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Health of California's Adults, Adolescents and Children

Findings from CHIS 2003 and CHIS 2001

Sue Holtby, MPH
Elaine Zahnd, PhD
Nicole Lordi
Christy McCain, MPH
Y. Jenny Chia, PhD
John Kurata, PhD

May 2006

california health interview survey

Report Funded by California Department of Health Services

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www.chis.ucla.edu

This report provides a summary of the statewide findings from the 2003 California Health Interview Survey, with highlights of changes from 2001 to 2003. Separate adult, adolescent and child findings are presented by age, gender, race/ethnicity, health insurance status and poverty level.

The views expressed in this report are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the Regents of the University of California, the California Department of Health Services, the Public Health Institute, or other CHIS 2003 funding agencies.

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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 2003 California Health Interview Survey was provided by the State of California, California Department of Health Services, The California Endowment, the National Cancer Institute, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, California Office of Patient Advocate, Kaiser Permanente, Alameda County Health Care Services Agency, and LA Care Health Plan. For more information on CHIS and access to CHIS data and findings, visit *www.chis.ucla.edu*.

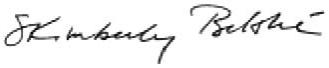
Foreword

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 (California DHS) and the UCLA School of Public Health. That collaboration, involving Dr. Peter Abbott as Chief of the County Health Services Branch of California 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 (CHIS). The CDHS, 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, CDHS, 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 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 and CHIS 2003 are being used by many state and local-level agencies and organizations for purposes such as policy development, program planning and evaluation, and research. Tens of thousands of users have logged on to the CHIS Web site where CHIS 2001 and CHIS 2003 public-use files and policy research reports can be downloaded. Survey findings can also be instantly obtained on the Web site from *Ask*CHIS, the survey's state-of-the-art online data query system. CHIS 2005 data collection is nearing completion at the time of this writing, and preparations for CHIS 2007 are underway. The California Health Interview Survey has become 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 2003 and 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, and includes discussion of significant changes to the findings that have occurred since CHIS 2001. 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
Chair
California Health Interview Survey Advisory Board

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We would also like to thank the members of the CHIS Advisory Board and the Technical Advisory Committees for volunteering their time to guide CHIS staff on sample design and questionnaire content. Their names and affiliations are listed at the end of this report.

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Executive Summary

The California Health Interview Survey (CHIS) is the largest population-based state health survey in the United States. It is designed as a broad public health surveillance system capable of providing state and local health data for California. CHIS is a random-digit-dial (RDD) telephone survey of the California population that is conducted every two years, and began in 2001. Households are scientifically sampled from every county in the state, and interviews are conducted with one randomly selected adult from each household. In households with children, one adolescent and one child are also randomly selected for interviews. The child interviews are conducted with the adult who is most knowledgeable about the child's health, usually a parent, while the adolescent is interviewed directly.

The CHIS 2003 RDD sample is representative of California's non-institutionalized population and is comprised of 42,044 adults, 4,010 adolescents ages 12-17 and 8,526 children ages 0-11. Koreans and Vietnamese were over-sampled to produce reliable estimates for these two groups. CHIS is unique in its ability to distinguish among Asian groups that are usually combined under the single category "Asian." The CHIS adult sample includes 1,264 Chinese, 689 Filipinos, 492 Koreans, 470 Vietnamese and 960 Other Asian subgroups. The CHIS adult sample is also large enough to provide reliable estimates for African Americans, Latinos, Whites, American Indian/Alaska Natives, Chinese, Filipinos, Japanese, Koreans, South Asians and Vietnamese. This large sample size provides data for the state as a whole, for individual counties with populations over 100,000, and for aggregates of smaller counties.

To make the CHIS sample as representative as possible, all questionnaires are translated and interviews are conducted in English, Spanish, Chinese (Mandarin and Cantonese dialects), Korean and Vietnamese. Without this language capability, CHIS would exclude people with no or limited English proficiency from participating in the survey. In CHIS 2003, 11% of the adult interviews, 7% of the adolescent interviews, and 21% of the child interviews were completed in a language other than English. CHIS 2003 interviews were conducted between July and November 2003.

The health topics included in the CHIS 2003 survey were chosen through extensive consultation with public health professionals and potential data users through the CHIS Advisory Board, four technical advisory committees and several workgroups. Topics included health conditions and limitations, cancer screening, health-related behaviors, sexual health, dental health, health access, utilization and insurance. The broad range of topics provides data for evaluating California's progress in reaching major public health goals, including the Healthy People 2010 objectives. Healthy People 2010 is a set of national health objectives that provide a framework for measuring the health of the nation over the first ten years of the decade. The objectives are discussed in the text and noted with the tables.

This report summarizes the main CHIS 2003 findings at the state level for adults, adolescents and children, and describes significant changes from CHIS 2001 to CHIS 2003. The CHIS 2001 RDD sample included 55,428 adults, 5,801 adolescents and 12,592 children. Only the statistically significant changes are discussed in this report, and are presented in graphs in the text. All the variables that were compared between CHIS 2001 and CHIS 2003 are presented in tables available through the CHIS Web site (*www.chis.ucla.edu*). County-level data on the topics included in this report, as well as topics *not* included in this report, can be obtained through the free and easy-to-use CHIS online query system, *Ask*CHIS, which is also accessed through the survey's Web site. In addition, the first summary CHIS report, *Health of California's Adults, Adolescents and Children: Findings from CHIS 2001*, can also be downloaded from the CHIS Web site.

KEY FINDINGS FROM CHIS 2003

CHIS data show that the California population differs considerably on health measures between as well as within groups. In addition, certain health conditions and health-related behaviors among California's population change significantly when measured at different time intervals (i.e., between 2001 and 2003). Outcomes from the CHIS 2003 survey are described in this report separately for the adult, adolescent and child population. Topics are compared by age, gender, race/ethnicity, income and insurance status. The large sample size allows for assessing statistical differences among groups with a known degree of precision, allowing health providers, practitioners and policymakers to identify populations to target for prevention and intervention efforts.

HEALTH STATUS

One of the most general measures of overall physical and mental health is health status. Health status differs among California's diverse racial/ethnic, age and income groups.

- Exhibit 1 presents the health status of California's adults, adolescents and children. Approximately half of adults and adolescents reported their health was excellent or very good, and one in five (21%) said their health was either fair or poor. One in ten adolescents (10%) and one in fourteen children (8%) were in fair or poor health at the time of the 2003 interview.

- Although a small percentage of Californians reported poor health status, the overall proportion of adults reporting poor health increased from 4% in 2001 to 5% in 2003. The increase among Whites was from 3% to 4%, and among Asians the rate increased from 4% in 2001 to 6% in 2003.
- Exhibit 2 shows the health status of all Californians by federal poverty level (FPL). Four percent of those at 100-199% FPL reported being in poor health in 2001 vs. 6% in 2003, and among those at or above 300% FPL, the number increased from 1% to 2%. These are statistically significant increases.

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

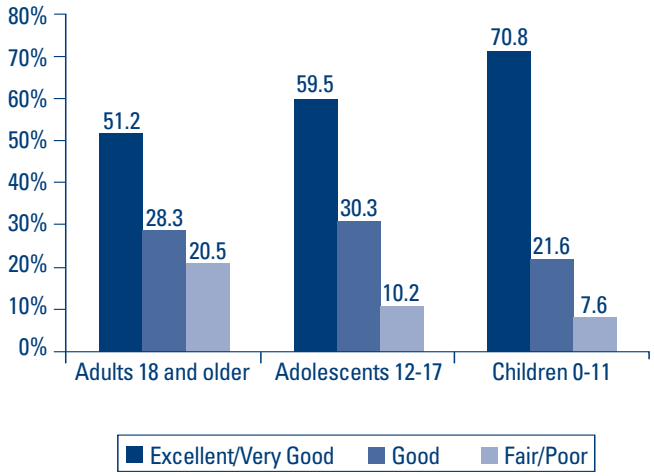
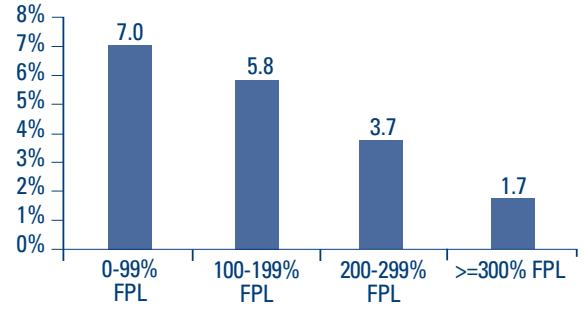


Exhibit 2: Poor Health Status by Federal Poverty Level (FPL), All Ages



HEALTH CONDITIONS AND LIMITATIONS

CHIS 2003 provides estimates on the diagnosed prevalence of the most common chronic conditions in adults, adolescents and children. Diagnoses are self-reported and not independently confirmed. The findings indicate that serious disparities exist in the burden of chronic disease among Californians, and that the disparities increased for certain conditions and access measures between 2001 and 2003.

- In CHIS 2003, 15% of adults ages 18-24 reported a higher lifetime asthma prevalence than all other adult age groups. Overall, lifetime prevalence of an asthma diagnosis grew by 9% from 2001 to 2003, with most of the increase occurring among those ages 25-39. Their prevalence rate grew 17% between 2001 (10%) and 2003 (12%). Women had higher rates than men in both 2001 and 2003, and their diagnosis prevalence rose significantly, from 13% in 2001 to 14% in 2003. Latinos (9%) and Asians (10%) had lower asthma proportions than all other groups in 2003. Asthma diagnosis among Latinos rose almost 28% between 2001 and 2003.
- Asthma is the most prevalent condition among children ages 1-11 (14%) and among adolescents ages 12-17 (19%). A greater percent of male children ages 1-11 had been diagnosed with asthma than females (17% vs. 10%, respectively). African-American children (21%) had higher rates than all other groups except American Indian/Alaska Natives (15%). Almost one-fourth of adolescents (23%) and almost half of children (46%) had an asthma attack in the past 12 months. Over a third of teens (36%) and 39% of children took daily prescription medications to control their asthma.
- Using CDC's "Healthy Days Measures," 11% of adults reported their physical health was not good due to physical illness or injury. Asians were less likely than all other major groups to report 14 or more days of poor physical health, although there was considerable variance among Asian ethnic groups, with Vietnamese (14%) more likely than all other groups except Koreans (11%) to report 14 or more physically unhealthy days.
- An identical proportion of adults reported 14 or more days of poor mental health (11%). Women (14%) were more likely than men (8%) to report frequent mental distress. Asians overall reported the lowest prevalence among major racial/ethnic groups, and among Asians, South Asians (4%) and Chinese (6%) reported significantly lower levels of poor mental health than Vietnamese (11%).
- Nearly one and a half million adults (6%) had 14 or more days in which they were unable to perform usual daily activities due to poor physical or mental health.

- Lifetime hypertension prevalence among adults was 24%, with significant demographic differences. African-Americans' diagnosis level (34%) was almost double that of Latinos (17%), and was also significantly higher than the prevalence among Whites (26%) and Asians (22%). The proportions of Japanese (32%) and Filipinos (30%) with hypertension were significantly higher than all other Asian groups except Vietnamese (23%). Between 2001 and 2003, rates among those between 200-299% FPL increased 16%, among females there was a 7% increase, and among those with health insurance—a 6% increase.
- Among the 7% of adults with diabetes, 84% had Type II. A smaller proportion of Latinos (79%) than Whites (87%) had a Type II diagnosis. Among Asian ethnic groups, the prevalence of diabetes was significantly higher among Japanese (13%) than South Asians (4%), Koreans (4%) and Chinese (5%).
- Almost 16% of children were reported to need more health-related services than other children of the same age. Boys were more likely to have special needs (18%) than girls (14%). African-American children (24%) were significantly more likely than children of other racial/ethnic groups, except American Indian/Alaska Natives (18%), to need extra services.
- Because of the small numbers of children diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) in 2001 and in 2003, the data were pooled to produce more reliable estimates. Four percent of parents/guardians reported ADD/ADHD diagnoses among their children, and nearly three times as many males as females had ever been diagnosed with ADD/ADHD.

HEALTH-RELATED BEHAVIORS

CHIS 2003 includes a variety of health-related behaviors, and compares them to the Healthy People 2010 objectives. In general, Californians did not meet many of the healthy living standards set by Healthy People 2010 (HP 2010), although there is considerable variation among demographic groups.

- Over four million adults (17%) were current smokers, a higher proportion than the HP 2010 standard of no more than 12%. Almost one-third of American Indian/Alaska Natives were current smokers. Among Asian ethnic groups, Chinese met the objective (8%) and were less likely to be smokers than other Asian groups except South Asians (12%). Among adolescents, every demographic group reported smoking at levels well below the HP 2010 adolescent target of 16% or less.
- The proportion of adults who reported binge drinking (15%) was more than double the HP 2010 standard of no more than 6%. Males binge drink at three times the rate of females (24% vs. 7%, respectively). African Americans (9%) and Asians (10%) had lower binge drinking levels than other major racial/ethnic groups. Among adolescents, CHIS 2001 and CHIS 2003 binge drinking data were pooled to produce stable estimates. Almost 7%, or 202,000 adolescents, reported past month binge drinking, a rate three times the HP 2010 objective of no more than 2%.
- Using pooled 2001 and 2003 data, past 30 day marijuana use among adolescents ages 12-17 showed a prevalence of 6%. All groups exceeded the HP 2010 objective that past 30 day use not be greater than 0.7%.
- Over half of California adults (56%) were overweight or obese in 2003, which is significantly higher than the HP 2010 objective of no more than 40%. Among major racial/ethnic groups, only Asians met the HP 2010 objective, although Filipinos and Japanese did not. The prevalence of overweight and obesity among teens (12%) was twice their HP objective of not more than 5%. Every demographic group was higher than 5%.
- Approximately two-thirds of adolescents (66%) engaged in vigorous activity three or more times during the previous week, a level below the HP 2010 objective of 85%. However, vigorous activity increased 9% between 2001 and 2003 among adolescents, ages 12-14. Parents/guardians were asked to estimate the number of days in the past week their child played actively enough to make him/her breathe hard or heart beat fast. Boys (4.3 days) had higher prevalence than girls (3.9 days), and White children had more days (five) than all other groups except American Indian/Alaska Native children. The higher the income level, the more days the parent/guardian reported their child participated in vigorous physical activity.
- Neither adolescents nor children met the HP 2010 objective that at least 50% of teens and children will eat two or more servings of fruit and three or more servings of vegetables per day. Only 19% of teens and 11% of children reported eating three or more vegetable servings the previous day versus the 50% HP target. Only half of teens and children ate two or more fruit servings the previous day compared to the 75% HP fruit consumption objective. Asian children were the least likely to meet these consumption goals.

- CHIS 2003 included questions about previous day soda and fast food consumption. Over one-third of adolescents (36%) and one in five children (20%) drank two or more sodas the previous day. Asian and White teens and children reported the lowest soda consumption prevalence. Twelve percent of adolescents reported eating fast food two or more times the previous day, but only 4% of children ages 1-11 did. More Latino teens and children ate fast food two or more times the previous day compared to teens and children of other racial/ethnic groups.

SEXUALITY, SEXUALLY TRANSMITTED DISEASE AND PREGNANCY PREVENTION

Almost 30% of 15-17 year olds had ever had sexual intercourse, a proportion higher than the HP objective of not more than 25%. Asian adolescents (13%) not only met the HP objective but were less likely than Whites (28%) or Latinos (32%) to report having had sexual intercourse. Among those who were sexually active, teens did meet the HP objective of not engaging in sexual intercourse until age 15. Sexually active males were close to meeting the HP 2010 objective that 79% will have used a condom at last intercourse, and females met their objective of 49%.

- Emergency contraception (EC) knowledge and use questions were asked of adult and adolescent females for the first time in 2003. Over three-fourths of women had heard of EC, although Latinas and Asians were less likely to have heard of it than women of other racial/ethnic groups. Vietnamese and Korean women had the lowest recognition level among Asian ethnic groups. Only 12% of adult women knew that EC is available over the counter without a prescription. Latinas (10%) were less aware of the law than Whites (13%) or African Americans (14%). Among adolescent females ages 14-17, almost six in ten had heard of EC (58%), and 23% knew about non-prescription EC over-the-counter availability. Approximately 160,000 adults (2%) and 25,000 adolescent females (4%) had used EC in the past 12 months.
- One percent of sexually active women ages 18-49 (95,000) reported terminating a pregnancy in the past 12 months.
- California women of all demographic groups reported sharp decreases in hormone replacement therapy (HRT) use between 2001 and 2003. The CHIS 2003 data were collected after widespread media releases in 2002 that reported on national research findings showing HRT increased women's risk of stroke, breast cancer and heart attack. There was a 47% decrease in HRT use among women age 50 and over between 2001 and 2003, from 39% using in 2001 to 21% in 2003. White and Asian women's HRT use dropped the most, by 46% and 60%, respectively. Among Asian groups, use declined by 49% among Japanese women, 64% among Chinese women and 68% among Filipino women. The decrease in HRT use among women below 100% FPL was 52% between 2001 and 2003, from 26% to 13%.

CANCER SCREENING

Significant differences among demographic groups in cancer screening behaviors were found in 2003.

- The HP 2010 cervical cancer screening objective that at least 90% of women be screened in the past three years was not met by any demographic group except women ages 25-39 (92%). Overall, the HP objective that 70% of women age 40 and older will have had a mammogram in the past three years was met. Seventy six percent of women age 40 and older had been screened in the past three years. Among Asian women, only Filipinos (81%) and Japanese women (79%) met the recommended screening frequency.
- More than half of adults (54%) reported having a sigmoidoscopy, colonoscopy or proctoscopy to screen for colon cancer in the past ten years, meeting the HP objective of 50%. A lower percent of Latinos (36%) were screened compared to other major racial/ethnic groups, and women (52%) were less likely than men (56%) to have had a sigmoidoscopy, colonoscopy or proctoscopy in the past 10 years. However, the percent of women screened did increase by 8% between 2001 and 2003.

HEALTH INSURANCE AND ACCESS TO CARE

CHIS 2003 findings indicate large differences among demographic groups in health insurance coverage and access to care.

- Overall, most Californians (87%) had a usual source of care in 2003, although only adults age 65 and older met the HP 2010 objective of at least 96%. Over 1% more adults reported a usual place of care in 2003 compared to 2001, a significant increase. The percent of Asian women with a usual health care source increased by 4% between 2001 and 2003. The largest increase was among Koreans—a 16% increase from 2001 to 2003. Among adolescents, only 77% had a usual source of care in 2003, which did not meet the HP objective. The overall proportions of teens having a usual source of care decreased by 9% between 2001 and 2003, a decrease evident across all demographic groups. Among children, the HP objective was almost met; however, the percent of Asian children with a usual source of care declined by 4% between 2001 and 2003.

- In 2003, 12% of adults delayed or did not get needed prescriptions. This was significantly higher than the Healthy People objective that not more than 7% delay or forego needed prescriptions. The proportion increased by 9% between 2003 and 2001. All major racial/ethnic groups reported increases in delaying or not obtaining needed prescriptions except American Indian/Alaska Natives. The largest increase was among African Americans (55%). The percent change was higher among uninsured (61%) than insured (29%), although both groups reported increases. The percent of children who experienced delays or did not get needed prescriptions increased by 52% from 2001 to 2003.
- Similarly, over 3.7 million Californians (15%) delayed or did not get other needed medical care in 2003, twice the HP objective. Only those age 65 and older met the objective. Among Asian ethnic groups, prevalence ranged from 18% of South Asians to 6% of Japanese. The overall adult prevalence increased by 9% between 2001 and 2003, from 13% to 15%. A greater proportion of Latino children had unmet needs in 2003 compared to 2001—a 61% increase.
- Almost 17% of adults did not have health insurance at the time of the interview. Latinos (34%) had the highest percent uninsured followed by American Indian/Alaska Natives (22%). There was a 19% decline in the percent of Asians who reported being uninsured in 2003 compared to 2001. Almost one in ten teens (9%) was currently uninsured, although the rate among Latino adolescents declined by 32% from 2001 to 2003. The percent of children without insurance declined by 30% between 2001 and 2003.
- The percent of adults with dental insurance decreased by 3% between 2001 and 2003, to 59%. The decreases were greatest among those in the two top income categories—4% lower among those at or above 300% FPL and 10% lower among those 200-299% FPL. While 80% of children had dental insurance, the percent of Asian children with dental insurance dropped by 8% between 2001 and 2003.
- Eight percent of teens and 9% of children could not afford needed dental care in the past 12 months, although adolescents and children both met the HP 2010 objective that at least 56% visit a dentist during the past year.

SUMMARY

CHIS 2003 and CHIS 2001 provide data on an array of public health indicators, including many Healthy People 2010 objectives. The California Health Interview Survey is designed to meet state and local needs for population-based health data and to track health status and disparities among California's diverse racial and ethnic groups. Findings from CHIS 2003 compared with findings from CHIS 2001 indicate that racial/ethnic and income inequities in health status and the burden of disease persist in California. There are also measurable differences in health insurance coverage, access to care and health behaviors. The ability to measure these differences over time, on a large population-based sample, allows for targeted interventions to improve the health of the population.

The full report, *Health of California's Adults, Adolescents and Children: Findings from CHIS 2003 and CHIS 2001*, can be downloaded from the CHIS Web site, *www.chis.ucla.edu*. Accompanying tables presenting data from both 2003 and 2001 are also available at the Web site. The California Health Interview Survey is a collaborative partnership among the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute.

1. The California Health Interview Survey: An Overview

INTRODUCTION

The California Health Interview Survey (CHIS) is the largest population-based state health survey in the United States. CHIS is a random-digit-dial (RDD) telephone survey of the California population that is conducted every two years, and began in 2001. Households are scientifically sampled from every county in the state, and separate interviews are conducted with randomly selected adults, adolescents and parents or guardians of young children. CHIS 2003 interviews were conducted in 42,044 households, and Korean and Vietnamese households were over-sampled. The CHIS adult sample is large enough to provide reliable estimates for Whites, Latinos, African Americans, American Indian/Alaska Natives, Chinese, Filipinos, Japanese, Koreans, South Asians and Vietnamese. In addition to statewide estimates, the sample also provides estimates for individual counties with populations over 100,000, and for aggregates of smaller counties. To make the CHIS sample as representative as possible, interviews were conducted in English, Spanish, Chinese (Mandarin and Cantonese dialects), Korean and Vietnamese. Without this language capability, CHIS would exclude people with no or limited English proficiency from participating in the survey. In CHIS 2003, 11% of the adult interviews, 7% of the adolescent interviews, and 21% of the child interviews were completed in a language other than English. CHIS 2003 interviews were conducted between July and November 2003.

The topics included in the CHIS 2003 survey were chosen through extensive consultation with public health professionals and potential data users. This report summarizes the main CHIS findings at the state level for adults, adolescents and children, and describes significant changes from CHIS 2001 to CHIS 2003. Organized for quick and easy reference, the report provides estimates of key health indicators. The first summary CHIS report, *Health of California's Adults, Adolescents and Children: Findings from CHIS 2001*[1], can be downloaded from the CHIS Web site, *www.chis.ucla.edu.*

HEALTHY PEOPLE 2010 OBJECTIVES

One of the goals of CHIS is to assess California's progress in achieving the Healthy People 2010 objectives (HP 2010)[2]. Healthy People 2010 is a set of national health objectives that provides a framework for measuring the health of the nation over the first ten years of the decade. The objectives that were measured in CHIS 2003 are highlighted in boxes next to the data tables for the corresponding topic. The narrative describes whether the objective was met overall and whether it was met among specific demographic groups. Estimates that meet the Healthy People 2010 objectives are indicated with an asterisk (*) in the tables. To meet the objective, both the CHIS point estimate and the estimate's 95% confidence interval must be equal to or better than the percent associated with the Healthy People objective. (See the Appendix for a discussion of confidence intervals.)

READING THE TABLES AND GRAPHS

In this report, findings are presented in tables and summarized in brief narratives. The report begins with the adult findings, moves to the adolescent findings, and ends with the child findings. The terms "percent," "prevalence" and "proportion" are used interchangeably. Each table in the body of the report presents findings for a health indicator measured in CHIS 2003. Point estimates were considered significantly different if their confidence intervals did not overlap. Unless specified in the text, only statistically significant differences are discussed as "differences."

Topics that were measured in both CHIS 2001 and CHIS 2003 were tested for statistical change between the two years, and significant differences are displayed in graphs next to the CHIS 2003 data tables. The point estimates for 2001 and 2003 were considered statistically different if their 95% confidence intervals did not overlap. The significant increases and decreases between 2001 and 2003 are described in the text, including the percent change between the two years, which was calculated as percent in 2003 minus percent in 2001 divided by percent in 2001. Thus, for example, if the point estimate in 2003 was 12% and the point estimate in 2001 was 6%, the increase was 100% (.12-.06/.06 = 1). The magnitude of the percentage change is not necessarily related to whether it is statistically significant or not. For example, the proportion of adults who said they had a usual source of care only decreased by 1.2%, but that decrease was statistically significant. On the other hand, the proportion of adults who had ever been diagnosed with diabetes was 6.5% higher in 2003 than in 2001, but that difference was not statistically significant.

CHIS 2003 data tables. The *first column* of the CHIS 2003 tables shows the population group for which the data are presented: age, gender, racial/ethnic group, poverty level and health insurance status. Data were weighted to the California Department of Finance population statistics and are representative of California's non-institutionalized population.

1 S Holtby, E Zahnd, W Yen, N Lordi, C McCain, C DiSogra. *Health of California's Adults, Adolescents and Children: Findings from CHIS 2001*. Los Angeles, CA: UCLA Center for Health Policy Research, 2004.

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

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 are shown for two age groups: 12-14 and 15-17. The age groups for young children vary by topic since the topics are often age-specific but, in general, data are shown for 0-4 year olds and 5-11 year olds. A few tables use different age groupings where the topic is only applicable to certain ages.

The next category in the tables is **gender**, unless the topic applies to only one gender. The **race/ethnicity** categories are mutually exclusive and are based on the UCLA Center for Health Policy Research definitions. The UCLA method differs from that of the U.S. Census, which treats "Latino" as an ethnicity and not a race, but is consistent with the race/ethnicity categories used by the California Department of Finance for producing California population estimates. The UCLA method defines "Latino" as a mutually exclusive race category, along with White, African American, American Indian/Alaska Native and Asian. These groups are referred to in the text as "major racial/ethnic groups." Asian ethnic groups are reported separately under the total "Asian" group. Comparisons are generally made among the major racial/ethnic groups and within Asian ethnic groups, but not between major racial/ethnic groups and specific Asian groups (e.g. Latinos vs. Asians, but not Latinos vs. Chinese). Readers who want to examine findings using the U.S. Census definitions of race/ethnicity can do so using the CHIS online data query system, *Ask*CHIS, on the CHIS Web site (*www.chis.ucla.edu*).

Respondents who reported being more than one race were asked to choose the race they most identify with and were reported in that category. If they did not identify with one particular race, they were coded as "multi-race." Findings for the multi-race group are not shown separately in this report because the category does not lend itself to meaningful interpretation. Data for "other" race groups—such as Pacific Islanders—are also not reported separately because the sample sizes were too small to produce reliable estimates. However, data for all respondents are included in the total rows of each table, which means the rows do not add up to the totals.

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 federal poverty levels (FPL) for 2002[3] 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 had health insurance at the time of the CHIS interview. The percents in the tables indicate the proportions of the insured and uninsured who have the condition or behavior described in the title of the page. The tables pertaining to dental health show dental insurance status and are labeled as such.

The last row of each table shows the **totals for the population of California** as a whole. As stated above, the total estimates are for all respondents, and therefore the columns do not add up to the totals shown in the last row.

The *second column* shows the weighted percent, or point estimate, of CHIS respondents who reported the health condition or behavior. For example, Table 1 shows that 12.3% of all adults age 18 and older in California reported ever being diagnosed with asthma. In cases where the sample sizes are too small to provide reliable estimates, the data are not included in the table. This happens most often with the Asian ethnic groups and adolescent samples. See the "Unstable Estimates" section of the Appendix for a description of 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 diagnosed asthma (Table 1), the confidence interval for the 18-24 age group is 13.3% to 16.3%. This means we are 95% certain that the true percent of adults ages 18-24 who have ever been diagnosed with asthma is somewhere between the lower and upper limits. We estimate that it is 14.8%, but it may be as low as 13.3% or as high as 16.3%. The Appendix contains a description of how to use confidence intervals to determine if percents are statistically different from each other.

The *fourth column* of the tables shows the population estimates; that is, the estimated number of Californians in each population group who have the health condition or behavior described in the title of the table. The population estimates were calculated by multiplying the weighted sample percents (second column) by the Department of Finance figure for each row in the table, after adjusting for sampling error. The numbers are rounded to the nearest thousand. For example, the first row in Table 1 indicates that 14.8% of adults ages 18-24 have ever been diagnosed with asthma. According to the California Department of Finance there are 3,481,000 adults ages 18-24 in California. If we multiply 14.8% by 3,481,0001 and round to the nearest thousand, the result is 516,000. This means about 516,000 adults ages 18-24 have been diagnosed with asthma at some time in their life.

Tables with both 2001 and 2003 data. All variables for which CHIS 2001 and CHIS 2003 data were compared can be found on the CHIS Web site, *www.chis.ucla.edu*. Only variables with significant differences between the two years are included in this report, and are presented in graphs next to the 2003 tables.

3 U.S. National Archive and Records Administration. *Federal Register*, Washington, DC: U.S. Government Printing Office, February 1, 2002.

2. Adult CHIS 2003

ADULT CHIS 2003 FINDINGS AND SIGNIFICANT CHANGES FROM 2001 TO 2003.

The CHIS 2003 findings presented in this section are based on telephone interviews with 42,044 adults age 18 and older. The CHIS 2001 data are based on interviews with 55,428 adults. The findings on physician-diagnosed health conditions and limitations are based on respondent self-reporting; no independent confirmation was obtained. Age comparisons were conducted for all topics in the report, although many conditions, such as diabetes, are highly correlated with age.

HEALTH CONDITIONS AND LIMITATIONS

Self-Reported Lifetime Asthma Prevalence, Adults Age 18 and Older (Table 1).

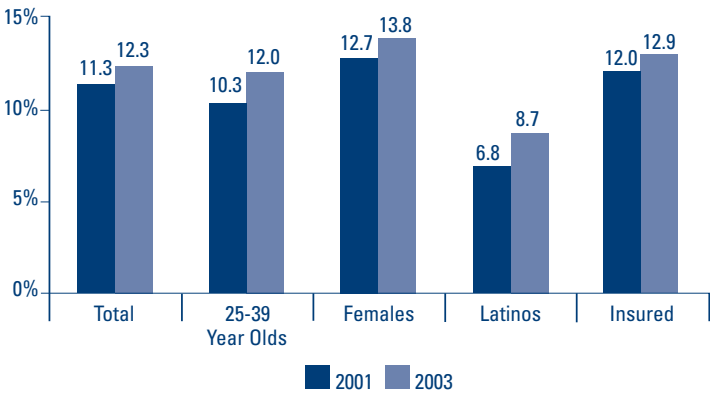
The lifetime prevalence of asthma among adults ages 18-24 (14.8%) is significantly higher than that of all other age groups. Females have a higher lifetime prevalence of diagnosed asthma than males (13.8% vs. 10.8%, respectively) and, among major racial/ethnic groups, Latinos (8.7%) and Asians (9.7%) have significantly lower proportions than all other groups. Filipinos (15.2%) have the highest prevalence among Asian ethnic groups, and Koreans have the lowest (5.2%), although the confidence intervals of some of the estimates are very wide and most differences are not statistically significant. Adults living in households at or above 300% FPL were more likely to have been diagnosed than those in households below 100% FPL, and those with health insurance have a higher lifetime prevalence of diagnosed asthma than those without it (12.9% vs. 9.2%, respectively).

Significant changes from 2001 to 2003 (Graph 1). The self-reported prevalence of asthma among adults age 18 and older grew significantly by 8.8%, from 11.3% in 2001 to 12.3% in 2003. The age group accounting for this increase is the 25-39 year olds, whose prevalence rose from 10.3% to 12%—a 16.5% increase. The prevalence among females was 8.7% higher in 2003 than it was in 2001, and among Latinos, asthma diagnosis rose 27.9%, from 6.8% in 2001 to 8.7% in 2003. There was also a 7.5% rise in diagnosis among those with health insurance.

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

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	14.8	(13.3 - 16.3)	516,000
25-39	12.0	(11.2 - 12.8)	938,000
40-64	12.3	(11.7 - 12.9)	1,295,000
65-79	11.7	(10.6 - 12.9)	323,000
80+	8.0	(6.5 - 9.5)	82,000
Gender			
Male	10.8	(10.1 - 11.4)	1,351,000
Female	13.8	(13.2 - 14.4)	1,803,000
Race/Ethnicity			
White	13.9	(13.4 - 14.5)	1,837,000
Latino	8.7	(7.8 - 9.6)	577,000
African American	16.4	(14.5 - 18.3)	264,000
American Indian/Alaska Native	18.7	(14.3 - 23.1)	56,000
Asian	9.7	(8.4 - 11.0)	291,000
Chinese	8.0	(6.0 - 10.0)	68,000
Filipino	15.2	(11.6 - 18.8)	116,000
Japanese	11.2	(7.1 - 15.3)	28,000
Korean	5.2	(2.8 - 7.7)	15,000
South Asian	6.2	(3.3 - 9.2)	20,000
Vietnamese	6.6	(3.5 - 9.6)	24,000
Federal Poverty Level (FPL)			
0-99% FPL	10.6	(9.5 - 11.7)	409,000
100-199% FPL	11.4	(10.4 - 12.4)	550,000
200-299% FPL	12.6	(11.4 - 13.8)	451,000
≥ 300% FPL	13.1	(12.5 - 13.7)	1,744,000
Insurance Status			
Insured	12.9	(12.5 - 13.4)	2,762,000
Uninsured	9.2	(8.2 - 10.3)	392,000
Total	12.3	(11.9 - 12.8)	3,154,000

Graph 1.
Significant Changes from 2001 to 2003:
Self-Reported Lifetime Asthma Prevalence, Adults Age 18 and Older



Twelve-Month Asthma Attack or Episode Among Ever Diagnosed, Adults Age 18 and Older (Table 2).

