Health of California's

Adults, Adolescents, and Children

Findings from CHIS 2001

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May 2004

Report Funded by
California Department of Health Services
and The California Endowment

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CHIS *california health interview survey*

THE CALIFORNIA ENDOWMENT

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www.chis.ucla.edu

This report provides a summary of the statewide findings from the 2001 California Health Interview Survey. Separate adult, adolescent and child findings are presented by age, gender, race/ethnicity, health insurance status and poverty level.

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The UCLA Center for Health Policy Research is affiliated with the UCLA School of Public Health and the UCLA School of Public Policy and Social Research, *www.healthpolicy.ucla.edu.*

THE CALIFORNIA ENDOWMENT

FUNDERS
The California Health Interview Survey (CHIS) is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for the 2001 California Health Interview Survey was provided by the State of California, California Department of Health Services, The California Endowment, the National Cancer Institute, First Five California, the Centers for Disease Control and Prevention (CDC), the Indian Health Service and the counties of San Francisco, Santa Barbara, Shasta and Solano. For more information on CHIS and access to CHIS data and findings, visit *www.chis.ucla.edu.*

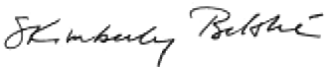
Foreword

The vision of an ongoing public health monitoring system for the people of California grew out of collaboration between the California Department of Health Services (DHS) and the UCLA School of Public Health. That collaboration, involving Dr. Peter Abbott as Chief of the County Health Services Branch of DHS (now retired) and Dr. E. Richard Brown and his colleagues at the UCLA Center for Health Policy Research, focused on enhancing statewide data to inform health policy for California's population. The benefits of statewide data soon underscored the need for county-level public health data to also support policy-making at the local level.

In 1996, with a generous grant from The California Endowment, groundwork began for the first California Health Interview Survey. The California Department of Health Services, the UCLA Center for Health Policy Research, and the Public Health Institute (PHI) began planning for a population-based health survey to meet both state and local-level data needs. The goal was to provide health information on California's diverse racial and ethnic groups and the public health needs of counties. Together, DHS, UCLA and PHI consulted with a broad range of constituencies. Over 600 public health professionals and advocates from throughout the state actively participated in the development of this survey. They made recommendations on topics to be included, the sampling design, the frequency with which the survey should be conducted, and the languages in which the survey should be administered, to achieve a representative picture of the health of Californians. The California Health Interview Survey, conducted every two years, is now the largest state health survey in the nation, and is viewed by many as a national model for ongoing public health monitoring.

From the outset, the California Health Interview Survey was envisioned as a public service. Data from CHIS 2001 are being used by many state and local-level agencies and organizations for purposes such as policy development, program planning and evaluation, and research. Thousands of users have logged on to the CHIS website where CHIS 2001 public-use files and policy research reports can be downloaded. Survey findings can also be instantly obtained on the website from *Ask*CHIS, the survey's state-of-the-art online data query system. CHIS 2003 data collection has been completed, and preparations for CHIS 2005 are underway. The California Health Interview Survey is rapidly becoming an essential tool for measuring and understanding the health status and access to care of California's diverse population.

This report, *The Health of California's Adults, Adolescents and Children – Findings from CHIS 2001*, provides some key estimates for the population of California as a whole. It is organized to allow for quick reference to specific topics or demographic groups. The tables and brief narratives make this report an excellent resource for anyone interested in public health in California. The California Health Interview Survey is a great public health resource for California, and I hope you find this report informative and useful in efforts to enhance the health of our population.



Kimberly Belshé
Secretary
California Health and Human Services Agency

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The authors would also like to express their gratitude to the members of the CHIS Advisory Board and the Technical Advisory Committees. These individuals volunteered their time to provide guidance on health topics, survey design, and fundraising. Their names and affiliations are listed at the end of this report.

AUTHOR INFORMATION

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Table of Contents

List of Tables

List of Tables

List of Tables

Executive Summary

The California Health Interview Survey (CHIS) is a new source of health information for California. CHIS, the largest population-based state health survey conducted in the United States, is a random-digit-dial (RDD) telephone survey of California households. It is designed as a broad public health surveillance system capable of providing state and local level data for California every two years. CHIS selects households from every county in the state and interviews one adult in each household. In households with children, one adolescent and one child are also interviewed. The child interviews are conducted with the adult who is best informed about the child's health, generally a parent. The CHIS 2001 RDD sample is representative of California's non-institutionalized population and is comprised of 55,428 adults, 5,801, adolescents ages 12-17 and 12,592 children ages 0-11.

To ensure the survey is inclusive of California's ethnically and linguistically diverse population, the CHIS 2001 interviews were conducted in six languages: English, Spanish, Korean, Vietnamese, Chinese (Mandarin and Cantonese dialects) and Khmer (Cambodian). In addition, the RDD sample was augmented with oversamples of Asian ethnic groups and urban and rural American Indian/Alaska Natives. The combination of RDD and supplemental sampling yielded sufficient numbers of urban and rural American Indian/Alaska Natives and specific Asian ethnic groups to produce reliable estimates for these groups, in addition to the state's main racial and ethnic groups. The CHIS adult sample includes 1,263 Chinese, 919 Filipinos, 865 Japanese, 800 Koreans, 848 South Asians, 834 Vietnamese and 196 Cambodians. Thus, CHIS is a unique data source that distinguishes among Asian groups usually combined under the single category "Asian."

CHIS 2001 covers a broad range of public health topics, many of which can be used to assess California's progress toward meeting key public health goals, such as those established by Healthy People 2010 and the California Department of Health Services' *California 5 a Day –for Better Health! Campaign*. Topics include health status and chronic conditions, cancer screening, health-related behaviors, dental health, health insurance and access to health care. Information on respondents' country of origin and years lived in the U.S. was also collected, and is valuable in understanding health issues that affect California's large immigrant population.

This report presents a summary of key CHIS 2001 findings for California as a whole. A parallel set of county-level findings for the adult survey is available on the CHIS website, *www.chis.ucla.edu*, where this report is posted. Topics not included in the report can be obtained from the CHIS online data query system, ***Ask*CHIS**.

KEY FINDINGS FROM CHIS 2001

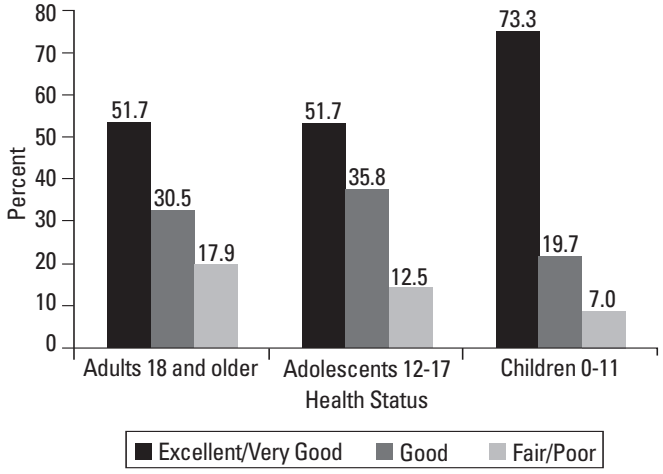
CHIS data show that the population of California varies considerably on important measures of public health. In addition to age and gender differences reported in other health surveys, CHIS identifies significant differences across income and racial groups, and clearly shows the impact of being uninsured on the diagnosis of chronic conditions and access to health care. The demographic variations seen in adherence to healthy behaviors are valuable to professionals and advocates designing public health interventions. Due to the large sample size of CHIS, statistical differences among groups can be measured with a known degree of precision, making it possible to identify populations where greater attention is needed.

HEALTH STATUS

Health status, the most general measure of overall health, is an indicator of both physical and mental health. CHIS 2001 findings reveal differences among racial/ethnic, age, and income groups.

- Exhibit 1 presents the health status of California's adults, adolescents, and children. The health status of nearly three out of four children (73.3%) is reported to be either excellent or very good. However, only about half of adolescents and adults report their health is either excellent or very good. Almost one in five adults (17.9%) report that their health is either fair or poor compared to one in eight adolescents (12.5%) and one in fourteen children (7.0%).

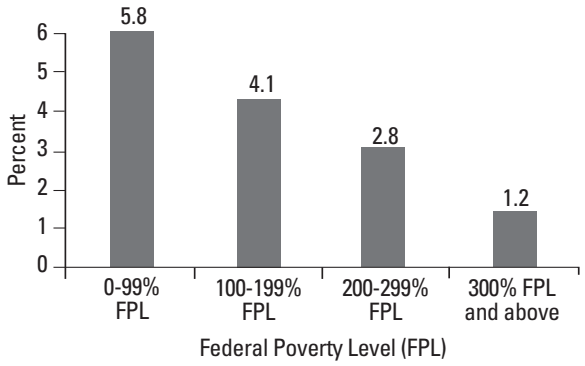
Exhibit 1: Health Status Among California Adults, Adolescents, and Children



- Among adults, African Americans (5.4%), American Indian/Alaska Natives (8.5%), and Vietnamese (10.2%) are significantly more likely than Whites (3.3%) or Latinos (3.8%) to report being in poor health. In addition, a significantly greater proportion of women than men report poor health status.

- The proportion of persons in poor health increases as income decreases. Persons living below 100% of the Federal Poverty Level (FPL) are more than four times as likely to report being in poor health compared to those living at or above 300% FPL (Exhibit 2).

Exhibit 2: Poor Health Status by Federal Poverty Level (FPL), All Ages



- Nearly 3.6 million California adults (15.1%) report they needed help for emotional or mental health problems during the past 12 months. Perceived need for mental health services increases with greater poverty, and nearly one in five adults (19.2%) in the lowest income group reports needing mental health services in the past 12 months. In addition, women overall are significantly more likely than men (18.6% vs. 11.5%) to report needing mental health services.

HEALTH CONDITIONS AND LIMITATIONS

CHIS 2001 provides estimates on the diagnosed prevalence of the most common chronic conditions in adults and adolescents, and has prevalence estimates for all diagnosed chronic conditions among children. Diagnoses are self-reported and not independently confirmed. The findings indicate that serious inequities exist in the burden of chronic disease in California.

- Asthma is the most prevalent condition among children (12.3%) and adolescents (16.3%), and also affects more than 10% of adults.

- Approximately three-quarters of all people diagnosed with asthma report having symptoms in the past 12 months. African Americans and American Indian/Alaska Natives of all ages are disproportionately affected by asthma. In CHIS 2001, adults and children in these two racial groups report significantly higher levels of lifetime asthma diagnosis than all other racial and ethnic groups.

- One out of three African-American and American Indian/Alaska Native adults report being diagnosed with hypertension. This is significantly greater than Whites or Asians, and nearly double that of Latinos. The small proportion of Latinos with diagnosed hypertension or heart disease is striking because Latinos have risk levels (obesity, lack of exercise) that are comparable to those of African Americans and American Indian/Alaska Natives. Latinos and Asians report the lowest levels of heart disease (under 5%).

- There is no difference between males and females in the proportion who have been diagnosed with hypertension—21% of each sex. However, men have a slightly higher level of heart disease diagnosis compared to women (7.3% vs. 6.6%).

- Arthritis is the most prevalent chronic condition among adults, with almost 20% reporting a diagnosis. Arthritis prevalence increases with age, but there are no differences across income categories.

- A much lower percentage of Latinos and Asians have arthritis than other groups. Women are more likely to report an arthritis diagnosis than men.

- Health surveys and medical record data have long shown that injuries are a common reason for seeking medical care for children and adolescents. One of the Healthy People 2010 objectives is that not more than 12.6% will have visited an emergency room for treatment of injuries in the past 12 months. CHIS 2001 findings show that adolescents and children in California are well below the Healthy People objective, with only 7.5% of adolescents and 5% of children having an ER visit for injuries in the past 12 months.

- CHIS 2001 is one of the first population-based surveys to ask parents and guardians about diagnosis of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) among children ages 2-11. Approximately 2.4% of parents report an ADD/ADHD diagnosis for the selected child, accounting for 149,000 children in California.

- In addition to asking about asthma and ADD/ADHD diagnoses, CHIS 2001 collected information for children ages 0-11 on all conditions "that limit or prevent the child's ability to do activities usual for his or her age." Approximately 7% of parents report the child has a limiting condition. After asthma and ADD/ADHD, the most common limiting conditions are vision, orthopedic and hearing problems. These are much less common than asthma and ADD/ADHD, and are mentioned by less than 0.5% of the parents interviewed for CHIS. Of note, although 12.3% of children have been diagnosed with asthma, fewer than 2% of adults specifically mention asthma as limiting their child's activities.

HEALTH-RELATED BEHAVIORS

CHIS 2001 includes many measures of health-related behaviors, such as nutritious eating, physical activity, smoking, binge drinking, and protection from unwanted pregnancies and sexually transmitted infections (STIs). There is considerable variation across income, age and racial/ethnic groups in the practice of health behaviors known to decrease the risk of morbidity and mortality. Overall, Californians are not yet meeting the standards for healthy living set by Healthy People 2010 (HP 2010).

- Adults in California continue to smoke at a significantly higher rate than the HP 2010 objective of no more than 12%. The exceptions are South Asians and Chinese-both groups report smoking levels below 12%—while the smoking level among Koreans is similar to that of Whites (about 18%). The percent of American Indian/Alaska Natives who report smoking is statistically higher than all other groups-30%.

- Adults report binge drinking in the past month at over twice the target level of 6% or less, and adolescents binge drink at almost three times the adolescent target level of 2%. Whites report higher levels of binge drinking compared to all other racial and ethnic groups except American Indian/Alaska Natives.

- Past 30 day marijuana use among adolescents is eight times the HP 2010 objective level of not more than 0.7%

- Overall, a higher proportion of adults and adolescents are either overweight or obese compared to the HP 2010 objective of not more than 40%. Over half of all adults and 11% of all adolescents in California are overweight or obese. However, much smaller proportions of Chinese, Korean and South Asian adults are overweight, and these three groups do meet the HP 2010 objective.

- CHIS 2001 gathered detailed information on physical activity from adults and adolescents. Findings show that only White adults and adults living in households at or above 300% of the Federal Poverty Level (FPL) meet the Healthy People 2010 standards for engaging in regular physical activity. Overall, adolescents do not meet the Healthy People 2010 objective for regular exercise.

- The CHIS 2001 child interviews asked about the time children ages 3-11 spend at two common sedentary activities: watching television and playing video games. One in five children ages 3-11 watch TV or play video games an average of three or more hours per day on school days. The proportions increase as income decreases. A significantly smaller percent of White children watch TV or play video games for at least three hours a day compared to other racial and ethnic groups.

- The California Department of Health Services sets a goal of consuming five or more fruits or vegetables per day (*California 5 a Day –for Better Health! Campaign*). The proportions of adults, adolescents and children who meet the *5 a Day*[1] goal are: 51.8% of adults; 40.3% of adolescents; and, 47.2% of children.

- African-American and Asian adults are less likely than Latinos and Whites to consume *5 a Day*, and among Asian ethnic groups Vietnamese adults are less likely to eat *5 a Day* than South Asians. This is the only statistical difference among Asian adults.

- Latino children have the highest prevalence of eating five fruits or vegetables per day, and Asians have the lowest among all children. The child sample size is not large enough to compare specific Asian groups.

1 Computation for five or more servings of fruit and vegetables per day includes fried potatoes.

- The CHIS 2001 adolescent interview included questions designed to assess risk for STIs and unwanted pregnancies, and to compare California's adolescents with Healthy People 2010 goals regarding sexual health. Adolescents in California are very close to meeting the HP 2010 objective that no more than 25% of adolescents ages 15-17 will have had sexual intercourse.

- There are no differences between males and females in the proportions who have become sexually active. Among racial and ethnic groups, African American adolescents ages 15-17 are significantly more likely to report being sexually active compared to all other groups, and Asian youth report the lowest percent.

- Among California's adolescents, 62.6% of sexually active females used condoms during last intercourse. This is a higher percent than the HP 2010 objective of 49%. For adolescent males the objective is 79%, and California's sexually active adolescent males are only slightly below the Healthy People 2010 minimum rate.

CANCER SCREENING

CHIS 2001 findings show significant differences in cancer screening levels among racial and ethnic groups. These data are particularly useful in highlighting the variations among Asian ethnic groups, who are usually analyzed simply as "Asian."

- Cancer screening findings are mixed for California's women. Only women ages 25-39 are screened for cervical cancer at the recommended level and frequency. Overall, women ages 40 and older meet the standards for mammography screening, but uninsured women and women below 100% of the Federal Poverty Level (FPL) do not. Racial and ethnic data show that only White, African-American and Japanese women meet the recommended screening frequency.

- Overall, more than 50% of adults age 50 and older have been screened for colorectal cancer, although those below 200% FPL and the uninsured do not meet the HP 2010 objective of 50%. White, African-American and Japanese men are the only racial groups with at least 50% reporting they have had colorectal screening tests in the past ten years.

HEALTH INSURANCE AND ACCESS TO CARE

Findings from CHIS 2001 indicate dramatic differences in diagnosis of chronic conditions and access to care between Californians with health insurance and those without.

- Compared to adults with health insurance, uninsured Californians are less likely to report being diagnosed with:
  – Asthma *(12.1% vs. 8.3%)*
  – Arthritis *(21.3% vs. 8.9%)*
  – Hypertension *(23.6% vs. 12.4%)*
  – Heart Disease *(7.7% vs. 2.7%)*
  – Diabetes *(6.3% vs. 3.5%)*

- Uninsured adults are less likely than insured adults to report being screened for colorectal, cervical, breast, or prostate cancer.

- Californians ages 18-24 and 25-34 are significantly more likely than all other age groups to be uninsured (about 22-29%), and they have the lowest level of employment-based insurance among all adults. Approximately 11.7% of adolescents and 8.6% of children are uninsured. Among racial and ethnic groups, significantly lower proportions of Latinos and Koreans have health insurance compared to all other groups.

- Healthy People 2010 sets a goal that 96% of adults and 97% of children under age 18 will have a usual source of ongoing medical care. The only demographic groups to meet the goal are insured children, those living in households at or above 300% FPL, Whites, and children under age five.

- Adolescents and children in every demographic group, except children ages 2-4, surpass the HP 2010 objective for having a dental visit in the past 12 months.

SUMMARY

CHIS 2001 is a unique source of data on the health of Californians. Its large sample size allows for the identification of differences among age, income and racial/ethnic groups. CHIS 2001 provides data on adults, adolescents and children. Findings from CHIS 2001 indicate racial/ethnic and income inequities in health status and the burden of disease. Clear differences are found in access to care among those with health insurance compared to those who are uninsured. Health-related behaviors vary considerably in the state's population, and CHIS 2001 provides the data needed to develop targeted interventions to improve the health of the population.

The full report, *Health of California's Adults, Adolescents, and Children: Findings from CHIS 2001*, can be downloaded from the CHIS website, *www.chis.ucla.edu*. The California Health Interview Survey is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services and the Public Health Institute.

1. The California Interview Survey: An Overview

INTRODUCTION

The 2001 California Health Interview Survey (CHIS) is the largest population-based state health survey conducted in the United States. CHIS is a random-digit-dial (RDD) telephone survey of the California population, with supplemental over-samples of Asian ethnic groups and rural and urban American Indian/Alaska Natives. CHIS 2001 interviewed adults, adolescents and the parents or guardians of young children in 55,428 households scientifically selected from every county in the state. This large sample size provides data for the whole state, for individual counties with populations over 100,000, and for aggregates of smaller counties. The CHIS sample is also large enough to provide estimates for California's main racial and ethnic groups and for American Indian/Alaska Native, Chinese, Filipino, Japanese, Korean, South Asian, and Vietnamese populations. To make the CHIS sample as representative as possible, interviews were conducted in English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean and Khmer. Without this language capability, CHIS would have excluded people with limited English proficiency from participating in the survey. Approximately 11% of adults, 8% of adolescents, and 20% of child interview respondents chose to participate in a language other than English.

The topics included in the CHIS 2001 adult, adolescent and child questionnaires were chosen through extensive consultation with public health professionals and potential data users. These topics include general, physical and emotional health status, health-related behaviors, prevalence and management of significant chronic health conditions, health insurance coverage, access to care, eligibility for and participation in public programs and dental health. Data are weighted to the 2000 Census so that estimates from the sample are representative of California's non-institutionalized population. CHIS is designed to be conducted every two years as an ongoing public health surveillance system for California. CHIS 2001, the first cycle of the survey, took place between November 2000 and November 2001.

This report summarizes the main CHIS 2001 findings at the state level for adults, adolescents and children. Data are presented by age group, gender, race/ethnicity, poverty level and health insurance status. In addition, the adult section includes estimates for individual Asian ethnic groups and separate estimates for urban and rural American Indian/Alaska Natives.

County-level findings that correspond to the adult topics shown in this report are available on the CHIS website where this report is posted. These county-level findings are only for the overall adult population due to sample size limitations in the majority of counties.

A list of CHIS 2001 topic areas and the questionnaires are posted on the CHIS website, along with CHIS reports. Also available on the website is ***Ask*CHIS**, an online data query system that allows users to obtain findings on topics and populations that go beyond what is in this printed report.

THE CHIS 2001 SAMPLE SIZES

Exhibits 1 and 2 show the distributions of the CHIS 2001 RDD sample by age and race/ethnicity, respectively. Unweighted sample sizes and percents are shown in the first two columns, followed by the sample percents weighted to the 2000 Census. A description of CHIS 2001 RDD and listed oversample selection is included in the Appendix, along with tables showing the sample sizes for the Asian ethnic groups and rural and urban American Indian/Alaska Natives. The Appendix also describes how the CHIS 2001 data were weighted to the 2000 Census data.

Exhibit 1.
CHIS 2001 RDD Sample Sizes by Age Group

Age Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
18-24	4,136	7.5	13.7
25-39	15,155	27.3	32.8
40-64	25,143	45.4	39.2
65-79	8,277	14.9	10.8
80+	2,717	4.9	3.6
Total	55,428	100.0	100.0
Adolescents			
12-14	2,929	50.5	50.6
15-17	2,872	49.5	49.4
Total	5,801	100.0	100.0
Children			
0-4	4,733	37.6	39.6
5-11	7,859	62.4	60.4
Total	12,592	100.0	100.0

Exhibit 2.
CHIS 2001 RDD Sample Sizes by Racial/Ethnic* Group

Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
White	36,729	66.3	55.8
Latino	9,458	17.1	23.7
African American	2,764	5.0	5.8
Asian	3,956	7.1	11.0
American Indian/ Alaska Native	781	1.4	0.4
Other/Multiple Race	1,740	3.1	3.3
Total	55,428	100.0	100.0
Adolescents			
White	3,263	56.2	44.4
Latino	1,515	26.1	35.8
African American	308	5.3	6.7
Asian	376	6.5	8.5
American Indian/ Alaska Native	115	2.0	0.7
Other/Multiple Race	224	3.9	3.9
Total	5,801	100.0	100.0
Children			
White	6,538	51.9	43.1
Latino	3,928	31.2	37.8
African American	651	5.2	6.6
Asian	935	7.4	9.6
American Indian/ Alaska Native	168	1.3	0.4
Other/Multiple Race	372	3.0	2.5
Total	12,592	100.0	100.0

*Race classification is based on single race. Respondents of multiple race/ethnicity were classified as the race/ethnicity with which they most identified.

READING THE TABLES

In this report, CHIS 2001 findings are presented in tables and summarized in brief narratives that accompany each table. The report begins with the adult findings, followed by the adolescent and child findings. The terms "percent," "prevalence" and "proportion" are used interchangeably throughout the text.

Each table presents findings for a health topic area by demographic characteristics. Tables are grouped separately for adults, adolescents and children. The *first column* of each table shows the population group for which data are presented: age, gender, race/ethnic group, poverty level, and health insurance status.

The tables of adult findings show percents for five **age groups**: 18-24; 25-39; 40-64; 65-79; and 80+ years. The adolescent findings, where underlying sample sizes permit, are shown for two age groups: 12-14 and 15-17 years. Findings for young children, sample size permitting, are also shown for two age groups: 0-4 years (this includes infants) and 5-11 years.

The **racial/ethnic** categories are mutually exclusive and are based on the UCLA Center for Health Policy Research definitions. An important dimension of this approach is how Latino ethnicity is handled. Unlike the Census, which treats Latino separately as an ethnicity and not as a race, the definition used in this report treats Latino as a mutually exclusive "race/ethnicity" category, along with White, African American and American Indian/ Alaska Native. Respondents who report being more than one race/ethnicity are coded as the race/ethnicity with which they most identify. If they do not have a single race/ethnnicity category they most identify with, they are coded as multi-race. In this report, data are not presented for other smaller single race groups, such as Pacific Islanders, because the sample sizes are too small to produce reliable estimates for these groups. Findings for the multi-race group are also omitted from the report because this group is a residual heterogeneous category that does not lend itself to meaningful interpretation. Readers who want to examine findings using the standard Census definitions or the California Department of Finance race/ethnicity definitions can do so using *Ask*CHIS on the CHIS website.

Poverty level, the next category in the tables, is determined by the household income and number of people supported by that income, as reported by the adult respondent. The poverty levels are based on the official published Federal Poverty Level (FPL) for 2001[2] and are expressed as a percent of the FPL. The four levels are: 0-99% FPL; 100-199% FPL; 200-299% FPL; and ≥300% FPL.

Health insurance status is the final category in the tables and refers to whether respondents were insured at the time of the CHIS 2001 interview. The percents in the tables indicate the proportions of the insured and the uninsured who have the condition or behavior described in the title of the table. The last row of each table shows the totals for the population of California as a whole. The total estimates include Pacific Islanders and Other single race and Multi-race individuals, even though estimates for these groups are not presented separately. Therefore, the columns do not add up to the totals presented in the last row.

The *second column* shows the weighted percent of the CHIS sample with the health condition or behavior. In cases where sample sizes are too small to provide reliable estimates, the data are not included in the table. This happens most often with Asian ethnic groups, American Indian/Alaska Natives and the adolescent sample. See the "Unstable Estimates" section of the Appendix for details on how reliability is determined.

The *third column* shows the lower and upper limits of a 95% confidence interval for the weighted percent. Using the example of adult asthma prevalence (Table 1), the confidence interval for the 18-24 age group is 13.0% to 15.9%. That means we are 95% certain that the true percent of adults ages 18-24 who have ever been diagnosed with asthma is somewhere between this lower and upper limit. We estimate that it is 14.5%, but it may be as low as 13.0% and as high as 15.9%. The Appendix contains a description of how to use confidence intervals to determine if percents are statistically different from each other. For each topic addressed in this report, statistical tests of differences were applied to each demographic group. In tables where the demographic group is not pertinent to the estimate, it is not addressed in the text.

The *fourth column* of the tables shows the estimated number of Californians in each population group who report having the condition or behavior described in the title of the table. These were calculated by multiplying the weighted sample percents (in the second column) by the Census 2000 Summary File 1 (SF1)[3] population figure for each row in the table, after adjusting for sampling error. The numbers are rounded to the nearest thousand. For example, Table 1 shows the percent of adults who have ever been diagnosed with asthma. The first row of the table indicates that 14.5% of adults ages 18-24 said they had been diagnosed with asthma at some time in their lives. According to Census 2000 there are 3,249,862 adults ages 18-24 in California, so 14.5% of 3,249,862 is 471,230, rounded to 471,000. That means about 471,000 adults in this age group have ever been diagnosed with asthma.

2 U.S. National Archive and Records Administration. *Federal Register*, Washington, DC: U.S. Government Printing Office, February 1, 2001.

3 The Census 2000 Summary File 1, or SF1, is the first release of data from the U.S. Census Bureau for each of its data collection cycles. It includes demographic data on sex, age, race, Hispanic or Latino ethnicity, household relationship, and group quarters for the entire population. This data is used to weight the CHIS data in order to produce population estimates.

HEALTHY PEOPLE 2010 OBJECTIVES

One of the goals of CHIS 2001 was to assess California's progress in achieving the Healthy People 2010 objectives (HP 2010).[4] HP 2010 objectives that were measured in CHIS 2001 and included in this report are shown in a separate box in the tables and discussed in the narrative. Many of the HP 2010 objectives are to reduce or increase certain behaviors and outcomes, but some define specific percents to be achieved. CHIS 2001 is the first cycle of CHIS and only contains data from one time period. Therefore, the findings can be compared with the Healthy People 2010 objectives, but cannot be used to determine increases or reductions from any previous time period. When CHIS 2003 data become available, changes between 2001 and 2003 can be measured. In this report, the CHIS 2001 estimates that meet the HP 2010 objectives are indicated with an asterisk (*) in the tables. The lower and upper bounds of the estimate's 95% confidence interval are used to determine if the estimate meets the HP 2010 objective. (See the Appendix for a discussion of confidence intervals.)

