

Cultural and Linguistic Demographics of the California Medicare Population

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California Department of Health Care Services
Office of Medicare Innovation and Integration
Prepared by ATI Advisory

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About This Chartbook and Its Contributors

The **Cultural and Linguistic Demographics of the California Medicare Population Chartbook** is the second in a series exploring the demographics, needs, and health care experiences of Californians with Medicare. This chartbook provides new key demographic information, adding to analysis of Medicare records and Census survey data in the [Profile of the California Medicare Population](#) chartbook published in February 2022.

It is important that programs serving Californians with Medicare are person-centered and culturally and linguistically responsive. The practice of cultural humility is one key strategy to create health-promoting connections and understanding between diverse beneficiaries and providers. To inform policy and program opportunities, this chartbook explores questions like these:

- What portion of California's Medicare population may need culturally specific supports due to language barriers or having immigrated to the U.S.? How does this vary by county?
- What are the most common languages of those with limited English proficiency?
- What are the most common birthplaces of Californians with Medicare who were born outside the U.S.?

Note: Individuals born outside the U.S. are a very diverse group. This population includes those who have immigrated in different eras and at different ages, with varied naturalization status, cultures, and levels of English proficiency.

This chartbook uses 2015–2019 U.S. Census American Community Survey data.

Data may not align with other data published by DHCS. See [page 6](#) for details.

Prepared by ATI Advisory

ATI Advisory

ATI Advisory (ATI) is a research and advisory services firm working to transform the delivery of health care and aging services for older adults. ATI conducts research, generates new ideas, and helps organizations lead and deliver change in senior care. For more information visit www.atiadvisory.com.

Funded by The SCAN Foundation



Supported by a grant from The SCAN Foundation - advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

We thank the **California Pan-Ethnic Health Network** for their insightful help in describing the importance and findings of this chartbook.

Why We Care

One of California's many strengths is the diversity of its population. Residents represent a range of ages, cultures, and geographies.

In this context, California is advancing policies and programs to serve its sizable population with Medicare, aiming to improve experiences for all Californians covered by the federal health care program.

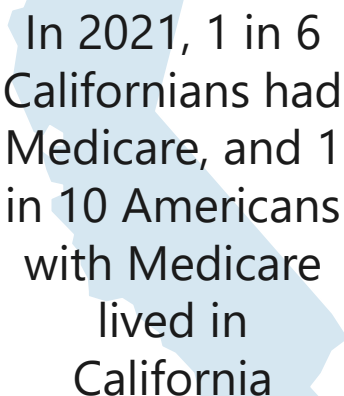
Given the growing older adult population in the state, which is also becoming more diverse, and that California has the second highest life expectancy in the United States, the state can benefit from forward-looking policies that are person-centered and advance equity.

Many Californians with Medicare will need acute health care services and long-term services and supports (LTSS) during their lives. About one in four California Medicare beneficiaries are dually eligible for Medi-Cal. Dual eligible beneficiaries in California are a more culturally diverse group than California Medicare beneficiaries overall. Nationally, dual eligible beneficiaries have historically experienced worse health outcomes, which is important to address.

Targeting culturally and linguistically responsive services as well as care coordination to dual eligible beneficiaries may reduce disparities while improving the quality of care for all beneficiaries through a more individualized, person-centered approach to care. With or without dual Medi-Cal eligibility, Californians with Medicare may have nuanced barriers to care today, which risk health outcomes worsening in the future.

Programs intended to serve all Californians with Medicare should be careful not to inadvertently exacerbate barriers to care by ignoring cultural and linguistic factors – factors that this chartbook reveals are more common in California than any other state in the U.S.

Acknowledging that the causes of many barriers to care are historic and systemic, detailed data insights about Medicare beneficiaries' cultural and linguistic demographics will help DHCS and interested parties as they design programs and policies that best meet the complex care needs of Medicare beneficiaries. To that end, this chartbook examines key racial, ethnic, linguistic, and cultural demographics of Californians with Medicare.



In 2021, 1 in 6 Californians had Medicare, and 1 in 10 Americans with Medicare lived in California

Key Definitions

Definitions

- **Medicare** – Federal health insurance program for:
 - ✓ most people who are age 65 or older,
 - ✓ certain people who have disabilities, and
 - ✓ certain people with End-Stage Renal Disease.
- **Dual Eligible Beneficiary** – A Medicare beneficiary who is also a beneficiary of Medi-Cal, the California Medicaid program. Abbreviated “dual beneficiary” after first mention.
- **Medicare-Only** – Being in Medicare but not in Medi-Cal. Note that these individuals may have other coverage, like the Veterans Health Administration or Indian Health Service.
- **Limited English Proficiency** – Speaking no English at all or not speaking English well.
- **Born Outside the U.S.** – Born outside of U.S. territory to parents who were not U.S. citizens. Individuals born outside the U.S. are diverse and have diverse cultural preferences regarding medical care and LTSS. The population includes those who may have immigrated in different eras and at different ages, with varied naturalization status, cultures, and levels of English proficiency. An individual’s country of birth may also differ from their nationality. Understanding the population born outside the U.S. helps highlight potential challenges some individuals face as they navigate the U.S. health care system.

American Community Survey Definitions *(all variables are self-reported)*

- **Medicare and Medi-Cal Enrollment** – Respondents are asked whether they are currently covered by Medicare and whether they are currently covered by Medicaid. Respondents can report more than one coverage source.
- **Race and Ethnicity** – Respondents can identify with more than one race. Hispanic ethnicity, defined as of Hispanic, Latino, or Spanish origin, is captured separately.
- **Born Outside the U.S.** – Respondents born outside the U.S. are asked their country of birth.
- **Language** – Respondents are asked about the language they speak at home.
- **English Proficiency** – Respondents are asked how well they speak English, if the respondent speaks another language at home.

Medicare Eligibility for non-U.S. Citizens: Nationwide, lawfully present individuals can qualify for Medicare benefits if they have a qualifying work history based on their own or their spouse’s work record. Immigrants without the required work history can qualify for Medicare only if they are Lawful Permanent Residents (“green card” holders), meet a five-year continuous residency requirement and pay all applicable Medicare premiums. *Source: Justice in Aging, “Older Immigrants and Medicare” (issue brief), April 2019.*

Data Source, Limitations, and Differences

Data Source:

ATI Advisory analysis of U.S. Census Bureau American Community Survey microdata for 2015–2019, provided by the University of Minnesota’s IPUMS USA project.

Data Limitations:

Like all survey data, these analytics have a margin of error due to sampling. Data are self-reported by survey respondents, with some editing procedures applied by the University of Minnesota IPUMS USA project.

OMII Chartbook Data Source and Collection Differences:

This chartbook’s data source differs from other data published on the DHCS website and Open Data Portal, including the OMII [Profile of the California Medicare Population](#) chartbook published February 2022. Different collection methods, definitions, and time periods apply to data in this chartbook than applied to the data analyzed in the prior OMII chartbook published in February 2022.

Data Sources of OMII Published Chartbooks

Variable	February 2022 Chartbook, <i>Profile of the California Medicare Population</i>	This Chartbook, <i>Cultural and Linguistic Demographics of the California Medicare Population</i>
Medicare, Medicaid, Race and Ethnicity, Sex, Age	March 2021 CMS Medicare administrative data	2015-2019 U.S. Census American Community Survey
Medicare Advantage, Rurality	March 2021 CMS Medicare administrative data	Not analyzed
Language, English Proficiency	2015-2019 U.S. Census American Community Survey	2015-2019 U.S. Census American Community Survey
Born Outside the U.S., Country of Birthplace	Not analyzed	2015-2019 U.S. Census American Community Survey

Further data definitions and source information is provided on [page 19](#) (Data Sources), [page 20](#) (Data Notes), and [page 21](#) (Data Comparison Table).