Among respondents who had ever been diagnosed with asthma, 34.7% reported having had an asthma attack in the past twelve months. Those ages 18-24 were less likely than all other age groups (except those age 80 and older) to report having an attack, and a smaller proportion of males with asthma had an attack (25.8%) compared with females (41.3%) who have asthma. A significantly greater proportion of American Indians with asthma (51%) said they had had an attack compared with Whites (35.1%) and Latinos (32.4%). (It should be noted that in *Health of California's Adults, Adolescents and Children: Findings from CHIS 2001*, we presented findings for people with asthma who reported an attack or symptoms (p.11). In CHIS 2003 the asthma questions were asked differently, and therefore the findings shown in Table 2 of this report cannot be compared with those in Table 2 of the 2001 report.)

Table 2.
Twelve-Month Asthma Attack or Episode,
Adults with Asthma Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	24.2	(19.9 - 28.5)	125,000
25-39	34.5	(31.2 - 37.8)	324,000
40-64	39.3	(36.8 - 41.9)	510,000
65-79	33.8	(28.8 - 38.8)	109,000
80+	32.2	(23.4 - 41.0)	26,000
Gender			
Male	25.8	(23.2 - 28.4)	349,000
Female	41.3	(39.1 - 43.5)	745,000
Race/Ethnicity			
White	35.1	(33.1 - 37.1)	645,000
Latino	32.4	(27.6 - 37.2)	187,000
African American	33.7	(27.6 - 39.7)	89,000
American Indian/Alaska Native	51.0	(37.9 - 64.2)	29,000
Asian	33.1	(26.2 - 39.9)	96,000
Chinese	31.9	(20.4 - 43.5)	22,000
Filipino	33.9	(21.0 - 46.7)	39,000
Japanese	35.7	(15.0 - 56.4)	10,000
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	39.5	(34.5 - 44.5)	161,000
100-199% FPL	39.1	(34.6 - 43.6)	215,000
200-299% FPL	33.5	(29.0 - 38.1)	151,000
≥ 300% FPL	32.5	(30.2 - 34.7)	566,000
Insurance Status			
Insured	34.6	(32.9 - 36.4)	957,000
Uninsured	34.9	(29.1 - 40.7)	137,000
Total	34.7	(33.0 - 36.4)	1,094,000

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

Almost half the adults (47.2%) who reported ever being diagnosed with asthma were currently taking medication for quick-relief, long-term control or both, at the time of the interview. Prevalence of taking medication increased with age, with those 40 and older more likely to be taking medication than those ages 18-39. A significantly higher proportion of African Americans was taking medication compared with Whites and Latinos, and a greater percentage of people with incomes below 100% FPL was taking medication than among people above 300% FPL. There were no other significant income differences, but those with insurance were more likely to be taking medication than those without.

Significant changes from 2001 to 2003. None.

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

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	34.0	(27.0 - 41.0)	80,000
25-39	37.6	(33.1 - 42.1)	203,000
40-64	50.2	(47.0 - 53.5)	404,000
65-79	67.6	(62.1 - 73.1)	155,000
80+	68.5	(56.3 - 80.6)	39,000
Gender			
Male	45.4	(41.2 - 49.6)	292,000
Female	48.2	(45.5 - 50.9)	589,000
Race/Ethnicity			
White	47.3	(44.7 - 50.0)	529,000
Latino	44.5	(37.9 - 51.2)	144,000
African American	59.5	(52.0 - 67.1)	91,000
American Indian/Alaska Native	60.6	(45.7 - 75.4)	24,000
Urban	57.9	(35.7 - 80.1)	12,000
Rural	63.8	(45.1 - 82.4)	12,000
Asian	38.6	(29.0 - 48.2)	60,000
Chinese	38.5	(22.4 - 54.5)	13,000
Filipino	32.4	(14.6 - 50.3)	20,000
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	54.9	(48.7 - 61.1)	152,000
100-199% FPL	50.4	(44.9 - 56.0)	175,000
200-299% FPL	47.0	(40.9 - 53.1)	116,000
≥ 300% FPL	44.0	(40.9 - 47.1)	437,000
Insurance Status			
Insured	48.7	(46.4 - 51.1)	805,000
Uninsured	35.6	(27.8 - 43.5)	76,000
Total	47.2	(44.9 - 49.5)	881,000

Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older (Table 4).

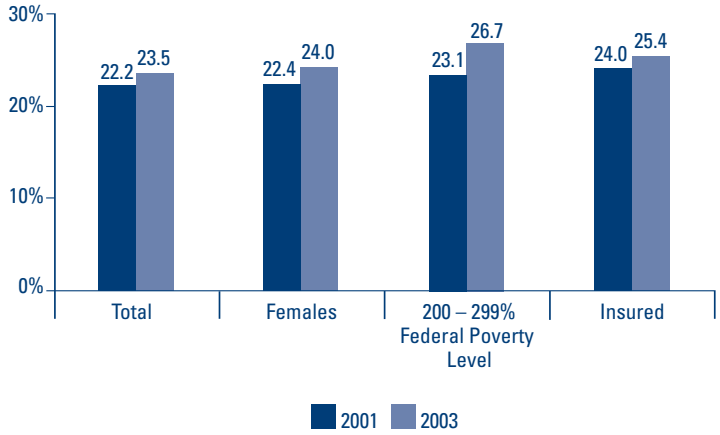
The lifetime prevalence of hypertension among all adults is 23.5%, ranging from 6.1% among those ages 18-24 to 59.9% of adults age 80 and older. An estimated six million adults in California said they were ever diagnosed with hypertension. There were no gender differences in prevalence of hypertension, but there were significant racial/ethnic differences. The prevalence of hypertension among African Americans (33.9%) is almost double that of Latinos (17.2%), and significantly higher than it is among Whites (25.7%) and Asians (22.1%). Among Asian ethnic groups, 32.4% of Japanese and 29.5% of Filipinos had ever been diagnosed with hypertension, whereas only 12.1% of South Asians had ever been diagnosed. The Japanese (32.4%) and Filipino (29.5%) percents are significantly higher than the percents of all other Asian ethnic groups except Vietnamese (22.7%).

Significant changes from 2001 to 2003 (Graph 2). The greatest change was among those between 200% and 299% of the federal poverty level, whose rate increased by 15.6%. The prevalence of hypertension among females increased by 7.1% between 2001 and 2003, and those with health insurance had a 5.8% increase.

Table 4.
Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	6.1	(5.0 - 7.1)	211,000
25-39	10.2	(9.4 - 11.0)	797,000
40-64	27.1	(26.2 - 27.9)	2,848,000
65-79	56.2	(54.4 - 57.9)	1,544,000
80+	59.9	(57.2 - 62.7)	611,000
Gender			
Male	23.0	(22.2 - 23.8)	2,884,000
Female	24.0	(23.2 - 24.7)	3,128,000
Race/Ethnicity			
White	25.7	(25.0 - 26.4)	3,393,000
Latino	17.2	(16.1 - 18.4)	1,149,000
African American	33.9	(31.4 - 36.3)	544,000
American Indian/Alaska Native	26.7	(21.9 - 31.5)	80,000
Asian	22.1	(20.3 - 23.9)	665,000
Chinese	18.5	(15.9 - 21.2)	158,000
Filipino	29.5	(24.9 - 34.0)	226,000
Japanese	32.4	(25.7 - 39.0)	81,000
Korean	14.3	(10.6 - 18.0)	40,000
South Asian	12.1	(8.2 - 16.0)	40,000
Vietnamese	22.7	(18.0 - 27.5)	83,000
Federal Poverty Level (FPL)			
0-99% FPL	22.2	(20.6 - 23.7)	854,000
100-199% FPL	25.7	(24.3 - 27.1)	1,243,000
200-299% FPL	26.7	(25.2 - 28.3)	958,000
≥ 300% FPL	22.2	(21.5 - 22.9)	2,957,000
Insurance Status			
Insured	25.4	(24.8 - 26.0)	5,417,000
Uninsured	14.0	(12.7 - 15.3)	594,000
Total	23.5	(22.9 - 24.0)	6,012,000

Graph 2.
Significant Changes from 2001 to 2003:
Ever Diagnosed with Hypertension (High Blood Pressure), Adults Age 18 and Older



Ever Diagnosed with Heart Disease, Adults Age 18 and Older (Table 5).

The prevalence of heart disease increases with age, and the three oldest age categories were significantly different from each other, and greater than the prevalence among 18-24 and 25-39 year olds. There were no differences between males (7%) and females (6.8%), but there were significant racial/ethnic differences. Among major racial/ethnic groups, Latinos (4.1%) have the lowest prevalence of heart disease—significantly lower than all other groups except Asians (4.8%). Proportionately fewer Asians overall have heart disease compared to Whites (8.8%), African Americans (6.9%) and American Indians (8.3%). A significantly lower percent of adults at or above 300% of the federal poverty level (6.2%) had been diagnosed with heart disease compared to those between 100% and 299% FPL. Those with health insurance were significantly more likely than those without to have been diagnosed with heart disease (7.6% vs. 3.1%, respectively).

Significant changes from 2001 to 2003. None.

Table 5.
Ever Diagnosed with Heart Disease, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	1.2	(0.8 - 1.6)	42,000
25-39	1.6	(1.3 - 2.0)	128,000
40-64	6.4	(6.0 - 6.9)	677,000
65-79	22.4	(20.9 - 23.9)	616,000
80+	29.4	(26.8 - 32.0)	300,000
Gender			
Male	7.0	(6.6 - 7.5)	881,000
Female	6.8	(6.3 - 7.2)	882,000
Race/Ethnicity			
White	8.8	(8.4 - 9.2)	1,162,000
Latino	4.1	(3.5 - 4.7)	270,000
African American	6.9	(5.7 - 8.1)	110,000
American Indian/Alaska Native	8.3	(5.4 - 11.2)	25,000
Asian	4.8	(3.9 - 5.7)	144,000
Chinese	4.8	(3.4 - 6.3)	41,000
Filipino	6.2	(3.7 - 8.8)	48,000
Japanese	6.9	(3.8 - 10.1)	17,000
Korean	–	–	–
South Asian	–	–	–
Vietnamese	5.2	(3.0 - 7.5)	19,000
Federal Poverty Level (FPL)			
0-99% FPL	6.8	(5.9 - 7.7)	262,000
100-199% FPL	8.2	(7.4 - 9.0)	396,000
200-299% FPL	7.7	(6.9 - 8.5)	276,000
≥ 300% FPL	6.2	(5.8 - 6.6)	829,000
Insurance Status			
Insured	7.6	(7.3 - 8.0)	1,632,000
Uninsured	3.1	(2.5 - 3.6)	130,000
Total	6.9	(6.6 - 7.2)	1,763,000

Ever Diagnosed with Diabetes, Adults Age 18 and Older (Table 6).

Over 6% of adults (6.6%) reported having been diagnosed with diabetes, with males statistically more likely than females to have been diagnosed (7.1% vs. 6.1%). Diabetes prevalence increased with age, and those 65 and older were significantly more likely to be diabetic than those under age 65. Among racial/ethnic groups, Whites (5.7%) and Asians (6.5%) had the lowest prevalence of diabetes, but not all differences were significant. A greater proportion of Latinos (7.5%) and American Indian/Alaska Natives (10.1%) had been diagnosed compared with Whites (5.7%). African Americans were more likely than Whites and Asians to have been diagnosed with diabetes. Although the overall Asian prevalence was low, one notable exception was the prevalence among Japanese—13.4%. This was significantly higher than the prevalence among South Asians (3.9%), Koreans (4.4%) and Chinese (4.8%).

In terms of other demographic differences, adults living in households with incomes below 200% of the federal poverty level were significantly more likely to have diabetes than those at or above 200% FPL. A greater proportion of adults with health insurance was diagnosed with diabetes compared with those lacking insurance (7.1% vs. 4.3%).

Significant changes from 2001 to 2003. None.

Table 6.
Ever Diagnosed with Diabetes,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	0.4	(0.2 - 0.6)	14,000
25-39	2.1	(1.8 - 2.5)	166,000
40-64	8.4	(7.9 - 9.0)	877,000
65-79	16.7	(15.3 - 18.1)	452,000
80+	16.9	(14.4 - 19.5)	169,000
Gender			
Male	7.1	(6.6 - 7.6)	888,000
Female	6.1	(5.7 - 6.5)	790,000
Race/Ethnicity			
White	5.7	(5.3 - 6.0)	744,000
Latino	7.5	(6.7 - 8.3)	497,000
African American	9.3	(7.9 - 10.8)	149,000
American Indian/Alaska Native	10.1	(6.7 - 13.4)	30,000
Asian	6.5	(5.4 - 7.6)	193,000
Chinese	4.8	(3.4 - 6.3)	41,000
Filipino	8.3	(5.6 - 11.1)	63,000
Japanese	13.4	(7.3 - 19.5)	33,000
Korean	4.4	(2.5 - 6.3)	12,000
South Asian	3.9	(1.9 - 6.0)	13,000
Vietnamese	6.7	(3.7 - 9.6)	24,000
Federal Poverty Level (FPL)			
0-99% FPL	8.9	(7.8 - 9.9)	338,000
100-199% FPL	8.9	(8.0 - 9.9)	427,000
200-299% FPL	6.5	(5.7 - 7.3)	230,000
≥ 300% FPL	5.2	(4.8 - 5.5)	683,000
Insurance Status			
Insured	7.1	(6.7 - 7.4)	1,496,000
Uninsured	4.3	(3.5 - 5.0)	181,000
Total	6.6	(6.3 - 6.9)	1,678,000

Type II Diabetes Diagnosis Among Ever Diagnosed, Adults Age 18 and Older (Table 7).

Diabetes prevalence was collected in both CHIS 2001 and CHIS 2003, and a new question on the type of diabetes was added in 2003. Among the 6.6% of adults with diabetes, 84.2% had Type II diabetes. The proportion of adults with Type II diabetes increased significantly with each age group; however, the estimate for the age groups 18-24 and 80 and older was so small that it is unreliable and therefore not reported. Approximately two-thirds of diabetics ages 25-39 had Type II. The proportions with Type II diabetes among those ages 40-64 and 65-79 were 84.1% and 90.5%, respectively. A smaller proportion of Latinos (79.2%) than Whites (87.4%) had a Type II diagnosis. There were no other statistical differences among Type II vs. Type I diagnoses.

Table 7.
Type II Diabetes Diagnosis Among Ever Diagnosed, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	–	–	–
25-39	66.6	(58.0 - 75.2)	111,000
40-64	84.1	(81.3 - 86.9)	737,000
65-79	90.5	(88.1-92.9)	409,000
80+	–	–	–
Gender			
Male	85.8	(83.2-88.4)	762,000
Female	82.6	(79.5-85.6)	652,000
Race/Ethnicity			
White	87.4	(85.2 - 89.6)	651,000
Latino	79.2	(74.8-83.6)	394,000
African American	85.4	(79.5 - 91.3)	127,000
American Indian/Alaska Native	74.6	(59.9 - 89.2)	22,200
Asian	85.9	(78.8 - 93.0)	166,000
Chinese	–	–	–
Filipino	–	–	–
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	58.0	(35.5-80.6)	14,000
Federal Poverty Level (FPL)			
0-99% FPL	80.2	(75.2-85.2)	271,000
100-199% FPL	80.4	(75.5-85.2)	343,000
200-299% FPL	89.0	(84.7-93.3)	204,000
≥ 300% FPL	87.2	(84.7-89.7)	595,000
Insurance Status			
Insured	84.7	(82.5-86.7)	1,266,000
Uninsured	81.6	(74.7-88.5)	148,000
Total	84.2	(82.3-86.3)	1,414,000

Physically Unhealthy Days in Past 30 Days, Adults Age 18 and Older (Table 8).

In 2003, CHIS fielded the four "Healthy Days Measures" from the Health-Related Quality-of-Life (HRQOL) series (Centers for Disease Control and Prevention 2004)[4]. Eleven percent of Californians (11%) reported that their physical health was "not good" due to physical illness or injury. CDC defines "not good" as experiencing physical illness or injury during 14 of the past 30 days.

Significantly higher proportions of each successive age group reported 14 or more days where their physical health was "not good" (although the upper bound of the 18-24 CI and the lower bound of the 25-39 CI are equal). The range was 5.5% of the 18-24 year old age group to 21.1% of those 80 years and older. Women were significantly more likely than men to report 14 or more days of poor physical health. Among racial/ethnic groups, Asians (7.4%) were significantly less likely to report 14 or more days of poor physical health compared to all other major groups. Among the Asian ethnic groups, however, Vietnamese (13.6%) were significantly more likely than all other groups except Koreans (10.9%) to report 14 or more poor physical health days. A smaller proportion of adults in households between 200% and 299% FPL (10.9%) and at or above 300% FPL (7.9%) reported 14 or more days of poor health compared to the other two income groups.

Table 8.
Fourteen or More Physically Unhealthy Days in Past 30 Days, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	5.5	(4.5 - 6.5)	191,000
25-39	7.2	(6.5 - 7.8)	561,000
40-64	13.3	(12.6 - 13.9)	1,397,000
65-79	16.0	(14.7 - 17.2)	439,000
80+	21.1	(18.8 - 23.4)	215,000
Gender			
Male	9.0	(8.4 - 9.6)	1,129,000
Female	12.8	(12.3 - 13.4)	1,675,000
Race/Ethnicity			
White	11.4	(10.9 - 11.9)	1,499,000
Latino	10.7	(9.8 - 11.7)	714,000
African American	13.1	(11.4 - 14.9)	211,000
American Indian/Alaska Native	15.8	(11.8 - 19.7)	47,000
Asian	7.4	(6.4 - 8.5)	224,000
Chinese	7.0	(5.2 - 8.8)	59,000
Filipino	6.3	(4.1 - 8.5)	48,000
Japanese	4.7	(2.2 - 7.1)	12,000
Korean	10.9	(7.7 - 14.1)	30,000
South Asian	4.6	(2.1 - 7.2)	15,000
Vietnamese	13.6	(9.7 - 17.6)	50,000
Federal Poverty Level (FPL)			
0-99% FPL	15.6	(14.3 - 16.9)	600,000
100-199% FPL	15.6	(14.5 - 16.7)	755,000
200-299% FPL	10.9	(9.8 - 11.9)	389,000
≥ 300% FPL	7.9	(7.5 - 8.4)	1,059,000
Insurance Status			
Insured	11.0	(10.6 - 11.5)	2,358,000
Uninsured	10.5	(9.3 - 11.7)	446,000
Total	11.0	(10.5 - 11.4)	2,803,000

4 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adult and Community Health. *Health-Related Quality-of-Life Measure (HRQOL-14)*, 1993.

Unhealthy Days Due to Poor Mental Health in Past 30 Days, Adults Age 18 and Older (Table 9).

In 2003, CHIS fielded the four "Healthy Days Measures" from the Health-Related Quality-of-Life (HRQOL) series (Centers for Disease Control and Prevention 2004)[5]. Eleven percent of adults (11.1%)—approximately 2.8 million people—reported 14 or more days of poor mental health in the past 30 days, which is the CDC definition of "frequent mental distress." Those 65 years and older were significantly less likely to have 14 or more days of poor mental health than any of the younger age groups. Men (8.4%) were less likely than women (13.6%) to report frequent mental distress.

Among the major racial/ethnic groups, Asians reported the lowest prevalence of frequent mental distress. American Indian/Alaska Natives (19.1%) had higher prevalence than Whites (10.7%), Latinos (12.1%) and Asians (7.2%), and the African-American percent (14.3%) was higher than that of Whites and Asians. Among the Asian ethnic groups, South Asians (3.8%) and Chinese (5.6%) reported significantly lower levels of poor mental health than did the Vietnamese (10.7%). Adults in households below 200% FPL were significantly more likely to have frequent mental distress than those in households at or above 200% FPL. Finally, insured adults (10.5%) reported less frequent mental distress compared to uninsured Californians (14.1%).

Table 9.
Fourteen or More Unhealthy Days Past 30 Days, Due to Poor Mental Health, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	12.6	(11.2 - 14.1)	440,000
25-39	11.1	(10.2 - 11.9)	865,000
40-64	11.5	(10.9 - 12.1)	1,214,000
65-79	7.9	(7.0 - 8.9)	218,000
80+	9.6	(7.8 - 11.3)	98,000
Gender			
Male	8.4	(7.9 - 9.0)	1,060,000
Female	13.6	(13.0 - 14.2)	1,774,000
Race/Ethnicity			
White	10.7	(10.2 - 11.2)	1,417,000
Latino	12.1	(11.1 - 13.2)	809,000
African American	14.3	(12.6 - 16.0)	230,000
American Indian/Alaska Native	19.1	(14.6 - 23.7)	57,000
Asian	7.2	(6.1 - 8.3)	217,000
Chinese	5.6	(4.1 - 7.2)	48,000
Filipino	8.2	(5.5 - 10.9)	63,000
Japanese	6.5	(3.5 - 9.4)	16,000
Korean	7.2	(4.6 - 9.7)	20,000
South Asian	3.8	(1.6 - 6.0)	12,000
Vietnamese	10.7	(7.5 - 14.0)	39,000
Federal Poverty Level (FPL)			
0-99% FPL	16.8	(15.4 - 18.2)	647,000
100-199% FPL	14.6	(13.4 - 15.7)	705,000
200-299% FPL	10.9	(9.8 - 11.9)	389,000
≥ 300% FPL	8.2	(7.7 - 8.7)	1,092,000
Insurance Status			
Insured	10.5	(10.0 - 10.9)	2,234,000
Uninsured	14.1	(12.8 - 15.4)	600,000
Total	11.1	(10.7 - 11.5)	2,834,000

5 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adult and Community Health. *Health-Related Quality-of-Life Measure (HRQOL-14)*, 1993.

Activity Limitation Days in Past 30 Days, Adults Age 18 and Older (Table 10).

In 2003, CHIS fielded the four "Healthy Days Measures" from the Health-Related Quality-of-Life (HRQOL) series (Centers for Disease Control and Prevention 2004)[6]. Almost one and a half million adults (5.7%) reported having 14 or more days in which they were unable to perform daily activities due to poor physical or mental health. Those age 40 and older were significantly more likely to meet or exceed this threshold than were those under age 40. A higher percent of women (6.7%) than men (4.7%) reported activity limitations due to poor physical or mental health.

Asians (3%) were less likely than all other major racial/ethnic groups to report 14 or more health limitation days while American Indian/Alaska Natives (11.8%) and African Americans (7.9%) were the most likely to report such limitations compared to the other racial/ethnic groups, although the lower bound of the African-American CI and the upper bound of the White CI are equal. Those below 200% FPL had significantly higher percents of reporting 14 plus days of activity limitations due to poor health compared to those at or above 200% FPL.

Table 10.
Fourteen or More Activity Limitation Days Past 30 Days, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	3.5	(2.8 - 4.2)	121,000
25-39	4.1	(3.6 - 4.6)	321,000
40-64	7.1	(6.6 - 7.5)	742,000
65-79	6.8	(5.9 - 7.6)	182,000
80+	9.9	(8.2 - 11.6)	94,000
Gender			
Male	4.7	(4.3 - 5.1)	587,000
Female	6.7	(6.3 - 7.1)	873,000
Race/Ethnicity			
White	6.1	(5.7 - 6.5)	800,000
Latino	5.3	(4.7 - 6.0)	353,000
African American	7.9	(6.5 - 9.2)	125,000
American Indian/Alaska Native	11.8	(8.1 - 15.6)	35,000
Asian	3.0	(2.4 - 3.7)	91,000
Chinese	2.1	(1.2 - 3.0)	18,000
Filipino	3.1	(1.5 - 4.6)	23,000
Japanese	–	–	–
Korean	4.5	(2.0 - 7.0)	12,000
South Asian	–	–	–
Vietnamese	4.4	(2.3 - 6.6)	16,000
Federal Poverty Level (FPL)			
0-99% FPL	8.5	(7.5 - 9.5)	326,000
100-199% FPL	8.2	(7.4 - 9.0)	395,000
200-299% FPL	5.7	(4.9 - 6.5)	202,000
≥ 300% FPL	4.0	(3.7 - 4.4)	537,000
Insurance Status			
Insured	5.9	(5.5 - 6.2)	1,242,000
Uninsured	5.1	(4.4 - 5.9)	218,000
Total	5.7	(5.4 - 6.0)	1,461,000

6 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adult and Community Health. *Health-Related Quality-of-Life Measure (HRQOL-14)*, 1993.

HEALTH BEHAVIORS

Current Smokers, Adults Age 18 and Older (Table 11).

Healthy People 2010 Objective 27-1 states that no more than 12% of the adult population age 18 and older will smoke cigarettes. Current smokers were defined in CHIS 2003 as those who smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes either daily or some days. Over four million adults in California (16.5%) reported being current smokers, a significantly higher proportion than the Healthy People objective. Only those age 65 and older met the Healthy People 2010 objective; in all other age groups, at least 17% of the population smokes. Males were significantly more likely (20.3%) than females (12.9%) to be current smokers.

Prevalence estimates for every major racial/ethnic group exceeded the objective, although significantly lower proportions of Latinos (14.5%) and Asians (13.7%) were smokers compared to other groups. Among Asian ethnic groups, Chinese met the objective (7.6%), and were significantly less likely to be current smokers than other Asian groups, with the exception of South Asians (11.8%). Almost one-third of American Indian/Alaska Natives (30.2%) report being current smokers, which is the highest rate of all groups. Adults below 300% FPL were more likely to be current smokers than adults at or above 300% FPL (14.2%). Adults who have health insurance reported a significantly lower rate of current smoking than those who were uninsured (15% vs. 24%). Almost one in four of the uninsured reported being current smokers.

Significant changes from 2001 to 2003. None.

Table 11. Current Smokers, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	18.5	(16.8 - 20.2)	645,000
25-39	18.7	(17.7 - 19.8)	1,466,000
40-64	17.1	(16.4 - 17.9)	1,802,000
65-79	9.2*	(8.2 - 10.2)	247,000
80+	5.0*	(3.5 - 6.5)	48,000
Gender			
Male	20.3	(19.4 - 21.1)	2,532,000
Female	12.9	(12.3 - 13.5)	1,677,000
Race/Ethnicity			
White	17.3	(16.7 - 18.0)	2,273,000
Latino	14.5	(13.4 - 15.7)	965,000
African American	20.1	(18.0 - 22.2)	321,000
American Indian/Alaska Native	30.2	(25.0 - 35.3)	90,000
Asian	13.7	(12.1 - 15.2)	410,000
Chinese	7.6*	(5.7 - 9.4)	64,000
Filipino	16.4	(12.5 - 20.4)	125,000
Japanese	16.7	(11.2 - 22.3)	42,000
Korean	20.1	(15.3 - 24.9)	56,000
South Asian	11.8	(7.0 - 16.5)	39,000
Vietnamese	16.4	(12.0 - 20.9)	60,000
Federal Poverty Level (FPL)			
0-99% FPL	19.1	(17.6 - 20.6)	733,000
100-199% FPL	19.5	(18.2 - 20.8)	935,000
200-299% FPL	18.3	(16.9 - 19.6)	648,000
≥ 300% FPL	14.2	(13.6 - 14.9)	1,893,000
Insurance Status			
Insured	15.0	(14.5 - 15.5)	3,189,000
Uninsured	24.0	(22.4 - 25.6)	1,019,000
Total	16.5	(16.0 - 17.0)	4,208,000

*Meets the Healthy People 2010 Objective

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

Binge Drinking Past Month, Adults Age 18 and Older (Table 12).

Almost 3.9 million adults (15.1%) reported binge drinking during the past month, defined as consuming five or more drinks on an occasion during the past month. This proportion was more than double the Healthy People 2010 Objective 26-11c of no more than 6%. Adults ages 18-24 were significantly more likely to binge drink (24.2%) than all other age groups, and their binge drinking rate was four times the HP 2010 objective. Binge drinking decreased significantly with each age group, dropping from 20.1% among 25-39 year olds to 12.4% among 40-64 year olds, and down to 4.8% among those 65-79 years old. Males reported binge drinking at three times the rate of females (23.8% vs. 6.8%, respectively). While no racial/ethnic group met the HP Objective, American Indian/Alaska Natives (17.7%), Latinos (17.5%), and Whites (15.6%) had significantly higher levels of binge drinking compared to African Americans (9.3%) and Asians (10.4%). Among Asian ethnic groups, Filipinos (15.4%) and Koreans (17.5%) had significantly higher rates than Chinese (8.5%).

Among income groups, those at or above 300% FPL were significantly more likely to binge drink than those at 200-299% FPL. Adults with health insurance reported significantly lower levels of binge drinking than those without insurance (13.8% vs. 21.8%, respectively).

Significant changes from 2001 to 2003. None.

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

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	24.2	(22.3 - 26.1)	842,000
25-39	20.1	(19.0 - 21.2)	1,570,000
40-64	12.4	(11.7 - 13.1)	1,304,000
65-79	4.8*	(4.0 - 5.5)	128,000
80+	1.3*	(0.6 - 1.9)	12,000
Gender			
Male	23.8	(22.9 - 24.7)	2,967,000
Female	6.8	(6.4 - 7.3)	888,000
Race/Ethnicity			
White	15.6	(15.0 - 16.3)	2,050,000
Latino	17.5	(16.2 - 18.7)	1,162,000
African American	9.3	(7.7 - 11.0)	149,000
American Indian/Alaska Native	17.7	(13.2 - 22.1)	53,000
Asian	10.4	(9.0 - 11.9)	313,000
Chinese	8.5	(6.3 - 10.7)	72,000
Filipino	15.4	(11.8 - 19.1)	118,000
Japanese	10.2	(6.2 - 14.3)	25,000
Korean	17.5	(11.9 - 23.0)	49,000
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	14.4	(12.8 - 15.9)	552,000
100-199% FPL	14.3	(13.0 - 15.5)	686,000
200-299% FPL	13.9	(12.7 - 15.2)	494,000
≥ 300% FPL	16.0	(15.3 - 16.7)	2,124,000
Insurance Status			
Insured	13.8	(13.3 - 14.3)	2,932,000
Uninsured	21.8	(20.1 - 23.4)	924,000
Total	15.1	(14.6 - 15.7)	3,856,000

*Meets the Healthy People 2010 Objective

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

Overweight and Obesity, Body Mass Index of 25 or Greater, Adults Age 18 and Older (Table 13).

Healthy People 2010 Objective 19-1 sets a goal of having at least 60% of the population maintaining a healthy weight, defined as a Body Mass Index (BMI) greater than 18.5 but less than 25. The CHIS analysis examined those with a BMI greater than 25. Over half of California's adults (55.6%) had a BMI greater than 25, making them overweight or obese. Those ages 40-64 (61.7%) and 65-79 (60.5%) were significantly more likely to be overweight than the other three age groups, and men (64.5%) are significantly more likely than women (47%) to have a BMI greater than 25.

Significantly greater proportions of Latinos (66%), American Indian/Alaska Natives (64.2%) and African Americans (65.5%) were overweight or obese compared to Whites (53.9%) and Asians (32.6%). Asians were also significantly lower than Whites. Overall, Asians met the Healthy People objective, but Filipinos (41.4%) and Japanese (37.3%) did not, and were significantly more likely to have a BMI greater than 25 than were Chinese (26.6%), Koreans (24.5%) and Vietnamese (24.8%). Among income groups, those at or above 300% FPL were less likely to be overweight than adults in the other income categories. There were no differences based on insurance status.

Significant changes from 2001 to 2003. None.

Table 13.
Overweight or Obesity, Body Mass Index of 25 or Greater, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	40.0	(37.9 - 42.1)	1,392,000
25-39	54.0	(52.7 - 55.2)	4,222,000
40-64	61.7	(60.8 - 62.7)	6,496,917
65-79	60.5	(58.8 - 62.2)	1,665,000
80+	43.7	(40.9 - 46.6)	446,000
Gender			
Male	64.5	(63.5 - 65.5)	8,091,000
Female	47.0	(46.1 - 47.8)	6,130,000
Race/Ethnicity			
White	53.9	(53.1 - 54.7)	7,120,000
Latino	66.0	(64.5 - 67.5)	4,394,000
African American	65.5	(63.0 - 68.0)	1,052,000
American Indian/Alaska Native	64.2	(58.7 - 69.7)	192,000
Asian	32.6*	(30.6 - 34.6)	981,000
Chinese	26.6*	(23.4 - 29.8)	226,000
Filipino	41.4	(36.5 - 46.2)	316,929
Japanese	37.3	(30.8 - 43.9)	93,000
Korean	24.5*	(19.5 - 29.4)	68,000
South Asian	33.8*	(27.9 - 39.7)	111,000
Vietnamese	24.8*	(19.9 - 29.7)	91,000
Federal Poverty Level (FPL)			
0-99% FPL	57.0	(55.1 - 59.0)	2,196,000
100-199% FPL	58.3	(56.7 - 59.9)	2,822,000
200-299% FPL	57.1	(55.4 - 58.9)	2,045,000
≥ 300% FPL	53.7	(52.9 - 54.6)	7,159,000
Insurance Status			
Insured	55.3	(54.6 - 56.0)	11,815,000
Uninsured	56.7	(54.8 - 58.6)	2,406,000
Total	55.6	(54.9 - 56.2)	14,221,000

*Meets the Healthy People 2010 Objective

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

CANCER SCREENING TESTS

Cervical Cancer Screening Past Three Years, Women Age 18 and Older (Table 14).

Statewide, 83.2% of women reported having a Pap test in the past three years for routine screening, follow-up to a treatment or because of a problem. The Healthy People 2010 Objective 3-11b is that at least 90% of adult women will have received a Pap test for cervical cancer during the past three years. The Healthy People 2010 objective was not met by any age group except women ages 25-39 (92%).