4 U.S. Department of Health and Human Services. *Healthy People 2010,* 2nd edition ed. Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

2. Adult CHIS 2001 Findings

HEALTH CONDITIONS AND LIMITATIONS

The findings on physician-diagnosed health conditions and limitations are based on respondent self-report; no independent confirmation was obtained. Age comparisons were conducted for all topics in the report, although many conditions such as hypertension, heart disease and arthritis are highly correlated with age.

Self-reported Lifetime Asthma Prevalence, Adults Age 18 and Older. Findings are presented for three measures of asthma: lifetime prevalence (Table 1); the 12-month attack or symptom prevalence among those ever diagnosed (Table 2); and the percent of diagnosed adults currently taking either quick-relief or long-term medication for asthma, or both (Table 3). The lifetime prevalence of asthma among adults ages 18-24 (14.5%) is significantly greater than the lifetime prevalence of all other age groups, and overall is greater among females than males (13.0% vs. 10.0%, respectively). Latinos (7.0%) and Asians (9.2%) have significantly lower lifetime prevalence compared to other racial and ethnic groups, while African Americans (16.2%) and American Indian/Alaska Natives (20.9%) have significantly higher proportions than all other groups. Table 1A shows the wide range of lifetime asthma prevalence among Asian ethnic groups (4.7% - 15.3%). The prevalence among Japanese (15.3%) is comparable to that of African Americans, while Koreans have the lowest prevalence of any group (4.7%).

In terms of health insurance status, lifetime prevalence is greater among those with health insurance than among those without (12.1% vs. 8.3%). Individuals in households at or above 300% FPL are more likely to have been diagnosed with asthma than those in households below 100% FPL. Otherwise, there are no other significant differences in lifetime asthma prevalence by poverty level.

Table 1.
Self-reported Lifetime Asthma Prevalence, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	14.5	(13.0 -15.9)	471,000
25-39	10.7	(10.1 - 11.4)	836,000
40-64	11.7	(11.2 -12.2)	1,095,000
65-79	10.6	(9.7 -11.5)	272,000
80+	8.6	(7.1 - 10.1)	73,000
Gender			
Male	10.0	(9.4 - 10.5)	1,158,000
Female	13.0	(12.5 -13.5)	1,589,000
Race/Ethnicity			
White	13.1	(12.7 -13.6)	1,744,000
Latino	7.0	(6.3 - 7.7)	396,000
African American	16.2	(14.5 -18.0)	225,000
American Indian/Alaska Native	20.9	(16.5 - 25.2)	18,000
Asian	9.2	(8.0 - 10.5)	242,000
Federal Poverty Level (FPL)			
0-99% FPL	10.3	(9.3 - 11.3)	347,000
100-199% FPL	10.8	(10.0 - 11.6)	505,000
200-299% FPL	11.5	(10.5 - 12.4)	390,000
≥ 300% FPL	12.2	(11.7 - 12.7)	1,505,000
Insurance Status			
Uninsured	8.3	(7.4 - 9.2)	310,000
Insured	12.1	(11.7 - 12.5)	2,438,000
Total	11.5	(11.2 - 11.9)	2,747,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 1A.
Self-reported Lifetime Asthma Prevalence, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	21.6	(17.1 - 26.1)	14,000
Rural	17.3	(13.0 - 21.5)	8,000
Asian			
Chinese	7.8	(6.0 - 9.7)	58,000
Filipino	11.7	(8.7 - 14.8)	67,000
Japanese	15.3	(11.9 - 18.6)	39,000
Korean	4.7	(3.0 - 6.5)	12,000
South Asian	7.9	(5.1 - 10.7)	20,000
Vietnamese	6.4	(4.6 - 8.2)	21,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Adults Age 18 and Older. Among respondents who had ever been diagnosed with asthma, three fourths report having had an attack or symptom in the past twelve months—an estimated 2,037,000 adults in California (Table 2). Age differences in the 12-month attack or symptom prevalence are not significant. Men are less likely than women to have had a 12-month attack or symptom (68.1% vs. 80.2%). Overall, Asians (65.8%) are less likely than other racial and ethnic groups to report a 12-month attack or symptom. There are no differences among Asian ethnic groups, although the confidence intervals on this measure are wide. In addition, those at or above 300% FPL are significantly less likely to report a 12-month attack or symptom than those below 300% FPL.

Table 2.
12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	74.5	(69.7 - 79.3)	350,000
25-39	75.2	(72.6 - 77.8)	623,000
40-64	74.6	(72.6 - 76.5)	806,000
65-79	75.2	(71.4 - 79.0)	201,000
80+	83.4	(77.0 - 89.8)	58,000
Gender			
Male	68.1	(65.5 - 70.7)	783,000
Female	80.2	(78.5 - 81.8)	1,255,000
Race/Ethnicity			
White	75.0	(73.4 - 76.7)	1,292,000
Latino	77.7	(73.7 - 81.8)	306,000
African American	77.6	(72.9 - 82.4)	172,000
American Indian/Alaska Native	83.9	(75.1 - 92.6)	15,000
Asian	65.8	(58.8 - 72.8)	157,000
Federal Poverty Level (FPL)			
0-99% FPL	84.9	(81.5 - 88.2)	291,000
100-199% FPL	78.5	(75.0 - 82.0)	391,000
200-299% FPL	76.8	(73.2 - 80.4)	297,000
≥ 300% FPL	71.1	(69.1 - 73.2)	1,059,000
Insurance Status			
Uninsured	79.1	(74.9 - 83.2)	239,000
Insured	74.5	(72.9 - 76.1)	1,798,000
Total	75.0	(73.6 - 76.5)	2,037,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 2A.
12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	88.1	(82.1 - 94.2)	13,000
Rural	83.5	(73.0 - 94.0)	7,000
Asian			
Chinese	56.6	(44.4 - 68.9)	33,000
Filipino	64.0	(49.0 - 79.0)	42,000
Japanese	62.4	(47.6 - 77.3)	24,000
Korean	60.1	(38.2 - 81.9)	7,000
South Asian	76.2	(60.8 - 91.6)	16,000
Vietnamese	81.7	(70.9 - 92.4)	17,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Currently Taking Asthma Medication, Adults with Asthma Age 18 and Older. Close to half of the adults with asthma are taking medication for quick-relief, long-term control, or both, at the time of the interview (Table 3). Respondents age 65 and older are significantly more likely than younger adults to be taking medication, and females are more likely than males to be on medication. A significantly higher proportion of African Americans (57.0%) report taking asthma medication compared to Whites (50.1%). Income differences related to use of asthma medications do not show a linear association. For a more detailed discussion on the CHIS 2001 asthma findings, see *Asthma in California: Findings from the 2001 California Health Interview Survey*.[5]

Table 3.
Currently Taking Asthma Medication, Adults with Asthma Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	41.8	(36.6 -47.1)	197,000
25-39	45.5	(42.4 - 48.6)	379,000
40-64	51.2	(48.9 -53.5)	560,000
65-79	61.9	(57.7 -66.1)	169,000
80+	74.6	(67.7 - 81.1)	53,000
Gender			
Male	41.0	(38.2 - 43.7)	474,000
Female	55.8	(53.8 - 57.8)	885,000
Race/Ethnicity			
White	50.1	(48.2 - 52.0)	872,000
Latino	45.2	(40.2 - 50.1)	179,000
African American	57.0	(51.2 - 62.7)	127,000
American Indian/Alaska Native	63.1	(52.0 - 74.2)	11,000
Asian	45.2	(38.2 - 52.2)	109,000
Federal Poverty Level (FPL)			
0-99% FPL	57.6	(52.7 - 62.5)	200,000
100-199% FPL	52.0	(47.9 - 56.0)	262,000
200-299% FPL	52.8	(48.4 - 57.1)	205,000
≥ 300% FPL	46.0	(43.8 - 48.2)	692,000
Insurance Status			
Uninsured	42.0	(36.7 - 47.3)	129,000
Insured	50.5	(48.7 - 52.2)	1,229,000
Total	49.5	(47.9 - 51.2)	1,359,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 3A.
Currently Taking Asthma Medication, Adults with Asthma Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	60.1	(50.1 - 70.1)	9,000
Rural	60.7	(47.3 - 74.0)	5,000
Asian			
Chinese	34.7	(23.3 - 46.1)	20,000
Filipino	50.7	(37.0 - 64.3)	34,000
Japanese	41.1	(26.5 - 55.7)	16,000
Korean	35.6	(14.0 - 57.2)	4,000
South Asian	40.1	(19.7 - 60.6)	8,000
Vietnamese	66.2	(53.1 - 79.3)	14,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

5 Meng YY, Babey SH, Malcolm E, Brown ER, Chawla N. *Asthma in California: Findings from the 2001 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research, 2003.

Ever Diagnosed with Arthritis, Adults Age 18 and Older.
Almost 20% of adults in California were diagnosed with arthritis at some time in their lives (Table 4). Not surprisingly, the majority of those diagnosed are age 65 and older. The youngest age group has the lowest percent diagnosed, with proportions diagnosed increasing significantly with each age group. Overall, women are significantly more likely than men to be diagnosed with arthritis (22.8% vs. 15.7%, respectively). In terms of racial and ethnic differences, Latinos and Asians are less likely than other racial and ethnic groups to have been diagnosed with arthritis. The lifetime prevalence among American Indian/Alaska Natives (29.7%) is significantly greater than the prevalence among all other groups, except African Americans (24.5%). The percents among individual Asian ethnic groups do not vary statistically from the total percent among Asians. Among all adults, the lifetime prevalence for those with health insurance coverage is more than double that of the uninsured (21.3% vs. 8.9%).

Table 4.
Ever Diagnosed with Arthritis, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	2.7	(2.1 - 3.3)	87,000
25-39	6.5	(6.0 - 7.0)	507,000
40-64	24.5	(23.8 - 25.2)	2,280,000
65-79	48.8	(47.4 - 50.2)	1,253,000
80+	55.9	(53.4 - 58.3)	470,000
Gender			
Male	15.7	(15.1 - 16.3)	1,822,000
Female	22.8	(22.2 - 23.4)	2,774,000
Race/Ethnicity			
White	24.4	(23.9 - 25.0)	3,236,000
Latino	10.4	(9.6 -11.1)	584,000
African American	24.5	(22.5 - 26.5)	339,000
American Indian/Alaska Native	29.7	(25.3 - 34.1)	25,000
Asian	10.2	(9.1 -11.3)	267,000
Federal Poverty Level (FPL)			
0-99% FPL	18.1	(17.0 - 19.2)	609,000
100-199% FPL	20.6	(19.7 - 21.6)	966,000
200-299% FPL	20.0	(19.0 - 21.1)	680,000
≥300% FPL	19.0	(18.4 - 19.5)	2,341,000
Insurance Status			
Uninsured	8.9	(8.1 - 9.7)	333,000
Insured	21.3	(20.8 - 21.7)	4,264,000
Total	19.3	(18.9 - 19.7)	4,597,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 4A.
Ever Diagnosed with Arthritis, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	22.4	(18.6 - 26.2)	15,000
Rural	32.3	(25.8 - 28.9)	16,000
Asian			
Chinese	10.2	(8.2 - 12.2)	75,000
Filipino	11.0	(8.5 - 13.5)	63,000
Japanese	14.8	(11.5 - 18.2)	38,000
Korean	8.0	(5.9 - 10.0)	21,000
South Asian	8.5	(5.6 - 11.4)	22,000
Vietnamese	12.3	(9.8 - 14.7)	40,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Joint Pain Past 12 Months Among Adults Ever Diagnosed with Arthritis, Age 18 and Older. Almost two-thirds (63.1%) of those who have ever been diagnosed with arthritis report symptoms during the previous twelve months (Table 5). Although 40.3% of adults ages 18-24 who were ever diagnosed with arthritis have joint pain, they are less likely to report symptoms than all other age groups. The only significant differences among racial and ethnic groups are found among American Indian/Alaska Natives (76.2%) and Vietnamese (78.8%, Table 5A); both groups have significantly higher proportions than Whites (61.9%). Those below 200% FPL who have ever been diagnosed are more likely to report symptoms than those at or above 300% FPL (Table 5).

Table 5.
Joint Pain Past 12 Months Among Adults Ever Diagnosed with Arthritis, Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	40.3	(29.1 - 51.4)	35,000
25-39	60.5	(56.8 - 64.2)	306,000
40-64	65.7	(64.2 - 67.2)	1,493,000
65-79	61.2	(59.2 - 63.2)	763,000
80+	62.9	(59.8 - 66.0)	290,000
Gender			
Male	61.4	(59.6 - 63.3)	1,115,000
Female	64.2	(62.9 - 65.5)	1,773,000
Race/Ethnicity			
White	61.9	(60.7 - 63.1)	1,996,000
Latino	66.4	(63.0 - 69.8)	387,000
African American	66.7	(62.4 - 71.1)	224,000
American Indian/Alaska Native	76.2	(68.9 - 83.5)	19,000
Asian	62.9	(57.3 - 68.5)	165,000
Federal Poverty Level (FPL)			
0-99% FPL	73.7	(70.8 - 76.5)	447,000
100-199% FPL	66.5	(64.2 - 68.8)	640,000
200-299% FPL	63.7	(61.0 - 66.3)	430,000
≥ 300% FPL	58.8	(57.2 - 60.4)	1,370,000
Insurance Status			
Uninsured	65.2	(60.9 - 69.6)	217,000
Insured	62.9	(61.8 - 64.1)	2,671,000
Total	63.1	(62.0 - 64.2)	2,887,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 5A.
Joint Pain Past 12 Months Among Adults Ever Diagnosed with Arthritis, Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	71.7	(62.7 - 81.0)	10,000
Rural	78.7	(71.1 - 86.3)	12,000
Asian			
Chinese	54.4	(44.0 - 64.8)	40,000
Filipino	64.3	(53.6 - 75.0)	39,000
Japanese	57.3	(45.9 - 68.8)	21,000
Korean	55.3	(42.0 - 68.7)	11,000
South Asian	61.8	(46.6 - 77.0)	14,000
Vietnamese	78.8	(68.6 - 89.0)	31,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older. The lifetime prevalence of hypertension among all adults is 21.8%, ranging from 5.3% among adults ages 18-24 to 55.5% of adults age 80 and older (Table 6). An estimated 5.2 million Californians report they have ever been told by a doctor that they have hypertension. Hypertension can often be controlled with good nutrition and physical activity, though sometimes medications are required. These medications must be taken as prescribed to be effective.

There are no significant differences in lifetime prevalence of hypertension between men and women, but racial and ethnic differences are notable. Hypertension is nearly twice as prevalent among African Americans and American Indian/Alaska Natives (32.9% and 31.5%, respectively) than among Latinos (14.3%), who have the lowest prevalence. Asians overall have a prevalence of 17.7%, but the proportion of Japanese (28.3%) with hypertension is significantly higher than that of all other Asian groups except Filipinos (Table 6A). Across all racial and ethnic groups, a significantly higher proportion of adults with health insurance has been diagnosed with hypertension compared to the uninsured (23.6% vs. 12.4%, Table 6).

Table 6.
Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	5.3	(4.3 - 6.2)	171,000
25-39	9.5	(8.8 - 10.1)	739,000
40-64	26.4	(25.6 - 27.1)	2,461,000
65-79	52.8	(51.4 - 54.2)	1,356,000
80+	55.5	(53.0 - 57.9)	468,000
Gender			
Male	21.8	(21.1 - 22.5)	2,531,000
Female	21.9	(21.3 - 22.4)	2,665,000
Race/Ethnicity			
White	24.7	(24.1 - 25.3)	3,281,000
Latino	14.3	(13.4 - 15.2)	805,000
African American	32.9	(30.7 - 35.1)	456,000
American Indian/Alaska Native	31.5	(26.7 - 36.3)	27,000
Asian	17.7	(16.3 - 19.2)	466,000
Federal Poverty Level (FPL)			
0-99% FPL	21.9	(20.5 - 23.2)	735,000
100-199% FPL	23.8	(22.7 - 24.8)	1,115,000
200-299% FPL	22.7	(21.5 - 23.8)	770,000
≥300% FPL	20.8	(20.3 - 21.4)	2,576,000
Insurance Status			
Uninsured	12.4	(11.3 - 13.4)	461,000
Insured	23.6	(23.1 - 24.1)	4,735,000
Total	21.8	(21.4 - 22.3)	5,196,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 6A.
Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	24.1	(20.2 - 28.1)	16,000
Rural	32.9	(27.1 - 38.7)	16,000
Asian			
Chinese	15.9	(13.5 - 18.3)	118,000
Filipino	22.1	(18.7 - 25.4)	125,000
Japanese	28.3	(24.4 - 32.2)	73,000
Korean	17.6	(14.6 - 20.6)	46,000
South Asian	10.5	(7.8 - 13.3)	27,000
Vietnamese	16.9	(14.9 - 18.9)	55,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Ever Diagnosed with Heart Disease, Adults Age 18 and Older. Heart disease affects all age groups, although it is most common in older adults, as seen in the dramatic increase in prevalence from adults ages 40-64 (7.2%) to adults ages 65-79 (21.9%) and adults age 80 and older (30.1%, Table 7). Males and females are equally as likely to have heart disease. The overall prevalence is higher among the insured (7.7%) than the uninsured (2.7%). The most significant finding is the low occurrence of heart disease among Latinos (3.2%) and Asians (4.8%) compared to African Americans (8.2%), Whites (8.9%), and American Indian/Alaska Natives (11.2%). Although the overall prevalence of heart disease is low compared to hypertension, the estimated number of adults in California with some form of heart disease is over 1.6 million. Heart disease remains the leading cause of death in California and across the nation.

Table 7.
Ever Diagnosed with Heart Disease, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	1.0	(0.6 - 1.5)	34,000
25-39	1.7	(1.4 - 1.9)	130,000
40-64	7.2	(6.8 - 7.7)	673,000
65-79	21.9	(20.7 - 23.1)	560,000
80+	30.1	(27.9 - 32.4)	253,000
Gender			
Male	7.3	(6.9 - 7.7)	847,000
Female	6.6	(6.3 - 6.9)	803,000
Race/Ethnicity			
White	8.9	(8.5 - 9.2)	1,175,000
Latino	3.2	(2.8 - 3.7)	183,000
African American	8.2	(6.9 - 9.6)	114,000
American Indian/Alaska Native	11.2	(8.5 - 13.9)	9,000
Asian	4.8	(4.0 - 5.7)	127,000
Federal Poverty Level (FPL)			
0-99% FPL	7.3	(6.6 - 8.1)	247,000
100-199% FPL	8.2	(7.6 - 8.9)	385,000
200-299% FPL	7.3	(6.6 - 8.0)	246,000
≥300% FPL	6.3	(5.9 - 6.6)	772,000
Insurance Status			
Uninsured	2.7	(2.3 - 3.2)	102,000
Insured	7.7	(7.4 - 8.0)	1,548,000
Total	6.9	(6.7 - 7.2)	1,650,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 7A.
Ever Diagnosed with Heart Disease, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	10.2	(7.1 - 13.3)	7,000
Rural	9.3	(6.3 - 12.2)	4,000
Asian			
Chinese	5.3	(3.7 - 7.0)	39,000
Filipino	4.2	(2.7 - 5.7)	24,000
Japanese	5.9	(3.6 - 8.1)	15,000
Korean	4.3	(2.9 - 5.7)	11,000
South Asian	3.7	(1.5 - 5.8)	10,000
Vietnamese	7.5	(5.3 - 9.7)	25,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Ever Diagnosed with Diabetes, Adults Age 18 and Older. The prevalence of diabetes (excluding diabetes associated with pregnancy) is of the same magnitude as heart disease, affecting 1.4 million adults in California (Table 8). Adults age 65 and older have the highest prevalence of diagnosed diabetes. The prevalence is also significantly higher among the insured than the uninsured (6.3% vs. 3.5%). In terms of racial/ethnic differences, proportionately more African Americans and American Indian/Alaska Natives have (diagnosed) diabetes than Whites, Latinos or Asians. Among Asians, Japanese adults (8.0%) report significantly higher rates of diabetes than Chinese adults (2.9%, Table 8A). In fact, Japanese report a higher prevalence of diabetes than the overall Asian prevalence of 4.7% (Table 8). Koreans and Filipinos have rates in the middle of the range—5.9% and 6.1%, respectively.

There is no difference between males and females in the prevalence of diabetes. Those at or above 300% FPL are significantly less likely to have diabetes than those below 300% FPL. For more detailed information on this topic, see *Diabetes in California: Findings from the 2001 California Health Interview Survey*.[6]

Table 8.
Ever Diagnosed with Diabetes,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	1.0	(0.6 - 1.4)	31,000
25-39	1.9	(1.7 - 2.2)	152,000
40-64	7.8	(7.4 - 8.3)	732,000
65-79	14.7	(13.7 - 15.8)	379,000
80+	13.3	(11.5 - 15.1)	112,000
Gender			
Male	6.1	(5.7 - 6.5)	707,000
Female	5.7	(5.4 - 6.1)	699,000
Race/Ethnicity			
White	5.6	(5.3 - 5.8)	739,000
Latino	6.0	(5.4 - 6.6)	339,000
African American	10.3	(8.9 - 11.7)	143,000
American Indian/Alaska Native	9.3	(6.7 - 12.0)	8,000
Asian	4.7	(3.9 - 5.4)	123,000
Federal Poverty Level (FPL)			
0-99% FPL	7.8	(7.0 - 8.6)	263,000
100-199% FPL	7.6	(7.0 - 8.2)	356,000
200-299% FPL	6.9	(6.1 - 7.6)	233,000
≥300% FPL	4.5	(4.2 - 4.8)	554,000
Insurance Status			
Uninsured	3.5	(3.0 - 4.0)	130,000
Insured	6.3	(6.1 - 6.6)	1,276,000
Total	5.9	(5.7 - 6.2)	1,406,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 8A.
Ever Diagnosed with Diabetes, Adults Age 18 and Older,
Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	7.7	(4.9 - 10.5)	5,000
Rural	11.5	(7.6 - 15.3)	6,000
Asian			
Chinese	2.9	(1.8 - 4.0)	21,000
Filipino	6.1	(4.1 - 8.1)	34,000
Japanese	8.0	(5.6 - 10.3)	20,000
Korean	5.9	(4.1 - 7.6)	15,000
South Asian	3.6	(2.0 - 5.3)	9,000
Vietnamese	3.9	(2.7 - 5.0)	13,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

6 Diamant AL, Babey SH, Brown ER, and Chawla N. *Diabetes in California: Findings from the 2001 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research, 2003.

Poor Health Status Past 12 Months, Adults Age 18 and Older. Respondents were asked if, in general, they consider their health to be excellent, very good, good, fair or poor. Table 9 shows the percent of adults who report that their health is poor. Overall, only 3.6% of California's adults report they are in poor health; however, women are significantly more likely than men to report being in poor health (4.0 % vs. 3.1%, respectively). This difference may be the result of the larger proportion of women among the elderly. Approximately 7% of adults over age 65 and 10.7% of adults over age 80 report being in poor health. These percents are significantly greater than the proportions of poor health among the three younger age groups. In addition, African Americans (5.4%), American Indian/Alaska Natives (8.5%), and Vietnamese (10.2%, Table 9A) are significantly more likely than Whites (3.3%) and Latinos (3.8%) to report poor health status. Income, as indicated by poverty level groups in Table 9, strongly influences self-reported health status. The proportion of the population reporting poor health status increases from 1.5% to 8.1% as income decreases (Table 9). There are no significant differences in health status by insurance status.

Table 9.
Poor Health Status Among Adults Age 18 and Older, Past 12 Months

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	0.6	(0.4 - 0.9)	20,000
25-39	1.5	(1.2 - 1.8)	116,000
40-64	4.7	(4.3 - 5.0)	437,000
65-79	7.1	(6.4 - 7.8)	183,000
80+	10.7	(9.2 -12.2)	90,000
Gender			
Male	3.1	(2.8 - 3.4)	359,000
Female	4.0	(3.7 - 4.3)	487,000
Race/Ethnicity			
White	3.3	(3.0 - 3.5)	434,000
Latino	3.8	(3.3 - 4.2)	212,000
African American	5.4	(4.4 - 6.4)	75,000
American Indian/Alaska Native	8.5	(6.1 - 10.8)	7,000
Asian	3.2	(2.5 - 3.8)	83,000
Federal Poverty Level (FPL)			
0-99% FPL	8.1	(7.3 - 8.9)	274,000
100-199% FPL	5.6	(5.0 - 6.1)	261,000
200-299% FPL	3.7	(3.2 - 4.2)	125,000
≥300% FPL	1.5	(1.3 - 1.7)	187,000
Insurance Status			
Uninsured	3.5	(2.9 - 4.0)	129,000
Insured	3.6	(3.4 - 3.8)	717,000
Total	3.6	(3.4 - 3.8)	847,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 9A.
Poor Health Status Among Adults Age 18 and Older, Past 12 Months, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	7.1	(4.4 - 9.8)	5,000
Rural	7.2	(4.1 - 10.3)	3,000
Asian			
Chinese	2.5	(1.5 - 3.5)	18,000
Filipino	2.0	(1.0 - 2.9)	11,000
Japanese†	–	–	–
Korean	4.6	(2.7 - 6.4)	12,000
South Asian†	–	–	–
Vietnamese	10.2	(8.6 - 11.8)	33,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Needed Special Equipment Past 12 Months, Adults Age 18 and Older. CHIS 2001 measured the proportion of adults who said that in the past 12 months they had a health problem that required the use of special equipment. Special equipment was defined as a cane, wheelchair, special bed, or special telephone. The question measures both acute and chronic need for such equipment. Table 10 shows that about 1.4 million adults (6.0%) reported that they required special equipment during the previous 12 months. As might be expected, the need for equipment increases with age, with a threefold increase for those ages 65-79 compared to those ages 40-64 (15.9% vs. 5.9%). For adults age 80 and older, one out of three (34.8%) required special equipment. Females are significantly more likely than males to need special equipment (6.5% vs. 5.4%, respectively). African Americans (11.1%) and American Indian/Alaska Natives (12.2%) are more likely than other racial and ethnic groups to report needing special equipment. At 7.1%, Whites are in the middle of the range. The approximate 3% of Latinos and Asians requiring equipment is half that of Whites (7.1%). All three income groups under 300% FPL report needing special health equipment at significantly higher levels than those at or above 300% FPL (Table 10).

Table 10.
Needed Special Equipment Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	1.0	(0.6 - 1.4)	33,000
25-39	1.8	(1.5 - 2.0)	138,000
40-64	5.9	(5.5 - 6.2)	547,000
65-79	15.9	(14.9 - 17.0)	411,000
80+	34.8	(32.5 - 37.2)	295,000
Gender			
Male	5.4	(5.0 - 5.7)	625,000
Female	6.5	(6.2 - 6.9)	798,000
Race/Ethnicity			
White	7.1	(6.8 - 7.5)	949,000
Latino	3.3	(2.8 - 3.7)	184,000
African American	11.1	(9.6 - 12.6)	154,000
American Indian/Alaska Native	12.2	(9.2 - 15.2)	10,000
Asian	3.0	(2.3 - 3.7)	80,000
Federal Poverty Level (FPL)			
0-99% FPL	9.1	(8.2 - 9.9)	306,000
100-199% FPL	8.3	(7.6 - 8.9)	388,000
200-299% FPL	6.6	(5.9 - 7.2)	224,000
≥300% FPL	4.1	(3.8 - 4.3)	504,000
Insurance Status			
Uninsured	2.5	(2.0 - 2.9)	92,000
Insured	6.6	(6.4 - 6.9)	1,331,000
Total	6.0	(5.7 - 6.2)	1,423,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 10A.
Needed Special Equipment Past 12 Months, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	10.3	(7.5 - 13.0)	7,000
Rural	11.6	(7.4 - 15.8)	6,000
Asian			
Chinese	3.1	(2.1 - 4.2)	23,000
Filipino	3.6	(2.0 - 5.3)	21,000
Japanese	4.7	(2.5 - 6.8)	12,000
Korean†	–	–	–
South Asian†	–	–	–
Vietnamese	3.8	(2.7 - 4.9)	12,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (-) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Current Smokers, Adults Age 18 and Older. One of the most consistent public health goals for the nation has been to reduce the number of people who smoke tobacco. This goal is reflected in the Healthy People 2010 objective that no more than 12% of the adult population age 18 and older will smoke cigarettes (HP 2010 Objective 27-1). In CHIS 2001, current smokers are defined as those who have smoked at least 100 cigarettes in their entire lifetime and currently smoke cigarettes either daily or some days. At 16.9%, the proportion of California adults who currently smoke is significantly higher than the HP 2010 objective for every age group except those age 65 and older (Table 11). In fact, there are remarkably similar smoking proportions—18.0% to 18.9%-for all adults under age 65.

