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Health of California's Adults, Adolescents and Children: Findings from CHIS 2005 and CHIS 2003

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california health interview survey

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www.chis.ucla.edu

This report provides a summary of the statewide findings from the 2005 California Health Interview Survey, with highlights of changes from 2003 to 2005. Separate adult, adolescent and child findings are presented by age, gender, race/ethnicity, health insurance status and poverty level.

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The UCLA Center for Health Policy Research is affiliated with the UCLA School of Public Health and the UCLA School of Public Affairs. For more information, visit *www.healthpolicy.ucla.edu.*

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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 Public Health, the California Department of Health Care Services and the Public Health Institute. Funding for the 2005 California Health Interview Survey was provided by the California Department of Public Health, the California Department of Health Care Services, the California Department of Mental Health, The California Endowment, the National Cancer Institute, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, California Office of the Patient Advocate, First 5 California, Kaiser Permanente, Humboldt County Department of Health and Human Services, Marin County Department of Health and Human Services, First 5 Marin Children and Families Commission, San Diego County Department of Health and Human Services, and Solano County Health and Social Services Department. For more information on CHIS and access to CHIS data and findings, visit *www.chis.ucla.edu.*

Foreword

The California Health Interview Survey (CHIS) is the largest state health survey in the nation, and is a model for other states that are developing population-based public health monitoring tools. With the completion of the third cycle of the survey, CHIS is now firmly established as an essential source of ongoing public health data for the state, counties and different racial/ethnic groups in California. Its large sample sizes and administration in five languages help ensure that CHIS is representative of California's diverse population. CHIS data are used by state and local agencies, advocacy groups, legislators and the media to understand the complex picture of health status, behaviors and access to care in California.

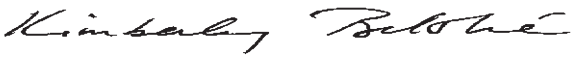
Each cycle of CHIS includes both new and previously-fielded topics. At the time of this writing, CHIS 2007 data collection has been completed and planning for CHIS 2009 is underway. With four cycles of data covering an eight-year period, CHIS is a tremendous source of public health information on California's population. It has also proven to be a valuable resource for federal agencies and national foundations that rely on evidence from the population to guide their policies and funding decisions.

Dr. E. Richard Brown of the UCLA Center for Health Policy Research and Dr. Peter Abbott (retired) of the California Department of Health Services (now the California Department of Public Health and the Department of Health Care Services) developed the initial vision of a California survey that could provide local-level data needed by county health departments. Planning for CHIS began in 1996 with a generous grant from The California Endowment, and the Public Health Institute joined as a collaborating partner. The three organizations, representing the state, the university and the community, were committed to a participatory development process for CHIS.

Beginning with the first survey in 2001, hundreds of public health professionals and advocates have been involved in planning the four cycles of CHIS, and active participation continues today through the CHIS Advisory Board, Technical Advisory Committees and Work Groups. Advisors generously provide their expertise and recommendations on topics to be included in the survey and on sampling design issues. The result is a survey that has been very successful in covering topics of interest to multiple constituencies, and in testing new sampling strategies that address some of the challenges currently faced in conducting random-digit-dial telephone surveys.

In addition to a participatory planning process, CHIS invests substantial resources in dissemination and makes the data available to the public without charge. Public use data files and publications can be downloaded from the CHIS Web site (*www.chis.ucla.edu*), which is also the portal for accessing the powerful and easy-to-use AskCHIS online data query system. In addition, CHIS staff conducts numerous workshops throughout the state to promote the use of AskCHIS and the public use data files. Technical assistance is provided free of charge to all data users.

This report provides key findings from CHIS 2005, and tracks changes that have occurred in the population since 2003. The findings are presented in tables, graphs and summary text that allow for quick reference. It is an excellent source of population-based information for anyone who is interested in the health of Californians.



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 the CHIS staff on sample design and questionnaire content. Their names and affiliations are listed at the end of the report.

ABOUT THE AUTHORS

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Table of Contents

List of Tables

List of Tables

List of Graphs

List of Graphs

List of Graphs

1. The California Health Interview Survey: An Overview

INTRODUCTION

The California Health Interview Survey (CHIS), the largest population-based state health survey in the United States, is a random-digit-dial (RDD) telephone survey of the California population conducted every other year since 2001. Households are scientifically sampled from every county in the state, and randomly selected adults, adolescents and parents or guardians of young children are interviewed separately. CHIS 2005 conducted interviews in 45,649 households, and oversampled Korean and Vietnamese households. The CHIS adult sample was large enough to provide reliable estimates for Whites, Latinos, African Americans, American Indian/Alaska Natives, and Asians. Among Latinos, separate estimates are also provided for Mexicans, Central Americans, and Other Latinos, as well as United States (U.S.) and foreign-born Latinos. Among Asians, there are separate estimates for Chinese, Filipinos, Japanese, Koreans, Vietnamese and South Asians. 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 limited or no English language proficiency. In 2005, 10% of the adult interviews, 7% of the adolescent interviews and 18% of the child interviews were completed in a language other than English. Interviews were conducted between August 2005 and April 2006.

The topics included in CHIS 2005 were chosen through extensive consultation with the California Department of Health Services (now the California Department of Public Health and the California Department of Health Care Services), other survey funders, the CHIS Technical Advisory Committees and the CHIS Advisory Board. This report summarizes the significant state-level findings from CHIS 2005 and significant changes from 2003 to 2005. If a topic was not included in 2003, the change from 2001 is shown.

HEALTHY PEOPLE 2010 OBJECTIVES

One of the goals of CHIS is to assess California's progress in meeting the Healthy People 2010 (HP 2010) objectives[1]. Healthy People 2010 is a set of national objectives for health indicators that provides a framework for measuring the health of the nation over a ten-year period. The HP 2010 objectives that were measured in CHIS are shown at the beginning of the section for that health indicator, followed by the findings. Estimates that met the HP 2010 objectives are indicated with an asterisk (*) in the tables. To meet the objective, both the CHIS point estimate and the upper and lower limits of the estimate's 95% confidence interval must meet the HP 2010 objective. (See the Appendix for a discussion of confidence intervals.)

READING THE TABLES AND GRAPHS

This report begins with the adult findings, followed by the adolescent and child findings. Each table in the report presents findings for a health indicator measured in CHIS 2005. Estimates were considered statistically different from each other if their confidence intervals did not overlap. Only statistical differences are described.

Topics that were measured in both CHIS 2003 and CHIS 2005 were tested for statistical change between the two years, and significant differences are displayed in graphs below the CHIS 2005 data tables.

CHIS 2005 data tables. The first column of the CHIS 2005 tables shows the population groups for which the data are presented: age, gender, race/ethnicity, poverty level and health insurance status. Data were weighted to the California Department of Finance (DOF) population estimates and are representative of California's non-institutionalized population. The adult tables show prevalence estimates (percents) for five **age groups**: 18-24, 25-39, 40-64, 65-79 and 80 and older. The adolescent findings are shown for two age groups: 12-14 and 15-17. The age groups for young children vary, but in general the findings are shown for 0-4 year olds and 5-11 year olds.

The next category in the tables is **gender**, unless the topic applies to only one gender. Gender is followed by **race/ethnicity**, which shows mutually exclusive categories based on the UCLA Center for Health Policy Research definition of race/ethnicity. Under this definition, there are five mutually exclusive racial/ethnic categories: White, Latino, African American, American Indian/Alaska Native, and Asian. In this report, these are referred to as the "major racial/ethnic groups." Data are also provided for U.S. - or foreign-born Latinos, separate Latino groups and separate Asian ethnic groups. Comparisons were made among the major racial/ethnic groups and within the Latino and Asian groups. CHIS data are also available using definitions of race and ethnicity that are used by the U.S. Census or the Department of Finance. Readers who want CHIS findings using these definitions can access them through the CHIS online data query system, AskCHIS, on the CHIS website: *www.chis.ucla.edu.*

1 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.

Poverty level was determined by reported household income and the number of people supported by that income. The poverty levels presented here were based on the federal poverty level (FPL) for 2005[2] and are expressed as a percent of the FPL. The four levels are 0-99% FPL, 100-199% FPL, 200-299% FPL and > 300% FPL.

Health insurance status, the final category in the tables, refers to whether respondents had health insurance at the time of the CHIS 2005 interview. The percents in the tables indicate the proportions of the insured and uninsured that have the condition or behavior described in the title of the table.

The last row of each table shows the **totals for the population of California** as a whole, including racial/ethnic groups that are not shown elsewhere in the tables.

The second column shows the weighted percent, or estimate, of CHIS 2005 respondents who reported the health condition or behavior. For example, Table 1 shows that 12.7% of all adults age 18 and older in California reported ever having been diagnosed with asthma. The data are not included in the table if the sample sizes were too small to provide reliable estimates, which happened most often with the Asian ethnic groups and the adolescent samples. (See the "unstable estimates" section of the Appendix for a description of how reliability was determined).

The third column shows the lower and upper limits of the 95% confidence intervals for the weighted estimates. Using the example of diagnosed asthma (Table 1), the confidence interval for the 18-24 year old age group is between 13.1% and 16.5%. This means that we are 95% certain that the true percent of adults ages 18-24 who have ever been diagnosed with asthma is between 13.1% and 16.5%. The Appendix of this report includes 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 had the health condition or behavior described in the title of the table. The population estimates were calculated by multiplying the weighted percents (second column) by the DOF's population estimate for each row in the table. The numbers were rounded to the nearest thousand. For example, the first row in Table 1 indicates that 14.7% of adults ages 18-24 have ever been diagnosed with asthma. According to the California Department of Finance, there are 3,556,014 adults ages 18-24 in California. If this number is multiplied by 14.7% and rounded to the nearest thousand, the result is 523,000. This means an estimated 523,000 adults ages 18-24 in California have ever been diagnosed with asthma.

AGE-ADJUSTED FINDINGS

The previous two reports on the health of Californians presented findings that were not statistically adjusted to account for age differences among population subgroups. In this report, the adult data have been age-adjusted for all variables except those that were reported only for a specific age group (e.g., colon cancer screening among adults age 50 and older). To make comparisons between CHIS 2003 and CHIS 2005, both the 2003 and 2005 data were age-adjusted. These adjustments may mean that some of the prevalence estimates reported here for 2003 are slightly different from the 2003 estimates reported in the *Health of California's Adults, Adolescents and Children: Findings from CHIS 2003 and CHIS 2001*[3]. The adolescent and child data were not age-adjusted.

2 *www.census.gov/hhes/www/poverty/threshold/thresh04.html*

3 S Holtby, E Zahnd, N Lordi, McCain, YJ Chia, JH Kurata. *Health of California's Adults, Adolescents and Children: Findings from CHIS 2003 and CHIS 2001.* Los Angeles: UCLA Center for Health Policy Research, 2006.

2. Adult CHIS 2005

ADULT CHIS 2005 FINDINGS AND SIGNIFICANT CHANGES FROM 2003 TO 2005

The CHIS 2005 findings presented in this section are based on telephone interviews with 43,020 adults age 18 and older, and the CHIS 2003 and 2001 data are based on interviews with 42,044 and 55,428 adults, respectively. The findings on physician-diagnosed health conditions are based on respondent self-reporting; no independent confirmation was obtained.

HEALTH CONDITIONS AND LIMITATIONS

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

Twelve percent of all adults (12.7%) had been diagnosed with asthma at some time in their lives.

Significant Differences:

Age: Adults age 80 and older were less likely than all other age groups to report having been diagnosed with asthma.

Gender: Females were more likely to have been diagnosed with asthma than males.

Major racial/ethnic groups: Latinos and Asians were less likely to have been diagnosed with asthma than all other groups.

Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely to have been diagnosed with asthma than foreign-born Latinos.

Asian ethnic groups: Filipinos were more likely than Chinese, Koreans and Vietnamese to have been diagnosed with asthma.

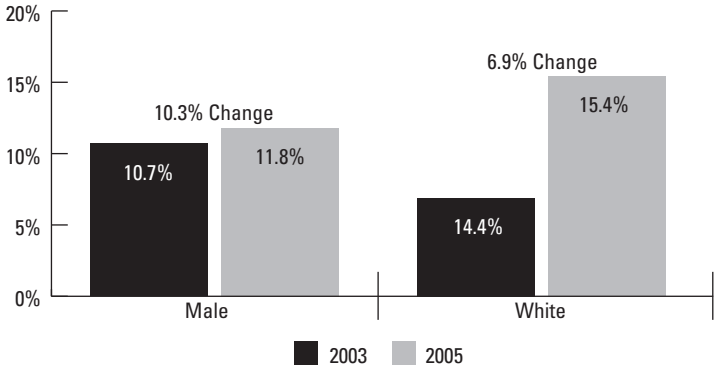
Household income: Adults living in households at or above 300% FPL were more likely to have been diagnosed with asthma than those in households below 200% FPL.

Change from 2003 to 2005 (Graph 1): The prevalence of diagnosed asthma among males and Whites increased.

Table 1.
Age Adjusted Lifetime Prevalence of Asthma Diagnosis, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	14.7	(13.1 - 16.5)	523,000
25-39	12.2	(11.3 - 13.1)	973,000
40-64	13.0	(12.4 - 13.6)	1,426,000
65-79	12.2	(11.1 - 13.3)	343,000
80+	8.7	(7.3 - 10.3)	92,000
Gender			
Male	11.8	(11.2 - 12.6)	1,534,000
Female	13.5	(12.9 - 14.1)	1,816,000
Race/Ethnicity			
White	15.4	(14.8 - 16.2)	2,103,000
Latino	8.7	(7.8 - 9.8)	594,000
Foreign-Born	5.4	(4.4 - 6.5)	230,000
U.S.-Born	15.0	(13.1 - 17.0)	375,000
Mexican	8.6	(7.6 - 9.7)	471,000
Central American	6.8	(4.7 - 9.7)	50,000
Other	13.2	(10.2 - 17.0)	74,000
African American	16.9	(14.7 - 19.3)	259,000
American Indian/ Alaska Native	21.6	(16.9 - 27.2)	56,000
Asian	8.7	(7.5 - 10.0)	287,000
Chinese	6.1	(4.4 - 8.2)	55,000
Filipino	13.3	(10.1 - 17.2)	112,000
Japanese	10.2	(6.5 - 15.5)	25,000
Korean	6.9	(4.8 - 9.9)	22,000
South Asian	7.8	(5.2 - 11.7)	33,000
Vietnamese	6.2	(4.1 - 9.3)	25,000
Federal Poverty Level			
0-99% FPL	11.0	(9.8 - 12.3)	374,000
100-199% FPL	11.4	(10.4 - 12.5)	558,000
200-299% FPL	13.5	(12.1 - 14.9)	462,000
> 300% FPL	13.7	(13.0 - 14.4)	2,007,000
Insurance Status			
Insured	13.4	(12.9 - 13.9)	2,965,000
Uninsured	10.9	(8.1 - 14.7)	465,000
Total	12.7	(12.3 - 13.2)	3,354,000

Graph 1.
Significant Changes from 2003 to 2005: Age-Adjusted Lifetime Prevalence of Asthma Diagnosis, Adults Age 18 and Older



Age-Adjusted Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Adults Age 18 and Older Ever Diagnosed with Asthma (Table 2)

Among adult respondents who had ever been diagnosed with asthma, 32.2% reported having had an asthma attack in the past 12 months.

Significant Differences:

Gender: Females were more likely than males to have had an asthma attack in the past 12 months.

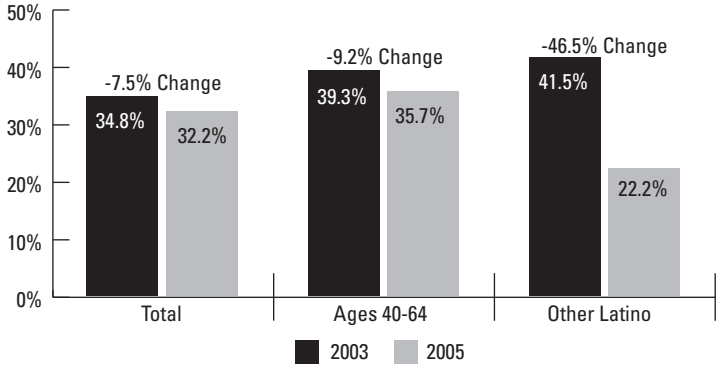
Major racial/ethnic groups: American Indian/Alaska Natives were more likely to have had an asthma attack in the past 12 months than Whites, Latinos and Asians.

Change from 2003 to 2005 (Graph 2): There was an overall decrease in the incidence of having had an asthma attack in the past 12 months. Decreases were found among adults ages 40-64 and among Other Latinos.