Executive Summary

English Proficiency and Primary Languages

- **One in seven** Californians with Medicare (**15%**) had **limited English proficiency** in 2019, almost three times the share of Medicare beneficiaries nationwide (5%) with limited English proficiency (speaking English not well or not at all).
 - The **most common languages** spoken by California Medicare beneficiaries with limited English in 2019 were:
 - **Spanish** (spoken by 52% of such beneficiaries);
 - **Chinese languages, not specified** (8%);
 - **Vietnamese** (7%);
 - **Cantonese** (6%);
 - **Korean** (5%).
 - **In California, limited English proficiency was four times as common** (at 33%) **among dual eligible beneficiaries** (Californians who self-report having both Medicare and Medi-Cal coverage) compared to Medicare-only beneficiaries (at 8%).
- California was **home to one in three** (32%) of all **U.S. Medicare beneficiaries with limited English proficiency**.
- Language and birthplace differed substantially between age groups, comparing ages younger than 65 to those 65 or older.
 - Californians with Medicare **ages 65 or older had limited English proficiency more often** (at 15%) than those younger than 65 (12%).
 - Among *dual beneficiaries*, limited English proficiency was four times as common among those age 65 or older (at 40%) than those younger than 65 (11%).
 - For *Medicare-only beneficiaries*, limited English proficiency was less common for those 65 or older.

15% of California Medicare beneficiaries had limited English proficiency.

Medicare beneficiaries had limited English proficiency much more often in California than nationwide.

32% of U.S. Medicare beneficiaries with limited English proficiency resided in California.

Executive Summary (Continued)

Beneficiaries Born Outside the U.S. and Their Country of Birth

- **One in three** Californians with Medicare in 2019 (32%) were born outside the U.S., compared to 12% of Medicare beneficiaries nationwide.
 - The **most common** birthplaces for California Medicare beneficiaries born outside the U.S. were:
 - **Mexico** (the birthplace of 29% of California beneficiaries born outside the U.S.),
 - the **Philippines** (11%),
 - **China** (8%),
 - **Vietnam** (6%), and
 - the **Koreas*** (4%).
 - **Dual eligible beneficiaries were more often** (at 49%) **born outside the U.S.** than Medicare-only beneficiaries in California (at 26%).
 - California was **home to more than one in four** (28%) of **Medicare beneficiaries born outside the U.S.**
 - **California Medicare beneficiaries ages 65 or older were more likely to have been born outside the U.S.** (at 33%) than those younger than 65 (25%).
 - Among *dual beneficiaries*, more than twice as many (at 58%) of those age 65 or older were born outside the U.S. compared with those younger than age 65 (23%).
 - Among Medicare-only beneficiaries, those age 65 or older were similarly likely to be born outside the U.S. (at 26%) than younger Medicare-only beneficiaries (27%).
 - **The portion of Medicare beneficiaries born outside the U.S. varied widely by county** in California, from 4% in Humboldt County to 52% in San Francisco.

32% of Medicare beneficiaries in California in 2019 were born outside the U.S.

Medicare beneficiaries were born outside the U.S. much more often in California than nationwide.

28% of all Medicare beneficiaries born outside the U.S. resided in California.

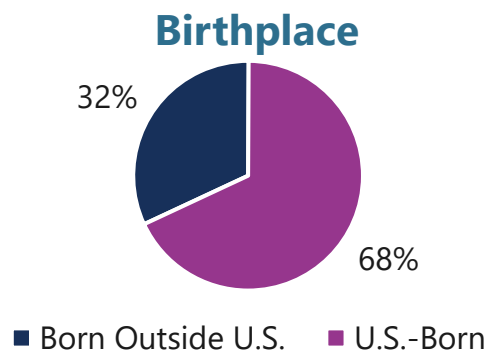
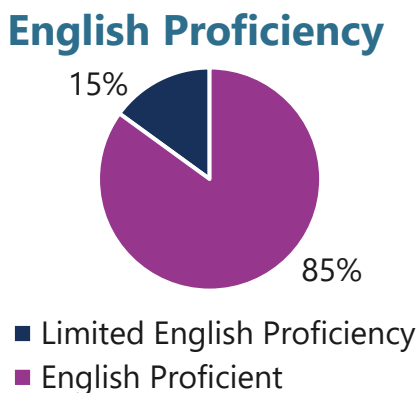
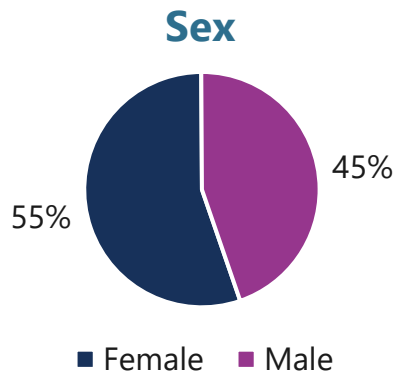
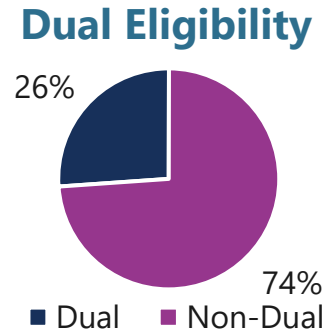
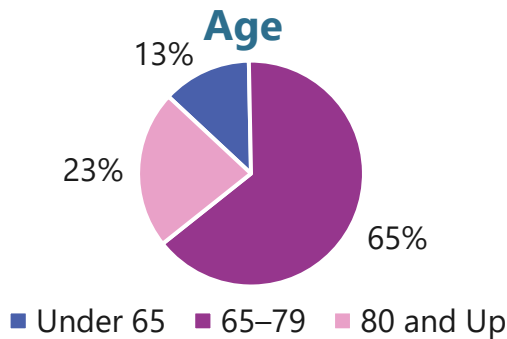
Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

*Note: Source data do not distinguish the Koreas.

Key Demographics of California Medicare Beneficiaries

Of an estimated 59.8 million Medicare beneficiaries in the U.S., 6.2 million (10.4%) lived in California based on the Census Bureau's American Community Survey in 2019.¹

California Medicare beneficiaries had diverse cultural, linguistic, and demographic traits, and about one-fourth had dual Medi-Cal eligibility.