Asian women (74.1%) were less likely than all other racial/ethnic groups, except American Indian/Alaska Natives, to have had a Pap test in the past three years. A significantly higher percent of African-American women (87.4%) had a Pap test in the past three years than White women (83.8%). Women at or above 300% of the federal poverty level (87.7%) were significantly more likely to have had a Pap test than those below 300% FPL, and a greater percentage of women with health insurance (84.4%) reported having a Pap test compared with women who did not have health insurance (76.4%).

Significant changes from 2001 to 2003. None.

Table 14.
Cervical Cancer Screening Past Three Years, Women Age 18 and Older†

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	70.1	(67.3 - 72.9)	1,176,000
25-39	92.0*	(91.1 - 93.0)	3,566,000
40-64	87.3	(86.4 - 88.1)	4,684,000
65-79	71.7	(69.6 - 73.7)	1,085,000
80+	57.2	(53.6 - 60.7)	354,000
Race/Ethnicity			
White	83.8	(83.0 - 84.6)	5,680,000
Latino	85.2	(83.7 - 86.7)	2,784,000
African American	87.4	(85.1 - 89.7)	760,000
American Indian/Alaska Native	79.9	(73.6 - 86.2)	122,000
Asian	74.1	(71.6 - 76.6)	1,176,000
Chinese	68.2	(63.8 - 72.7)	320,000
Filipino	86.1	(81.5 - 90.7)	345,000
Japanese	74.7	(65.6 - 83.8)	118,000
Korean	67.2	(59.3 - 75.0)	109,000
South Asian	73.0	(64.2 - 81.8)	103,000
Vietnamese	69.6	(61.8 - 77.4)	124,000
Federal Poverty Level (FPL)			
0-99% FPL	79.4	(77.4 - 81.3)	1,768,000
100-199% FPL	78.8	(77.0 - 80.5)	2,073,000
200-299% FPL	79.0	(77.1 - 80.9)	1,462,000
≥ 300% FPL	87.7	(86.9 - 88.4)	5,560,000
Insurance Status			
Insured	84.4	(83.7 - 85.1)	9,406,000
Uninsured	76.4	(74.1 - 78.6)	1,457,000
Total	83.2	(82.6 - 83.9)	10,864,000

†Includes women who have had a hysterectomy

*Meets the Healthy People 2010 Objective

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.

Mammogram Past Two Years, Women Age 40 and Older (Table 15).

Healthy People 2010 Objective 3-13 is that at least 70% of all women age 40 and older will have had a mammogram within the past two years. Overall, that goal was achieved; 76.1% of women age 40 and older reported having a mammogram in the past two years. Women ages 40-64 (75%) and those age 80 and older (71.3%) were significantly less likely to have had a mammogram in the past two years than women age 65-79 years (81.8%).

Among major racial/ethnic groups, only White (78.2%), African-American (77.2%) and Asian (74%) women met the objective, while Latinos (70%) and American Indian/Alaska Natives (69.2%) did not. Among Asian women, only Filipinos (80.6%) and Japanese (79.2%) met the objective, while Chinese (72.5%), Korean (59.9%), South Asian (66.6%) and Vietnamese (76.8%) women did not. High income was associated with meeting the Healthy People objective. Those at or above 300% FPL were more likely to have had a mammogram (81.6%) than women in other income groups. Insured women (78.6%) were significantly more likely to have had a mammogram in the past two years than women who lacked insurance (54.1%).

Significant changes from 2001 to 2003. None.

Table 15. Mammogram Past Two Years, Women Age 40 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
40-64	75.0*	(73.9 - 76.1)	4,027,000
65-79	81.8*	(80.0 - 83.6)	1,239,000
80+	71.3	(68.1 - 74.4)	441,000
Race/Ethnicity			
White	78.2*	(77.2 - 79.2)	3,517,000
Latino	70.0	(67.1 - 72.8)	905,000
African American	77.2*	(73.6 - 80.8)	401,000
American Indian/Alaska Native	69.2	(60.6 - 77.8)	59,000
Asian	74.0*	(70.8 - 77.2)	661,000
Chinese	72.5	(67.1 - 77.9)	195,000
Filipino	80.6*	(74.2 - 86.9)	189,000
Japanese	79.2*	(71.3 - 87.0)	96,000
Korean	59.9	(50.2 - 69.5)	59,000
South Asian	66.6	(52.4 - 80.8)	29,000
Vietnamese	76.8	(67.8 - 85.7)	81,000
Federal Poverty Level (FPL)			
0-99% FPL	65.8	(62.7 - 69.0)	669,000
100-199% FPL	70.4	(68.1 - 72.8)	996,000
200-299% FPL	72.4	(69.8 - 74.9)	758,000
≥ 300% FPL	81.6*	(80.6 - 82.7)	3,284,000
Insurance Status			
Insured	78.6*	(77.7 - 79.5)	5,294,000
Uninsured	54.1	(50.2 - 58.1)	413,000
Total	76.1*	(75.2 - 77.0)	5,706,000

*Meets the Healthy People 2010 Objective

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

Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy) Past 10 Years, Adults Age 50 and Older (Table 16).

Over half of adults age 50 and older (53.5%) reported having had a sigmoidoscopy, colonoscopy or proctoscopy to screen for colon cancer in the past ten years. The Healthy People 2010 Objective 3-12b is that at least half of all adults age 50 and older will have had at least one of these tests in the past ten years. This objective was achieved overall, although only 45.9% of adults ages 50-64 had been screened for colon cancer, and the rate for women (51.7%) was significantly lower than the rate for men (55.6%). Among the major racial/ethnic groups, Latinos (36.1%) were significantly less likely than all other groups to be screened for colon cancer, and only Whites (58.7%) and African Americans (54.7%) met the Healthy People objective. Among Asian groups, the screening rates ranged from 27.9% of South Asians to 59.2% of Japanese; only Japanese met the objective.

Significant changes from 2001 to 2003 (Graph 3). The percent of women who had been screened for colon cancer increased by 7.7% between 2001 and 2003. There were no other significant changes.

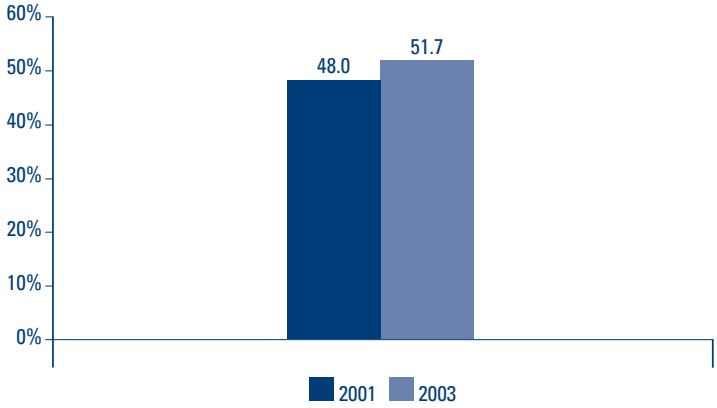
Table 16.
Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy) Past 10 Years, Adults Age 50 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
50-64	45.9	(44.6 - 47.2)	2,400,000
65-79	65.9*	(64.2 - 67.7)	1,813,000
80+	59.0*	(56.1 - 61.8)	601,000
Gender			
Male	55.6*	(54.1 - 57.1)	2,311,000
Female	51.7*	(50.4 - 53.0)	2,504,000
Race/Ethnicity			
White	58.7*	(57.7 - 59.8)	3,445,000
Latino	36.1	(33.0 - 39.2)	436,000
African American	54.7*	(50.7 - 58.7)	321,000
American Indian/Alaska Native	54.0	(45.1 - 62.9)	52,000
Asian	43.9	(40.4 - 47.5)	440,000
Chinese	47.0	(41.3 - 52.7)	152,000
Filipino	41.4	(32.9 - 49.9)	104,000
Japanese	59.2*	(50.1 - 68.2)	84,000
Korean	30.8	(22.2 - 39.5)	27,000
South Asian	27.9	(14.7 - 41.0)	14,000
Vietnamese	39.3	(29.7 - 48.8)	47,000
Federal Poverty Level (FPL)			
0-99% FPL	38.2	(34.9 - 41.5)	377,000
100-199% FPL	45.7	(43.2 - 48.2)	713,000
200-299% FPL	52.3	(49.8 - 54.8)	688,000
≥ 300% FPL	59.1*	(57.9 - 60.3)	3,037,000
Insurance Status			
Insured	56.1*	(55.1 - 57.1)	4,671,000
Uninsured	21.5	(18.2 - 24.8)	145,000
Total	53.5*	(52.5 - 54.5)	4,815,000

*Meets the Healthy People 2010 Objective

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

Graph 3.
Significant Changes from 2001 to 2003:
Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy), Women Age 50 and Older



Colorectal Cancer Screening (Fecal Occult Blood Test) Past Two Years, Adults Age 50 and Older (Table 17).

Almost 30% of adults age 50 and older (28.2%) reported having a Fecal Occult Blood Test (FOBT) in the past two years. Healthy People 2010 Objective 3-12a states that 50% of adults age 50 and older will have this test every two years. No group met the objective, but those in the 65-79 age group (35%) were significantly more likely than all other age groups to report having the test. There were no gender differences, but among racial/ethnic groups, Whites (30.8%) and African Americans (30.5%) were more likely than Latinos (22.3%) and Asians (21%) to report having an FOBT in the past two years. Adults with incomes at or above 300% FPL (29.8%) were significantly more likely than those below 100% FPL (23.2%) to have had the test, and a higher percentage of those with health insurance have had the test (29.4%) than those without insurance (14.1%).

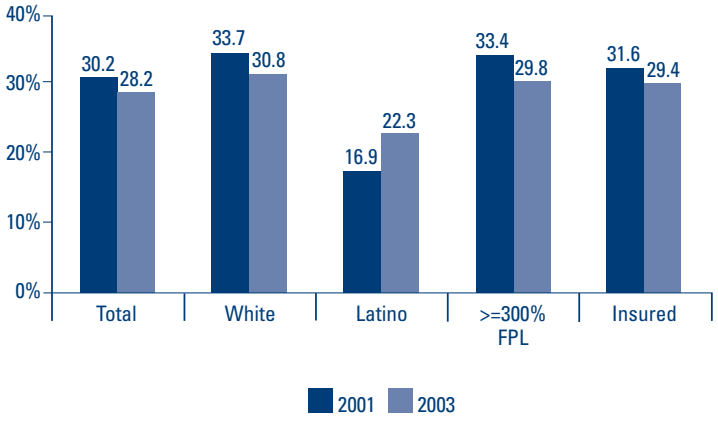
Significant changes from 2001 to 2003 (Graph 4). Overall, there was a decrease of 6.6% in the proportion of adults age 50 and older who reported having an FOBT in the past two years. The specific decreases were among Whites (down 8.6%), those above 300% FPL (down 10.8%) and those with health insurance (down 7%). Latinos increased their rate by 32%.

Table 17.
Colorectal Cancer Screening (Fecal Occult Blood Test) Past Two Years, Adults Age 50 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
50-64	24.3	(23.2 - 25.4)	1,273,000
65-79	35.0	(33.4 - 36.6)	963,000
80+	30.1	(27.5 - 32.7)	307,000
Gender			
Male	28.6	(27.3 - 30.0)	1,190,000
Female	27.9	(26.8 - 29.0)	1,352,000
Race/Ethnicity			
White	30.8	(29.8 - 31.8)	1,806,000
Latino	22.3	(19.5 - 25.1)	269,000
African American	30.5	(26.7 - 34.2)	179,000
American Indian/Alaska Native	24.4	(16.7 - 32.2)	23,000
Asian	21.0	(18.2 - 23.8)	211,000
Chinese	24.2	(19.3 - 29.1)	78,000
Filipino	15.3	(10.1 - 20.5)	38,000
Japanese	27.4	(19.3 - 35.6)	39,000
Korean	11.9	(6.7 - 17.2)	10,000
South Asian	–	–	–
Vietnamese	22.3	(14.4 - 30.2)	27,000
Federal Poverty Level (FPL)			
0-99% FPL	23.2	(20.2 - 26.1)	229,000
100-199% FPL	27.5	(25.2 - 29.7)	429,000
200-299% FPL	26.8	(24.7 - 29.0)	353,000
≥ 300% FPL	29.8	(28.7 - 30.9)	1,532,000
Insurance Status			
Insured	29.4	(28.5 - 30.3)	2,447,000
Uninsured	14.1	(11.2 - 17.0)	95,000
Total	28.2	(27.4 - 29.1)	2,542,000

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.

Graph 4.
Significant Changes from 2001 to 2003:
Colorectal Cancer Screening (Fecal Occult Blood Test)
Past Two Years, Adults Age 50 and Older



SEXUALLY TRANSMITTED DISEASE TESTING, EMERGENCY CONTRACEPTION, PREGNANCY TERMINATION AND HORMONE REPLACEMENT THERAPY

Tested for a Sexually Transmitted Disease Past 12 Months, Adults Ages 18-70 At-Risk (Table 18).

In CHIS 2003, Sexually Transmitted Disease (STD) testing prevalence was collected for adults who were considered at-risk for getting a sexually transmitted disease. Adults ages 18-35 who reported having at least one sexual partner in the past 12 months, and adults ages 36-70 with more than one sexual partner in the past 12 months, were considered at-risk. (Note: Although these definitions were used to define STD risk, the findings are reported by the age categories that appear in the rest of the report in order to maintain consistency.) Thirty percent of respondents in these two risk groups (30.6%) reported being tested in the past 12 months. Statistically, fewer at-risk adults ages 25-39 had been tested than those ages 18-24 or 40-64; the estimate for the 65-70 age group was so small that it is unreliable and therefore not reported. A greater proportion of females than males had been tested (39.2% vs. 22.7%, respectively), and those below 100% of the federal poverty level were more likely to have been tested than those at or above 300% FPL. There were no other significant income category differences, and no difference between insured and uninsured at-risk respondents in whether they had been tested for an STD in the past 12 months.

At-risk African Americans (46.9%) had a significantly higher rate of testing than all other racial/ethnic groups, except American Indian/Alaska Natives (39.2%). Thirty percent of Whites, 31.1% of Latinos and 18% of Asians who were at-risk reported being tested in the past 12 months.

Table 18.
Tested for a Sexually Transmitted Disease Past 12 Months, Adults Ages 18-70 At-Risk†

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	38.4	(36.0 - 40.9)	969,000
25-39	26.6	(25.2 - 28.0)	1,398,000
40-64	32.9	(29.0 - 36.8)	171,000
65-70	–	–	–
Gender			
Male	22.7	(21.1 - 24.3)	989,000
Female	39.2	(37.5 - 40.9)	1,552,000
Race/Ethnicity			
White	30.3	(28.6 - 32.0)	1,041,000
Latino	31.1	(28.9 - 33.3)	944,000
African American	46.9	(42.0 - 51.7)	253,000
American Indian/Alaska Native	39.2	(29.0 - 49.5)	38,000
Asian	17.9	(14.8 - 20.9)	156,000
Chinese	17.2	(11.6 - 22.9)	39,000
Filipino	17.9	(11.9 - 23.9)	47,000
Japanese	31.0	(15.7 - 46.3)	10,000
Korean	18.8	(8.5 - 29.0)	13,000
South Asian	11.4	(5.7 - 17.0)	14,395
Vietnamese	17.9	(8.4 - 27.5)	15,000
Federal Poverty Level (FPL)			
0-99% FPL	34.8	(31.7 - 37.8)	548,000
100-199% FPL	29.6	(27.0 - 32.3)	519,610
200-299% FPL	30.2	(27.0 - 33.3)	358,000
≥ 300% FPL	29.4	(27.7 - 31.1)	1,116,000
Insurance Status			
Insured	31.4	(30.1 - 32.8)	1,969,000
Uninsured	28.0	(25.4 - 30.6)	572,000
Total	30.6	(29.4 - 31.8)	2,541,000

† "At-Risk" are adults ages 18-35 who reported at least one sexual partner in the past 12 months and adults ages 36-70 with more than one sexual partner in the past 12 months.

Tested for Chlamydia, Adults Ages 18-70 At-Risk and Tested for a Sexually Transmitted Disease Past 12 Months (Table 19).

In CHIS 2003, rates of chlamydia testing were collected for the first time. Adults ages 18-35 who reported having at least one sexual partner in the past 12 months, and adults ages 36-70 with more than one sexual partner in the past 12 months were considered at-risk. Adults at-risk and tested for an STD were asked which diseases they were tested for. Of the 30.6% of at-risk adults who were tested for an STD, 34% had been tested for chlamydia. Those ages 18-24 (43.4%) had the highest percent of chlamydia testing, followed by 25-39 year olds (29.3%) and 40-64 year olds (19.6%). All age group percents were statistically different from each other. A greater proportion of females (42.4%) reported being tested for chlamydia than males (20.9%). Latinos (26.1%) were less likely than Whites (37.7%) or African Americans (41%) to have been tested for chlamydia. (The confidence intervals for American Indians and Asians were very wide due to small sample sizes.) There were no statistical differences among income groups or between insured and uninsured respondents.

Table 19.
Tested for Chlamydia, Adults Ages 18-70 At-Risk† and Tested for a Sexually Transmitted Disease Past 12 Months

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	43.4	(39.5 - 47.4)	417,000
25-39	29.3	(26.6 - 32.0)	405,000
40-64	19.6	(14.0 - 25.3)	33,000
65-70	–	–	–
Gender			
Male	20.9	(17.8 - 24.1)	205,000
Female	42.4	(39.5 - 45.2)	651,000
Race/Ethnicity			
White	37.7	(34.4 - 41.0)	388,000
Latino	26.1	(22.5 - 29.7)	246,000
African American	41.0	(34.2 - 47.7)	103,000
American Indian/Alaska Native	34.7	(20.0 - 49.4)	13,263
Asian	37.8	(28.5 - 47.1)	57,000
Chinese	33.0	(15.2 - 50.8)	12,000
Filipino	45.5	(27.8 - 63.3)	21,000
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	29.0	(24.4 - 33.5)	158,000
100-199% FPL	33.6	(28.8 - 38.3)	173,000
200-299% FPL	37.1	(30.9 - 43.2)	129,000
≥ 300% FPL	35.8	(32.5 - 39.0)	396,000
Insurance Status			
Insured	35.1	(32.7 - 37.6)	684,000
Uninsured	30.3	(25.6 - 35.0)	172,000
Total	34.0	(31.8 - 36.2)	856,000

† "At-Risk" are adults ages 18-35 who reported at least one sexual partner in the past 12 months and adults ages 36-70 with more than one sexual partner in the past 12 months.

Tested for HIV/AIDS, Adults Ages 18-70 At-Risk and Tested for Sexually Transmitted Disease Past 12 Months (Table 20).

In CHIS 2003, rates of HIV/AIDS testing were collected for the first time. Adults at-risk and tested for an STD were asked if they had been tested for HIV/AIDS. Adults ages 18-35 who reported having at least one sexual partner in the past 12 months, and adults ages 36-70 with more than one sexual partner in the past 12 months were considered at-risk. Among adults at-risk who were tested for an STD during the past 12 months, 69% were tested for HIV/AIDS. Those ages 18-24 were statistically less likely than those ages 40-64 to have been tested for HIV/AIDS. A greater proportion of males (77.6%) were tested for HIV/AIDS than females (63.5%). There were no differences among racial/ethnic groups in the percent of at-risk adults who had a test for HIV, nor were there any differences by income or insurance status.

Table 20.
Tested for HIV/AIDS, Adults Ages 18-70 At-Risk† and Tested for a Sexually Transmitted Disease Past 12 Months

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	65.5	(61.7 - 69.3)	628,000
25-39	70.2	(67.4 - 73.0)	971,000
40-64	78.2	(72.7 - 83.8)	132,000
65-70	–	–	–
Gender			
Male	77.6	(74.3 - 80.9)	760,000
Female	63.5	(60.7 - 66.3)	975,000
Race/Ethnicity			
White	71.3	(68.3 - 74.3)	734,000
Latino	64.6	(60.6 - 68.7)	608,000
African American	72.9	(66.7 - 79.0)	184,000
American Indian/Alaska Native	73.1	(58.6 - 87.6)	28,000
Asian	69.0	(60.7 - 77.3)	104,000
Chinese	61.1	(42.8 - 79.3)	22,000
Filipino	69.4	(54.5 - 84.3)	32,000
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	66.9	(61.9 - 71.8)	365,000
100-199% FPL	65.0	(59.8 - 70.1)	336,000
200-299% FPL	66.5	(60.8 - 72.2)	231,000
≥ 300% FPL	72.6	(69.6 - 75.7)	803,000
Insurance Status			
Insured	69.4	(67.0 - 71.8)	1,352,000
Uninsured	67.5	(62.4 - 72.5)	383,000
Total	69.0	(66.8 - 71.1)	1,735,000

† "At-Risk" are adults ages 18-35 who reported at least one sexual partner in the past 12 months and adults ages 36-70 with more than one sexual partner in the past 12 months.

Emergency Contraception Awareness, Adult Women Ages 18-65 (Table 21).

In CHIS 2003, women ages 18-65 were asked if they had ever heard of emergency contraception (EC). Overall, 76.3% of women in California had heard of emergency contraception. Women ages 18-24 were significantly more likely to have heard of EC (80.5%) compared to women ages 25-39 (74.6%) or 40-65 (76.2%). Among major racial/ethnic groups, Latinas (55.4%) and Asians (54.4%) were significantly less likely to have heard of EC than were White (92.9%), African-American (81.2%) and American Indian/Alaska Native (77.1%) women; however, the White proportion was significantly higher than the African-American and American Indian/Alaska Native proportions. Vietnamese (23.7%) and Korean women (40%) had the lowest recognition level among Asian ethnic groups, and Japanese women's EC awareness (81.5%) was significantly higher than other Asian groups. EC awareness increased with income, and all income categories were significantly different from each other. Health insurance status was also associated with having heard of EC; a lower percent of uninsured women (58.9%) were aware of EC compared to insured women (79.9%).

Table 21.
Emergency Contraception Awareness, Adult Women Ages 18-65

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	80.5	(78.1 - 82.9)	1,350,000
25-39	74.6	(73.1 - 76.2)	2,892,000
40-65	76.2	(75.0 - 77.4)	4,167,000
Race/Ethnicity			
White	92.9	(92.2 - 93.5)	4,977,000
Latino	55.4	(53.3 - 57.5)	1,693,000
African American	81.2	(78.5 - 84.0)	616,000
American Indian/Alaska Native	77.1	(70.2 - 84.1)	104,000
Asian	54.4	(51.4 - 57.4)	740,000
Chinese	59.6	(54.6 - 64.5)	238,000
Filipino	62.6	(56.0 - 69.2)	219,000
Japanese	81.5	(73.7 - 89.2)	78,000
Korean	40.0	(31.3 - 48.6)	57,000
South Asian	52.1	(43.0 - 61.2)	72,000
Vietnamese	23.7	(15.9 - 31.4)	38,000
Federal Poverty Level (FPL)			
0-99% FPL	50.8	(48.2 - 53.4)	980,000
100-199% FPL	66.0	(63.7 - 68.3)	1,371,000
200-299% FPL	77.8	(75.5 - 80.1)	1,129,000
≥ 300% FPL	88.6	(87.7 - 89.5)	4,928,000
Insurance Status			
Insured	79.9	(79.0 - 80.8)	7,289,000
Uninsured	58.9	(56.2 - 61.6)	1,120,000
Total	76.3	(75.4 - 77.2)	8,409,000

Knowledge of Emergency Contraception Over-the-Counter Law, Adult Women Ages 18-65 (Table 22).

In CHIS 2003, women ages 18-65 were asked if emergency contraception (EC) is available in California over-the-counter (i.e., without a prescription); "don't know" responses were treated as "no" responses. Only 12.2% of women knew that it is. Women ages 18-24 (19.4%) were more likely to know about EC availability than women ages 25-39 (12.6%) or 40-65 (9.7%). Among major racial/ethnic groups, proportionately fewer Latinas (9.9%) were aware of the law compared with White (13.4%) and African-American (13.9%) women. Women with incomes at or above 300% FPL (13.9%) were significantly more likely than women in the other income categories to know about the availability of over-the-counter EC. There were no significant differences by insurance status.

Table 22.
Knowledge of Emergency Contraception Over-the-Counter Law, Adult Women Ages 18-65

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	19.4	(17.2 - 21.7)	326,000
25-39	12.6	(11.5 - 13.7)	487,000
40-65	9.7	(8.9 - 10.4)	529,000
Race/Ethnicity			
White	13.4	(12.6 - 14.2)	716,000
Latino	9.9	(8.6 - 11.2)	302,000
African American	13.9	(11.4 - 16.4)	105,000
American Indian/Alaska Native	12.9	(7.3 - 18.6)	17,000
Asian	11.1	(9.2 - 13.1)	151,000
Chinese	12.8	(9.4 - 16.2)	51,000
Filipino	9.8	(5.6 - 14.0)	34,000
Japanese	–	–	–
Korean	–	–	–
South Asian	18.0	(10.2 - 25.8)	25,000
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	9.9	(8.3 - 11.5)	191,000
100-199% FPL	10.4	(9.0 - 11.9)	216,000
200-299% FPL	11.3	(9.6 - 13.0)	164,000
≥ 300% FPL	13.9	(13.0 - 14.7)	770,000
Insurance Status			
Insured	12.6	(11.9 - 13.3)	1,147,000
Uninsured	10.2	(8.6 - 11.9)	195,000
Total	12.2	(11.6 - 12.8)	1,341,000

Emergency Contraception Use Past 12 Months, Sexually Active Adult Women Ages 18-49 (Table 23).

Among sexually active women ages 18-49, only 2.3% (approximately 160,000 women) reported using EC in the past 12 months. A significantly higher proportion of women ages 18-24 (6.4%) used the "morning after pill" in the past 12 months compared to women ages 25 and older. There were no significant racial/ethnic differences in EC utilization. Women below 200% FPL (3.1%) were more likely to have used EC in the past 12 months compared to women at or above 300% FPL (1.5%). There were no other income differences and health insurance status was not associated with EC use.

Table 23.
Emergency Contraception Use Past 12 Months, Sexually Active Adult Women Ages 18-49

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	6.4	(4.9 - 7.8)	80,000
25-39	2.1	(1.6 - 2.5)	74,000
40-49	–	–	–
Race/Ethnicity			
White	2.1	(1.6 - 2.6)	69,000
Latino	2.3	(1.6 - 3.0)	52,000
African American	3.7	(1.8 - 5.7)	16,000
American Indian/Alaska Native	–	–	–
Asian	1.8	(0.9 - 2.7)	15,000
Chinese	–	–	–
Filipino	–	–	–
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	3.2	(2.2 - 4.2)	42,000
100-199% FPL	3.1	(2.2 - 4.1)	45,000
200-299% FPL	2.4	(1.4 - 3.3)	22,000
≥ 300% FPL	1.5	(1.1 - 1.9)	51,000
Insurance Status			
Insured	2.0	(1.7 - 2.4)	117,000
Uninsured	3.3	(2.2 - 4.4)	43,000
Total	2.3	(1.9 - 2.6)	160,000

Terminated a Pregnancy Past 12 Months, Sexually Active Adult Women Ages 18-49 (Table 24).

In CHIS 2003, women were asked if they had terminated a pregnancy in the past 12 months. Among sexually active women between the ages of 18 and 49, 1.3% reported they had terminated a pregnancy in the past 12 months—about 95,000 women. The age groups were all significantly different from each other, ranging from 3.1% of sexually active 18-24 year olds to 1.4% of those ages 25-39, and 0.3% of 40-49 year old women. The only reliable racial/ethnic group estimates were for White and Latino women, who were not significantly different proportionately (1.3% and 1.4%, respectively). There were no differences by income or insurance status.

Table 24.
Terminated a Pregnancy Past 12 Months,
Sexually Active Adult Women Ages 18-49

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	3.1	(2.0 - 4.2)	38,000
25-39	1.4	(1.0 - 1.9)	51,000
40-49	0.3	(0.1 - 0.4)	6,000
Race/Ethnicity			
White	1.3	(0.9 - 1.7)	41,000
Latino	1.4	(0.8 - 2.0)	32,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Chinese	–	–	–
Filipino	–	–	–
Japanese	–	–	–
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	2.1	(1.3 - 3.0)	28,000
100-199% FPL	1.1	(0.6 - 1.6)	16,000
200-299% FPL	–	–	–
≥ 300% FPL	1.1	(0.7 - 1.4)	37,000
Insurance Status			
Insured	1.3	(0.9 - 1.6)	72,000
Uninsured	1.8	(1.1 - 2.5)	23,000
Total	1.3	(1.0 - 1.6)	95,000

Hormone Replacement Therapy Use, Women Age 50 and Older (Table 25).

An estimated one million women age 50 and older (21%) reported currently using hormone replacement therapy (HRT) for menopausal symptoms. Women ages 50-64 (24.1%) were significantly more likely than those 65 and older (11.4%) to use HRT. White women (24.1%) had higher HRT use rates than African-American (18.3%), Latino (15%) and Asian women (12.2%). Higher percents of women at or above 200% of the federal poverty level reported current HRT use compared to those below 100% FPL, and women at or above 300% FPL (25.1%) had a higher proportion of use compared with all three other income categories. Insured women (21.7%) were significantly more likely than uninsured women (13.1%) to use HRT.

Significant changes from 2001 to 2003 (Graph 5). In July 2002, findings released from the National Institutes of Health Women's Health Study demonstrated increased risk of stroke, breast cancer and heart attack associated with HRT use.[7] Between 2001 and 2003, sharp decreases in HRT use were reported by California women across all demographic groups. While 39.3% of California women over 50 reported using HRT in 2001, that percentage decreased by 46.6% in 2003, to 21%. Every age group reported significantly lower HRT use between 2001 and 2003, with the 50-64 year-old age group having the sharpest decline (46.9%).

Among racial/ethnic groups, White and Asian women's HRT use dropped the most, by 45.6% and 60%, respectively. Among Asian ethnic groups, prevalence of HRT use declined by 48.6% among Japanese women, 63.9% among Chinese women, and 67.9% among Filipino women. Use of HRT declined significantly among the other racial/ethnic groups as well: 42.1% among Latinas and 38.6% among African Americans.

While HRT use declined the most among women at or above 300% FPL, 25.1% still reported using HRT in 2003; in contrast, women below 100% FPL decreased their use by 51.5%, from 26.4% in 2001 to 12.8% by 2003. Forty percent of insured women (40.6%) reported HRT use in 2001 compared to 21.7% in 2003. HRT use declined among uninsured women by 46.6%, with only 13.1% reporting use in 2003.

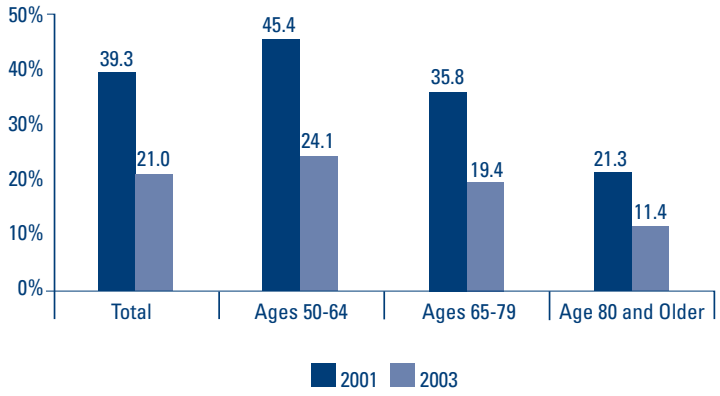
Table 25.
Hormone Replacement Therapy Use, Women Age 50 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
50-64	24.1	(22.7 - 25.5)	654,000
65-79	19.4	(17.6 - 21.2)	293,000
80+	11.4	(9.3 - 13.4)	70,000
Race/Ethnicity			
White	24.1	(22.9 - 25.2)	746,000
Latino	15.0	(11.8 - 18.1)	97,000
African American	18.3	(14.4 - 22.3)	60,000
American Indian/Alaska Native	23.9	(13.9 - 33.8)	13,000
Asian	12.2	(9.2 - 15.1)	71,000
Chinese	10.1	(5.1 - 15.2)	19,000
Filipino	7.9	(3.6 - 12.1)	11,000
Japanese	21.3	(11.6 - 31.0)	21,000
Korean	–	–	–
South Asian	–	–	–
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	12.8	(9.9 - 15.7)	79,000
100-199% FPL	17.1	(14.7 - 19.4)	163,000
200-299% FPL	18.8	(16.5 - 21.2)	138,000
≥ 300% FPL	25.1	(23.7 - 26.5)	638,000
Insurance Status			
Insured	21.7	(20.6 - 22.7)	971,000
Uninsured	13.1	(9.2 - 16.9)	47,000
Total	21.0	(20.0 - 22.0)	1,018,000

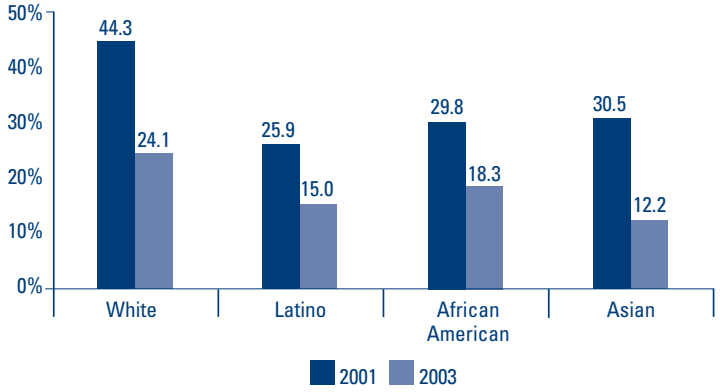
7 Writing Group for the Women's Health Initiative Investigators. *Risks and benefits of estrogen plus progestin in healthy postmenopausal women. Principal results from the Women's Health Initiative randomized controlled trial.* JAMA. 2002: 288: 321-333.

Hormone Replacement Therapy Use, Women Age 50 and Older (continued).

