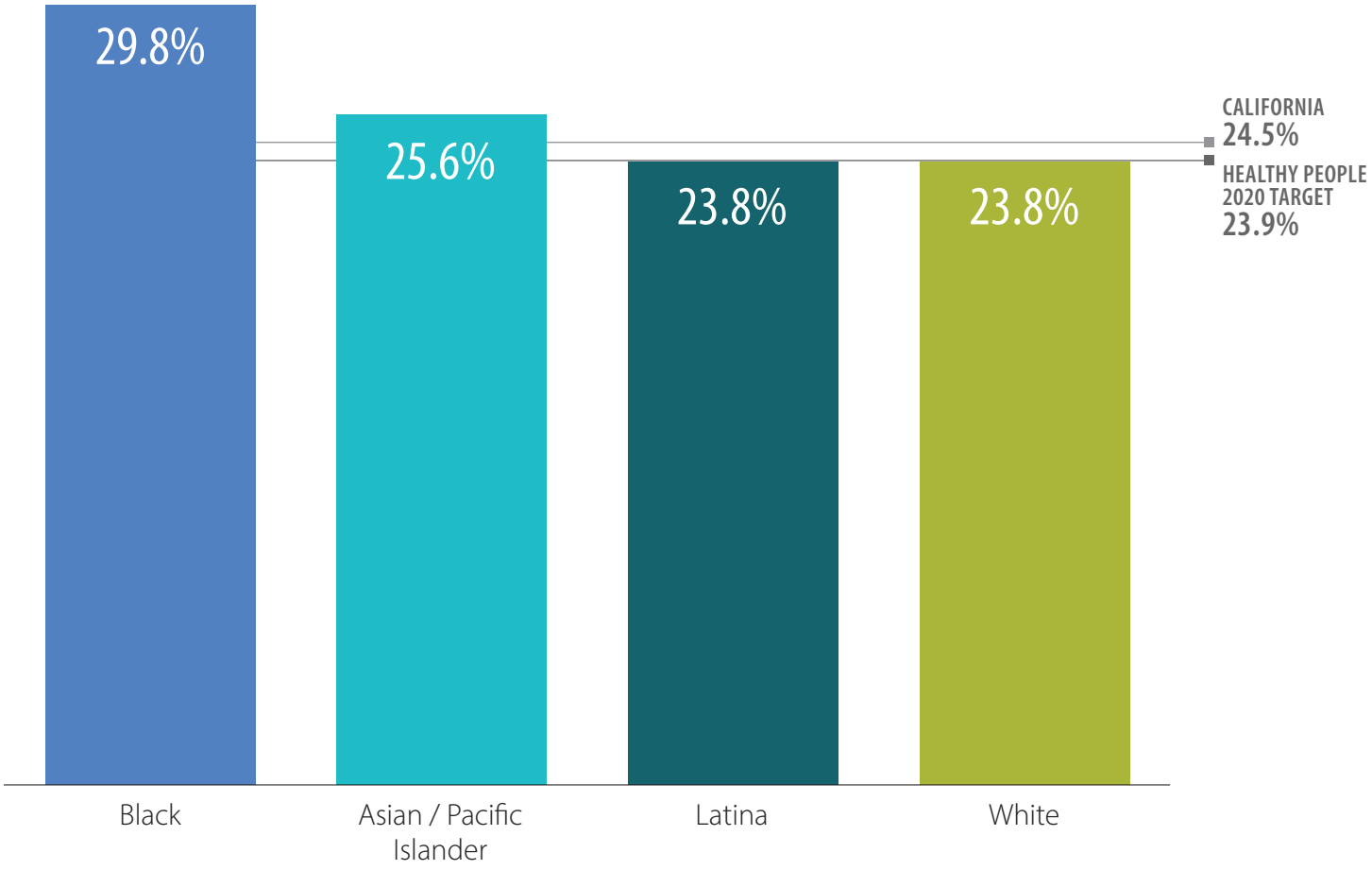
Notes: Percentage of live births where mother began prenatal care in the first trimester. Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska Native,* and *More than one race. Native Hawaiian or Other Pacific Islander* (71.2%) not shown. The US government's Healthy People 2020 program establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

Source: Author calculations based on "Natality 2007-2017," CDC WONDER Online Database, Centers for Disease Control and Prevention, October 2018, https://wonder.cdc.gov.