Males are significantly more likely than females to be current smokers (20.0% vs. 14.1%). Prevalence estimates for every racial and ethnic group exceed the HP 2010 objective, although significantly lower proportions of Latinos (13.7%) and Asians (14.6%) are smokers compared to all other groups. Almost one-third of American Indian/Alaska Natives (30.3%) report being current smokers—the highest rate of all groups. This finding is consistent with other California data on smoking.[7,8]

Among Asian groups, smoking prevalence ranges from 8.8% of South Asians to 20.8% of Koreans. South Asian and Chinese smoking percents are well below the HP 2010 objective (8.8% and 9.7%, respectively), while all other Asian groups exceed the objective of no more than 12%. A significantly higher percent of Koreans (20.8%) smoke compared to Chinese (9.7%), Japanese (12.9%) and South Asians (8.8%). South Asians (8.8%) are statistically less likely to be current smokers than Vietnamese (16.3%), Korean (20.8%) or Filipino adults (16.2%, Table 11A).

As shown in Table 11, adults in all groups below 300% FPL are more likely to be current smokers (around 19% in each group) than adults at or above 300% FPL (14.9%). Finally, it is noteworthy that Californians who have health insurance report a significantly lower rate of smoking than is reported by those who are uninsured (15.6% vs. 24.2%).

Table 11.
Current Smokers, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	18.8	(17.2 - 20.4)	613,000
25-39	18.9	(18.0 - 19.7)	1,473,000
40-64	18.0	(17.3 - 18.6)	1,678,000
65-79	9.6**	(8.8 - 10.4)	247,000
80+	3.5**	(2.7 - 4.3)	30,000
Gender			
Male	20.0	(19.2 - 20.7)	2,320,000
Female	14.1	(13.6 - 14.6)	1,720,000
Race/Ethnicity			
White	18.1	(17.6 - 18.7)	2,411,000
Latino	13.7	(12.8 - 14.7)	775,000
African American	20.6	(18.7 - 22.6)	286,000
American Indian/Alaska Native	30.3	(25.8 - 34.8)	26,000
Asian	14.6	(13.2 - 16.1)	385,000
Federal Poverty Level (FPL)			
0-99% FPL	19.2	(17.9 - 20.6)	650,000
100-199% FPL	19.2	(18.1 - 20.2)	900,000
200-299% FPL	19.2	(17.9 - 20.4)	652,000
≥300% FPL	14.9	(14.3 - 15.4)	1,839,000
Insurance Status			
Uninsured	24.2	(22.8 - 25.7)	905,000
Insured	15.6	(15.1 - 16.0)	3,135,000
Total	16.9	(16.5 - 17.4)	4,040,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 11A.
Current Smokers, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	29.6	(24.7 - 34.5)	20,000
Rural	36.0	(30.2 - 41.8)	17,000
Asian			
Chinese	9.7**	(7.4 - 12.0)	72,000
Filipino	16.2	(12.9 - 19.4)	92,000
Japanese	12.9	(9.5 - 16.3)	33,000
Korean	20.8	(17.4 - 24.3)	55,000
South Asian	8.8**	(5.9 - 11.8)	23,000
Vietnamese	16.3	(13.2 - 19.5)	54,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HP 2010 Objective 27-1: No more than 12% of adults age 18 and older will smoke cigarettes.

7 Hodge, F.S. Prevalence of Smoking/Smokeless Tobacco Use in 18 Northern California American Indian Health Clinics, Volume A, American Indian Cancer Control Project, Berkeley, CA 1994.

8 Monograph Series of the Institute for Health Policy Studies, University of California, San Francisco: *American Indians in California: Health Status and Access to Health Care*. U.S. Department of Health and Human Services, Public Health Service, Indian Health Service. 1992.

Binge Drinking Past Month, Adults Age 18 and Older. Binge drinking is defined as having five or more alcoholic drinks on at least one occasion in the past month. The CHIS 2001 binge-drinking question was asked only of those who reported drinking any alcoholic beverages in the previous month; however, the denominators used to create the prevalence estimates shown in Table 12 include all respondents-drinkers and non-drinkers.

Overall, 15.5% of adult Californians (almost 3.7 million persons) report binge drinking during the past month, which is more than double the HP 2010 objective of no more than 6% (HP 2010 Objective 26-11c). Younger adults (ages 18-24) have a significantly higher prevalence of binge drinking (25.1%) compared to all other age groups, a percentage that is four times the HP 2010 objective. As Table 12 indicates, binge drinking decreases with age, dropping from 20.3% of those ages 25-39 to 12.4% of adults ages 40-64 to only 4.1% of those ages 65-79. Males report binge drinking at three times the rate of females (24.0% vs. 7.4%, respectively). All racial and ethnic groups had percentages significantly higher than the HP 2010 objective, with American Indians/Alaska Natives leading at 21.7%. Asians (9.1%) and African Americans (11.3%) have significantly lower binge drinking rates than either Whites (16.1%) or American Indian/Alaska Natives (21.7%). Estimates of binge drinking prevalence for the Asian ethnic groups range from a low of 5.9% among Chinese to a high of 15.5% among Koreans. The estimate for Koreans (15.5%) is significantly higher than those of all other Asian ethnic groups except Filipinos (9.7%).

Binge drinking differs by economic status; adults below 300% FPL report a lower rate of binge drinking than those at or above 300% FPL. Adults who have health insurance report a significantly lower rate of binge drinking than those who are uninsured (14.5% vs. 20.9%). Almost one in five (20.9%) of those who are uninsured report binge drinking in the past month.

Table 12.
Binge Drinking in the Past Month, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	25.1	(23.3 - 26.9)	816,000
25-39	20.3	(19.4 - 21.2)	1,581,000
40-64	12.4	(11.9 - 13.0)	1,160,000
65-79	4.1**	(3.6 - 4.7)	106,000
80+	1.7**	(1.1 - 2.4)	15,000
Gender			
Male	24.0	(23.2 - 24.7)	2,772,000
Female	7.4	(7.0 - 7.8)	905,000
Race/Ethnicity			
White	16.1	(15.5 - 16.6)	2,130,000
Latino	18.0	(16.8 - 19.1)	1,010,000
African American	11.3	(9.6 - 13.0)	157,000
American Indian/Alaska Native	21.7	(17.2 - 26.3)	18,000
Asian	9.1	(7.9 - 10.3)	239,000
Federal Poverty Level (FPL)			
0-99% FPL	12.8	(11.6 - 14.0)	430,000
100-199% FPL	13.8	(12.8 - 14.9)	648,000
200-299% FPL	14.9	(13.7 - 16.2)	507,000
≥300% FPL	17.0	(16.3 - 17.6)	2,093,000
Insurance Status			
Uninsured	20.9	(19.4 - 22.3)	775,000
Insured	14.5	(14.0 - 14.9)	2,901,000
Total	15.5	(15.0 - 15.9)	3,676,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 12A.
Binge Drinking in the Past Month, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	21.8	(17.1 - 26.5)	14,000
Rural	20.4	(15.2 - 25.5)	10,000
Asian			
Chinese	5.9	(4.0 - 7.8)	44,000
Filipino	9.7	(6.8 - 12.7)	55,000
Japanese	7.5	(4.8 - 10.2)	19,000
Korean	15.5	(12.3 - 18.6)	40,000
South Asian	7.9	(5.5 - 10.2)	20,000
Vietnamese	6.9	(4.8 - 9.1)	23,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 26-11c: No more than 6% of adults age 18 and older will have engaged in binge drinking during past month.

Overweight and Obesity, BMI 25 or Greater, Adults Age 18 and Older. Based on CHIS 2001 findings, over half of adult Californians are overweight or obese, that is, they have a body mass index (BMI) of 25 or greater (Table 13). The HP 2010 objective (Objective 19-1) is that at least 60% of the population has a healthy weight. A healthy weight is defined as a BMI greater than 18.5 but less than 25. Given this range, no more than 40% should have a BMI > 25. In California, the HP 2010 objective is not met by any demographic group except those ages 18-24, who barely meet the objective with 37% being overweight. The 40-64 age group is the most overweight at 61.8%. A significantly greater proportion of men, 63.6%, have a BMI greater than 25 compared to 45.5% of women.

Among race and ethnic groups, only Asians meet the HP 2010 objective, with 31.1% being overweight. However, there are differences among the Asian ethnic groups. Filipinos and Japanese do not meet the objective, with 42.4% of Filipinos and 37.4% of Japanese overweight or obese. Over 60% of Latinos, African Americans, and American Indian/Alaska Natives are overweight or obese, compared with 53.1% of Whites. None of these groups meets the HP 2010 objective for a healthy body weight.

Californians below 200% FPL are more likely to be overweight or obese compared to those at or above 300% FPL. No difference exists between those with or without health insurance-more than half of both groups are overweight or obese.

Table 13.
Overweight and Obesity, BMI 25 or Greater, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	37.0**	(34.9 - 39.0)	1,165,000
25-39	53.0	(51.9 - 54.0)	3,999,000
40-64	61.8	(61.0 - 62.6)	5,646,000
65-79	58.2	(56.8 - 59.6)	1,472,000
80+	41.3	(38.8 - 43.8)	341,000
Gender			
Male	63.6	(62.7 - 64.5)	7,292,000
Female	45.5	(44.7 - 46.2)	5,331,000
Race/Ethnicity			
White	53.1	(52.4 - 53.8)	6,975,000
Latino	65.6	(64.3 - 67.0)	3,428,000
African American	65.7	(63.3 - 68.1)	901,000
American Indian/Alaska Native	63.8	(58.5 - 69.1)	53,000
Asian	31.1**	(29.3 - 33.0)	809,000
Federal Poverty Level (FPL)			
0-99% FPL	56.4	(54.6 - 58.2)	1,733,000
100-199% FPL	56.4	(55.0 - 57.8)	2,563,000
200-299% FPL	55.2	(53.7 - 56.8)	1,845,000
≥300% FPL	53.0	(52.2 -53.8)	6,483,000
Insurance Status			
Uninsured	53.6	(51.9 - 55.3)	1,870,000
Insured	54.6	(54.0 - 55.2)	10,753,000
Total	54.4	(53.8 - 55.0)	12,623,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 13A.
Overweight and Obesity, BMI 25 or Greater, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	64.2	(59.8 - 68.1)	42,000
Rural	66.6	(60.3 - 72.9)	32,000
Asian			
Chinese	24.9**	(22.0 - 27.9)	183,000
Filipino	42.4	(38.0 - 46.8)	240,000
Japanese	37.4	(32.6 - 42.1)	95,000
Korean	22.4**	(18.9 - 25.9)	57,000
South Asian	34.8**	(30.1 - 39.5)	90,000
Vietnamese	20.3**	(16.3 - 24.2)	65,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 19-1: At least 60% of adults age 20 and older will be at a healthy weight (defined as BMI equal or greater than 18.5 and less than 25). Conversely, no more than 40% will be overweight or obese (BMI ≥ 25).

No Moderate or Vigorous Exercise Past Month, Adults Age 18 and Older. Mirroring the high prevalence of overweight and obesity among adults are the low levels of reported physical activity and exercise. Table 14 shows the distributions of those reporting that they did not engage in any moderate or vigorous physical activity during the past month. Moderate physical activity is defined as ten minutes or more of exercise "that caused light sweating or a slight to moderate increase in breathing or heart rate." Vigorous exercise is defined as ten minutes or more of exercise "that caused heavy sweating or large increases in breathing or heart rate." HP 2010 Objective 22-1 sets a goal of having no more than 20% of the adult population be physically inactive. California's adult population is above that minimum by 7 percentage points (27.0%). An estimated 6,417,000 adults did not exercise at all in the past 30 days. Young adults, ages 18-24, meet the HP 2010 objective and are more likely than any other age group to have exercised in the past month. Lack of exercise increases with age and, overall, women are significantly more likely to be physically inactive than men (32.9% vs. 20.7%).

Among racial and ethnic groups, a significantly higher proportion of Latinos report no physical exercise (40.0%) compared to all other groups. Whites report significantly lower prevalence of inactivity (20.1%) than all other groups except American Indian/Alaska Natives (23.8%). Among Asians, Vietnamese (43.1%) are more likely to be physically inactive than Filipinos (32.2%), Koreans (28.7%), South Asians (24.6%) and Japanese (23.5%, Table 14A). Chinese, at 38.1%, are not statistically different from Vietnamese and Filipinos, but are significantly more likely to be physically inactive than Koreans, South Asians and Japanese.

In terms of income, physical inactivity increases as income decreases. Adults at or above 300% FPL meet the HP 2010 objective with 17.3% reporting they did no moderate or vigorous exercise in the past month. The rates increase to a high of 45.9% of those below 100% FPL. Adults with health insurance coverage have a significantly lower rate of inactivity, 25.6%, compared to 34.3% of the uninsured.

Table 14.
No Moderate or Vigorous Exercise Past Month, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	16.4**	(14.8 - 17.9)	533,000
25-39	24.4	(23.5 - 25.4)	1,905,000
40-64	26.6	(25.9 - 27.3)	2,481,000
65-79	39.8	(38.4 - 41.2)	1,022,000
80+	56.7	(54.3 - 59.1)	476,000
Gender			
Male	20.7	(20.0 - 21.4)	2,402,000
Female	32.9	(32.2 - 33.7)	4,015,000
Race/Ethnicity			
White	20.1	(19.6 - 20.6)	2,666,000
Latino	40.0	(38.6 - 41.3)	2,251,000
African American	31.6	(29.4 - 33.8)	437,000
American Indian/Alaska Native	23.8	(19.6 - 28.0)	20,000
Asian	31.7	(29.9 - 33.5)	832,000
Federal Poverty Level (FPL)			
0-99% FPL	45.9	(44.2 - 47.6)	1,545,000
100-199% FPL	37.7	(36.5 - 39.0)	1,768,000
200-299% FPL	28.6	(27.3 - 30.0)	973,000
≥300% FPL	17.3**	(16.7 - 17.8)	2,132,000
Insurance Status			
Uninsured	34.3	(32.8 - 35.9)	1,280,000
Insured	25.6	(25.1 - 26.1)	5,137,000
Total	27.0	(26.5 - 27.5)	6,417,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 14A.
No Moderate or Vigorous Exercise Past Month, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	21.6	(17.8 - 25.4)	14,000
Rural	22.9	(17.8 - 28.0)	11,000
Asian			
Chinese	38.1	(34.7 - 41.5)	283,000
Filipino	32.2	(28.2 - 36.1)	182,000
Japanese	23.5	(19.8 - 27.3)	61,000
Korean	28.7	(25.0 - 32.3)	75,000
South Asian	24.6	(19.8 - 29.4)	64,000
Vietnamese	43.1	(39.0 - 47.2)	141,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 22-1: No more than 20% of adults age 18 and older will have not engaged in leisure-time physical activity.

Eating *5 a Day* Fruit and Vegetables Past Month, Adults Age 18 and Older. Over the past twelve years, the California Department of Health Services has put considerable effort into promoting the consumption of at least five servings of fruit and vegetables per day (*5 a Day* hereafter).[9] CHIS 2001 measured *5 a Day* consumption through a series of food frequency questions covering the previous 30-day period. As Table 15 shows, half the population (50.7%) reports eating at least five servings of fruit and vegetables per day. Males have the highest percent, 56.3%, meeting the recommended *5 a Day* consumption goal. Among racial and ethnic groups, Latinos (53.4%) and Whites (51.7%) are significantly more likely to consume *5 a Day* compared to Asians (44.5%) and African Americans (40.5%). However, among Asian ethnic groups (Table 15A), *5 a Day* consumption varies considerably from a low of 39.0% of Filipinos to a high of 55.7% of South Asians. South Asians (55.7%) and Koreans (52.6%) are statistically higher than Asians as a whole. South Asians (55.7%) are higher than Filipinos (39.0%), Chinese (43.5%), Vietnamese (44.6%) and Japanese (44.9%). At 52.4%, adults living in households with an income at or above 300% FPL are significantly more likely than any lower income group to meet the *5 a Day* goal.

Table 15.
Eating *5 a Day*†† Fruit and Vegetables Past Month, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	52.0	(49.8 - 54.1)	1,625,000
25-39	51.3	(50.2 - 52.4)	3,917,000
40-64	51.0	(50.1 - 51.8)	4,664,000
65-79	46.8	(45.4 - 48.2)	1,162,000
80+	49.8	(47.3 - 52.4)	393,000
Gender			
Male	56.3	(55.4 - 57.2)	6,351,000
Female	45.5	(44.7 - 46.2)	5,410,000
Race/Ethnicity			
White	51.7	(51.0 - 52.4)	6,735,000
Latino	53.4	(52.0 - 54.7)	2,918,000
African American	40.5	(38.0 - 42.9)	541,000
American Indian/Alaska Native	50.1	(44.7 - 55.4)	41,000
Asian	44.5	(42.5 - 46.5)	1,120,000
Federal Poverty Level (FPL)			
0-99% FPL	49.2	(47.4 - 50.9)	1,580,000
100-199% FPL	49.2	(47.8 - 50.6)	2,234,000
200-299% FPL	48.0	(46.5 - 49.5)	1,588,000
≥300% FPL	52.4	(51.7 - 53.2)	6,359,000
Insurance Status			
Uninsured	51.8	(50.1 - 53.5)	1,880,000
Insured	50.5	(49.9 - 51.1)	9,881,000
Total	50.7	(50.1 - 51.3)	11,761,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

††Five or more servings of fruit and vegetables per day, including fried potatoes.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 15A.
Eating *5 a Day*†† Fruit and Vegetables Past Month, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	47.7	(42.5 - 53.0)	31,000
Rural	44.4	(38.3 - 50.5)	21,000
Asian			
Chinese	43.5	(40.0 - 47.0)	313,000
Filipino	39.0	(34.4 - 43.5)	208,000
Japanese	44.9	(40.4 - 49.5)	114,000
Korean	52.6	(48.2 - 57.0)	134,000
South Asian	55.7	(51.0 - 60.4)	143,000
Vietnamese	44.6	(40.1 - 49.1)	133,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

††Five or more servings of fruit and vegetables per day, including fried potatoes.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

9 Computation of *5 a day* includes fried potatoes.

Hormone Replacement Therapy Use, Women Age 50 and Older. Before July 2002, the United States medical profession encouraged menopausal women to use hormone replacement therapy (HRT), a combination of estrogen and progestin, to alleviate menopausal symptoms and minimize the risk of heart disease, certain cancers and bone loss. In July 2002, findings were released from an ongoing National Institutes of Health study that demonstrated an increased risk of stroke, breast cancer and heart attack associated with HRT use.[10] CHIS 2001 collected data on the prevalence of HRT use in California in 2001, before these risks became widely publicized.

In CHIS 2001, approximately two in five women age 50 and older (40.6%) report using HRT *"for menopausal symptoms"* (Table 16). Although large proportions of each demographic group age 50 and older report HRT use, use is highest among women ages 50-64 (46.5%). This rate decreases significantly with age to less than half that rate among women age 80 and older (22.2%). Latinas (28.2%), African Americans (29.4%) and Asians (32.3%) are all significantly less likely to use HRT compared to White women (44.6%). The only women of color reporting a rate comparable to that of White women are American Indian/Alaska Natives at 39.9%. Although Asian women (32.3%) as a whole are less likely to use HRT than Whites (44.6%), there are differences among Asian ethnic groups. Japanese (44.7%), Koreans (39.3%) and South Asians (51.4%) have prevalence levels statistically similar to White women (Table 16A). Note, however, that the confidence interval for the South Asian estimate is 31.7% to 71.0%.

Women at or above 300% FPL are statistically more likely to be on HRT than are those below 300% FPL (Table 16). In addition, a significantly lower proportion of the uninsured use HRT compared to the insured (22.0% vs. 41.8%).

Table 16.
Hormone Replacement Therapy Use, Women Age 50 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
50-64	46.5	(45.0 - 48.0)	1,085,000
65-79	37.7	(35.9 - 39.4)	535,000
80+	22.2	(19.7 - 24.6)	116,000
Race/Ethnicity			
White	44.6	(43.4 - 45.8)	1,367,000
Latino	28.2	(25.0 - 31.5)	131,000
African American	29.4	(25.3 - 33.4)	81,000
American Indian/Alaska Native	39.9	(30.8 - 49.0)	7,000
Asian	32.3	(28.2 - 36.5)	116,000
Federal Poverty Level (FPL)			
0-99% FPL	27.5	(24.8 - 30.4)	150,000
100-199% FPL	31.7	(29.6 - 33.7)	314,000
200-299% FPL	38.8	(36.3 - 41.4)	255,000
≥ 300% FPL	48.7	(47.2 - 50.3)	1,018,000
Insurance Status			
Uninsured	22.0	(19.4 - 26.6)	65,000
Insured	41.8	(40.7 - 42.9)	1,672,000
Total	40.6	(39.5 - 41.6)	1,737,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 16A.
Hormone Replacement Therapy Use, Women Age 50 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	38.2	(28.9 - 47.4)	5,000
Rural	34.0	(23.6 - 44.3)	3,000
Asian			
Chinese	27.7	(20.5 - 34.9)	33,000
Filipino	27.3	(19.4 - 35.3)	25,000
Japanese	44.7	(36.7 - 52.8)	29,000
Korean	39.3	(29.9 - 48.6)	18,000
South Asian	51.4	(31.7 - 71.0)	10,000
Vietnamese	27.2	(20.4 - 34.0)	12,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

10 Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women. Principal results from the Women's Health Initiative randomized controlled trial. JAMA. 2002; 288: 321-333.

CANCER SCREENING TESTS

Cervical Cancer Screening Past Three Years, Women Age 18 and Older. HP 2010 set an objective that at least 90% of adult women received a Pap smear test for cervical cancer during the past three years (HP 2010 Objective 3-11b). Statewide, only 84.2% of women report having had a Pap test in the past three years (Table 17). The proportion is lower than the HP 2010 objective for all age groups except women ages 25-39, 91.4% of whom had a Pap test within the past three years. The findings in Table 17 are based on percents that include all women. Therefore, the denominator includes those who have had hysterectomies, and the numerator includes those who had Pap tests due to a problem, as follow-up to a treatment, and for routine screening purposes.

Women age 80 and older (60.7%) and 18-24 (68.0%) report the lowest levels of cervical cancer screening. It is important to note that although cervical cancer can affect young women, the average age of women diagnosed with cervical cancer is between 50 and 55 years.[11] After age 40, the prevalence of women who had a Pap test in the past three years decreases with each succeeding age group, and all age groups have prevalence levels that are statistically different from each other.

As a group, Asians have the lowest rate of Pap testing in the prior three years (70.9%) compared to other racial and ethnic groups. All Asian ethnic groups report lower screening percents than the HP 2010 objective, despite differences among the groups (Table 17A). Vietnamese and Korean women report the lowest rates (61.2% and 64.4%, respectively), significantly lower than both Filipino and Japanese women (80.9% and 70.6%, respectively). These findings are consistent with those of the California Department of Health Services, Cancer Detection Section, which notes that the use of Pap testing is relatively low among minority populations.[12]

Women lacking health insurance are significantly less likely to have had a Pap test in the past three years compared to the insured (75.0% vs. 85.7%). Screening behaviors also differ by economic status, with those at or above 300% FPL significantly more likely to have had a Pap test (88.5%) compared to any group below 300% FPL (Table 17).

Table 17.
Cervical Cancer Screening Past Three Years, Women Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	68.0	(65.1 - 70.9)	1,059,000
25-39	91.4**	(90.6 - 92.2)	3,547,000
40-64	88.2	(87.6 - 88.9)	4,178,000
65-79	76.2	(74.6 - 77.9)	1,066,000
80+	60.7	(57.6 - 63.7)	294,000
Race/Ethnicity			
White	85.4	(84.8 - 86.1)	5,782,000
Latino	86.1	(84.8 - 87.5)	2,395,000
African American	88.3	(86.2 - 90.4)	676,000
American Indian/Alaska Native	87.0	(82.7 - 91.2)	35,000
Asian	70.9	(68.3 - 73.5)	915,000
Federal Poverty Level (FPL)			
0-99% FPL	78.4	(76.6 - 80.2)	1,559,000
100-199% FPL	80.1	(78.7 - 81.6)	2,011,000
200-299% FPL	82.0	(80.4 - 83.6)	1,438,000
≥300% FPL	88.5	(87.7 - 89.3)	5,136,000
Insurance Status			
Uninsured	75.0	(72.9 - 77.1)	1,291,000
Insured	85.7	(84.9 - 86.2)	8,853,000
Total	84.2	(83.6 - 84.8)	10,145,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 17A.
Cervical Cancer Screening Past Three Years, Women Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	89.8	(86.4 - 93.2)	34,000
Rural	83.1	(75.4 - 90.8)	21,000
Asian			
Chinese	68.2	(63.7 - 72.7)	278,000
Filipino	80.9	(76.2 - 85.5)	239,000
Japanese	76.0	(70.6 - 81.5)	107,000
Korean	64.4	(60.1 - 68.7)	94,000
South Asian	71.4	(63.9 - 78.8)	82,000
Vietnamese	61.2	(55.4 - 67.0)	98,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HP 2010 Objective 3-11b: At least 90% of women age 18 and older will have received a Pap test within the past three years.

11 California Department of Health Services, Cancer Detection Section. *www.dhs.ca.gov/cancerdetection/*

12 Ibid.

Mammogram Past Two Years, Women Age 40 and Older. The HP 2010 objective is that at least 70% of all women age 40 and older have had a mammogram within the past two years (HP 2010 Objective 3-13). Overall, that goal is achieved in California, with 76.1% of women age 40 and older reporting they had a mammogram in the past two years (Table 18). However, there are differences among demographic groups. Women ages 65-79 are significantly more likely to report having had a mammogram (83.6%) than those in either the older or younger age groups. Certain racial and ethnic groups exceed the objective, with African Americans (79.0%) and Whites (78.6%) having the highest proportions of women getting mammograms, and Asians (67.7%) the lowest. Based on the 95% confidence intervals for the estimates, all the Asian ethnic groups shown in Table 18A meet the HP 2010 objective except Koreans, who at 53.3% are well below the 70% objective.

Economic differences are also evident from the data. Women below 100% FPL are the least likely to have had a mammogram in the past two years (66.2%) and do not meet the objective. Women at or above 300% FPL have a significantly higher rate of mammography screening (80.5%) compared to all groups below 300% FPL. Only half of women who were uninsured report having a mammogram within the past two years compared to 78.7% of women with health insurance (Table 18).

Table 18.
Mammogram Past Two Years, Women Age 40 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
40-64	74.7**	(73.7 - 75.6)	3,552,000
65-79	83.6**	(82.2 - 85.0)	1,183,000
80+	68.8	(65.9 - 71.7)	351,000
Race/Ethnicity			
White	78.6**	(77.8 - 79.4)	3,501,000
Latino	70.2	(67.9 - 72.6)	679,000
African American	79.0**	(75.9 - 82.0)	334,000
American Indian/Alaska Native	69.6	(62.6 - 76.6)	18,000
Asian	67.7	(64.7 - 70.9)	430,000
Federal Poverty Level (FPL)			
0-99% FPL	66.2	(63.6 - 68.8)	553,000
100-199% FPL	71.9**	(70.1 - 73.6)	981,000
200-299% FPL	74.9**	(72.9 - 76.8)	735,000
≥300% FPL	80.5**	(79.5 - 81.4)	2,817,000
Insurance Status			
Uninsured	50.0	(46.9 - 53.1)	302,000
Insured	78.7**	(77.9 - 79.5)	4,784,000
Total	76.1**	(75.3 - 76.9)	5,087,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 18A.
Mammogram Past Two Years, Women Age 40 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	65.8	(58.7 - 72.9)	13,000
Rural	64.9	(53.2 - 76.6)	10,000
Asian			
Chinese	65.4	(59.8 - 71.0)	140,000
Filipino	72.0	(65.8 - 78.1)	118,000
Japanese	77.5**	(71.6 - 83.5)	72,000
Korean	53.3	(45.7 - 60.8)	43,000
South Asian	69.7	(60.7 - 78.7)	32,000
Vietnamese	71.5	(65.2 - 77.8)	54,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 3-13: At least 70% of women age 40 and older will have received a mammogram within the past two years.

Prostate-Specific Antigen (PSA) Test Past Three Years, Men Age 50 and Older. With the rise in prostate cancer diagnosis in recent years, there has been a parallel increase in public health advocacy for PSA screening, although some controversy still surrounds the issue of who should be tested. California males age 50 and older were asked if they had received a PSA test within the past three years. Over half (54.8%) report they had received a PSA test (Table 19). Given the lack of scientific agreement on the efficacy of mass screenings,[13] there is no current HP 2010 objective for PSA testing. However, using CHIS data we will be able to track changes in PSA screening rates over time.