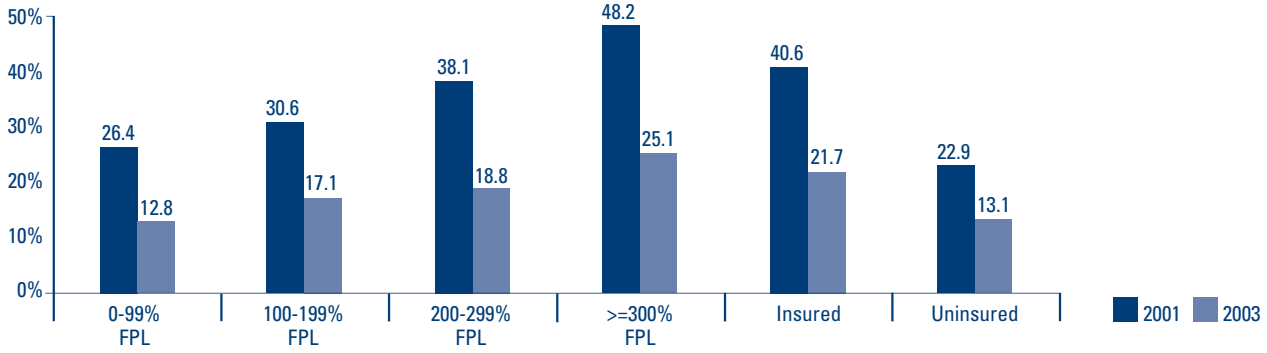
Graph 5.
Significant Changes from 2001 to 2003:
Hormone Replacement Therapy Use,
Women Age 50 and Older



Graph 5. (continued)
Significant Changes from 2001 to 2003:
Hormone Replacement Therapy Use,
Women Age 50 and Older



Graph 5. (continued)
Significant Changes from 2001 to 2003: Hormone Replacement Therapy Use,
Women Age 50 and Older



MEDICAL AND DENTAL CARE, INSURANCE AND UTILIZATION

Usual Source of Medical Care, Adults Age 18 and Older (Table 26).

The majority of adults (86.5%) have a "usual place to go to for medical care." The Healthy People 2010 Objective 1-4c is that at least 96% of the population has "a usual source of ongoing care." Assuming these two definitions are comparable, only adults age 65 and older met the objective. Those ages 18-24 (73.1%) had the lowest percent of a usual source of care, followed by 25-39 year olds (81.7%) and 40-64 year olds (90.6%). Each of these percents is statistically different from the others, but the percents for those ages 65-79 (97.3%) and 80 or older (97.5%) were not significantly different from each other. A greater proportion of females (90.4%) had a usual source of care compared to males (82.4%).

A significantly lower proporion of Latinos (77.3%) report a usual source of care compared to all other racial/ethnic groups, and among Asians, Koreans (75.1%) have the lowest percent. Adults in households under 200% of the federal poverty level are

Table 26.
Had Usual Sources of Medical Care,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	73.1	(71.2 - 75.1)	2,546,000
25-39	81.7	(80.6 - 82.7)	6,388,000
40-64	90.6	(90.0 - 91.3)	9,536,000
65-79	97.3*	(96.7 - 97.9)	2,676,000
80+	97.5*	(96.7 - 98.3)	994,000
Gender			
Male	82.4	(81.6 - 83.3)	10,338,000
Female	90.4	(89.9 - 91.0)	11,802,000
Race/Ethnicity			
White	90.4	(89.9 - 90.9)	11,935,000
Latino	77.3	(75.9 - 78.7)	5,151,000
African American	90.4	(88.7 - 92.2)	1,452,000
American Indian/Alaska Native	84.7	(79.7 - 89.7)	254,000
Asian	88.3	(87.0 - 89.7)	2,660,000
Chinese	88.3	(85.9 - 90.6)	750,000
Filipino	93.6	(91.2 - 96.0)	717,000
Japanese	92.9	(89.9 - 95.9)	231,000
Korean	75.1	(69.4 - 80.7)	209,000
South Asian	88.6	(84.4 - 92.7)	290,000
Vietnamese	85.2	(80.8 - 89.7)	312,000
Federal Poverty Level (FPL)			
0-99% FPL	76.7	(75.0 - 78.5)	2,955,000
100-199% FPL	79.7	(78.2 - 81.1)	3,856,000
200-299% FPL	84.9	(83.5 - 86.3)	3,040,000
≥ 300% FPL	92.2	(91.7 - 92.7)	12,289,000
Insurance Status			
Insured	93.1	(92.7 - 93.5)	19,881,000
Uninsured	53.2	(51.3 - 55.1)	2,259,000
Total	86.5	(86.0 - 87.0)	22,140,000

*Meets the Healthy People 2010 Objective

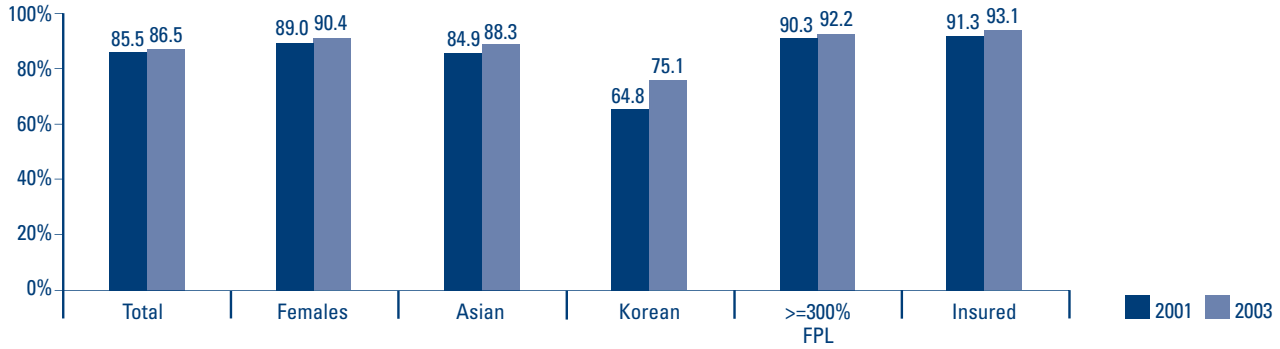
HP 2010 Objective 1-4c: At least 96% of adults age 18 and older will have a usual source of ongoing medical care.

Usual Source of Medical Care, Adults Age 18 and Older (continued).

less likely to have a usual source of care than those at or above 200% FPL. A significantly higher percentage of those at or above 300% FPL (92.2%) has a usual source of care compared with all other income groups. Adults with health insurance are almost twice as likely to have a usual source of care compared to those without insurance, 93.1% vs. 53.2%, respectively.

Significant Changes from 2001 to 2003 (Graph 6). Overall, 1.2% more adults said they had a usual source of care in 2003 than in 2001, a significant increase. The percentage of women who reported having a usual source of care increased by 1.6% from 2001 to 2003. Among racial/ethnic groups, the overall proportion of Asians with a usual source of care rose by 4%, with much of the increase due to the 15.9% increase from 2001 to 2003 in the proportion of Koreans who reported having a usual source of care. Among adults in the highest income category (at or above 300% FPL), the rate increased by 2.1%, and there was a 2% rise among those with health insurance.

Graph 6.
Significant Changes from 2001 to 2003: Usual Source of Medical Care, Adults Age 18 and Older



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

Healthy People 2010 set a standard that "families experiencing difficulties or delays in obtaining health care or not receiving needed care should not exceed 7% of the population" (Objective 1-6). Overall, California adults did not meet the 7% objective in 2003, with almost three million (11.7%) either delaying or not obtaining a doctor-prescribed medication. A significantly higher proportion of women reported delaying or not obtaining prescription drugs (14.2%) than did men (9.1%). Among racial and ethnic groups, Latinos (9%) and Asians (8.4%) were significantly less likely to report delaying or not obtaining their prescriptions compared to Whites (12.8%), African Americans (17.7%), and American Indian/Alaska Natives (18.5%). Those at or above 300% FPL were significantly less likely to delay or not obtain their prescriptions compared to those at 100-199% FPL.

Significant changes from 2001 to 2003 (Graph 7). Overall, Californians were more likely to delay or not obtain needed medications in 2003 (11.7%) than they were in 2001 (8.8%). Every age group was more likely to delay or not get prescriptions in 2003, except the youngest and oldest age groups. The prevalence estimates reported by both men and women were significantly higher in 2003 than in 2001. All major racial/ethnic groups reported statistically significant increases in delaying or not obtaining needed prescriptions with the exception of American Indian/Alaska Natives. The largest increase was among African Americans, whose percentage increased 55.3%—from 11.4% in 2001 to 17.7% in 2003. Asians overall were significantly more likely to delay or not get medications in 2003 compared to 2001, and there were no differences between Asian groups.

Between CHIS 2001 and CHIS 2003 there was a 51.9% increase among those below 100% FPL in delaying or not getting prescription medications, and a 52.3% increase among those between 100-199% FPL. Both insured and uninsured Californians reported increases in the percentage who delayed or did not get needed medications; however, the percent change was higher among the uninsured (61.1%) than it was among the insured (28.6%).

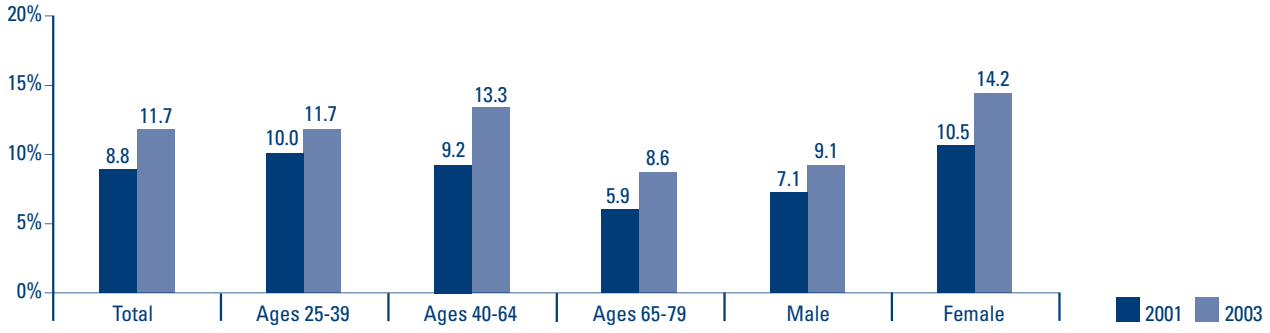
Table 27.
Delayed or Did Not Get Prescription Medications Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	10.7	(9.4 - 11.9)	372,000
25-39	11.7	(11.0 - 12.5)	919,000
40-64	13.3	(12.7 - 13.9)	1,401,000
65-79	8.6	(7.5 - 9.7)	236,000
80+	6.9	(5.5 - 8.3)	70,000
Gender			
Male	9.1	(8.6 - 9.7)	1,146,000
Female	14.2	(13.6 - 14.8)	1,852,000
Race/Ethnicity			
White	12.8	(12.3 - 13.3)	1,692,000
Latino	9.0	(8.1 - 9.8)	598,000
African American	17.7	(15.7 - 19.6)	284,000
American Indian/Alaska Native	18.5	(14.2 - 22.8)	56,000
Asian	8.4	(7.3 - 9.6)	254,000
Chinese	7.5	(5.7 - 9.3)	64,000
Filipino	8.7	(5.8 - 11.6)	67,000
Japanese	7.8	(4.2 - 11.5)	20,000
Korean	7.7	(5.0 - 10.5)	22,000
South Asian	10.1	(6.3 - 13.8)	33,000
Vietnamese	8.0	(4.9 - 11.2)	29,000
Federal Poverty Level (FPL)			
0-99% FPL	12.0	(10.8 - 13.2)	461,000
100-199% FPL	13.1	(12.1 - 14.1)	635,000
200-299% FPL	12.3	(11.2 - 13.4)	440,000
≥ 300% FPL	11.0	(10.4 - 11.5)	1,462,000
Insurance Status			
Insured	11.7	(11.3 - 12.2)	2,505,000
Uninsured	11.6	(10.5 - 12.7)	493,000
Total	11.7	(11.3 - 12.1)	2,998,000

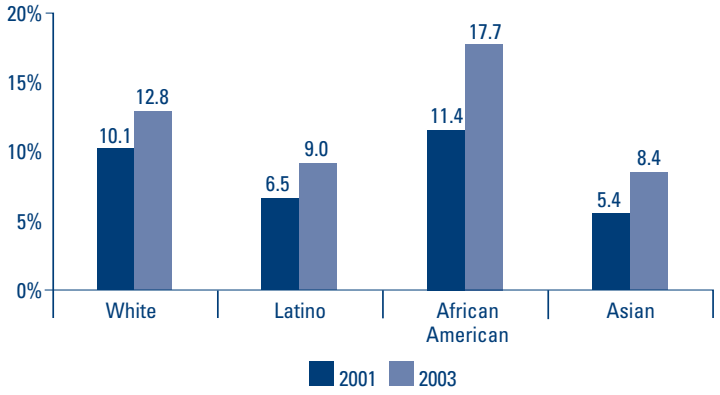
HP 2010 Objective 1-6: No more than 7% of families will experience difficulties or delays in obtaining healthcare or not receive needed care for one or more family members.

Delayed or Did Not Get Prescription Medications Past 12 Months, Adults Age 18 and Older (continued).

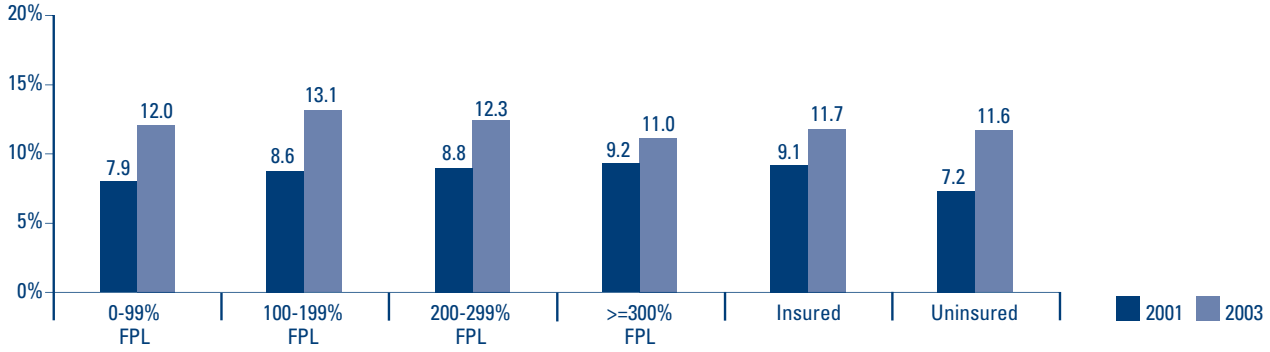
Graph 7.
Significant Changes from 2001 to 2003:
Delayed or Did Not Get Prescription Medications Past 12 Months, Adults Age 18 and Older



Graph 7. (continued)
Significant Changes from 2001 to 2003:
Delayed or Did Not Get Prescription Medications Past 12 Months, Adults Age 18 and Older



Graph 7. (continued)
Significant Changes from 2001 to 2003: Delayed or Did Not Get Prescription Medications Past 12 Months, Adults Age 18 and Older



Delayed or Did Not Get Other Needed Medical Care Past 12 Months, Adults Age 18 and Older (Table 28).

Table 28.
Delayed or Did Not Get Other Needed Medical Care, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	14.9	(13.4 - 16.4)	519,000
25-39	16.9	(16.0 - 17.8)	1,320,000
40-64	16.1	(15.4 - 16.8)	1,691,000
65-79	6.2*	(5.3 - 7.0)	170,000
80+	4.4*	(3.3 - 5.5)	45,000
Gender			
Male	12.7	(12.0 - 13.3)	1,590,000
Female	16.5	(15.9 - 17.1)	2,156,000
Race/Ethnicity			
White	16.1	(15.5 - 16.7)	2,126,000
Latino	12.0	(11.0 - 12.9)	796,000
African American	16.3	(14.4 - 18.1)	261,299
American Indian/Alaska Native	23.4	(18.2 - 28.7)	70,000
Asian	11.7	(10.4 - 13.0)	352,000
Chinese	12.8	(10.4 - 15.2)	109,000
Filipino	8.1	(5.7 - 10.4)	62,000
Japanese	5.6	(2.8 - 8.4)	13,925
Korean	17.2	(13.1 - 21.3)	48,000
South Asian	18.2	(13.5 - 22.9)	60,000
Vietnamese	11.4	(7.7 - 15.1)	42,000
Federal Poverty Level (FPL)			
0-99% FPL	15.2	(13.9 - 16.5)	585,000
100-199% FPL	15.8	(14.7 - 17.0)	767,000
200-299% FPL	16.2	(14.9 - 17.5)	580,000
≥ 300% FPL	13.6	(13.0 - 14.2)	1,814,000
Insurance Status			
Insured	13.5	(13.0 - 14.0)	2,878,000
Uninsured	20.4	(19.0 - 21.9)	867,000
Total	14.6	(14.2 - 15.1)	3,746,000

*Meets the Healthy People 2010 Objective

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.

In CHIS 2003, respondents were asked if they delayed or did not get any other needed medical care. Screening tests, visits to medical specialists for needed treatment, urgent care or emergency care needs are examples of "other needed medical care." In 2003, over 3.7 million Californians (14.6%) delayed or did not get "other" needed medical care. This is twice the Healthy People 2010 Objective 1-6 that "families experiencing difficulties or delays in obtaining health care or not receiving needed care should not exceed 7% of the population." No demographic group achieved the objective except those age 65 and older. Those under age 65 were more than twice as likely to delay or not obtain other needed medical care or treatment compared to those ages 65-79 (6.2%) or 80 and older (4.4%). A smaller percentage of men (12.7%) than women (16.5%) delayed or did not get other

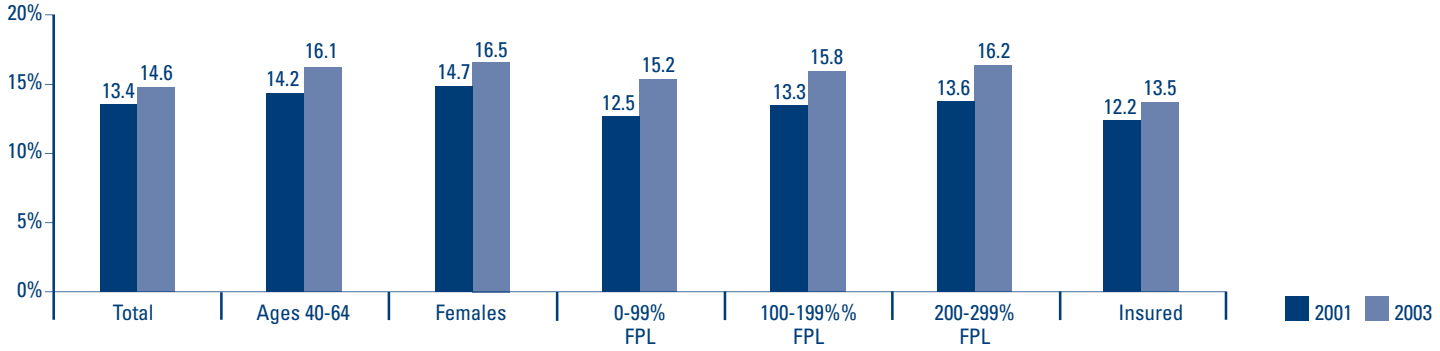
needed medical care. Whites (16.1%), African Americans (16.3%), and American Indian/Alaska Natives (23.4%) were more likely to delay or not obtain needed care than were Asians (11.7%) and Latinos (12%). In the Asian ethnic groups, the prevalence ranged from a high of 18.2% among South Asians to a low of 5.6% among Japanese. Japanese prevalence levels were significantly lower than those of Chinese (12.8%), Koreans (17.2%) and South Asians (18.2%). Filipinos (8.1%) had a significantly lower percent than those of Koreans and South Asians.

A smaller percent of adults at or above 300% FPL (13.6%) delayed or did not get needed medical care compared to those at 200-299% FPL (16.2%) and 100-199% FPL (15.8%). Adults without health insurance (20.4%) were more likely to delay or not obtain care than were those with insurance (13.5%).

Significant changes from 2001 to 2003 (Graph 8). The prevalence of delaying or not getting medical care increased significantly by 9% between 2001 and 2003, from 13.4% to 14.6%. The increase was highest among those ages 40-64, rising from 14.2% in 2001 to 16.1% in 2003 (a 13.4% increase). Women were more likely to delay or not get needed medical treatment in 2003 (16.5%) than in 2001 (14.7%). There were no differences among racial/ethnic groups. All income groups except those at or above 300% FPL reported significantly higher levels of delaying or not getting needed medical care in 2003 than in 2001. Insured Californians were significantly more likely to delay or not get needed care in 2003 (13.5%) than in 2001 (12.2%); the rates for the uninsured did not change.

Graph 8.

Significant Changes from 2001 to 2003:
Delayed or Did Not Get Other Needed Medical Care, Adults Age 18 and Older



Currently Uninsured, Adults Age 18 and Older (Table 29).

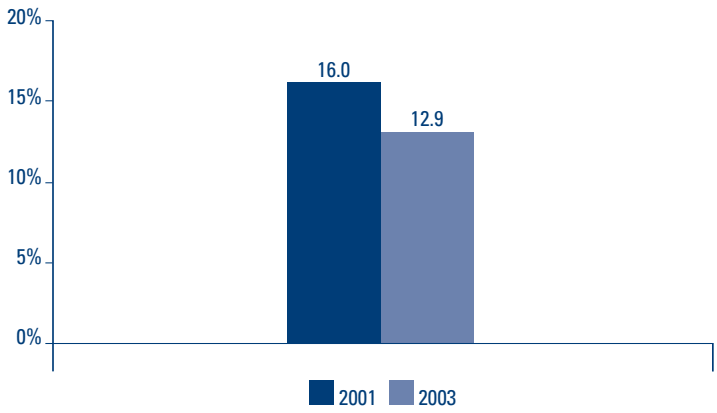
Almost seventeen percent of California adults age 18 and older (16.6%) did not have health insurance at the time of the CHIS 2003 interview. The percentage of uninsured decreased with age; 27.5% of those ages 18-24 lacked insurance while only 0.7% of those ages 65-79 reported that they were uninsured. Among 25-39 year olds, 22.6% did not have health insurance and 14.3% of those ages 40-64 were uninsured. The estimate for adults 80 years and older was too small to be reliable. Men (18.6%) were more likely than women (14.6%) to be uninsured. Among racial/ethnic groups, 8.8% of Whites lacked health insurance, which was statistically lower than all other groups. Latinos (34%) had the highest percentage of uninsured, followed by American Indian/Alaska Natives (21.7%). Among Asian ethnic groups, Koreans had the highest percentage of uninsured (30.1%). The percentage of uninsured adults decreased with increased income, and all income categories were significantly different from each other.

Significant changes from 2001 to 2003 (Graph 9). The only significant difference between 2001 and 2003 was a 19.4% decline in the proportion of Asians who reported being uninsured.

Table 29.
Currently Uninsured,
Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	27.5	(25.5 - 29.5)	957,000
25-39	22.6	(21.4 - 23.8)	1,766,000
40-64	14.3	(13.5 - 15.1)	1,504,000
65-79	0.7	(0.3 - 1.1)	20,000
80+	–	–	–
Gender			
Male	18.6	(17.7 - 19.5)	2,339,000
Female	14.6	(13.9 - 15.3)	1,909,000
Race/Ethnicity			
White	8.8	(8.3 - 9.3)	1,165,000
Latino	34.0	(32.5 - 35.6)	2,268,000
African American	12.6	(10.7 - 14.5)	202,000
American Indian/Alaska Native	21.7	(16.3 - 27.2)	65,000
Asian	12.9	(11.5 - 14.3)	388,000
Chinese	13.7	(11.3 - 16.2)	117,000
Filipino	8.0	(5.3 - 10.6)	61,000
Japanese	5.4	(2.7 - 8.2)	14,000
Korean	30.1	(24.4 - 35.8)	84,000
South Asian	6.6	(3.7 - 9.4)	22,000
Vietnamese	17.9	(13.5 - 22.3)	66,000
Federal Poverty Level (FPL)			
0-99% FPL	34.9	(33.0 - 36.9)	1,345,000
100-199% FPL	28.2	(26.7 - 29.8)	1,367,000
200-299% FPL	18.1	(16.6 - 19.6)	648,000
≥ 300% FPL	6.7	(6.2 - 7.2)	887,000
Total	16.6	(16.0 - 17.2)	4,247,000

Graph 9.
Significant Changes from 2001 to 2003:
Currently Uninsured, Asian Adults Age 18 and Older



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

The Healthy People 2010 Objective 21-10 is that 56% of adults will have visited a dentist during the previous 12 months. Over two-thirds of adults (67.2%) visited a dentist at least once in the past 12 months, meeting the Healthy People objective. A higher proportion of those ages 40-79 visited a dentist than those under age 40, and a higher proportion of women (64.4%) than men (69.9%) saw a dentist in the past 12 months. Latinos (55.5%) and American Indian/Alaska Natives (58.9%) were the only two main racial/ethnic groups who did not meet the HP objective. Whites (72.9%) and Asians (70.8%) had significantly higher percents than other groups, and among Asians, only Koreans (58.5%) did not meet the objective. The percents for each income group were all significantly different from each other, with the proportions increasing with increased income. Almost three-fourths of adults with dental insurance (72.5%) had visited a dentist in the previous 12 months compared to only 40.8% of those without dental insurance.

Significant changes from 2001 to 2003 (Graph 10). The overall proportion of adults reporting a dental visit in the previous 12 months declined by 2.6%, and among those without dental insurance, the decrease was 19.7%. Other significant decreases were seen among those ages 25-39 (6.4%), males (4.3%), and all income categories except those at or above 300% FPL.

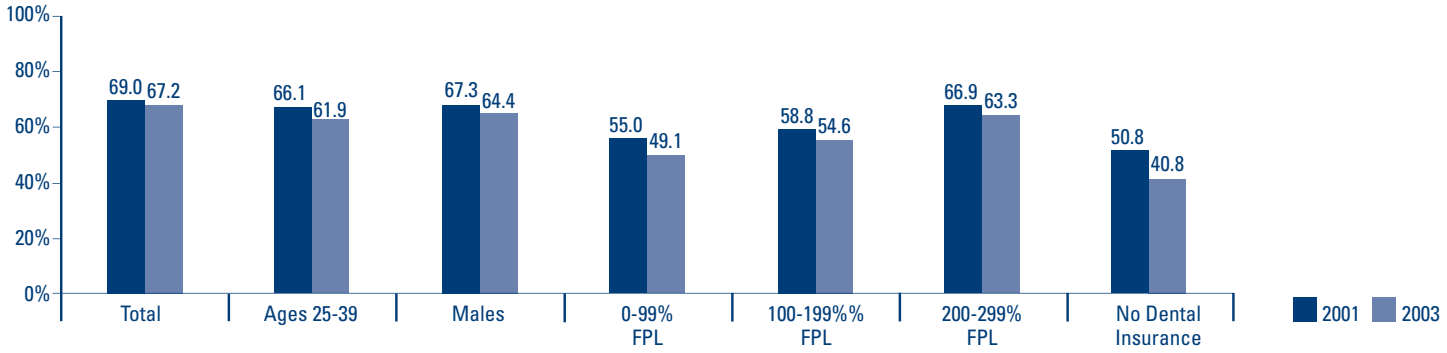
Table 30.
Visited a Dentist Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	64.3*	(62.2 - 66.4)	2,239,000
25-39	61.9*	(60.6 - 63.1)	4,839,000
40-64	71.4*	(70.5 - 72.3)	7,510,000
65-79	69.8*	(68.2 - 71.4)	1,919,000
80+	68.5*	(65.7 - 71.2)	699,000
Gender			
Male	64.4*	(63.4 - 65.4)	8,083,000
Female	69.9*	(69.1 - 70.7)	9,124,000
Race/Ethnicity			
White	72.9*	(72.1 - 73.6)	9,621,000
Latino	55.5	(53.9 - 57.0)	3,696,000
African American	65.2*	(62.6 - 67.7)	1,047,000
American Indian/Alaska Native	58.9	(53.1 - 64.6)	176,000
Asian	70.8*	(68.9 - 72.8)	2,133,000
Chinese	69.8*	(66.5 - 73.1)	593,000
Filipino	77.0*	(72.8 - 81.2)	590,000
Japanese	79.5*	(74.2 - 84.8)	198,000
Korean	58.5	(52.5 - 64.5)	163,000
South Asian	69.9*	(64.4 - 75.5)	229,000
Vietnamese	70.1*	(64.5 - 75.6)	256,000
Federal Poverty Level (FPL)			
0-99% FPL	49.1	(47.1 - 51.0)	1,889,000
100-199% FPL	54.6	(53.0 - 56.3)	2,643,000
200-299% FPL	63.3*	(61.6 - 65.1)	2,268,000
≥ 300% FPL	78.1*	(77.3 - 78.8)	10,406,000
Dental Insurance Status			
Insured	72.5*	(71.8 - 73.1)	15,472,000
Uninsured	40.8	(38.9 - 42.7)	1,734,000
Total	67.2*	(66.6 - 67.9)	17,206,000

*Meets the Healthy People 2010 Objective

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

Graph 10.
Significant Changes from 2001 to 2003: Visited a Dentist Past 12 Months, Adults Age 18 and Older



Could Not Afford Needed Dental Care Past 12 Months, Adults Ages 18 and Older (Table 31).

New data were collected in CHIS 2003 on adults who could not afford needed dental care in the past 12 months. Twenty percent of adults (20.4%) said they could not afford needed dental care in the past 12 months. The highest percent was among adults ages 25-39 (25.4%), who were significantly more likely than all other age groups to report being unable to afford needed dental care. Adults age 80 and older had the lowest percent (7.2%), significantly lower than all other age groups. Women were more likely than men to say they could not afford needed dental care (22.7% vs. 18.1%, respectively), and adults without insurance were also significantly more likely to have been unable to afford needed dental care compared to those with insurance—44.9% vs. 15.6%, respectively.

Racial/ethnic differences were also apparent in the data. Latinos reported the highest rates among adults who could not afford needed dental care in the past 12 months—32.7%. Compared to Whites (14.6%) and Asians (15.7%), significantly higher proportions of African Americans (22.7%) and American Indian/Alaska Natives (27.8%) did not get needed dental care because of cost. There was variation among Asian groups. At 6.6%, the Japanese rate was significantly lower than the rates of all other groups except Filipinos (12.5%), and the highest percentages were among Koreans (19.5%) and Vietnamese (21.2%).

There were significant differences among all four income categories in the proportion who could not afford needed dental care. The percentage decreased as income increased, ranging from 37% of those under 100% FPL to 10.1% of adults in households at or above 300% FPL.

Table 31.
Could Not Afford Needed Dental Care Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	21.1	(19.3 - 22.8)	733,000
25-39	25.4	(24.2 - 26.6)	1,986,000
40-64	20.0	(19.2 - 20.8)	2,101,000
65-79	12.3	(11.0 - 13.5)	337,000
80+	7.2	(5.6 - 8.7)	73,000
Gender			
Male	18.1	(17.3 - 18.9)	2,269,000
Female	22.7	(21.9 - 23.5)	2,963,000
Race/Ethnicity			
White	14.6	(14.0 - 15.2)	1,926,000
Latino	32.7	(31.2 - 34.1)	2,175,000
African American	22.7	(20.5 - 24.8)	364,000
American Indian/Alaska Native	27.8	(22.4 - 33.3)	83,000
Asian	15.7	(14.2 - 17.2)	472,000
Chinese	16.5	(13.8 - 19.3)	141,000
Filipino	12.5	(9.2 - 15.8)	96,000
Japanese	6.6	(3.7 - 9.5)	17,000
Korean	19.5	(15.3 - 23.6)	54,000
South Asian	13.5	(9.7 - 17.3)	44,000
Vietnamese	21.2	(16.4 - 25.9)	77,000
Federal Poverty Level (FPL)			
0-99% FPL	37.0	(35.1 - 38.9)	1,425,000
100-199% FPL	33.2	(31.7 - 34.8)	1,608,000
200-299% FPL	23.8	(22.3 - 25.3)	852,000
≥ 300% FPL	10.1	(9.5 - 10.7)	1,346,000
Dental Insurance Status			
Insured	15.6	(15.0 - 16.1)	3,325,000
Uninsured	44.9	(43.0 - 46.8)	1,907,000
Total	20.4	(19.9 - 21.0)	5,232,000

Missed Work Because of Dental Problem Past 12 Months, Adults Age 18 and Older (Table 32).

CHIS 2003 collected new data on adults who missed work because of a dental problem in the past 12 months. Almost 6% of adults in California (5.7%) missed work because of a dental problem in the past 12 months. The highest proportions were among those ages 25-39 (6.7%) and 18-24 (5.6%). There were no gender or income differences. Among major racial/ethnic groups, a higher percentage of Latinos (6.4%) than Asians (4.4%) missed work because of a dental problem. Those with dental insurance were less likely to have missed work due to a dental problem than were those without dental insurance (5.4% vs. 7.2%).

Table 32.
Missed Work Because of Dental Problem Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	5.6	(4.7 - 6.6)	196,000
25-39	6.7	(6.0 - 7.4)	525,000
40-64	5.4	(4.9 - 5.8)	529,000
65-79	1.9	(1.0 - 2.7)	17,000
80+	–	–	–
Gender			
Male	5.9	(5.4 - 6.5)	657,000
Female	5.5	(5.0 - 5.9)	612,000
Race/Ethnicity			
White	5.6	(5.2 - 6.0)	607,000
Latino	6.4	(5.6 - 7.3)	410,000
African American	5.1	(4.0 - 6.2)	72,000
American Indian/Alaska Native	6.8	(3.2 - 10.5)	18,000
Asian	4.4	(3.5 - 5.3)	118,000
Chinese	5.3	(3.4 - 7.2)	38,000
Filipino	4.2	(2.3 - 6.0)	29,000
Japanese	–	–	–
Korean	–	–	–
South Asian	4.7	(2.5 - 6.9)	15,000
Vietnamese	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	6.5	(5.4 - 7.6)	229,000
100-199% FPL	6.4	(5.5 - 7.4)	267,000
200-299% FPL	5.7	(4.8 - 6.6)	171,000
≥ 300% FPL	5.2	(4.8 - 5.6)	603,000
Dental Insurance Status			
Insured	5.4	(5.0 - 5.7)	967,000
Uninsured	7.2	(6.1 - 8.2)	301,000
Total	5.7	(5.3 - 6.1)	1,269,000

Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older (Table 33).