Table 2.
Age-Adjusted Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Adults Age 18 and Older Ever Diagnosed with Asthma

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	25.9	(21.0 - 31.5)	135,000
25-39	30.5	(27.1 - 34.1)	296,000
40-64	35.7	(33.4 - 38.2)	509,000
65-79	33.3	(29.1 - 37.7)	114,000
80+	30.7	(23.1 - 39.5)	28,000
Gender			
Male	24.5	(21.9 - 27.2)	377,000
Female	38.8	(36.6 - 41.2)	705,000
Race/Ethnicity			
White	32.7	(30.6 - 34.8)	666,000
Latino	27.3	(22.9 - 32.2)	156,000
Foreign-Born	29.0	(21.9 - 37.2)	59,000
U.S.-Born	26.3	(21.2 - 32.3)	97,000
Mexican	28.5	(23.4 - 34.1)	126,000
Central American	23.8	(13.8 - 37.7)	12,000
Other	22.2	(14.1 - 33.2)	18,000
African American	33.3	(27.1 - 40.2)	87,000
American Indian/ Alaska Native	52.3	(40.0 - 64.4)	30,000
Asian	30.8	(24.9 - 37.4)	88,000
Chinese	28.9	(20.0 - 39.8)	16,000
Filipino	25.7	(16.6 - 37.7)	29,000
Japanese	40.2	(22.2 - 61.3)	10,000
Korean	37.4	(26.2 - 50.1)	8,000
South Asian	38.9	(23.5 - 56.9)	15,000
Vietnamese	27.2	(16.2 - 41.9)	6,000
Federal Poverty Level			
0-99% FPL	38.6	(33.0 - 44.5)	141,000
100-199% FPL	34.0	(29.8 - 38.6)	190,000
200-299% FPL	37.0	(32.0 - 42.3)	167,000
> 300% FPL	30.0	(27.8 - 32.2)	594,000
Insurance Status			
Insured	32.4	(30.5 - 34.3)	953,000
Uninsured	34.2	(27.3 - 41.9)	141,000
Total	32.2	(30.5 - 34.0)	1,081,000

Graph 2.
Significant Changes from 2003 to 2005: Age-Adjusted Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Adults Age 18 and Older Ever Diagnosed with Asthma



Age-Adjusted Prevalence of Current Asthma Medication Use, Adults Age 18 and Older with Asthma (Table 3)

Almost half of adults with asthma (44.6%) were taking medication for quick relief, long-term control or both.

Significant Differences:

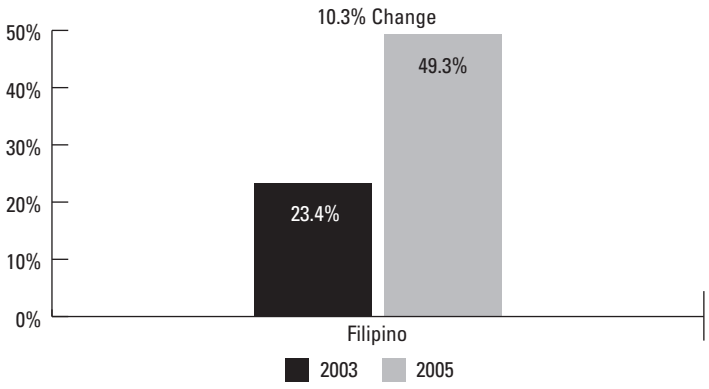
Age: Adults ages 65-79 were more likely to be taking asthma medication than those under age 65.

Change from 2003 to 2005 (Graph 3): Asthma medication use increased among Filipinos.

Table 3.
Age-Adjusted Prevalence of Current Asthma Medication Use, Adults Age 18 and Older with Asthma

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	37.3	(29.6 - 45.7)	105,000
25-39	34.2	(29.5 - 39.2)	182,000
40-64	48.2	(45.0 - 51.5)	435,000
65-79	63.1	(57.7 - 68.2)	146,000
80+	71.3	(61.2 - 79.7)	52,000
Gender			
Male	43.2	(38.9 - 47.6)	339,000
Female	45.6	(42.8 - 48.4)	563,000
Race/Ethnicity			
White	44.9	(42.1 - 47.8)	558,000
Latino	43.3	(36.9 - 50.0)	136,000
Foreign-Born	42.7	(32.1 - 53.9)	51,000
U.S.-Born	43.2	(36.3 - 50.5)	84,000
Mexican	42.6	(35.3 - 50.2)	103,000
Central American	42.2	(23.9 - 63.0)	11,000
Other	53.5	(40.4 - 66.1)	24,000
African American	50.1	(41.5 - 58.7)	76,000
American Indian/ Alaska Native	50.4	(36.9 - 63.8)	22,000
Asian	37.7	(29.5 - 46.7)	61,000
Chinese	36.3	(24.0 - 50.7)	11,000
Filipino	49.3	(33.0 - 65.7)	28,000
Japanese	35.5	(21.0 - 53.3)	6,000
Korean	—	—	—
South Asian	42.0	(29.0 - 56.3)	11,000
Vietnamese	49.6	(29.9 - 69.4)	7,000
Federal Poverty Level			
0-99% FPL	51.8	(44.6 - 58.8)	128,000
100-199% FPL	46.1	(40.9 - 51.3)	157,000
200-299% FPL	38.9	(32.6 - 45.6)	112,000
> 300% FPL	44.4	(41.3 - 47.6)	509,000
Insurance Status			
Insured	44.8	(42.3 - 47.4)	815,000
Uninsured	37.8	(30.4 - 45.8)	77,000
Total	44.6	(42.2 - 47.1)	902,000

Graph 3
Significant Changes from 2003 to 2005: Age-Adjusted Prevalence of Current Asthma Medication Use, Adults Ages 18 and Older with Asthma



Age-Adjusted Lifetime Prevalence of Hypertension Diagnosis, Adults Age 18 and Older (Table 4)

About one fourth of adult Californians (24.3%) had been diagnosed with hypertension.

Significant Differences:

Age: Diagnosis of hypertension increased with age; all age groups were different from each other except the 65-79 and 80-and-older age groups.

Gender: Men were more likely than women to have been diagnosed with hypertension.

Major racial/ethnic groups: African Americans were more likely to have been diagnosed with hypertension than Whites, Latinos and Asians.

Latinos, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely to have been diagnosed with hypertension than foreign-born Latinos.

Asian ethnic groups: Filipinos were more likely to have been diagnosed with hypertension than Chinese, Koreans and Vietnamese.

Household income: Adults with household incomes at or above 300% FPL were less likely to have been diagnosed with hypertension than all other income groups.

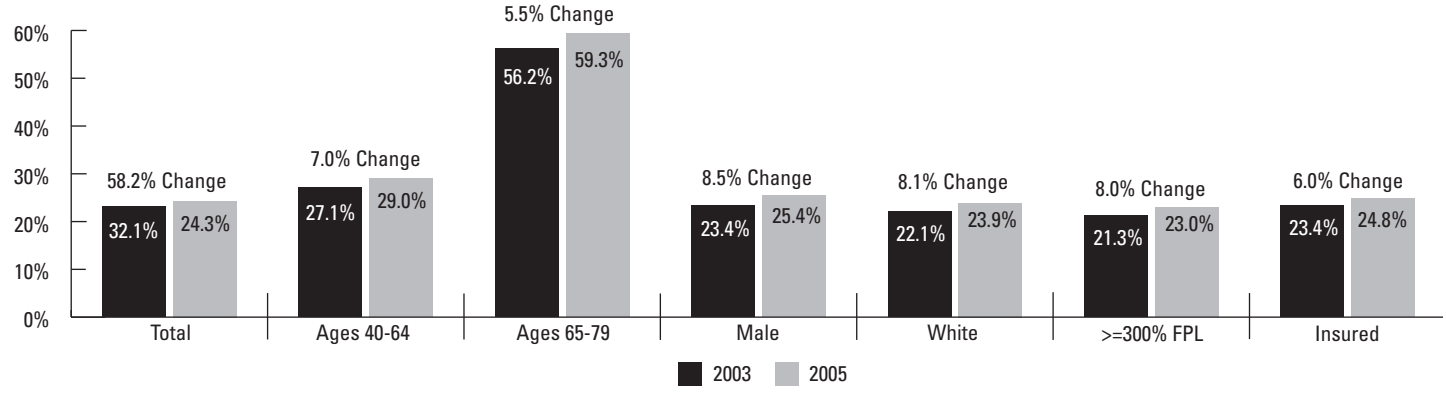
Insurance status: Adults with health insurance were more likely to have been diagnosed with hypertension than those without health insurance.

Change from 2003 to 2005 (Graph 4): Hypertension increased overall. Increases also occurred among adults ages 40-79, males, Whites, those with incomes at or above 300% FPL and those with health insurance.

Table 4.
Age-Adjusted Lifetime Prevalence of Hypertension Diagnosis, Adults Age 18 and Older

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	5.4	(4.4 - 6.6)	190,000
25-39	10.6	(9.7 - 11.5)	842,000
40-64	29.0	(28.1 - 29.9)	3,188,000
65-79	59.3	(57.6 - 61.1)	1,669,000
80+	62.8	(60.2 - 65.4)	666,000
Gender			
Male	25.4	(24.6 - 26.2)	3,290,000
Female	23.2	(22.6 - 23.8)	3,117,000
Race/Ethnicity			
White	23.9	(23.2 - 24.5)	3,249,000
Latino	23.7	(22.3 - 25.2)	1,611,000
Foreign-Born	22.0	(20.3 - 23.8)	942,000
U.S.-Born	27.3	(25.1 - 29.7)	684,000
Mexican	23.8	(22.2 - 25.4)	1,307,000
Central American	23.1	(19.1 - 27.7)	170,000
Other	24.5	(20.5 - 28.9)	137,000
African American	35.6	(33.1 - 38.1)	546,000
American Indian/ Alaska Native	30.9	(26.3 - 36.0)	80,000
Asian	22.3	(20.8 - 23.9)	739,000
Chinese	19.5	(17.2 - 22.0)	178,000
Filipino	30.6	(26.9 - 34.6)	258,000
Japanese	23.6	(18.4 - 29.6)	58,000
Korean	17.1	(14.4 - 20.2)	55,000
South Asian	23.1	(18.0 - 29.1)	98,000
Vietnamese	19.9	(16.6 - 23.7)	79,000
Federal Poverty Level			
0-99% FPL	26.4	(24.7 - 28.1)	900,000
100-199% FPL	26.3	(24.9 - 27.8)	1,285,000
200-299% FPL	25.3	(23.8 - 26.8)	869,000
> 300% FPL	23.0	(22.3 - 23.6)	3,369,000
Insurance Status			
Insured	24.8	(24.2 - 25.4)	5,490,000
Uninsured	20.7	(17.9 - 23.9)	880,000
Total	24.3	(23.8 - 24.8)	6,419,000

Graph 4
Significant Changes from 2003 to 2005:
Age-Adjusted Lifetime Prevalence of Hypertension Diagnosis, Adults Age 18 and Older



Age-Adjusted Lifetime Prevalence of Heart Disease Diagnosis, Adults Age 18 and Older (Table 5)

About six percent of adults (6.1%) had ever been diagnosed with heart disease.

Significant Differences:

Age: Among adults age 25 and older, diagnosis of heart disease increased with age; each age category was more likely to have been diagnosed with heart disease than the lower age category.

Gender: Males were more likely than females to have been diagnosed with heart disease.

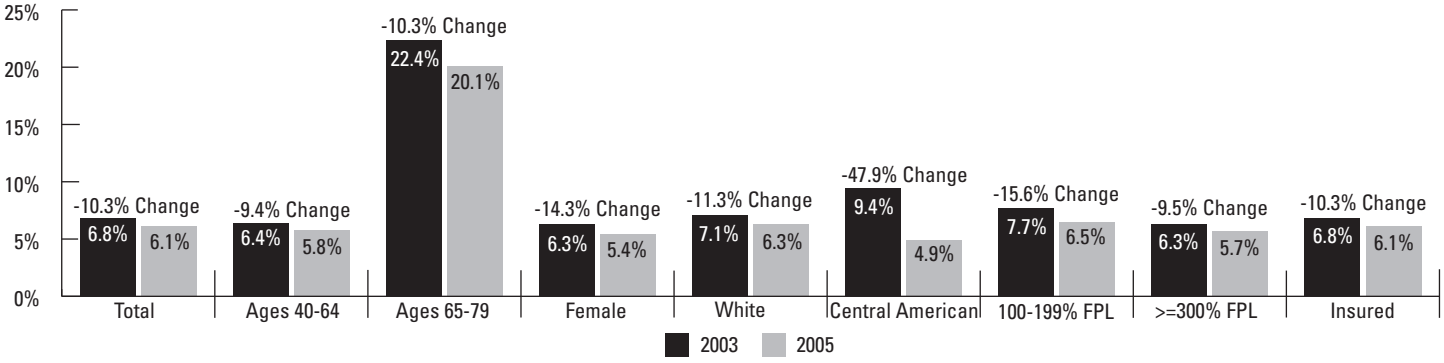
Household income: Adults with incomes at or above 300% FPL were less likely than those under 100% FPL to have been diagnosed with heart disease.

Change from 2003 to 2005 (Graph 5): The overall prevalence of heart disease diagnosis decreased over the two-year period. Significant declines were seen in adults ages 40-79, females, Whites, Central Americans, those with household incomes of 100%-199% FPL and at or above 300% FPL, and those with health insurance.

Table 5.
Age-Adjusted Lifetime Prevalence of Heart Disease Diagnosis, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	0.9	(0.6 - 1.4)	32,000
25-39	1.5	(1.2 - 1.8)	116,000
40-64	5.8	(5.3 - 6.2)	634,000
65-79	20.1	(18.8 - 21.6)	566,000
80+	27.5	(25.1 - 30.1)	292,000
Gender			
Male	6.9	(6.5 - 7.4)	895,000
Female	5.4	(5.1 - 5.8)	725,000
Race/Ethnicity			
White	6.3	(6.0 - 6.6)	858,000
Latino	5.6	(4.7 - 6.5)	377,000
Foreign-Born	5.0	(4.0 - 6.2)	214,000
U.S.-Born	6.5	(5.1 - 8.2)	162,000
Mexican	5.1	(4.2 - 6.2)	280,000
Central American	4.9	(2.8 - 8.5)	36,000
Other	9.0	(6.4 - 12.5)	50,000
African American	6.0	(4.9 - 7.3)	92,000
American Indian/ Alaska Native	6.5	(4.5 - 9.4)	17,000
Asian	5.3	(4.4 - 6.4)	177,000
Chinese	4.4	(3.3 - 5.9)	40,000
Filipino	7.3	(5.0 - 10.4)	61,000
Japanese	4.4	(2.7 - 7.1)	11,000
Korean	3.5	(2.3 - 5.2)	11,000
South Asian	—	—	—
Vietnamese	—	—	—
Federal Poverty Level			
0-99% FPL	7.4	(6.4 - 8.6)	253,000
100-199% FPL	6.5	(5.8 - 7.3)	318,000
200-299% FPL	6.0	(5.3 - 6.7)	206,000
> 300% FPL	5.7	(5.4 - 6.1)	838,000
Insurance Status			
Insured	6.1	(5.8 - 6.4)	1,357,000
Uninsured	4.9	(3.3 - 7.3)	209,000
Total	6.1	(5.8 - 6.4)	1,604,000

Graph 5
Significant Changes from 2003 to 2005:
Age-Adjusted Lifetime Prevalence of Heart Disease Diagnosis, Adults Age 18 and Older



Age-Adjusted Lifetime Prevalence of Diabetes Diagnosis, Adults Age 18 and Older (Table 6)

Approximately 7% of adults (6.8%) had been diagnosed with diabetes.

Significant Differences:

Age: Among adults ages 25-79, the prevalence of diabetes diagnosis increased with age. Adults age 80 and older had a lower prevalence than those ages 65-79.

Gender: Males had a higher prevalence of diabetes diagnosis than females.

Major racial/ethnic groups: Whites and Asians were less likely to have been diagnosed with diabetes than all other major racial/ethnic groups.