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

California, 2017

PERCENTAGE OF BIRTHS



Notes: Low-risk, first-birth cesarean rate represents the percentage of cesarean deliveries among first-time mothers delivering a single baby in a head-down position after 37 weeks gestational age. The technical term for this measure is the nulliparous, term, singleton, vertex (NTSV) cesarean birth rate. The US government's Healthy People 2020 program establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

Source: Special data request to the California Maternal Quality Care Collaborative, received November 9, 2018.

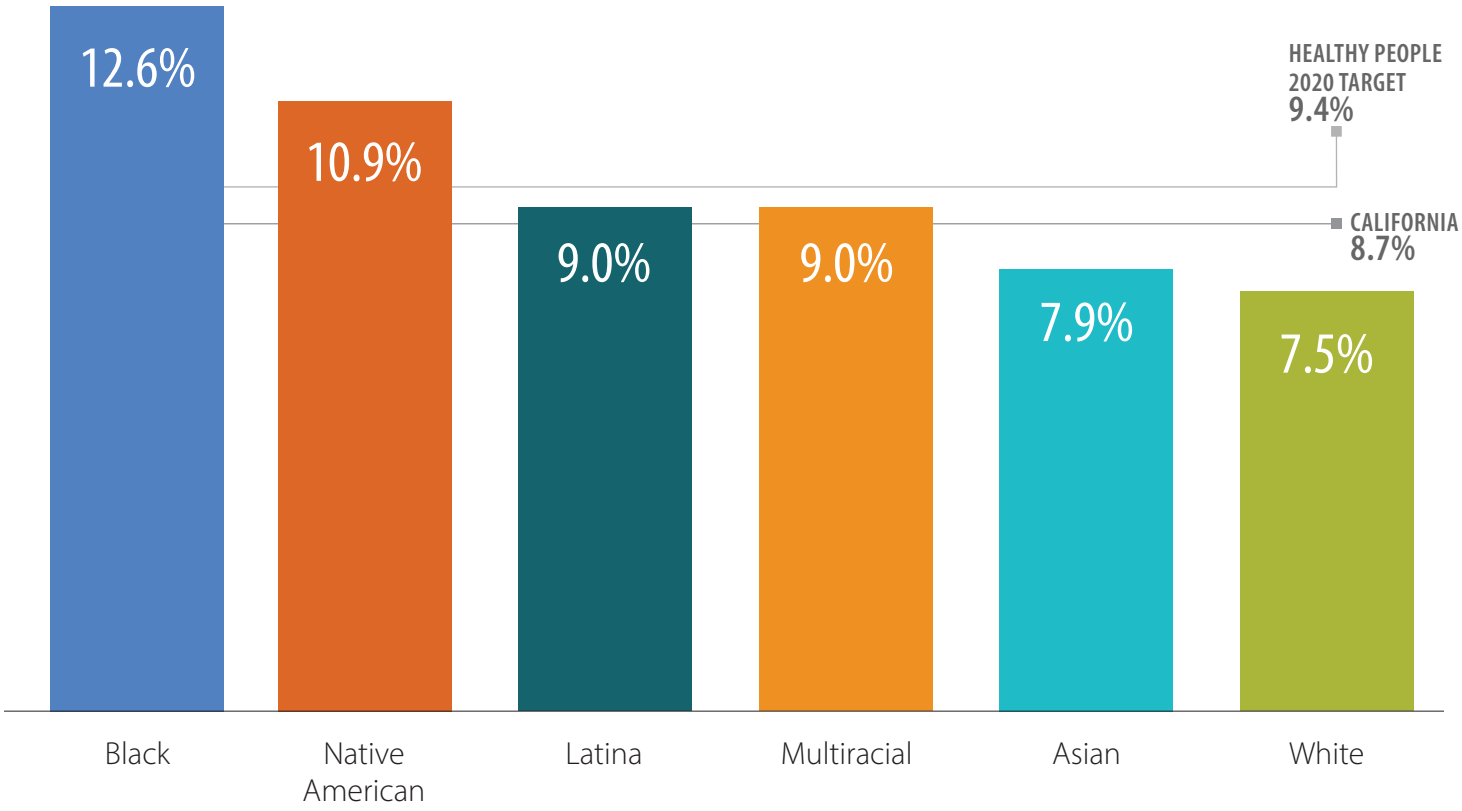
In 2017, nearly one in four births among low-risk, first-birth Californians were cesarean delivery (c-section). The rates for Blacks and Asians was above the Healthy People 2020 target of 23.9%. While critical in certain circumstances, c-sections can pose serious risks for both baby and the person giving birth.*