The prevalence of PSA screening varies widely among age groups. Men ages 65-79 are significantly more likely to have had a PSA test in the previous three years (68.3%) compared to men ages 50-64 (47.1%) and those age 80 and older (58.4%, Table 19). Among major racial and ethnic groups, White (60.3%) and African-American (59.1%) males are significantly more likely to report having had a PSA test compared to Latino (35.4%), American Indian/Alaska Native (42.8%) or Asian (34.6%) males. At 34.6%, Asian males have the lowest testing rate of all racial and ethnic groups. However, there are striking differences among Asians in California, ranging from 19.5% of Vietnamese men to 57.5% of Japanese (Table 19A). The Japanese proportion (57.5%) is the highest of all Asian groups except South Asians, and is comparable to the White (60.3%) and African-American (59.1%) percents. There are no statistical differences among Vietnamese, Chinese, Filipinos, Koreans or South Asians. However, the confidence intervals for the Asian groups are very wide, most with spreads of 20 or more percentage points.

Insured adults have significantly higher rates of PSA testing than the uninsured (57.2% vs. 23.1%, Table 19). Income levels also show a notable gradient. Only 30.5% of those below 100% FPL have been tested compared to 60.7% of those at or above 300% FPL and all of the poverty levels differ significantly from each other.

Table 19.
Prostate-Specific Antigen (PSA) Test Past Three Years, Men Age 50 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
50-64	47.1	(45.3 - 48.8)	979,000
65-79	68.3	(66.2 - 70.5)	761,000
80+	58.4	(54.2 - 62.7)	169,000
Race/Ethnicity			
White	60.3	(58.8 - 61.7)	1,490,000
Latino	35.4	(31.0 - 39.7)	133,000
African American	59.1	(53.1 - 65.1)	112,000
American Indian/Alaska Native	42.8	(32.1 - 53.4)	5,000
Asian	34.6	(29.8 - 39.3)	118,000
Federal Poverty Level (FPL)			
0-99% FPL	30.5	(25.8 - 35.2)	82,000
100-199% FPL	45.1	(41.8 - 48.4)	261,000
200-299%	54.0	(50.4 - 57.5)	256,000
≥300% FPL	60.7	(59.0 - 62.3)	1,310,000
Insurance Status			
Uninsured	23.1	(18.8 - 27.4)	56,000
Insured	57.2	(55.8 - 58.5)	1,853,000
Total	54.8	(53.5 - 56.2)	1,909,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 19A.
Prostate-Specific Antigen (PSA) Test Past Three Years, Men Age 50 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	39.4	(26.6 – 52.2)	3,000
Rural	39.3	(27.6 – 51.1)	3,000
Asian			
Chinese	28.9	(20.7 – 37.1)	29,000
Filipino	33.9	(23.5 – 44.3)	24,000
Japanese	57.5	(47.5 – 67.6)	25,000
Korean	33.0	(20.6 – 45.4)	11,000
South Asian	32.4	(15.2 – 49.6)	8,000
Vietnamese	19.5	(13.1 – 25.9)	8,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

13 U.S. Department of Health and Human Services, Healthy People 2010, Volume 3. Washington, DC: U.S. Government Printing Office, 2002.

Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy, and Proctoscopy) Past 10 Years, Adults Age 50 and Older. Sigmoidoscopy, Colonoscopy, and Proctoscopy tests are the means of detecting colon cancer and are recommended for adults beginning at age 50. The HP 2010 objective is that at least half of all adults age 50 and older will have had at least one of these tests (HP 2010 Objective 3-12b). CHIS 2001 findings indicate that overall this objective is achieved, with 53.5% reporting having had a sigmoidoscopy, colonoscopy or proctoscopy within the past 10 years (Table 20). However, there are significant differences among demographic groups. Those age 65 and older are statistically more likely to have had colorectal cancer screening than those ages 50-64, who are below the 50% objective at 46.2%. Males (58.8%) are significantly more likely to have had colorectal cancer screening than females (49.1%).

In addition, Latinos (35.1%) and Asians (43.1%) do not meet the HP 2010 objective. However, Japanese do meet the HP 2010 objective, with 56.7% having had one of these tests (Table 20A). Regarding insurance status, a significantly lower proportion of the uninsured (19.8%) has had colorectal cancer screening compared to the insured (55.9%). Finally, individuals in households at or above 200% FPL meet the HP 2010 objective, and almost one half of those at 100-199% FPL have been screened (49.3%), but the group under 100% FPL is well below the objective at only 38.4%.

Table 20.
Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy or Proctoscopy) Past 10 Years, Adults Age 50 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
50-64	46.2	(45.0 - 47.3)	2,061,000
65-79	64.2**	(62.9 - 65.6)	1,641,000
80+	60.1**	(57.7 - 62.6)	501,000
Gender			
Male	58.8**	(57.5 - 60.0)	2,104,000
Female	49.1	(48.1 - 50.2)	2,099,000
Race/Ethnicity			
White	57.5	(56.6 - 58.5)	3,224,000
Latino	35.1	(32.4 - 37.9)	296,000
African American	54.8**	(51.1 - 58.4)	256,000
American Indian/Alaska Native	50.3	(43.1 - 57.5)	15,000
Asian	43.1	(39.8 - 46.4)	306,000
Federal Poverty Level (FPL)			
0-99% FPL	38.4	(35.7 - 41.0)	314,000
100-199% FPL	49.3	(47.4 - 51.2)	780,000
200-299% FPL	55.8**	(53.7 - 57.9)	639,000
≥ 300% FPL	57.4**	(56.2 - 58.5)	2,469,000
Insurance Status			
Uninsured	19.8	(17.3 - 22.3)	104,000
Insured	55.9**	(55.1 - 56.8)	4,099,000
Total	53.5**	(52.7 - 54.4)	4,203,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 20A.
Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy or Proctoscopy) Past 10 Years, Adults Age 50 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	42.1	(34.0 - 50.3)	9,000
Rural	49.1	(39.4 - 58.9)	8,000
Asian			
Chinese	43.3	(37.4 - 49.2)	96,000
Filipino	37.1	(30.4 - 43.9)	60,000
Japanese	56.7**	(50.3 - 63.2)	62,000
Korean	38.2	(31.1 - 45.4)	31,000
South Asian	40.9	(27.8 - 53.9)	19,000
Vietnamese	36.4	(31.0 - 41.7)	32,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 3-12b: At least 50% of adults age 50 and older will have had a sigmoidoscopy.

Colorectal Cancer Screening (Fecal Occult Blood Test), Past Two Years, Adults Age 50 and Older. It is the HP 2010 objective that at least half of the adult population age 50 and older have a fecal occult blood test (FOBT) performed every two years (HP 2010 Objective 3-12b). Results show that less than a third of the eligible adult population (30.9%) has had this test in the previous two years, a proportion that is statistically lower than the HP 2010 objective (Table 21). In fact, every demographic group reports screenings at a lower level than the HP 2010 objective. Adults age 65 and older are significantly more likely to have had this test compared to those ages 50-64, among whom only about one in four (26.4%) report having had an FOBT. Differences also exist among racial and ethnic groups, with fewer than one in five Latinos (17.5%) compared to one in three Whites (33.9%) and one in three African Americans (31.4%) having an FOBT within the past two years. Asians as a whole (23.3%) do not meet the HP 2010 objective, nor do any of the specific Asian groups (Table 21A).

Insurance status appears to be a relevant factor in having an FOBT. A statistically higher proportion of insured adults, 32.1%, has had an FOBT compared to only 13.2% of uninsured adults. Additionally, adults at or above 300% FPL are significantly more likely to report having had an FOBT in the past two years compared to those under 200% FPL.

Table 21.
Colorectal Cancer Screening (Fecal Occult Blood Test) Past Two Years, Adults Age 50 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
50-64	26.4	(25.4 - 27.4)	1,179,000
65-79	37.6	(36.2 - 38.9)	956,000
80+	34.3	(32.0 - 36.7)	283,000
Gender			
Male	31.8	(30.6 - 33.0)	1,138,000
Female	30.1	(29.1 - 31.1)	1,279,000
Race/Ethnicity			
White	33.9	(33.1 - 34.8)	1,896,000
Latino	17.5	(15.3 - 19.8)	148,000
African American	31.4	(28.0 - 34.7)	146,000
American Indian/Alaska Native	25.1	(19.2 - 31.1)	8,000
Asian	23.3	(20.5 - 26.1)	165,000
Federal Poverty Level (FPL)			
0-99% FPL	23.2	(20.9 - 25.4)	191,000
100-199% FPL	27.4	(25.8 - 29.0)	432,000
200-299% FPL	31.1	(29.2 - 33.1)	355,000
≥ 300% FPL	33.6	(32.5 - 34.6)	1,439,000
Insurance Status			
Uninsured	13.2	(10.9 - 15.4)	69,000
Insured	32.1	(31.4 - 33.0)	2,348,000
Total	30.9	(30.1 - 31.6)	2,417,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 21A.
Colorectal Cancer Screening (Fecal Occult Blood Test) Past Two Years, Adults Age 50 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	24.0	(18.1 - 29.8)	5,000
Rural	27.0	(19.8 - 34.3)	4,000
Asian			
Chinese	24.7	(19.8 - 29.5)	54,000
Filipino	25.1	(19.0 - 31.2)	41,000
Japanese	31.4	(25.1 - 37.6)	34,000
Korean	16.7	(11.2 - 22.2)	14,000
South Asian	23.7	(12.6 - 35.1)	11,000
Vietnamese	21.2	(16.1 - 26.3)	18,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HP 2010 Objective 3-12a: At least 50% of adults age 50 and older will have had a fecal occult blood test (FOBT) within the past two years.

Ever Had Bone Density Test, Women Age 50 and Older. Women age 50 and older were asked if they have ever had a bone density test to determine bone loss (osteoporosis) associated with aging and menopause. HP 2010 does not have an objective for bone density testing. Results reveal that over one third (35.1%) of California women age 50 and older have ever had a bone density test (Table 22). Women ages 50-64 are significantly less likely to have been tested than women age 65 and older. White women have the highest rate of bone density testing at 40.3%, which is significantly higher than all other racial and ethnic groups. Although bone density testing among Asians (29.8%) is lower than that of Whites, it is higher than the testing levels among Latinas (18.4%) and African Americans (16.6%). The American Indian/Alaska Native percent (24.5%) is not statistically different from the Asian percent (29.8%). No statistical differences are found among the Asian ethnic groups despite the large range of estimates; however, the confidence intervals are wide (Table 22A). Results show that testing increases with income; those at or above 200% FPL are more likely to have had a bone density test than those below 200% FPL. Insured women are significantly more likely to have had a bone density test (36.6%) than uninsured women (14.7%).

Table 22.
Ever Had Bone Density Test,
Women Age 50 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
50-64	30.0	(28.7 - 31.3)	694,000
65-79	42.1	(40.3 - 43.9)	589,000
80+	39.4	(36.5 - 42.4)	198,000
Race/Ethnicity			
White	40.3	(39.1 - 41.4)	1,216,000
Latino	18.4	(15.4 - 21.4)	84,000
African American	16.6	(13.2 - 20.0)	44,000
American Indian/Alaska Native	24.5	(17.2 - 31.9)	4,000
Asian	29.8	(25.7 - 33.8)	105,000
Federal Poverty Level (FPL)			
0-99% FPL	25.2	(22.5 - 27.9)	133,000
100-199% FPL	29.3	(27.3 - 31.4)	283,000
200-299% FPL	38.3	(35.7 - 40.9)	248,000
≥ 300% FPL	39.4	(37.9 - 40.9)	817,000
Insurance Status			
Uninsured	14.7	(11.4 - 17.9)	41,000
Insured	36.6	(35.5 - 37.7)	1,440,000
Total	35.1	(34.1 - 36.2)	1,480,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 22A.
Ever Had Bone Density Test,
Women Age 50 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	21.2	(13.7 - 28.7)	3,000
Rural	30.8	(19.8 - 41.8)	3,000
Asian			
Chinese	34.6	(27.2 - 41.9)	41,000
Filipino	19.4	(11.7 - 27.2)	17,000
Japanese	45.7	(37.4 - 53.9)	29,000
Korean	31.3	(22.6 - 39.9)	15,000
South Asian	26.0	(8.8 - 43.2)	5,000
Vietnamese	14.8	(8.1 - 21.5)	7,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTH CARE AND DENTAL CARE

Usual Source of Medical Care, Adults Age 18 and Older. The majority of California adults (85.9%) have "a usual place to go to for medical care" (Table 23). The HP 2010 objective is that at least 96% of the population have "a usual source of ongoing care." If it is assumed that these two definitions are essentially the same, then the California population does not meet the HP 2010 objective. Only adults ages 65-79 meet the objective, with 97.3% reporting they have a usual source of care. Young adults ages 18-24, who have higher rates of being uninsured and fewer health problems, are the least likely to have a usual source of care (72.8%). Men are less likely than women to report having a usual source of care (82.2% vs. 89.4%).

Of all racial and ethnic groups, Koreans and Latinos have the lowest proportions with a usual source of care (64.8% and 76.2%, respectively, Table 23A). Additionally, the estimate for Koreans is statistically lower than that of Latinos, a fact that would not have been seen without separate samples of different Asian ethnic groups. The proportion of African Americans with a usual source of care is the highest of all groups at 92.2%.

Income shows a direct relationship with having a usual source of care. For each decreasing level of income, the percent with a usual source of care becomes statistically lower, stepwise, from a high of 90.3% among the wealthiest group to a low of 75.2% among the poorest group. Only 56.1% of uninsured adults report having a usual source of care compared with 91.4% of those with health insurance.

Table 23.
Usual Source of Medical Care,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	72.8	(70.9 - 74.7)	2,366,000
25-39	81.0	(80.1 - 81.9)	6,319,000
40-64	90.4	(89.9 - 90.9)	8,445,000
65-79	97.3**	(96.9 - 97.8)	2,507,000
80+	96.8	(95.9 - 97.6)	818,000
Gender			
Male	82.2	(81.5 - 83.0)	9,544,000
Female	89.4	(88.9 - 89.9)	10,911,000
Race/Ethnicity			
White	89.6	(89.2 - 90.1)	11,904,000
Latino	76.2	(75.0 - 77.5)	4,301,000
African American	92.2	(90.8 - 93.6)	1,277,000
American Indian/Alaska Native	85.6	(81.3 - 89.9)	73,000
Asian	84.6	(83.1 - 86.1)	2,217,000
Federal Poverty Level (FPL)			
0-99% FPL	75.2	(73.6 - 76.7)	2,534,000
100-199% FPL	81.4	(80.2 - 82.5)	3,814,000
200-299% FPL	87.1	(85.9 - 88.2)	2,957,000
≥300% FPL	90.3	(89.8 - 90.7)	11,151,000
Insurance Status			
Uninsured	56.1	(54.4 - 57.8)	2,088,000
Insured	91.4	(91.1 - 91.8)	18,368,000
Total	85.9	(85.5 - 86.4)	20,455,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 23A.
Usual Source of Medical Care,
Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	88.6	(84.6 - 92.6)	59,000
Rural	85.2	(80.4 - 90.0)	41,000
Asian			
Chinese	85.2	(82.7 - 87.7)	631,000
Filipino	90.1	(87.2 - 92.9)	509,000
Japanese	88.8	(85.9 - 91.6)	229,000
Korean	64.8	(60.4 - 69.2)	169,000
South Asian	85.3	(80.8 - 89.8)	221,000
Vietnamese	87.3	(84.0 - 90.7)	286,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-4c: At least 96% of adults age 18 and older will have a usual source of ongoing medical care.

Hospitalized Overnight Past 12 Months, Adults Age 18 and Older. Over two million adults (8.6%) report being hospitalized overnight at least once in the past 12 months (Table 24). Adults who are age 65 and older are nearly twice as likely to have been hospitalized as those under age 65. One in five persons age 80 and older (20.0%) report being hospitalized. Overall, women are more likely than men to have been hospitalized; however, it should be noted that hospitalizations for delivery of a baby are included in the prevalence rate for women. In addition, the older population is disproportionately female.

In terms of racial and ethnic differences, the highest levels of hospitalization are among American Indian/Alaska Natives (13.7%) and African Americans (11.1%). Although Latinos have one of the lowest rates at 7.9%, Asians have the lowest overall rate at 6.1%. The range among Asian ethnic groups varies considerably; Chinese (4.5%) and South Asians (3.8%) have statistically lower rates of hospitalization than Vietnamese (9.5%) and Japanese (8.4%, Table 24A).

The poorest adults, those below 100% FPL, have the highest rate of hospitalizations—12.3%. The lowest rate, 6.9%, is among those at or above 300% FPL. Adults with health insurance coverage have a statistically higher hospitalization rate, almost twice as high as those without health insurance (9.2% vs. 5.3%, respectively).

Table 24.
Hospitalized Overnight Past 12 Months,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	6.5	(5.5 - 7.5)	211,000
25-39	7.8	(7.3 - 8.4)	611,000
40-64	7.4	(7.0 - 7.9)	693,000
65-79	14.4	(13.4 - 15.4)	371,000
80+	20.0	(18.1 - 22.0)	169,000
Gender			
Male	6.3	(5.9 - 6.7)	728,000
Female	10.9	(10.4 - 11.3)	1,327,000
Race/Ethnicity			
White	9.0	(8.7 - 9.4)	1,202,000
Latino	7.9	(7.2 - 8.6)	446,000
African American	11.1	(9.5 - 12.6)	153,000
American Indian/Alaska Native	13.7	(9.7 - 17.7)	12,000
Asian	6.1	(5.2 - 7.1)	161,000
Federal Poverty Level (FPL)			
0-99% FPL	12.3	(11.2 - 13.5)	416,000
100-199% FPL	10.0	(9.2 - 10.7)	468,000
200-299% FPL	9.5	(8.6 - 10.3)	322,000
≥300% FPL	6.9	(6.5 - 7.2)	849,000
Insurance Status			
Uninsured	5.3	(4.6 - 6.1)	199,000
Insured	9.2	(8.9 - 9.6)	1,856,000
Total	8.6	(8.3 - 8.9)	2,055,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 24A.
Hospitalized Overnight Past 12 Months,
Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	15.7	(11.5 - 19.8)	10,000
Rural	11.2	(6.7 - 15.6)	5,000
Asian			
Chinese	4.5	(3.2 - 5.8)	33,000
Filipino	6.9	(4.8 - 9.0)	39,000
Japanese	8.4	(5.9 - 11.0)	22,000
Korean	5.7	(4.1 - 7.4)	15,000
South Asian	3.8	(1.8 - 5.8)	10,000
Vietnamese	9.5	(7.1 - 12.0)	31,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Emergency Room Visit Past 12 Months, Adults Age 18 and Older. Approximately 3.4 million adults (14.8%) visited a hospital emergency room (ER) at least once in the past 12 months (Table 25). As with hospitalizations, adults age 65 and older have significantly higher levels of ER use than those under age 65. Much of that ER use is concentrated in the 80 and older age group, where one in four adults (26.3%) report visiting an ER in the past12 months. The proportion of females using the ER, 16.3%, is significantly higher than the proportion of males, 13.3%. However, there are many more females in the 80 and older age group than males.

The distribution of ER use among racial and ethnic groups has a very broad range. American Indian/Alaska Natives (22.3%) and African Americans (21.2%) have the highest ER use. These two groups are followed by Whites and Latinos (15.9% and 12.7%, respectively). Asians have the lowest ER use rate at 9.7%. Among Asian ethnic groups, the only significant difference is between Japanese, who have the highest rate (13.0%) and Koreans, who have the lowest rate (6.2%, Table 25A).

Adults below 300% FPL (between 15.9% and 16.9%) are more likely to visit the ER than those at or above 300% FPL with 13.8%. There are no significant differences among the three groups under 300% FPL. Only 8.1% of the uninsured report visiting an emergency room in the past 12 months compared to twice that rate among those who have health insurance (16.1%).

Table 25.
Emergency Room Visit Past 12 Months,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	14.9	(13.3 -16.4)	451,000
25-39	13.4	(12.6 - 14.1)	1,003,000
40-64	13.9	(13.3 - 14.5)	1,268,000
65-79	18.7	(17.6 - 19.8)	475,000
80+	26.3	(24.1 - 28.5)	217,000
Gender			
Male	13.3	(12.7 - 13.9)	1,488,000
Female	16.3	(15.7 - 16.8)	1,927,000
Race/Ethnicity			
White	15.9	(15.4 - 16.4)	2,049,000
Latino	12.7	(11.8 - 13.6)	687,000
African American	21.2	(19.1 - 23.3)	277,000
American Indian/Alaska Native	22.3	(17.6 - 26.9)	18,000
Asian	9.7	(8.5 - 10.9)	250,000
Federal Poverty Level (FPL)			
0-99% FPL	16.9	(15.6 - 18.2)	544,000
100-199% FPL	15.4	(14.4 - 16.4)	693,000
200-299% FPL	15.9	(14.9 - 17.0)	526,000
≥300% FPL	13.8	(13.2 - 14.3)	1,652,000
Insurance Status			
Uninsured	8.1	(7.2 - 9.0)	288,000
Insured	16.1	(15.6 - 16.5)	3,127,000
Total	14.8	(14.4 - 15.2)	3,414,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 25A.
Emergency Room Visit Past 12 Months,
Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	26.4	(21.4 - 31.4)	17,000
Rural	20.9	(15.1 - 26.7)	10,000
Asian			
Chinese	8.5	(6.5 - 10.4)	62,000
Filipino	10.7	(8.2 - 13.1)	59,000
Japanese	13.0	(10.0 - 16.0)	32,000
Korean	6.2	(3.9 - 8.6)	16,000
South Asian	10.0	(7.0 - 13.0)	26,000
Vietnamese	8.6	(6.4 - 10.7)	28,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Perceived Need for Mental Health Services Past 12 Months, Adults Age 18 and Older. Almost 3.6 million people, or 15.1% of adults, say they needed help for "emotional or mental health problems, such as feeling sad, blue, anxious or nervous" during the past 12 months (Table 26). Approximately 16% to 17% of each age group under age 65 report needing mental health services while only about 7% of adults age 65 and older say they needed such services. Women are significantly more likely than men (18.6% vs. 11.5%) to report needing mental health care.

Among racial and ethnic groups, Asians have the lowest percent reporting they need mental health services at 8.8%, a rate that is statistically lower than all other groups. There are no differences among Whites, Latinos, African Americans and American Indian/Alaska Natives in perceived need for mental health services. Among Asian ethnic groups (Table 26A), Vietnamese (13.4%) have a statistically higher reported need for mental health services than Chinese (8.3%), Filipinos (8.0%) or Koreans (7.4%). South Asians and Japanese are not statistically different from any of the Asian groups measured.

As income level decreases, the reported need for mental health services increases. The percent in need is statistically the same for persons at or above 200% FPL, approximately 14%. However, for adults in the lowest two FPL categories—100-199% and under 100%—the proportions increase to 16.6% and 19.2%, respectively. This means most of the state's poorest adults say they need help for emotional and mental health problems. In terms of insurance status, 17.9% of the uninsured report a need for mental health services, a rate that is significantly higher than the 14.6% of those with health insurance.

Table 26.
Perceived Need for Mental Health Services Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	15.5	(14.1 - 17.0)	504,000
25-39	16.9	(16.1 - 17.6)	1,309,000
40-64	16.5	(15.9 - 17.0)	1,529,000
65-79	7.5	(6.7 - 8.2)	191,000
80+	6.4	(5.2 - 7.6)	54,000
Gender			
Male	11.5	(10.9 - 12.1)	1,329,000
Female	18.6	(18.0 - 19.2)	2,258,000
Race/Ethnicity			
White	16.0	(15.5 - 16.5)	2,122,000
Latino	15.5	(14.5 - 16.4)	867,000
African American	16.6	(14.7 - 18.5)	229,000
American Indian/Alaska Native	19.9	(15.9 - 24.0)	17,000
Asian	8.8	(7.6 - 9.9)	228,000
Federal Poverty Level (FPL)			
0-99% FPL	19.2	(17.9 - 20.5)	644,000
100-199% FPL	16.6	(15.5 - 17.6)	771,000
200-299% FPL	13.5	(12.5 - 14.4)	456,000
≥300% FPL	13.9	(13.4 - 14.4)	1,716,000
Insurance Status			
Uninsured	17.9	(16.7 - 19.1)	666,000
Insured	14.6	(14.2 - 15.0)	2,921,000
Total	15.1	(14.7 - 15.5)	3,587,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 26A.
Perceived Need for Mental Health Services Past 12 Months, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	20.7	(16.9 - 24.6)	14,000
Rural	17.4	(12.9 - 21.8)	8,000
Asian			
Chinese	8.3	(6.4 - 10.1)	60,000
Filipino	8.0	(5.6 - 10.4)	45,000
Japanese	8.7	(6.4 - 11.1)	22,000
Korean	7.4	(5.4 - 9.3)	19,000
South Asian	11.5	(6.9 - 16.1)	30,000
Vietnamese	13.4	(10.6 - 16.2)	43,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Delayed or Did Not Get Medications Past 12 Months, Adults Age 18 and Older. Healthy People 2010 sets as an objective that "families experiencing difficulties or delays in obtaining health care or not receiving needed care should not exceed 7% of the population" (HP 2010 Objective 1-6). The concept of "delays" differs from "not obtaining," and reasons for delays include simple procrastination, waiting to see if the problem resolves without medication, and financial barriers.

Table 27 displays the proportions of Californians who either delayed or did not obtain medication that a doctor prescribed. Overall, over two million California adults (9.0%) delayed or did not get their prescribed medications. This is statistically higher than the HP 2010 objective of no more than 7%. The only age groups to meet the HP 2010 objective are the 65-79 age group (5.8%) and the 80 and older age group (4.1%). Men are less likely than women to delay or forego getting medications (7.2% vs. 10.7%), although neither meets the objective.

Among racial and ethnic groups, only Asians (5.6%) meet the objective, and among Asian groups only Koreans and South Asians have estimates that are 7% or less (Table 28A). However, the confidence intervals are wide for the separate Asian estimates; the upper limits of the intervals for Chinese, Filipinos, and Vietnamese are within 0.5% of meeting the objective. The group with the highest proportion of delaying or foregoing prescribed medications is American Indian/Alaska Natives at 17.8%. This is almost twice that of the state average (9.0%). The insured are more likely to delay or not get their prescription medications than the uninsured (9.3% vs. 7.5%, Table 27). No difference is observed among income levels.

Table 27.
Delayed or Did Not Get Medications Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	8.7	(7.6 - 9.9)	285,000
25-39	10.4	(9.7 - 11.0)	809,000
40-64	9.3	(8.9 - 9.8)	870,000
65-79	5.8**	(5.1 - 6.5)	149,000
80+	4.1**	(3.1 - 5.0)	34,000
Gender			
Male	7.2	(6.8 - 7.7)	840,000
Female	10.7	(10.3 - 11.2)	1,307,000
Race/Ethnicity			
White	10.2	(9.7 - 10.6)	1,351,000
Latino	6.8	(6.1 - 7.4)	382,000
African American	11.6	(10.1 - 13.1)	160,000
American Indian/Alaska Native	17.8	(13.5 - 22.1)	15,000
Asian	5.6**	(4.7 - 6.4)	147,000
Federal Poverty Level (FPL)			
0-99% FPL	8.2	(7.4 - 9.0)	276,000
100-199% FPL	9.0	(8.3 - 9.8)	423,000
200-299% FPL	9.1	(8.3 - 9.9)	309,000
≥300% FPL	9.2	(8.8 - 9.7)	1,138,000
Insurance Status			
Uninsured	7.5	(6.7 - 8.3)	280,000
Insured	9.3	(8.9 - 9.6)	1,867,000
Total	9.0	(8.7 - 9.3)	2,147,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 27A.
Delayed or Did Not Get Medications Past 12 Months, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	18.1	(13.9 - 22.4)	12,000
Rural	12.8	(8.6 - 16.9)	6,000
Asian			
Chinese	5.9	(4.3 - 7.6)	44,000
Filipino	5.8	(4.0 - 7.7)	33,000
Japanese	6.4	(4.1 - 8.8)	17,000
Korean	4.3**	(2.8 - 5.8)	11,000
South Asian	5.0**	(2.9 - 7.0)	13,000
Vietnamese	5.6	(3.6 - 7.6)	18,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-6: No more than 7% of families will experience difficulties or delays in obtaining healthcare or not receive needed care for one or more family members.

Delayed or Did Not Get Tests or Treatment, Adults Age 18 and Older. As stated for the previous results about medications, Healthy People 2010 sets as an objective that "families experiencing difficulties or delays in obtaining health care or not receiving needed care should not exceed 7.0% of the population" (HP 2010 Objective 1-6). Again, the concept of delaying differs from not obtaining needed care, and reasons for delays include procrastination, waiting to see if the problem resolves without medication, and financial barriers. California adults are close to meeting the 7.0% objective, with 7.7% delaying or not getting tests or treatments. However, the estimate is statistically higher than the HP 2010 objective (Table 28). Only the youngest and two oldest age groups meet the objective. Women are more likely to delay or not obtain tests or treatment compared to men (9.3% vs. 6.0%).

