

## California 2001 – 2009

Reliable public health data are essential to monitor and improve the health of Californians. This Health Profile provides statewide estimates for selected key health indicators from the California Health Interview Survey (CHIS) and tracks health related changes over the past decade. These data indicate areas of public health progress, decline, and stability and can be used to assess California's progress toward Healthy People (HP) 2010 goals while serving as a baseline for assessing progress toward HP 2020.

### Insurance Status

The proportion of uninsured children and adolescents significantly declined since 2001 (Exhibit 1), likely due to state-wide efforts to expand coverage. The proportion of children and adolescents with employment-based coverage decreased, while the proportion with Medi-Cal, Healthy Families and other coverage increased (Exhibit 1). Among adults, there was no change in the proportion of uninsured and a similar decrease in the proportion with employment-based coverage and increase with other coverage. None of the groups reached the HP target of 0% uninsured.

### Health Care Access

Having a usual source of care (a place to go when sick or in need of care) is often related to better health outcomes and improved quality of care. Since 2001 the proportion of children with no usual source of care remained the same while it increased among adolescents and adults (Exhibit 2). Only children met the HP 2010 target of 4% with no usual source of care.

### Health Outcomes

Improvements and setbacks were seen in several health outcomes (Exhibit 3). The proportion of persons who reported fair or poor health significantly declined among all age groups. Since 2003, the proportion of persons with current asthma remained constant among all age groups. Consistent with national trends, the proportion of adults diagnosed with diabetes (8.5%) and categorized as obese (24.2%) significantly increased. The percent of adolescents who were obese remained the same. Californians did not meet the HP 2010 targets for diabetes (2.5%), adult obesity (15%) or adolescent obesity (5%).

**Exhibit 1: Insurance Status in California, CHIS 2001 and 2009**

Indicator	% (CHIS 2001)	% (CHIS 2009)
<b>Children age 0-11</b>		
Uninsured all or part year	12.7	7.8*
Employment-based, all year	54.6	48.2*
Medi-Cal or Healthy Families, all year	26.6	35.3*
Other, all year <sup>1</sup>	6.0	8.7*
<b>Adolescents age 12 - 17</b>		
Uninsured all or part year	16.3	9.5*
Employment-based, all year	58.8	55.4*
Medi-Cal or Healthy Families, all year	19.8	26.9*
Other, all year <sup>1</sup>	5.1	8.2*
<b>Adults age 18 - 64</b>		
Uninsured all or part year	25.5	26.6
Employment-based, all year	56.6	52.6*
Medi-Cal or Healthy Families, all year	9.0	8.9
Other, all year <sup>1</sup>	9.0	11.9*

1— Includes: 1) Individually purchased private coverage; 2) Other public coverage that is not Medi-Cal or Healthy Families, such as AIM or MRMIP; and 3) Any combination of insurance types during the last year without a period of uninsurance

**Exhibit 2: No Usual Source of Care in California, CHIS 2001 and 2009<sup>1</sup>**

Indicator	% (CHIS 2001)	% (CHIS 2009)
Children age 0-11	3.5	3.0
Adolescents age 12 - 17	15.8	18.3*
Adults age 18+	15.9	17.8*

1— Estimates exclude emergency room and urgent care visits as a usual source of care

**Exhibit 3: Health Outcomes in California, CHIS 2001 and 2009**

Indicator	% (CHIS Year)	% (CHIS 2009)
<b>Fair or poor health</b>		
Children age 0 - 11	6.9 (2001)	4.8*
Adolescents age 12 - 17	11.8 (2001)	9.6*
Adults age 18+ (age adjusted)	19.9 (2001)	18.5*
<b>Current asthma<sup>1</sup></b>		
Children age 1 - 11	6.8 (2003)	7.7
Adolescents age 12 - 17	11.1 (2003)	10.9
Adults age 18+	7.3 (2003)	7.7
<b>Ever diagnosed with diabetes</b>		
Adults age 18+	6.2 (2001)	8.5*
<b>Obesity</b>		
Adolescents age 12-17	12.2 (2001)	12
Adults age 18+	19.3 (2001)	24.2*

1— Defined as ever diagnosed with asthma and reporting current asthma or an asthma attack/episode in the last year

\* Significant difference from baseline estimate

## Mental Health

Serious psychological distress, based on the Kessler 6-item non-specific distress scale, serves as a proxy for serious mental illness within a population. The percent of adults likely to have experienced serious psychological distress significantly decreased from 2007 to 2009, with no change among adolescents (Exhibit 4).