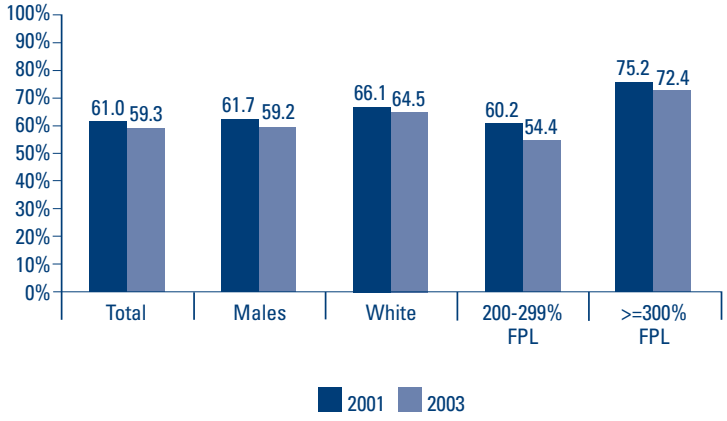
Fifty-nine percent of adults (59.3%) had dental insurance at the time of the CHIS 2003 interview. The highest rate of coverage was among 40-64 year olds (65.5%), followed by 25-39 year olds (59.7%). The age group with the lowest percent covered was the 80 and older group (38.1%), followed by 18-24 year olds (55.6%) and 65-79 year olds (47.4%). There was no difference between men and women, but there were significant racial/ethnic differences. African Americans (70.5%) were more likely than all other groups to have dental insurance, and Latinos (44.5%) had the lowest percentage with dental insurance, significantly lower than all other groups. Among Asian groups, Koreans (37.7%) had a significantly lower coverage rate than all other Asian ethnic groups. The four income groups were all significantly different from each other, increasing from 38.5% of those under 100% FPL to 72.4% of those at or above 300% FPL.

Significant changes from 2001 to 2003 (Graph 11). Among all adults, the proportion with dental insurance decreased by 2.8% between 2001 and 2003. The proportion of males with dental insurance dropped by 4.1% in the two-year period, and the percentage of Whites with coverage dropped by 2.4%. The percentage of adults in the top two income categories—at or above 300% FPL and 200-299% FPL—declined by 3.7% and 9.6%, respectively.

Table 33.
Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	55.6	(53.4 - 57.8)	1,936,000
25-39	59.7	(58.4 - 61.0)	4,669,000
40-64	65.5	(64.6 - 66.5)	6,894,000
65-79	47.4	(45.6 - 49.1)	1,303,000
80+	38.1	(35.2 - 40.9)	388,000
Gender			
Male	59.2	(58.1 - 60.2)	7,422,000
Female	59.5	(58.6 - 60.4)	7,768,000
Race/Ethnicity			
White	64.5	(63.7 - 65.3)	8,520,000
Latino	44.5	(43.0 - 46.0)	2,965,000
African American	70.5	(68.0 - 72.9)	1,132,000
American Indian/Alaska Native	61.8	(56.0 - 67.6)	185,000
Asian	63.5	(61.5 - 65.6)	1,912,000
Chinese	61.5	(58.0 - 64.9)	522,000
Filipino	73.9	(69.4 - 78.3)	566,000
Japanese	63.7	(57.0 - 70.4)	159,000
Korean	37.7	(31.8 - 43.7)	105,000
South Asian	70.6	(64.9 - 76.3)	232,000
Vietnamese	62.7	(56.8 - 68.5)	229,000
Federal Poverty Level (FPL)			
0-99% FPL	38.5	(36.7 - 40.4)	1,483,000
100-199% FPL	43.6	(41.9 - 45.2)	2,109,000
200-299% FPL	54.4	(52.6 - 56.2)	1,948,000
≥ 300% FPL	72.4	(71.6 - 73.2)	9,650,000
Total	59.3	(58.7 - 60.0)	15,189,000

Graph 11.
Significant Changes from 2001 to 2003:
Dental Insurance Coverage Past 12 Months, Adults Age 18 and Older



3. Adolescent CHIS 2003

ADOLESCENT CHIS 2003 FINDINGS AND SIGNIFICANT CHANGES FROM 2001 TO 2003.

The CHIS 2003 adolescent findings presented in this section are based on 4,010 telephone interviews with California youth ages 12-17 years. An adolescent whose parent or legal guardian answered the CHIS 2003 adult questionnaire was selected to participate. In households where there was more than one adolescent, the potential respondent was randomly selected from all adolescents associated with the adult respondent (i.e., the adult respondent was the adolescent's parent or legal guardian). Parental permission and adolescent consent were required to conduct the interviews.

The adolescent questionnaire included some topics that were also on the adult questionnaire. However, the smaller adolescent sample size limits the reliability of some of the findings. The data on physician-diagnosed health conditions and limitations are based solely on adolescent self-reporting; no independent confirmation was obtained. The adult respondent answered questions about adolescents' health insurance coverage, and the adolescents answered all other questions.

HEALTH CONDITIONS AND LIMITATIONS

Self-Reported Lifetime Asthma Prevalence, Adolescents Ages 12-17 (Table 34).

In CHIS 2003, nearly one-fifth (18.5%) of adolescents in California—more than half a million teens—reported having been diagnosed with asthma at some point in their lives. Latinos (15.6%) were less likely than African Americans (27.3%) to report an asthma diagnosis. There were no other racial/ethnic differences and no significant differences by age, gender, income levels or insurance status.

Significant changes from 2001 to 2003: None.

Table 34.
Self-Reported Lifetime Asthma Prevalence, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	17.3	(15.0 - 19.6)	293,000
15-17	19.8	(17.2 - 22.3)	310,000
Gender			
Male	19.0	(16.6 - 21.4)	317,000
Female	18.0	(15.5 - 20.5)	286,000
Race/Ethnicity			
White	18.7	(16.4 - 20.9)	252,000
Latino	15.6	(12.6 - 18.6)	173,000
African American	27.3	(19.3 - 35.3)	80,000
American Indian/Alaska Native	32.2	(15.8 - 48.5)	21,000
Asian	14.5	(9.2 - 19.7)	48,000
Federal Poverty Level (FPL)			
0-99% FPL	16.0	(11.7 - 20.4)	105,000
100-199% FPL	16.9	(12.9 - 20.8)	122,000
200-299% FPL	19.8	(15.6 - 24.1)	94,000
≥ 300% FPL	20.0	(17.6 - 22.4)	281,000
Insurance Status			
Insured	18.9	(17.1 - 20.7)	558,000
Uninsured	14.5	(8.5 - 20.5)	44,000
Total	18.5	(16.8 - 20.2)	603,000

Twelve-Month Asthma Attack or Episode Among Ever Diagnosed, Adolescents Ages 12-17 (Table 35).

Over 20% of adolescents who have ever been diagnosed with asthma (22.8%) reported experiencing an asthma attack in the past year. The past 12-month attack prevalence did not differ significantly by age, gender or race/ethnicity, but the confidence intervals are wide on many of these estimates. Estimates of asthma attack prevalence for adolescents living in households below 200% FPL and uninsured adolescents were statistically unstable, and therefore not reported.

Table 35.
Twelve-Month Asthma Attack or Episode Among Ever Diagnosed, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	22.8	(16.7 - 28.9)	67,000
15-17	22.7	(16.3 - 29.1)	70,000
Gender			
Male	18.6	(12.5 - 24.7)	59,000
Female	27.4	(20.9 - 33.8)	78,000
Race/Ethnicity			
White	22.8	(17.3 - 28.3)	57,000
Latino	16.5	(8.7 - 24.4)	29,000
African American	28.7	(11.9 - 45.5)	23,000
American Indian/Alaska Native	–	–	–
Asian	32.4	(13.7 - 51.0)	16,000
Federal Poverty Level (FPL)			
0-99% FPL	–	–	–
100-199% FPL	–	–	–
200-299% FPL	25.1	(14.9 - 35.3)	24,000
≥ 300% FPL	24.6	(18.8 - 30.4)	69,000
Insurance Status			
Insured	23.8	(19.2 - 28.5)	133,000
Uninsured	–	–	–
Total	22.8	(18.3 - 27.2)	137,000

Currently Taking Asthma Medication, Adolescents with Asthma Ages 12-17 (Table 36).

Over one-third of California adolescents with asthma (36%) were currently taking medication for quick relief, long-term control—or both—at the time of the interview. No demographic differences were noted.

Significant changes from 2001 to 2003. None.

Table 36.
Currently Taking Asthma Medication, Adolescents with Asthma Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	40.1	(31.3-48.8)	76,000
15-17	31.6	(22.5-40.6)	54,000
Gender			
Male	34.5	(25.3-43.6)	61,000
Female	37.6	(28.7-46.5)	69,000
Race/Ethnicity			
White	31.9	(23.9-39.9)	49,000
Latino	45.8	(32.1-59.6)	42,000
African American	35.9	(17.4-54.4)	19,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	31.4	(15.4-47.5)	20,000
100-199% FPL	48.3	(31.2-65.5)	34,000
200-299% FPL	35.9	(22.2-49.6)	22,000
≥ 300% FPL	32.6	(24.8-40.4)	54,000
Insurance Status			
Insured	35.1	(28.6-41.6)	121,000
Uninsured	–	–	–
Total	36.0	(29.7-42.4)	130,000

HEALTH BEHAVIORS

Current Smoker, Adolescents Ages 12-17 (Table 37).

The Healthy People 2010 objective is to reduce cigarette smoking by students in grades 9 through 12 to no more than 16% smoking one or more cigarettes in the past month (HP 2010 Objective 27-2b). Approximately 188,000 California adolescents said they are current smokers (5.8%), defined as smoking one or more cigarettes during the past 30 days. Not only do all California adolescents meet the HP 2010 objective, every demographic group reported smoking at levels well below the HP 2010 target of 16% or less. Younger teens (ages 12-14) were significantly less likely to smoke (1.9%) than teens ages 15-17 (10%). No other group differences were observed.

Significant changes from 2001 to 2003. This topic was measured differently in CHIS 2003 than in CHIS 2001, therefore the data are not comparable.

Table 37.
Current Smoker,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	1.9*	(0.9 - 2.9)	32,000
15-17	10.0*	(8.0 - 12.0)	156,000
Gender			
Male	5.5*	(4.2 - 6.8)	92,000
Female	6.0*	(4.3 - 7.8)	96,000
Race/Ethnicity			
White	6.2*	(4.7 - 7.7)	83,000
Latino	6.2*	(4.2 - 8.2)	69,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	7.0*	(3.8 - 10.1)	46,000
100-199% FPL	6.9*	(4.2 - 9.5)	50,000
200-299% FPL	6.7*	(3.6 - 9.8)	32,000
≥ 300% FPL	4.3*	(3.2 - 5.5)	61,000
Insurance Status			
Insured	5.4*	(4.3 - 6.4)	159,000
Uninsured	–	–	–
Total	5.8*	(4.7 - 6.9)	188,000

*Meets the Healthy People 2010 Objective

HP 2010 Objective 27-2b: No more than 16% of adolescents in grades 9-12 will have used cigarettes in the past month.

Binge Drinking Past Month, Adolescents Ages 12-17, Pooled CHIS 2001 andCHIS 2003 Data (Table 38).

Binge drinking is defined as having five or more drinks on one occasion in the past month. CHIS 2001 and CHIS 2003 binge drinking data were pooled to provide stable estimates for demographic groups. Abstaining adolescents were included in the denominators to provide prevalence for all California teens.

Approximately 202,000 adolescents reported past-month binge drinking (6.5%). The 6.5% prevalence of binge drinking was three times the HP 2010 objective of no more than 2% (Objective 26-11d). Younger teens ages 12-14 met the objective (1.1%), with significantly lower levels of binge drinking compared to older teens (12.1%). Gender differences were not significant. No racial/ethnic differences were observed; however, the only stable estimates were for Whites and Latinos, and the upper bound of the Latino confidence interval is equal to the lower bound of the White confidence interval.

Table 38.
Binge Drinking Past Month, Adolescents Ages 12-17; Pooled CHIS 2001 and CHIS 2003 Data

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	1.1*	(0.6 - 1.6)	18,000
15-17	12.1	(10.8 - 13.4)	184,000
Gender			
Male	7.1	(6.1 - 8.1)	114,000
Female	5.8	(4.8 - 6.8)	89,000
Race/Ethnicity			
White	8.3	(7.3 - 9.3)	110,000
Latino	6.0	(4.7 - 7.3)	63,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	6.0	(4.1 - 7.9)	38,000
100-199% FPL	5.4	(4.0 - 6.8)	37,000
200-299% FPL	7.0	(5.1 - 8.9)	32,000
≥ 300% FPL	7.0	(6.0 - 8.0)	95,000
Insurance Status			
Insured	6.5	(5.8 - 7.2)	184,000
Uninsured	5.8	(3.5 - 8.1)	19,000
Total	6.5	(5.8 - 7.2)	202,000

*Meets the Healthy People 2010 Objective

HP 2010 Objective 26-11d: No more than 2% of adolescents ages 12-17 will have engaged in binge drinking during the past month.

Marijuana Use Past Month, Adolescents Ages 12-17, Pooled CHIS 2001 and CHIS 2003 Data (Table 39).

The pooled CHIS 2001 and CHIS 2003 marijuana use data show that no group met the Healthy People 2010 Objective (26-10b) that marijuana use in the past 30 days among adolescents not exceed 0.7%. Approximately 185,000 adolescents in California (6%) used marijuana in the past 30 days. Only age was a factor in recent marijuana use; it was significantly higher among those ages 15-17 than among those ages 12-14 (10.4% vs. 1.8%, respectively). There were no gender or racial/ethnic differences.

Table 39.
Marijuana Use Past Month, Adolescents Ages 12-17;
Pooled CHIS 2001 and CHIS 2003 Data

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	1.8	(1.2 - 2.4)	28,000
15-17	10.4	(9.1 - 11.7)	158,000
Gender			
Male	6.3	(5.4 - 7.2)	100,000
Female	5.7	(4.6 - 6.8)	86,000
Race/Ethnicity			
White	7.4	(6.4 - 8.4)	97,000
Latino	5.4	(4.1 - 6.7)	56,000
African American	4.2	(1.8 - 6.6)	11,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	5.1	(3.4 - 6.8)	32,000
100-199% FPL	5.9	(4.2 - 7.6)	40,000
200-299% FPL	7.4	(5.5 - 9.3)	33,000
≥ 300% FPL	6.0	(5.1 - 6.9)	80,000
Insurance Status			
Insured	6.0	(5.3 - 6.7)	166,000
Uninsured	6.2	(3.2 - 9.2)	19,000
Total	6.0	(5.3 - 6.7)	185,000

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

Overweight and Obesity, BMI-for-Age at or Above 95th Percentile, Adolescents Ages 12-17 (Table 40).

Healthy People 2010 states that the proportion of children and adolescents ages 6-19 who are either overweight or obese should not exceed 5% (HP Objective 19-3). Overweight is defined as having a body mass index (BMI) for age and sex at or above the 95th percentile. The prevalence of overweight and obesity among teens in California (12.4%) was more than twice the Healthy People objective. Every demographic group exceeded the objective. A significantly higher proportion of males (15.9%) was overweight compared with females (8.7%), and a significantly larger percentage of Latino adolescents (17.6%) was overweight or obese compared to White adolescents (9.2%). Teens in households below 200% FPL were significantly more likely to be overweight than those in households at or above 300% FPL.

Significant changes from CHIS 2001 to 2003. None.

Table 40.
Overweight and Obesity, BMI-for-Age at or Above 95th Percentile, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	13.2	(11.1 - 15.3)	223,000
15-17	11.5	(9.3 - 13.7)	180,000
Gender			
Male	15.9	(13.5 - 18.2)	265,000
Female	8.7	(6.9 - 10.5)	139,000
Race/Ethnicity			
White	9.2	(7.5 - 10.8)	124,000
Latino	17.6	(14.4 - 20.7)	195,000
African American	12.9	(7.1 - 18.7)	38,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	17.6	(13.1 - 22.0)	115,000
100-199% FPL	13.9	(10.6 - 17.2)	101,000
200-299% FPL	14.0	(10.1 - 17.9)	67,000
≥ 300% FPL	8.6	(6.8 - 10.4)	121,000
Insurance Status			
Insured	12.1	(10.5 - 13.6)	357,000
Uninsured	15.2	(9.1 - 21.2)	46,000
Total	12.4	(10.9 - 13.9)	403,000

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

Body Image (Self-perception of Weight Status), Adolescents Ages 12-17 (Table 41).

A new question on CHIS 2003 asked adolescents if they consider themselves to be "very underweight, slightly underweight, about the right weight, slightly overweight, or very overweight." If a comparison group was needed, the adolescent was told to compare his or her weight to "what you would like to be." The categories "slightly underweight" and "very underweight" were combined due to small sample sizes.

The majority of adolescents reported they were "about the right weight" (56.2%), one-fourth reported being "slightly overweight" (25.3%), 3.3% said they were "very overweight" and 15.1% said they were "underweight."

In the "underweight" category, gender differences were significant, with males (18.7%) more likely to consider themselves underweight than females (11.3%). Significant differences were also found among the major racial/ethnic groups: Latinos (11.4%) were less likely to self-identify as underweight than Asians (21.4%) and American Indian/Alaska Natives (34.9%), although the confidence intervals for the latter were very wide. In the "about the right weight" category, more Whites (60.6%) than Latinos (52.1%) or American Indian/Alaska Natives (39.5%) said they were the "right weight."

While there were no significant differences in who reported being "very overweight," smaller proportions of Asian (21.8%) and White youth (21.3%) viewed themselves as being "slightly overweight" compared to Latinos (32.4%). Those in households at 300% or greater FPL were significantly less likely to identify as "slightly overweight" (21.1%) compared with those below 100% FPL (30%).

Table 41.
Body Image (Self-perception of Weight Status), Adolescents Ages 12-17

	Underweight (Slightly or Very)		About the Right Weight		Slightly Overweight		Very Overweight	
Population Group	**Percent of Group (95% CI)**	**Population Estimate**	**Percent of Group (95% CI)**	**Population Estimate**	**Percent of Group (95% CI)**	**Population Estimate**	**Percent of Group (95% CI)**	**Population Estimate**
Age Group (Years)								
12-14	15.1 (12.8 - 17.3)	255,000	56.3 (53.3 - 59.3)	953,000	25.5 (22.8 - 28.2)	432,000	3.1 (1.9 - 4.3)	53,000
15-17	15.2 (12.9 - 17.5)	239,000	56.2 (52.9 - 59.4)	880,000	25.1 (22.3 - 27.9)	394,000	3.5 (2.3 - 4.7)	55,000
Gender								
Male	18.7 (16.3 - 21.2)	313,000	55.0 (52.0 - 58.1)	919,000	23.0 (20.4 - 25.6)	383,000	3.2 (2.1 - 4.3)	54,000
Female	11.3 (9.3 - 13.4)	180,000	57.5 (54.3 - 60.7)	914,000	27.8 (24.9 - 30.7)	442,000	3.4 (2.1 - 4.7)	54,000
Race/Ethnicity								
White	16.0 (13.8 - 18.1)	215,000	60.6 (57.7 - 63.5)	817,000	21.3 (18.9 - 23.7)	288,000	2.1 (1.3 - 2.9)	29,000
Latino	11.4 (8.9 - 13.8)	126,000	52.1 (48.0 - 56.1)	578,000	32.4 (28.6 - 36.2)	359,000	4.1 (2.6 - 5.7)	46,000
African American	15.8 (9.2 - 22.3)	46,000	57.4 (48.6 - 66.2)	169,000	25.1 (17.4 - 32.8)	74,000	– –	–
American Indian/Alaska Native	34.9 (15.6 - 54.2)	22,000	39.5 (23.4 - 55.5)	25,000	– –	–	– –	–
Asian	21.4 (15.3 - 27.6)	71,000	54.5 (46.9 - 62.2)	182,000	21.8 (15.4 - 28.3)	73,000	– –	–
Federal Poverty Level (FPL)								
0-99% FPL	14.1 (10.1 - 18.1)	92,000	50.8 (45.1 - 56.5)	332,000	30.0 (24.8 - 35.1)	196,000	5.2 (1.1 - 4.1)	34,000
100-199% FPL	14.7 (11.1 - 18.3)	106,000	54.6 (49.6 - 59.5)	395,000	28.1 (23.7 - 32.6)	204,000	2.6 (1.1 - 4.1)	19,000
200-299% FPL	13.3 (9.7 - 17.0)	63,000	57.0 (51.5 - 62.5)	271,000	27.0 (22.1 - 31.9)	128,000	2.6 (1.1 - 4.1)	12,000
≥ 300% FPL	16.5 (14.1 - 18.8)	231,000	59.4 (56.3 - 62.4)	835,000	21.1 (18.6 - 23.7)	297,000	3.0 (1.9 - 4.1)	43,000
Insurance Status								
Insured	15.3 (13.6 - 17.0)	452,000	56.7 (54.4 - 59.0)	1,674,000	24.7 (22.7 - 26.6)	729,000	3.4 (2.4 - 4.3)	99,000
Uninsured	13.5 (7.5 - 19.4)	41,000	52.0 (43.6 - 60.3)	159,000	31.7 (23.7 - 39.7)	97,000	– –	–
Total	15.1 (13.5 - 16.7)	493,000	56.2 (54.0 - 58.4)	1,833,000	25.3 (23.4 - 27.3)	825,000	3.3 (2.5 - 4.2)	108,000

Vigorous Physical Activity Past Week, Adolescents Ages 12-17 (Table 42).

Approximately two-thirds of California adolescents (65.8%) reported engaging in vigorous physical activity three or more days during the previous week, for at least 20 minutes or more per occasion. This percent did not meet the Healthy People 2010 Objective (22-7), which states that at least 85% of teens will have this frequency and duration of vigorous physical activity. Younger adolescents (70.9%) and males (71.1%) were more likely than older adolescents (60.4%) and females (60.3%) to report vigorous physical activity. Among racial/ethnic groups, Latinos (62.8%), African Americans (57.5%) and Asians (56.8%) were significantly less likely than White adolescents (72.3%) to have engaged in vigorous physical activity on three or more days during the previous week, for at least 20 minutes per occasion.

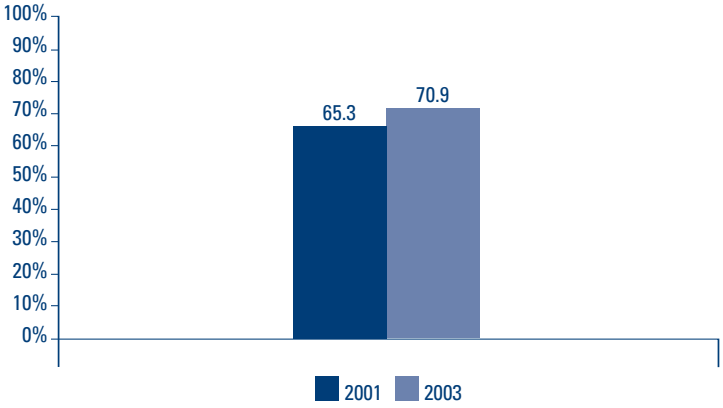
Significant changes from 2001 to 2003 (Graph 12). Vigorous physical activity on three or more days during the previous week, for at least 20 minutes, increased among younger adolescents (ages 12-14) by 8.6% between 2001 and 2003. There were no other significant differences.

Table 42.
Vigorous Physical Activity Past Week,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	70.9	(68.0 - 73.7)	1,199,000
15-17	60.4	(57.2 - 63.6)	947,000
Gender			
Male	71.1	(68.2 - 74.0)	1,187,000
Female	60.3	(57.1 - 63.5)	959,000
Race/Ethnicity			
White	72.3	(69.6 - 74.9)	975,000
Latino	62.8	(58.9 - 66.8)	697,000
African American	59.5	(50.9 - 68.2)	175,000
American Indian/Alaska Native	76.1	(63.2 - 88.9)	49,000
Asian	56.8	(49.2 - 64.5)	189,000
Federal Poverty Level (FPL)			
0-99% FPL	62.9	(57.4 - 68.5)	412,000
100-199% FPL	59.4	(54.4 - 64.4)	431,000
200-299% FPL	64.3	(58.9 - 69.8)	306,000
≥ 300% FPL	71.0	(68.2 - 73.8)	998,000
Insurance Status			
Insured	65.7	(63.4 - 67.9)	1,940,000
Uninsured	67.4	(59.5 - 75.3)	206,000
Total	65.8	(63.7 - 68.0)	2,146,000

HP 2010 Objective 27-7: 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.

Graph 12.
Significant Changes from 2001 to 2003:
Vigorous Physical Activity Past Week, Adolescents Ages 12-14



Fruit Intake Previous Day (two or more servings), Adolescents Ages 12-17 (Table 43).

Healthy People 2010 Objective 19-5 sets a goal of two or more daily servings of fruit for at least 75% of persons aged two or older. California adolescents did not meet that goal, with only 49.9% reporting they ate two or more servings of fruit the previous day. Younger adolescents were more likely than older adolescents to report eating at least two servings of fruit the previous day. While there were some differences between income levels, specifically between those under 100% FPL and those at 200-299% FPL (56% vs. 42.8%, respectively), there was no linear pattern to the data.

Significant changes from 2001 to 2003. Fruit intake was measured in combination with vegetable intake in 2001.

Table 43.
Fruit Intake Previous Day (two or more servings), Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	54.3	(51.2 - 57.3)	919,000
15-17	45.3	(42.0 - 48.5)	709,000
Gender			
Male	50.5	(47.4 - 53.6)	843,000
Female	49.4	(46.2 - 52.6)	785,000
Race/Ethnicity			
White	49.5	(46.6 - 52.5)	668,000
Latino	50.9	(46.8 - 54.9)	564,000
African American	45.2	(36.2 - 54.3)	133,000
American Indian/Alaska Native	44.0	(26.1 - 61.9)	28,000
Asian	56.7	(49.1 - 64.3)	189,000
Federal Poverty Level (FPL)			
0-99% FPL	56.0	(50.3 - 61.6)	366,000
100-199% FPL	46.5	(41.6 - 51.5)	337,000
200-299% FPL	42.8	(37.2 - 48.4)	203,000
≥ 300% FPL	51.3	(48.3 - 54.4)	722,000
Insurance Status			
Insured	50.3	(48.0 - 52.5)	1,484,000
Uninsured	47.0	(38.7 - 55.3)	144,000
Total	49.9	(47.7 - 52.2)	1,628,000

HP 2010 Objective 19-5: At least 75% of persons age two years and older will consume at least two daily servings of fruit.

Vegetable Intake Previous Day (three or more servings), Adolescents Ages 12-17 (Table 44).

In CHIS 2003, almost one in five adolescents (19.2%) reported eating three or more servings of vegetables the previous day. This is significantly below the Healthy People 2010 Objective 19-6 that at least 50% of persons aged two or older eat three or more servings of vegetables. There were no significant differences between groups and no group met the Healthy People objective.

Significant changes from 2001 to 2003. The CHIS 2001 measure of vegetable intake included potatoes; in CHIS 2003 potato consumption was asked separately from other vegetable consumption.

Table 44.
Vegetable Intake Previous Day (three or more servings), Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	20.3	(17.9 - 22.6)	343,000
15-17	18.0	(15.5 - 20.5)	282,000
Gender			
Male	18.9	(16.5 - 21.3)	315,000
Female	19.5	(17.1 - 21.9)	310,000
Race/Ethnicity			
White	19.6	(17.3 - 21.9)	264,000
Latino	19.6	(16.4 - 22.7)	217,000
African American	13.5	(6.8 - 20.2)	40,000
American Indian/Alaska Native	–	–	–
Asian	22.6	(16.6 - 28.6)	75,000
Federal Poverty Level (FPL)			
0-99% FPL	20.4	(15.9 - 24.9)	133,000
100-199% FPL	17.8	(14.4 - 21.2)	129,000
200-299% FPL	18.5	(13.7 - 23.2)	88,000
≥ 300% FPL	19.6	(17.2 - 21.9)	275,000
Insurance Status			
Insured	19.4	(17.6 - 21.2)	572,000
Uninsured	17.2	(11.7 - 22.7)	53,000
Total	19.2	(17.5 - 20.9)	625,000

HP 2010 Objective 19-6: At least 50% of persons age two years and older will consume three or more daily servings of vegetables.

Soda Consumption Previous Day (two or more servings), Adolescents Ages 12-17 (Table 45).

Overall, approximately one-third of California adolescents reported they drank two or more cans/glasses of soda the previous day (35.7%). There were significant differences by age, gender, race/ethnicity and federal poverty level in patterns of consumption. Adolescents ages 15-17 were more likely to drink two or more glasses of soda than adolescents ages 12-14 (39% vs. 32.7%). Males were significantly more likely to consume two or more sodas or sweetened drinks (40.2%) compared to females (30.9%). Asians (23.7%) and Whites (27.9%) reported the lowest prevalence of drinking two or more sodas the previous day; both proportions were significantly lower than soda consumption among African Americans (53.6%) or Latinos (43.5%). Finally, a significantly lower percentage of adolescents at or above 300% FPL (30.2%) drank two or more sodas the previous day than did teens who live in households below 200% FPL.

Table 45.
Soda Consumption Previous Day (two or more servings), Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	32.7	(29.8 - 35.6)	553,000
15-17	39.0	(35.8 - 42.1)	611,000
Gender			
Male	40.2	(37.2 - 43.3)	672,000
Female	30.9	(28.0 - 33.9)	492,000
Race/Ethnicity			
White	27.9	(25.2 - 30.6)	376,000
Latino	43.5	(39.5 - 47.5)	482,000
African American	53.6	(44.8 - 62.4)	157,000
American Indian/Alaska Native	45.3	(27.4 - 63.3)	29,000
Asian	23.7	(17.5 - 30.0)	79,000
Federal Poverty Level (FPL)			
0-99% FPL	42.2	(36.6 - 47.7)	276,000
100-199% FPL	39.9	(35.0 - 44.8)	289,000
200-299% FPL	36.6	(31.2 - 42.1)	174,000
≥ 300% FPL	30.2	(27.3 - 33.1)	425,000
Insurance Status			
Insured	35.2	(33.0 - 37.4)	1,041,000
Uninsured	40.3	(32.1 - 48.5)	123,000
Total	35.7	(33.6 - 37.8)	1,164,000

Fast Food Consumption Previous Day (two or more servings), Adolescents Ages 12-17 (Table 46).

CHIS 2003 included a new question about fast food consumption. When queried about how many times they ate fast foods the previous day, including meals eaten at school, home, or at fast-food restaurants, carry-outs or drive-through establishments, 12.2% said they ate fast foods two or more times.

There were significant differences by age, race/ethnicity and income group in patterns of fast-food consumption. Latino (16%) and African-American (17.9%) teens were more likely to report consuming two or more fast food meals the previous day than White teens (7.3%). In addition, a significantly smaller percentage of adolescents at or above 300% FPL (8.2%) ate fast food at least twice in the previous day compared with teens in households at 100-199% FPL (16.1%) or below 100% FPL (16.6%).

Table 46.
Fast Food Consumption Previous Day (two or more servings), Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	10.9	(9.0 - 12.9)	185,000
15-17	13.5	(11.1 - 16.0)	212,000
Gender			
Male	12.7	(10.4 - 14.9)	211,000
Female	11.7	(9.6 - 13.8)	186,000
Race/Ethnicity			
White	7.3	(5.7 - 8.9)	99,000
Latino	16.0	(12.9 - 19.0)	177,000
African American	17.9	(10.7 - 25.2)	53,000
American Indian/Alaska Native	–	–	–
Asian	14.0	(8.5 - 19.6)	47,000
Federal Poverty Level (FPL)			
0-99% FPL	16.6	(12.2 - 20.9)	108,000
100-199% FPL	16.1	(12.2 - 19.9)	116,000
200-299% FPL	12.1	(8.1 - 16.1)	57,000
≥ 300% FPL	8.2	(6.4 - 9.9)	115,122
Insurance Status			
Insured	11.9	(10.3 - 13.5)	351,000
Uninsured	15.1	(8.9 - 21.2)	46,000
Total	12.2	(10.6 - 13.7)	397,000

Always Wear a Helmet While Riding a Bicycle, Adolescents Ages 12-17 (Table 47).

California law requires all children under age 18 to wear a helmet when riding a bicycle. Less than a third of teens who rode a bicycle in the past 12 months (29.2%) reported they always wore a helmet. Younger teens were more likely to report always wearing a helmet than older teens (33.8% vs. 23.8%, respectively), and females were more likely than males to always wear a helmet (33.4% vs. 25.6%, respectively). Among racial/ethnic groups, a significantly higher proportion of Whites (39.2%) complied with California law compared to all other groups except Asians (39.2%). Latinos (15.2%) reported the lowest percent of helmet use. Adolescents living in households at or above 300% FPL (36.9%) were more likely to always wear bicycle helmets than were adolescents living below 100% FPL (18.3%) or between 100-199% FPL (22.4%).

Significant changes from 2001 to 2003. None.

Table 47.
Always Wear a Helmet While Riding a Bicycle, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	33.8	(30.8 - 36.8)	505,000
15-17	23.8	(20.7 - 26.8)	297,000
Gender			
Male	25.6	(22.9 - 28.4)	380,000
Female	33.4	(30.1 - 36.8)	421,000
Race/Ethnicity			
White	39.2	(36.2 - 42.3)	460,000
Latino	15.2	(11.9 - 18.5)	137,000
African American	23.0	(14.1 - 31.9)	56,000
American Indian/Alaska Native	–	–	–
Asian	39.2	(31.2 - 47.2)	109,000
Federal Poverty Level (FPL)			
0-99% FPL	18.3	(13.3 - 23.4)	99,000
100-199% FPL	22.4	(17.8 - 26.9)	129,000
200-299% FPL	30.4	(24.9 - 35.9)	124,000
≥ 300% FPL	36.9	(33.8 - 40.0)	450,000
Insurance Status			
Insured	29.8	(27.6 - 32.0)	748,000
Uninsured	23.0	(15.8 - 30.2)	54,000
Total	29.2	(27.1 - 31.3)	802,000

Always Use A Car Seatbelt, Adolescents Ages 12-17 (Table 48).