Among racial and ethnic groups, Latinos (5.1%) and Asians (4.8%) meet the HP 2010 objective, while American Indian/Alaska Natives (10.3%), Whites (9.1%) and African Americans (8.7%) do not. Among the Asian ethnic groups, South Asians and Chinese statistically do not meet the objective because of wide confidence intervals, although their estimates are both below 7.0% (Table 28A).

Only adults below 100% FPL (Table 28) statistically meet the objective (5.7%), and the 100-199% FPL group is close at 6.5% and an upper confidence interval limit of 7.2%. The two income groups at or above 200% FPL do not meet the objective. With regard to insurance status, the uninsured (6.3%) almost meet the objective with an upper confidence interval limit of 7.1%, but the insured do not, with 7.9% delaying or foregoing a test or treatment.

Table 28.
Delayed or Did Not Get Tests or Treatment, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	4.9**	(4.1 - 5.8)	160,000
25-39	6.8	(6.3 - 7.3)	531,000
40-64	10.6	(10.2 - 11.1)	993,000
65-79	4.7**	(4.1 - 5.2)	120,000
80+	3.0**	(2.2 - 3.8)	25,000
Gender			
Male	6.0**	(5.5 - 6.4)	692,000
Female	9.3	(8.9 - 9.7)	1,138,000
Race/Ethnicity			
White	9.1	(8.7 - 9.5)	1,210,000
Latino	5.1**	(4.5 - 5.6)	285,000
African American	8.7	(7.4 - 10.0)	120,000
American Indian/Alaska Native	10.3	(7.6 - 13.0)	9,000
Asian	4.8**	(4.0 - 5.6)	127,000
Federal Poverty Level (FPL)			
0-99% FPL	5.7**	(5.0 - 6.4)	192,000
100-199% FPL	6.5	(5.9 - 7.2)	306,000
200-299% FPL	7.6	(6.8 - 8.4)	258,000
≥300% FPL	8.7	(8.3 - 9.1)	1,073,000
Insurance Status			
Uninsured	6.3	(5.6 - 7.1)	235,000
Insured	7.9	(7.6 - 8.3)	1,595,000
Total	7.7	(7.4 - 8.0)	1,830,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 28A.
Delayed or Did Not Get Tests or Treatment, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	10.5	(7.0 - 14.0)	7,000
Rural	11.2	(7.3 - 15.1)	5,000
Asian			
Chinese	5.8	(4.2 - 7.3)	43,000
Filipino	4.2**	(2.6 - 5.8)	24,000
Japanese	4.8**	(2.8 - 6.8)	12,000
Korean	3.6**	(2.1 - 5.1)	9,000
South Asian	6.1	(3.7 - 8.5)	16,000
Vietnamese	3.8**	(2.1 - 5.5)	12,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-6: No more than 7% of families will experience difficulties or delays in obtaining healthcare or not receive needed care for one or more family members.

DENTAL AND HEALTH INSURANCE

Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older. Dental insurance coverage varies across all age groups, ranging from 37.0% among adults age 80 and older to 68% of those ages 40-64 (Table 29). All age groups are statistically different from each other. There are also notable differences among racial and ethnic groups. Significantly more African Americans (73.2%) have dental insurance compared to all other groups. Koreans (Table 29A) and Latinos (Table 29) have the lowest proportions of dental coverage at 40.2% and 47.2%, respectively. Koreans also have the lowest proportion with dental insurance of all Asian ethnic groups measured. South Asians (77.3%) and Filipinos (76.2%) have the highest proportions with dental insurance, statistically higher than Vietnamese, Chinese and Koreans.

There is no statistical difference between males (63.1%) and females (61.6%) in having dental insurance; the confidence intervals slightly overlap (Table 29). Dental insurance coverage increases significantly with increased income, from 37.5% for those below 100% FPL to 75.5% for those at or above 300% FPL. All poverty levels are statistically different from each other. Finally, a very low proportion of individuals without health insurance had dental insurance, only 9.2%, compared to 72.2% of those with health insurance.

Table 29.
Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	58.4	(56.4 - 60.5)	1,906,000
25-39	64.1	(63.1 - 65.1)	5,005,000
40-64	68.0	(67.2 - 68.7)	6,355,000
65-79	50.1	(48.7 - 51.5)	1,292,000
80+	37.0	(34.6 - 39.3)	313,000
Gender			
Male	63.1	(62.3 - 64.0)	7,341,000
Female	61.6	(60.9 - 62.4)	7,529,000
Race/Ethnicity			
White	66.5	(65.9 - 67.1)	8,846,000
Latino	47.2	(45.9 - 48.6)	2,666,000
African American	73.2	(71.1 - 75.3)	1,016,000
American Indian/Alaska Native	62.5	(57.4 - 67.6)	53,000
Asian	67.3	(65.5 - 69.2)	1,771,000
Federal Poverty Level (FPL)			
0-99% FPL	37.5	(35.9 - 39.2)	1,267,000
100-199% FPL	46.7	(45.4 - 48.1)	2,195,000
200-299% FPL	60.7	(59.2 - 62.2)	2,066,000
≥300% FPL	75.5	(74.9 - 76.2)	9,343,000
Insurance Status			
Uninsured	9.2	(8.2 - 10.2)	343,000
Insured	72.2	(71.7 - 72.8)	14,528,000
Total	62.4	(61.8 - 62.9)	14,870,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Table 29A.
Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	64.7	(59.4 - 70.0)	43,000
Rural	55.2	(49.0 - 61.4)	27,000
Asian			
Chinese	64.2	(60.9 - 67.5)	477,000
Filipino	76.2	(72.5 - 79.9)	433,000
Japanese	70.0	(65.5 - 74.5)	180,000
Korean	40.2	(35.7 - 44.7)	105,000
South Asian	77.3	(73.1 - 81.5)	202,000
Vietnamese	67.2	(62.7 - 71.7)	220,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Visited Dentist Past 12 Months. Adults Age 18 and Older. Healthy People 2010 sets a standard that 56% of adults will have visited a dentist during the previous year (Objective 21-10). All groups meet this objective except those without medical insurance (50.8%) and those below 100% FPL (55.2%, Table 30). There are significant differences among age, gender and ethnic groups. Adults ages 40-64 have the highest rate of all age groups at 73.4%. Women are significantly more likely than men to have had a recent dental visit (71.6% vs. 68.0%). At 59.7%, Latinos are the least likely of all racial and ethnic groups to have visited a dentist in the past 12 months, and Whites are the most likely at 74.4%. Among the Asian ethnic groups (Table 30A), Japanese (80.2%) have the highest proportion reporting a dental visit in the past 12 months, followed by Filipinos (74.5%). Koreans have the lowest proportion (61.2%) although this estimate is not statistically different from the Chinese and South Asian

Table 30.
Visited Dentist Past 12 Months,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
18-24	67.6**	(65.6 - 69.6)	2,193,000
25-39	66.9**	(65.9 - 67.9)	5,213,000
40-64	73.4**	(72.7 - 74.2)	6,850,000
65-79	69.4**	(68.1 - 70.7)	1,783,000
80+	66.6**	(64.2 - 68.9)	555,000
Gender			
Male	68.0**	(67.1 - 68.8)	7,885,000
Female	71.6**	(70.9 - 72.2)	8,709,000
Race/Ethnicity			
White	74.4**	(73.8 - 75.0)	9,874,000
Latino	59.7**	(58.3 - 61.0)	3,353,000
African American	67.7**	(65.5 - 70.0)	935,000
American Indian/Alaska Native	68.7**	(63.9 - 73.5)	58,000
Asian	70.1**	(68.3 - 72.0)	1,836,000
Federal Poverty Level (FPL)			
0-99% FPL	55.2	(53.4 – 56.9)	1,853,000
100-199% FPL	59.8**	(58.5 - 61.1)	2,796,000
200-299% FPL	67.2**	(65.8 - 68.7)	2,277,000
≥300% FPL	78.3**	(77.6 - 78.9)	9,669,000
Dental Insurance Status			
Uninsured	50.8	(49.1 - 52.5)	1,887,000
Insured	73.3**	(72.8 - 73.9)	14,707,000
Total	69.8**	(69.3 - 70.4)	16,594,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

Table 30A.
Visited Dentist Past 12 Months, Adults Age 18 and Older,
Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	67.4**	(63.2 - 71.6)	44,000
Rural	71.5**	(66.3 - 76.7)	34,000
Asian			
Chinese	68.0**	(64.7 - 71.2)	504,000
Filipino	74.5**	(70.4 - 78.5)	420,000
Japanese	80.2**	(76.5 - 83.9)	206,000
Korean	61.2**	(57.2 - 65.3)	160,000
South Asian	68.5**	(63.3 - 73.7)	177,000
Vietnamese	71.2**	(67.2 - 75.2)	232,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HP 2010 Objective 21-10: At least 56% of persons age two and older will have visited the dentist in the past year.

Current Health Insurance Coverage, Adults Ages 18-64. Table 31 shows the distribution of health insurance coverage among adults ages 18-64. Adults age 65 and older are almost universally covered by Medicare. The format of this table differs from that of the other tables in this section to allow for presentation of types of health insurance and proportions uninsured. The top numbers in the data cells indicate the percent of the row that is uninsured or is covered by Medi-Cal, job-based insurance, privately purchased insurance, or other public coverage (e.g. Indian Health Services, Healthy Families). The numbers in parentheses below the percents are the upper and lower limits of the 95% confidence intervals of each percent (estimate). The last column shows the total number of individuals in each row, which allows the reader to estimate the populations of each cell by simply multiplying the percents by the total population estimates.

Young adults ages 18-24 are the most likely of all age groups to be uninsured (29.2%) and have the lowest rate of job-based health insurance coverage (45.2%). Those in the 45-54 age group have a significantly higher rate of job-based coverage (71.2%) compared to all other age groups. There are also significant differences between males and females in health insurance coverage. Males are significantly more likely to be uninsured than females (19.6% vs. 16.8%), although the proportion covered by job-based insurance is the same for males and females—approximately two-thirds. About 13% of females participate in the Medi-Cal program compared to 7.7% of males, reflecting the greater proportion of female-headed families with dependent children. The findings on health insurance coverage among the four Federal Poverty Level (FPL) categories show a significant linear association between income and health insurance status. Approximately 40% of adults under 100% FPL lack health insurance compared to 7.3% of those at or above 300% FPL. In fact, all of the four Federal Poverty Level (FPL) categories are statistically different from each other.

Among racial and ethnic groups, Latinos have the highest uninsured rate at 35.0%, three times that of Whites (10.6%). Approximately 22.1% of American Indian/Alaska Natives are uninsured, as are 16.8% of Asians. African Americans have the second lowest uninsured rate at 12.8%. Table 31A presents more detail on who lacks health insurance among specific Asian groups and urban and rural American Indian/Alaska Natives, although the confidence intervals are quite wide for these estimates. Even with the wide confidence intervals, the percent of Koreans who lack health insurance, 38.7%, statistically exceeds all other groups except Latinos.

CHIS 2001 collected detailed information on health insurance coverage; only a summary is presented in this report. More comprehensive findings on counties, immigrants, respondents with chronic conditions, etc. can be found in *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey.*[14]

14 Brown ER, Ponce N, Rice T, Lavarreda SA. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey.* Los Angeles, CA: UCLA Center for Health Policy Research, 2002.

Table 31.
Current Health Insurance Coverage, Adults Age 18-64

Population Group	Population Size	Percent of Group				
		Uninsured	Medi-Cal	Job-Based	Privately Purchased	Other Public Coverage
Age Group (Years)						
18-24	3,262,000	29.2 (27.3 - 31.2)	15.0 (13.4 - 16.6)	45.2 (43.1 - 47.3)	7.8 (6.7 - 8.9)	2.1 (1.5 - 2.7)
25-34	5,106,000	22.1 (20.9-23.3)	10.3 (9.5-11.2)	61.3 (60.0-62.7)	5.1 (4.5-5.7)	1.1 (0.8-1.4)
35-44	5,305,000	15.7 (14.8-16.5)	8.9 (8.2-9.6)	69.0 (67.9-70.1)	5.6 (5.1-6.1)	0.8 (0.6-1.1)
45-54	4,250,000	12.3 (11.5-13.1)	8.0 (7.4-8.7)	71.2 (70.1-72.3)	7.1 (6.5-7.7)	1.3 (1.1-1.6)
55-64	2,498,000	11.2 (10.3-12.2)	10.8 (9.9-11.7)	67.0 (65.6-68.4)	8.9 (8.1-9.6)	2.2 (1.7-2.6)
Gender						
Male	10,168,000	19.6 (18.7-20.4)	7.7 (7.2-8.3)	65.2 (64.3-66.2)	6.0 (5.6-6.4)	1.4 (1.2-1.6)
Female	10,254,000	16.8 (16.2-17.5)	12.8 (12.2-13.4)	61.8 (60.9-62.6)	7.1 (6.6-7.5)	1.4 (1.2-1.6)
Race/Ethnicity						
White	10,663,000	10.6 (10.1-11.1)	6.3 (5.9-6.7)	72.7 (72.0-73.5)	8.9 (8.5-9.3)	1.4 (1.2-1.6)
Latino	5,421,000	35.0 (33.6-36.3)	15.8 (14.8-16.9)	45.6 (44.2-47.0)	2.4 (1.9-2.8)	1.1 (0.8-1.3)
African American	1,187,000	12.8 (10.9-14.6)	20.5 (18.2-22.7)	61.9 (59.3-64.6)	2.4 (1.6-3.2)	2.4 (1.7-3.2)
American Indian/ Alaska Native†	74,000	22.1 (16.9-27.4)	17.8 (13.3-22.3)	54.4 (48.6-60.3)	–	–
Asian	2,359,000	16.8 (15.1-18.5)	9.7 (8.4-11.1)	64.7 (62.6-66.8)	7.5 (6.5-8.5)	1.1 (0.6-1.6)
Federal Poverty Level (FPL)						
0-99 % FPL	2,939,000	38.9 (37.1-40.8)	37.0 (35.2-38.8)	18.6 (17.1-20.1)	3.3 (2.7-3.9)	1.8 (1.4-2.3)
100-199% FPL	3,774,000	33.0 (31.4-34.5)	17.7 (16.5-18.9)	42.5 (41.0-44.1)	4.8 (4.2-5.5)	1.9 (1.5-2.3)
200-299% FPL	2,768,000	19.0 (17.5-20.5)	7.2 (6.3-8.1)	65.5 (63.8-67.2)	6.5 (5.6-7.3)	1.8 (1.4-2.2)
≥300% FPL	10,940,000	7.3 (6.8-7.8)	1.3 (1.1-1.6)	82.3 (81.6-82.9)	8.0 (7.6-8.5)	1.0 (0.8-1.1)
Total	20,422,000	18.2 (17.7-18.7)	10.3 (9.9-10.7)	63.5 (62.9-64.1)	6.5 (6.2-6.8)	1.4 (1.2-1.5)

Note: The number in each cell represents the group percent and the numbers in parentheses indicate a 95% confidence interval. The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range. Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total. Other public coverage includes privately purchased coverage.

† A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Table 31A.
Current Health Insurance Coverage, Adults Age 18-64, Selected Racial/Ethnic Subgroups

Racial/Ethnic Subgroup	Percent of Group	95% CI*	Estimated Number
American Indian/Alaska Native			
Urban	18.3	(13.3 - 23.2)	11,000
Rural	24.7	(18.2 - 31.3)	11,000
Asian			
Chinese	15.9	(13.0 - 18.8)	103,000
Filipino	13.6	(10.0 - 17.3)	70,000
Japanese	7.4	(4.4 - 10.3)	15,000
Korean	38.7	(34.4 - 43.1)	90,000
South Asian	10.2	(6.1 - 14.3)	26,000
Vietnamese	21.4	(17.1 - 25.8)	64,000

Note: Urban and rural areas of residence reported for American Indian/Alaska Natives have been defined by the Indian Health Service.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-1: 100% of persons under age 65 are covered by health insurance.

3. Adolescent CHIS 2001 Findings

The Adolescent findings presented in this section are based on 5,801 telephone interviews with California youth age 12-17 years. An adolescent whose parent or guardian answered the CHIS 2001 adult questionnaire was selected to participate. In households where there were more than one adolescent, the potential respondent was randomly selected from all adolescents associated with the adult respondent. Parental permission and adolescent consent were required to conduct the telephone interviews.

In addition to specific topics related to adolescent health, many of the questions in the adult questionnaire were also asked of adolescents. However, the smaller adolescent sample size limits the reliability of some of the findings from the adolescent questionnaire. Two topics that were asked of both adults and adolescents—diabetes and hospitalizations—have only total prevalence estimates presented in this section because the adolescent sample sizes are too small to present as tables. Unstable estimates are flagged (†) in the tables. An estimate is considered unstable (i.e., unreliable) if the standard error of the mean divided by the sample mean is equal to or greater than 30%.

The findings on physician-diagnosed health conditions and limitations are based solely on adolescent respondent self-reports; no independent confirmation was obtained. Questions about adolescents' health insurance coverage were answered by the adult respondent. All other questions were answered by the adolescents.

Self-Reported Lifetime Asthma Prevalence, Adolescents Ages 12-17. Findings are presented for two measures of asthma: lifetime prevalence (Table 32); and the 12-month attack or symptom prevalence among those ever diagnosed with asthma (Table 33). Overall, 16.3% of adolescents in California-almost half a million teens-report having been diagnosed with asthma at some point in their lives (Table 32).

Among adolescents, Latinos (11.0%) and Asians (11.1%) have significantly lower levels of lifetime prevalence than Whites do at 19.5%. They are also much lower than the two groups with the highest prevalence, African Americans at 28.4% and American Indian/Alaska Natives at 27.5%. Adolescents living in households with incomes at or above 300% of the Federal Poverty Level (FPL) report significantly higher diagnosed asthma prevalence compared to those below 100% FPL—(18.2 % vs. 13.9%, respectively). No other income differences are statistically significant. Only 9.0% of the currently uninsured report being diagnosed with asthma compared to 17.3% of those with health insurance.

Table 32.
Self-Reported Lifetime Asthma Prevalence, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	14.7	(12.9 - 16.4)	219,000
15-17	17.9	(15.9 - 20.0)	262,000
Gender			
Male	16.8	(14.8 - 18.7)	254,000
Female	15.8	(13.9 - 17.7)	226,000
Race/Ethnicity			
White	19.5	(17.6 - 21.5)	255,000
Latino	11.0	(8.9 - 13.0)	116,000
African American	28.4	(20.9 - 35.9)	56,000
American Indian/Alaska Native	27.5	(16.0 - 39.0)	5,000
Asian	11.1	(7.3 - 14.9)	27,000
Federal Poverty Level (FPL)			
0-99% FPL	13.9	(10.6 - 16.1)	88,000
100-199% FPL	13.3	(10.4 - 16.1)	82,000
200-299% FPL	18.6	(14.7 - 22.4)	81,000
≥300% FPL	18.2	(16.3 - 20.1)	230,000
Insurance Status			
Uninsured	9.0	(5.6 - 12.4)	31,000
Insured	17.3	(15.8 - 18.7)	449,000
Total	16.3	(14.9 - 17.6)	480,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Adolescents Ages 12-17. Almost three-quarters of all adolescents diagnosed with asthma (71.8%) report experiencing symptoms during the past year (Table 33). The 12-month attack or symptom prevalence does not differ significantly by age, gender, racial and ethnic group, insurance status or poverty level, but the confidence intervals are quite wide on many of these estimates. For a more detailed discussion of CHIS 2001 asthma results, see *Asthma in California: Findings from the 2001 California Health Interview Survey*.[13]

Table 33.
12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	73.9	(67.9 - 79.9)	158,000
15-17	70.1	(64.5 - 75.7)	181,000
Gender			
Male	72.1	(66.8 - 77.4)	179,000
Female	71.5	(65.2 - 77.7)	159,000
Race/Ethnicity			
White	73.0	(68.0 - 77.9)	184,000
Latino	70.5	(61.1 - 80.0)	78,000
African American	70.4	(56.3 - 84.5)	39,000
American Indian/Alaska Native	77.9	(61.0 - 94.7)	4,000
Asian	57.2	(38.8 - 75.6)	16,000
Federal Poverty Level (FPL)			
0-99% FPL	65.7	(53.7 - 77.7)	57,000
100-199% FPL	69.2	(58.3 - 80.1)	55,000
200-299% FPL	73.8	(64.6 - 82.9)	57,000
≥300% FPL	74.4	(69.4 - 79.4)	169,000
Insurance Status			
Uninsured	59.7	(39.8 - 79.5)	18,000
Insured	72.7	(68.6 - 76.7)	320,000
Total	71.8	(67.8 - 75.9)	339,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

13 Meng YY, Babey SH, Malcom E, Brown ER, Chawla N. *Asthma in California: Findings from the 2001 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research, 2003.

Ever A Regular Smoker, Adolescents Ages 12-17. Teenage smoking is one of the most consistent and important public health concerns because of the empirical evidence that most adult smokers started before age 18. Since California has two other sources of smoking data on adolescents, the California Tobacco Survey and the Youth Risk Behavior Survey (YRBS), only a few smoking measures were included in CHIS 2001.

CHIS 2001 differed from other adolescent surveys by asking only about "regular smoking behavior." Smoking regularly puts one at increased risk for continued smoking into adulthood and the associated health effects that come with long-term smoking. Many other surveys that focus on current smoking patterns combine occasional smokers with regular smokers when determining prevalence. For these reasons, CHIS 2001 prevalence levels of adolescent smokers are lower than the prevalence levels of current smokers found in other surveys. CHIS 2001 data cannot be compared to the HP 2010 objective since that objective focused only on current or ever smoking behaviors. [Note: CHIS 2003 has expanded the smoking measures in order to gauge progress among California adolescents in meeting the HP 2010 objective.]

In CHIS 2001, adolescents were asked if they had ever smoked cigarettes regularly, that is, at least one cigarette everyday for 30 days. Overall, 5.2% report having ever been a regular smoker, an estimated 154,000 adolescents (Table 34). Older adolescents (age 15-17) are significantly more likely than younger adolescents (age 12-14) to report ever having been a regular smoker (9.5% vs. 1.0%, respectively). At 6.8%, Whites are almost twice as likely as Latinos (3.7%) to report ever smoking regularly. Estimates for African-American, American Indian/Alaskan Native, and Asian adolescents are shown in Table 34, but are not reliable due to small sample sizes. No differences are seen by income or insurance status in the prevalence of ever having smoked regularly (Table 34).

Table 34.
Ever A Regular Smoker, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	1.0	(0.6 - 1.5)	16,000
15-17	9.5	(8.0 - 10.9)	138,000
Gender			
Male	5.3	(4.3 - 6.4)	81,000
Female	5.1	(4.0 - 6.2)	73,000
Race/Ethnicity			
White	6.8	(5.7 - 7.9)	89,000
Latino	3.7	(2.4 - 5.0)	39,000
African American†	–	–	–
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	6.5	(4.3 - 8.6)	41,000
100-199% FPL	3.9	(2.5 - 5.3)	24,000
200-299% FPL	7.0	(4.8 - 9.2)	30,000
≥300% FPL	4.6	(3.6 - 5.6)	59,000
Insurance Status			
Uninsured	6.2	(3.6 - 8.7)	21,000
Insured	5.1	(4.3 - 5.9)	132,000
Total	5.2	(4.5 - 6.0)	154,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Binge Drinking Past Month, Adolescents Ages 12-17. Binge drinking is defined as having five or more drinks on one occasion in the past month. More than one third of adolescents (35.1%) report ever drinking alcohol (data not shown), and 6.3% report binge drinking during the past month. Adolescents who abstained from drinking are included in the denominators to provide estimates for all California youth. The 6.3% prevalence of binge drinking is significantly higher than the HP 2010 objective of no more than 2% (Objective 26-11d). However, adolescents ages 12-14 meet the objective, with significantly lower levels of binge drinking (0.7%) compared to 15-17 year olds (12.1%). These age group differences have been shown in other studies as well.[16, 17] There are no differences between male adolescents (6.6%) and female adolescents (6.0%) in the proportions who binge drink.

White adolescents (8.0%) report a prevalence of binge drinking that is four times higher than the HP 2010 objective, and the rate for Latino youth (5.4%) is almost three times the HP 2010 objective of not more than 2%. Other racial and ethnic groups report lower prevalence levels; however, the numbers are too small to report with reliability.

CHIS 2001 results also indicate that among adolescents who drive, 7.7% report having driven a car after drinking, an estimated 40,000 California adolescents (data not shown). Similar percentages for drinking and driving are reported for both males (7.8%) and females (7.4%). Other demographic comparisons are not possible because of small sample sizes.

Table 35.
Binge Drinking Past Month, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	0.7**	(0.3 - 1.1)	10,000
15-17	12.1	(10.5 - 13.7)	176,000
Gender			
Male	6.6	(5.5 - 7.7)	100,000
Female	6.0	(4.8 - 7.2)	86,000
Race/Ethnicity			
White	8.0	(6.9 - 9.2)	105,000
Latino	5.4	(3.9 - 7.0)	57,000
African American†	–	–	–
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	5.5	(3.5 - 7.6)	35,000
100-199% FPL	4.7	(3.1 - 6.3)	29,000
200-299% FPL	6.1	(4.0 - 8.1)	26,000
≥300% FPL	7.6	(6.3 - 8.8)	95,000
Insurance Status			
Uninsured	5.0	(2.3 - 7.4)	17,000
Insured	6.5	(5.6 - 7.4)	168,000
Total	6.3	(5.5 - 7.1)	186,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

**Meets the Healthy People 2010 Objective

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 26-11d: No more than 2.0% of adolescents ages 12-17 will have engaged in binge drinking during the past month.

16 Johnston LD, O'Malley PM, and Bachman JG. 1996. National survey results on drug use from the Monitoring the Future Study, 197501995. Volume I: Secondary school students. NIH Publication No. 96-4139. Rockville, MD: National Institute on Drug Abuse; 381 pp.

17 Kann L, Warren CW, Harris WA, Collins JL, Williams BI, Ross JG, and Kolbe LJ. Youth Risk Behavior Surveillance—United States, 1995. *MMWR* 1996; 45 (SS-4):1-86.

Marijuana Use Past Month, Adolescents Ages 12-17. Almost one in five California adolescents (18.2%) report ever using any drug (data not shown), and 6.3% report having smoked marijuana in the past 30 days (Table 36). The HP 2010 Objective (26-10b) states that past 30-day marijuana use among adolescents should not exceed 0.7%. All demographic groups exceeded this level by substantial margins. Marijuana use is significantly higher among those ages 15-17 than it is in the 12-14 age group (10.6% vs. 2.0%, respectively). Overall, gender is not a differentiating factor; males (6.8%) smoke marijuana in similar proportions as females (5.7%). While estimates for marijuana use among Asian, American Indian/Alaska Native, and African American youth are statistically unstable, the estimate for Latinos is stable at 5.4%. The prevalence of past month marijuana use among White adolescents is 8.1%, with the lower confidence limit equal to the upper limit of the Latino estimate (6.9%, Table 36). No statistical differences are observed by income or insurance status.

Table 36.
Marijuana Use Past Month, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	2.0	(1.3 - 2.7)	30,000
15-17	10.6	(9.1 - 12.0)	153,000
Gender			
Male	6.8	(5.6 - 8.0)	102,000
Female	5.7	(4.6 - 6.7)	81,000
Race/Ethnicity			
White	8.1	(6.9 - 9.3)	105,000
Latino	5.4	(3.9 - 6.9)	57,000
African American†	–	–	–
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	5.4	(3.5 - 7.3)	34,000
100-199% FPL	5.3	(3.5 - 7.1)	33,000
200-299% FPL	7.4	(5.2 - 9.7)	32,000
≥300% FPL	6.7	(5.6 - 7.9)	84,000
Insurance Status			
Uninsured	4.7	(2.4 - 7.0)	16,000
Insured	6.5	(5.6 - 7.3)	167,000
Total	6.3	(5.4 - 7.1)	183,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 26-10b: No more than 0.7% of adolescents age 12-17 will report use of marijuana during the past 30 days.

Overweight and Obesity, BMI-for-Age At or Above the 95th Percentile, Adolescents Ages 12-17. Reports of an epidemic of obesity in America have been frequent in recent years. The HP 2010 objective that focuses on curbing this health problem among children states that the proportion of children and adolescents ages 6-19 who are either overweight or obese should not exceed five percent (Objective 19-3). California adolescents fail to meet this objective by more than two-fold, with 11.4% either overweight or obese, defined as having a body mass index (BMI) for age at or above the 95th percentile (Table 37). Every demographic group shown in Table 37 exceeds the HP 2010 objective. Adolescent males have twice the weight problem that females have; 15.0% are overweight or obese compared to 7.5% of females. A significantly smaller proportion of Asian adolescents (6.8%) is overweight or obese compared to Latino (13.1%) or African-American youth (18.0%). African-American adolescents have the highest prevalence of overweight or obesity among the racial and ethnic groups shown. Adolescents in households below 100% FPL have a significantly higher proportion who are overweight or obese compared with those in households at or above 300% FPL (15.3% vs. 9.1%, respectively).

