Appendix A: Notes

1 To obtain a representative sample, 42,935 adults in California were randomly selected to participate in CHIS 2011-2012. More information about the CHIS sample and methodology is available at http://healthpolicy.ucla.edu/CHIS

2 FPL is the Federal Poverty Level. Poverty estimates for CHIS 2011-2012 have been weighted to the Current Population Survey and are not comparable to estimates from previous CHIS cycles.

3 Other coverage 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 past year without a period of un-insurance.

4 Usual source of care excludes emergency department and urgent care visits.

5 Serious Psychological Distress (SPD) is often used as a proxy measure for severe mental illness in a population. Adult respondents were asked 6 questions, known as the “Kessler 6”, to assess symptoms of distress during a 30-day period in the past year.


7 Defined as ever diagnosed with asthma and reporting current asthma or an asthma attack/episode in the past year.

8 Excludes ever diagnosed with gestational diabetes. Estimates were not age-adjusted because age-adjustment did not produce meaningfully different estimates.

9 Defined as body mass index (weight [kg] / height [m²]) greater than or equal to 30.0.

10 Defined as those who reported at least 150 minutes of walking for transportation or leisure in the past week.

11 Excludes consumption of fruit juice and fried potatoes.

12 Defined as having smoked at least 100 cigarettes in entire lifetime and currently smokes everyday or some days.

13 Defined as consuming four or more alcoholic drinks on one or more occasion for women and five or more drinks on one or more occasion for men at any point in the past year.

14 Defined as adults who had difficulty reliably putting food on the table in the past year. The question is only asked of adults who were under 200% of the federal poverty level; this assumes that adults who are above 200% of the federal poverty level are food secure.

15 Defined as adults who speak English less than very well out of the entire population. The question was asked only of those who speak a language other than English at home.

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Appendix B: Racial/Ethnic Definitions

The California Health Interview Survey (CHIS) categorizes respondents to each racial/ethnic group based on their own self-reported responses to a series of questions on race and ethnicity. The following explains how racial/ethnic groupings were selected and how statistical significance was determined for the Race and Ethnicity Health Profiles.

All Racial and Ethnic Groups

Variable Definition: Racial and ethnic categories are based on the CHIS constructed variable OMBSRREO, which follows the Office of Management and Budget revised guidelines (1997) set forth in Statistical Policy Directive No. 15, also used in the 2010 Census. OMB separates race and ethnicity, and recognizes five main racial categories: American Indian or Alaskan Native, Asian, Black or African American and White. Categories for the OMBSRREO variable are: Hispanic/Latino, Non-Hispanic White, Non-Hispanic African American, Non-Hispanic American Indian/Alaskan Native, Non-Hispanic Asian, Non-Hispanic Hawaiian, Other Pacific Islander, and Non-Hispanic More than one race. For more information on OMB race and ethnicity definitions, see: 2010 Census Briefs (issued March 2011), available at: http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf.

Other/2+ includes respondents who identified as:
- Native Hawaiian or Other Pacific Islander*
- Two or more races

Significance Testing: Racial and ethnic group estimates were tested to see whether they were statistically different from California estimates at p <0.05.

Asian Ethnic Groups

Variable Definition: Asian ethnic groups reported in the “Asian Ethnic Groups” and individual Asian ethnic group health profiles are based on the CHIS constructed variable ASNHP2. Under this variable, respondents who report their racial/ethnic group as Asian and report belonging to a single Asian ethnic group are assigned to one of 8 Asian ethnic groups. If a respondent reports more than one Asian ethnic group, the respondent is assigned based on which ethnic group he/she identifies with the most.

Other Asian: “Other Asian” includes respondents who identified as:
- More than one Asian subgroup, but did not identify with one group in particular
- A different Asian subgroup, not listed

Significance Testing: Individual Asian subgroup estimates were tested to see whether they were statistically different from Asians overall at p <0.05.

*Grouped due to small sample size.

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Appendix B: Racial/Ethnic Definitions

Latino Ethnic Groups

Variable Definition: Latino ethnic groups reported in the “Latino Ethnic Groups” and individual Latino ethnic group health profiles are based on the CHIS constructed variable LATIN9TP. Under this variable, respondents who report their racial/ethnic group as Latino/Hispanic and report belonging to a single Latino ethnic group are assigned to one of 9 Latino ethnic groups. If the Latino subgroup cannot be determined, the respondent’s country of birth is used to assign an ethnic group. Respondents who report more than one ethnic group are included in the Other Latino category. While it would be preferable to reclassify participants who report multiple ethnic groups according to the ethnic group they most identify with, this type of variable does not exist for Latino ethnic groups at this time.

Other Latino: “Other Latino” includes respondents who identified as:

- More than one Latino subgroup
- A different Latino subgroup, not listed
- Two or more Latino types*

Significance Testing: Individual Latino subgroup estimates were tested to see whether they were statistically different from Latinos overall at $p < 0.05$.

*Grouped due to small sample size.

The UCLA Center for Health Policy Research is one of the nation’s leading health policy research centers and the premier source of health-related information on Californians.

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of all Californians. Learn more at: www.calendow.org

The California Health Interview Survey (CHIS) is the nation’s largest state health survey and one of the largest health surveys in the United States. Learn more at: www.askchis.com

View all health profiles at http://www.healthpolicy.ucla.edu/health-profiles