* "Having a C-Section", March of Dimes, last reviewed October 2018, www.marchofdimes.org.

Preterm Births, by Race/Ethnicity

California, 2017

PERCENTAGE OF BIRTHS



Notes: Percentage of births with less than 37 completed weeks of gestation based on the obstetric estimate. Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska Native* and *More than one race. Native Hawaiian or Other Pacific Islander* (9.0%) not shown. The US government's Healthy People 2020 program establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

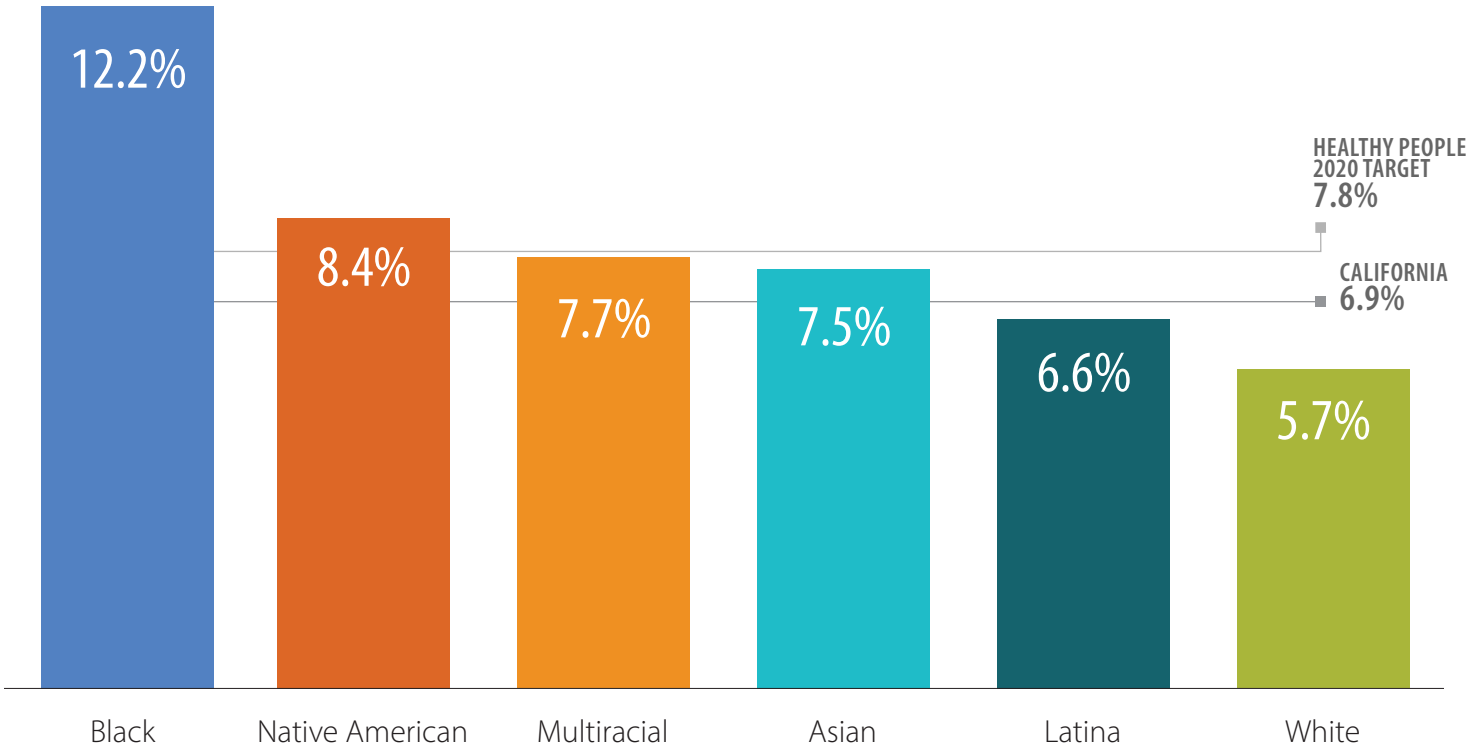
Sources: Author calculations based on "Natality 2007-2017," CDC WONDER Online Database, Centers for Disease Control and Prevention (CDC), October 2018, https://wonder.cdc.gov; and "Preterm Birth," CDC, www.cdc.gov.