Table 37.
Overweight and Obesity, BMI-for-Age
At or Above the 95th Percentile, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	10.9	(9.3 - 12.5)	152,000
15-17	11.8	(9.9 - 13.7)	167,000
Gender			
Male	15.0	(13.1 - 16.9)	217,000
Female	7.5	(6.0 - 8.9)	102,000
Race/Ethnicity			
White	10.0	(8.5 - 11.5)	128,000
Latino	13.1	(10.8 - 15.5)	126,000
African American	18.0	(11.1 - 25.0)	34,000
American Indian/Alaska Native	10.0	(2.2 - 17.8)	2,000
Asian	6.8	(3.7 - 9.8)	17,000
Federal Poverty Level (FPL)			
0-99% FPL	15.3	(11.7 - 18.9)	89,000
100-199% FPL	12.1	(9.5 - 14.6)	70,000
200-299% FPL	11.4	(8.5 - 14.4)	48,000
≥300% FPL	9.1	(7.6 - 10.7)	112,000
Insurance Status			
Uninsured	12.8	(8.6 - 16.9)	40,000
Insured	11.2	(9.9 - 12.5)	279,000
Total	11.4	(10.1 -12.6)	319,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HP 2010 Objective 19-3: No more than 5% of children and adolescents ages 6-19 will be overweight or obese.

Vigorous Physical Activity Past Week, Adolescents Ages 12-17. The HP 2010 objective for adolescent physical activity states that "at least 85% of adolescents should engage in vigorous activity that promotes cardio-respiratory fitness 3 or more days a week for 20 or more minutes per occasion" (HP 2010 Objective 22-7). Overall, California adolescents do not meet this objective; only 63.6% report any vigorous activity in the past month. (Table 38).

There are no differences between older and younger adolescents, but males participate in vigorous physical activity at higher levels than females (70.7% vs. 56.0%, respectively). White (68.6%) adolescents are more likely to report past month vigorous physical activity than Latino (58.4%) or Asian (58.1%) youth. Finally, adolescents living in households that are at or above 300% FPL are significantly more likely to report vigorous physical activity during the past month than any of the lower three income groups.

Table 38.
Vigorous Physical Activity Past Week, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	64.8	(62.2 - 67.3)	966,000
15-17	62.4	(59.7 - 65.0)	909,000
Gender			
Male	70.7	(68.3 - 73.2)	1,072,000
Female	56.0	(53.3 - 58.7)	803,000
Race/Ethnicity			
White	68.6	(66.3 - 70.9)	897,000
Latino	58.4	(54.8 - 62.0)	616,000
African American	62.2	(54.8 - 69.6)	123,000
American Indian/Alaska Native	66.6	(53.9 - 79.3)	13,000
Asian	58.1	(51.6 - 64.6)	145,000
Federal Poverty Level (FPL)			
0-99% FPL	58.1	(53.3 - 62.9)	368,000
100-199 % FPL	59.8	(55.5 - 64.2)	370,000
200-299% FPL	61.5	(56.8 - 66.1)	267,000
≥300% FPL	68.9	(66.5 - 71.2)	870,000
Insurance Status			
Uninsured	58.4	(52.1 - 64.6)	201,000
Insured	64.3	(62.3 - 66.2)	1,674,000
Total	63.6	(61.7 - 65.4)	1,875,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 22-7: At least 85% of adolescents will engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days a week for 20 or more minutes per occasion.

TV/Video Game Time During Leisure Weekday Hours, Adolescents Ages 12-17. In addition to asking about physical activity, CHIS 2001 included questions about the number of leisure time hours spent watching television and playing video games; two presumably sedentary activities that are common among adolescents. Findings are presented for adolescents who report watching television or playing video games for three or more hours during a typical weekday (Monday through Friday).

Almost half of California adolescents (49.0%) report spending three or more hours watching television or playing video games on a typical weekday (Table 39). There are no differences in reported time by age group or gender. White adolescents (43.2%) are statistically less likely to spend three or more hours watching television or playing video games on a typical weekday than Latinos (52.1%), Asians (52.3%) or African Americans (64.8%). A statistically smaller proportion of adolescents in households at or above 300% FPL spends three or more hours watching television or playing video games on a typical weekday than those in households below 100% FPL (45.5% versus 53.3%, respectively). The data also suggest that a greater proportion of adolescents who are uninsured (56.2%) compared to those who are insured (48.1%) watch TV or play video games for three or more hours on a typical weekday, although the confidence intervals overlap at 50.0%.

Table 39.
TV/Video Game Time During Leisure Weekday Hours, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	48.7	(46.1 - 51.3)	727,000
15-17	49.3	(46.6 - 52.0)	719,000
Gender			
Male	49.8	(47.1 - 52.5)	755,000
Female	48.2	(45.5 - 50.9)	691,000
Race/Ethnicity			
White	43.2	(40.7 - 45.6)	565,000
Latino	52.1	(48.5 - 55.7)	550,000
African American	64.8	(57.3 - 72.4)	128,000
American Indian/Alaska Native	56.2	(42.7 - 69.6)	11,000
Asian	52.3	(45.8 - 58.9)	130,000
Federal Poverty Level (FPL)			
0-99% FPL	53.3	(48.5 - 58.1)	338,000
100-199 % FPL	50.6	(46.2 - 55.0)	314,000
200-299% FPL	50.7	(46.0 - 55.4)	221,000
≥300% FPL	45.5	(42.9 - 48.0)	575,000
Insurance Status			
Uninsured	56.2	(50.0 - 62.3)	193,000
Insured	48.1	(46.1 - 50.0)	1,253,000
Total	49.0	(47.1 - 50.9)	1,446,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

***5 a Day* Fruit and Vegetable Consumption, Adolescents Ages 12-17.** In CHIS 2001, adolescents were asked to recall the number of servings of fruit, 100% fruit juices, and vegetables consumed in the 24-hour period prior to the interview. The data presented in Table 40 show the proportions of adolescents who report a total of five or more servings of fruits or vegetables consumed in the previous 24 hours. The California Department of Health Services recommends eating five servings of fruit and vegetables per day (*5 a Day* hereafter); potatoes, including french fries, are in the CHIS 2001 count for adolescents and children. Overall, 40.3% of adolescents report consuming *5 a Day* in the previous day (Table 40). There are no age, gender, insurance, or racial and ethnic differences. Estimates for some income categories differ statistically, but because there is no linear pattern to the difference, interpretation is difficult.

Table 40.
***5 a Day*†† Fruit and Vegetable Consumption, Adolescents Ages 12-17**

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	41.1	(38.5 - 43.6)	613,000
15-17	39.5	(36.8 - 42.2)	576,000
Gender			
Male	41.6	(39.0 - 44.2)	631,000
Female	38.9	(36.3 - 41.5)	558,000
Race/Ethnicity			
White	40.4	(38.0 - 42.8)	528,000
Latino	40.2	(36.7 - 43.7)	425,000
African American	33.0	(25.5 - 40.5)	65,000
American Indian/Alaska Native	39.0	(26.1 - 51.9)	8,000
Asian	45.4	(38.8 - 51.9)	113,000
Federal Poverty Level (FPL)			
0-99% FPL	43.2	(38.5 - 48.0)	274,000
100-199 % FPL	38.3	(34.1 - 42.5)	237,000
200-299% FPL	32.4	(28.2 - 36.7)	141,000
≥300% FPL	42.5	(40.0 - 45.0)	537,000
Insurance Status			
Uninsured	46.2	(40.0 - 52.4)	159,000
Insured	39.5	(37.6 - 41.4)	1,030,000
Total	40.3	(38.4 - 42.1)	1,189,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

††Five or more servings of fruit and vegetables per day, including fried potatoes.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Always Wear a Helmet While Riding a Bicycle, Adolescents Ages 12-17. California law requires all children under age 18 to wear a helmet when riding a bicycle. No HP 2010 Objective on bicycle helmet use has been established. Almost one-third (30.0%) of adolescents who rode a bicycle during the past 12 months report they always wear a helmet when riding a bicycle. Older youth ages 15-17, are less likely to always wear a helmet compared to those ages 12-14 (24.1% vs. 35.0%, respectively). Males (26.4%) are less likely to always wear a helmet than females (34.4%).

Among racial/ethnic groups, White adolescents comply with California law at a significantly higher proportion (39.4%) than all other racial and ethnic groups, with the exception of Asian youth (33.7%). Latinos and African Americans report the lowest proportions at 17.3% and 16.6%, respectively. In terms of income categories, 40.0% of youth at or above 300% FPL always wear helmets, a level that is statistically higher than each of the lower income categories, which range from 18.8% to 25.1%.

Table 41.
Always Wear a Helmet While Riding a Bicycle, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	35.0	(32.4 - 37.6)	426,000
15-17	24.1	(21.5 - 26.6)	252,000
Gender			
Male	26.4	(24.0 - 28.8)	333,000
Female	34.4	(31.5 - 37.2)	345,000
Race/Ethnicity			
White	39.4	(36.9 - 42.0)	425,000
Latino	17.3	(14.3 - 20.2)	129,000
African American	16.6	(10.3 - 22.9)	26,000
American Indian/Alaska Native	23.4	(12.6 - 34.2)	4,000
Asian	33.7	(26.2 - 41.2)	57,000
Federal Poverty Level (FPL)			
0-99% FPL	18.8	(14.5 - 23.0)	83,000
100-199% FPL	21.6	(17.8 - 25.4)	96,000
200-299% FPL	25.1	(20.9 - 29.2)	86,000
≥300% FPL	40.0	(37.3 - 42.8)	412,000
Insurance Status			
Uninsured	22.8	(17.1 - 28.5)	52,000
Insured	30.8	(28.8 - 32.7)	625,000
Total	30.0	(28.1 - 31.8)	678,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Always Use A Car Seatbelt, Adolescents Ages 12-17. In California, seatbelt use is mandatory when driving or riding in an automobile, van or truck, and the HP 2010 objective states that at least 92% of the population will wear a seat belt. Approximately 79.5% of adolescents report always wearing a seatbelt when riding in or driving a car, a proportion that does not meet the HP 2010 objective (Table 42). Another 14.5% of California adolescents report that they "usually wear a seatbelt" (data not shown). Females are more likely than males to report always wearing a seatbelt (82.0% vs. 77.1%). Asian adolescents (71.4%) report always using a seatbelt at lower levels than White adolescents (81.7%), which is the only statistical difference among racial or ethnic groups. In terms of income, adolescents in households at or above 300% FPL report greater seatbelt use (81.8%) than those below 100% FPL (75.2%). There are no other statistically significant differences by income and no differences by insurance status.

Table 42.
Always Use a Car Seatbelt, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	81.1	(79.0 - 83.1)	1,210,000
15-17	77.9	(75.5 - 80.2)	1,136,000
Gender			
Male	77.1	(74.8 - 79.4)	1,170,000
Female	82.0	(79.9 - 84.1)	1,177,000
Race/Ethnicity			
White	81.7	(79.8 - 83.6)	1,070,000
Latino	79.3	(76.3 - 82.3)	838,000
African American	75.3	(68.6 - 82.0)	149,000
American Indian/Alaska Native	84.9	(77.3 - 92.5)	17,000
Asian	71.4	(65.0 - 77.9)	178,000
Federal Poverty Level (FPL)			
0-99% FPL	75.2	(70.9 - 79.4)	476,000
100-199 % FPL	77.7	(74.0 - 81.4)	481,000
200-299% FPL	81.6	(78.0 - 83.8)	355,000
≥300% FPL	81.8	(79.9 - 97.3)	1,034,000
Insurance Status			
Uninsured	80.4	(75.3 - 85.6)	277,000
Insured	79.4	(77.7 - 81.0)	2,070,000
Total	79.5	(77.9 - 81.1)	2,347,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 15-19: At least 92% of the population will use safety belts.

Ever Been in a Physical Fight Past 12 Months, Adolescents Ages 12-17. HP 2010 Objective 15-38 states that no more than 32% of adolescents in grades 9-12 will have engaged in physical fighting in the previous 12 months. California adolescents more than meet this objective, with 19.1% reporting being in a physical fight during the past 12 months (Table 43). All racial and ethnic groups meet the objective except African-American youth-one out of three (33.7%) reports being in a physical fight in the past 12 months.

Overall, females are much less likely than males to be involved in physical fighting (11.9% vs. 25.9%). In terms of income categories, adolescents at all income levels report physical fighting prevalence levels that are well below the HP 2010 cutoff of 32%. However, adolescents living below 100% FPL are more likely to report having been in a physical fight than adolescents living at or above the 300% FPL (23.9% vs. 15.9%).

Table 43.
Ever Been in a Physical Fight Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	17.3**	(15.3 - 19.3)	257,000
15-17	20.9**	(18.6 - 23.2)	304,000
Gender			
Male	25.9**	(23.5 - 28.3)	391,000
Female	11.9**	(10.11 - 13.6)	170,000
Race/Ethnicity			
White	17.0**	(15.1 - 18.8)	221,000
Latino	20.6**	(17.7 - 23.5)	217,000
African American	33.7	(25.9 - 41.6)	66,000
American Indian/Alaska Native	14.3**	(6.7 - 21.8)	3,000
Asian	9.6**	(5.8 - 13.4)	24,000
Federal Poverty Level (FPL)			
0-99% FPL	23.9**	(19.7 - 28.0)	150,000
100-199% FPL	20.9**	(17.4 - 24.5)	129,000
200-299% FPL	18.6**	(14.7 - 22.4)	81,000
≥300% FPL	15.9**	(14.1 - 17.8)	201,000
Insurance Status			
Uninsured	23.8	(18.6 - 29.0)	81,000
Insured	18.5**	(16.9 - 20.0)	480,000
Total	19.1**	(17.6 - 20.6)	561,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HP 2010 Objective 15-38: No more than 32% of adolescents in grades 9-12 will have engaged in physical fighting in the past 12 months.

Gun Handling without Adult Supervision, Adolescents Ages 12-17. Adolescents were asked if they have ever handled a gun without adult supervision or knowledge. An estimated 133,000 adolescents report that they have ever handled a gun without adult supervision or knowledge (4.5%, Table 44). Males are more than four times as likely to report such behavior compared to females (7.2% vs. 1.7%), and older adolescents ages 15-17 are three times as likely to report unsupervised gun handling as those ages 12-14 (6.9% vs. 2.2%, respectively). No other demographic differences are found. Estimates for African Americans, American Indian/Alaska Natives and Asians are based on very small sample sizes that result in unstable estimates.

Table 44.
Gun Handling without Adult Supervision, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	2.2	(1.4 - 2.9)	32,000
15-17	6.9	(5.7 - 8.1)	101,000
Gender			
Male	7.2	(6.0 - 8.4)	109,000
Female	1.7	(1.1 - 2.4)	25,000
Race/Ethnicity			
White	5.0	(4.1 - 5.9)	65,000
Latino	4.5	(3.1 - 5.8)	47,000
African American†	–	–	–
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	3.9	(2.5 - 5.3)	25,000
100-199% FPL	6.0	(4.0 - 8.1)	37,000
200-299% FPL	4.4	(2.7 - 6.1)	19,000
≥300% FPL	4.1	(3.2 - 5.0)	52,000
Insurance Status			
Uninsured	5.0	(2.6 - 7.4)	17,000
Insured	4.5	(3.7 - 5.2)	116,000
Total	4.5	(3.8 - 5.2)	133,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

SEXUALITY, SEXUALLY TRANSMITTED DISEASE (STD), AND PREGNANCY PREVENTION

Ever Had Sexual Intercourse, Adolescents Ages 15-17. Data displayed in Tables 45 and 46 show sexual activity findings among adolescents between the ages of 15 and 17. CHIS 2001 did not ask adolescents under age 14 about sexual activity, and the Healthy People 2010 objectives refer to teens ages 15-17. HP 2010 Objective 9-9 states that at least 75% of adolescents in this age group "will have never engaged in sexual intercourse." The converse is that not more than 25% of those ages 15-17 will have engaged in sexual intercourse, which is what is presented in Table 45. In CHIS 2001, one in four California adolescents in this age range (25.6%) report ever having had sexual intercourse, a proportion that is not statistically different from the HP 2010 Objective of 25.0%. Asian adolescents are the least likely of any group to report having had sexual intercourse (11.2%); additionally, they are the only racial and ethnic group that is statistically below the HP 2010 objective. African-American adolescents, at 38.0%, exceed the 25.0% HP 2010 objective. There are no differences between females and males, and no differences among income categories.

Table 45.
Ever Had Sexual Intercourse, Adolescents Ages 15-17

Population Group	Percent of Group	95% CI*	Estimated Number
Gender			
Male	28.0	(24.6 - 31.4)	210,000
Female	23.0	(19.8 - 26.1)	160,000
Race/Ethnicity			
White	26.5	(23.6 - 29.4)	174,000
Latino	24.7	(20.1 - 29.3)	123,000
African American	38.0	(26.5 - 49.4)	36,000
American Indian/Alaska Native	46.9	(22.1 - 71.6)	5,000
Asian	11.2**	(5.4 - 17.0)	15,000
Federal Poverty Level (FPL)			
0-99% FPL	27.3	(21.1 - 33.5)	85,000
100-199% FPL	28.0	(22.2 - 33.9)	80,000
200-299% FPL	26.8	(21.1 - 32.5)	57,000
≥300% FPL	23.3	(20.4 - 26.2)	149,000
Insurance Status			
Uninsured	23.0	(15.6 - 30.3)	39,000
Insured	25.9	(23.5 - 28.4)	332,000
Total	25.6	(23.3 - 27.9)	370,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 9-9: At least 75% of adolescents ages 15-17 will have never engaged in sexual intercourse. Conversely, no more than 25% will have engaged in sexual intercourse.

First Intercourse At Age 15 or Older, Adolescents Ages 15-17. HP 2010 Objective 9-8 seeks to increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 to at least 88%. Among California's adolescents ages 15-17, 91.6% report never having had intercourse, or waiting until at least age 15 to become sexually active (Table 46). This proportion is statistically higher than the HP 2010 objective of 88%. Females are significantly more likely than males to have never engaged in sexual intercourse, or to have waited until at least age 15 to become sexually active. Although the HP 2010 objective is met by adolescents overall, there are notable racial differences. White and Asian youth meet the HP 2010 objective but African American, Latino and American Indian/Alaska Native youth do not. However, the lower limit of the confidence interval for Latinos (87.1%) is very close the HP 2010 objective of 88%, and the confidence intervals for African Americans and American Indian/Alaska Natives are wide. In terms of income differences, there is a clear gradient. The percent of adolescents who are not sexually active or who waited until at least age 15 increases as household income increases, although the only statistically significant difference is between those in households below 100% FPL and those at or above 300% FPL.

Table 46.
First Intercourse At Age 15 or Older, Adolescents Ages 15-17

Population Group	Percent of Group	95% CI*	Estimated Number
Gender			
Male	89.2	(86.9 - 91.6)	668,000
Female	94.2**	(92.3 - 96.1)	657,000
Race/Ethnicity			
White	93.4**	(91.8 - 95.0)	614,000
Latino	90.3	(87.1 - 93.6)	449,000
African American	80.5	(71.5 - 89.6)	76,000
American Indian/Alaska Native	93.5	(84.3 - 100.0)	9,000
Asian	98.3**	(96.5 - 100.0)	127,000
Federal Poverty Level (FPL)			
0-99% FPL	87.9	(83.3 - 92.6)	275,000
100-199% FPL	89.0	(85.4 - 92.7)	253,000
200-299% FPL	90.4	(86.4 - 94.4)	192,000
≥300% FPL	95.0**	(93.5 - 96.4)	606,000
Insurance Status			
Uninsured	90.7	(86.0 - 95.4)	153,000
Insured	91.7**	(90.1 - 93.3)	1,172,000
Total	91.6**	(90.1 - 93.1)	1,325,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 9-8: At least 88% of adolescents will have not engaged in sexual intercourse before age 15.

Condom Use During Most Recent Intercourse, Sexually Active Males Ages 15-17. HP 2010 Objective 9-10 states that at least 79% of sexually active adolescent males will have used a condom during most recent intercourse. Table 47 shows that 82.8% of sexually active male adolescents ages 15-17 report using a condom the last time they had intercourse. The lower limit of the confidence interval for this estimate is 77.6%, which is very close to the HP 2010 objective of 79%. Among racial and ethnic groups, only White males (86.8%) meet the objective; however, the confidence intervals are very wide for the other groups, and the estimate for American Indian/Alaska Natives males is not reliable. There are no other demographic differences.

Table 47.
Condom Use During Most Recent Intercourse, Sexually Active Males Ages 15-17

Population Group	Percent of Group	95% CI*	Estimated Number
Race/Ethnicity			
White	86.8**	(81.5 - 92.1)	74,000
Latino	83.4	(73.9 - 92.8)	67,000
African American	77.2	(56.5 - 97.8)	20,000
American Indian/Alaska Native†	–	–	–
Asian	73.3	(45.4 - 100.0)	4,000
Federal Poverty Level (FPL)			
0-99% FPL	85.3	(74.1 - 96.5)	41,000
100-199% FPL	83.0	(71.8 - 94.3)	45,000
200-299% FPL	77.6	(63.0 - 92.1)	26,000
≥300% FPL	83.5	(75.9 - 91.1)	61,000
Insurance Status			
Uninsured	72.1	(52.2 - 92.1)	19,000
Insured	84.4**	(79.3 - 89.6)	153,000
Total	82.8	(77.6 - 88.1)	172,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HP 2010 Objective 9-10: At least 79% of sexually active male adolescents ages 15-17 will have used a condom at last intercourse.

Condom Use During Most Recent Intercourse, Sexually Active Females Ages 15-17. HP 2010 Objective 9-10 states that at least 49% of sexually active adolescent females will have used a condom during most recent intercourse. Table 48 shows that 62.6% of sexually active female adolescents ages 15-17 report using a condom the last time they had intercourse. This is well above the objective of at least 49%. The small sample sizes resulted in very wide, overlapping confidence intervals for specific demographic groups.

Table 48.
Condom Use During Most Recent Intercourse, Sexually Active Females Ages 15-17

Population Group	Percent of Group	95% CI*	Estimated Number
Race/Ethnicity			
White	66.0**	(58.0 - 74.0)	58,000
Latino	57.8	(36.8 - 78.8)	24,000
African American	76.3**	(55.2 - 97.4)	7,000
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	50.4	(27.5 - 73.3)	18,000
100-199% FPL	55.0	(36.3 - 73.7)	14,000
200-299% FPL	68.1**	(52.7 - 83.5)	16,000
≥300% FPL	69.6**	(61.2 - 78.0)	51,000
Insurance Status			
Uninsured	61.2	(28.5 - 93.8)	6,000
Insured	62.7**	(54.5 - 70.9)	93,000
Total	62.6**	(54.7 - 70.6)	100,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HP 2010 Objective 9-10: At least 49% of sexually active female adolescents ages 15-17 will have used a condom at last intercourse.

Pregnancies and Sexually Transmitted Infections (STI) diagnoses, Adolescents Ages 14-17 (data not shown). CHIS 2001 collected data on pregnancy and STI diagnosis prevalence among adolescents ages 14-17. The findings are not presented in tables because only the total estimates are stable. Approximately 21,000 female adolescents ages 14-17 report ever having been pregnant—12.5% of the estimated 168,000 female adolescents ages14-17 who are sexually active. Regarding sexually transmitted infections, 2.5% of sexually active adolescents report they have ever been diagnosed with an STI—about 10,000 adolescents ages 14-17.

HEALTH CARE UTILIZATION

Usual Source of Medical Care, Adolescents Ages 12-17. Healthy People 2010 set an objective of ensuring that at least 97% of the nation's youth age 17 and under will have a "specific source of ongoing care." CHIS 2001 results indicate that this objective is not met for youth ages 12-17. Only 85.4% of adolescents report having a usual source of health care (Table 49). There are no age group or gender differences, although the confidence intervals barely overlap for males and females, suggesting it may be lower for males. African-American (90%) and White (90.9%) youth are more likely to report having a usual source of care compared to Latino youth (78.7%) and American Indian/Alaska Native youth (69.3%). Every major racial and ethnic group has a lower percent than the HP 2010 Objective of 97.0%.

A higher proportion of insured adolescents report having a usual source of care (88.5%) compared to the uninsured (62.0%). In terms of income categories, a significantly higher proportion of California adolescents in the two income categories above 200% FPL (87.5% and 91.6%) report having a usual source of health care compared to those in the two income categories below 200% FPL (78.3% and 78.7%).

Table 49.
Usual Source of Medical Care, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	84.6	(82.6 - 86.6)	1,244,000
15-17	86.3	(84.4 - 88.2)	1,247,000
Gender			
Male	83.6	(81.5 - 85.6)	1,246,000
Female	87.4	(85.6 - 89.2)	1,244,000
Race/Ethnicity			
White	90.9	(89.5 - 92.2)	1,176,000
Latino	78.7	(75.7 - 81.6)	822,000
African American	90.0	(85.6 - 94.4)	176,000
American Indian/Alaska Native	69.3	(53.4 - 85.2)	14,000
Asian	85.5	(81.2 - 89.7)	210,000
Federal Poverty Level (FPL)			
0-99% FPL	78.3	(74.5 - 82.2)	487,000
100-199% FPL	78.7	(74.9 - 82.5)	480,000
200-299% FPL	87.5	(84.5 - 90.4)	373,000
≥300% FPL	91.6	(90.2 - 92.9)	1,150,000
Insurance Status			
Uninsured	62.0	(55.9 - 68.1)	209,000
Insured	88.5	(87.2 - 89.8)	2,282,000
Total	85.4	(84.1 - 86.8)	2,491,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HP 2010 Objective 1-4b: At least 97% of children and youth age 17 and under will have a specific source of ongoing care.

Emergency Room Visit Past 12 Months, Adolescents Ages 12-17. Approximately one in five (21.4%) of California's youth ages 12-17 reports having visited an emergency room (ER) within the past 12 months-an estimated 629,000 youth (Table 50). Older adolescents (ages 15-17) report higher ER use than do younger adolescents (ages 12-14)—24.5% vs. 18.3%, respectively. The percent of ER use among males (23.5%) is not statistically higher than the percent among females (19.2%). However, the confidence intervals overlap by only 0.2%, suggesting that a larger sample size may show that more males than females visited an ER in the past 12 months.

African-American (29.0%) and White (25.3%) youth are significantly more likely to have visited an ER during the past 12 months than either Latino (17.3%) or Asian (11.3%) adolescents. [Note: The confidence interval for the American Indian/Alaska Native estimate is very wide, making interpretation difficult.] There are no income category differences. In terms of health insurance status, adolescents with health insurance are more than twice as likely as uninsured adolescents to report an ER visit in the past 12 months (23.0% vs. 9.0%).

Table 50.
Emergency Room Visit Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
12-14	18.3	(16.3 - 20.3)	272,000
15-17	24.5	(22.1 - 26.9)	357,000
Gender			
Male	23.5	(21.2 - 25.7)	355,000
Female	19.2	(17.0 - 21.3)	274,000
Race/Ethnicity			
White	25.3	(23.2 - 27.5)	331,000
Latino	17.3	(14.4 - 20.1)	181,000
African American	29.0	(21.5 - 36.6)	57,000
American Indian/Alaska Native	22.5	(12.1 - 33.0)	4,000
Asian	11.3	(6.8 -15.7)	28,000
Federal Poverty Level (FPL)			
0-99% FPL	18.9	(15.0 - 22.9)	120,000
100-199% FPL	21.7	(18.1 - 25.4)	134,000
200-299% FPL	19.3	(15.9 - 22.8)	84,000
≥300% FPL	23.1	(20.9 - 25.3)	291,000
Insurance Status			
Uninsured	9.3	(5.7 - 12.8)	32,000
Insured	23.0	(21.3 - 24.7)	597,000
Total	21.4	(19.8 - 22.9)	629,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Injury Requiring Emergency Room Visit Past 12 Months, Adolescents Ages 12-17. HP 2010 Objective 15-12 states that hospital emergency room (ER) visits caused by injuries will not exceed 12.6%. This objective is not limited to adolescents, but included the age-adjusted year 2000 population. For purposes of comparison with CHIS data, a threshold of 12.6% of adolescents was used to assess how California compares with the objective.

Overall, California's adolescents ages12-17 meet the HP 2010 goal, with only 7.5% visiting an ER due to an injury-an estimated 221,000 adolescents (Table 51). Indeed, every group, with the exception of White adolescents (11.2%), has a lower proportion who visited the ER for an injury than the 12.6% set by HP 2010. The upper limit of the confidence interval for Whites is only 12.7%, indicating they almost meet the objective. Adolescents ages 15-17 are more likely (9.4%) to visit an ER for an injury than those ages 12-14 (5.6%). Males (9.6%) are more likely to have an injury-related ER visit than females (5.3%). Latino adolescents, at only 3.7%, are significantly less likely than White adolescents (11.2%) to have visited visit an ER for injury.

