

2024 Edition — Quality of Care: Chronic Conditions

CALIFORNIA HEALTH CARE ALMANAC

OCTOBER 2024

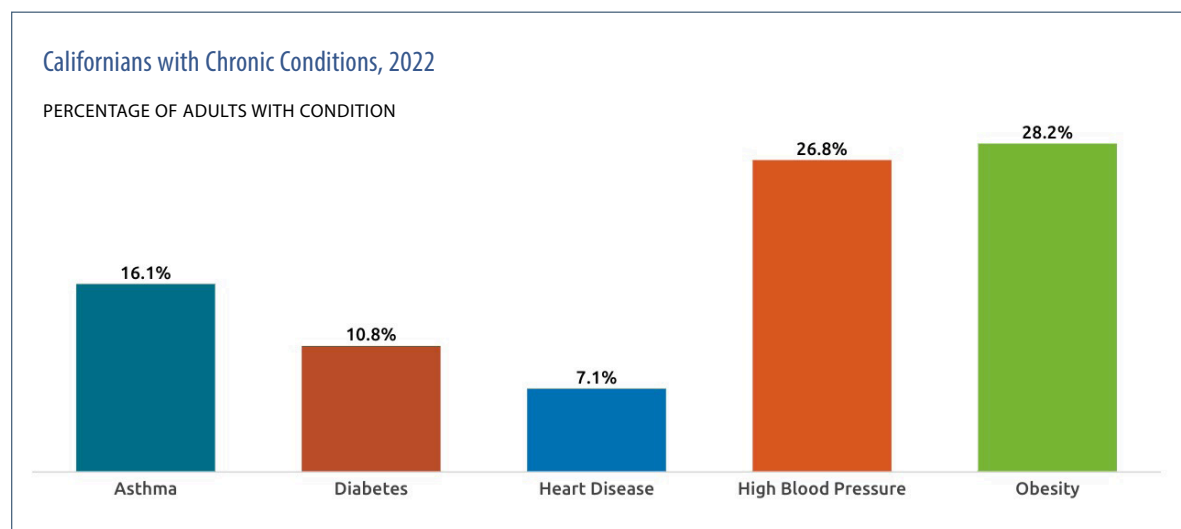
Jen Joynt, Independent Health Care Consultant

Over the last few decades, the measurement and reporting of health care quality outcomes has grown significantly. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures CHCF is publishing on the quality of care in our state. Topics range from maternal to end-of-life care and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on a range of chronic conditions, including diabetes, cancer, cardiovascular disease, and respiratory disease, and includes data by race/ethnicity, payer, and county.

Many adults in California have been diagnosed with chronic conditions.

Chronic conditions, such as diabetes and heart disease, are the leading cause of illness, disability, and death in the United States.¹ In 2022, more than one in four adults in California were obese or had high blood pressure. Prevalence of chronic conditions varied by race/ethnicity.

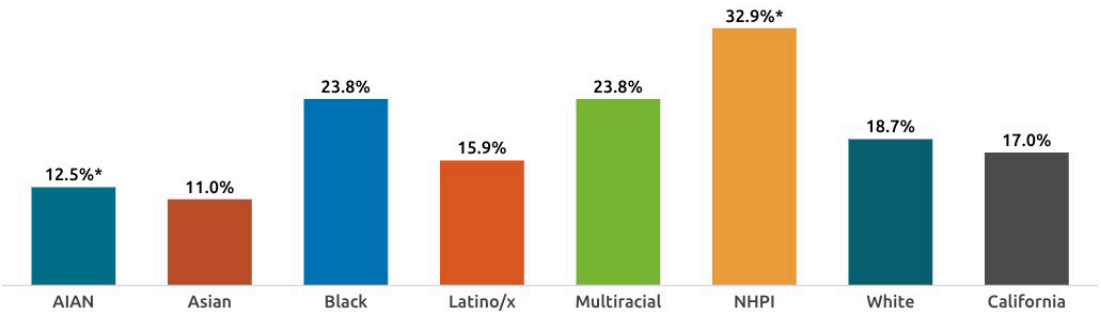


Notes: Adults age 18 and older who have ever been told by a doctor that they have condition.