The State of California mandates seatbelt use when driving or riding in an automobile, van or truck, and the Healthy People 2010 Objective (15-19) states that at least 92% of the population will always wear a seatbelt. Almost 80% of California adolescents (79.6%) reported they always wore a seatbelt when riding or driving in a car, a proportion that falls significantly short of the HP 2010 minimum of 92%. A greater proportion of adolescents living at or above 300% FPL always wore seatbelts compared with those in households below 100% FPL (83% vs. 74.4%). There were no other demographic differences.

Significant changes from 2001 to 2003. None.

Table 48.
Always Use a Car Seatbelt,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	81.2	(78.8 - 83.5)	1,373,000
15-17	77.9	(75.2 - 80.7)	1,222,000
Gender			
Male	77.4	(74.8 - 80.0)	1,292,000
Female	82.0	(79.5 - 84.5)	1,304,000
Race/Ethnicity			
White	82.6	(80.4 - 84.9)	1,114,000
Latino	77.6	(74.3 - 80.9)	861,000
African American	78.1	(70.5 - 85.8)	229,000
American Indian/Alaska Native	–	–	–
Asian	77.7	(71.6 - 83.8)	259,000
Federal Poverty Level (FPL)			
0-99% FPL	74.4	(69.3 - 79.4)	487,000
100-199% FPL	79.5	(75.5 - 83.4)	576,000
200-299% FPL	77.2	(72.5 - 81.8)	366,000
≥ 300% FPL	83.0	(80.6 - 85.3)	1,166,000
Insurance Status			
Insured	79.7	(77.9 - 81.6)	2,355,000
Uninsured	78.5	(71.7 - 85.4)	240,000
Total	79.6	(77.8 - 81.4)	2,595,000

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

Physical Fights Past 12 Months, Adolescents Ages 12-17 (Table 49).

Approximately 637,000 California adolescents reported being in a physical fight during the past 12 months (19.5%). Healthy People 2010 Objective 15-38 sets a standard that no more than 32% of adolescents in grades 9-12 will engage in physical fighting in the past 12 months. With two exceptions, all demographic groups reported engaging in physical fighting at prevalence levels lower than the objective. Over one in four African-American (29.2%) and American Indian/Alaska Native adolescents (29.5%) reported physical fighting in the past 12 months. Although the point estimates meet the objective, the confidence intervals indicate that the Healthy People objective was not met for these two groups. A significantly lower percentage of Asian youth reported physical fighting compared to all other racial/ethnic groups. African Americans were significantly more likely to be involved in physical fights during the past 12 months compared to White (17.3%) or Asian (6.2%) youth. Males reported physical fighting (26.3%) at twice the rate of females (12.4%), a statistically significant difference. A smaller percentage of adolescents in households at or above 300% FPL (15.6%) reported being in a physical fight compared to those in households at 200-299% FPL (23.5%) or 0-99% FPL (24.2%).

Significant changes from 2001 to 2003. None.

Table 49.
Physical Fights Past 12 Months,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	18.3*	(15.8 - 20.7)	309,000
15-17	20.9*	(18.2 - 23.7)	328,000
Gender			
Male	26.3*	(23.5 - 29.1)	439,000
Female	12.4*	(10.1 - 14.8)	198,000
Race/Ethnicity			
White	17.3*	(14.9 - 19.7)	233,000
Latino	23.1*	(19.6 - 26.6)	257,000
African American	29.2	(20.8 - 37.7)	86,000
American Indian/Alaska Native	29.5	(12.1 - 46.8)	19,000
Asian	6.2*	(3.1 - 9.2)	21,000
Federal Poverty Level (FPL)			
0-99% FPL	24.2*	(19.3 - 29.1)	158,000
100-199% FPL	20.5*	(16.3 - 24.7)	148,000
200-299% FPL	23.5*	(18.5 - 28.5)	112,000
≥ 300% FPL	15.6*	(13.2 - 18.0)	219,000
Insurance Status			
Insured	19.1*	(17.2 - 21.0)	565,000
Uninsured	23.6*	(16.3 - 31.0)	72,000
Total	19.5*	(17.7 - 21.4)	637,000

* Meets the Healthy People 2010 Objective

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.

SEXUALITY, SEXUALLY TRANSMITTED DISEASE AND PREGNANCY PREVENTION

Ever Had Sexual Intercourse, Adolescents Ages 15-17 (Table 50).

Healthy People 2010 Objective 9-9 states that at least 75% of adolescents ages 15-17 will have never engaged in sexual intercourse. This report presents data on the inverse; i.e., not more than 25% of teens in that age group will have engaged in sexual intercourse. Almost 30% of 15-17 year olds in California (29.2%) reported having had sexual intercourse, which is significantly higher than the Healthy People objective of not more than 25%. Asians (12.6%) were less likely than Whites (28.3%) or Latinos (32.3%) to report having had sexual intercourse, and Asians were also the only group that met the Healthy People objective. There were no differences between females and males, and no differences among income categories.

Significant changes from 2001 to 2003. None.

Table 50.
Ever Had Sexual Intercourse,
Adolescents Ages 15-17

Population Group	Percent of Group	95% CI	Population Estimate
Gender			
Male	30.3	(26.1 - 34.6)	241,000
Female	28.0	(23.8 - 32.2)	208,000
Race/Ethnicity			
White	28.3	(24.5 - 32.1)	188,000
Latino	32.3	(26.8 - 37.9)	169,000
African American	30.4	(17.3 - 43.5)	41,000
American Indian/Alaska Native	–	–	–
Asian	12.6*	(5.4 - 19.9)	18,000
Federal Poverty Level (FPL)			
0-99% FPL	33.4	(24.7 - 42.1)	96,000
100-199% FPL	33.4	(26.5 - 40.3)	109,000
200-299% FPL	32.6	(25.1 - 40.2)	76,000
≥ 300% FPL	24.3	(20.5 - 28.1)	167,000
Insurance Status			
Insured	28.6	(25.4 - 31.7)	393,000
Uninsured	34.5	(24.6 - 44.4)	55,000
Total	29.2	(26.2 - 32.2)	448,000

*Meets the Healthy People 2010 Objective

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.

Did Not Have Sexual Intercourse Until Age 15 or Older, Adolescents Ages 15-17 (Table 51).

Healthy People 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%. Overall, teens ages 15-17 met this objective, with 90.8% reporting they had never had sexual intercourse, or had waited until at least age 15 to become sexually active. Among demographic groups, females (93.5%) met the objective but males (88.2%) did not (the lower limit of the males' confidence interval was less than 88%). White teens (94%) met the Healthy People objective and were more likely than Latino teens (88.1%) to have delayed or not had sexual intercourse before age 15. In terms of income differences, adolescents in households at or above 200% FPL met the objective, and those in households below 200% FPL did not. Adolescents with health insurance met the HP objective, while those without insurance did not, although the sample size of uninsured teens is small.

Significant changes from 2001 to 2003. None.

Table 51.
Did Not Have Sexual Intercourse Until Age 15 or Older, Adolescents Ages 15-17

Population Group	Percent of Group	95% CI	Population Estimate
Gender			
Male	88.2	(85.1 - 91.4)	699,000
Female	93.5*	(91.1 - 95.8)	695,000
Race/Ethnicity			
White	94.0*	(92.3 - 95.7)	626,000
Latino	88.1	(84.2 - 92.0)	460,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	84.2	(77.1 - 91.3)	243,000
100-199% FPL	88.3	(84.1 - 92.6)	288,000
200-299% FPL	91.9*	(88.2 - 95.7)	214,000
≥ 300% FPL	94.3*	(92.0 - 96.5)	649,000
Insurance Status			
Insured	91.5*	(89.5 - 93.5)	1,259,000
Uninsured	84.2	(75.9 - 92.5)	135,000
Total	90.8*	(88.8 - 92.8)	1,394,000

* Meets the Healthy People 2010 Objective

HP 2010 Objective 9-9: At least 88% of adolescents will have never engaged in sexual intercourse before age 15.

Condom Use During Most Recent Intercourse, Sexually Active Males Ages 15-17 (Table 52).

Healthy People 2010 Objective 9-10 is that at least 79% of sexually active adolescent males will have used a condom during the most recent intercourse. In CHIS 2003, 83.8% of sexually active males ages 15-17 reported using a condom the last time they had intercourse. The lower limit of the confidence interval for this estimate is 78.4%, which is very close to the Healthy People objective of 79%. Due to unstable estimates, demographic comparisons were not reliable.

Significant changes from 2001 to 2003. None.

Table 52.
Condom Use During Most Recent Intercourse, Sexually Active Males Ages 15-17

Population Group	Percent of Group	95% CI	Population Estimate
Race/Ethnicity			
White	78.5	(69.5 - 87.5)	72,000
Latino	83.2	(74.0 - 92.4)	84,000
African American	–	–	–
American Indian/Alaska Native	100*	(100.0-100.0)	8,000
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	–	–	–
100-199% FPL	–	–	–
200-299% FPL	–	–	–
≥ 300% FPL	86.8*	(79.2 - 94.4)	71,000
Insurance Status			
Insured	83.1	(77.1 - 89.0)	172,000
Uninsured	–	–	–
Total	83.8	(78.4 - 89.3)	202,000

*Meets the Healthy People 2010 Objective

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 (Table 53).

Sixty-nine percent of female adolescents ages 15-17 (69.1%) reported using a condom the last time they had intercourse. This proportion is significantly higher than the minimum proportion of 49% established by Healthy People Objective 9-10. White females, those in households at or above 300% FPL, and those with health insurance met the objective with certainty, but due to unstable estimates, demographic comparisons were not reliable.

Significant Changes from 2001 to 2003. None.

Table 53.
Condom Use During Most Recent Intercourse, Sexually Active Females Ages 15-17

Population Group	Percent of Group	95% CI	Population Estimate
Race/Ethnicity			
White	70.1*	(59.7 - 80.5)	68,000
Latino	63.6	(47.5 - 79.7)	43,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	56.5	(30.7 - 82.2)	21,000
100-199% FPL	57.5	(37.9 - 77.2)	30,000
200-299% FPL	–	–	–
≥ 300% FPL	78.4*	(69.5 - 87.3)	67,000
Insurance Status			
Insured	70.5*	(61.5 - 79.5)	131,000
Uninsured	–	–	–
Total	69.1*	(60.6 - 77.6)	144,000

* Meets the Healthy People 2010 Objective

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

Emergency Contraception Awareness, Adolescent Females Ages 14-17 (Table 54).

CHIS 2003 included a new series of questions about awareness of emergency contraception (EC) knowledge of California law regarding EC and utilization of EC. With the exception of teens whose parent or guardian did not allow interviewers to ask about sexual behavior, all female adolescents ages 14-17 were asked if they had heard of EC, also known as the "morning after pill." Over half (58.3%) had heard of EC. White females were significantly more likely to say they had heard of EC (68.8%) than Latinas (48.5%), African Americans (46.4%), or Asians (45.4%). Female adolescents living in households below 200% FPL were significantly less likely than those in households at or above 300% FPL to have heard of EC.

Table 54.
Emergency Contraception Awareness,
Adolescent Females Ages 14-17

Population Group	Percent of Group	95% CI	Population Estimate
Race/Ethnicity			
White	68.8	(63.7 - 73.9)	324,000
Latino	48.5	(41.0 - 56.1)	162,000
African American	46.4	(31.1 - 61.6)	40,000
American Indian/Alaska Native	–	–	–
Asian	45.4	(31.2 - 59.6)	44,000
Federal Poverty Level (FPL)			
0-99% FPL	39.7	(29.5 - 49.9)	83,000
100-199% FPL	50.5	(41.1 - 59.9)	113,000
200-299% FPL	68.9	(59.7 - 78.1)	97,000
≥ 300% FPL	67.3	(62.1 - 72.5)	313,000
Insurance Status			
Insured	58.8	(54.6 - 63.0)	553,000
Uninsured	53.9	(40.0 - 67.9)	52,000
Total	58.3	(54.3 - 62.3)	605,000

Knowledge of Emergency Contraception Over-the-Counter Law, Adolescent Females Ages 14-17 (Table 55).

California is one of a small number of states that permits pharmacists to dispense emergency contraception without a doctor's prescription. Females ages 14-17 were asked if female teens in California can get EC from a pharmacist without first phoning or visiting a doctor. Almost a quarter (22.6%) was aware that pharmacists dispense EC without a prescription in California. White female teens were almost twice as likely as Latina teens to know about the law (28.1% vs. 14.9%).

Table 55.
Knowledge of Emergency Contraception Over-the-Counter Law, Adolescent Females Ages 14-17

Population Group	Percent of Group	95% CI	Population Estimate
Race/Ethnicity			
White	28.1	(23.6 - 32.7)	132,000
Latino	14.9	(10.1 - 19.7)	50,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	20.3	(9.4 - 31.2)	19,000
Federal Poverty Level (FPL)			
0-99% FPL	15.0	(6.8 - 23.3)	31,000
100-199% FPL	17.0	(10.3 - 23.6)	38,000
200-299% FPL	28.5	(19.3 - 37.6)	40,000
≥ 300% FPL	27.0	(22.6 - 31.5)	126,000
Insurance Status			
Insured	22.8	(19.4 - 26.1)	214,000
Uninsured	21.6	(9.6 - 33.6)	21,000
Total	22.6	(19.5 - 25.8)	235,000

Emergency Contraception Use Past 12 Months, Sexually Active Female Adolescents Ages 14-17 (Table 56).

Almost 25,000 sexually active female adolescents (3.9%) reported they had used EC in the past 12 months. Due to small sample sizes, demographic comparisons were not reliable.

Table 56.
Emergency Contraception Use Past 12 Months, Sexually Active Female Adolescents Ages 14-17

Population Group	Percent of Group	95% CI	Population Estimate
Race/Ethnicity			
White	–	–	–
Latino	–	–	–
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	–	–	–
100-199% FPL	–	–	–
200-299% FPL	–	–	–
≥ 300% FPL	3.4	(1.5 - 5.2)	8,000
Insurance Status			
Insured	3.5	(1.8 - 5.3)	19,000
Uninsured	–	–	–
Total	3.9	(2.1 - 5.8)	24,000

MEDICAL AND DENTAL CARE, INSURANCE AND UTILIZATION

Usual Source of Medical Care, Adolescents Ages 12-17 (Table 57).

Healthy People 2010 set an objective that at least 97% of children age 17 and under have a "specific source of ongoing care." This objective was not met by California teens; only 77.4% reported having a usual source of medical care. Older adolescents (81.8%) and females (81.7%) were more likely than younger adolescents (73.4%) and males (73.4%) to report having a usual source of care. A higher percent of Whites (83.3%) reported having a usual source of care than Latinos (72.9%) and African Americans (70.1%). Those living in households at or above 300% FPL (83.3%) were more likely to report having a usual care source than were adolescents living between 100-199% FPL (69.5%) and below 100% FPL (72.8%). Insured adolescents (78.5%) were significantly more likely than uninsured adolescents (67.5%) to report having a usual source of medical care.

Significant changes from 2001 to 2003 (Graph 13). The overall proportion of adolescents reporting a usual source of medical care decreased by 9.3% between 2001 and 2003. This decrease is evident across all demographic groups. The proportion of adolescents ages 12-14 reporting a usual source of care was 13.3% lower in 2003 than in 2001. The proportion of male adolescents reporting a usual source of care declined by 12.1% and the proportion among females declined by 6.4% between 2001 and 2003. Among racial/ethnic groups, the percent of African-American teens reporting a usual care source decreased by 22%, and the decline among Whites was 8.4%. Adolescents from the lowest income group (0-99% FPL) showed no significant change during the two-year period. Those in households at or above 100% federal poverty level had decreases ranging from 9.1% (in households at or above 300% FPL) to 12.4% of those in the 100-199% FPL category. Eleven percent fewer insured adolescents (11.1%) reported a usual source of care in 2003 than in 2001.

Table 57.
Usual Source of Medical Care, Adolescents Ages 12-17

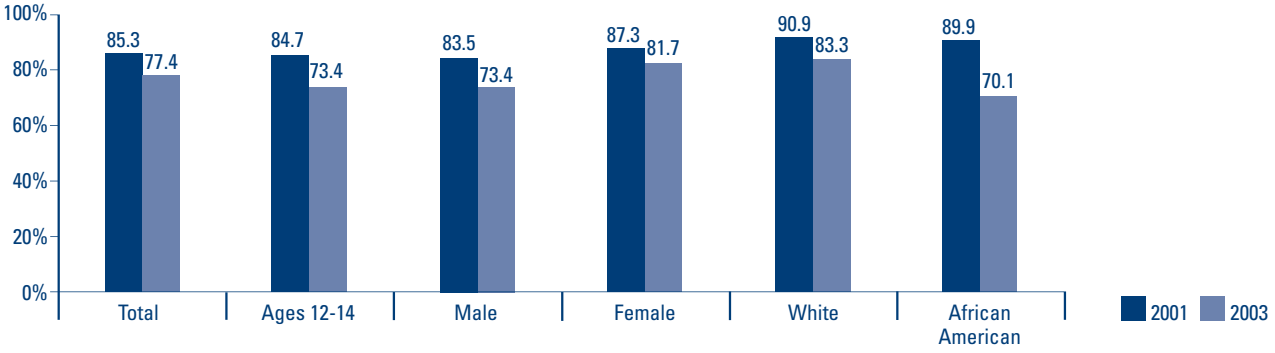
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	73.4	(70.6 - 76.2)	1,242,000
15-17	81.8	(79.2 - 84.4)	1,282,000
Gender			
Male	73.4	(70.5 - 76.2)	1,225,000
Female	81.7	(79.2 - 84.2)	1,299,000
Race/Ethnicity			
White	83.3	(80.9 - 85.6)	1,123,000
Latino	72.9	(69.4 - 76.4)	809,000
African American	70.1	(61.6 - 78.7)	206,000
American Indian/Alaska Native	–	–	–
Asian	74.6	(67.5 - 81.6)	248,000
Federal Poverty Level (FPL)			
0-99% FPL	72.8	(67.7 - 77.9)	476,000
100-199% FPL	69.5	(64.8 - 74.2)	503,000
200-299% FPL	78.6	(73.7 - 83.5)	373,000
≥ 300% FPL	83.3	(80.9 - 85.6)	1,171,000
Insurance Status			
Insured	78.5	(76.5 - 80.4)	2,318,000
Uninsured	67.5	(59.8 - 75.1)	206,000
Total	77.4	(75.5 - 79.4)	2,524,000

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

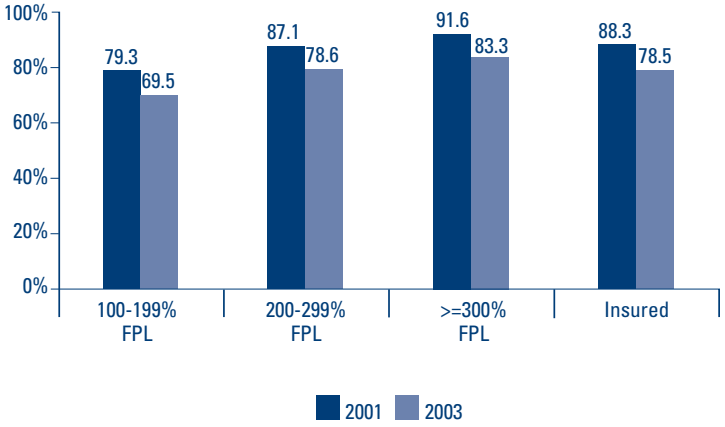
MEDICAL AND DENTAL CARE, INSURANCE AND UTILIZATION

Usual Source of Medical Care, Adolescents Ages 12-17 (continued).

Graph 13.
Significant Changes from 2001 to 2003:
Usual Source of Medical Care, Adolescents Ages 12-17



Graph 13. (continued)
Significant Changes from 2001 to 2003:
Usual Source of Medical Care, Adolescents Ages 12-17



Emergency Room Visits Past 12 Months, Adolescents Ages 12-17 (Table 58).

Nineteen percent of California's adolescents ages 12-17 reported visiting an emergency room (ER) for their own health at least once in the past year. A higher proportion of males reported an ER visit than females (21.3% vs. 16.6%, respectively). Among racial/ethnic groups, Asian adolescents (9.5%) were less likely than all other groups to report an ER visit. There were no other racial/ethnic differences. A greater proportion of adolescents with health insurance reported emergency room visits than adolescents without health insurance (19.9% vs. 10.4%, respectively).

Significant changes from 2001 to 2003. None.

Table 58.
Emergency Room Visits Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	19.0	(16.7 - 21.3)	322,000
15-17	19.0	(16.6 - 21.4)	298,000
Gender			
Male	21.3	(18.8 - 23.9)	356,000
Female	16.6	(14.4 - 18.7)	264,000
Race/Ethnicity			
White	20.9	(18.6 - 23.2)	281,000
Latino	17.2	(14.2 - 20.3)	191,000
African American	25.0	(17.7 - 32.2)	73,000
American Indian/Alaska Native	32.6	(14.9 - 50.2)	21,000
Asian	9.5	(5.4 - 13.5)	32,000
Federal Poverty Level (FPL)			
0-99% FPL	15.8	(12.0 - 19.7)	104,000
100-199% FPL	16.5	(13.1 - 19.9)	119,000
200-299% FPL	22.5	(17.8 - 27.2)	107,000
≥ 300% FPL	20.6	(18.2 - 23.1)	290,000
Insurance Status			
Insured	19.9	(18.1 - 21.7)	588,000
Uninsured	10.4	(5.6 - 15.3)	32,000
Total	19.0	(17.3 - 20.7)	620,000

Currently Uninsured, Adolescents Ages 12-17 (Table 59).

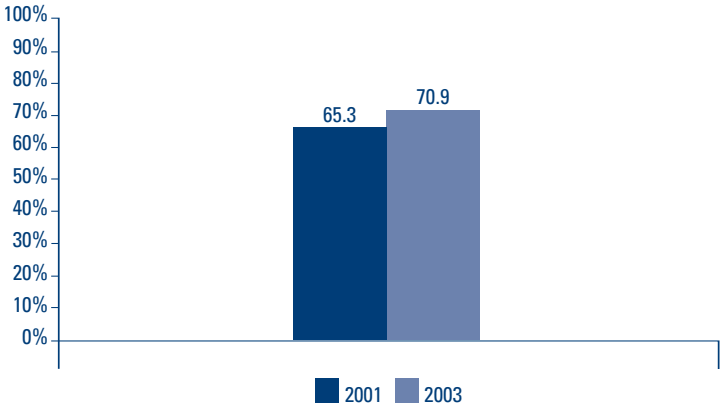
Almost one in ten adolescents in California (9.4%) were without health insurance at the time of the interview. A significantly lower percentage of Whites (3.4%) were uninsured than Latinos (15.9%) or Asians (11%). Income was inversely associated with being uninsured. Adolescents living at or above 200% FPL were significantly less likely than adolescents living below 200% FPL to be without health insurance.

Significant changes from 2001 to 2003 (Graph 14). The proportion of Latino adolescents lacking health insurance declined by 31.5% between 2001 and 2003.

Table 59.
Currently Uninsured,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	8.6	(6.5 - 10.7)	145,000
15-17	10.2	(8.2 - 12.3)	161,000
Gender			
Male	9.6	(7.6 - 11.7)	161,000
Female	9.1	(7.0 - 11.2)	145,000
Race/Ethnicity			
White	3.4	(2.4 - 4.4)	45,000
Latino	15.9	(12.8 - 19.0)	176,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	11.0	(5.1 - 17.0)	37,000
Federal Poverty Level (FPL)			
0-99% FPL	18.7	(13.9 - 23.5)	122,000
100-199% FPL	15.9	(12.1 - 19.7)	115,000
200-299% FPL	8.2	(5.2 - 11.3)	39,000
≥ 300% FPL	2.1	(1.2 - 3.0)	30,000
Total	9.4	(7.9 - 10.8)	306,000

Graph 14.
Significant Changes from 2001 to 2003:
Currently Uninsured, Latino Adolescents Ages 12-17



Visited a Dentist Past 12 Months, Adolescents Ages 12-17 (Table 60).

Healthy People 2010 sets an objective that at least 56% of persons age two years and older will have visited a dentist during the previous year. California adolescents in all demographic groups met this objective. Overall, 86.1% of 15-17 year olds reported a past-year dental visit. A smaller percentage of Latinos (79.6%) than Whites (92%) reported visiting the dentist in the previous 12 months. There were no gender or age differences. Adolescents living at or above 200% FPL were more likely than adolescents living below 200% FPL to report having visited the dentist in the past year.

Table 60.
Visited a Dentist Past 12 Months,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	86.0*	(83.7 - 88.3)	1,456,000
15-17	86.1*	(83.8 - 88.5)	1,350,000
Gender			
Male	85.5*	(83.3 - 87.8)	1,428,000
Female	86.6*	(84.3 - 89.0)	1,378,000
Race/Ethnicity			
White	92.0*	(90.3 - 93.8)	1,241,000
Latino	79.6*	(76.4 - 82.9)	884,000
African American	83.7*	(77.0 - 90.4)	246,000
American Indian/Alaska Native	–	–	–
Asian	87.9*	(82.9 - 93.0)	293,000
Federal Poverty Level (FPL)			
0-99% FPL	78.3*	(73.6 - 83.0)	512,000
100-199% FPL	76.6*	(72.2 - 81.1)	555,000
200-299% FPL	90.2*	(87.1 - 93.3)	428,000
≥ 300% FPL	93.2*	(91.5 - 94.8)	1,310,000
Total	86.1*	(84.4 - 87.7)	2,806,000

*Meets the Healthy People 2010 Objective

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

Usual Source of Dental Care, Adolescents Ages 12-17 (Table 61).

In CHIS 2003, a new question was asked about usual source of dental care. Eighty percent of California adolescents (80.4%) reported having a usual source of dental care. White teens (88.5%) were more likely than Latinos (71%) and African Americans (74.6%) to have a usual source of dental care. Teens from households below 200% FPL were less likely than teens living in households at or above the 200% FPL to report a usual source of dental care. The highest proportion of teens reporting a usual source of dental care was in households at or above 300% FPL (91.1%). Similarly, a higher proportion of teens with dental insurance (82.5%) had a usual source of dental care than teens without dental insurance (60.3%).

Table 61.
Usual Source of Dental Care,
Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	80.0	(77.4 - 82.6)	1,354,000
15-17	80.9	(78.2 - 83.6)	1,268,000
Gender			
Male	79.5	(76.9 - 82.1)	1,327,000
Female	81.5	(78.8 - 84.1)	1,296,000
Race/Ethnicity			
White	88.5	(86.5 - 90.6)	1,194,000
Latino	71.0	(67.2 - 74.8)	788,000
African American	74.6	(66.9 - 82.4)	219,000
American Indian/Alaska Native	–	–	–
Asian	85.0	(79.8 - 90.2)	283,000
Federal Poverty Level (FPL)			
00-99% FPL	69.1	(63.8 - 74.3)	452,000
100-199% FPL	68.6	(63.8 - 73.4)	497,000
200-299% FPL	82.8	(78.5 - 87.0)	393,000
≥ 300% FPL	91.1	(89.2 - 92.9)	1,280,000
Dental Insurance Status			
Insured	82.5	(80.7 - 84.4)	2,438,000
Uninsured	60.3	(52.2 - 68.3)	184,000
Total	80.4	(78.6 - 82.3)	2,622,000

Unmet Need for Dental Care Past 12 Months, Adolescents Ages 12-17 (Table 62).

CHIS 2003 included a new question about unmet need for dental care. Over a quarter of a million adolescents (7.7%) reported that their family could not afford any dental care the teen needed in the past 12 months. A greater proportion of Latino teens had an unmet dental care need than did Whites (11.3% vs. 4.3%, respectively). Adolescents living in households below 100% FPL were more than eight times as likely to have had an unmet dental need as adolescents at the highest income level (16.2% vs. 2.6%, respectively). Teens without dental insurance were more likely than teens with dental insurance to report being unable to afford needed dental care.

Table 62.
Unmet Need for Dental Care Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	7.1	(5.2 - 8.9)	119,000
15-17	8.5	(6.6 - 10.4)	133,000
Gender			
Male	6.0	(4.5 - 7.5)	100,000
Female	9.6	(7.4 - 11.7)	152,000
Race/Ethnicity			
White	4.3	(2.9 - 5.7)	58,000
Latino	11.3	(8.6 - 14.1)	126,000
African American	11.4	(5.6 - 17.2)	33,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	16.2	(12.0 - 20.5)	106,000
100-199% FPL	10.7	(7.3 - 14.0)	77,000
200-299% FPL	6.8	(4.4 - 9.3)	32,000
≥ 300% FPL	2.6	(1.5 - 3.7)	37,000
Dental Insurance Status			
Insured	6.7	(5.3 - 8.1)	174,000
Uninsured	11.8	(8.3 - 15.2)	79,000
Total	7.7	(6.4 - 9.1)	253,000

Missed School Due to a Dental Problem Past 12 Months, Adolescents Ages 12-17 (Table 63).

CHIS 2003 asked a new question about missing school because of a dental problem. Eight percent of adolescents (8.1%) reported missing school due to a dental problem at least once in the past 12 months. There were no significant age differences and no gender, race/ethnicity or income differences. Having dental insurance was also not associated with missing school due to a dental problem.

Table 63.
Missed School Due to a Dental Problem Past 12 Months, Adolescents Ages 12-17

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	8.3	(6.7 - 9.9)	140,000
15-17	8.0	(6.2 - 9.7)	125,000
Gender			
Male	8.5	(6.7 - 10.2)	142,000
Female	7.8	(6.2 - 9.4)	124,000
Race/Ethnicity			
White	8.2	(6.7 - 9.7)	111,000
Latino	8.0	(5.9 - 10.1)	89,000
African American	10.6	(5.0 - 16.1)	31,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	7.9	(4.7 - 11.0)	52,000
100-199% FPL	7.9	(5.4 - 10.5)	57,000
200-299% FPL	8.0	(5.1 - 11.0)	38,000
≥ 300% FPL	8.4	(6.8 - 10.0)	118,000
Dental Insurance Status			
Insured	8.4	(7.1 - 9.6)	247,000
Uninsured	5.8	(2.7 - 9.0)	18,000
Total	8.1	(7.0 - 9.3)	265,000

4. Child CHIS 2003

CHILD CHIS 2003 FINDINGS AND SIGNIFICANT CHANGES FROM 2001 TO 2003.

The CHIS 2003 child findings presented in this section are based on responses from the adult in the household who was most knowledgeable (MKA) about the selected child's health. In CHIS 2003, a total of 8,526 child interviews were completed. The child questionnaire included some topics that were also on the adult questionnaire. However, the smaller child sample size limits the reliability of some of the findings. The data on physician-diagnosed health conditions and limitations are based solely on the MKA's report; no independent confirmation was obtained.

HEALTH CONDITIONS AND LIMITATIONS

Lifetime Asthma Prevalence, Children Ages 1-11 (Table 64).

Overall, 13.7% of children ages 1-11 have ever been diagnosed with asthma (asthma questions were not asked about children under one year of age). Children ages 5-11 (15.9%) were significantly more likely than children under age five (9.9%) to have been diagnosed, and males (17%) were more likely than females (10.3%) to have ever been diagnosed. African Americans (21%) had a significantly higher rate of asthma diagnosis than all other racial/ethnic groups except American Indian/Alaska Natives (15.4%). There were no differences among income or insurance categories in the percentages of children who had been diagnosed with asthma.

Significant changes from 2001 to 2003. None.

Table 64. Lifetime Asthma Prevalence, Children Ages 1-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
1-4	9.9	(8.3 - 11.5)	203,000
5-11	15.9	(14.4 - 17.3)	588,000
Gender			
Male	17.0	(15.4 - 18.7)	500,000
Female	10.3	(9.0 - 11.7)	291,000
Race/Ethnicity			
White	13.9	(12.4 - 15.4)	317,000
Latino	12.7	(10.8 - 14.6)	280,000
African American	21.0	(15.9 - 26.1)	91,000
American Indian/Alaska Native	15.4	(6.5 - 24.2)	12,000
Asian	10.6	(7.7 - 13.4)	62,000
Federal Poverty Level (FPL)			
0-99% FPL	14.1	(11.6 - 16.7)	190,000
100-199% FPL	12.5	(10.3 - 14.7)	170,000
200-299% FPL	16.5	(13.4 - 19.6)	138,000
≥ 300% FPL	13.2	(11.7 - 14.7)	293,000
Insurance Status			
Insured	14.0	(12.9 - 15.1)	759,000
Uninsured	9.3	(4.6 - 13.9)	32,000
Total	13.7	(12.7 - 14.8)	791,000

Twelve-Month Asthma Attack or Episode, Children with Asthma Ages 1-11 (Table 65).

The CHIS 2003 prevalence of having an asthma attack in the past 12 months is reported in Table 65. Among children ever diagnosed with asthma, 45.7% had an asthma attack in the past 12 months. There were no differences among any of the demographic groups.

Significant changes from 2001 and 2003. The CHIS 2003 child interview asked two separate questions about asthma attacks and asthma-like symptoms, as opposed to CHIS 2001, which asked one combined question about past 12-month attacks and past 12-month symptoms. Therefore, data from CHIS 2003 are not comparable to the CHIS 2001 data.

Table 65.
Twelve-Month Asthma Attack or Episode,
Children with Asthma Ages 1-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
1-4	52.7	(44.1 - 61.4)	107,000
5-11	43.2	(38.4 - 48.0)	254,000
Gender			
Male	47.1	(41.9 - 52.4)	236,000
Female	43.1	(36.3 - 50.0)	126,000
Race/Ethnicity			
White	49.8	(44.1 - 55.6)	158,000
Latino	37.5	(29.9 - 45.0)	105,000
African American	55.8	(42.7 - 68.9)	51,000
American Indian/Alaska Native	–	–	–
Asian	45.3	(31.3 - 59.3)	28,000
Federal Poverty Level (FPL)			
0-99% FPL	38.1	(28.8 - 47.4)	72,000
100-199% FPL	42.1	(33.0 - 51.2)	72,000
200-299% FPL	45.6	(35.3 - 55.8)	63,000
≥ 300% FPL	52.7	(46.7 - 58.6)	154,000
Insurance Status			
Insured	46.7	(42.4 - 50.9)	354,000
Uninsured	–	–	–
Total	45.7	(41.5 - 49.9)	361,000

Currently Taking Asthma Medication, Children with Asthma Ages 1-11 (Table 66).