Babies born preterm have higher rates of death and disability. The rate of preterm births among Blacks was 67% higher than the rate of preterm births among whites and was above the Healthy People 2020 target of 9.4%.

Low Birthweight Births, by Race/Ethnicity

California, 2017

PERCENTAGE OF BIRTHS



Notes: Percentage of births where infant weighed less than 2,500 grams. Source uses *Hispanic or Latino, Black or African American, American Indian or Alaska Native,* and *More than one race. Native Hawaiian or Other Pacific Islander* (6.7%) not shown. The US government's Healthy People 2020 program establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

Source: Author calculations based on "Natality 2007-2017," CDC WONDER Online Database, Centers for Disease Control and Prevention, October 2018, https://wonder.cdc.gov.

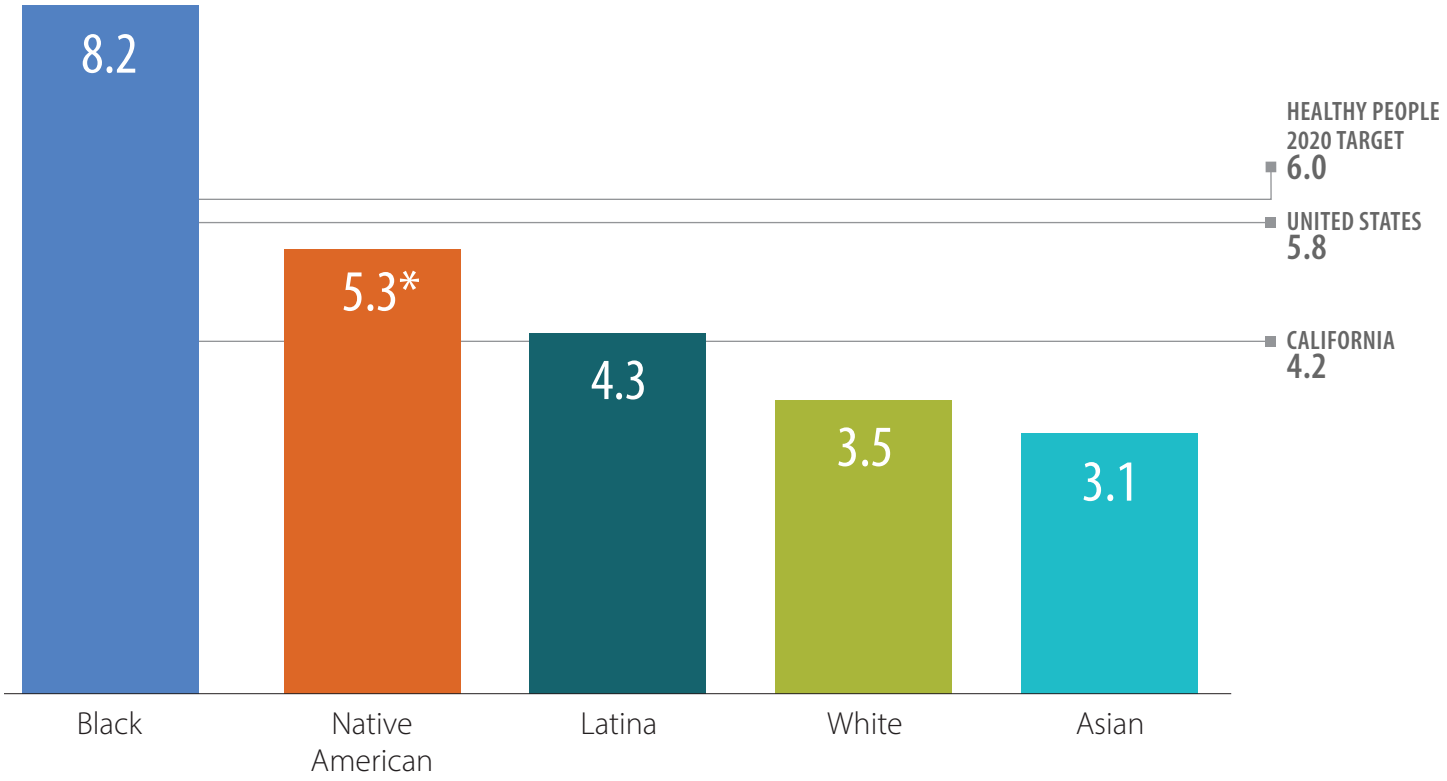
In 2017, one in eight Black babies had a low birthweight. Having a low birthweight can cause serious health problems for some babies. These babies may have trouble eating, gaining weight, and fighting off infections. Some low-birthweight babies may also have long-term health problems.*