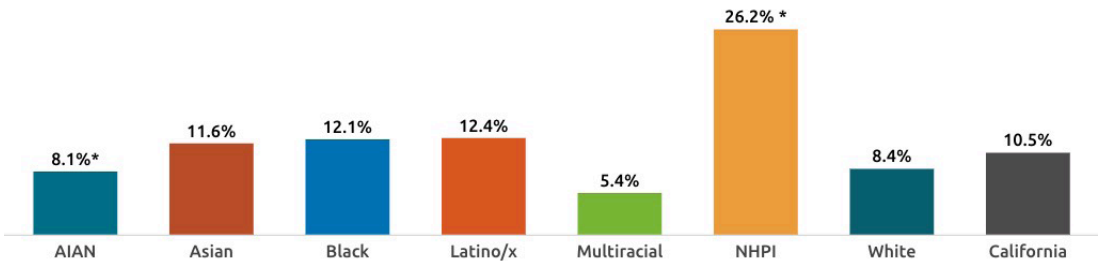
Source: California Health Interview Survey.

1. "About Chronic Diseases," US Centers for Disease Control and Prevention, May 15, 2024.

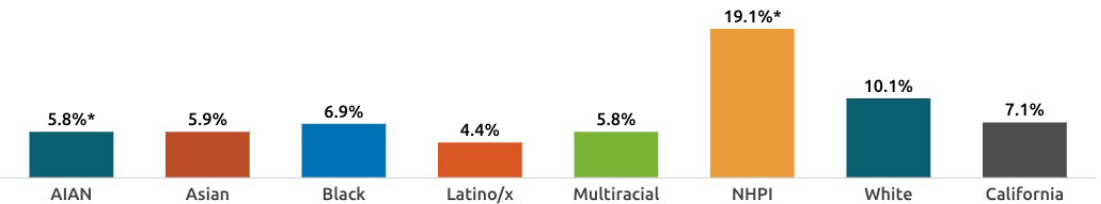
Californians with Asthma, by Race/Ethnicity, California, 2022



Californians with Diabetes, by Race/Ethnicity, California, 2022



Californians with Heart Disease, by Race/Ethnicity, California, 2022

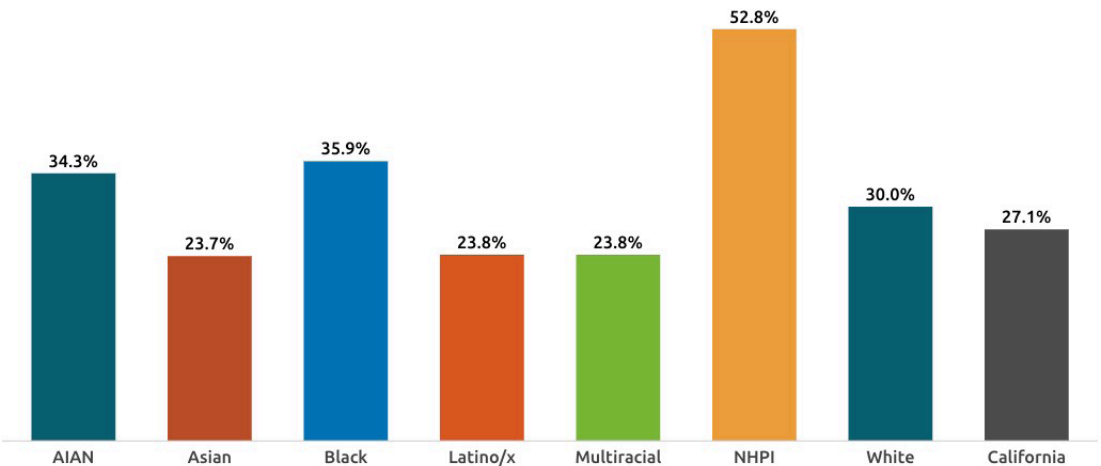


* Estimate is statistically unstable.