Almost 40% of children who had ever been diagnosed with asthma (38.8%) were currently taking daily prescription medication to control their asthma. Children living in households with incomes below 200% FPL were significantly more likely than those living in households at or above 300% FPL to be taking daily prescription asthma medication. There were no other demographic differences.

Table 66.
Currently Taking Asthma Medication, Children with Asthma Ages 1-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
1-4	37.4	(27.6-47.1)	51,000
5-11	38.7	(32.8-44.5)	150,000
Gender			
Male	37.1	(30.8-43.4)	314,000
Female	40.6	(32.4-48.7)	77,000
Race/Ethnicity			
White	31.3	(24.9-37.7)	71,000
Latino	47.2	(37.1-57.4)	74,000
African American	39.2	(24.6-53.8)	29,000
American Indian/Alaska Native	–	–	–
Asian	29.0	(14.2-43.8)	12,000
Federal Poverty Level (FPL)			
0-99% FPL	54.9	(42.9-66.9)	58,000
100-199% FPL	48.4	(36.5-60.4)	52,000
200-299% FPL	30.3	(18.9-41.8)	28,000
≥ 300% FPL	28.8	(22.5-35.1)	64,000
Insurance Status			
Insured	37.8	(32.7-42.8)	194,000
Uninsured	–	–	–
Total	38.8	(33.3-43.3)	201,000

Special Health Care Needs, Children Ages 0-11 (Table 67).

In 2001, CHIS gathered information about specific chronic conditions that children had. In 2003, CHIS fielded the Children with Special Health Care Needs (CSHCN) screener to identify children whose parent or guardian perceives the child to have a greater need for health and health-related services than other children of the same age. Based on the CSHCN definition, a child has "special health care needs" if he/she meets at least one of the following criteria:

a) Took medicine prescribed by a doctor, due to a medical, behavioral or other health condition expected to last 12 months or longer;

b) Had a need for more medical, mental health or educational services than is usual for children his/her age because of a medical, behavioral or other health condition that was expected to last 12 months or longer;

c) Needed special therapy, such as physical, occupational or speech therapy, due to a medical, behavioral or other health condition expected to last 12 months or longer;

d) Was limited in abilities to do things most children the same age can do, due to a medical, behavioral or other health condition expected to last 12 months or longer; or

e) Had any kind of emotional, developmental or behavioral problem expected to last 12 months or longer for which he/she needs treatment or counseling.

Overall, 15.5% of children in California met at least one CSHCN criterion. Children ages 5-11 years (18.6%) were more likely than children ages 0-4 (11.1%) to meet the CSHCN criteria, and a larger proportion of boys had special needs compared with girls (17.5% v. 13.5%, respectively). African-American children were the most likely to need extra services (24.1%), significantly more likely than all racial/ethnic groups except American Indian/Alaska Natives (17.9%). White children (17.2%) were more likely to have a special need compared with Latinos (13.6%) and Asians (9.3%), who reported the lowest level of need. The most common special need was prescription medication, followed by a need for services.

Table 67.
Special Health Care Needs,
Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	11.1	(9.6 - 12.6)	278,000
5-11	18.6	(17.1 - 20.1)	690,000
Gender			
Male	17.5	(16.0 - 19.1)	558,000
Female	13.5	(12.0 - 14.9)	410,000
Race/Ethnicity			
White	17.2	(15.7 - 18.8)	426,000
Latino	13.6	(11.8 - 15.4)	324,000
African American	24.1	(18.9 - 29.4)	113,000
American Indian/Alaska Native	17.9	(7.8 - 28.0)	15,000
Asian	9.3	(6.7 - 11.9)	59,000
Federal Poverty Level (FPL)			
0-99% FPL	14.2	(11.8 - 16.5)	203,000
100-199% FPL	16.7	(14.2 - 19.1)	246,000
200-299% FPL	16.7	(13.7 - 19.7)	150,000
≥ 300% FPL	15.3	(13.8 - 16.7)	370,000
Insurance Status			
Insured	15.8	(14.7 - 16.9)	926,000
Uninsured	11.7	(7.5 - 15.8)	43,000
Total	15.5	(14.5 - 16.6)	968,000

Lifetime Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, Children Ages 3-11; Pooled CHIS 2001 and CHIS 2003 Data (Table 68).

Using pooled data from CHIS 2001 and CHIS 2003, four percent of parents and guardians (4.1%) said their child had been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Nearly three times as many males as females had ADD/ADHD (6% vs. 2.2%, respectively), and African-American (7%) and White (5.6%) children were significantly more likely than Latinos (2.2%) and Asians (2.6%) to be diagnosed with ADD/ADHD. There were no other differences.

Table 68.
Lifetime Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, Children Ages 3 -11; Pooled CHIS 2001 and CHIS 2003 Data

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
3-4	–	–	–
5-11	4.5	(4.0 - 5.0)	166,000
Gender			
Male	6.0	(5.2 - 6.8)	130,000
Female	2.2	(1.7 - 2.7)	45,000
Race/Ethnicity			
White	5.6	(4.8 - 6.4)	96,000
Latino	2.2	(1.6 - 2.8)	35,000
African American	7.0	(4.4 - 9.6)	24,000
American Indian/Alaska Native	–	–	–
Asian	2.6	(1.4 - 3.8)	11,000
Federal Poverty Level (FPL)			
0-99% FPL	3.4	(2.4 - 4.4)	33,000
100-199% FPL	4.3	(3.2 - 5.4)	43,000
200-299% FPL	5.5	(4.1 - 6.9)	36,000
≥ 300% FPL	4.0	(3.4 - 4.6)	64,000
Insurance Status			
Insured	4.4	(3.9 - 4.9)	171,000
Uninsured	–	–	–
Total	4.1	(3.6 - 4.6)	176,000

HEALTH BEHAVIORS

Ever Breastfed, Children Ages 0-3 (Table 69).

CHIS 2003 gathered new information on children ages 0-3 who were *ever* breastfed (Table 69), the duration of time they breastfed (Table 70) and the age at which they began to eat solid foods (Table 71). A large percentage of children in California has ever received breastmilk (84.2%). However, the proportion of African-American children who were ever breastfed is significantly lower than that of any other racial/ethnic group, with only 66.9% being breastfed for any amount of time. White children had the highest rates of breastfeeding (89.1%), followed by Asians (85.2%) and Latinos (83.5%). Due to the relatively small sample size of children ages 0-3, estimates of breastfeeding among American Indian/Alaska Native children were not reliable. Children in households at or above 300% FPL (89.2%) were more likely than those in households below 100% FPL (80.4%) or 100-199% FPL (80.4%) to be breastfed.

Table 69. Ever Breastfed, Children Ages 0-3

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
Male	83.1	(80.1 - 86.1)	866,000
Female	85.5	(82.7 - 88.2)	856,000
Race/Ethnicity			
White	89.1	(86.7 - 91.6)	680,000
Latino	83.5	(80.0 - 87.0)	672,000
African American	66.9	(56.6 - 77.3)	101,000
American Indian/Alaska Native	–	–	–
Asian	85.2	(79.9 - 90.6)	188,000
Federal Poverty Level (FPL)			
0-99% FPL	80.4	(75.5 - 85.2)	389,000
100-199% FPL	80.4	(75.7 - 85.1)	401,000
200-299% FPL	83.6	(77.8 - 89.4)	221,000
≥ 300% FPL	89.2	(86.8 - 91.6)	711,000
Insurance Status			
Insured	84.1	(82.1 - 86.2)	1,644,000
Uninsured	–	–	–
Total	84.2	(82.2 - 86.3)	1,723,000

Breastfed At Least Six Months, Children Ages Six Months to Three Years (Table 70).

Healthy People 2010 Objective 16-19b states that 50% of mothers will still be breastfeeding their infants at six months post partum. Among all children ages six months to three years (including those who were never breastfed and those who were still breastfeeding), only 38.2% were still breastfeeding at six months. While no group met the Healthy People objective, 44.1% of White children were still breastfeeding at six months, a significantly greater proportion than Latino (35.8%) or African-American children, whose rate dropped to 17.9% by six months. A significantly higher proportion of Asian children (41.4%) was breastfed at least six months compared with African-American children.

In terms of income, the same differences were seen among those still breastfeeding at six months as with those ever breastfed; children from households at or above 300% FPL were more likely to be breastfed at six months and beyond than those in households under 200% FPL. Insurance status was not associated with breastfeeding rates.

Table 70.
Breastfed at Least Six Months,
Children Ages Six Months to Three Years

Population Group	Percent of Group	95% CI	Population Estimate
Male	37.0	(33.6-40.5)	386,000
Female	39.3	(35.6-43.0)	394,000
Race/Ethnicity			
White	44.1	(40.5-47.6)	336,000
Latino	35.8	(31.3-40.3)	288,000
African American	17.9	(10.9-25.0)	27,000
American Indian/Alaska Native	–	–	–
Asian	41.4	(33.8-48.9)	91,000
Federal Poverty Level (FPL)			
0-99% FPL	33.7	(27.8-39.5)	163,000
100-199% FPL	32.9	(27.4-38.4)	164,000
200-299% FPL	37.1	(30.2-44.0)	98,000
≥ 300% FPL	44.5	(41.0-48.1)	355,000
Insurance Status			
Insured	38.6	(36.1-41.2)	755,000
Uninsured	27.7	(15.0-40.5)	25,000
Total	38.2	(35.6-40.7)	780,000

HP 2010 Objective 16-19b: At least 50% of mothers will breastfeed their babies at six months post partum.

Mean Age at Initiation of Solid Foods, Children Ages 0-3 (Table 71).

CHIS 2003 included a question asking for the age of the child when solid foods were introduced. Solid foods were defined as any food other than milk, formula, juice, water, herbs or teas. The average age of solid food introduction was 5.7 months; this was consistent across all groups with no significant differences among them.

Table 71.
Mean Age at Initiation of Solid Foods, Children Ages 0-3

Population Group	Mean Age (months)	95% CI
Gender		
Male	5.6	(5.5-5.8)
Female	5.8	(5.6-6.0)
Race/Ethnicity		
White	5.6	(5.4-5.7)
Latino	5.8	(5.5-6.1)
African American	5.5	(5.0-6.0)
American Indian/Alaska Native	5.7	(4.6-6.8)
Asian	6.1	(5.7-6.5)
Federal Poverty Level (FPL)		
0-99% FPL	5.8	(5.5-6.1)
100-199% FPL	5.7	(5.5-6.1)
200-299% FPL	5.8	(5.4-6.1)
≥ 300% FPL	5.7	(5.5-5.8)
Insurance Status		
Insured	5.7	(5.6-5.8)
Uninsured	5.9	(5.3-6.5)
Total	5.7	(5.6-5.9)

Fruit Intake Previous Day (two or more servings), Children Ages 2-11 (Table 72).

Healthy People 2010 Objective 19-5 states that 75% of persons age two years and older will consume at least two daily servings of fruit. Only half of children ages 2-11 (52.6%) met the objective during the day prior to the interview. While none of the specific demographic groups met the Healthy People objective, children ages 2-4 (59.4%) were more likely than children ages 5-11 (49.8%) to have eaten two or more servings of fruit in the previous 24 hours. Only 38% of Asian children ate at least two fruit servings, a significantly lower proportion than White (53.4%), Latino (55.6%) and American Indian/Alaska Native children (68.3%). African-American children (47.5%) were less likely than American Indian/Alaska Native children to meet the two-a-day fruit intake recommendation.

Significant changes from 2001 to 2003. The CHIS 2001 measure of fruit intake was combined with vegetable intake. Thus, data are not comparable between the two years.

Table 72.
Fruit Intake Previous Day (two or more servings), Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	59.4	(56.3 - 62.5)	895,000
5-11	49.8	(47.8 - 51.7)	1,847,000
Gender			
Male	50.4	(48.0 - 52.7)	1,343,000
Female	54.8	(52.5 - 57.2)	1,399,000
Race/Ethnicity			
White	53.4	(51.1 - 55.7)	1,119,000
Latino	55.6	(52.7 - 58.5)	1,103,000
African American	47.5	(40.7 - 54.4)	191,000
American Indian/Alaska Native	68.3	(55.7 - 80.9)	45,000
Asian	38.0	(32.9 - 43.1)	195,000
Federal Poverty Level (FPL)			
0-99% FPL	51.9	(48.0 - 55.9)	616,000
100-199% FPL	54.0	(50.5 - 57.6)	673,000
200-299% FPL	52.6	(48.3 - 57.0)	401,000
≥ 300% FPL	52.0	(49.7 - 54.3)	1,052,000
Insurance Status			
Insured	52.9	(51.2 - 54.6)	2,593,000
Uninsured	46.7	(39.9 - 53.5)	149,000
Total	52.6	(50.9 - 54.2)	2,742,000

HP 2010 Objective 19-5: At least 75% of persons age two years and older will consume at least two daily servings of fruit.

Vegetable Intake Previous Day (three or more servings), Children Ages 2-11 (Table 73).

Healthy People 2010 Objective 19-6 calls for an increase to 50% in the proportion of persons age two years and older who consume at least three daily servings of vegetables. Overall, only 11.3% of children consumed at least three vegetables during the 24 hours prior to the CHIS interview. Asian children were the least likely to meet the three-a-day goal (5.9%), significantly less likely than White (12.4%) and Latino children (11.2%). There were no income or insurance status differences.

Significant changes from 2001 to 2003. The CHIS 2001 measure of vegetable intake included potatoes; in CHIS 2003 potato consumption was asked separately from other vegetable consumption.

Table 73.
Vegetable Intake Previous Day (three or more servings), Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	11.9	(10.0 - 13.8)	180,000
5-11	11.0	(9.8 - 12.2)	408,000
Gender			
Male	10.6	(9.2 - 11.9)	282,000
Female	12.0	(10.5 - 13.5)	306,000
Race/Ethnicity			
White	12.4	(10.9 - 13.9)	260,000
Latino	11.2	(9.5 - 13.0)	223,000
African American	11.5	(7.2 - 15.8)	46,000
American Indian/Alaska Native	–	–	–
Asian	5.9	(3.7 - 8.0)	30,000
Federal Poverty Level (FPL)			
0-99% FPL	11.5	(9.1 - 13.8)	136,000
100-199% FPL	11.3	(9.2 - 13.5)	141,000
200-299% FPL	11.3	(8.5 - 14.1)	86,000
≥ 300% FPL	11.1	(9.7 - 12.5)	225,000
Insurance Status			
Insured	11.1	(10.0 - 12.1)	542,000
Uninsured	14.6	(9.8 - 19.4)	46,000
Total	11.3	(10.3 - 12.3)	588,000

HP 2010 Objective 19-6: At least 50% of persons age two years and older will consume three or more daily servings of vegetables.

Sugar Consumption Previous Day (two or more servings), Children Ages 2-11 (Table 74).

In CHIS 2003, a new question measured children's intake of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles. Table 74 shows the distribution of children who ate two or more servings of sweets. Overall, 27.6% ate two or more servings of high-sugar foods in the previous day. There were no differences between younger (2-4 years) and older (5-11 years) children, or between girls and boys. White children (31.3%) were significantly more likely than Asian (23.2%) or Latino (25.1%) children to eat two or more servings of high-sugar foods per day. There was not a linear relationship between income and consumption of two or more servings of sugar-rich foods.

Table 74.
Sugar Consumption Previous Day (two or more servings), Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	25.6	(22.9 - 28.2)	385,000
5-11	28.4	(26.6 - 30.1)	1,052,000
Gender			
Male	27.4	25.4 - 29.5)	732,000
Female	27.7	(25.6 - 29.7)	706,000
Race/Ethnicity			
White	31.3	(29.2 - 33.4)	656,000
Latino	25.1	(22.6 - 27.6)	497,000
African American	26.8	(20.7 - 33.0)	108,000
American Indian/Alaska Native	22.8	(12.4 - 33.3)	15,000
Asian	23.2	(18.7 - 27.7)	119,000
Federal Poverty Level (FPL)			
0-99% FPL	27.3	(23.8 - 30.9)	324,000
100-199% FPL	24.4	(21.5 - 27.3)	304,000
200-299% FPL	27.5	(23.5 - 31.5)	210,000
≥ 300% FPL	29.6	(27.5 - 31.7)	599,000
Insurance Status			
Insured	27.6	(26.1 - 29.1)	1,351,000
Uninsured	27.0	(21.1 - 32.9)	86,000
Total	27.6	(26.1 - 29.0)	1,437,000

Soda and Other Sweetened Drink Consumption Previous Day (two or more servings), Children Ages 2-11 (Table 75).

In CHIS 2003, a new question was asked about the number of glasses of soda or other sweetened drinks the child drank in the 24 hours prior to the survey. Overall, over one and a half million children ages 2-11 (20.1%) drank two or more sodas or sweetened drinks in the 24 hours prior to the interview. Children's soda consumption varied significantly by age, race/ethnicity and income, but did not differ by gender. A higher proportion of children ages 5-11 (22.1%) consumed two or more sodas the previous day compared with children ages 2-4 (15.2%). White children (14.4%) were significantly less likely than other racial/ethnic groups, except Asians (18.9%), to drink two or more sodas per day. A smaller percentage of children in households at or above 300% FPL consumed two or more sodas the previous day (16.2%) compared with those at 100-199% FPL (21.6%) and those below 100% FPL (25.4%).

Table 75.
Soda and Other Sweetened Drink Consumption Previous Day (two or more servings), Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	15.2	(13.0 - 17.5)	230,000
5-11	22.1	(20.5 - 23.7)	820,000
Gender			
Male	21.7	(19.7 - 23.6)	578,000
Female	18.5	(16.7 - 20.3)	472,000
Race/Ethnicity			
White	14.4	(12.8 - 16.1)	302,000
Latino	24.6	(22.1 - 27.0)	487,000
African American	25.0	(19.1 - 30.8)	100,000
American Indian/Alaska Native	30.5	(16.6 - 44.4)	20,000
Asian	18.9	(14.4 - 23.4)	97,000
Federal Poverty Level (FPL)			
0-99% FPL	25.4	(22.0 - 28.8)	301,000
100-199% FPL	21.6	(18.8 - 24.4)	269,000
200-299% FPL	20.0	(16.5 - 23.4)	152,000
≥ 300% FPL	16.2	(14.4 - 18.0)	328,000
Insurance Status			
Insured	19.8	(18.5 - 21.2)	972,000
Uninsured	24.4	(18.7 - 30.1)	78,000
Total	20.1	(18.8 - 21.5)	1,050,000

Fast Food Consumption Previous Day (two or more servings), Children Ages 2-11 (Table 76).

In CHIS 2003, a new question was asked about the number of times children had eaten fast food the day before the interview. Overall, 4.2% of children had eaten fast food two or more times the previous day. A greater proportion of Latino children (6.6%) ate fast food twice or more during the previous day compared with Asian (3.1%) and White (2.3%) children, who had the lowest levels of consuming fast food two or more times the day before the interview. Children in households below 200% FPL were significantly more likely to have eaten fast food the previous day compared with those in households at or above 200% FPL (67.8%).

Table 76.
Fast Food Consumption Previous Day (two or more servings), Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	3.2	(1.9 - 4.5)	48,000
5-11	4.7	(3.8 - 5.5)	173,000
Gender			
Male	3.8	(2.8 - 4.8)	100,000
Female	4.7	(3.7 - 5.8)	121,000
Race/Ethnicity			
White	2.3	(1.6 - 3.0)	48,000
Latino	6.6	(5.0 - 8.1)	130,000
African American	5.3	(2.6 - 8.1)	21,000
American Indian/Alaska Native	–	–	–
Asian	3.1	(1.6 - 4.7)	16,000
Federal Poverty Level (FPL)			
0-99% FPL	7.5	(5.3 - 9.8)	89,000
100-199% FPL	5.6	(4.1 - 7.2)	70,000
200-299% FPL	2.6	(1.3 - 4.0)	20,000
≥ 300% FPL	2.1	(1.5 - 2.7)	42,000
Insurance Status			
Insured	4.1	(3.4 - 4.8)	201,000
Uninsured	6.3	(2.9 - 9.8)	20,000
Total	4.2	(3.5 - 5.0)	221,000

Days of Vigorous Physical Activity Past Week, Children Ages 5-11 (Table 77).

In CHIS 2003, the most knowledgeable adult was asked to estimate the number of days in the past week the selected child played actively enough to make him or her breathe hard or make his or her heart beat fast. Boys participated in vigorous physical activity more often than girls, averaging 4.3 versus 3.9 days in the previous week, respectively. The mean number of days children engaged in vigorous physical activity was significantly higher among White children (5 days) than among African-American (4.3 days), Latino (3.4 days), and Asian (2.9 days) children. American Indian/Alaska Native children had a higher number of active days than Latino or Asian children (5.1).

The higher the income level, the more likely the child was to participate in vigorous physical activity. Those at or above 300% FPL exercised an average of 4.7 days in the week prior to the interview, compared with 3.4 days among those below 100% FPL. Children with health insurance participated in vigorous exercise more often than did uninsured children (4.2 vs. 3.6 days, respectively).

Table 77.
Days of Vigorous Physical Activity Past Week, Children Ages 5-11

Population Group	Mean Number of Days	95% CI
Gender		
Male	4.3	(4.2 - 4.5)
Female	3.9	(3.8 - 4.0)
Race/Ethnicity		
White	5.0	(4.9 - 5.1)
Latino	3.4	(3.2 - 3.6)
African American	4.3	(3.8 - 4.7)
American Indian/Alaska Native	5.1	(4.5 - 5.6)
Asian	2.9	(2.6 - 3.3)
Federal Poverty Level (FPL)		
0-99% FPL	3.4	(3.1 - 3.6)
100-199% FPL	3.8	(3.5 - 4.0)
200-299% FPL	4.3	(4.1 - 4.6)
≥ 300% FPL	4.7	(4.6 - 4.8)
Insurance Status		
Insured	4.2	(4.1 - 4.3)
Uninsured	3.6	(3.2 - 3.9)
Total	4.1	(4.0 - 4.2)

Safety Measures for Infants, Children Ages 0-3 (Table 78).

In CHIS 2003, new questions were asked of the most knowledgeable adult reporting on children ages 0-3 about use of the following five safety features:

- The use of baby gates for stairs or doors, window guards or other barriers
- The use of cabinet locks or safety latches
- Padding around sharp edges such as coffee tables or fireplaces
- Electrical outlet covers
- Turning down the temperature of the hot water heater

Table 78 shows the percent of households where all five of the above measures were implemented. Overall, only 17.8% of households implemented all five child safety measures. A significantly higher proportion of White households (21.7%) had all five safety measures in place compared with Latino homes (14.3%). Households at or above 300% FPL (22%) were more likely to implement all five safety precautions than were households below 100% FPL (12.6%). The estimate for children without insurance was not stable.

Table 78. Safety Measures for Infants, Children Ages 0-3

Population Group	Percent of Group	95% CI	Population Estimate
Gender			
Male	18.5	(15.7 - 21.4)	193,000
Female	17.1	(14.4 - 19.7)	171,000
Race/Ethnicity			
White	21.7	(18.7 - 24.7)	166,000
Latino	14.3	(11.1 - 17.5)	115,000
African American	23.0	(14.1 - 31.9)	35,000
American Indian/Alaska Native	–	–	–
Asian	15.8	(10.5 - 21.0)	–
Federal Poverty Level (FPL)			
0-99% FPL	12.6	(8.6 - 16.6)	61,000
100-199% FPL	16.9	(12.8 - 21.0)	84,000
200-299% FPL	16.3	(11.2 - 21.3)	43,000
≥ 300% FPL	22.0	(19.0 - 25.1)	176,000
Insurance Status			
Insured	18.2	(16.1 - 20.2)	355,000
Uninsured	–	–	–
Total	17.8	(15.9 - 19.8)	364,000

Note: The data presented in this table includes households that implemented all five of the following safety features:

1. Baby gates for stairs or doors, window guards or other barriers
2. Cabinet locks or safety latches
3. Padding around sharp edges in the home
4. Electrical outlet covers
5. Lowering the hot water temperature

MEDICAL AND DENTAL CARE, INSURANCE AND UTILIZATION

Usual Source of Medical Care, Children Ages 0-11 (Table 79).

Healthy People 2010 Objective 1-4b states that at least 97% of the nation's youth age 17 and under will have a usual source of ongoing medical care. The objective was almost met for children ages 0-11, with 96.9% of most knowledgeable adults reporting their child had a usual place to go when sick, or in need of advice or medical care. (At 96.3%, the lower limit of the confidence interval is just under 97%.) The objective was met for children ages 0-4, White children, and those living in households at or above 300% of the federal poverty level. A higher percentage of children with health insurance had a usual source of care than did uninsured children (97.8% vs. 81.8%, respectively).

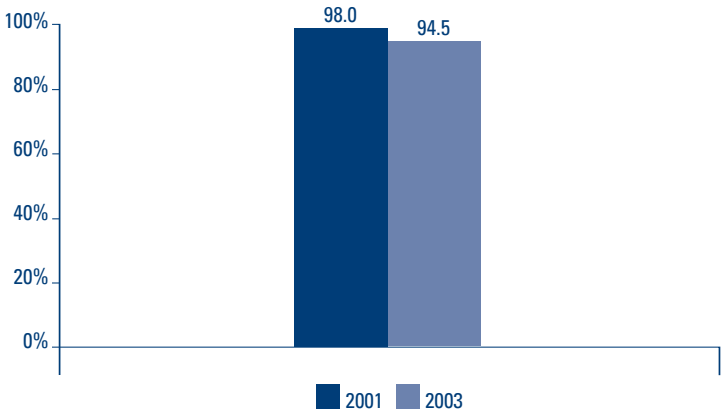
Significant changes from 2001 to 2003 (Graph 15). The percent of Asian children who had a usual source of care declined by 3.6% between 2001 and 2003.

Table 79.
Usual Source of Medical Care,
Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	97.9*	(97.2 - 98.6)	2,465,000
5-11	96.1	(95.4 - 96.9)	3,567,000
Gender			
Male	97.0	(96.4 - 97.7)	3,089,000
Female	96.6	(95.8 - 97.5)	2,944,000
Race/Ethnicity			
White	98.3*	(97.7 - 98.9)	2,432,000
Latino	95.8	(94.8 - 96.8)	2,284,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	94.5	(92.4 - 96.6)	597,000
Federal Poverty Level (FPL)			
0-99% FPL	95.6	(94.3 - 97.0)	1,367,000
100-199% FPL	94.3	(92.8 - 95.8)	1,392,000
200-299% FPL	97.2	(95.9 - 98.6)	876,000
≥ 300% FPL	99.0*	(98.6 - 99.4)	2,396,000
Insurance Status			
Insured	97.8	(97.3 - 98.2)	5,733,000
Uninsured	81.8	(76.7 - 87.0)	300,000
Total	96.9	(96.3 - 97.4)	6,033,000

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

Graph 15.
Significant Changes from 2001 to 2003:
Usual Source of Medical Care, Asian Children Ages 0-11



Visited a Doctor Past 12 Months, Children Ages 0-11 (Table 80).

Over 90% of children (91.1%) had visited a doctor in the 12 months prior to the survey. Children ages 0-4 were significantly more likely than children ages 5-11 to have visited a doctor (97% vs. 87%). Asian children (87.4%) were significantly less likely to have had a doctor's visit in the past 12 months compared to White (92.4%) and African-American (93.9%) children. A significantly higher percentage of insured children (91.8%) than uninsured children (78.9%) saw a doctor in the past 12 months. There were no other significant differences.

Significant changes from 2001 to 2003. None.

Table 80.
Visited a Doctor Past 12 Months,
Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	97.0	(96.2 - 97.8)	2,443,000
5-11	87.0	(85.7 - 88.4)	3,230,000
Gender			
Male	91.2	(90.0 - 92.5)	2,904,000
Female	90.9	(89.6 - 92.2)	2,769,000
Race/Ethnicity			
White	92.4	(91.2 - 93.5)	2,285,000
Latino	89.7	(88.0 - 91.3)	2,137,000
African American	93.9	(91.0 - 96.8)	440,000
American Indian/Alaska Native	–	–	–
Asian	87.4	(84.0 - 90.8)	552,000
Federal Poverty Level (FPL)			
0-99% FPL	90.0	(87.8 - 92.3)	1,288,000
100-199% FPL	89.6	(87.6 - 91.6)	1,323,000
200-299% FPL	89.9	(87.6 - 92.3)	811,000
≥ 300% FPL	93.0	(91.9 - 94.1)	2,252,000
Insurance Status			
Insured	91.8	(91.0 - 92.7)	5,384,000
Uninsured	78.9	(73.6 - 84.3)	289,000
Total	91.1	(90.2 - 92.0)	5,673,000

Emergency Room Visits Past 12 Months, Children Ages 0-11 (Table 81).

Almost one in five children (19.7%) had visited an emergency room (ER) in the past 12 months. Children ages 0-4 (25.1%) and males (22%) were significantly more likely to have visited an emergency room in the past 12 months compared to children ages 5-11 (16.1%) and females (17.4%). Significantly higher percentages of African-American (31.4%) and American Indian/Alaska Native (34.6%) children visited an emergency room compared to other racial/ethnic groups, and Asians (14.4%) were less likely than all other groups, except Latinos (17.7%), to have visited an ER in the past 12 months. Children in households at or above 300% of the federal poverty level (17.4%) were less likely than those living in households below 100% FPL (22.4%) to have visited an ER in the past 12 months. A significantly lower percentage of uninsured children (13.1%) had been to the ER compared to those with insurance (20.2%).

Significant changes from 2001 to 2003. None.

Table 81.
Emergency Room Visits Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	25.1	(23.0 - 27.2)	632,000
5-11	16.1	(14.7 - 17.6)	598,000
Gender			
Male	22.0	(20.2 - 23.8)	700,000
Female	17.4	(15.8 - 19.0)	530,000
Race/Ethnicity			
White	20.1	(18.4 - 21.9)	498,000
Latino	17.7	(15.7 - 19.7)	422,000
African American	31.4	(25.5 - 37.3)	147,000
American Indian/Alaska Native	34.6	(22.1 - 47.1)	28,000
Asian	14.4	(11.1 - 17.7)	91,000
Federal Poverty Level (FPL)			
0-99% FPL	22.4	(19.5 - 25.3)	321,000
100-199% FPL	19.7	(17.1 - 22.2)	290,000
200-299% FPL	21.9	(18.4 - 25.3)	197,000
≥ 300% FPL	17.4	(15.8 - 19.1)	422,000
Insurance Status			
Insured	20.2	(18.9 - 21.4)	1,182,000
Uninsured	13.1	(9.0 - 17.3)	48,000
Total	19.7	(18.5 - 21.0)	1,230,000

Delayed or Did Not Get Prescription Medications Past 12 Months, Children Ages 0-11 (Table 82).

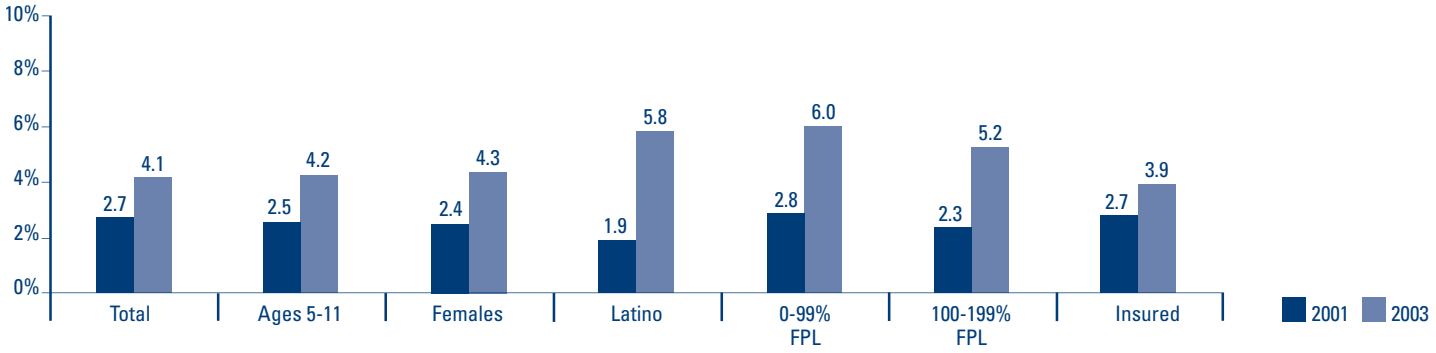
Parents were asked if they delayed or did not get a prescription a doctor ordered for the selected child in the past 12 months. Overall, 4.1% of children statewide (an estimated 257,000) were reported to delay or not get medications in the past 12 months. There were no age or gender differences, but Latinos (5.8%) were more likely than White children (3.2%) to have experienced delays or to have not received prescribed medication. (Note: The confidence interval for African Americans is very wide and the estimates for American Indian/Alaska Native and Asian children are unstable.) Children living in households at or above 300% of the federal poverty level were significantly less likely than children in households below 200% FPL. There were no other differences.

Significant changes from 2001 to 2003 (Graph 16). Overall, the percentage of children who experienced delays or did not get prescribed medications increased by 51.9% between 2001 and 2003. Among children ages 5-11, the proportion increased by 68%, and among females the increase was 79.2%. Latino children experienced a rise of 205.3%, and children in households below 100% FPL had a 114.3% increase in experiencing delays or not getting prescribed medications. The increase among children in households between 100% and 199% FPL was 126.1%, and among insured children the increase was 44.4%.