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

Infant Mortality, by Mother's Race/Ethnicity

California, 2016

RATE PER 1,000 LIVE BIRTHS



The infant mortality rate for Blacks was more than twice the rate for whites and Asians.

*Unreliable — fewer than 20 deaths in the numerator.

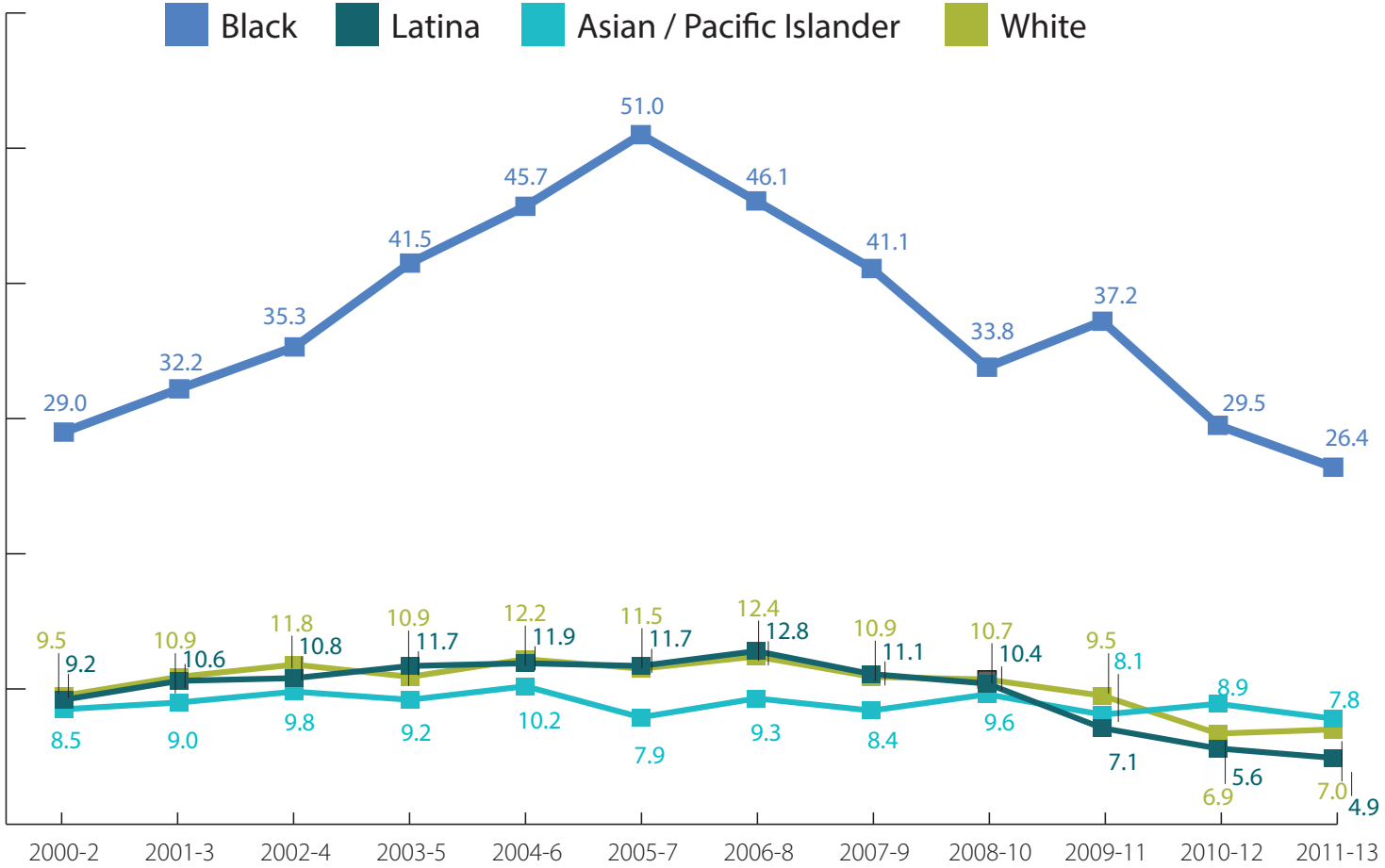
Note: *Infant mortality* is the death of an infant before his or her first birthday. Source uses *Hispanic or Latino, Black or African American,* and *American Indian or Alaska Native.* The US government's Healthy People 2020 program establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

Source: "Linked Birth / Infant Death Records 2007-2016," CDC WONDER Online Database, Centers for Disease Control and Prevention, n.d., https://wonder.cdc.gov.

Maternal Mortality, by Race/Ethnicity

California, 2000 to 2013

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



Note: Maternal mortality refers to deaths 42 days or less postpartum. Three-year moving average is used.