Adolescents in the highest income category (9.5%) are more likely to make an injury-related ER visit than those in the lowest income category (3.6%, Table 51). Finally, the proportion of adolescents with health insurance who had an injury-related ER visit (8.0%) is lower than the 12.6% HP 2010 objective. The proportion among those lacking health coverage cannot be compared due to a statistically unstable estimate.

Table 51.
Injury Requiring Emergency Room Visit Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group			
12-14	5.6**	(4.6 - 6.7)	84,000
15-17	9.4**	(7.9 -11.0)	137,000
Gender			
Male	9.6**	(8.1 - 11.1)	145,000
Female	5.3**	(4.3 - 6.4)	76,000
Race/Ethnicity			
White	11.2	(9.7 - 12.7)	147,000
Latino	3.7**	(2.3 - 5.2)	39,000
African American	7.7**	(3.6 - 11.8)	15,000
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	3.6**	(2.1 - 5.1)	23,000
100-199% FPL	7.6**	(5.1 - 10.2)	47,000
200-299% FPL	7.3**	(5.1 - 9.5)	32,000
≥300% FPL	9.5**	(8.0 - 10.9)	120,000
Insurance Status			
Uninsured†	–	–	–
Insured	8.0**	(7.0 - 9.1)	210,000
Total	7.5**	(6.6 - 8.4)	221,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HP 2010 Objective 15-12: Hospital emergency room visits caused by injuries will not exceed 126 visits per 1,000 population (12.6%). This objective was not limited to adolescents only but included the age-adjusted Year 2000 standard population.

Visited Dentist Past Year, Adolescents Ages 12-17. HP 2010 sets an objective that at least 56% of persons age two and older will have visited a dentist during the previous year. California's adolescents meet the objective by almost 30 percentage points, with 84.8% reporting that they visited a dentist in the past year (Table 52). Latino adolescents (76.8%) are less likely than Whites (90.9%) or Asians (86.6%) to report they visited a dentist in the past year. There are no age or gender differences. Adolescents at or above 300% FPL are significantly more likely than any income category below 300% FPL to report a dental visit within the past 12 months. Despite differences between demographic groups, all estimates meet the HP 2010 Objective. [Note: CHIS 2001 did not include questions on dental insurance for adolescents.]

Table 52.
Visited Dentist Past Year, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group			
12-14	85.4**	(83.3 - 87.4)	1,185,000
15-17	84.2**	(82.2 - 86.2)	1,197,000
Gender			
Male	83.2**	(81.2 - 85.3)	1,189,000
Female	86.3**	(84.3 - 88.3)	1,193,000
Race/Ethnicity			
White	90.9**	(89.4 - 92.4)	1,158,000
Latino	76.8**	(73.7 - 79.9)	751,000
African American	84.2**	(78.2 - 90.2)	160,000
American Indian/Alaska Native	74.5**	(58.3 - 90.6)	14,000
Asian	86.6**	(82.4 - 90.9)	206,000
Federal Poverty Level (FPL)			
0-99% FPL	75.4**	(71.3 - 79.6)	440,000
100-199% FPL	76.2**	(72.4 - 80.0)	432,000
200-299% FPL	84.3**	(80.9 - 87.8)	353,000
≥ 300% FPL	93.2**	(91.8 - 94.5)	1,157,000
Total	84.8**	(83.3 - 86.2)	2,382,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HP 2010 Objective 21-10: At least 56% of persons age two and older will have visited a dentist during the past year.

Current Health Insurance Coverage, Adolescents Ages 12-17. Table 53 shows the distribution of health insurance coverage among adolescents. The format of this table differs from that of the other tables in this section to allow for presentation of types of health insurance and proportions uninsured. The top numbers in the data cells indicate the percent of the row that is uninsured or is covered by Medi-Cal, job-based insurance, privately purchased insurance, or other public coverage (e.g. Indian Health Services, Healthy Families). The numbers in parentheses below the percents are the upper and lower limits of the 95% confidence intervals of each percent (estimate). The last column shows the total number of individuals in each row, which allows the reader to estimate the populations of each cell by simply multiplying the percents by the total population estimates.

Overall, only 11.7% of adolescents lack health insurance, and 60.8% have job-based health insurance coverage, which is most likely through their parents. There are no age or gender differences in having coverage or in the type of coverage; however, there are significant differences among racial and ethnic groups, and among income categories. Latino adolescents have the highest uninsured prevalence of all groups—22.5%. This is five times the uninsured level among White adolescents (4.4%). Approximately 8.2% of Asian youth are uninsured. The estimate for American Indian/Alaska Natives adolescents is not reliable because of a small sample size.

The findings on health insurance coverage among the four Federal Poverty Level (FPL) categories show that one in five adolescents living in households under 200% FPL has no health insurance, compared with 11.5% of those between 200 and 299% FPL and only 2.3% of youth in households at or above 300% FPL.

CHIS 2001 collected detailed information on health insurance coverage; only a summary is presented in this report. More comprehensive findings on counties, immigrants, respondents with chronic conditions, etc. can be found in *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*.[18]

18 Brown ER, Ponce N, Rice T, Lavarreda SA. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey.* Los Angeles, CA: UCLA Center for Health Policy Research, 2002.

Table 53.
Current Health Insurance Coverage, Adolescents Ages 12-17

Population Group	Population Size	Percent of Group				
		Uninsured	Medi-Cal	Job-Based	Privately Purchased	Other Public Coverage
Age Group (Years)						
12-14	1,493,000	11.7 (9.9 - 13.5)	18.8 (16.5 - 21.0)	3.9 (2.8 - 5.0)	60.3 (57.7 - 63.0)	5.3 (4.0 - 4.6)
15-17	1,459,000	11.6 (9.7 - 13.6)	19.1 (16.6-21.5)	4.8 (3.5-6.0)	61.3 (58.6-64.1)	3.2 (2.5-3.9)
Gender						
Male	1,517,000	11.2 (9.4-13.1)	19.8 (17.4-22.2)	4.7 (3.5-5.8)	60.3 (57.6-63.0)	4.0 (3.0-5.0)
Female	1,435,000	12.1 (10.2-14.0)	18.0 (15.6-20.3)	4.0 (2.8-5.1)	61.4 (58.7-64.2)	4.5 (3.5-5.6)
Race/Ethnicity						
White	1,309,000	4.4 (3.3-5.6)	8.9 (7.3-10.5)	1.8 (1.1-2.5)	79.9 (77.8-82.1)	4.9 (3.9-5.9)
Latino	1,056,000	22.5 (19.5-25.6)	26.0 (22.8-29.2)	8.3 (6.3-10.2)	39.2 (35.8-42.7)	4.0 (2.5-5.4)
African American†	198,000	–	38.6 (30.6-46.6)	–	52.8 (44.9-60.7)	–
American Indian/ Alaska Native†	–	–	–	–	–	–
Asian†	249,000	8.2 (5.2-11.1)	26.0 (19.2-32.7)	–	57.7 (51.0-64.4)	5.5 (2.6-8.4)
Federal Poverty Level (FPL)						
0-99 % FPL	633,000	22.2 (18.1-26.3)	56.4 (51.7-61.2)	5.7 (3.5-7.9)	11.8 (8.9-14.7)	3.9 (1.9-5.8)
100-199% FPL	619,000	20.0 (16.4-23.6)	21.4 (17.8-25.1)	10.6 (7.9-13.3)	44.5 (40.1-48.8)	3.5 (1.9-5.0)
200-299% FPL	435,000	11.5 (8.1-14.9)	7.5 (4.2-10.9)	5.0 (2.9-7.0)	70.7 (66.0-75.3)	5.3 (3.5-7.1)
≥300% FPL	1,264,000	2.3 (1.6-3.0)	2.8 (1.7-3.9)	0.4 (0.1-0.7)	90.0 (88.4-91.6)	4.5 (3.5-5.5)
Total	2,952,000	11.7 (10.3-13.0)	18.9 (17.3-20.6)	4.3 (3.5-5.2)	60.8 (58.9-62.7)	4.3 (3.5-5.0)

Note: The number in each cell represents the group percent and the numbers in parentheses indicate a 95% confidence interval. The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range. Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total. Other Public Coverage includes privately purchased coverage.

† A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-1: 100% of persons under age 65 are covered by health insurance.

4. Child CHIS 2001 Findings

The findings about children are based on responses from the adult in the household who knows the most about the selected child's health. A total of 12,592 child interviews were completed. This is a large enough sample size to produce separate estimates for children under age five and children ages 5-11, as well as for California's main racial and ethnic groups. However, the sample size is not sufficient to produce reliable estimates for separate Asian ethnic groups.

Findings on physician-diagnosed health conditions and limitations are based solely on the report of the adult; independent confirmation was not obtained. For a more detailed discussion of the health of young children ages 0-5, see *The Health of Young Children in California: Findings from the 2001 California Health Interview Survey*.[19]

19 Inkelas M, Halfon N, Uyeda K, Stevens G, Wright J, Holtby S, Brown ER. *The Health of Young Children in California: Findings from the 2001 California Health Interview Survey*.Los Angeles: UCLA Center for Health Policy Research, 2003.

Lifetime Asthma Prevalence, Children Ages 1-11. Results are presented for two measures of asthma: lifetime prevalence (Table 54) and the 12-month attack or symptom prevalence among those ever diagnosed with asthma (Table 55). The asthma questions were not asked about children under one year of age. Overall, 12.3% of children in California, approximately 706,000 children ages 1-11, report having ever been diagnosed with asthma (Table 54). Children ages 5-11 show higher lifetime asthma prevalence than children ages 1-4 (13.5% vs. 10%, respectively). Male children are more likely than female children to have ever been diagnosed (14.9% vs. 9.5%). American Indian/Alaska Natives (26.1%) and African Americans (18.9%) have significantly higher asthma prevalence than Whites (12.7%) or Latinos (9.9%). Latino children have the lowest percent of reported asthma diagnosis out of all racial and ethnic groups. No differences are observed among income levels. Children with health insurance coverage have a significantly higher proportion of diagnosed asthma than uninsured children (12.6% vs. 8.8%).

Table 54.
Lifetime Asthma Prevalence, Children Ages 1-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group			
1-4	10.0	(8.6 - 11.3)	198,000
5-11	13.5	(12.4 - 14.5)	509,000
Gender			
Male	14.9	(13.7 - 16.2)	439,000
Female	9.5	(8.4 - 10.6)	267,000
Race/Ethnicity			
White	12.7	(11.5 - 13.8)	315,000
Latino	9.9	(8.5 - 11.3)	215,000
African American	18.9	(14.9 - 22.8)	73,000
American Indian/Alaska Native	26.1	(15.8 - 36.4)	5,000
Asian	13.1	(10.2 - 16.0)	72,000
Federal Poverty Level (FPL)			
0-99% FPL	10.1	(8.3 - 11.9)	134,000
100-199% FPL	13.0	(11.1 - 14.9)	172,000
200-299% FPL	13.9	(11.7 - 16.0)	121,000
≥ 300 % FPL	12.5	(11.3 - 13.7)	280,000
Insurance Status			
Uninsured	8.8	(6.0 - 11.6)	45,000
Insured	12.6	(11.7 - 13.5)	661,000
Total	12.3	(11.4 - 13.1)	706,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Children Ages 1-11. Among children ever diagnosed with asthma, 78.2% exhibit symptoms such as coughing, wheezing, shortness of breath, chest tightness and/or phlegm production within the past 12 months (Table 55). Younger children (ages 1-4) show significantly higher asthma attack or symptom prevalence than children ages 5-11 (87.1% vs. 74.5%). There are no racial and ethnic differences in symptom prevalence, no clear relationship between asthma symptoms and income, and no difference by insurance status. For a more detailed discussion of CHIS asthma results, see *Asthma in California: Findings from the 2001 California Health Interview Survey*.[20]

Table 55.
12-Month Asthma Attack or Symptoms Among Ever Diagnosed, Children Ages 1-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group			
1-4	87.1	(82.2 - 92.0)	171,000
5-11	74.5	(71.0 - 78.4)	373,000
Gender			
Male	80.1	(76.6 - 83.5)	348,000
Female	75.2	(69.6 - 80.7)	196,000
Race/Ethnicity			
White	78.7	(74.8 - 82.7)	247,000
Latino	75.0	(68.5 - 81.6)	157,000
African American	87.4	(79.7 - 95.1)	62,000
American Indian/Alaska Native	73.7	(53.4 - 94.0)	4,000
Asian	75.5	(64.9 - 86.1)	53,000
Federal Poverty Level (FPL)			
0-99% FPL	77.6	(69.8 - 85.5)	101,000
100-199% FPL	75.7	(68.7 - 82.8)	127,000
200-299% FPL	87.6	(82.6 - 92.6)	105,000
≥ 300% FPL	76.0	(71.5 –80.4)	210,000
Insurance Status			
Uninsured	77.5	(64.2 - 90.7)	34,000
Insured	78.3	(75.2 - 81.4)	509,000
Total	78.2	(75.2 - 81.2)	544,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

20 Meng YY, Babey SH, Malcolm E, Brown ER, Chawla N. *Asthma in California: Findings from the 2001 California Health Interview Survey.* Los Angeles: UCLA Center for Health Policy Research, 2003.

Other Health Conditions (data not shown), Children Ages 1-11. In addition to asking about asthma diagnosis, CHIS 2001 asked parents of children ages one year or older if the selected child was ever diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Approximately 2.4% of parents report an ADD/ADHD diagnosis, accounting for 149,000 children. The questionnaire further asked if the child has "any type of health condition that limits or prevents his/her ability to do activities usual for his/her age." Approximately 7% of parents report the child has a limiting condition. Of note, although 12.3% of children have been diagnosed with asthma, fewer than 2% of adults specifically mention asthma as limiting their child's activities. After asthma and ADD/ADHD, the most common limiting conditions are vision, orthopedic and hearing problems. These are much less common than asthma and ADD/ADHD, and are mentioned by less than 0.5% of the parents interviewed for CHIS. The remaining conditions are varied and reported by a very small number of parents.

***5 a Day* Fruit and Vegetable Consumption, Children Ages 2-11.** The California Department of Health Services recommends the consumption of five servings of fruit and vegetables per day (*5 a Day* hereafter). In CHIS 2001, parents of children ages 2-11 were asked to report the number of servings of fruit, 100% fruit juices, and vegetables (including potatoes) the child consumed in the 24-hour period prior to the interview. The focus was on food eaten outside of school or daycare. The data presented in Table 56 show the proportion of children ages 2-11 who consumed five or more servings of fruits or vegetables in the past 24 hours. Less than half (47.2%) of the children meet the *5 a Day* recommendation. No differences are found between males and females, but younger children (ages 2-4) are more likely than older children (ages 5-11) to have eaten five or more servings the previous day (57.5% vs. 43.2%). Asian children have the lowest proportion consuming *5 a Day* (36%) compared to other racial and ethnic groups. At 51.7%, Latino children are more likely than White children (45.8%) to eat five or more servings of fruits or vegetables. A significantly higher proportion of children (more than half) from households with incomes below 200% FPL consume five or more servings than do children in the two income groups at or above 300% FPL (less than half).

Table 56.
***5 a Day*†† Fruit and Vegetable Consumption, Children Ages 2-11**

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group			
1-4	57.5	(54.8 - 60.1)	852,000
5-11	43.2	(41.6 - 44.8)	1,632,000
Gender			
Male	46.4	(44.5 - 48.3)	1,243,000
Female	48.1	(46.1 - 50.0)	1,241,000
Race/Ethnicity			
White	45.8	(44.0 - 47.6)	1,047,000
Latino	51.7	(49.2 - 54.2)	1,019,000
African American	48.1	(42.4 - 53.8)	170,000
American Indian/Alaska Native	56.6	(45.4 - 67.8)	11,000
Asian	36.0	(31.6 - 40.4)	179,000
Federal Poverty Level (FPL)			
0-99% FPL	50.5	(47.1 - 54.0)	614,000
100-199% FPL	51.2	(48.3 - 54.2)	608,000
200-299% FPL	45.7	(42.5 - 48.9)	362,000
≥ 300% FPL	43.5	(41.6 - 45.4)	899,000
Insurance Status			
Uninsured	48.8	(44.1 - 53.5)	238,000
Insured	47.1	(45.6 - 48.5)	2,246,000
Total	47.2	(45.8 - 48.6)	2,484,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

†† Five or more servings of fruit and vegetables per day, including fried potatoes.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Always Wear a Helmet When Riding a Bicycle, Children Ages 5-11. Approximately 60.6% of children ages 5-11 who rode a bicycle in the past 12 months are reported as always wearing a helmet (Table 57). Although there is no HP 2010 Objective for bicycle helmet use, California law mandates helmet use for all children under age 18. There are no differences between boys and girls in helmet use, but there are racial and ethnic differences. White children (74.0%) are significantly more likely to wear a helmet than all other groups except American Indian/Alaska Natives (63.1%), but the confidence interval for the latter group is very wide. Latino children have the lowest percent of reported helmet use at 43.8%. Children of families with higher incomes (≥300% FPL) report a higher level of helmet use (72.5%) than all other income groups, and children in households below 100% FPL report the lowest level of use (43.9%).

Table 57.
Always Wear a Helmet When Riding a Bicycle, Children Ages 5-11

Population Group	Percent of Group	95% CI*	Estimated Number
Gender			
Male	59.1	(56.7 - 61.6)	877,000
Female	62.3	(59.7 - 64.9)	871,000
Race/Ethnicity			
White	74.0	(72.0 - 76.1)	1,002,000
Latino	43.8	(40.5 - 47.1)	422,000
African American	54.4	(47.3 - 61.4)	122,000
American Indian/Alaska Native	63.1	(49.5 - 76.7)	8,000
Asian	58.9	(52.6 - 65.2)	145,000
Federal Poverty Level (FPL)			
0-99% FPL	43.9	(39.2 - 48.6)	258,000
100-199% FPL	54.0	(50.0 - 57.9)	341,000
200-299% FPL	60.6	(56.4 - 64.8)	279,000
≥ 300% FPL	72.5	(70.1 - 74.8)	869,000
Insurance Status			
Uninsured	49.3	(43.2 - 55.3)	130,000
Insured	61.8	(60.0 - 63.7)	1,617,000
Total	60.6	(58.9 - 62.4)	1,748,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

TV/Video Game Time During Leisure Weekday Hours, Children Ages 3-11. It is difficult to measure a child's physical activity level. Instead, CHIS 2001 measured the number of non-school, weekday hours that children ages 3-11 spent watching television and playing video games, two common sedentary activities. Table 58 shows the distributions of children who watch television or play video games for three or more hours during a typical weekday (Monday through Friday). Overall, 21.1% of children ages 3-11-one in five-watch three or more hours of television or play video games on a typical weekday. A significantly smaller proportion of children ages 3-4 watch three or more hours a day compared to children ages 5-11 (15.8% vs. 22.5%). There is no difference between girls and boys. Among racial and ethnic groups, White children (17.8%) have a lower proportion of TV watching/video game playing than Latino and African-American children (23.5% and 26.9%, respectively). Children in households earning 300% or greater FPL have a lower proportion of three or more hours of TV watching/video game playing than children below 200% FPL. Approximately one out of four of these low-income children reportedly spends three or more hours engaging in this sedentary activity.

Table 58.
TV/Video Game Time During Leisure Weekday Hours, Children Ages 3-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
3-4	15.8	(13.3 - 18.4)	160,000
5-11	22.5	(21.2 - 23.9)	849,000
Gender			
Male	21.7	(19.9 - 23.4)	528,000
Female	20.5	(18.9 - 22.2)	481,000
Race/Ethnicity			
White	17.8	(16.3 - 19.3)	371,000
Latino	23.5	(21.3 - 25.8)	418,000
African American	26.9	(21.7 - 32.1)	87,000
American Indian/Alaska Native	23.9	(14.3 - 33.6)	4,000
Asian	23.2	(19.0 - 27.4)	106,000
Federal Poverty Level (FPL)			
0-99% FPL	26.3	(23.0 - 29.5)	290,000
100-199% FPL	24.1	(21.5 - 26.6)	258,000
200-299% FPL	20.4	(17.8 - 23.1)	148,000
≥ 300% FPL	16.6	(15.1 - 18.2)	313,000
Insurance Status			
Uninsured	24.9	(20.6 - 29.1)	113,000
Insured	20.7	(19.5 - 22.0)	896,000
Total	21.1	(19.9 - 22.3)	1,009,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

HEALTH CARE UTILIZATION AND INSURANCE

Usual Source of Medical Care, Children Ages 0-11. Healthy People 2010 set a goal of ensuring that at least 97% of the nation's youth age 17 and under have a usual source of care. As shown in Table 59, 97.1% of children ages 0-11 have a place they usually go to when sick or in need of advice about their health. Although the lower limit of the confidence interval is just under 97% (96.6%), California children are doing well relative to this HP 2010 Objective. Among the racial and ethnic groups, White (98.4%) and African-American (97.8%) children are more likely to have a usual source of care than Latino children (95.3%). A statistically smaller proportion of children in households below 200% FPL have a usual source of care compared to those with household incomes at or above 300% FPL (approximately 95% vs. 98.9%). Health insurance coverage reveals the greatest disparity with only 81.1% of uninsured children having a usual source of care compared to 98.6% of children with health insurance coverage.

Table 59.
Usual Source of Medical Care, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	97.8**	(97.2 - 98.4)	2,414,000
5-11	96.6	(96.0 - 97.2)	3,648,000
Gender			
Male	96.9	(96.3 - 97.6)	3,094,000
Female	97.2	(96.7 - 97.8)	2,968,000
Race/Ethnicity			
White	98.4**	(98.0 - 98.8)	2,644,000
Latino	95.3	(94.3 - 96.2)	2,247,000
African American	97.8	(96.3 - 99.2)	403,000
American Indian/Alaska Native	97.9	(95.8 - 99.9)	22,000
Asian	97.5	(96.2 - 98.9)	585,000
Federal Poverty Level (FPL)			
0-99% FPL	94.7	(93.5 - 96.0)	1,367,000
100-199% FPL	95.8	(94.8 - 96.9)	1,371,000
200-299% FPL	97.6	(96.6 - 98.7)	919,000
≥ 300% FPL	98.9**	(98.6 - 99.3)	2,405,000
Insurance Status			
Uninsured	81.1	(77.6 - 84.6)	432,000
Insured	98.6**	(98.3 - 98.9)	5,630,000
Total	97.1	(96.6 - 97.5)	6,062,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-4b: At least 97% of children and youth age 17 and under will have a specific source of ongoing care.

Visited Doctor Past 12 Months, Children Ages 0-11.
Approximately 90.1% of children under age 12 have seen a medical doctor within the past 12 months (Table 60). Younger children, who may go to the doctor more frequently for immunizations or well-child checks are significantly more likely than older children to have seen a doctor in the past year (96.4% vs. 86.1%). There are no differences between girls and boys, and no income level differences. Among racial and ethnic groups, the only statistical difference is between White children, at 91.4%, and Latino children, at 88.5%. The most notable finding is that a significantly higher proportion of children with health insurance coverage (91.6%) report a visit, compared with only 74.5% of uninsured children.

Table 60.
Visited Doctor Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	96.4	(95.5 - 97.2)	2,358,000
5-11	86.1	(85.0 - 87.2)	3,225,000
Gender			
Male	89.5	(88.5 - 90.6)	2,833,000
Female	90.8	(89.7 - 91.8)	2,751,000
Race/Ethnicity			
White	91.4	(90.5 - 92.3)	2,446,000
Latino	88.5	(87.1 - 89.9)	2,070,000
African American	93.2	(90.6 - 95.7)	380,000
American Indian/Alaska Native	91.8	(86.5 - 97.1)	21,000
Asian	88.6	(85.7 - 91.6)	520,000
Federal Poverty Level (FPL)			
0-99% FPL	88.6	(86.7 - 90.5)	1,255,000
100-199% FPL	89.5	(87.9 - 91.2)	1,271,000
200-299% FPL	90.5	(88.8 - 92.2)	846,000
≥ 300% FPL	91.2	(90.2 - 92.3)	2,211,000
Insurance Status			
Uninsured	74.5	(70.7 - 78.3)	5,187,000
Insured	91.6	(90.9 - 92.3)	397,000
Total	90.1	(89.4 - 90.9)	5,583,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Emergency Room Visit Past 12 Months, Children Ages 0-11. Almost one in five (18.5%) of the surveyed children visited a hospital emergency room (ER) during the past 12 months—an estimated 1.15 million children (Table 61). Children ages 0-4 are significantly more likely than children ages 5-11 to have visited the ER (24.0% vs.14.9%). Almost one in three American Indian/Alaska Native children (31.1%) visited the ER in the past 12 months, higher than the rate for White (19.2%), Latino (17.8%) and Asian (13.2%) children. Asian children are significantly less likely to have visited an ER compared to all other groups. The confidence interval of the American Indian/Alaska Native estimate is much wider than the other confidence intervals. There are no statistical differences among income levels. Children with health insurance coverage are more likely to have had an ER visit in the past year than uninsured children (18.9% vs. 13.8%).

Table 61.
Emergency Room Visit Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	24.0	(22.2 - 25.9)	593,000
5-11	14.9	(13.8 - 15.9)	561,000
Gender			
Male	19.7	(18.3 - 21.1)	630,000
Female	17.2	(15.8 - 18.6)	524,000
Race/Ethnicity			
White	19.2	(17.9 - 20.6)	517,000
Latino	17.8	(16.0 - 19.7)	421,000
African American	22.2	(18.0 - 26.4)	91,000
American Indian/Alaska Native	31.1	(21.1 - 41.2)	7,000
Asian	13.2	(10.5 - 15.8)	79,000
Federal Poverty Level (FPL)			
0-99% FPL	20.5	(17.8 - 23.2)	296,000
100-199% FPL	17.7	(15.7 - 19.6)	253,000
200-299% FPL	17.0	(14.9 - 19.2)	160,000
≥ 300% FPL	18.3	(17.0 - 19.7)	445,000
Insurance Status			
Uninsured	13.8	(10.5 - 17.1)	74,000
Insured	18.9	(17.9 - 20.0)	1,080,000
Total	18.5	(17.5 – 19.5)	1,154,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Injury Requiring Emergency Room Visit Past 12 Months, Children Ages 0-11. The HP 2010 Objective states that hospital emergency room visits caused by injuries will not exceed 12.6% of the population (HP 2010 Objective 15-12). At only 5%, children in California have a level that is well below this maximum (Table 62). More children ages 5-11 report an injury-related ER visit than children under age five (5.6% vs. 4.2%). There is no statistical difference between boys and girls in this type of ER visit. Fewer Latino (2.8%) and Asian (3.0%) children report ever visiting the ER for injuries in the past 12 months compared to White children (7.3%). Children in households under 100% FPL also have a lower injury-related ER visit proportion than children living at or above 300% FPL (3.2% vs. 6.9%). A significantly higher proportion of children who have health insurance have gone to the ER for treatment of an injury than have uninsured children—5.3% vs. 2.5%, respectively.

Table 62.
Injury Requiring Emergency Room Visit Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	4.2**	(3.4 - 4.9)	103,000
5-11	5.6**	(4.9 - 6.3)	213,000
Gender			
Male	5.7**	(4.9 - 6.4)	181,000
Female	4.4**	(3.7 - 5.1)	134,000
Race/Ethnicity			
White	7.3**	(6.4 - 8.2)	196,000
Latino	2.8**	(2.2 - 3.5)	67,000
African American	5.7**	(3.5 - 8.0)	24,000
American Indian/Alaska Native†	–	–	–
Asian	3.0**	(1.5 - 4.6)	18,000
Federal Poverty Level (FPL)			
0-99% FPL	3.2**	(2.2 - 4.2)	46,000
100-199% FPL	3.9**	(3.0 - 4.9)	56,000
200-299% FPL	4.9**	(3.7 - 6.1)	46,000
≥ 300% FPL	6.9**	(6.0 - 7.8)	167,000
Insurance Status			
Uninsured	2.5**	(1.2 - 3.8)	13,000
Insured	5.3**	(4.7 - 5.8)	302,000
Total	5.0**	(4.5 - 5.6)	315,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 15-12: Hospital emergency room visits caused by injuries will not exceed 126 visits per 1,000 population (12.6%). This objective was not limited to children only but included the age-adjusted Year 2000 standard population.