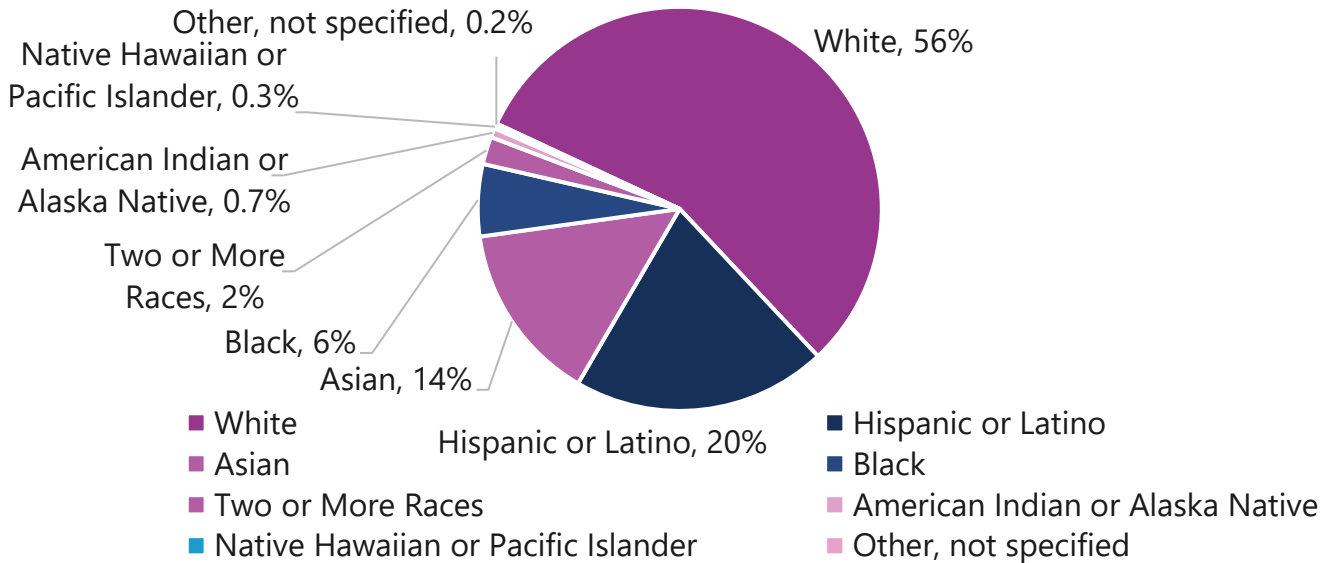


¹ Text source: ATI Advisory analysis of 1-year 2019 Census ACS microdata, IPUMS USA. Charts use 2015-2019 Census ACS microdata, IPUMS USA. **All figures are estimates and may differ from other data sources.** Dual eligibility refers to dual Medi-Cal eligibility.

Key Demographics of California Medicare Beneficiaries (Continued)

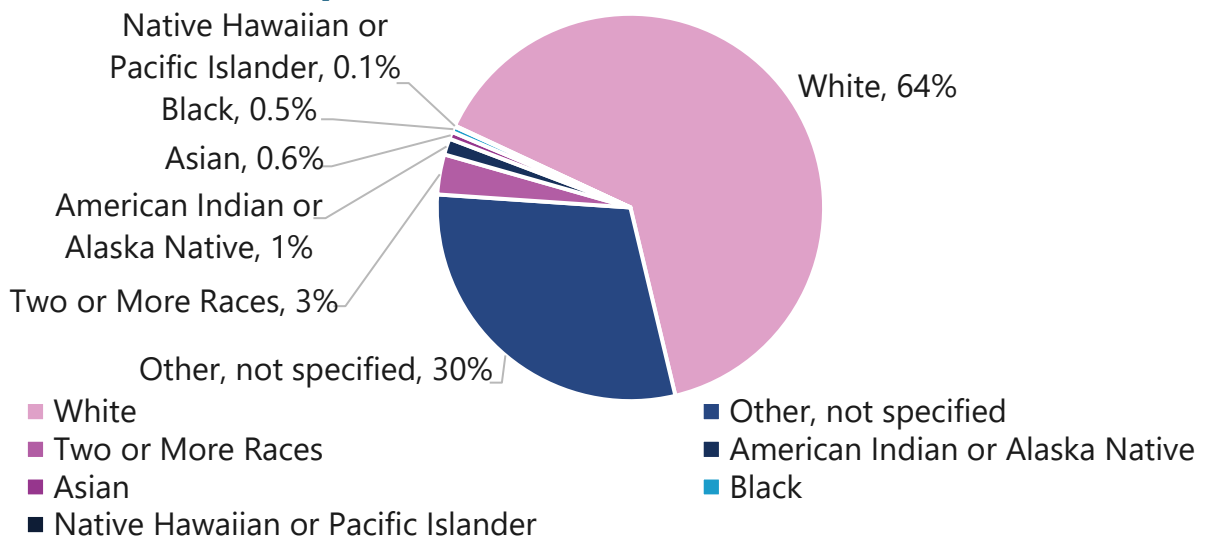
Among Medicare beneficiaries estimated to reside in California, 56% identified as White, 20% as Hispanic or Latino, 14% as Asian, and 6% as Black, based on the Census Bureau's American Community Survey in 2019. [Appendix A](#) and [Appendix B](#) compare the racial and ethnic composition of the Medicare population in the U.S. and California.

Race and Ethnicity Overall



Of the 20% of California Medicare beneficiaries who identified as Hispanic or Latino, 64% identified as White, and 30% did not identify with a specified race.

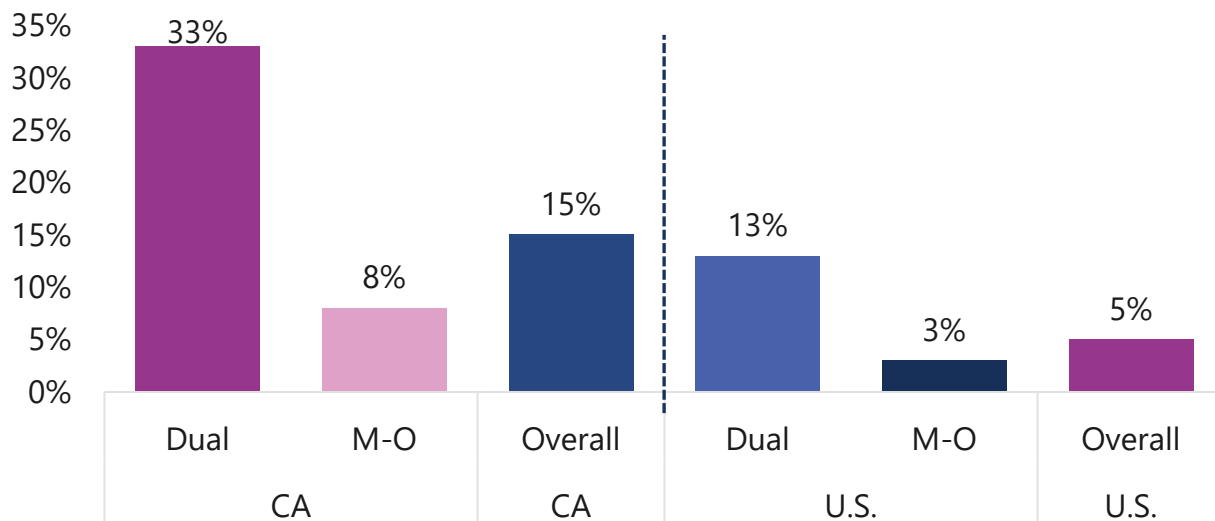
Race of Hispanic or Latino Medicare Beneficiaries



Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA. All figures are estimates and may differ from other data sources. For tabulated data and comparison to the overall California and U.S. populations see [Appendix A](#) and [Appendix B](#).

English Proficiency of Medicare Beneficiaries

Limited English Proficiency, % of Medicare Population



Note: "M-O" means Medicare-Only beneficiaries, and "Dual" means dual eligible beneficiaries. Limited English proficiency means speaking English not well or not at all.

Of California Medicare beneficiaries, 15% spoke English not well or not at all (described here as "limited English proficiency"). That rate among California Medicare beneficiaries was higher than the rate among all U.S. Medicare beneficiaries (5%).