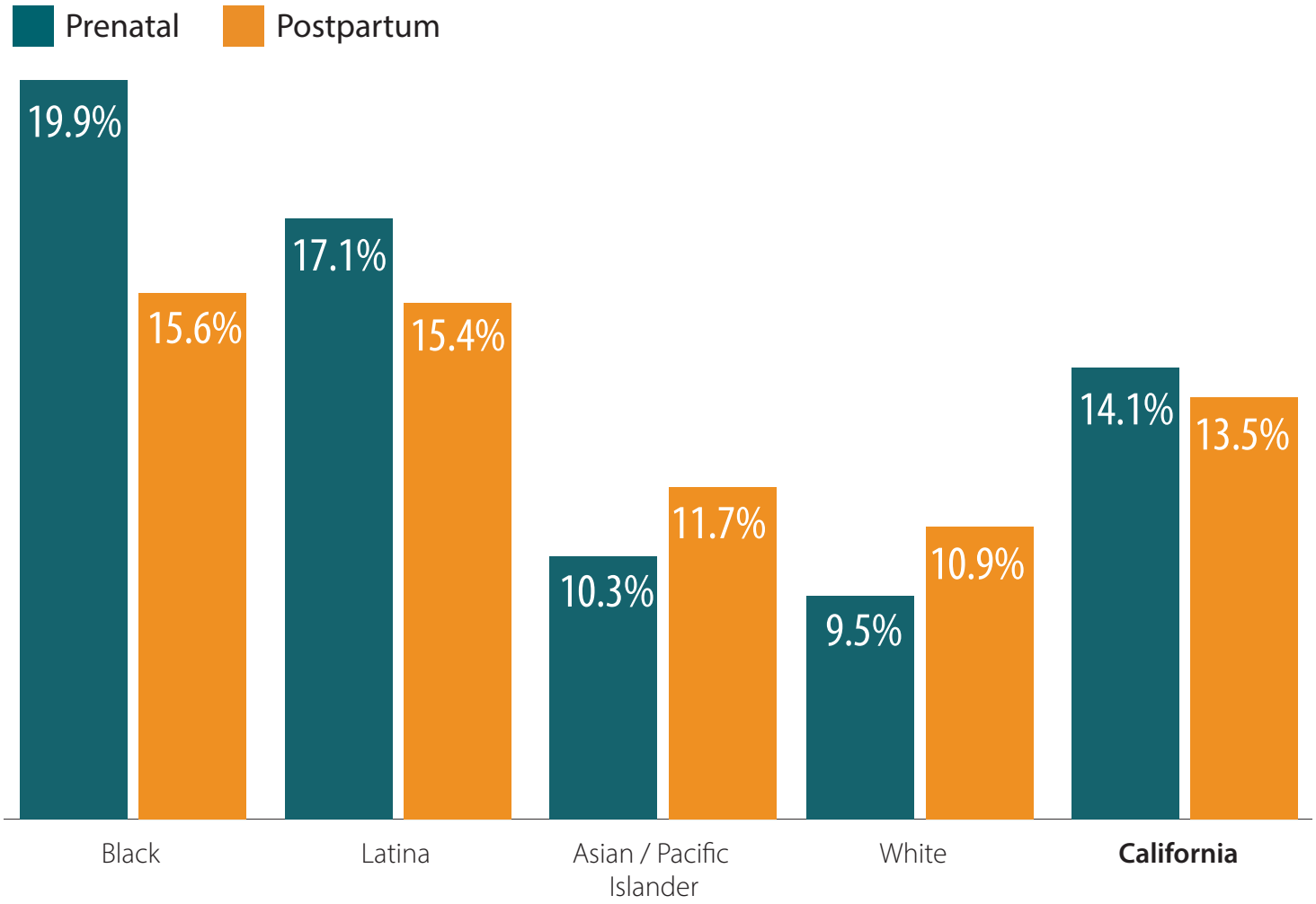
Source: *The California Pregnancy-Associated Mortality Review: Report from 2002 to 2007 Maternal Death Reviews*, California Dept. of Public Health, Spring 2018, https://www.cdph.ca.gov (PDF).

Throughout the 21st century, there have been significant racial disparities in the maternal mortality rate in California. During this period, Black women's maternal mortality rates were as much as four times higher than white women's. Recent studies have shown that Black women continue to have significantly higher maternal mortality rates even when age, education, and insurance coverage are considered.*

* "Birth Equity," California Maternal Quality Care Collaborative, accessed July 15, 2019, www.cmqcc.org.

Prenatal and Postpartum Depressive Symptoms, by Race/Ethnicity

California, 2013 to 2015



Note: Experienced both of the following for two weeks or longer: felt sad, empty, or depressed for most of the day; lost interest in most things she usually enjoyed. *Prenatal depressive symptoms* are during pregnancy. *Postpartum depressive symptoms* are since most recent birth. Source uses *Hispanic*.

Source: *MIHA Data Snapshot, by Race/Ethnicity, 2013-2015*, California Dept. of Public Health, 2018, https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/2013-2015/Snapshot_ByRaceEthnicity_2013-2015.pdf (PDF).

Black and Latina mothers were more likely to report having prenatal and postpartum depressive symptoms than white and Asian mothers. Emotional well-being during and after pregnancy is central to women's health, and to their infants' development.*

* "Depression During Pregnancy," March of Dimes, last reviewed March 2019, www.marchofdimes.org.

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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