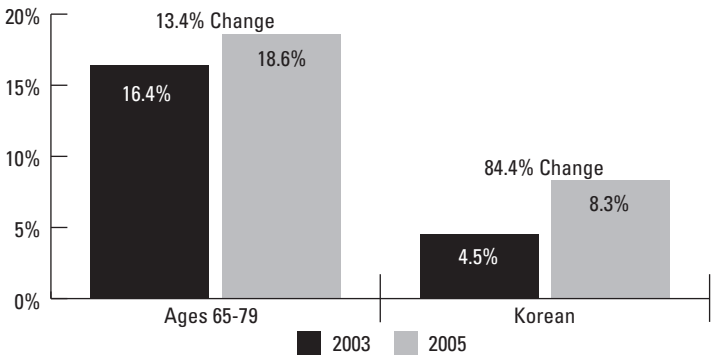
Household income: Individuals with incomes below 200% FPL were more likely to have been diagnosed with diabetes than those with incomes at or above 200% FPL. Those with incomes at 200-299% FPL were more likely to have been diagnosed with diabetes than those at or above 300% FPL.

Change from 2003 to 2005 (Graph 6): Lifetime diabetes diagnosis increased among adults ages 65-79 and among Koreans.

Table 6.
Age-Adjusted Lifetime Prevalence of Diabetes Diagnosis, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	—	—	—
25-39	2.4	(2.0 - 2.9)	195,000
40-64	8.5	(7.9 - 9.1)	929,000
65-79	18.6	(17.1 - 20.1)	522,000
80+	14.5	(12.5 - 16.8)	154,000
Gender			
Male	7.7	(7.2 - 8.3)	1,001,000
Female	6.0	(5.6 - 6.4)	802,000
Race/Ethnicity			
White	5.0	(4.7 - 5.4)	687,000
Latino	11.0	(9.9 - 12.2)	748,000
Foreign-Born	11.2	(9.8 - 12.8)	482,000
U.S.-Born	10.7	(9.1 - 12.6)	268,000
Mexican	11.4	(10.2 - 12.7)	625,000
Central American	9.9	(6.8 - 14.3)	73,000
Other	8.5	(5.8 - 12.1)	47,000
African American	10.0	(8.6 - 11.7)	154,000
American Indian/ Alaska Native	13.3	(9.6 - 18.2)	34,000
Asian	6.6	(5.5 - 7.9)	219,000
Chinese	4.3	(3.1 - 6.0)	40,000
Filipino	8.6	(6.1 - 12.1)	73,000
Japanese	6.8	(4.2 - 10.7)	17,000
Korean	8.3	(6.0 - 11.2)	27,000
South Asian	—	—	—
Vietnamese	7.1	(4.4 - 11.4)	28,000
Federal Poverty Level			
0-99% FPL	10.8	(9.6 - 12.2)	369,000
100-199% FPL	10.1	(9.1 - 11.2)	493,000
200-299% FPL	7.4	(6.5 - 8.4)	255,000
> 300% FPL	4.9	(4.6 - 5.2)	717,000
Insurance Status			
Insured	6.7	(6.4 - 7.1)	1,490,000
Uninsured	6.3	(4.7 - 8.3)	267,000
Total	6.8	(6.5 - 7.1)	1,793,000

Graph 6
Significant Changes from 2003 to 2005:
Age-Adjusted Lifetime Prevalence of Diabetes Diagnosis, Adults Age 18 and Older



Age-Adjusted Lifetime Prevalence of Type 2 Diabetes Diagnosis, Adults Age 18 and Older with Diabetes (Table 7)

Among adults who had ever been diagnosed with diabetes, 72.2% had type 2 diabetes.

Significant Differences:

Age: Adults ages 25-39 with diabetes were less likely than all other age groups to have type 2 diabetes. The prevalence of type 2 diabetes was higher among those ages 65-79 than it was among those ages 25-64.

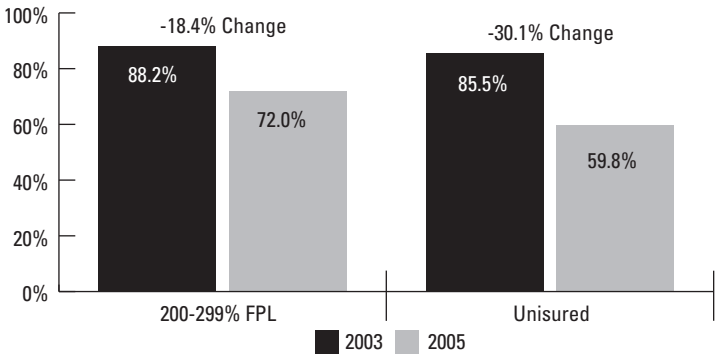
Major racial/ethnic groups: African Americans and Asians with diabetes were more likely than Whites to have type 2 diabetes. African Americans with diabetes were more likely than Latinos to have type 2 diabetes.

Change from 2003 to 2005 (Graph 7): The proportion of people with diabetes who had type 2 diabetes decreased among adults with household incomes of 200-299% FPL and among those without health insurance.

Table 7.
Age-Adjusted Lifetime Prevalence of Type 2 Diabetes Diagnosis, Adults Age 18 and Older with Diabetes

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	—	—	—
25-39	59.7	(51.0 - 67.9)	116,000
40-64	83.9	(80.7 - 86.7)	779,000
65-79	90.8	(88.0 - 93.0)	474,000
80+	83.7	(74.1 - 90.2)	129,000
Gender			
Male	71.9	(63.4 - 79.2)	710,000
Female	73.1	(66.9 - 78.6)	620,000
Race/Ethnicity			
White	67.1	(61.3 - 72.4)	549,000
Latino	66.7	(59.1 - 73.6)	363,000
Foreign-Born	71.2	(62.1 - 78.8)	256,000
U.S.-Born	71.3	(61.5 - 79.4)	131,000
Mexican	65.7	(58.5 - 72.4)	293,000
Central American	61.4	(41.0 - 78.5)	38,000
Other	—	—	—
African American	87.9	(80.2 - 92.9)	136,000
American Indian/ Alaska Native	67.9	(49.6 - 82.0)	26,000
Asian	82.8	(72.8 - 89.6)	178,000
Chinese	—	—	—
Filipino	—	—	—
Japanese	47.3	(33.6 - 61.4)	12,000
Korean	—	—	—
South Asian	—	—	—
Vietnamese	64.1	(45.9 - 79.0)	18,000
Federal Poverty Level			
0-99% FPL	72.0	(62.6 - 79.8)	235,000
100-199% FPL	72.6	(63.1 - 80.4)	356,000
200-299% FPL	72.0	(63.5 - 79.1)	190,000
> 300% FPL	68.2	(61.7 - 74.1)	513,000
Insurance Status			
Insured	74.2	(68.3 - 79.3)	1,212,000
Uninsured	59.8	(48.2 - 70.4)	120,000
Total	72.2	(66.9 - 77.0)	1,325,000

Graph 7
Significant Changes from 2003 to 2005:
Age-Adjusted Lifetime Prevalence of Type 2 Diabetes Diagnosis, Adults Age 18 and Older



Age-Specific Lifetime Prevalence of Stroke Diagnosis, Adults Age 65 and Older (Table 8)

About nine percent of adults age 65 and older (9.1%) had been diagnosed as ever having had a stroke.

Significant Differences:

Age: Adults ages 80 and older were more likely than those ages 65-79 to have had a stroke diagnosis.

Household income: Those with incomes at or above 300% FPL were less likely to have had a stroke diagnosis than those with incomes of 100-199% FPL.

Table 8.
Age-Specific Lifetime Prevalence of Stroke Diagnosis, Adults Age 65 and Older

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
65-79	7.8	(6.9 - 8.8)	219,000
80+	12.6	(10.8 - 14.7)	134,000
Gender			
Male	9.7	(8.3 - 11.2)	163,000
Female	8.7	(7.7 - 9.8)	190,000
Race/Ethnicity			
White	9.4	(8.5 - 10.4)	251,000
Latino	8.4	(5.6 - 12.4)	35,000
Foreign-Born	9.7	(6.1 - 15.0)	23,000
U.S.-Born	—	—	—
Mexican	8.1	(5.0 - 13.0)	27,000
Central American	—	—	—
Other	—	—	—
African American	10.1	(6.8 - 14.6)	19,000
American Indian/ Alaska Native	—	—	—
Asian	7.7	(5.0 - 11.8)	35,000
Chinese	—	—	—
Filipino	—	—	—
Japanese	—	—	—
Korean	—	—	—
South Asian	—	—	—
Vietnamese	—	—	—
Federal Poverty Level			
0-99% FPL	8.5	(6.2 - 11.5)	38,000
100-199% FPL	12.5	(10.4 - 14.9)	109,000
200-299% FPL	10.0	(7.9 - 12.7)	69,000
> 300% FPL	7.4	(6.4 - 8.5)	137,000
Insurance Status			
Insured	9.1	(8.3 - 10.0)	350,000
Uninsured	—	—	—
Total	9.1	(8.3 - 10.0)	353,000

Age-Adjusted Lifetime Prevalence of Arthritis Diagnosis, Adults Age 18 and Older (Table 9)

Nearly one in five adults (18.6%) had been diagnosed with arthritis.

Significant Differences:

Age: The prevalence of arthritis increased with age; each age category had a higher prevalence of arthritis diagnosis than all younger age groups.

Gender: Females were more likely to have been diagnosed with arthritis than males.

Major racial/ethnic groups: American Indian/Alaska Natives were more likely to have been diagnosed with arthritis than all other major racial/ethnic groups. Asians were less likely to have been diagnosed with arthritis than all other major racial/ethnic groups.

Household income: Adults living in households at or above 300% FPL were less likely to have been diagnosed with arthritis than those living at 0-99% FPL and 200-299% FPL.

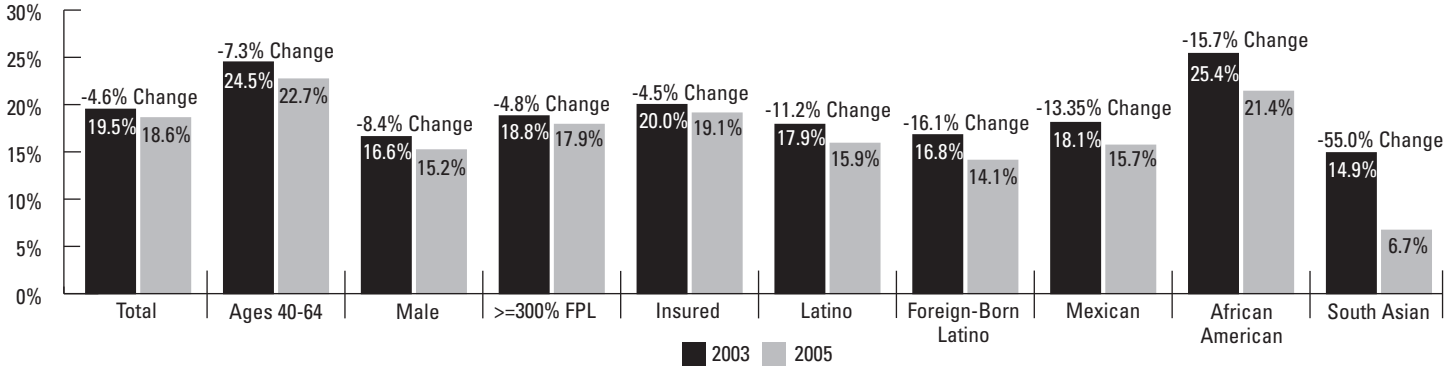
Insurance status: Adults with health insurance were more likely to have been diagnosed with arthritis than those without insurance.

Change from 2001 to 2005 (Graph 8): Arthritis prevalence was not measured in 2003; changes are reported for the 2001-2005 period. The prevalence of arthritis decreased overall; decreases also occurred among those ages 40-64, males, persons with incomes at or above 300% FPL, those with health insurance, Latinos (particularly foreign-born Latinos and Mexicans), African Americans and South Asians.

Table 9.
Age-Adjusted Lifetime Prevalence of Arthritis Diagnosis, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	2.7	(2.0 - 3.6)	96,000
25-39	6.1	(5.5 - 6.8)	485,000
40-64	22.7	(21.9 - 23.5)	2,492,000
65-79	49.1	(47.3 - 50.9)	1,382,000
80+	53.8	(51.1 - 56.4)	570,000
Gender			
Male	15.2	(14.6 - 15.9)	1,971,000
Female	21.6	(21.0 - 22.2)	2,903,000
Race/Ethnicity			
White	20.8	(20.2 - 21.4)	2,837,000
Latino	15.9	(14.7 - 17.2)	1,078,000
Foreign-Born	14.1	(12.6 - 15.8)	605,000
U.S.-Born	20.2	(18.0 - 22.5)	505,000
Mexican	15.7	(14.4 - 17.2)	864,000
Central American	13.6	(10.6 - 17.2)	100,000
Other	18.4	(15.3 - 22.0)	103,000
African American	21.4	(19.4 - 23.5)	328,000
American Indian/ Alaska Native	30.7	(25.5 - 36.4)	79,000
Asian	12.2	(11.0 - 13.4)	403,000
Chinese	10.5	(8.7 - 12.5)	96,000
Filipino	15.0	(12.0 - 18.5)	126,000
Japanese	15.4	(11.8 - 19.8)	38,000
Korean	8.5	(6.6 - 10.9)	27,000
South Asian	6.7	(3.7 - 11.8)	29,000
Vietnamese	13.7	(10.7 - 17.3)	54,000
Federal Poverty Level			
0-99% FPL	20.4	(19.0 - 22.0)	698,000
100-199% FPL	18.9	(17.8 - 20.0)	923,000
200-299% FPL	20.3	(18.9 - 21.7)	696,000
> 300% FPL	17.9	(17.3 - 18.4)	2,619,000
Insurance Status			
Insured	19.1	(18.6 - 19.6)	4,228,000
Uninsured	12.4	(9.5 - 16.0)	528,000
Total	18.6	(18.1 - 19.0)	4,902,000

Graph 8
Significant Changes from 2001 to 2005:
Age-Adjusted Lifetime Prevalence of Arthritis Diagnosis, Adults Age 18 and Older



Age-Adjusted Lifetime Prevalence of Epilepsy Diagnosis, Adults Age 18 and Older (Table 10)

About one percent of adults (1.3%) reported having been diagnosed with epilepsy.

Significant Differences:

Age: Adults ages 65-79 were less likely to have been diagnosed with epilepsy than those ages 40-64.

Major racial/ethnic groups: Asians were less likely to have been diagnosed with epilepsy than Whites and African Americans.

Household Income: Adults with incomes at or above 300% FPL were less likely to have been diagnosed with epilepsy than those living in households at 0-99% FPL and 200-299% FPL.

Table 10.
Age-Adjusted Lifetime Prevalence of Epilepsy Diagnosis, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	1.2	(0.8 - 1.8)	44,000
25-39	1.4	(1.1 - 1.8)	113,000
40-64	1.5	(1.3 - 1.7)	160,000
65-79	0.7	(0.5 - 1.1)	21,000
80+	0.9	(0.5 - 1.5)	9,000
Gender			
Male	1.2	(1.0 - 1.5)	157,000
Female	1.4	(1.2 - 1.6)	190,000
Race/Ethnicity			
White	1.5	(1.3 - 1.7)	203,000
Latino	1.1	(0.8 - 1.5)	76,000
Foreign-Born	1.0	(0.7 - 1.6)	44,000
U.S.-Born	1.1	(0.7 - 1.8)	29,000
Mexican	1.2	(0.8 - 1.6)	63,000
Central American	—	—	—
Other	—	—	—
African American	2.1	(1.3 - 3.2)	32,000
American Indian/ Alaska Native	—	—	—
Asian	0.5	(0.3 - 0.9)	18,000
Chinese	—	—	—
Filipino	—	—	—
Japanese	—	—	—
Korean	—	—	—
South Asian	—	—	—
Vietnamese	—	—	—
Federal Poverty Level			
0-99% FPL	2.3	(1.7 - 3.1)	79,000
100-199% FPL	1.4	(1.1 - 1.8)	68,000
200-299% FPL	1.8	(1.3 - 2.5)	61,000
> 300% FPL	1.0	(0.8 - 1.2)	145,000
Insurance Status			
Insured	1.3	(1.1 - 1.5)	289,000
Uninsured	1.2	(0.8 - 1.8)	52,000
Total	1.3	(1.2 - 1.5)	347,000

Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Physical Health in the Past 30 Days, Adults Age 18 and Older (Table 11)

About eleven percent of adults (11.3%) reported that they had poor physical health due to illness or injury on 14 or more of the past 30 days ("poor physical health").

Significant Differences:

Age: Among adults age 25 and older, the likelihood of having 14 or more days of poor physical health in the past 30 days increased with age; each age category was more likely to have poor physical health than younger age groups.

Gender: Women were more likely than men to have had 14 or more days of poor physical health in the past 30 days.