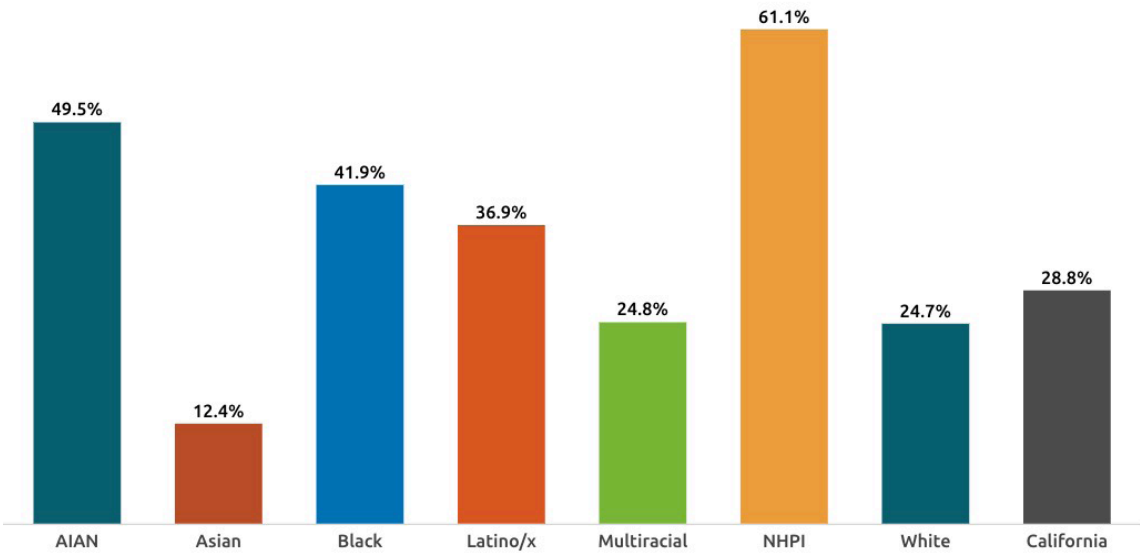
Notes: Adults age 18 and older who have ever been told by a doctor that they have condition. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses *African American*.

Source: [California Health Interview Survey](#).

Californians with High Blood Pressure, by Race/Ethnicity, California, 2022



Californians with Obesity, by Race/Ethnicity, California, 2022



Notes: Adults age 18 and older who have ever been told by a doctor that they have condition. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses *African American*.

Source: California Health Interview Survey.

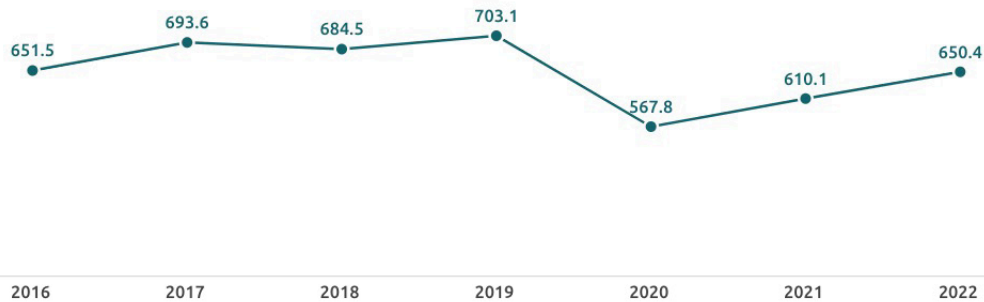
Rates for preventable chronic care hospitalizations have fluctuated since 2016.

In 2022, based on a composite measure of hospital admission rates for eight chronic care conditions, 650 hospitalizations per 100,000 California adults were potentially preventable through effective chronic care management and access to high-quality primary care. The preventable chronic conditions hospitalization rate has fluctuated since 2016.