Visited Dentist Past Year, Children Ages 2-11. HP 2010 sets an objective that at least 56% of persons age two and older will have visited a dentist during the past year. The findings presented in Table 63 show that 73.5% of children ages 2-11 have seen a dentist within the last 12 months. This surpasses the HP 2010 Objective. Older children (ages 5-11) are almost twice as likely to go to the dentist than children ages 2-4, 84.5% vs. 45.1%, respectively. Children ages 2-4 do not meet the HP 2010 Objective. Latinos have a statistically lower proportion of children having seen a dentist (67.1%) compared to African-American (78.5%) and White (78.7%) children. Children living in households at or above 300% FPL are more likely to have seen a dentist (80.1%) than children in any of the three poorer income levels. Having some form of dental insurance makes a difference; 78.3% of children with dental insurance visited a dentist in the past year, while only 58.2% of those without dental insurance did.

Table 63.
Visited Dentist Past Year, Children Ages 2-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
2-4	45.1	(42.4 - 47.7)	662,000
5-11	84.5**	(83.4 - 85.7)	3,177,000
Gender			
Male	73.6**	(71.8 - 75.3)	1,960,000
Female	73.3**	(71.6 - 75.1)	1,879,000
Race/Ethnicity			
White	78.7**	(77.2 - 80.2)	1,785,000
Latino	67.1**	(64.8 - 69.5)	1,319,000
African American	78.5**	(74.0 - 83.1)	276,000
American Indian/Alaska Native	74.8**	(65.3 - 84.3)	15,000
Asian	73.3**	(69.2 - 77.5)	359,000
Federal Poverty Level (FPL)			
0-99% FPL	65.4**	(62.1 - 68.8)	787,000
100-199% FPL	69.5	(66.8 - 72.2)	818,000
200-299% FPL	74.3**	(71.4 - 77.2)	586,000
≥ 300% FPL	80.1**	(78.6 - 81.6)	1,648,000
Dental Insurance Status			
Uninsured	78.3**	(77.0 - 79.7)	3,125,000
Insured	58.2	(55.3 - 61.1)	705,000
Total	73.5**	(72.2 - 74.7)	3,839,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

** Meets the Healthy People 2010 Objective

Source: 2001 California Health Interview Survey

HP 2010 Objective 21-10: At least 56% of persons age two and older will have visited a dentist during the past year.

Dental Insurance Coverage Past 12 Months, Children Ages 0-11. The overall proportion of children with dental insurance is relatively high at 76.7% (Table 64), with no age or gender differences. Although 84.5% of children ages 5-11 have been to the dentist in the last year (Table 63), only 77.2% report having dental insurance (Table 64). Latino children have the lowest proportion with dental insurance, 69.3%, compared to all the other racial/ethnic groups. At 86.5%, African-American children have a statistically higher proportion with dental insurance than either White (80.1%) or Latino children (69.3%). The proportion of children with dental insurance increases significantly at each higher level of income, from 66.6% of those below 100% FPL to 83.8% for those at or above 300% FPL. While 83.9% of children with health insurance also have dental insurance, only 6.6% of children without health insurance have dental insurance.

Table 64.
Dental Insurance Coverage Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	75.5	(73.2 - 77.8)	1,101,000
5-11	77.2	(75.8 - 78.6)	2,907,000
Gender			
Male	77.4	(75.8 - 79.1)	2,062,000
Female	76.0	(74.3 - 77.7)	1,946,000
Race/Ethnicity			
White	80.1	(78.6 - 81.6)	1,819,000
Latino	69.3	(67.0 - 71.6)	1,356,000
African American	86.5	(82.5 - 90.4)	304,000
American Indian/Alaska Native	81.3	(72.2 - 90.3)	16,000
Asian	82.6	(79.1 - 86.1)	408,000
Federal Poverty Level (FPL)			
0-99% FPL	66.6	(63.4 - 69.9)	801,000
100-199% FPL	73.3	(70.7 - 75.9)	864,000
200-299% FPL	78.8	(76.3 - 81.4)	621,000
≥ 300% FPL	83.8	(82.3 - 85.2)	1,721,000
Insurance Status			
Uninsured	6.6	(4.3 - 8.9)	32,000
Insured	83.9	(82.8 - 85.0)	3,976,000
Total	76.7	(75.5 - 77.9)	4,008,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Delayed or Did Not Get Medications Past 12 months, Children Ages 0-11. Parents were asked if they delayed or did not get a prescription a doctor ordered for the selected child in the past 12 months. Overall, this happens to only 2.8% of children statewide (an estimated 175,000 children) (Table 65). Age group, gender, income level and insurance status all show no statistical differences. A significantly higher proportion of White children, 3.8%, have parents who delay or do not get their child's medications compared to Latino (1.9%) and African-American (1.8%) children.

Table 65.
Delayed or Did Not Get Medications Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	3.0	(2.4 - 3.6)	75,000
5-11	2.6	(2.1 - 3.2)	100,000
Gender			
Male	3.1	(2.5 - 3.7)	99,000
Female	2.5	(1.9 - 3.0)	75,000
Race/Ethnicity			
White	3.8	(3.2 - 4.5)	103,000
Latino	1.9	(1.3 - 2.4)	44,000
African American	1.8	(0.7 - 2.8)	7,000
American Indian/Alaska Native†	–	–	–
Asian	2.1	(0.8 - 3.5)	13,000
Federal Poverty Level (FPL)			
0-99% FPL	2.9	(1.9 - 4.0)	42,000
100-199% FPL	2.4	(1.7 - 3.0)	34,000
200-299% FPL	3.4	(2.3 - 4.4)	32,000
≥ 300% FPL	2.7	(2.2 - 3.3)	67,000
Insurance Status			
Uninsured	3.3	(1.7 - 4.8)	18,000
Insured	2.7	(2.3 - 3.2)	157,000
Total	2.8	(2.4 - 3.2)	175,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Delayed or Did Not Get Tests or Treatment Past 12 Months, Children Ages 0-11. CHIS 2001 data show a high compliance with doctor-ordered testing and treatment of children. Overall, only 1.8% of children whose doctor ordered a test or treatment had parents who delayed or did not obtain the test or treatment (Table 66). There are no significant differences among any of the groups in delaying or foregoing testing or treatments.

Table 66.
Delayed or Did Not Get Tests or Treatment Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
Age Group (Years)			
0-4	1.9	(1.4 - 2.4)	47,000
5-11	1.7	(1.3 - 2.1)	64,000
Gender			
Male	1.6	(1.2 - 2.0)	51,000
Female	2.0	(1.5 - 2.4)	60,000
Race/Ethnicity			
White	1.7	(1.3 - 2.1)	46,000
Latino	2.0	(1.4 - 2.6)	48,000
African American	0.9	(0.1 - 1.8)	4,000
American Indian/Alaska Native†	–	–	–
Asian†	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	2.0	(1.3 - 2.7)	29,000
100-199% FPL	1.6	(0.9 - 2.2)	22,000
200-299% FPL	1.6	(1.0 - 2.3)	15,000
≥ 300% FPL	1.8	(1.3 - 2.3)	44,000
Insurance Status			
Uninsured	2.9	(1.6 - 4.3)	16,000
Insured	1.7	(1.4 - 2.0)	95,000
Total	1.8	(1.5 - 2.1)	111,000

Note: Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total; Insurance Status refers to current insurance status at the time of interview.

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

†A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

Current Health Insurance Coverage, Children Ages 0-11. Table 67 shows the distribution of health insurance coverage among children. The format of this table differs from that of the other tables in this section to allow for presentation of types of health insurance and proportions of uninsured. The top numbers in the data cells indicate the percent of the row that is uninsured or is covered by Medi-Cal, job-based insurance, privately purchased insurance, or other public coverage (e.g. Indian Health Services, Healthy Families). The numbers in parentheses below the percents are the upper and lower limits of the 95% confidence intervals of each percent (estimate). The last column shows the total number of individuals in each row, which allows the reader to estimate the populations of each cell by simply multiplying the percents by the total population estimates.

Overall, only 8.6% of children lack health insurance, and 57.9% are covered by employment-based health insurance, most likely through their parents. Children ages 6-11 are more likely than those under age six to be without health insurance. There are also significant differences among racial and ethnic groups, and among income categories. Latino children have the highest uninsured prevalence of all groups—15.5%. This is more than six times the uninsured level of African-American children (2.6%), and is significantly higher than the uninsured proportions of White (4.3%) and Asian children (3.9%). The findings on health insurance coverage among the four Federal Poverty Level categories (FPL) show that a greater percent of children living in households under 200% FPL have no health insurance, compared with those at or above 200% FPL. Only 2.1% of children in households at or above 300% FPL are uninsured.

CHIS 2001 collected detailed information on health insurance coverage; only a summary is presented in this report. More comprehensive findings on counties, immigrants, or respondents with chronic conditions can be found in *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*.[21]

21 Brown ER, Ponce N, Rice T, Lavarreda SA. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey.* Los Angeles, CA: UCLA Center for Health Policy Research, 2002.

Table 67.
Current Health Insurance Coverage, Children Ages 0-11

Population Group	Population Size	Percent of Group				
		Uninsured	Medi-Cal	Job-Based	Privately Purchased	Other Public Coverage
Age Group (Years)						
0-5	3,003,000	6.8 (5.8-7.7)	28.0 (26.1-29.9)	4.1 (3.3-4.8)	57.1 (55.1-59.0)	4.1 (3.3-4.8)
6-11	3,249,000	10.3 (9.2-11.4)	21.5 (19.9-23.1)	5.7 (5.0-6.5)	58.7 (57.0-60.4)	3.8 (3.3-4.4)
Gender						
Male	3,197,000	8.5 (7.4-9.5)	24.4 (22.7-26.2)	4.9 (4.2-5.7)	58.2 (56.4-60.0)	4.0 (3.3-4.7)
Female	3,055,000	8.7 (7.7-9.8)	24.8 (23.1-26.5)	4.9 (4.2-5.7)	57.6 (55.8-59.5)	3.9 (3.3-4.5)
Race/Ethnicity						
White	2,692,000	4.3 (3.6-5.0)	11.3 (10.0-12.5)	2.4 (1.9-2.9)	76.4 (74.9-77.9)	5.6 (4.9-6.4)
Latino	2,360,000	15.5 (13.9-17.1)	39.4 (37.0-41.7)	7.7 (6.6-8.8)	35.0 (32.9-37.0)	2.5 (1.7-3.2)
African American†	412,000	2.6 (1.3-4.0)	39.9 (34.5-45.3)	2.6 (1.2-4.1)	53.2 (47.8-58.5)	–
American Indian/ Alaska Native†	–	–	–	–	–	–
Asian	600,000	3.9 (2.4-5.4)	15.7 (12.5-19.0)	7.3 (5.2-9.4)	69.1 (65.2-73.0)	3.9 (2.2-5.6)
Federal Poverty Level (FPL)						
0-99 % FPL	1,444,000	16.3 (14.0-18.6)	67.2 (64.3-70.2)	2.7 (1.8-3.6)	11.6 (9.7-13.5)	2.2 (1.2-3.1)
100-199% FPL	1,433,000	12.9 (11.2-14.6)	27.5 (24.9-30.0)	13.2 (11.5-15.0)	42.7 (40.0-45.3)	3.7 (2.7-4.8)
200-299% FPL	941,000	7.0 (5.5-8.5)	9.5 (7.5-11.6)	6.9 (5.6-8.3)	73.1 (70.4-75.7)	3.5 (2.6-4.4)
≥300% FPL	2,434,000	2.1 (1.6-2.6)	3.5 (2.7-4.3)	0.6 (0.4-0.9)	88.5 (87.3-89.7)	5.3 (4.5-6.1)
Total	6,252,000	8.6 (7.9-9.3)	24.6 (23.4-25.8)	4.9 (4.4-5.5)	57.9 (56.6-59.2)	4.0 (3.5-4.4)

Note: The number in each cell represents the group percent and the numbers in parentheses indicate a 95% confidence interval. The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range. Race/Ethnicity categories are mutually exclusive based on UCLA Center for Health Policy Research definitions. Data on Pacific Islander and Other/Multiple Race groups are not presented due to unreliable estimates as a result of small sample sizes. However, these groups are included in the total. Other Public Coverage includes privately purchased coverage.

† A dash (–) indicates a statistically unstable estimate, therefore data not shown.

Source: 2001 California Health Interview Survey

HEALTHY PEOPLE 2010

HP 2010 Objective 1-1: 100% of persons under age 65 are covered by health insurance.

Total Number of Hours Spent in Childcare Per Week, Children Ages 0-11. CHIS 2001 defined childcare as an arrangement where someone other than the parents, legal guardian, or step-parents takes care of the child for 10 or more hours per week on a regular basis. Among those in childcare for 10 or more hours per week, the average time a child spends in childcare during a typical week is 25.4 hours (Table 68). Younger children ages 0-4 spend an average of 32.1 hours in childcare each week, which is statistically higher than 19.6 hours, the average spent by children ages 5-11. Most children ages 5-11 are in school part of the day, which is not considered childcare.

Table 68.
Total Number of Hours Spent in Childcare Per Week, Children Ages 0-11

Population Group	Mean Number of Hours	95% CI*
Age Group (Years)		
0-4	32.1	(31.1 - 33.1)
5-11	19.6	(18.9 - 20.4)
Total	25.4	(24.8 - 26.1)

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Distribution of Time Spent in Childcare per Week, Children Ages 0-11. Table 69 shows the proportions of children in childcare, for five different time categories. The largest proportion of all children in childcare, 9.8%, is in the 10-19 hours per week category. However, as the number of hours increases to 40-49 hours, the proportion of young children also increases and the proportion of older children decreases. The largest proportion of children ages 5-11 (12.6%) is in the 10-19 hour category, while the largest proportion of children ages 0-4 (14%) is in the 40-49 hour category. Some 3.7% of younger children spend 50 or more hours a week in childcare compared to only 1.3% of older children.

Table 69.
Distribution of Time Spent in Childcare Per Week, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
All Children Ages 0-11			
10-19 Hours	9.8	(9.1 - 10.5)	611,000
20-29 Hours	5.9	(5.4 - 6.5)	371,000
30-39 Hours	4.6	(4.1 - 5.1)	288,000
40-49 Hours	7.4	(6.7 - 8.1)	462,000
≥ 50 Hours	2.2	(1.8 - 2.6)	139,000
Children Ages 0-4			
10-19 Hours	5.5	(4.5 - 6.4)	136,000
20-29 Hours	6.5	(5.6 - 7.4)	160,000
30-39 Hours	7.7	(6.7 - 8.7)	190,000
40-49 Hours	14.0	(12.6 - 15.4)	346,000
≥ 50 Hours	3.7	(2.9 - 4.6)	92,000
Children Ages 5-11			
10-19 Hours	12.6	(11.6 - 13.6)	475,000
20-29 Hours	5.6	(4.9 - 6.3)	211,000
30-39 Hours	2.6	(2.1 - 3.1)	97,000
40-49 Hours	3.1	(2.5 - 3.6)	117,000
≥ 50 Hours	1.3	(0.9 - 1.6)	47,000

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

Type of Childcare Provider, Children Ages 0-11. Table 70 displays the types of childcare arrangements reported by the adult for the selected child. The most common childcare arrangement is for grandparents and other family members to care for the child, accounting for 40.9% of children who have a regular childcare arrangement at least 10 hours per week. There is no difference between the two age groups in this category. The next most common arrangement is a childcare center that is not in someone's home (28.4%), followed by an arrangement in the home of a non-family member (25.8%). A higher proportion of children ages 5-11 (32.0%) go to childcare centers compared to children ages 0-4 (24.7%), who are more likely to be cared for in the homes of non-family members (31.7% vs. 20.0%). The least common childcare arrangement is Head Start or another government-sponsored preschool program (7.8%), which more children under age five attend (9.9%) than children ages 5-11 (5.8%).

Table 70.
Type of Childcare Provider, Children Ages 0-11

Population Group	Percent of Group	95% CI*	Estimated Number
All Children Ages 0-11			
Grandparent / Other Family Member	40.9	(38.7 - 43.2)	764,000
Center Not in Someone's Home	28.4	(26.5 - 30.3)	531,000
Non-family Member in Other Home	25.8	(23.9 - 27.7)	482,000
Other Pre-School / Nursery School	20.6	(19.0 - 22.3)	386,000
Non-family Member in Child's Home	16.4	(14.8 - 17.9)	306,000
Head Start / State Pre-School Program	7.8	(6.5 - 9.1)	145,000
Children Ages 0-4			
Grandparent / Other Family Member	42.2	(39.0 - 45.4)	390,000
Center Not in Someone's Home	24.7	(22.0 - 27.4)	228,000
Non-family Member in Other Home	31.7	(28.8 - 34.6)	293,000
Other Pre-School / Nursery School	28.6	(25.9 - 31.4)	264,000
Non-family Member in Child's Home	18.3	(15.9 - 20.6)	169,000
Head Start / State Pre-School Program	9.9	(7.6 - 12.1)	91,000
Children Ages 5-11			
Grandparent / Other Family Member	39.7	(36.5 - 42.8)	374,000
Center Not in Someone's Home	32.0	(29.3 - 34.7)	302,000
Non-family Member in Other Home	20.0	(17.5 - 22.5)	189,000
Other Pre-School / Nursery School	12.8	(11.0 - 14.7)	121,000
Non-family Member in Child's Home	14.5	(12.4 - 16.6)	138,000
Head Start / State Pre-School Program	5.8	(4.4 - 7.2)	55,000

*The 95% Confidence Interval (CI) indicates a 95% chance that the true value lies within the presented range.

Source: 2001 California Health Interview Survey

5. Appendix: CHIS 2001 Design and Methodology Summary

SAMPLE DESIGN

The CHIS 2001 sample is designed to provide:

1. Statewide estimates for California's total population on a range of public health topics
2. County-level estimates for counties with populations greater than 100,000
3. Aggregate estimates for groups of smaller counties
4. Separate estimates for the cities of Long Beach, Pasadena and Berkeley, which have their own health departments
5. Estimates for each of California's largest racial and ethnic groups
6. Estimates for selected Asian ethnic groups
7. Separate estimates for rural and urban American Indians and Alaska Natives

To achieve these goals, the CHIS 2001 sample was allocated to counties and aggregates of smaller counties, and supplemented with listed samples of Asian ethnic groups and American Indians/Alaska Natives. In addition, the counties of San Francisco, Santa Barbara, Solano and Shasta purchased additional samples. The county strata were weighted to Census 2000 data to produce estimates for the state as a whole. Appendix Table 1 shows the statewide sample distribution by race and ethnic group, using the UCLA Center for Health Policy Research's race and ethnicity definitions, which unlike the Census, provide a mutually exclusive Latino category. For a breakdown of the county sampling strata and a description of how the strata were weighted, refer to the CHIS website (*www.chis.ucla.edu*).

Listed oversamples. To improve the precision of estimates for Asian ethnic groups and for rural and urban American Indians/Alaska Natives, the CHIS 2001 RDD sample was supplemented with lists of households whose contact information was provided by organizations and agencies working with these communities. The number of supplemental respondents are shown in the columns titled "Oversample." Note that the Chinese and Filipino samples were not supplemented with listed households because there were sufficient numbers in the RDD sample to provide separate estimates for these two groups. However, for purposes of comparability in reporting the Chinese and Filipino estimates with those of the oversampled groups, not all Chinese and Filipino RDD respondents were included in the separate Asian ethnic group estimates. Only Chinese and Filipinos who met the same race self-identity criteria as the oversampled groups were included. The criteria were: 1) the ethnicity in question is the only reported ethnicity, or 2) it is the ethnicity the respondent most identified with, when there was more than one ethnicity mentioned. All Chinese and Filipino respondents are included in the aggregate "Asian" category, but only those meeting the two criteria above are in the subgroup estimates. More detail on the various race/ethnicity definitions available for CHIS 2001 data is on the CHIS website (*www.chis.ucla.edu*).

DATA COLLECTION

To capture the rich diversity of the California population, interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean, and Khmer (Cambodian). These languages were chosen based on research which identified the languages that would cover the largest number of Californians who do not speak English.

Appendix Table 1.
CHIS 2001 Asian and American Indian/Alaska Native Oversamples

Asian RDD and Oversamples

	RDD	Oversample	Total
Chinese*	1,263	–	1,263
Filipino*	919	–	919
Japanese	535	330	865
Korean	474	326	800
South Asian	405	443	848
Vietnamese	294	540	834
Cambodian	70	126	196

*No oversample conducted

Note: Ethnic identification based on self-report as either the only ethnic group reported or, if more than one race/ethnicity reported, the one group that the respondent most identified with.

American Indian/Alaska Native (AIAN) Oversamples

	RDD	Oversample	Total
Urban	224	252	476
Rural	557	106	663
Total	781	358	1,139

Note: AIAN identification based on self-report as enrolled in a state or federally recognized tribe, AIAN as the only race reported or, if one or more race/ethnic groups in addition to AIAN reported, the respondent most identified with AIAN.

Westat, a private firm specializing in statistical research and large-scale sample surveys, conducted the CHIS 2001 data collection. Westat staff interviewed one randomly selected adult in each sampled household. In those households with children (under age 12) or adolescents (ages 12-17), one child and one adolescent were randomly sampled, so that up to three interviews could have been completed in each sampled household. The sampled adult was interviewed and the parent or guardian who knew the most about the health and care of the sampled child was interviewed. The sampled adolescents responded for themselves, but only after a parent or guardian gave permission for the interview. Since adolescents were not a reliable source of information about their own health insurance coverage, the parents of sampled adolescents were interviewed about this topic separately. One criterion for the adolescent and child to be selected for the survey was that they be "associated" with the selected adult. This means that the interviewed adult had to be either the parent or guardian. *The CHIS 2001 sample weights adjust for this selection criterion so that CHIS findings for adolescents and children are representative of the population.*

The English-language interviews were administered using Westat's computer-assisted telephone interviewing (CATI) system, which operates on proprietary software. Spanish and Vietnamese language interviews were also conducted entirely in CATI, while interviews in Cantonese, Mandarin, Korean, and Khmer used English CATI screens and paper translations in tandem. The average adult interview took 32 minutes to complete. The average child and adolescent interviews took 14 minutes and 19 minutes, respectively. Interviews in the non-English languages generally averaged longer to complete. Approximately 12% of the adult interviews were completed in a language other than English, as were 21% of the child (proxy) interviews and 9% of adolescent interviews.

To maximize the survey's response rate, an advance letter (in five languages) was mailed to all sampled telephone numbers for which an address could be obtained from reverse directory services. Approximately 66% of the sample were mailed an advance letter. Response rates varied by sampling stratum and were slightly higher in households that received an advance letter. In addition, proxy interviews were allowed for frail and ill persons over the age of 65 so that measures of health would not be biased toward healthier individuals in this age group.

Eligible selected frail and ill persons were re-contacted and offered a proxy option, and 316 proxy interviews were completed by either a spouse/partner or adult child. Only a subset of questions identified as appropriate for proxy administration was asked.

WEIGHTING THE RANDOM DIGIT DIAL SAMPLE

Information gathered from a sample of the population has a certain amount of error, some of it directly related to the design and administration of the survey, and some of it related to who agrees to participate. To reduce bias that may be introduced by this error, weights are applied to the sample data before conducting analysis. Sample weighting was carried out in CHIS 2001 to accomplish the following:

- Compensate for differential probabilities of selection for households and persons *[Note: households with listed addresses and thus eligible for an advance letter were assigned a probability of selection of 1.25 over unlisted households]*
- Reduce biases occurring because non-respondents may have different characteristics than respondents
- Adjust, to the extent possible, for under-coverage in the sampling frames (i.e. sets of telephone numbers from which the random-digit-dial numbers were selected), and in the conduct of the survey
- Reduce the variance of the estimates (findings) by using auxiliary information.

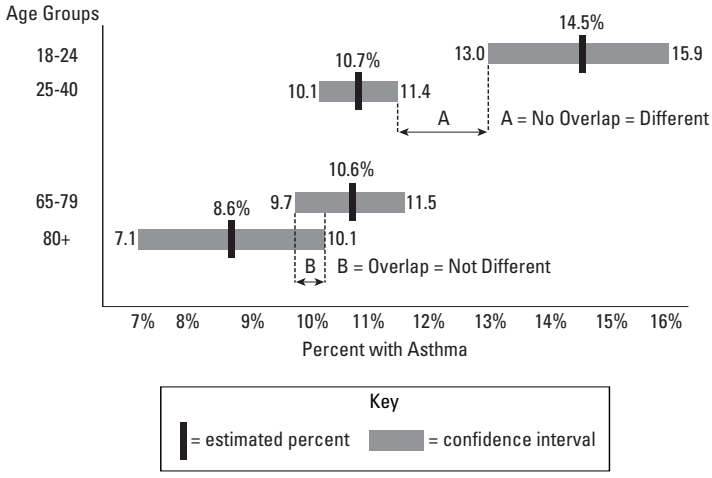
UNSTABLE ESTIMATES

The tables in the report present estimates of population percents. These percents are only estimates because the findings are based on a random sample of the population-we did not interview every adult in California. Data taken from samples have a certain level of error, which is accounted for in the confidence interval. The width of the confidence interval—i.e., the difference between the lower and upper limits, varies with the sample size. If the sample size is small, the confidence interval may be very wide, and in some cases it is so wide that the result is not a stable estimate. An estimate is considered unstable (i.e., unreliable) if the standard error of the mean divided by the sample mean is equal to or greater than 30%. The standard error of the mean is the standard deviation of the population divided by the square root of the sample size. It is a measure of the degree to which the individual responses vary from the mean, and the confidence we have in how well our data reflect that variance. When sample sizes are small, the probability that the variance we see is due to chance increases. Unreliable estimates are not presented in this report.

USING CONFIDENCE INTERVALS TO IDENTIFY STATISTICALLY SIGNIFICANT DIFFERENCES

Confidence intervals provide an easy way to determine if differences among groups are statistically significant. All estimates using survey data have a known margin of error. The confidence interval uses this margin to present an upper and lower limit of the survey estimate. In this report it has been calculated that there is a 95 percent chance that the true value is within these limits. If the confidence intervals of two different estimates (such as an estimated percent) *do not* overlap, it can be safely concluded that the difference is statistically significant.[22] However, if the intervals *do* overlap, the difference between the two percents is assumed to be not statistically significant. Using an example with the prevalence of diagnosed asthma (from Table 1, page 14) if the 18-24 age group is compared with the 25-39 age group, the observed percents of asthma appear to be different, i.e., 14.5% vs. 10.7%. The confidence interval for 18-24 age group is between 13.0% and 15.9% while the confidence interval for the 25-39 age group is between 10.1% and 11.4%. Appendix Figure 1 plots these two confidence intervals. It can be seen that the two intervals do not overlap (see A in Appendix Figure 1). It is therefore concluded that the difference is significant. A second example, also shown in Appendix Figure 1, compares the rates of the 65-79 and 80+ age groups. The observed percents again appear to be different, 10.6% vs. 8.6%. The 65-79 age group has a confidence interval between 9.7% and 11.5% while the 80+ age group's confidence interval is between 7.1% and 10.1%. Since the lower end of the 65-79 age group's confidence interval overlaps with that of 80+ age group (see B in Appendix Figure 1), it can be concluded that the rates of asthma do not differ statistically between these two groups.

Appendix Figure 1.
Interpreting Confidence Intervals:
Two Examples Comparing Age Groups and Asthma Prevalence



METHODOLOGY REPORT SERIES

The methods used in CHIS 2001 are described in more detail in a series of five methodology reports that are available on the CHIS website. The reports are:

- Report 1 - Sample Design
- Report 2 - Data Collection Methods
- Report 3 - Data Processing Procedures
- Report 4 - Response Rates
- Report 5 - Weighting and Variance Estimation

For further information on CHIS data and the methods used in the survey, visit the California Health Interview Survey Web site at *www.chis.ucla.edu* or email CHIS at *chis@ucla.edu*.

22 Confidence intervals around estimates that only marginally overlap may, in fact, be different from each other and should be re-evaluated using appropriate statistical testing methods. See Schenker, N, and Gentleman, JF (2001), "On Judging the Significance of Differences by Examining the Overlap Between Confidence Intervals." *The American Statistician,* 55, 182-186.

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ALTERNATES

Courtney Cart *for Dana Hughes;* **Lisa Colpe** *for Marcie Cynamon;* **Leslie Cummings** *for Sandra Shewry;* **Jessica Reich** *for Amy Dominguez-Arms;* **Joanne Wellman-Benson** *for Robert Isman*

2001 MULTICULTURAL TECHNICAL ADVISORY COMMITTEE MEMBERS

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ALTERNATES

Elizabeth Bitsilly *for James Allen Crouch;* **Deanna Jang** *for Ignatius Bau;* **Josea Kramer** *for Linda Burhansstipanov;* **Kimberly Pettiford** *for Denise Adams-Simms;* **Susan Stewart** *for Rena Pasick*

2001 SAMPLING DESIGN & SURVEY METHODOLOGY TAC

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The California Health Interview Survey (CHIS) is a collaboration of:

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Public Health
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