Table 82.
Delayed or Did Not Get Prescription Medications Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	4.0	(3.1 - 4.9)	100,000
5-11	4.2	(3.4 - 5.1)	157,000
Gender			
Male	3.9	(3.1 - 4.7)	124,000
Female	4.3	(3.4 - 5.3)	132,000
Race/Ethnicity			
White	3.2	(2.4 - 3.9)	78,000
Latino	5.8	(4.5 - 7.1)	138,000
African American	4.3	(1.8 - 6.9)	20,000
American Indian/Alaska Native	–	–	–
Asian	–	–	–
Federal Poverty Level (FPL)			
0-99% FPL	6.0	(4.3 - 7.7)	86,000
100-199% FPL	5.2	(3.8 - 6.6)	76,000
200-299% FPL	4.2	(2.5 - 5.8)	38,000
≥ 300% FPL	2.3	(1.7 - 3.0)	57,000
Insurance Status			
Insured	3.9	(3.3 - 4.6)	230,000
Uninsured	7.2	(4.1 - 10.3)	26,000
Total	4.1	(3.5 - 4.7)	257,000

Graph 16.
Significant Changes from 2001 to 2003:
Delayed or Did Not Get Prescription Medications Past 12 Months, Children Ages 0-11



Delayed or Did Not Get Other Needed Medical Care Past 12 Months, Children Ages 0-11 (Table 83).

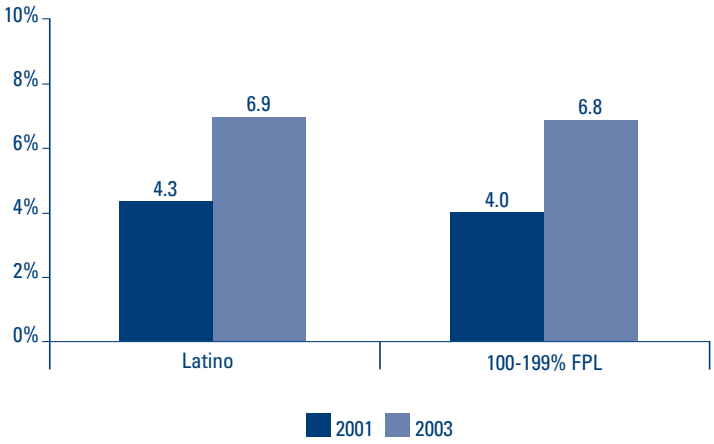
Five percent of children experienced delays or did not get other needed medical care in the 12 months prior to the survey. There were no age or gender differences. White (3.8%) and Asian (3.1%) children had significantly lower percentages than Latino children (6.9%). Estimates for the other racial/ethnic groups are either unstable or the confidence interval is very wide. Children in households at or above 300% FPL were significantly less likely than children in all other income groups to have experienced delays or to have not received needed care. The percent of insured children (4.4%) was statistically lower than the percent of uninsured children (13.8%).

Significant changes from 2001 to 2003 (Graph 17). The proportion of children in households between 100% and 199% FPL who did not get other needed medical care increased by 70%. A greater proportion of Latino children had unmet needs for medical care in 2003 compared with 2001—a 60.5% increase. There were no other significant changes.

Table 83.
Delayed or Did Not Get Other Needed Medical Care Past 12 Months, Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	4.2	(3.4 - 5.1)	107,000
5-11	5.5	(4.7 - 6.3)	203,000
Gender			
Male	5.2	(4.3 - 6.0)	165,000
Female	4.7	(3.9 - 5.6)	145,000
Race/Ethnicity			
White	3.8	(3.0 - 4.5)	93,000
Latino	6.9	(5.7 - 8.0)	163,000
African American	3.9	(1.6 - 6.2)	18,000
American Indian/Alaska Native	–	–	–
Asian	3.1	(1.7 - 4.6)	20,000
Federal Poverty Level (FPL)			
0-99% FPL	6.6	(5.1 - 8.1)	95,000
100-199% FPL	6.8	(5.3 - 8.3)	100,000
200-299% FPL	5.4	(3.7 - 7.2)	49,000
≥ 300% FPL	2.7	(2.1 - 3.3)	65,000
Insurance Status			
Insured	4.4	(3.8 - 5.0)	259,000
Uninsured	13.8	(9.7 - 17.9)	51,000
Total	5.0	(4.4 - 5.6)	309,000

Graph 17.
Significant Changes from 2001 to 2003:
Delayed or Did Not Get Other Needed Medical Care Past 12 Months, Children Ages 0-11



Currently Uninsured, Children Ages 0-11 (Table 84).

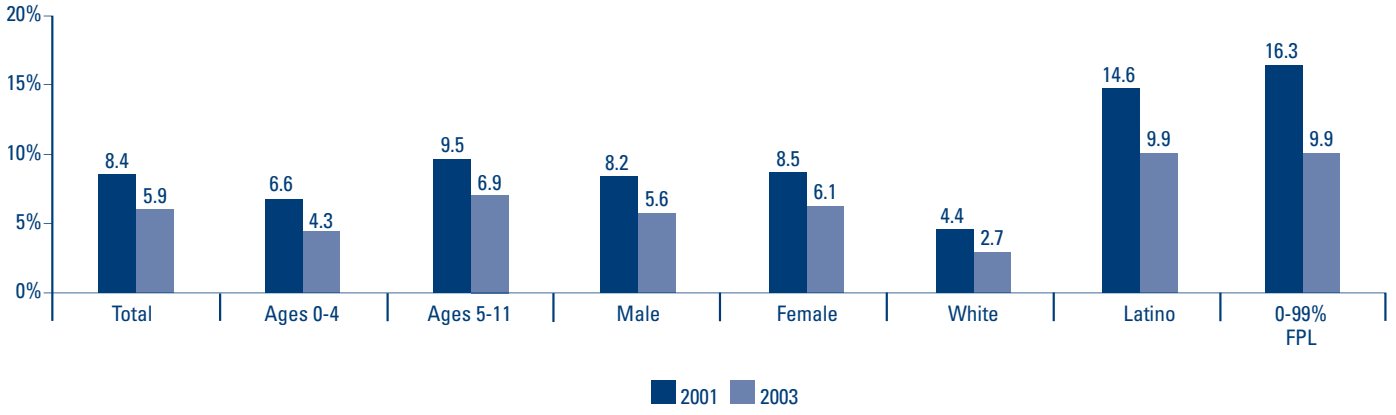
Overall, 5.9% of children were uninsured at the time of the CHIS 2003 interview. A significantly higher percentage of children ages 5-11 was uninsured (6.9%) than children ages 0-4 (4.3%). Ten percent of Latino children (9.9%) were uninsured, a rate that is significantly higher than those of White (2.7%), African-American (4.7%) and Asian (4.4%) children. Approximately 10% of children under 200% FPL were without health insurance, which is significantly higher than the proportions of children in households between 200% and 299% FPL (5.2%) and 300% or greater FPL (1.4%).

Significant changes from 2001 to 2003 (Graph 18). The percent of children who were uninsured at the time of the interview declined by 29.8% between 2001 and 2003, dropping from 8.4% to 5.9%. The biggest improvements were among those below 100% FPL (a 39.3% decrease) and Latinos (a 32.2% decrease).

Table 84.
Currently Uninsured,
Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	4.3	(3.3-5.3)	109,000
5-11	6.9	(5.9-8.0)	258,000
Gender			
Male	5.6	(4.6-6.6)	179,000
Female	6.1	(5.0-7.2)	187,000
Race/Ethnicity			
White	2.7	(2.0-3.4)	66,000
Latino	9.9	(8.3-11.5)	237,000
African American	4.7	(2.5-7.0)	22,000
American Indian/Alaska Native	–	–	–
Asian	4.4	(2.5-6.4)	28,000
Federal Poverty Level (FPL)			
0-99% FPL	9.9	(7.8-12.1)	142,000
100-199% FPL	9.8	(7.9-11.7)	145,000
200-299% FPL	5.2	(3.4-6.9)	46,000
≥ 300% FPL	1.4	(0.9-1.8)	33,000
Total	5.9	(5.1-6.6)	366,000

Graph 18.
Significant Changes from 2001 to 2003: Currently Uninsured, Children Ages 0-11



Visited a Dentist Past 12 Months, Children Ages 2-11 (Table 85).

Healthy People 2010 Objective 21-10 states that at least 56% of persons age two and older will have visited a dentist during the past year. Overall, the objective has been exceeded, with 75.4% of children having seen a dentist in the past 12 months. Children ages 5-11 (86%) were significantly more likely than children ages 2-4 (49.2%) to have visited a dentist during the past year. Latino children (70.5%) were less likely than White (79.2%) and Asian children (78.4%) to have visited a dentist in the past 12 months. A higher percent of children with dental insurance had visited a dentist compared with children who did not have dental insurance (78.6% vs. 62%). Children in households at or above 300% FPL were more likely to have visited a dentist than children in households under 200% FPL.

Significant changes from 2001 to 2003. None.

Table 85. Visited a Dentist Past 12 Months, Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	49.2	(46.1 - 52.4)	741,000
5-11	86.0*	(84.5 - 87.4)	3,189,000
Gender			
Male	75.3*	(73.3 - 77.4)	2,009,000
Female	75.4*	(73.3 - 77.5)	1,922,000
Race/Ethnicity			
White	79.2*	(77.4 - 81.1)	1,660,000
Latino	70.5*	(67.8 - 73.3)	1,399,000
African American	75.5*	(69.6 - 81.4)	303,000
American Indian/Alaska Native	64.3	(49.9 - 78.8)	42,000
Asian	78.4*	(74.0 - 82.8)	402,000
Federal Poverty Level (FPL)			
0-99% FPL	69.6*	(66.0 - 73.3)	826,000
100-199% FPL	71.2*	(67.9 - 74.5)	888,000
200-299% FPL	76.0*	(72.3 - 79.6)	580,000
≥ 300% FPL	81.0*	(79.1 - 82.9)	1,639,000
Insurance Status			
Insured	78.6*	(77.0 - 80.2)	3,298,000
Uninsured	62.0*	(58.3 - 65.6)	632,000
Total	75.4*	(73.9 - 76.8)	3,931,000

* Meets the Health People 2010 Objective

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

Dental Insurance Coverage Past 12 Months, Children Ages 2-11 (Table 86).

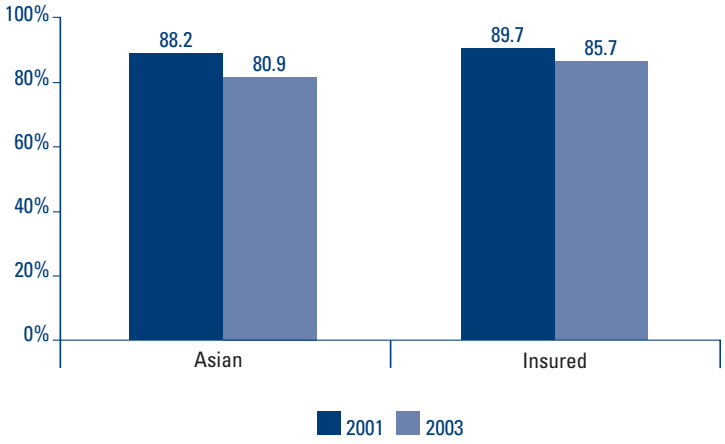
Eighty percent of children ages 2-11 (80.4%) had dental insurance at the time of the interview. Latino children (76.5%) were less likely than White (82.3%) and African-American (87.1%) children to have dental insurance, and children in households with incomes at or above 300% FPL were more likely than children in households below 100% FPL to have dental insurance. There were no other differences.

Significant changes from 2001 to 2003 (Graph 19). The percentage of Asian children with dental insurance declined by 8.3% from 2001 to 2003. The percent of children with health insurance who also had dental insurance declined by 4.5% between 2001 and 2003.

Table 86.
Dental Insurance Coverage Past 12 Months,
Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	81.8	(79.5 - 84.2)	1,233,000
5-11	79.9	(78.3 - 81.4)	2,963,000
Gender			
Male	80.4	(78.5 - 82.2)	2,143,000
Female	80.5	(78.7 - 82.3)	2,053,000
Race/Ethnicity			
White	82.3	(80.6 - 83.9)	1,724,000
Latino	76.5	(74.0 - 79.0)	1,517,000
African American	87.1	(82.5 - 91.7)	350,000
American Indian/Alaska Native	–	–	–
Asian	80.9	(77.0 - 84.8)	414,000
Federal Poverty Level (FPL)			
0-99% FPL	77.1	(73.8 - 80.4)	914,000
100-199% FPL	79.0	(76.1 - 81.8)	983,000
200-299% FPL	81.3	(78.1 - 84.6)	620,000
≥ 300% FPL	83.0	(81.3 - 84.6)	1,678,000
Insurance Status			
Insured	85.7	(84.5 - 86.8)	4,196,000
Uninsured	–	–	–
Total	80.4	(79.1 - 81.7)	4,196,000

Graph 19.
Significant Changes from 2001 to 2003:
Dental Insurance Coverage Past 12 Months,
Children Ages 2-11



Usual Source of Dental Care, Children Ages 2-11 (Table 87).

Almost three-fourths of children in California (72.2%) have a usual source of dental care. A much smaller percent of children under age five has a usual source of dental care compared with children ages 5-11(45.8% vs. 83.4%, respectively). Latino children (65.1%) were significantly less likely to have a regular dentist than White (78.4%) or Asian (73.9%) children. There were no statistical differences among the other racial/ethnic groups. Children who did not have dental insurance and those living in households with incomes below 200% of the federal poverty level were significantly less likely to have a usual source of dental care compared with children who had dental insurance and those with higher household incomes.

Table 87.
Usual Source of Dental Care,
Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	45.8	(42.8 - 48.9)	726,000
5-11	83.4	(81.8 - 85.0)	3,094,000
Gender			
Male	71.8	(69.6 - 73.9)	1,942,000
Female	72.6	(70.4 - 74.7)	1,878,000
Race/Ethnicity			
White	78.4	(76.4 - 80.3)	1,655,000
Latino	65.1	(62.2 - 67.9)	1,313,000
African American	71.8	(65.5 - 78.1)	293,000
American Indian/Alaska Native	67.6	(53.2 - 82.0)	44,000
Asian	73.9	(69.3 - 78.6)	391,000
Federal Poverty Level (FPL)			
0-99% FPL	62.3	(58.4 - 66.1)	753,000
100-199% FPL	66.1	(62.6 - 69.5)	833,000
200-299% FPL	73.9	(70.1 - 77.7)	573,000
≥ 300% FPL	81.0	(79.1 - 82.9)	1,661,000
Dental Insurance Status			
Insured	76.4	(74.8 - 78.0)	3,257,000
Uninsured	54.6	(50.9 - 58.3)	563,000
Total	72.2	(70.6 - 73.7)	3,820,000

Could Not Afford Needed Dental Care Past 12 Months, Children Ages 2-11 (Table 88).

Table 88 shows the estimates of children whose parent or guardian reported they could not afford dental care the child needed. Nine percent of children ages 2-11 (9.1%) faced financial barriers to needed dental care. Children ages 5-11 (12%) were significantly more likely than children ages 2-4 (4.3%) to have been unable to afford needed dental care. Latino children had the highest prevalence at 13.5%, and children in households with incomes at or above 300% FPL had the lowest prevalence of being unable to afford needed dental care (3.1%). Almost one-fourth of children without dental insurance (24%) needed dental care that their families could not afford, while only 5.5% of children with dental insurance faced this situation in the past 12 months.

Table 88.
Could Not Afford Needed Dental Care
Past 12 Months, Children Ages 2-11

Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	4.3	(3.1 - 5.4)	95,000
5-11	12.0	(10.6 - 13.4)	444,000
Gender			
Male	9.5	(8.1 - 10.9)	287,000
Female	8.7	(7.3 - 10.0)	252,000
Race/Ethnicity			
White	5.3	(4.2 - 6.5)	126,000
Latino	13.5	(11.6 - 15.4)	308,000
African American	9.2	(5.5 - 12.9)	41,000
American Indian/Alaska Native	–	–	–
Asian	5.9	(3.3 - 8.4)	35,000
Federal Poverty Level (FPL)			
0-99% FPL	13.9	(11.3 - 16.5)	190,000
100-199% FPL	13.2	(10.9 - 15.5)	187,000
200-299% FPL	10.6	(7.7 - 13.4)	92,000
≥ 300% FPL	3.1	(2.3 - 3.9)	71,000
Dental Insurance Status			
Insured	5.5	(4.6 - 6.4)	264,000
Uninsured	24.0	(20.8 - 27.2)	275,000
Total	9.1	(8.1 - 10.0)	539,000

Missed School Due to a Dental Problem Past 12 Months, Children Ages 5-11 (Table 89).

Parents and guardians reported that 7% of school age children missed at least one day of school because of a dental problem. A significantly higher percentage of Latino children (9.5%) missed school because of a dental problem than White (5.6%) children. (The estimates for African-American and American Indian/Alaska Native children were not stable.) Children in households at or above 300% FPL were significantly less likely than children in households under 100% FPL to miss school because of a dental problem. There was no difference between those with and without dental insurance.

Table 89.
Missed School Due to a Dental Problem Past 12 Months, Children Ages 5-11

Population Group	Percent of Group	95% CI	Population Estimate
Gender			
Male	7.8	(6.3 - 9.4)	149,000
Female	6.1	(4.8 - 7.4)	111,000
Race/Ethnicity			
White	5.6	(4.4 - 6.9)	86,000
Latino	9.5	(7.4 - 11.6)	133,000
African American	–	–	–
American Indian/Alaska Native	–	–	–
Asian	6.0	(3.0 - 9.0)	22,000
Federal Poverty Level (FPL)			
0-99% FPL	10.8	(7.9 - 13.7)	91,000
100-199% FPL	7.3	(5.3 - 9.3)	64,000
200-299% FPL	7.4	(4.6 - 10.1)	42,000
≥ 300% FPL	4.4	(3.2 - 5.6)	63,000
Dental Insurance Status			
Insured	6.8	(5.7 - 8.0)	203,000
Uninsured	7.6	(5.4 - 9.8)	57,000
Total	7.0	(6.0 - 8.0)	260,000

Distribution of Time Spent in Childcare per Week, Children Ages 0-11 (Table 90).

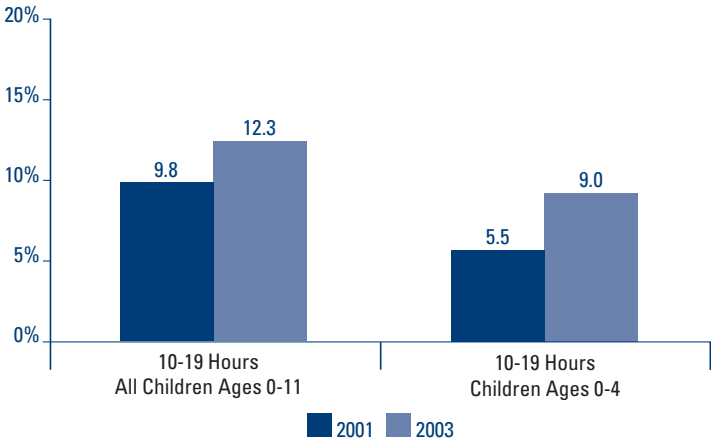
Table 90 shows the average number of hours children spent in childcare each week. Overall, most children spent 0-9 hours in childcare (69.2%), while 2.1% spent 50 or more hours a week in childcare. Among children ages 0-4, 59.6% spent less than 10 hours a week in childcare, and 12.7% spent 40-49 hours per week (12.7%). Among children ages 5-11, 75.8% spent less than 10 hours per week in childcare and 14.5% spent 10-19 hours.

Significant changes from 2001 to 2003 (Graph 20). The percentage of children who spent 10-19 hours per week in childcare increased by 25.5% between 2001 and 2003. Most of this increase was among children ages 0-4, whose increase was 63.6%.

Table 90.
Distribution of Time Spent in Childcare per Week, Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Children Ages 0-11			
0-9 hours	69.2	(67.8-70.6)	4,235,000
10-19 hours	12.3	(11.3-13.3)	753,000
20-29 hours	5.7	(5.0-6.3)	347,000
30-39 hours	4.3	(3.7-4.9)	265,000
40-49 hours	6.3	(5.6-7.1)	388,000
50 + hours	2.1	(1.7-2.6)	131,000
Children Ages 0-4			
0-9 hours	59.6	(57.3-62.0)	1,482,000
10-19 hours	9.0	(7.7-10.4)	224,000
20-29 hours	7.0	(5.9-8.1)	174,000
30-39 hours	8.0	(6.8-9.2)	198,000
40-49 hours	12.7	(11.1-14.4)	317,000
50 + hours	3.6	(2.7-4.5)	90,000
Children Ages 5-11			
0-9 hours	75.8	(74.0-77.5)	2,753,000
10-19 hours	14.5	(13.2-15.9)	528,000
20-29 hours	4.8	(3.9-5.6)	173,000
30-39 hours	1.9	(1.3-2.5)	67,000
40-49 hours	2.0	(1.3-2.6)	72,000
50 + hours	1.1	(0.7-1.6)	41,000

Graph 20.
Significant Changes from 2001 to 2003:
Distribution of Time Spent in Childcare per Week, Children Ages 0-11



Type of Childcare Provider, Children Ages 0-11 (Table 91).

The most common type of childcare arrangement was for grandparents or other family members to care for the child (42.7%), followed by childcare in a center that was not in someone's home (33.9%). Among children ages 0-4, the second most common type of care was in a preschool or nursery school. Almost 20% of this age group (19.5%) was in a Head Start program, and about 56% was equally distributed between a childcare center that was not in someone's home (28.2%) and the home of a non-family member (28.4%).

Significant changes from 2001 to 2003 (Graph 21). Three types of childcare arrangements increased significantly between 2001 and 2003: Head Start or state preschool program (115.2%); other preschool or nursery school (56.4%); and childcare center not in someone's home (18.5%). Among children ages 0-4, Head Start enrollment increased by 101%. Among children ages 5-11, receiving childcare in a center that is not in someone's home increased by 24.3%.

Graph 21.
Significant Changes from 2001 to 2003:
Type of Childcare Provider,
Children Ages 0-11

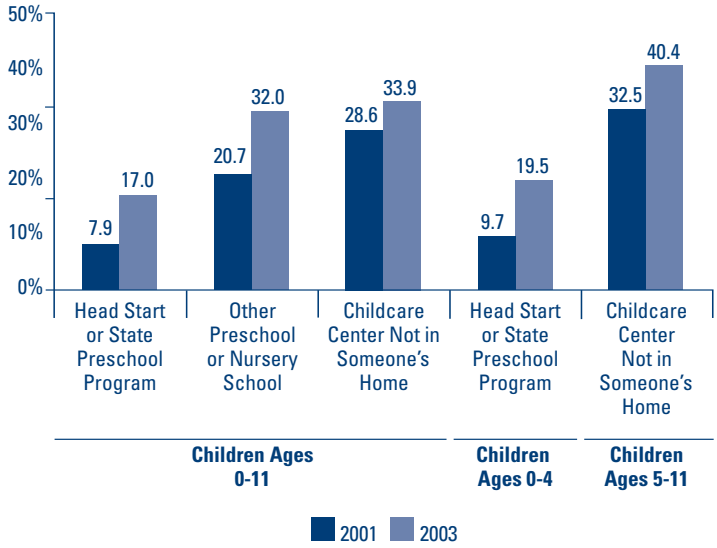


Table 91.
Type of Childcare Provider,
Children Ages 0-11

Population Group	Percent of Group	95% CI	Population Estimate
Children Ages 0-11			
Grandparent or Other Family Member	42.7	(40.0 - 45.4)	805,000
Head Start or State Preschool Program	17.0	(14.4 - 19.6)	224,000
Other Preschool or Nursery School	32.0	(29.1 - 35.0)	421,000
Childcare Center Not in Someone's Home	33.9	(31.4 - 36.5)	639,000
Non Family Member in Own Home	14.6	(12.8 - 16.4)	275,000
Non Family Member in His/Her Home	24.0	(21.7 - 26.2)	452,000
Children Ages 0-4			
Grandparent or Other Family Member	41.6	(38.0 - 45.2)	418,000
Head Start or State Preschool Program	19.5	(16.4 - 22.6)	196,000
Other Preschool or Nursery School	35.1	(31.8 - 38.4)	353,000
Childcare Center Not in Someone's Home	28.2	(25.0 - 31.3)	283,000
Non Family Member in Own Home	16.1	(13.6 - 18.6)	162,000
Non Family Member in His/Her Home	28.4	(25.1 - 31.6)	284,000
Children Ages 5-11			
Grandparent or Other Family Member	43.9	(39.9 - 48.0)	387,000
Head Start or State Preschool Program	8.9	(4.5 - 13.4)	28,000
Other Preschool or Nursery School	22.0	(15.2 - 28.7)	68,000
Childcare Center Not in Someone's Home	40.4	(36.4 - 44.4)	356,000
Non Family Member in Own Home	12.9	(10.3 - 15.5)	114,000
Non Family Member in His/Her Home	19.0	(16.0 - 22.0)	167,000

Appendix

DESIGN AND METHODOLOGY SUMMARY

The CHIS 2003 sample is designed to provide:

1. Statewide estimates for California's 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. Estimates for each of California's largest racial and ethnic groups
5. Estimates for American Indian/Alaska Natives
6. Estimates for selected Asian ethnic groups

To achieve these goals, the CHIS 2003 sample was allocated to counties and aggregates of smaller counties, and supplemented with oversamples of Koreans and Vietnamese. Geographic areas with high concentrations of Koreans and Vietnamese were sampled at higher rates and supplemented with lists of potential Korean and Vietnamese respondents, based on common surnames. In addition to these oversamples, the samples of Los Angeles and Alameda counties were enhanced. The Los Angeles sample was increased at the Service Planning Area (SPA) level. In Alameda County, the allocated sample for the entire county was enhanced, and the cities of Oakland and Hayward were oversampled.

Exhibit A1.
CHIS 2003 Sample Sizes by Age Group

Age Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
18-24	3,444	8.2	13.6
25-39	10,402	24.7	30.6
40-64	19,530	46.5	41.1
65-79	6,476	15.4	10.7
80+	2,192	5.2	4.0
Total	42,044	100.0	100.0
Adolescents			
12-14	2,120	52.9	51.9
15-17	1,890	47.1	48.1
Total	4,010	100.0	100.0
Children			
0-4	3,335	39.1	40.4
5-11	5,191	60.9	59.6
Total	8,526	100.0	100.0

Exhibits A1 and A2 show the distributions of the CHIS 2003 random-digit-dial (RDD) sample by age and race/ethnicity, respectively. Unweighted sample sizes and percents are shown in the first two columns, followed by the weighted sample percents. The sample was weighted primarily to the California Department of Finance (CDOF) estimates of the number of persons by age, race and sex, and from the 2000 Census of Population counts from the U.S. Census Bureau. Detailed descriptions of CHIS 2003 sampling, data collection and weighting methods can be found in the CHIS 2003 Methodology Series, which is posted on the Web site at *www.chis.ucla.edu*.

Exhibit A2.
CHIS 2003 Sample Sizes by Race/Ethnicity Group

Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
White	26,506	63.0	51.6
Latino	7,135	17.0	26.0
African American	2,691	6.4	6.3
Asian	3,875	9.2	11.8
Chinese	1,264	32.6	28.2
Filipino	689	17.8	25.5
Korean	492	12.7	9.3
Vietnamese	470	12.1	12.1
Other Asian	960	24.8	24.9
American Indian/ Alaska Native	580	1.4	1.2
Multi/Other Races	1,257	3.0	3.2
Total	42,044	100.0	100.0
Adolescents			
White	2,071	51.7	41.4
Latino	1,125	28.1	34.0
African American	265	6.6	9.0
Asian	313	7.8	10.2
American Indian/ Alaska Native	76	1.9	2.0
Multi/Other Races	162	4.0	3.4
Total	4,010	100.0	100.0
Children			
White	4,260	49.9	39.7
Latino	2,580	30.3	38.3
African American	517	6.1	7.5
Asian	821	9.6	10.1
American Indian/ Alaska Native	112	1.3	1.3
Multi/Other Races	236	2.8	3.1
Total	8,526	100.0	100.0

Note: Race classification is based on single race or the race/ethnicity with which the respondent most identifies.

DATA COLLECTION

To provide a sample that is representative of California's diverse population, interviews were conducted in five languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese and Korean. These languages were chosen based on research that identified the languages that would cover the largest number of Californians who do not speak English.

Westat, a private firm specializing in statistical research and large-scale sample surveys, conducted the CHIS 2003 data collection. Westat staff interviewed one randomly selected adult in each sampled household. In those households with children under age 12 and/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 legal guardian. The sample weights were adjusted for this selection criterion so that CHIS findings for adolescents and children were representative of the population.

The interviews were administered using Westat's computer-assisted telephone interviewing (CATI) system, which operates on proprietary software. The mean adult interview time across all languages was 32 minutes. The average child and adolescent interview times were 14 and 22 minutes, respectively. Interviews in the non-English languages averaged longer times to complete. Approximately 11.3% of the adult interviews were completed in a language other than English, as were 21.1% of the child interviews and 7.1% of the 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 64% of the sample was 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 recontacted and offered a proxy option, and 171 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 2003 to accomplish the following:

- Compensate for differential probabilities of selection for households and persons. 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 household 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 coefficient of variation (CV) is equal to or greater than 30%. The CV is calculated conservatively. *If the estimate is less than or equal to 50%*, the CV is defined as the standard error of the mean divided by the sample mean; *if the estimate is greater than 50%*, the CV is defined as the standard error divided by 1 minus the sample mean. 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 increases that the variance we see is due to

chance. In this report, unreliable estimates are replaced with a dash in the tables.

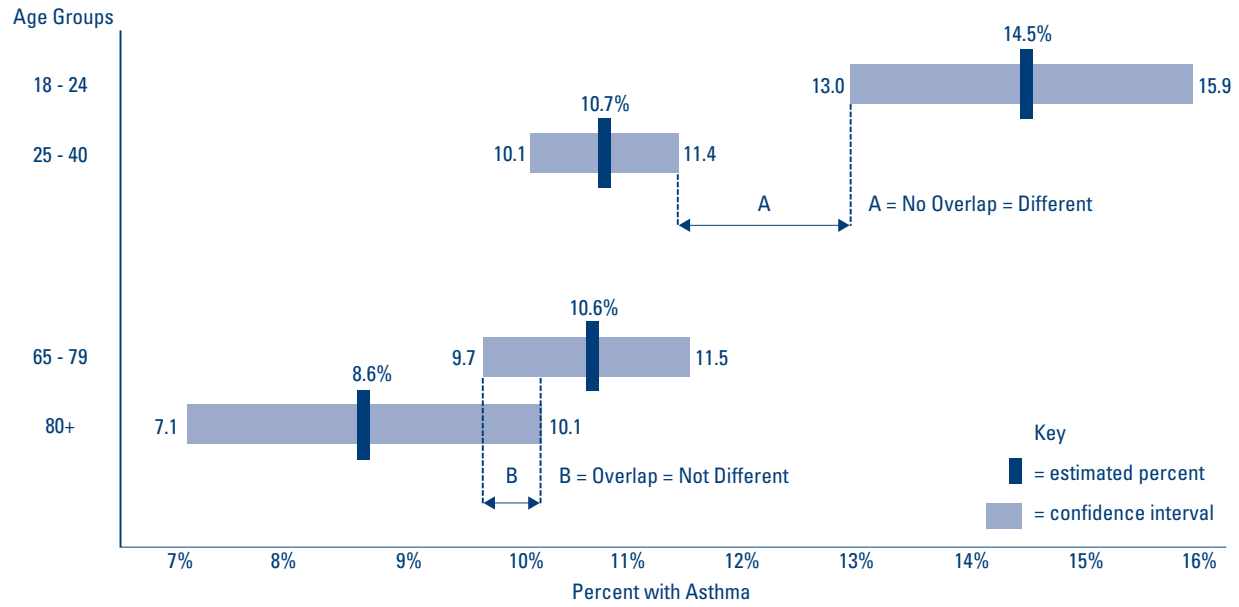
USING CONFIDENCE INTERVALS TO IDENTIFY STATISTICALLY SIGNIFICANT DIFFERENCES

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% chance that the true value is within these limits. If the confidence intervals of two different estimates (i.e., the percents) do not overlap, it can be safely concluded that the difference is statistically significant and not due to chance. However, if the intervals do overlap, the difference between the two percents is assumed not to be statistically significant.[8] Using the prevalence of diagnosed asthma as an example, (Table 1 in the text), if the 18-24 year old age group is compared with the 25-39 year old age group, the observed percents of asthma appear to be different, i.e., 14.8% vs. 12%. The confidence interval for 18-24 year olds is 13.3% to 16.3% while the confidence interval for the 25-39 year olds is 11.2% to 12.8%. Exhibit A3 plots these two confidence intervals. It can be seen that the two intervals do not overlap; therefore, we conclude that the difference is significant. A second example, also shown in Exhibit A3, compares the rates of the 40-69 and 65-79 year old age groups. The observed percents again appear to be different, 12.3% and 11.7%. The 40-69 year old age group has a confidence interval of 11.7% to 12.9% while the 65-79 year old age group has a confidence interval of 10.6% to 12.9%. Since the lower end of the 40-64 year olds' confidence interval overlaps with that of 65-79 year old age group, we conclude that the rates of asthma do not differ statistically between these two groups.

Some of the confidence intervals of the point estimates in this report share a boundary; that is, the lower boundary of one confidence interval is the same as the upper boundary of a confidence interval with which it is being compared. For example, in Table 5 (Ever Diagnosed with Heart Disease) the confidence interval for African Americans is 5.7 to 8.1 and for Asians it is 3.9 to 5.7. They share the 5.7 boundary. In these cases we took a conservative approach and did not consider the differences significant because the confidence intervals did overlap, albeit at one point only. The same method was applied in determining if a point estimate met the Healthy People 2010 objective. If the boundaries of the confidence interval met the objective, the point estimate was considered to meet it; if not, the objective was considered to have not been met.

Exhibit A3.

Interpreting Confidence Intervals: Two Examples Comparing Age Groups and Asthma Prevalence



8 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, J.F. (2001), "On Judging the Significance of Differences by Examining the Overlap Between Confidence Intervals." *The American Statistician*, 55, 182-186.

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