See graph on page 4.

Preventable Chronic Care Hospitalizations, California, 2016 to 2022

RATE PER 100,000 POPULATION



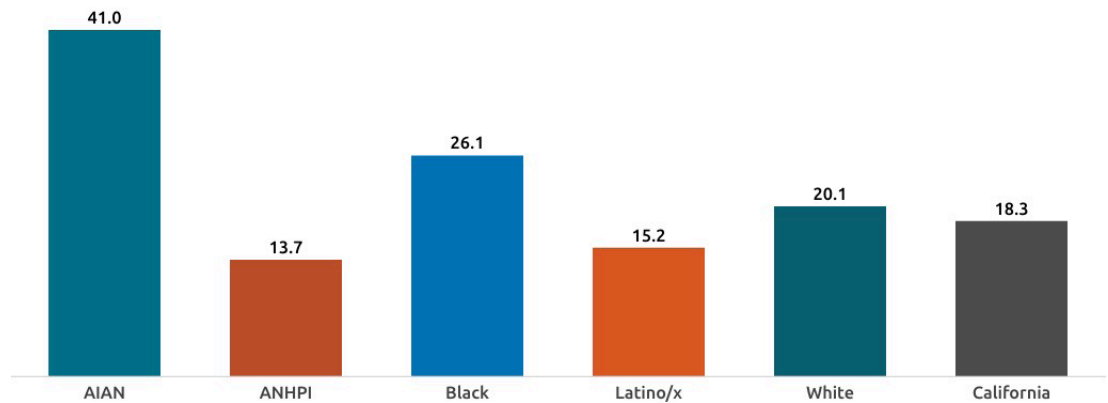
Notes: Composite measure of adult (age 18+) hospitalization rate (observed) for eight chronic ambulatory care-sensitive conditions: diabetes short-term complications, diabetes long-term complications, chronic obstructive pulmonary disease or asthma in older adults (age 40 and over), hypertension (high blood pressure), heart failure, uncontrolled diabetes, asthma in younger adults (age 18–39), and lower-extremity amputation among patients with diabetes.

Source: [Prevention Quality Indicators](#), California Dept. of Health Care Access and Information.

Mortality rates for four leading cancers varied by race/ethnicity.

American Indian and Alaska Native Californians experienced mortality rates for lung and colorectal cancer, and for breast cancer among women, more than two times higher than the state’s overall rate. The prostate cancer mortality rate for Black men was more than two times higher than the overall rate in California.

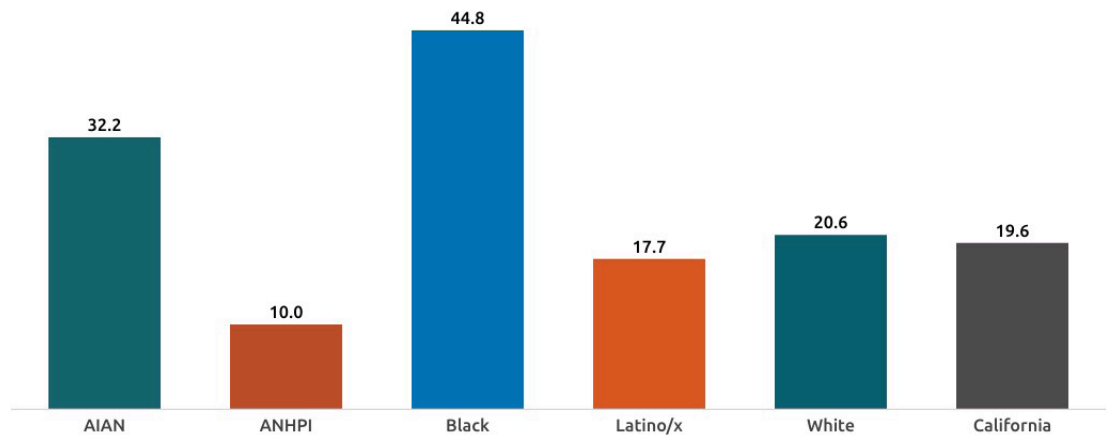
Breast Cancer (Female) Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2021