Major racial/ethnic groups: American Indian/Alaska Natives were more likely to have had 14 or more days of poor physical health than all other racial/ethnic groups. Latinos were more likely to have had 14 or more days of poor physical health than Whites. Asians were less likely than all other major racial/ethnic groups to have had poor physical health in the past 30 days.

Asian ethnic groups: Koreans and Vietnamese were more likely to have had 14 or more days of poor physical health than Chinese and Filipinos.

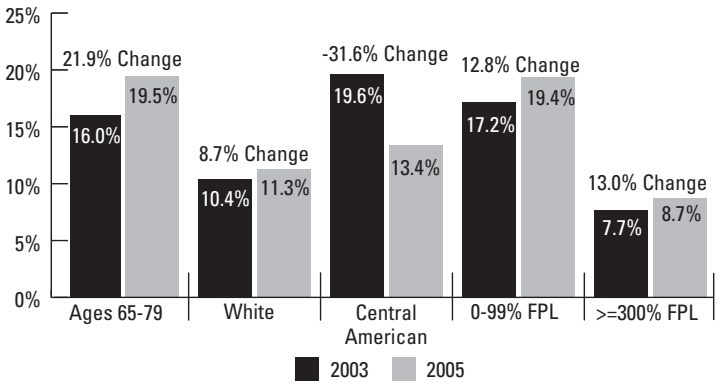
Household income: The likelihood of 14 or more days of poor physical health decreased as household income increased; each income category was less likely to have had 14 or more days of poor physical health than all lower income categories.

Change from 2003 to 2005 (Graph 9): The likelihood of 14 or more days of poor physical health increased among adults ages 65-79, whites, those with household incomes below 100% FPL and those at or above 300% FPL. The likelihood decreased among Central American Latinos.

Table 11.
Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Physical Health in the Past 30 Days, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	5.9	(4.9 - 7.1)	208,000
25-39	7.1	(6.5 - 7.9)	570,000
40-64	13.2	(12.5 - 13.8)	1,446,000
65-79	19.5	(18.1 - 21.1)	549,000
80+	23.3	(21.1 - 25.7)	247,000
Gender			
Male	9.2	(8.7 - 9.8)	1,193,000
Female	13.2	(12.6 - 13.8)	1,776,000
Race/Ethnicity			
White	11.3	(10.7 - 11.8)	1,532,000
Latino	13.0	(11.9 - 14.3)	885,000
Foreign-Born	13.8	(12.2 - 15.5)	590,000
U.S.-Born	11.8	(10.3 - 13.6)	296,000
Mexican	13.0	(11.7 - 14.4)	713,000
Central American	13.4	(10.1 - 17.7)	99,000
Other	12.9	(9.6 - 17.0)	72,000
African American	12.6	(10.9 - 14.5)	193,000
American Indian/ Alaska Native	20.3	(15.6 - 25.8)	52,000
Asian	8.2	(7.2 - 9.4)	272,000
Chinese	7.0	(5.4 - 9.1)	64,000
Filipino	6.2	(4.3 - 8.7)	52,000
Japanese	8.6	(5.3 - 13.5)	21,000
Korean	14.3	(11.1 - 18.3)	46,000
South Asian	8.0	(4.8 - 13.0)	34,000
Vietnamese	13.2	(10.1 - 17.0)	52,000
Federal Poverty Level			
0-99% FPL	19.4	(17.8 - 21.1)	663,000
100-199% FPL	15.1	(14.0 - 16.3)	739,000
200-299% FPL	11.5	(10.4 - 12.6)	394,000
> 300% FPL	8.7	(8.2 - 9.2)	1,270,000
Insurance Status			
Insured	11.1	(10.6 - 11.5)	2,451,000
Uninsured	11.2	(9.2 - 13.5)	474,000
Total	11.3	(10.9 - 11.7)	2,976,000

Graph 9
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Physical Health in the Past 30 Days, Adults Age 18 and Older



Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Mental Health in the Past 30 Days, Adults Age 18 and Older (Table 12)

Overall, 12.2% of adults reported that they had 14 or more days of poor mental health in the past 30 days ("frequent mental distress").

Significant Differences:

Age: Adults age 80 and older were less likely to report 14 or more days of poor mental health than those ages 18-24 and 40-64. Adults ages 65-79 had a lower 30-day incidence of frequent mental distress than those in the three youngest age groups.

Gender: Males were less likely to report frequent mental distress than females.

Major racial/ethnic groups: Asians were less likely to report frequent mental distress than all other groups.

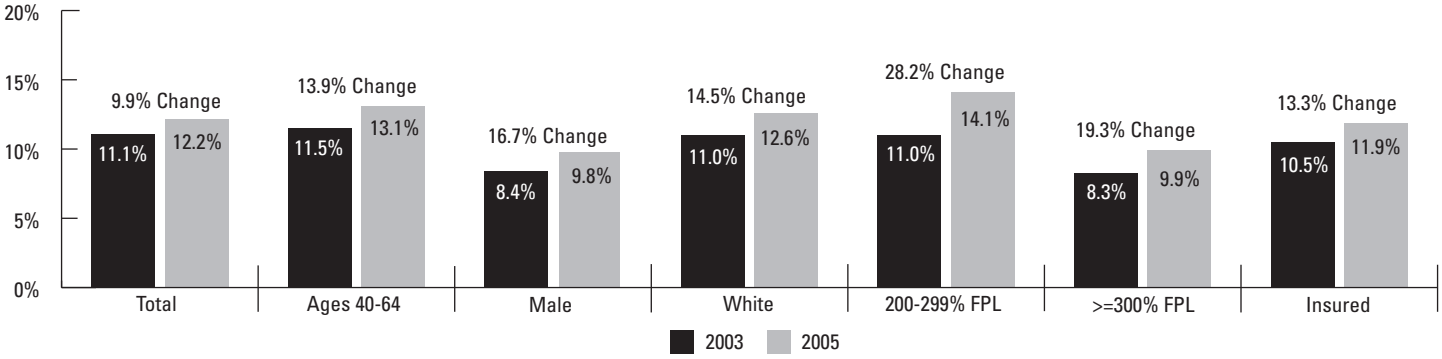
Household income: Those with household incomes at or above 300% FPL were less likely to have had frequent mental distress than all other income groups.

Change from 2003 to 2005 (Graph 10): There was an overall increase in the 30-day incidence of frequent mental distress. Increases also occurred among those ages 40-64, males, Whites, those with household incomes at 200-299% FPL and at or above 300% FPL, and those with health insurance.

Table 12.
Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Mental Health in the Past 30 Days, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	14.3	(12.6 - 16.1)	507,000
25-39	11.8	(11.0 - 12.7)	943,000
40-64	13.1	(12.4 - 13.8)	1,439,000
65-79	8.9	(7.9 - 10.1)	251,000
80+	9.1	(7.5 - 11.1)	97,000
Gender			
Male	9.8	(9.2 - 10.5)	1,272,000
Female	14.6	(13.9 - 15.3)	1,961,000
Race/Ethnicity			
White	12.6	(12.0 - 13.3)	1,719,000
Latino	12.7	(11.5 - 13.9)	860,000
Foreign-Born	10.8	(9.5 - 12.3)	462,000
U.S.-Born	15.3	(13.4 - 17.5)	383,000
Mexican	12.4	(11.2 - 13.8)	683,000
Central American	12.1	(8.9 - 16.2)	89,000
Other	15.5	(11.9 - 19.8)	87,000
African American	17.2	(14.9 - 19.7)	264,000
American Indian/ Alaska Native	17.6	(13.2 - 23.1)	46,000
Asian	8.6	(7.4 - 10.0)	284,000
Chinese	7.3	(5.6 - 9.6)	67,000
Filipino	8.4	(5.7 - 12.2)	71,000
Japanese	10.8	(6.7 - 16.8)	27,000
Korean	11.4	(8.4 - 15.4)	37,000
South Asian	8.5	(5.2 - 13.5)	36,000
Vietnamese	11.3	(8.2 - 15.5)	45,000
Federal Poverty Level			
0-99% FPL	17.4	(15.8 - 19.0)	593,000
100-199% FPL	15.9	(14.7 - 17.3)	779,000
200-299% FPL	14.1	(12.6 - 15.7)	483,000
> 300% FPL	9.9	(9.3 - 10.5)	1,449,000
Insurance Status			
Insured	11.9	(11.4 - 12.5)	2,645,000
Uninsured	13.5	(11.7 - 15.6)	575,000
Total	12.2	(11.8 - 12.7)	3,230,000

Graph 10
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of Having 14 or More Unhealthy Days Due to Poor Mental Health in the Past 30 Days, Adults Age 18 and Older



Age-Adjusted Incidence of Having 14 or More Days of Activity Limitations in the Past 30 Days, Adults Age 18 and Older (Table 13)

About six percent of adults (5.7%) had 14 or more days in the past 30 days on which they were not able to perform regular daily activities because of poor physical or mental health ("activity limitations").

Significant Differences:

Age: Adults under age 40 were less likely to have had 14 or more days of activity limitations than adults age 40 and older.

Gender: Males were less likely than females to have had 14 or more days of activity limitations.

Major racial/ethnic groups: Asians were less likely than all other racial/ethnic groups to have had 14 or more days of activity limitations. American Indian/Alaska Natives and African Americans were more likely than Whites, Latinos and Asians to have had 14 or more days of activity limitations.

Latino, foreign-born vs. U.S.-born: Foreign-born Latinos were less likely to have had 14 or more days of activity limitations in the past month than U.S.-born Latinos.

Latino ethnic groups: Central Americans were less likely to have had 14 or more days of activity limitations than Mexicans and Other Latinos.

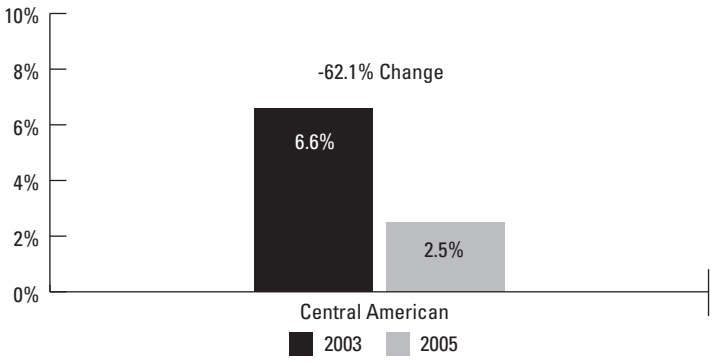
Household income: Adults living in households below 100% FPL were more likely to have had 14 or more days of activity limitations than those living at or above 100% FPL. Adults living at or above 300% FPL were more likely to have had 14 or more days of activity limitations than the other income groups.

Change from 2003 to 2005 (Graph 11): The incidence of 14 or more days of activity limitations in the past 30 days decreased among Central American Latinos.

Table 13.
Age-Adjusted Incidence of Having 14 or More Days of Activity Limitations in the Past 30 Days, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	4.3	(3.4 - 5.4)	151,000
25-39	4.2	(3.7 - 4.8)	335,000
40-64	6.7	(6.2 - 7.1)	732,000
65-79	7.6	(6.8 - 8.6)	215,000
80+	7.8	(6.4 - 9.5)	83,000
Gender			
Male	4.7	(4.3 - 5.2)	612,000
Female	6.6	(6.2 - 7.0)	885,000
Race/Ethnicity			
White	6.1	(5.7 - 6.5)	829,000
Latino	5.3	(4.6 - 6.1)	357,000
Foreign-Born	4.3	(3.5 - 5.2)	182,000
U.S.-Born	6.8	(5.5 - 8.4)	170,000
Mexican	5.3	(4.6 - 6.2)	293,000
Central American	2.5	(1.4 - 4.4)	18,000
Other	7.9	(5.5 - 11.3)	44,000
African American	8.7	(7.1 - 10.5)	133,000
American Indian/ Alaska Native	10.2	(7.2 - 14.2)	26,000
Asian	3.5	(2.8 - 4.5)	118,000
Chinese	2.5	(1.5 - 4.1)	23,000
Filipino	3.7	(2.2 - 6.1)	31,000
Japanese	7.1	(3.9 - 12.3)	17,000
Korean	2.4	(1.4 - 4.2)	8,000
South Asian	—	—	—
Vietnamese	5.2	(3.4 - 7.8)	21,000
Federal Poverty Level			
0-99% FPL	10.2	(9.0 - 11.4)	346,000
100-199% FPL	7.7	(7.0 - 8.5)	377,000
200-299% FPL	6.2	(5.3 - 7.2)	212,000
> 300% FPL	4.1	(3.8 - 4.5)	607,000
Insurance Status			
Insured	5.6	(5.3 - 6.0)	1,248,000
Uninsured	4.7	(4.0 - 5.6)	202,000
Total	5.7	(5.4 - 6.0)	1,499,000

Graph 11
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of Having 14 or More Days of Activity Limitations in the Past 30 Days, Adults Age 18 and Older



Age-Adjusted Incidence of Perceived Need for Mental Health Services in the Past 12 Months, Adults Age 18 and Older (Table 14)

Eighteen percent of adults reported needing mental health services at some time during the past 12 months.

Significant Differences:

Age: Adults ages 65-79 and 80 and older were less likely than adults ages 18-64 to report needing mental health services in the past 12 months.

Gender: Females were more likely than males to report needing mental health services.

Major racial/ethnic groups: Asians were less likely to report needing mental health services than all other groups except African Americans.

Household income: The need for mental health services decreased as income increased. Adults with incomes at or above 300% FPL were less likely to report needing mental health services in the past 12 months than all other income groups. Adults with incomes of 100-299% FPL were less likely to report needing services than those below 100% FPL.

Insurance status: A higher proportion of adults without health insurance reported a need for mental health services than those with health insurance.

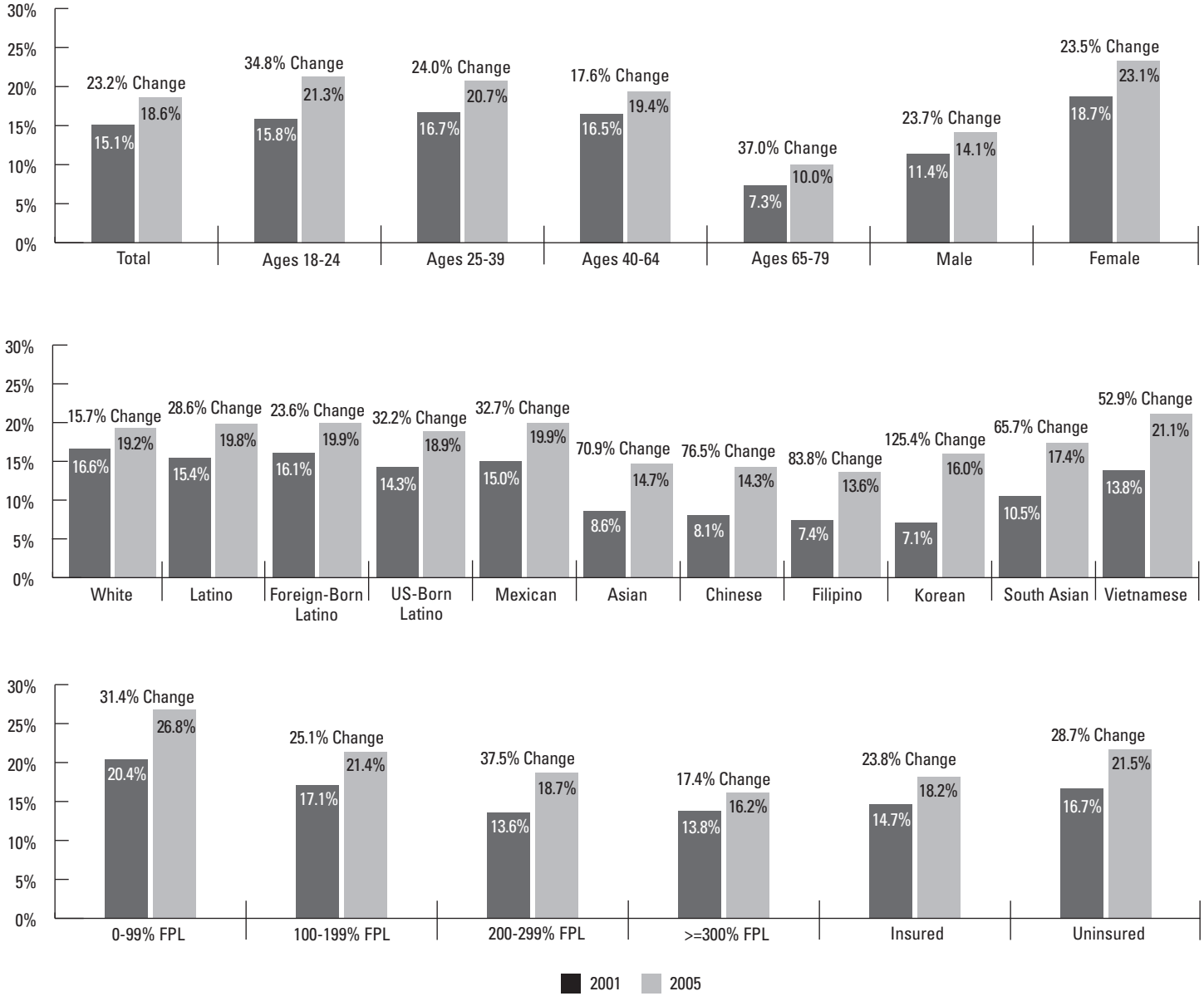
Change from 2001 to 2005 (Graph 12): Perceived need for mental health services in the past 12 months was not measured in 2003; changes are shown for the period 2001-2005. There was an overall increase in need for mental health services. Increases occurred among adults ages 18-79, both genders, all income levels and those with and without insurance. Whites, Latinos (including all sub-groups except Central Americans and Other Latinos) and Asians (including all subgroups except Japanese) showed increases in the need for mental health services.

