Health Disparities in California

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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.

By 2040, people of color will represent two-thirds of California's population.

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.

Latinos were the most likely to report being in fair or poor health.

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.

Latinos were more likely to have incomes below the federal poverty level.

Health Insurance, by Race/Ethnicity California, 2017



About one in eight Latinos reported they did not have health insurance.

*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.

Life Expectancy, by Race/Ethnicity







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

About one in five Latinos did not have a usual source of care.

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.

Difficulty Finding a Doctor, by Race/Ethnicity California, 2017



All races and ethnicities had more difficulty finding a specialist than a primary care doctor.

*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.

Prenatal Care, First Trimester, by Race/Ethnicity California, 2017

PERCENTAGE OF BIRTHS



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.

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

Infant Mortality, by Mother's Race/Ethnicity California, 2016

RATE PER 1,000 LIVE BIRTHS



*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.

Black women's mortality rates were as much as four times higher than white women's.

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).

About one in five multiracial, Black, Native American, and white adults reported they have been told they have a form of depression.

Depression Prevalence, by Race/Ethnicity California, 2017



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.

Hospital readmission rates were highest for Blacks.

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.