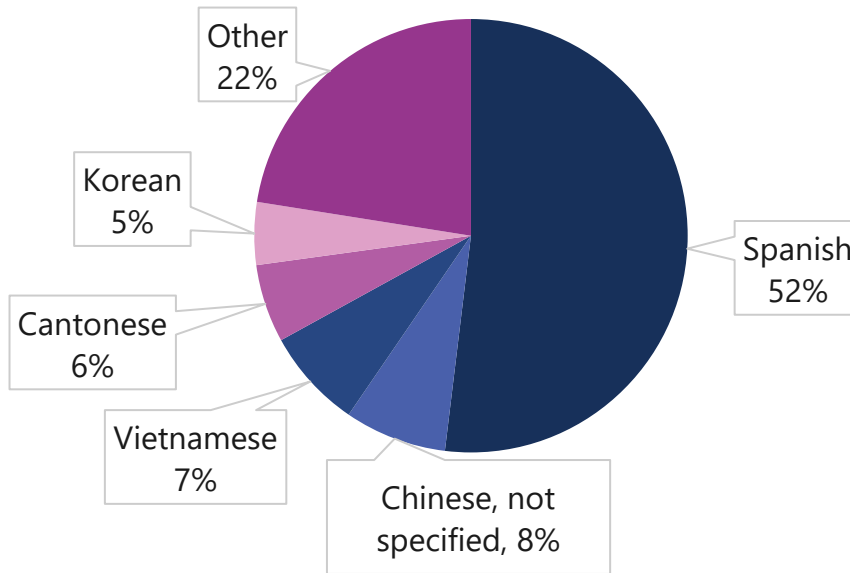
- One-third (32%) of U.S. Medicare beneficiaries with limited English proficiency resided in California in 2019. (Other states not shown.)
- In California, 33% of dual eligible beneficiaries had limited English proficiency, compared to 8% of Medicare-only beneficiaries.

Percent of Medicare Population with Limited English Proficiency, by Dual Eligibility and Age

Jurisdiction	Dual Eligible	Medicare-Only	Overall
California <65	11%	12%	12%
California 65+	40%	8%	15%
Overall California	33%	8%	15%
Overall U.S.	13%	3%	5%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

Primary Languages of California Medicare Beneficiaries with Limited English Proficiency



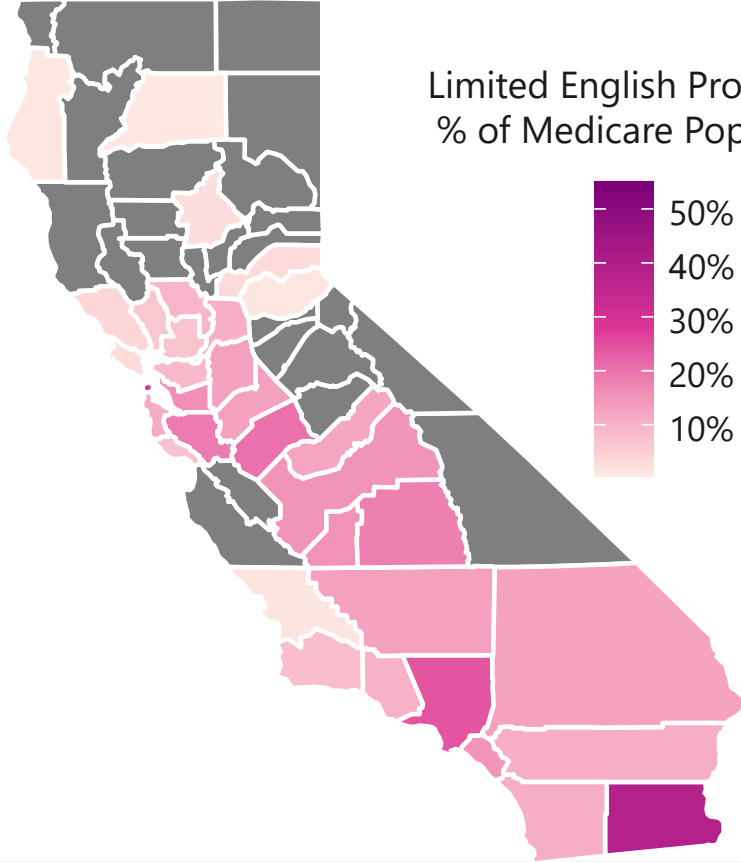
Among California Medicare beneficiaries with limited English proficiency, the top five primary languages were Spanish, unspecified Chinese languages, Vietnamese, Cantonese, and Korean, in order of high to low prevalence.

Top Five Primary Languages among California Medicare Beneficiaries with Limited English Proficiency

Primary Language	Language Speakers as a Percent of Californians with Medicare with Limited English Proficiency
Spanish	52%
Chinese language, not specified	8%
Vietnamese	7%
Cantonese	6%
Korean	5%
Other Languages	22%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. For full language list see [Appendix C](#).

English Proficiency of California Medicare Beneficiaries, by County



Note 1: Gray counties are not identified for privacy reasons.
Note 2: Color scale is the same as on the next page to ease comparisons.

English proficiency varied widely across counties in California. Statewide, 15% of California Medicare beneficiaries had limited English proficiency. This varied by county, from counties with particularly low rates (1% in Shasta, El Dorado, and Humboldt Counties and 2% in San Luis Obispo County) to those with high rates (28% in San Francisco County and 39% in Imperial County).

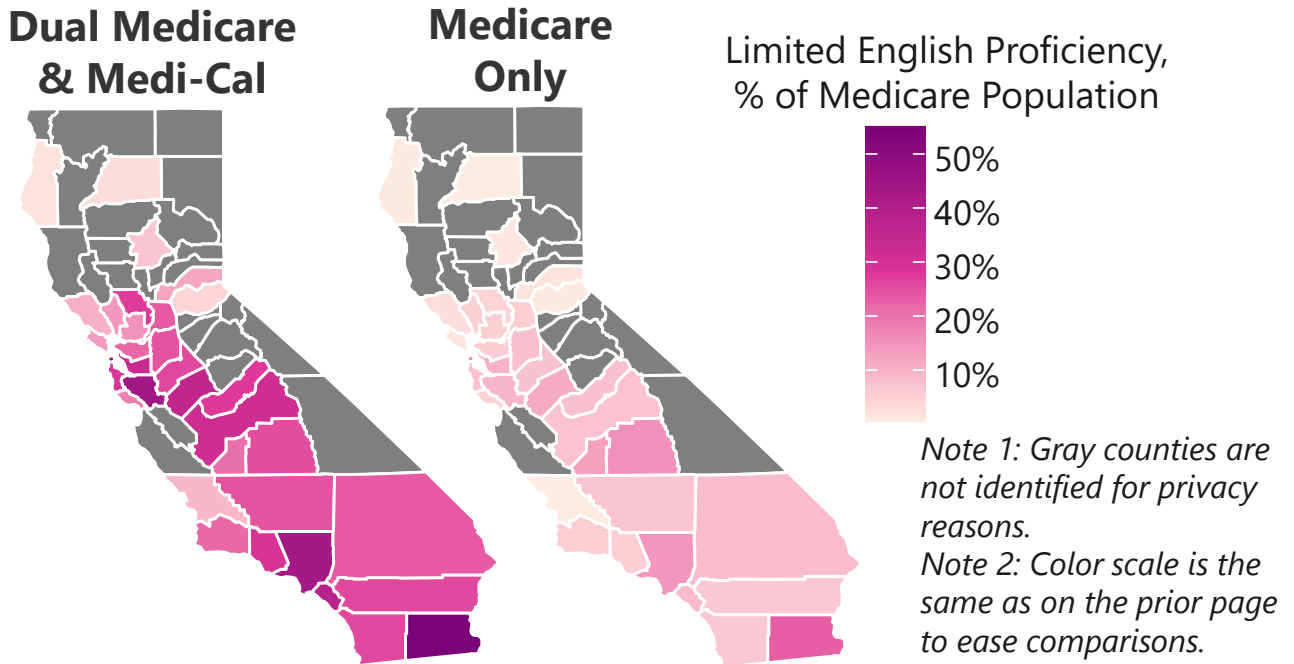
Programs serving beneficiaries with limited English proficiency can advance health equity by focusing on language accommodations.