Table 14.
Age-Adjusted Incidence of Perceived Need for Mental Health Services in the Past 12 Months, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	21.3	(19.3 - 23.4)	754,000
25-39	20.7	(19.6 - 21.9)	1,649,000
40-64	19.4	(18.7 - 20.2)	2,135,000
65-79	10.0	(8.9 - 11.2)	279,000
80+	7.0	(5.7 - 8.4)	69,000
Gender			
Male	14.1	(13.3 - 14.9)	1,819,000
Female	23.1	(22.3 - 23.9)	3,091,000
Race/Ethnicity			
White	19.2	(18.5 - 20.0)	2,603,000
Latino	19.8	(18.5 - 21.1)	1,341,000
Foreign-Born	19.9	(18.4 - 21.6)	853,000
U.S.-Born	18.9	(16.8 - 21.1)	472,000
Mexican	19.9	(18.5 - 21.4)	1,090,000
Central American	18.2	(14.5 - 22.6)	134,000
Other	20.5	(16.5 - 25.2)	115,000
African American	18.6	(16.2 - 21.1)	283,000
American Indian/ Alaska Native	20.6	(16.4 - 25.4)	53,000
Asian	14.7	(13.1 - 16.3)	484,000
Chinese	14.3	(11.7 - 17.5)	131,000
Filipino	13.6	(10.3 - 17.8)	113,000
Japanese	13.3	(8.7 - 19.8)	33,000
Korean	16.0	(12.4 - 20.3)	51,000
South Asian	17.4	(12.6 - 23.5)	74,000
Vietnamese	21.1	(17.0 - 25.8)	84,000
Federal Poverty Level			
0-99% FPL	26.8	(24.9 - 28.8)	913,000
100-199% FPL	21.4	(20.0 - 23.0)	1,042,000
200-299% FPL	18.7	(17.2 - 20.4)	638,000
> 300% FPL	16.2	(15.5 - 16.9)	2,372,000
Insurance Status			
Insured	18.2	(17.6 - 18.8)	4,017,000
Uninsured	21.5	(19.0 - 24.1)	913,000
Total	18.6	(18.0 - 19.2)	4,890,000

Age-Adjusted Incidence of Perceived Need for Mental Health Services in the Past 12 Months, Adults Age 18 and Older (continued)

Graph 12
Significant Changes from 2001 to 2005:
Age-Adjusted Incidence of Perceived Need for Mental Health Services in the Past 12 Months, Adults Age 18 and Older



Age-Adjusted Incidence of Any Mental Health Services Utilization in the Past 12 Months, Adults Age 18 and Older with a Perceived Need for Mental Health Services (Table 15)

Less than one third of adults (31.5%) who reported needing mental health services in the past 12 months received them.

Significant Differences:

Age: Adults ages 40-64 who needed mental health services were more likely than those in all other age groups to receive them.

Major racial/ethnic groups: Latinos and Asians were less likely than Whites, African Americans and American Indian/Alaska Natives to have received needed mental health services.

Latino, foreign-born vs. U.S.-born: Foreign-born Latinos were less likely to receive needed mental health services than U.S.-born Latinos.

Household income: Adults with household incomes at or above 200% FPL were more likely to receive needed mental health services than those below 200% FPL.

Insurance status: Adults with health insurance were more likely to receive needed mental health services than those without health insurance.

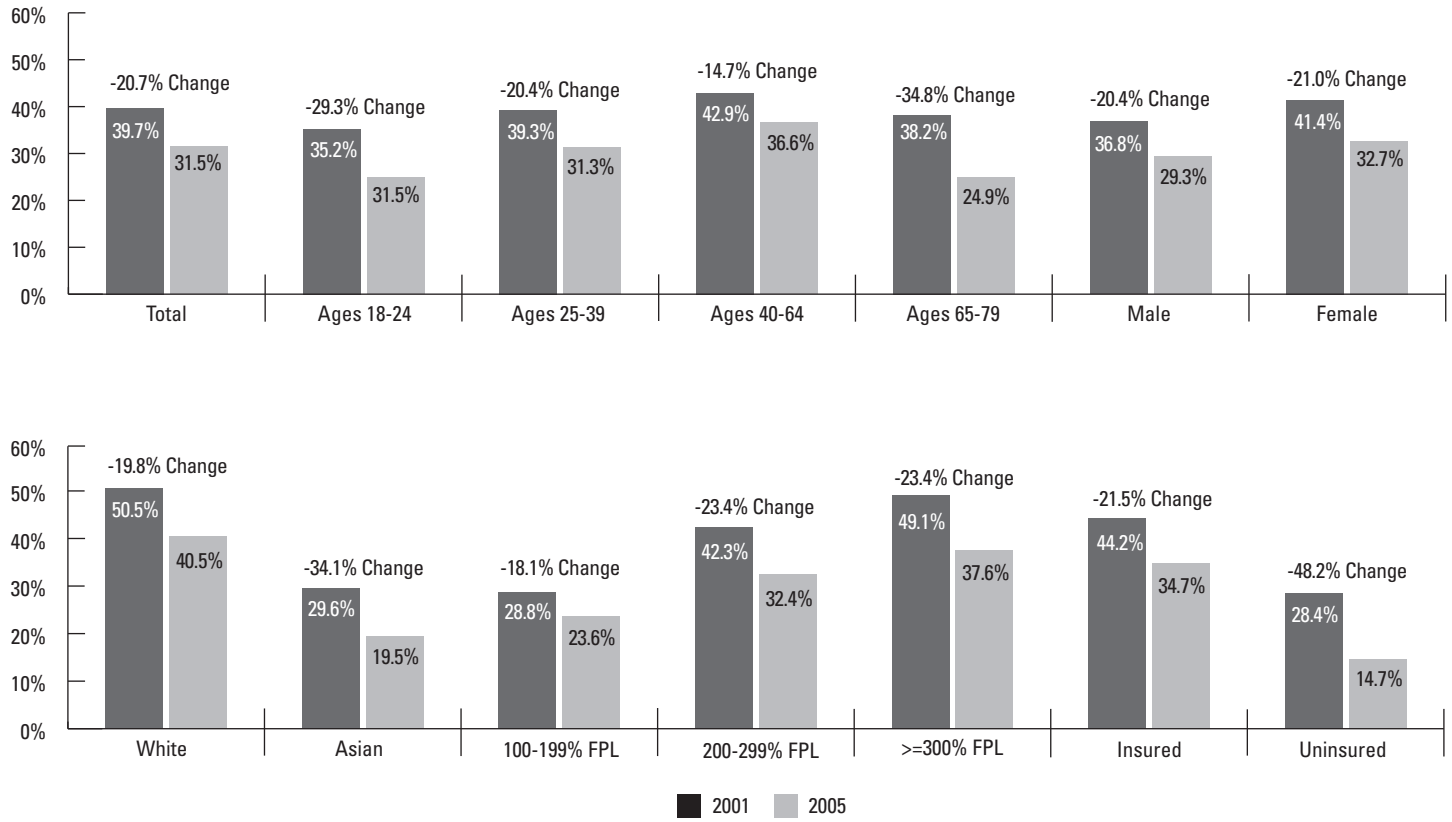
Change from 2001 to 2005 (Graph 13): Mental health services utilization was not measured in 2003; changes are reported for the 2001-2005 period. There was an overall decrease in adults receiving needed mental health services. There were also decreases in every age group except those age 80 and older, males and females, Whites, Asians, those with incomes at or above 100% FPL, and those with and without health insurance.

Table 15.
Age-Adjusted Incidence of Any Mental Health Services Utilization in the Past 12 Months, Adults Age 18 and Older with a Perceived Need for Mental Health Services

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	24.9	(20.7 - 29.7)	188,000
25-39	31.3	(28.6 - 34.2)	517,000
40-64	36.6	(34.7 - 38.6)	781,000
65-79	24.9	(20.7 - 29.7)	69,000
80+	21.9	(14.8 - 31.3)	15,000
Gender			
Male	29.3	(26.8 - 32.0)	539,000
Female	32.7	(31.0 - 34.5)	998,000
Race/Ethnicity			
White	40.5	(38.6 - 42.5)	1,012,000
Latino	18.1	(15.6 - 20.9)	252,000
Foreign-Born	13.4	(10.6 - 16.7)	118,000
U.S.-Born	28.0	(23.1 - 33.6)	142,000
Mexican	17.0	(14.4 - 20.0)	193,000
Central American	16.4	(10.5 - 24.7)	22,000
Other	26.4	(18.8 - 35.7)	32,000
African American	33.4	(27.6 - 39.7)	97,000
American Indian/ Alaska Native	43.1	(33.1 - 53.7)	23,000
Asian	19.5	(15.6 - 24.0)	95,000
Chinese	20.8	(15.1 - 27.9)	26,000
Filipino	21.8	(12.4 - 35.6)	25,000
Japanese	—	—	—
Korean	21.4	(12.5 - 34.1)	11,000
South Asian	16.7	(10.0 - 26.5)	12,000
Vietnamese	18.8	(11.7 - 28.9)	15,000
Federal Poverty Level			
0-99% FPL	24.4	(21.2 - 27.8)	217,000
100-199% FPL	23.6	(20.8 - 26.5)	241,000
200-299% FPL	32.4	(28.2 - 36.8)	198,000
> 300% FPL	37.6	(35.5 - 39.8)	887,000
Insurance Status			
Insured	34.7	(33.1 - 36.3)	1,369,000
Uninsured	14.7	(12.2 - 17.5)	138,000
Total	31.5	(30.0 - 32.9)	1,538,000

Age-Adjusted Incidence of Any Mental Health Services Utilization in the Past 12 Months, Adults Age 18 and Older with a Perceived Need for Mental Health Services (continued)

Graph 13
Significant Changes from 2001 to 2005:
Age-Adjusted Incidence of Any Mental Health Services Utilization in the Past 12 Months, Adults Ages 18 and Older with a Perceived Need for Mental Health Services



HEALTH BEHAVIORS

Age-Adjusted Prevalence of Current Smoking, Adults Age 18 and Older (Table 16)

Healthy People 2010 Objective 27-1 states that no more than 12% of the adult population age 18 and older will smoke cigarettes.

Overall, the objective was not met. About fifteen percent of adults (15.2%) reported being current smokers, defined as having smoked at least 100 cigarettes in their lifetime and currently smoking daily or some days. Those in the 65-and-older age group met the goal, as did Central Americans, Chinese and South Asians.

Significant Differences:

Age: Adults ages 18-64 were more likely to smoke than those age 65 and older.

Gender: Males were more likely to smoke than females.

Major racial/ethnic groups: American Indian/Alaska Natives were more likely to smoke than all other major racial/ethnic groups. Whites were more likely to smoke than Latinos and Asians.

Latino ethnic groups: Central Americans were less likely to smoke than Mexicans.

Asian ethnic groups: South Asians were less likely to smoke than all other Asian groups except Chinese. Koreans were more likely to smoke than Chinese and South Asians.

Household income: Adults with household incomes below 300% FPL were more likely to smoke than those with incomes at or above 300% FPL.

Insurance status: Adults without health insurance were more likely to smoke than those with health insurance.

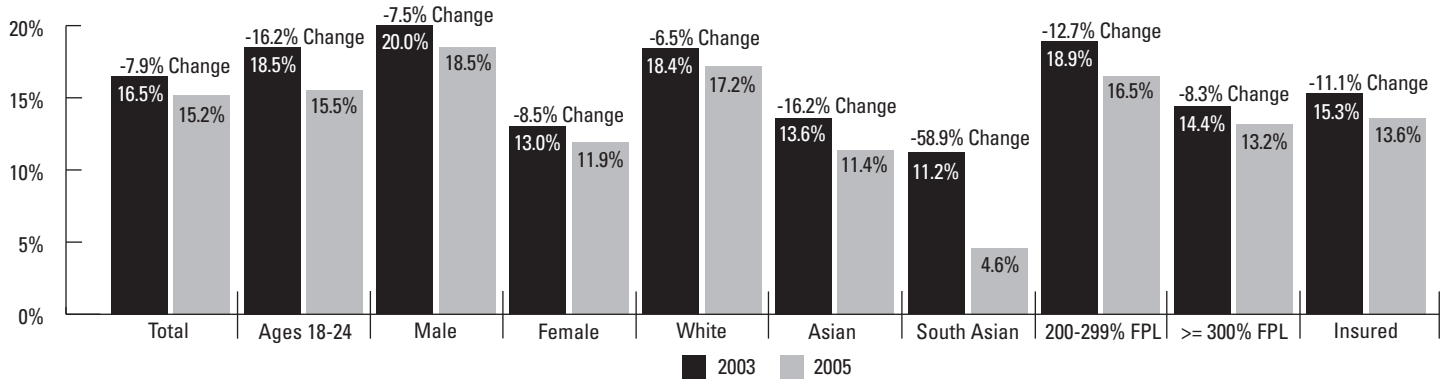
Change from 2003 to 2005 (Graph 14): Smoking decreased overall; it also decreased among adults ages 18-24, males, females, Whites, Asians, South Asians, those with household incomes of 200-299% FPL, those with household incomes at or above 300% FPL, and those with health insurance.

Table 16.
Age-Adjusted Prevalence of Current Smoking, Adults Age 18 and Older

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	15.5	(13.8 - 17.2)	549,000
25-39	17.2	(16.1 - 18.4)	1,372,000
40-64	16.3	(15.6 - 17.0)	1,788,000
65-79	9.0*	(8.1 - 10.0)	254,000
80+	3.5*	(2.7 - 4.5)	37,000
Gender			
Male	18.5	(17.6 - 19.4)	2,396,000
Female	11.9	(11.3 - 12.4)	1,594,000
Race/Ethnicity			
White	17.2	(16.5 - 17.9)	2,341,000
Latino	12.4	(11.3 - 13.5)	839,000
Foreign-Born	11.4	(10.1 - 12.9)	489,000
U.S.-Born	14.5	(12.7 - 16.6)	364,000
Mexican	12.9	(11.7 - 14.2)	707,000
Central American	7.8*	(5.4 - 11.1)	58,000
Other	14.2	(10.9 - 18.3)	79,000
African American	18.2	(16.0 - 20.7)	280,000
American Indian/ Alaska Native	28.2	(23.1 - 33.9)	73,000
Asian	11.4	(10.0 - 13.0)	378,000
Chinese	7.5*	(5.9 - 9.6)	69,000
Filipino	13.1	(9.7 - 17.6)	110,000
Japanese	13.0	(8.5 - 19.3)	32,000
Korean	20.3	(16.1 - 25.3)	65,000
South Asian	4.6*	(2.8 - 7.4)	20,000
Vietnamese	13.9	(10.4 - 18.3)	55,000
Federal Poverty Level			
0-99% FPL	19.0	(17.5 - 20.7)	650,000
100-199% FPL	18.9	(17.4 - 20.4)	922,000
200-299% FPL	16.5	(15.0 - 18.0)	566,000
> 300% FPL	13.2	(12.6 - 13.9)	1,936,000
Insurance Status			
Insured	13.6	(13.0 - 14.1)	3,000,000
Uninsured	21.9	(20.3 - 23.6)	932,000
Total	15.2	(14.7 - 15.7)	4,009,000

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

Graph 14
Significant Changes from 2003 to 2005:
Age-Adjusted Prevalence of Current Smoking, Adults Age 18 and Older



Age-Adjusted Incidence of Any Binge Drinking in the Past Month, Adult Males Age 18 and Older (Table 17)

Healthy People 2010 Objective 26-11c states that no more than 6% of adults will engage in binge drinking. For males, binge drinking was defined as having five or more drinks on at least one occasion.