## Health Behaviors

Along with access to medical care, health behaviors can influence health outcomes (Exhibit 5). The proportion of children and adolescents engaged in regular physical activity significantly declined. The proportion of adults who consumed an adequate number of fruits and vegetables decreased significantly, with no significant change among children and adolescents. Significant decreases were observed in the smoking prevalence overall for all ages. Specifically, the proportion of households living with children where smoking is permitted was cut nearly in half and current smoking rates significantly fell among adolescents and adults. In fact, current smoking estimates for adults nearly reached the HP 2010 target of 12%.

## Social Determinants

Social and economic factors influence population health, a few of which are presented here (Exhibit 6). Food insecurity among adults (and adults living with children) significantly increased since 2001. This is consistent with the rise in unemployment rates and poverty rate since 2001 (Source: BLS and USDA). More than one fourth of adults reported limited English proficiency, which has been associated with decreased access to health care. This estimate has not changed since 2001. Finally, children who spend time reading with their parents have been shown to enter kindergarten better prepared for learning. There was a significant increase in the proportion of family members reading to their children, which may be a due to promotion efforts in this area.

**Exhibit 4: Experienced Serious Psychological Distress in the Last Month, CHIS 2007 and 2009, California**

Indicator	% (CHIS 2007)	% (CHIS 2009)
Adolescents 12-17	3.0	3.7
Adults 18+	3.8	3.0*

**Exhibit 5: Health Behaviors, Baseline CHIS Year and 2009, California**

Indicator	% (CHIS Year)	% (CHIS 2009)
<b>Regular Physical Activity</b>		
Children age 5 - 11 <sup>1</sup>	28.9 (2007)	22.6*
Adolescents age 12 - 17 <sup>1</sup>	20.1 (2005)	15.4*
<b>Ate 5 or more servings of fruits and vegetables yesterday <sup>2</sup></b>		
Children age 2 - 11	21.5 (2007)	22.7
Adolescents age 12 - 17	20.3 (2007)	19.9
<b>Ate fruits and vegetables 3 or more times yesterday <sup>2</sup></b>		
Adults age 18+	27.0 (2007)	25.4*
<b>Smoking Prevalence</b>		
Households with children (age 0-17) where smoking is permitted <sup>3</sup>	6.5 (2003)	3.7*
Adolescents age 12-17 current smokers <sup>4</sup>	5.8 (2003)	4.2*
Adults age 18+ current smokers <sup>4</sup>	17.1 (2001)	13.6*

1—Engaged in 1hr of physical activity daily during the last week, excluding physical education

2—Definition excludes fruit juice and fried potatoes

3—Defined as households with children where smoking is allowed some days or every day among all households with children

4—Defined as having smoked at least 100 cigarettes in a lifetime and currently smokes every day or some days

**Exhibit 6: Social Determinants, Baseline CHIS Year and 2009, California**

Indicator	% (CHIS Year)	% (CHIS 2009)
<b>Low-income food insecurity</b>		
Adults age 18+ <sup>1</sup>	10.4 (2001)	13.7*
Adults age 18+ with children <sup>2</sup>	14.0 (2001)	18.4*
<b>Limited English Proficiency <sup>3</sup></b>		
Adults age 18+	27.1 (2001)	26.2
<b>Family member reads to a child everyday</b>		
Children age 0-5	52.5 (2003)	65.0*

1—Defined as adults under 200% of the federal poverty level who had difficulty reliably putting food on the table in the last year among all adults in the population

2—Defined as adults with children who are under 200% of the federal poverty level and have had difficulty reliably putting food on the table in the last year among all adults living with children

3—Defined as adults in the population who speak English less than very well. The question was only asked of those speaking a language other than English at home.

\* Significant difference from baseline estimate

The California Health Interview Survey (CHIS) is a consistent and reliable source of state and local health data. Health Profiles were developed to provide data estimates on key health indicators for various health topics, geographic areas, and specific population groups.



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