Statewide and National Percent of Medicare Beneficiaries with Limited English Proficiency

Jurisdiction	People with Limited English Proficiency as a Percent of Medicare Beneficiaries
Overall California	15%
Overall U.S.	5%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. For full county data see [Appendix D](#).

English Proficiency of California Medicare Beneficiaries, by Dual Eligibility, by County



English proficiency varied by dual eligibility as well as by county. Statewide, 33% of dual eligible beneficiaries had limited English proficiency. This varied by county, from counties with particularly low rates (2% in Humboldt County and 3% in Shasta County) to those with high rates (50% in San Francisco County and 55% in Imperial County).

Statewide, 8% of Medicare-only beneficiaries had limited English proficiency. Rates varied, from counties with particularly low rates (1% in Butte, El Dorado, Humboldt, San Luis Obispo, and Shasta Counties and 2% in Marin and Placer Counties) to those with high rates (16% in San Francisco and Tulare Counties and 23% in Imperial County).

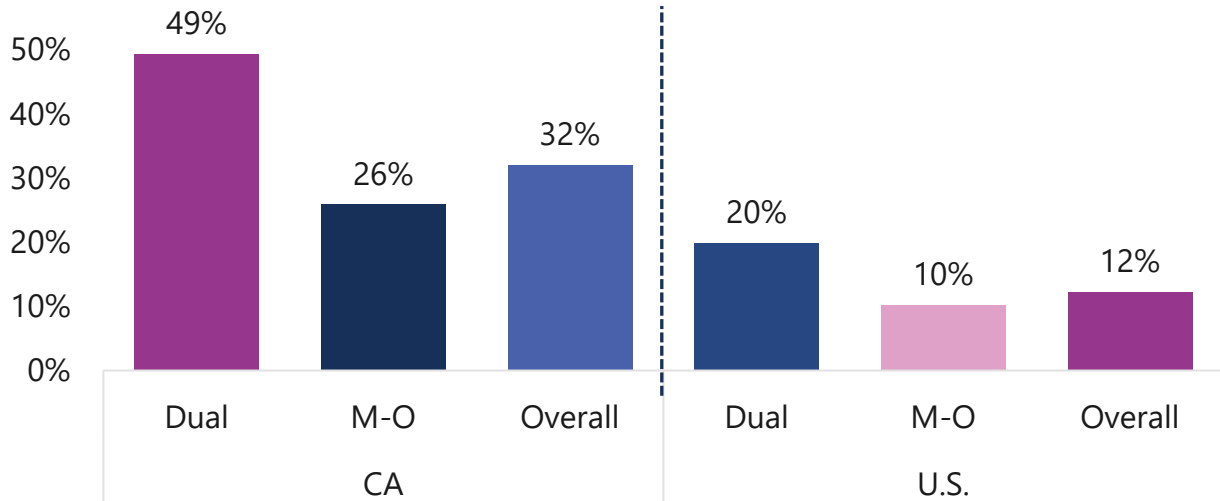
Statewide and National Percent of Medicare Beneficiaries with Limited English Proficiency, by Dual Eligibility

Dual Eligible		Medicare-Only	
Jurisdiction	Percent with Limited English Proficiency	Jurisdiction	Percent with Limited English Proficiency
Overall California	33%	Overall California	8%
Overall U.S.	13%	Overall U.S.	3%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. For full county data see [Appendix D](#).

Medicare Population Born Outside the U.S., by Dual Eligibility

Born Outside the U.S., % of Medicare Population



Note: "M-O" means Medicare-only beneficiaries, and "Dual" means dual eligible beneficiaries in both Medicare and Medicaid (or Medicare and Medi-Cal).

California Medicare beneficiaries were born outside the U.S. almost three times as often as the U.S. Medicare population overall (32% versus 12%) in 2019.

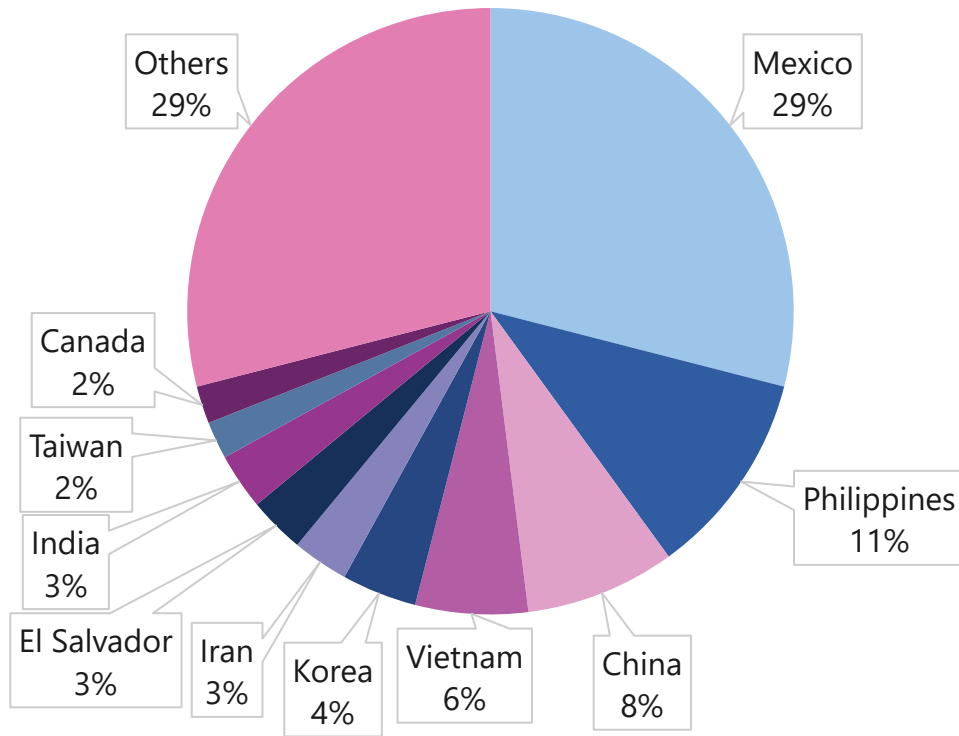
- Californians made up more than a quarter (28%) of all U.S. Medicare beneficiaries born outside the U.S. in 2019. (Data not shown.)
- California's 32% share of Medicare beneficiaries born outside the U.S. was the highest of any state Medicare population in the U.S. (Other states not shown.)
- 49% of California dual eligible beneficiaries were born outside the U.S., compared to 26% among the California Medicare-only population.