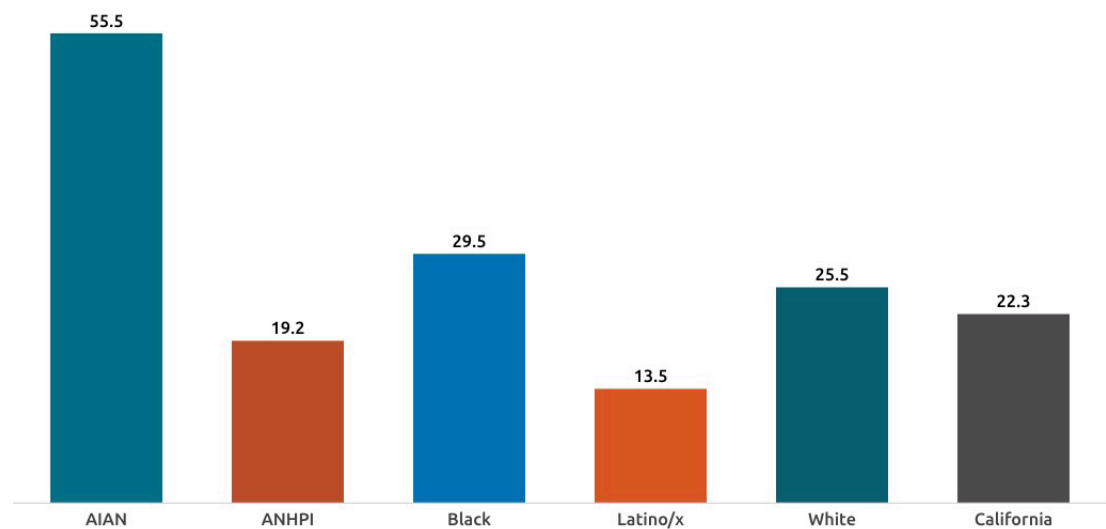
Notes: Age-adjusted rates. Excludes in situ cancers. *AIAN* is American Indian and Alaska Native. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic*.

Source: [California Cancer Registry](#).

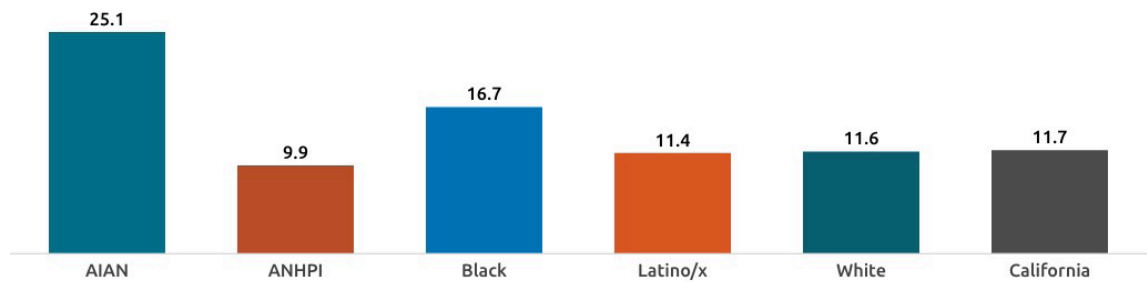
Prostate Cancer (Male) Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2021



Lung Cancer Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2021



Colorectal Cancer Mortality, Rate per 100,000 Population, by Race/Ethnicity, California, 2021



Notes: Age-adjusted rates. Excludes in situ cancers. *AIAN* is American Indian and Alaska Native. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic*.

Source: California Cancer Registry.

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The companion Excel data file is available for download below. These materials are part of CHCF's California Health Care Almanac, an online clearinghouse for key data and analyses describing the state's health care landscape. See our entire collection of current and past editions of Quality of Care at www.chcf.org/collection/quality-care-almanac.