Overall, the objective was not met; 24.6% of adult males reported binge drinking during the past month. Those in the 80-and-older age group met the goal.

Significant Differences:

Age: Among men age 25 and older, the likelihood of binge drinking decreased with age; each age group had a lower occurrence of any binge drinking than the younger age groups.

Major racial/ethnic groups: Asian and African American males were less likely to engage in binge drinking than Whites, Latinos or American Indian/Alaska Natives.

Latino, foreign-born vs. U.S.-born: Foreign-born Latino males were less likely to report binge drinking than U.S.-born Latinos.

Asian ethnic groups: Filipinos were more likely to engage in binge drinking than Chinese and South Asians. Vietnamese males were more likely to binge drink than Chinese males.

Change from 2003 to 2005 (Graph 15): The 30-day incidence of any binge drinking among Chinese males decreased. Vietnamese males and those with household incomes of 200-299% FPL showed an increase in any 30-day binge drinking.

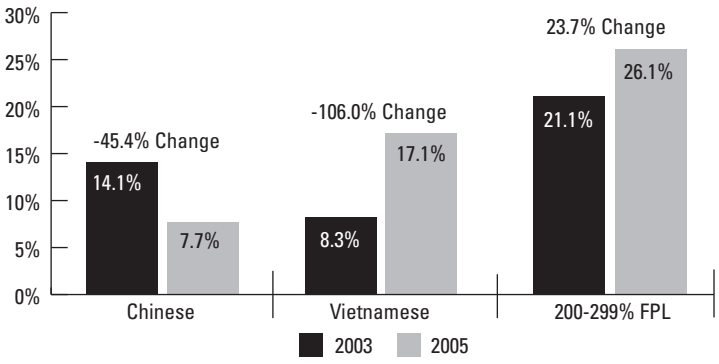
Table 17.
Age-Adjusted Incidence of Any Binge Drinking in the Past Month, Adult Males Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	34.5	(31.2 - 37.9)	629,000
25-39	34.1	(32.0 - 36.3)	1,390,000
40-64	19.6	(18.4 - 20.9)	1,052,000
65-79	8.8	(7.3 - 10.7)	113,000
80+	2.8*	(1.7 - 4.4)	11,000
Race/Ethnicity			
White	25.8	(24.5 - 27.1)	1,720,000
Latino	28.6	(26.4 - 31.0)	995,000
Foreign-Born	25.7	(22.9 - 28.7)	580,000
U.S.-Born	34.2	(30.5 - 38.1)	418,000
Mexican	29.5	(27.0 - 32.2)	828,000
Central American	21.9	(16.1 - 29.1)	83,000
Other	28.2	(22.0 - 35.3)	83,000
African American	15.4	(12.2 - 19.3)	107,000
American Indian/ Alaska Native	27.8	(19.9 - 37.4)	32,000
Asian	14.6	(12.3 - 17.1)	226,000
Chinese	7.7	(5.2 - 11.4)	31,000
Filipino	21.4	(15.7 - 28.5)	84,000
Japanese	—	—	—
Korean	21.1	(15.3 - 28.4)	29,000
South Asian	8.2	(4.8 - 13.6)	20,000
Vietnamese	17.1	(11.5 - 24.9)	33,000
Federal Poverty Level			
0-99% FPL	21.1	(18.3 - 24.1)	304,000
00-199% FPL	24.3	(21.7 - 27.0)	552,000
200-299% FPL	26.1	(23.3 - 29.2)	433,000
> 300% FPL	25.1	(23.9 - 26.4)	1,903,000
Insurance Status			
Insured	24.0	(23.0 - 25.1)	2,529,000
Uninsured	25.2	(23.0 - 27.6)	612,000
Total	24.6	(23.6 - 25.6)	3,180,000

* 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.

Graph 15
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of Any Binge Drinking in the Past Month, Adult Males Age 18 and Older



Age-Adjusted Incidence of Any Binge Drinking in the Past Month, Adult Females Age 18 and Older (Table 18)

Healthy People 2010 Objective 26-11c states that no more than 6% of adults will engage in binge drinking. For females, binge drinking was defined as having four or more drinks on at least one occasion.

Overall, the objective was not met; 11.1% of California women reported binge drinking in 2005. Women age 65 and older met the objective.

Significant Differences:

Age: The likelihood of any binge drinking decreased with age; each age group had a lower incidence of binge drinking than all younger age groups.

Major racial/ethnic groups: White women were more likely to report binge drinking than African American, Latina and Asian women.

Latinas, foreign-born vs. U.S.-born: U.S.-born Latinas were more likely to binge drink than foreign-born Latinas.

Household income: Females living in households at or above 300% FPL were more likely to engage in binge drinking than those living in households below 300% FPL.

Table 18.
Age-Adjusted Incidence of Any Binge Drinking in the Past Month, Adult Females Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	19.4	(16.8 - 22.3)	335,000
25-39	13.9	(12.7 - 15.2)	542,000
40-64	9.1	(8.4 - 9.8)	511,000
65-79	3.2*	(2.6 - 3.9)	49,000
80+	1.0*	(0.6 - 1.5)	6,000
Race/Ethnicity			
White	15.2	(14.2 - 16.2)	1,054,000
Latino	8.4	(7.3 - 9.7)	279,000
Foreign-Born	4.7	(3.6 - 6.1)	96,000
U.S.-Born	14.8	(12.4 - 17.7)	190,000
Mexican	9.3	(8.0 - 10.8)	250,000
Central American	—	—	—
Other	6.4	(4.0 - 10.3)	17,000
African American	8.5	(6.5 - 11.0)	72,000
American Indian/ Alaska Native	10.0	(6.2 - 15.7)	14,000
Asian	5.0	(3.9 - 6.5)	88,000
Chinese	—	—	—
Filipino	6.3	(3.5 - 10.9)	28,000
Japanese	—	—	—
Korean	11.1	(6.9 - 17.3)	20,000
South Asian	—	—	—
Vietnamese	—	—	—
Federal Poverty Level			
0-99% FPL	7.4	(6.1 - 8.8)	145,000
100-199% FPL	8.8	(7.5 - 10.2)	229,000
200-299% FPL	9.9	(8.4 - 11.6)	176,000
> 300% FPL	13.4	(12.5 - 14.5)	953,000
Insurance Status			
Insured	11.3	(10.6 - 12.0)	1,308,000
Uninsured	9.8	(8.4 - 11.4)	179,000
Total	11.1	(10.5 - 11.8)	1,494,000

* 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.

Age-Adjusted Prevalence of Overweight or Obesity, Adults Age 18 and Older (Table 19)

At the time of the interview, more than half of adults (55.9%) were overweight or obese, defined as having a body mass index (BMI) of 25 or greater.

Significant Differences:

Age: Adults ages 18-24 were less likely to be overweight or obese than all other age groups except those age 80 and older. Adults age 80 and older were less likely to be overweight or obese than those ages 25-79. Those ages 25-39 were less likely to be overweight or obese than those ages 40-79.

Gender: A higher proportion of men than women were overweight or obese.

Major racial/ethnic groups: Asians were less likely to be overweight or obese than all other major racial/ethnic groups. Whites were less likely to be overweight or obese than Latinos, African Americans or American Indian/Alaska Natives.

Latino ethnic groups: Mexicans were more likely to be overweight or obese than Central Americans or Other Latinos.

Asian ethnic groups: Filipinos and South Asians were more likely than Chinese and Vietnamese to be overweight or obese, and Chinese were less likely to be overweight or obese than Japanese.

Household income: Adults at or above 300% FPL were less likely to be overweight or obese than all other income groups. Those between 200% and 299% FPL were less likely to be overweight or obese than those at or below 100% FPL.

Insurance status: Insured individuals were less likely to be overweight or obese than those without health insurance.

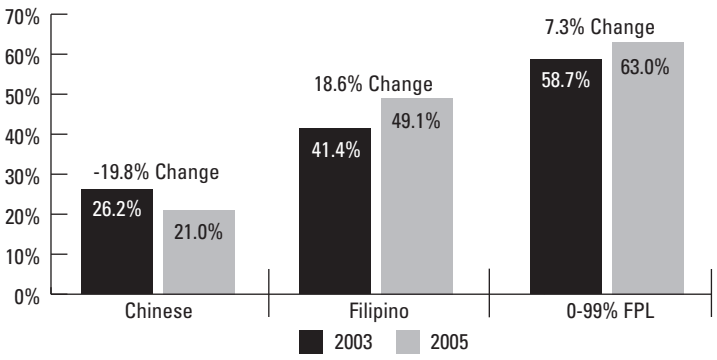
Change from 2003 to 2005 (Graph 16): The prevalence of overweight or obesity decreased among Chinese. It increased among Filipinos and those below 100% FPL.

Table 19
Age-Adjusted Prevalence of Overweight or Obesity*, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	39.9	(37.5 - 42.4)	1,417,000
25-39	55.6	(54.1 - 57.0)	4,430,000
40-64	61.8	(60.9 - 62.8)	6,798,000
65-79	60.4	(58.7 - 62.1)	1,699,000
80+	43.0	(40.4 - 45.7)	456,000
Gender			
Male	65.5	(64.4 - 66.5)	8,476,000
Female	46.5	(45.6 - 47.4)	6,252,000
Race/Ethnicity			
White	53.3	(52.4 - 54.2)	7,258,000
Latino	68.5	(66.9 - 70.1)	4,651,000
Foreign-Born	68.9	(66.8 - 70.9)	2,952,000
U.S.-Born	67.9	(65.3 - 70.4)	1,700,000
Mexican	70.2	(68.4 - 71.9)	3,853,000
Central American	62.0	(56.6 - 67.1)	456,000
Other	62.4	(57.5 - 67.0)	349,000
African American	66.8	(63.9 - 69.7)	1,026,000
American Indian/ Alaska Native	62.9	(56.7 - 68.6)	163,000
Asian	32.6	(30.6 - 34.8)	1,081,000
Chinese	21.0	(18.3 - 24.0)	192,000
Filipino	49.1	(43.9 - 54.3)	414,000
Japanese	33.9	(27.3 - 41.2)	84,000
Korean	27.6	(23.0 - 32.7)	89,000
South Asian	35.3	(29.5 - 41.7)	151,000
Vietnamese	24.5	(20.1 - 29.4)	97,000
Federal Poverty Level			
0-99% FPL	63.0	(61.0 - 65.0)	2,150,000
100-199% FPL	60.6	(58.8 - 62.3)	2,958,000
200-299% FPL	57.6	(55.6 - 59.5)	1,977,000
> 300% FPL	52.3	(51.4 - 53.2)	7,665,000
Insurance Status			
Insured	54.9	(54.1 - 55.7)	12,149,000
Uninsured	59.7	(56.3 - 63.0)	2,539,000
Total	55.9	(55.2 - 56.6)	14,759,000

* Body Mass Index (BMI) equal to or greater than 25

Graph 16
Significant Changes from 2003 to 2005: Age-Adjusted Prevalence of Overweight or Obesity, Adults Age 18 and Older



Age-Adjusted Incidence of No Moderate or Vigorous Physical Activity in the Past Seven Days, Adults Age 18 and Older (Table 20)

More than one-third of adults (37.2%) reported getting no moderate or vigorous physical activity ("no physical activity") in the past seven days.

Significant Differences:

Age: Adults age 80 and older were more likely than all other age groups to report no physical activity in the past seven days. Adults 18-24 were less likely to report no physical activity in the past seven days than all other age groups.

Gender: More women than men reported no physical activity in the past seven days.

Major racial/ethnic groups: Whites were less likely to report no physical activity than all other groups except American Indian/Alaska Natives.

Latino, foreign-born vs. U.S.-born: Foreign-born Latinos were more likely than U.S.-born Latinos to report no physical activity in the past seven days.

Asian ethnic groups: Chinese were more likely to report no physical activity than Filipinos and South Asians; Vietnamese were more likely to report no physical activity than South Asians.

Household income: The proportion of persons engaging in no physical activity decreased as income increased; each income group was less likely to report no physical activity than all lower income groups.

Insurance status: Uninsured adults were more likely to report having no physical activity than those with health insurance.

Table 20.
Age-Adjusted Incidence of No Moderate or Vigorous Physical Activity in the Past Seven Days, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	31.3	(29.0 - 33.6)	1,110,000
25-39	36.7	(35.3 - 38.1)	2,926,000
40-64	38.1	(37.2 - 39.1)	4,191,000
65-79	37.9	(36.2 - 39.7)	1,067,000
80+	50.4	(47.7 - 53.1)	535,000
Gender			
Male	32.7	(31.7 - 33.7)	4,231,000
Female	41.6	(40.6 - 42.5)	5,590,000
Race/Ethnicity			
White	32.9	(32.1 - 33.8)	4,485,000
Latino	41.4	(39.7 - 43.1)	2,809,000
Foreign-Born	43.6	(41.3 - 45.9)	1,868,000
U.S.-Born	37.4	(34.8 - 40.1)	936,000
Mexican	41.4	(39.5 - 43.3)	2,272,000
Central American	44.2	(39.0 - 49.6)	326,000
Other	37.2	(32.2 - 42.6)	208,000
African American	41.9	(38.9 - 44.9)	643,000
American Indian/ Alaska Native	31.0	(25.9 - 36.7)	80,000
Asian	43.9	(41.7 - 46.1)	1,452,000
Chinese	50.6	(46.8 - 54.3)	462,000
Filipino	38.9	(33.8 - 44.3)	328,000
Japanese	40.4	(33.1 - 48.2)	100,000
Korean	45.8	(40.6 - 51.2)	147,000
South Asian	35.5	(29.5 - 42.0)	151,000
Vietnamese	48.4	(42.9 - 53.9)	192,000
Federal Poverty Level			
0-99% FPL	48.5	(46.3 - 50.7)	1,655,000
100-199% FPL	44.2	(42.3 - 46.0)	2,157,000
200-299% FPL	39.8	(37.8 - 41.8)	1,365,000
> 300% FPL	31.8	(31.0 - 32.7)	4,665,000
Insurance Status			
Insured	36.1	(35.4 - 36.9)	7,996,000
Uninsured	46.5	(42.9 - 50.0)	1,976,000
Total	37.2	(36.5 - 37.9)	9,809,000

Age-Adjusted Incidence of *5 A Day* Fruit or Vegetable Consumption in the Past 30 Days, Adults Age 18 and Older (Table 21)

The Centers for Disease Control and Prevention (CDC) used to recommend the consumption of at least five servings of fruit or vegetables per day (*5 A Day* hereafter). Slightly fewer than half (48.3%) of adults ate five servings of fruit or vegetables per day in the 30 days prior to the interview.

Significant Differences:

Age: Adults ages 18-24 and 80 and older were more likely to eat *5 A Day* than those ages 25-39 and 65-79.

Gender: Males were more likely to eat *5 A Day* than females.

Major racial/ethnic groups: Whites and Latinos were more likely to eat *5 A Day* than African Americans and Asians.

Asian ethnic groups: South Asians were more likely to eat *5 A Day* than Chinese and Filipinos.

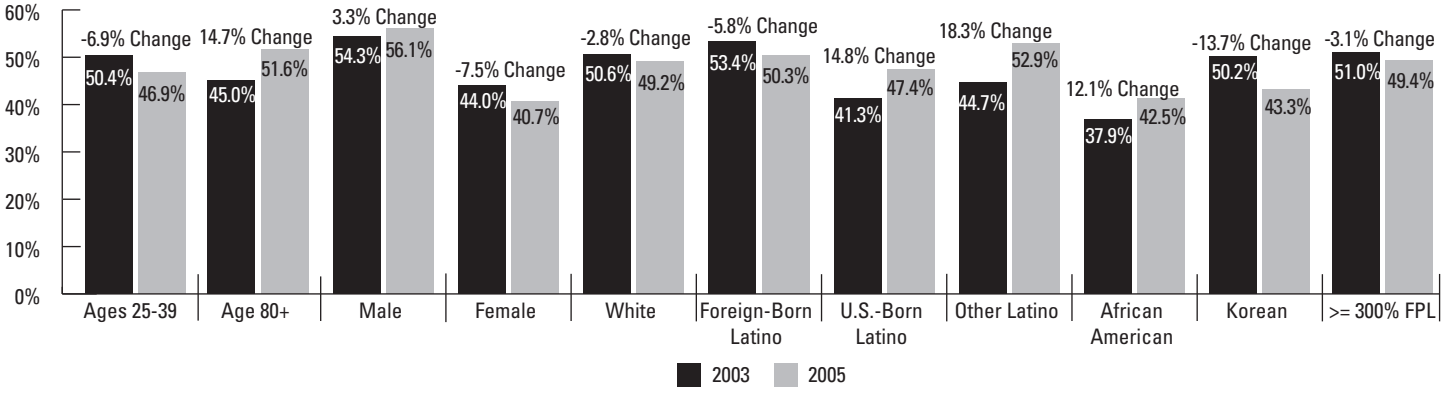
Household income: Adults with household incomes at or above 300% FPL were more likely to eat *5 A Day* than adults with household incomes below 100% FPL.