Percent of Medicare Beneficiaries Born Outside the U.S., by Dual Eligibility and Age

Population	Dual Eligible	Medicare-Only	Overall
California: Age <65	23%	27%	25%
California: Age 65+	58%	26%	33%
Overall California	49%	26%	32%
Overall U.S.	20%	10%	12%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

Top Countries of Birth among California Medicare Beneficiaries Born Outside the U.S.



The chart above and table below show the most common countries of birth among California Medicare beneficiaries born outside the U.S.

Country of Birth among Californians with Medicare Born Outside the U.S.

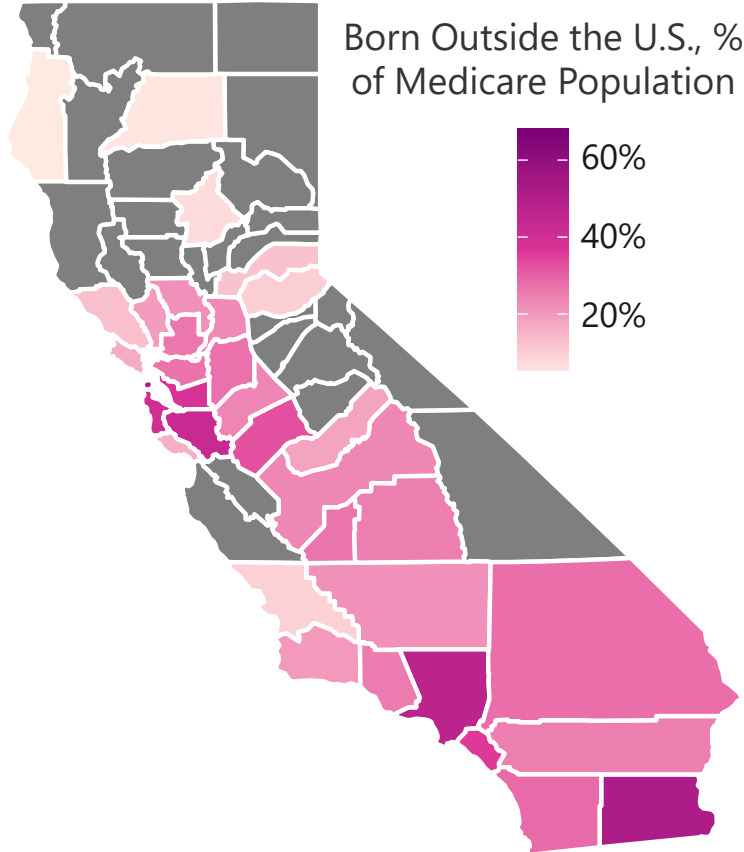
Rank	Country	% of Those Born Outside the U.S.	Rank	Country	% of Those Born Outside the U.S.
1	Mexico	29%	6	Iran	3%
2	Philippines	11%	7	El Salvador	3%
3	China	8%	8	India	3%
4	Vietnam	6%	9	Taiwan	2%
5	Korea*	4%	10	Canada	2%
				Others	29%

For more birthplace data see [Appendix E](#).

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

*Note: Source data do not distinguish the Koreans.

California Medicare Population Born Outside the U.S., by County



Note 1: Gray counties are not identified for privacy reasons.
Note 2: Color scale is the same as on the next page to ease comparisons.

The percent of Medicare beneficiaries who were born outside the U.S. varied considerably within California. While the statewide percent was 32%, county-specific rates varied from those with low rates (4% in Humboldt County and 5% in Shasta County) to those with high rates (51% in Imperial County and 52% in San Francisco).

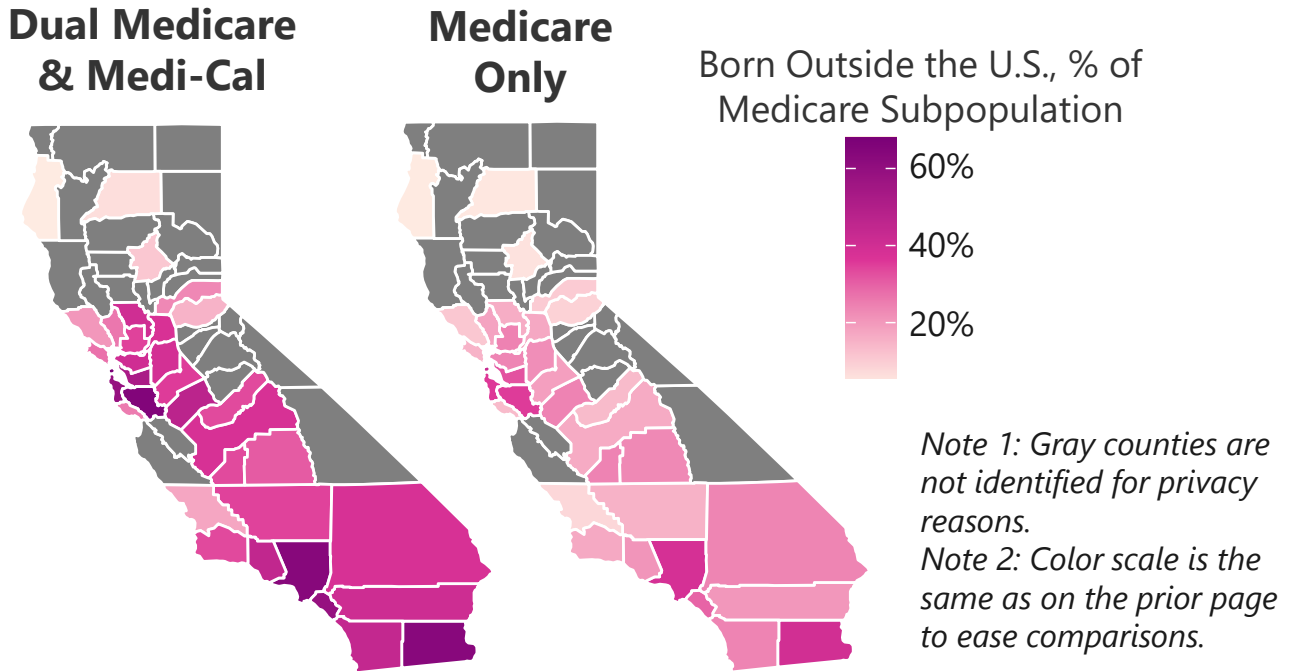
Individuals born outside the U.S. have diverse needs for culturally and linguistically responsive health care. The prevalence of California Medicare beneficiaries who are born outside the U.S. indicates the need for services to be responsive to diverse cultural preferences.

Statewide and National Percent of Medicare Beneficiaries Born Outside the U.S.

Jurisdiction	Percent Born Outside the U.S.
Overall California	32%
Overall U.S.	12%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. For full county data see [Appendix F](#).

California Medicare Population Born Outside the U.S., by Dual Eligibility, by County



The prevalence of Medicare beneficiaries born outside the U.S. varied by dual eligibility as well as by county. Statewide, nearly half (49%) of dual eligible beneficiaries were born outside the U.S. This varied by county, from counties with low rates (4% in Humboldt County and 7% in Shasta County) to those with high rates (65% in Santa Clara County and 68% in San Francisco County).

Being born outside the U.S. was less common (at 26%) for Medicare-only beneficiaries than dual beneficiaries. This varied by county, from counties with low rates (4% in Humboldt County and 5% in Shasta County) to those with high rates (40% in Imperial County and 43% in San Francisco County).