Change from 2003 to 2005 (Graph 17): *5 A Day* consumption increased among adults age 80 and older, males, African Americans, and U.S.-born Latinos and Other Latinos. It decreased among 25-39 year olds, females, Whites, foreign-born Latinos, Koreans and those with household income at or above 300% FPL.

Table 21.
Age-Adjusted Incidence of *5 A Day* Fruit or Vegetable Consumption in the Past 30 Days, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	51.8	(49.3 - 54.3)	1,839,000
25-39	46.9	(45.5 - 48.4)	3,740,000
40-64	48.7	(47.7 - 49.6)	5,348,000
65-79	45.6	(43.8 - 47.4)	1,282,000
80+	51.6	(48.9 - 54.3)	547,000
Gender			
Male	56.1	(55.0 - 57.2)	7,267,000
Female	40.7	(39.7 - 41.6)	5,466,000
Race/Ethnicity			
White	49.2	(48.3 - 50.2)	6,706,000
Latino	49.3	(47.6 - 51.1)	3,349,000
Foreign-Born	50.3	(48.0 - 52.6)	2,156,000
U.S.-Born	47.4	(44.6 - 50.2)	1,187,000
Mexican	49.0	(47.1 - 51.0)	2,692,000
Central American	48.8	(43.4 - 54.2)	359,000
Other	52.9	(47.5 - 58.2)	296,000
African American	42.5	(39.5 - 45.6)	652,000
American Indian/ Alaska Native	50.1	(43.6 - 56.6)	130,000
Asian	43.0	(40.8 - 45.2)	1,423,000
Chinese	41.9	(38.3 - 45.5)	383,000
Filipino	38.4	(33.3 - 43.7)	323,000
Japanese	43.4	(35.8 - 51.4)	107,000
Korean	43.3	(38.1 - 48.6)	139,000
South Asian	53.3	(46.8 - 59.7)	227,000
Vietnamese	42.9	(37.3 - 48.6)	170,000
Federal Poverty Level			
0-99% FPL	44.7	(42.6 - 46.9)	1,526,000
100-199% FPL	47.7	(45.8 - 49.6)	2,329,000
200-299% FPL	47.8	(45.7 - 49.8)	1,640,000
> 300% FPL	49.4	(48.5 - 50.4)	7,246,000
Insurance Status			
Insured	48.2	(47.4 - 48.9)	10,658,000
Uninsured	48.8	(45.4 - 52.1)	2,075,000
Total	48.3	(47.6 - 49.0)	12,745,000

Graph 17
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of *5 A Day* Fruit or Vegetable Consumption in the Past 30 Days, Adults Age 18 and Older



CANCER SCREENING TESTS

Age-Adjusted Incidence of Any Cervical Cancer Screening in the Past Three Years, Adult Females Age 18 and Older (Table 22)

HP 2010 Objective 3-11b states that at least 90% of adult women will have had a Pap test in the past three years.

The Objective was not met; 71.7% of women reported having a Pap test in the past three years.

Significant Differences:

Age: Women ages 25-39 were more likely than women of all other age groups to have had a Pap test in the past three years.

Major racial/ethnic groups: American Indian/Alaska Natives and Asian women were less likely than White and Latino women to report having had a Pap test in the past three years.

Asian ethnic groups: Filipinas were more likely than Koreans to have had a Pap test in the past three years.

Household income: Women at or above 300% FPL were more likely than those below 300% FPL to have had a Pap test in the past three years.

Insurance status: Women with health insurance were more likely than those without health insurance to have had a Pap test in the past three years.

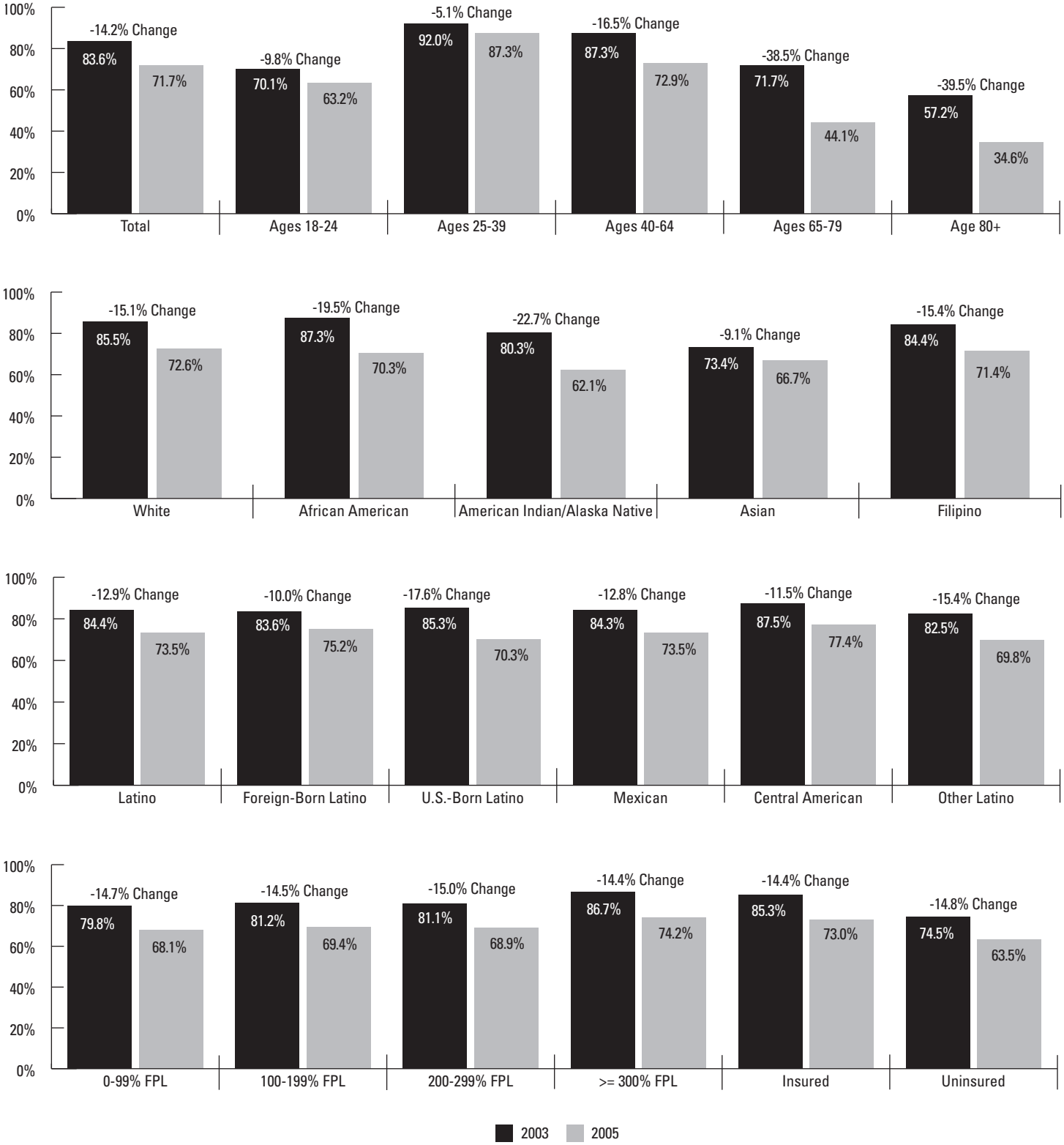
Change from 2003 to 2005 (Graph 18): There was an overall decrease in the proportion of women having a Pap test in the past three years; there was a decrease in every major demographic group.

Table 22.
Age-Adjusted Incidence of Any Cervical Cancer Screening in the Past Three Years, Adult Females Age 18 and Older

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
18-24	63.2	(59.6 - 66.6)	1,091,000
25-39	87.3	(86.0 - 88.6)	3,404,000
40-64	72.9	(71.8 - 74.0)	4,106,000
65-79	44.1	(41.8 - 46.5)	674,000
80+	34.6	(31.3 - 37.9)	228,000
Race/Ethnicity			
White	72.6	(71.5 - 73.7)	5,047,000
Latino	73.5	(71.6 - 75.4)	2,433,000
Foreign-Born	75.2	(72.6 - 77.6)	1,524,000
U.S.-Born	70.3	(67.1 - 73.2)	901,000
Mexican	73.5	(71.2 - 75.6)	1,973,000
Central American	77.4	(71.2 - 82.6)	276,000
Other	69.8	(63.2 - 75.7)	186,000
African American	70.3	(66.8 - 73.6)	594,000
American Indian/ Alaska Native	62.1	(54.2 - 69.3)	88,000
Asian	66.7	(63.9 - 69.3)	1,172,000
Chinese	67.2	(62.1 - 71.9)	343,000
Filipino	71.4	(65.1 - 77.0)	321,000
Japanese	67.3	(58.3 - 75.2)	99,000
Korean	57.2	(50.4 - 63.8)	105,000
South Asian	72.5	(63.8 - 79.7)	134,000
Vietnamese	64.3	(57.3 - 70.8)	132,000
Federal Poverty Level			
0-99% FPL	68.1	(65.7 - 70.5)	1,341,000
100-199% FPL	69.4	(67.4 - 71.3)	1,812,000
200-299% FPL	68.9	(66.6 - 71.2)	1,224,000
> 300% FPL	74.2	(73.1 - 75.3)	5,259,000
Insurance Status			
Insured	73.0	(72.2 - 73.9)	8,482,000
Uninsured	63.5	(59.6 - 67.3)	1,161,000
Total	71.7	(70.9 - 72.5)	9,639,000

Age-Adjusted Incidence of Any Cervical Cancer Screening in the Past Three Years, Adult Females Age 18 and Older (continued)

Graph 18
Significant Changes from 2003 to 2005:
Age-Adjusted Incidence of Any Cervical Cancer Screening in the Past Three Years, Adult Females Age 18 and Older



Age-Specific Incidence of Any Mammogram in the Past Two Years, Adult Females Age 40 and Older (Table 23)

Healthy People 2010 Objective 3-13 states that at least 70% of all women age 40 and older will have had a mammogram within the past two years.

Overall, the objective was met; 78.4% of women reported that they had a mammogram in the past two years. All major racial/ethnic groups met the objective except American Indian/Alaska Native women. Asians overall met the objective, but Koreans, Vietnamese and South Asians did not. Women with household incomes at or above 200% FPL and those with health insurance met the objective.

Significant Differences:

Age: Women ages 40-64 and 80 and older were less likely to have had a mammogram in the past two years than women ages 65-79.

Major racial/ethnic groups: White women were more likely to have had a mammogram in the past two years than Asian, Latina, or American Indian/Alaska Native women. Latinas were less likely to have had a mammogram in the past two years than African American women.

Asian ethnic groups: Korean women were less likely to have had a mammogram in the past two years than Japanese, Filipino and Chinese women.

Household income: Women with household incomes below 200% FPL were less likely to have had a mammogram in the past two years than women with household incomes at or above 200% FPL.

Insurance status: Women with health insurance were more likely to have had a mammogram in the past two years than women without insurance.

Change from 2003 to 2005 (Graph 19): There was an overall increase in the proportion of women who had a mammogram in the past two years. There was an increase among women ages 40-79, Whites, those with household incomes at or above 200% FPL and those with health insurance

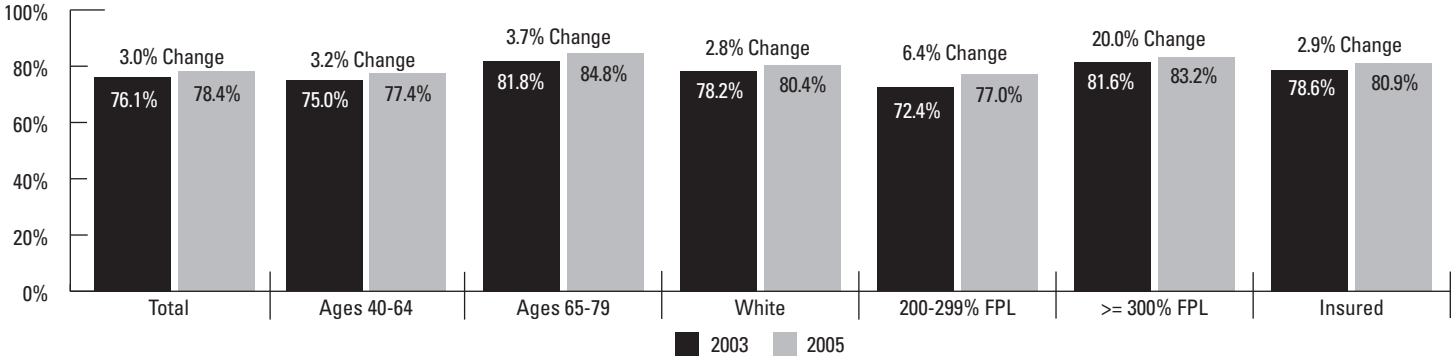
Table 23.
Age-Specific Incidence of Any Mammogram in the Past Two Years, Adult Females Age 40 and Older

Population Group	CHIS 2005 data: Percent of Group	95% CI	Population Estimate
Age Group (Years)			
40-64	77.4*	(76.3 - 78.5)	4,358,000
65-79	84.8*	(83.0 - 86.4)	1,295,000
80+	72.4	(69.3 - 75.2)	477,000
Race/Ethnicity			
White	80.4*	(79.5 - 81.4)	3,798,000
Latino	73.9*	(71.0 - 76.6)	967,000
Foreign-Born	73.2	(69.5 - 76.6)	651,000
U.S.-Born	75.4*	(70.7 - 79.6)	316,000
Mexican	74.8*	(71.6 - 77.7)	772,000
Central American	70.5	(60.6 - 78.8)	116,000
Other	70.6	(60.1 - 79.3)	79,000
African American	81.0*	(77.4 - 84.2)	398,000
American Indian/ Alaska Native	71.5	(62.0 - 79.4)	59,000
Asian	74.5*	(71.3 - 77.5)	742,000
Chinese	76.4*	(71.2 - 80.8)	221,000
Filipino	77.2*	(70.0 - 83.1)	212,000
Japanese	80.6*	(72.5 - 86.8)	98,000
Korean	57.7	(49.3 - 65.7)	59,000
South Asian	78.0	(64.6 - 87.2)	48,000
Vietnamese	72.3	(60.3 - 81.7)	85,000
Federal Poverty Level			
0-99% FPL	69.2	(65.8 - 72.4)	633,000
100-199% FPL	70.5	(68.0 - 72.9)	1,017,000
200-299% FPL	77.0*	(74.6 - 79.3)	804,000
> 300% FPL	83.2*	(82.2 - 84.2)	3,675,000
Insurance Status			
Insured	80.9*	(80.0 - 81.7)	5,702,000
Uninsured	55.9	(52.1 - 59.7)	428,000
Total	78.4*	(77.5 - 79.3)	6,130,000

* 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.

Graph 19
Significant Changes from 2003 to 2005:
Age-Specific Incidence of Any Mammogram in the Past Two Years, Adult Females Age 40 and Older



Age-Specific Incidence of Any Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy) in the Past 10 Years, Adults Age 50 and Older (Table 24)

Healthy People 2010 Objective 3-12b states that at least half of all adults age 50 and older will have been screened for colorectal cancer in the past 10 years.

Overall, the objective was met; 60% of adults age 50 and older reported they were screened for colorectal cancer in the past 10 years. All age groups met the objective. Males and females met the objective, as did Whites, African Americans, Japanese, those with household incomes at or above 200% FPL, and those with health insurance.

Significant Differences:

Age: Adults age 65 and older were more likely to have had a colorectal cancer screening test than those ages 50-64.

Major racial/ethnic groups: Whites were more likely to have had colorectal cancer screening than all other racial/ethnic groups. Latinos were less likely than all other groups except American Indian/Alaska Natives.

Latinos, foreign-born vs. U.S.-born: Foreign-born Latinos were less likely to have been screened for colorectal cancer than U.S.-born Latinos.

Latino ethnic groups: Latinos in the "Other" category were more likely to have had a colorectal cancer screening test than Mexicans.