Statewide and National Percent of Medicare Beneficiaries Born Outside the U.S., by Dual Eligibility

Dual Eligible		Medicare-Only	
Jurisdiction	Percent Born Outside the U.S.	Jurisdiction	Percent Born Outside the U.S.
Overall California	49%	Overall California	26%
Overall U.S.	20%	Overall U.S.	10%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. For full county data see [Appendix F](#).

Methods: Data Sources

Data used in this chartbook were from the 2019 microdata for the U.S. Census Bureau's American Community Survey, specifically the five-year sample (except the text of [page 10](#)).

Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. *IPUMS USA: Version 11.0* [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>

Medicare and Medi-Cal Beneficiary Identification

Survey respondents self-report Medicare ([HINSCARE](#)) and Medicaid ([HINSCAID](#)) enrollment. The American Community Survey asks respondents if they are "currently covered by" Medicare and Medicaid, separately. Respondents can report having both.

Race and Ethnicity

A beneficiary's race and ethnicity are defined according to the following logic. First, we defined American Indian or Alaska Native based on the race detailed code ([RACED](#)) from 300 through 399 or single-race code ([RACHSING](#)) of 3. Next, we defined 2+ Races as any remaining selections of two or more races (race detailed code from 800 through 990). We defined Hispanic or Latino as Hispanic general codes ([HISPAN](#)) 1 through 4. We then assigned the remainder based on mutually exclusive race detailed codes: Asian as 400 through 629 or 631 through 679, Black or African American as 200, Native Hawaiian or Pacific Islander as 630 or 680 through 699, Other Not Specified, as 700, and White as 100.

English Proficiency

A beneficiary's English proficiency is based on the Speaks English code ([SPEAKENG](#)), with limited English proficiency defined as "Yes, speaks English, but not well," or "Does not speak English." Cases marked as N/A or blank are omitted from the denominator.

Language

Primary languages were defined 29 ways to match existing DHCS data. Using the general language code ([LANGUAGE](#)), we defined English as 01, Spanish as 12, Vietnamese as 50, Arabic as 57 or 58, Armenian as 28, Russian as 18, Farsi as 29, Korean as 49, Tagalog as 54, Portuguese as 13, French as 11, Japanese as 48, Turkish as 36, Italian as 10, Hebrew as 59, and Polish as 21. Using the detailed language codes, we defined Mandarin as 4303, Cantonese as 4302 or 4301, "Chinese, not specified" as 4300 or 4310, Hmong as 4420, Cambodian as 5120, Laotian as 4720, Thai as 4710, Samoan as 5522, and Ilocano as 5440. Using both the general and detailed language codes, we defined Mien as either general 44 or detailed 4410 or 4430.

Born Outside the U.S.

Born outside the U.S. was defined as a citizenship code ([CITIZEN](#)) of 2 (naturalized citizen) or 3 (not a citizen). Note that this counts people as U.S.-born if born outside the U.S. to American parents, such as people born outside the U.S. amid U.S. military activity.

Country of Birthplace

A beneficiary's birthplace was defined using IPUMS' detailed birthplace code ([BPLD](#)) labels. The detailed codes do not distinguish between North and South Korea, in part because there are respondents who were born prior to the 1945 division of Korea.

Methods: Data Notes

Some figures presented in this chartbook differ from figures provided in the February 2022 OMII [Profile of the California Medicare Population Chartbook](#). This current chartbook uses Census microdata to identify Medicare subpopulations based on self-reported answers to the American Community Survey (ACS) from 2015 through 2019 – providing a level of detail in some variables that is not available in administrative data. **Interested parties can use the strengths of both chartbooks to inform program and policy development but should recognize that slight variations across chartbooks are inherent due to different data sources and methods.**

The CMS Medicare administrative records accessed through the Medicare Master Beneficiary Summary File (MBSF) used in the February 2022 chartbook gave a precise count of the exact enrollment in the Medicare program in March 2021. While this is a complete data source with no sampling, Medicare has not historically recorded detailed cultural or immigration-related variables, including birthplace, English proficiency, and primary language. Additionally, race and ethnicity data from Medicare are known to undercount certain identities including Asian and Hispanic. In contrast, the ACS asks respondents to self-identify. This chartbook leverages this self-reported ACS data to provide cultural descriptions of California's Medicare population.

Estimates That Changed Due to Different Data Sources and Time Periods

On [page 9](#) and [page 10](#), we provide several new estimates for 2019 that differ from the February 2022 OMII chartbook's analyses of March 2021 CMS Medicare administrative records, shown in a comparison table on the next page. These include the pie charts for sex, age, dual eligibility, and race and ethnicity of each group in the California Medicare Population.

Estimates That Differ Due to Different Definitions

The February 2022 OMII chartbook used racial and ethnic groups from March 2021 CMS Medicare administrative records, and this current chartbook uses the racial and ethnic groups in the ACS (as seen in the pie charts on [page 10](#)). The two sources define racial and ethnic groups differently.

On [page 9](#) and [page 12](#), we provide several more specific estimates of languages spoken by California Medicare beneficiaries who had limited English proficiency for 2019. All differences compared to the February 2022 OMII chartbook reflect new definitions: definitions in this chartbook match the language categories of other DHCS data sets. Most notably, we disaggregated Chinese languages in this chartbook to distinguish "Cantonese," "Mandarin," and "Chinese, not specified" separately. This distinction is important: materials written in Cantonese or in Mandarin may not be understood by readers of the other language, depending on how the content is transliterated.

Methods: Data Comparison Table

Differing Estimates Between OMII Published Chartbooks Due to Different Data Sources, Time Periods, and Definitions

California Medicare Population	Feb 2022 Chartbook: <i>Profile of the California Medicare Population</i>	This Chartbook: <i>Cultural and Linguistic Demographics of the California Medicare Population</i>
Data Source	2021 CMS Medicare Administrative Data (MBSF)	2015-2019 Census ACS
Sex		
Female	54%	55%
Male	46%	45%
Age		
Under 65	11%	13%
65-79	68%	65%
80 and Up	21%	23%
Dual Eligibility		
Dual	22%	26%
Non-Dual	78%	74%
Race and Ethnicity		
American Indian or Alaska Native	0.3%	0.7%
Asian	10%	14%
Black	6%	6%
Hispanic or Latino	8%	20%
Native Hawaiian or Pacific Islander	NA	0.3%
Two or More Races	NA	2%
White	66%	56%
Other, not specified	9%	0.2%

Note: Data on languages spoken were drawn from the same data source and time period for both chartbooks (2015-2019 Census ACS). Language figures differ only due to more detailed language categories used in this chartbook, as described on [page 20](#).

Appendix A: Race and Ethnicity of Californians with Medicare

Race and Ethnicity	Californians with Medicare	All U.S. Residents with Medicare	All California Residents
White	56%	75%	37%
Hispanic or Latino	20%	8%	37%
Asian	14%	4%	14%
Black	6%	10%	6%
Two or More Races	2%	1%	5%
American Indian or Alaska Native	0.7%	0.6%	0.7%
Native Hawaiian or Pacific Islander	0.3%	0.1%	0.3%
Other, not specified	0.2%	0.1%	0.3%
Sum Across Race and Ethnicity Groups	100% (by construction)	100% (by construction)	100% (by construction)

Appendix B: Race of Hispanic or Latino Californians with Medicare

Race and Ethnicity	Californians with Medicare	All U.S. Residents with Medicare	All California Residents
White	64%	71%	58%
Other, not specified	30%	21%	35%
Two or More Races	3%	3%	5%
American Indian or Alaska Native	1%	1%	1%
Asian	0.6%	0.4%	0.5%
Black	0.5%	2%	0.7%
Native Hawaiian or Pacific Islander	0.1%	0.1%	0.1%
Sum Across Race Groups for People with Hispanic or Latino Ethnicity	100% (by construction)	100% (by construction)	100% (by construction)

Appendix C: Primary Languages of Californians with Medicare Who Had Limited English Proficiency

Primary Language	Language Speakers as a Percent of Californians with Medicare with Limited English Proficiency
Spanish	52%
Chinese, not specified	8%
Vietnamese	7%
Cantonese	6%
Korean	5%
Other, not specified	4%
Tagalog	3%
Armenian	3%
Mandarin	3%
Farsi	2%
Russian	2%
Arabic	1%
Japanese	1%
Cambodian	1%
Portuguese	<0.5%
Hmong	<0.5%
Lao	<0.5%
Thai	<0.5%
Mien	<0.5%
Italian	<0.5%
French	<0.5%
Polish	<0.5%
Hebrew	<0.5%
Turkish	<0.5%
Samoan	<0.5%
English	Not Applicable
Sum Across Languages	100% (by construction)

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

Appendix D: Percent of Californians with Medicare with Limited English Proficiency by County

County	Percent of Beneficiaries with Limited English Proficiency		
	Dual Eligible	Medicare Only	Overall Medicare
Alameda	33%	10%	16%
Alpine	*	*	*
Amador	*	*	*
Butte	7%	1%	3%
Calaveras	*	*	*
Colusa	*	*	*
Contra Costa	22%	6%	9%
Del Norte	*	*	*
El Dorado	4%	1%	1%
Fresno	32%	7%	15%
Glenn	*	*	*
Humboldt	2%	1%	1%
Imperial	55%	23%	39%
Inyo	*	*	*
Kern	24%	7%	13%
Kings	20%	13%	15%
Lake	*	*	*
Lassen	*	*	*
Los Angeles	43%	14%	24%
Madera	27%	8%	12%
Marin	13%	2%	3%
Mariposa	*	*	*
Mendocino	*	*	*
Merced	36%	11%	20%
Modoc	*	*	*
Mono	*	*	*
Monterey	*	*	*
Napa	14%	5%	7%
Nevada	*	*	*

This full table of the 58 counties in California continues with Orange County on the next page.

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. Asterisks represent counties where estimates are suppressed for microdata to maintain survey respondents' privacy.

Appendix D: Percent of Californians with Medicare with Limited English Proficiency by County (Cont'd)

County	Percent of Beneficiaries with Limited English Proficiency		
	Dual Eligible	Medicare Only	Overall Medicare
Orange	38%	9%	15%
Placer	12%	2%	3%
Plumas	*	*	*
Riverside	26%	6%	11%
Sacramento	24%	5%	10%
San Benito	*	*	*
San Bernardino	24%	8%	13%
San Diego	26%	6%	11%
San Francisco	50%	16%	28%
San Joaquin	24%	8%	13%
San Luis Obispo	9%	1%	2%
San Mateo	28%	7%	11%
Santa Barbara	22%	5%	8%
Santa Clara	44%	10%	19%
Santa Cruz	*	*	*
Shasta	3%	1%	1%
Sierra	*	*	*
Siskiyou	*	*	*
Solano	15%	5%	7%
Sonoma	10%	3%	4%
Stanislaus	26%	7%	13%
Sutter	*	*	*
Tehama	*	*	*
Trinity	*	*	*
Tulare	25%	16%	18%
Tuolumne	*	*	*
Ventura	29%	6%	10%
Yolo	27%	4%	10%
Yuba	*	*	*
California Overall ²	33%	8%	15%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. ² "California Overall" includes counties where microdata estimates are suppressed, which are indicated by asterisks.

Appendix E: Countries of Birth among Californians with Medicare Born Outside the U.S.

Birthplace	Percent of Californians with Medicare Born Outside the U.S.
Mexico	29%
Philippines	11%
China	8%
Vietnam	6%
Korea	4%
Iran	3%
El Salvador	3%
India	3%
Taiwan	2%
Canada	2%
Germany	2%
Japan	2%
Guatemala	1%
England	1%
Hong Kong	1%
Nicaragua	1%
Peru	1%
Cuba	1%
Cambodia	1%
Other USSR/Russia	1%
Ukraine	1%
Armenia	1%
United Kingdom, not specified	1%
Thailand	1%
Italy	1%
Laos	1%
Argentina	1%
Indonesia	1%
Others, each <0.5%	14%
Sum Across Birthplaces	100% (by construction)

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org.

Appendix F: Percent of Californians with Medicare Born Outside the U.S. by County of Residence

County	Percent of Beneficiaries Born Outside the U.S.		
	Dual Eligible	Medicare Only	Overall Medicare
Alameda	52%	32%	37%
Alpine	*	*	*
Amador	*	*	*
Butte	11%	6%	7%
Calaveras	*	*	*
Colusa	*	*	*
Contra Costa	40%	24%	27%
Del Norte	*	*	*
El Dorado	15%	9%	10%
Fresno	38%	17%	23%
Glenn	*	*	*
Humboldt	4%	4%	4%
Imperial	63%	40%	51%
Inyo	*	*	*
Kern	34%	15%	22%
Kings	33%	24%	27%
Lake	*	*	*
Lassen	*	*	*
Los Angeles	64%	38%	47%
Madera	33%	13%	18%
Marin	27%	15%	17%
Mariposa	*	*	*
Mendocino	*	*	*
Merced	47%	24%	32%
Modoc	*	*	*
Mono	*	*	*
Monterey	*	*	*
Napa	26%	18%	19%
Nevada	*	*	*

This full table of the 58 counties in California continues with Orange County on the next page.

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. Asterisks represent counties where estimates are suppressed for microdata to maintain survey respondents' privacy.

Appendix F: Percent of Californians with Medicare Born Outside the U.S. by County of Residence (Cont'd)

County	Percent of Beneficiaries Born Outside the U.S.		
	Dual Eligible	Medicare Only	Overall Medicare
Orange	59%	29%	36%
Placer	23%	10%	12%
Plumas	*	*	*
Riverside	41%	20%	25%
Sacramento	38%	17%	23%
San Benito	*	*	*
San Bernardino	38%	24%	28%
San Diego	44%	24%	28%
San Francisco	68%	43%	52%
San Joaquin	39%	22%	27%
San Luis Obispo	17%	8%	9%
San Mateo	59%	36%	40%
Santa Barbara	33%	17%	20%
Santa Clara	65%	35%	43%
Santa Cruz	*	*	*
Shasta	7%	5%	5%
Sierra	*	*	*
Siskiyou	*	*	*
Solano	34%	24%	26%
Sonoma	20%	11%	13%
Stanislaus	35%	19%	24%
Sutter	*	*	*
Tehama	*	*	*
Trinity	*	*	*
Tulare	31%	23%	25%
Tuolumne	*	*	*
Ventura	45%	21%	25%
Yolo	40%	16%	21%
Yuba	*	*	*
California Overall ³	49%	26%	32%

Source: ATI Advisory analysis of 2015-2019 Census ACS microdata, IPUMS USA, University of Minnesota, www.ipums.org. ³ "California Overall" includes counties where microdata estimates are suppressed, which are indicated by asterisks.