Asian ethnic groups: Japanese were more likely to have had a colorectal cancer screening test than Chinese, Filipinos, Vietnamese and Koreans. Koreans were less likely to have had colorectal cancer screening than Japanese, Chinese and Filipinos.

Household income: Those at or above 300% FPL were more likely to report having been screened for colorectal cancer than all other income groups, and those with incomes of 200-299% FPL were more likely than those below 200% FPL to have been screened.

Insurance status: Adults with health insurance were more likely to have had a colorectal cancer screening test than those without insurance.

Change from 2003 to 2005 (Graph 20): There was an overall increase in the incidence of colorectal cancer screening. There were also increases among all age groups, males and females, Whites, Latinos, Asians, all income groups, and those with health insurance. Among Latinos, there were increases among Mexicans and Other Latinos, and among both U.S.-born and foreign-born. Among Asians, the incidence for South Asians increased.

Table 24.
Age-Specific Incidence of Any Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy) in the Past 10 Years, Adults Age 50 and Older

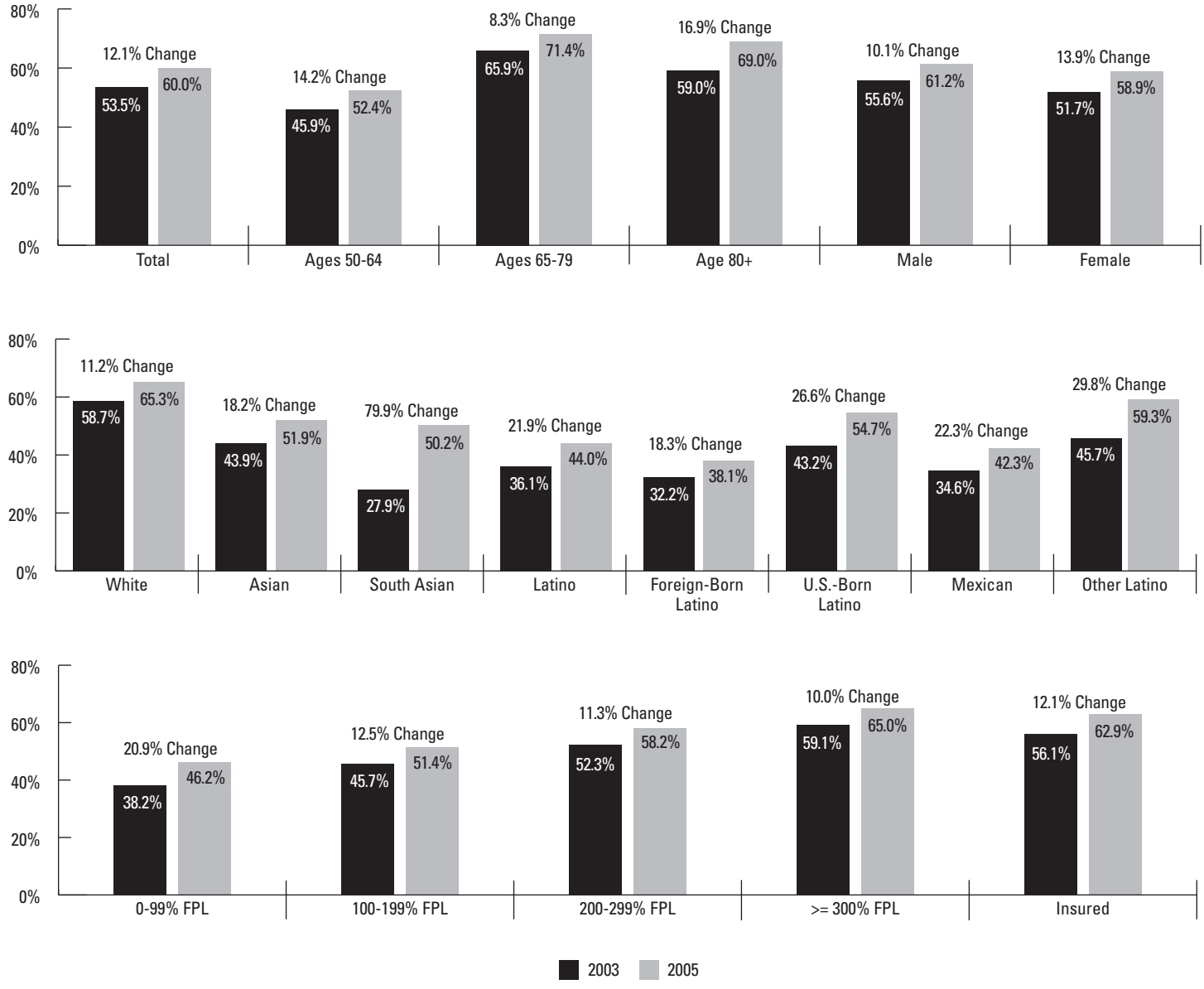
	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
50-64	52.4*	(51.1 - 53.7)	2,902,000
65-79	71.4*	(69.7 - 73.0)	2,007,000
80+	69.0*	(66.5 - 71.4)	732,000
Gender			
Male	61.2*	(59.7 - 62.7)	2,666,000
Female	58.9*	(57.6 - 60.2)	2,975,000
Race/Ethnicity			
White	65.3*	(64.3 - 66.3)	4,023,000
Latino	44.0	(40.6 - 47.4)	555,000
Foreign-Born	38.1	(33.9 - 42.6)	313,000
U.S.-Born	54.7	(49.6 - 59.8)	242,000
Mexican	42.3	(38.5 - 46.1)	418,000
Central American	43.3	(32.6 - 54.6)	68,000
Other	59.3	(48.9 - 68.9)	69,000
African American	58.8*	(54.5 - 62.9)	319,000
American Indian/ Alaska Native	42.1	(32.1 - 52.9)	38,000
Asian	51.9	(48.5 - 55.4)	580,000
Chinese	54.6	(49.0 - 60.1)	183,000
Filipino	50.1	(41.6 - 58.7)	138,000
Japanese	70.4*	(61.9 - 77.7)	101,000
Korean	31.4	(23.5 - 40.6)	32,000
South Asian	50.2	(36.5 - 63.8)	40,000
Vietnamese	49.5	(40.4 - 58.5)	72,000
Federal Poverty Level			
0-99% FPL	46.2	(42.5 - 49.9)	422,000
100-199% FPL	51.4	(48.9 - 54.0)	824,000
200-299% FPL	58.2*	(55.5 - 60.9)	743,000
> 300% FPL	65.0*	(63.9 - 66.2)	3,651,000
Insurance Status			
Insured	62.9*	(61.9 - 63.9)	5,471,000
Uninsured	24.0	(20.9 - 27.3)	170,000
Total	60.0*	(59.0 - 60.9)	5,640,000

* 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.

Age-Specific Incidence of Any Colorectal Cancer Screening (Sigmoidoscopy, Colonoscopy and Proctoscopy) in the Past 10 Years, Adults Age 50 and Older (continued)

Graph 20
Significant Changes from 2003 to 2005:
Age-Specific Incidence of Any Colorectal Cancer Screening
(Sigmoidoscopy, Colonoscopy and Proctoscopy) in the Past 10 Years, Adults Age 50 and Older



Age-Specific Incidence of Any Colorectal Cancer Screening (Fecal Occult Blood Test) in the Past Two Years, Adults Age 50 and Older (Table 25)

Healthy People 2010 Objective 3-12a states that 50% of adults age 50 and older will have a fecal occult blood test (FOBT) to screen for colorectal cancer every two years.

Overall, 27.4% of adults had an FOBT to screen for colorectal cancer in the past two years. The objective was not met by any group.

Significant Differences:

Age: Adults age 65 and older were more likely to have had an FOBT than those ages 50-64.

Major racial/ethnic groups: Whites and African Americans were more likely to have had an FOBT than Latinos and Asians.

Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely to have had an FOBT than foreign-born Latinos.

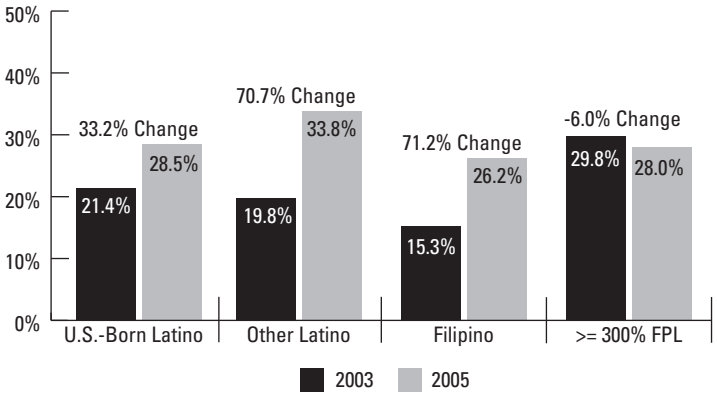
Insurance status: Adults with health insurance were more likely to have had an FOBT than uninsured adults.

Change from 2003 to 2005 (Graph 21): The likelihood of having had an FOBT increased among U.S.-born Latinos, Other Latinos and Filipinos. Adults living in households at or above 300% FPL were less likely to have had an FOBT within the last two years in 2005 than in 2003.

Table 25.
Age-Specific Incidence of Any Colorectal Cancer Screening (Fecal Occult Blood Test) in the Past Two Years, Adults Age 50 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
50-64	23.0	(21.9 - 24.0)	1,271,000
65-79	33.9	(32.3 - 35.6)	954,000
80+	33.1	(30.5 - 35.8)	351,000
Gender			
Male	27.6	(26.3 - 29.0)	1,204,000
Female	27.2	(26.1 - 28.3)	1,372,000
Race/Ethnicity			
White	29.4	(28.5 - 30.4)	1,813,000
Latino	22.1	(19.4 - 25.1)	279,000
Foreign-Born	18.7	(15.5 - 22.3)	153,000
U.S.-Born	28.5	(23.7 - 33.8)	126,000
Mexican	21.2	(18.2 - 24.6)	210,000
Central American	19.1	(12.6 - 27.8)	30,000
Other	33.8	(24.6 - 44.3)	39,000
African American	30.5	(26.7 - 34.5)	165,000
American Indian/ Alaska Native	20.4	(12.1 - 32.3)	18,000
Asian	21.7	(18.8 - 24.9)	242,000
Chinese	19.6	(15.4 - 24.6)	66,000
Filipino	26.2	(19.4 - 34.4)	72,000
Japanese	29.2	(21.5 - 38.4)	42,000
Korean	—	—	—
South Asian	20.4	(12.1 - 32.2)	16,000
Vietnamese	22.4	(14.2 - 33.6)	32,000
Federal Poverty Level			
0-99% FPL	23.9	(20.9 - 27.2)	218,000
100-199% FPL	27.5	(25.2 - 30.0)	441,000
200-299% FPL	26.8	(24.5 - 29.3)	342,000
> 300% FPL	28.0	(27.0 - 29.1)	1,574,000
Insurance Status			
Inured	28.6	(27.7 - 29.5)	2,488,000
Uninsured	12.5	(10.2 - 15.4)	89,000
Total	27.4	(26.5 - 28.3)	2,577,000

Graph 21
Significant Changes from 2003 to 2005:
Age-Specific Incidence of Any Colorectal Cancer Screening (Fecal Occult Blood Test) in the Past Two Years, Adults Ages 50 and Older



HORMONE REPLACEMENT THERAPY

Age-Specific Prevalence of Current Hormone Replacement Therapy Use, Adult Females Age 50 and Older (Table 26)

About fifteen percent of women age 50 and older (14.9%) reported currently using hormone replacement therapy (HRT), a combination of estrogen and progestin.

Significant Differences:

Age: HRT use decreased with age; each age category had a smaller proportion of women who reported current HRT use than the lower age category.

Major racial/ethnic groups: White women were more likely to report current use of HRT than Latina, African American or Asian women.

Household income: Women with household incomes at or above 200% FPL were more likely to use HRT than women with household incomes below 200% FPL. Women at or above 300% FPL were more likely to use HRT than those at 200-299% FPL.

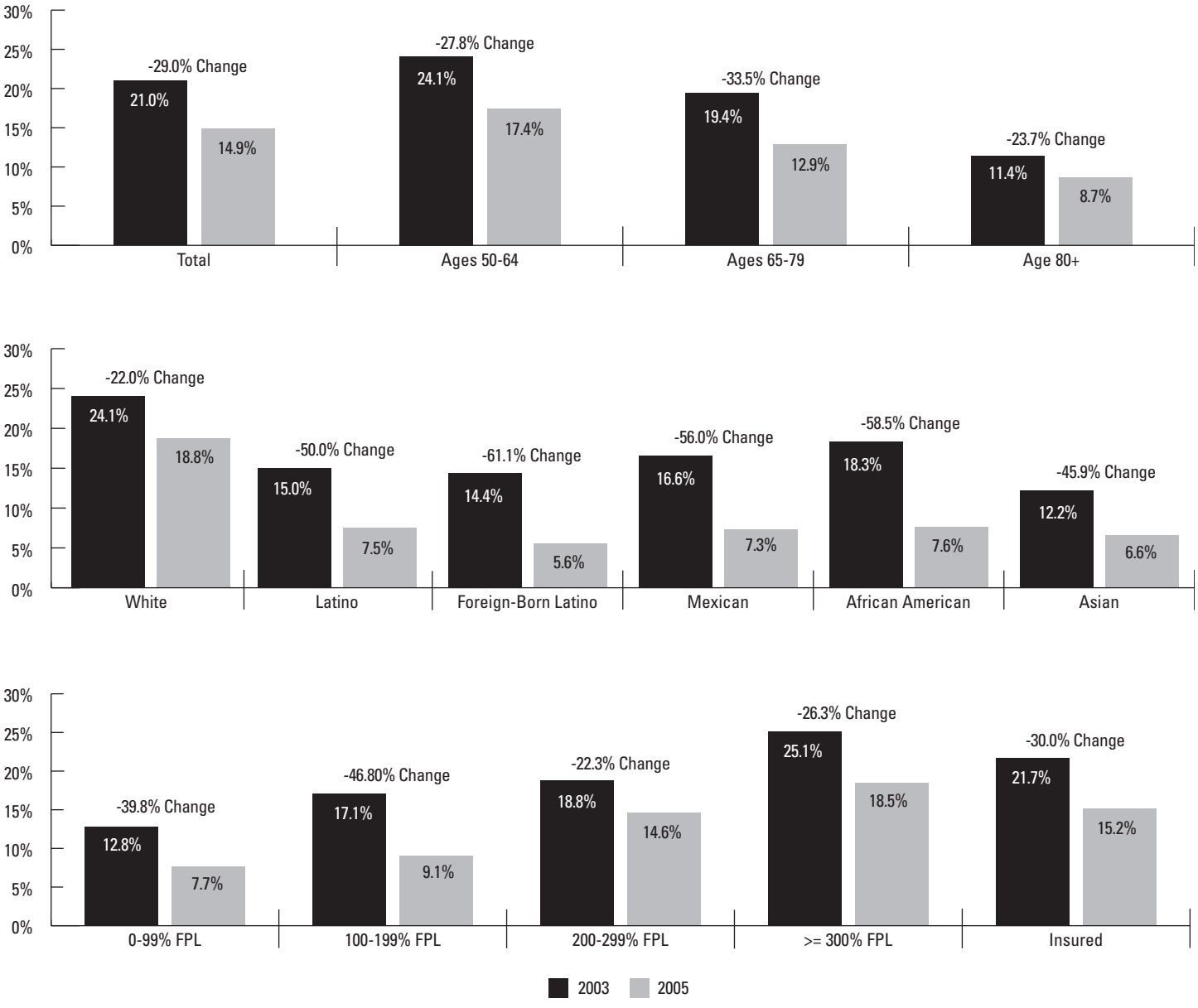
Change from 2003 to 2005 (Graph 22): HRT use decreased overall and among all age groups, Whites, Latinas, African Americans, Asians, all income groups and adults with health insurance. Among Latina groups, there were decreases among foreign-born Latinas and Mexicans.

Table 26.
Age-Specific Prevalence of Current Hormone Replacement Therapy Use, Adult Females Age 50 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
50-64	17.4	(16.2 - 18.6)	497,000
65-79	12.9	(11.6 - 14.3)	197,000
80+	8.7	(7.2 - 10.5)	57,000
Race/Ethnicity			
White	18.8	(17.8 - 19.9)	618,000
Latino	7.5	(5.6 - 9.9)	49,000
Foreign-Born	5.6	(3.9 - 8.0)	24,000
U.S.-Born	11.0	(7.2 - 16.5)	25,000
Mexican	7.3	(5.4 - 9.9)	38,000
Central American	—	—	—
Other	—	—	—
African American	7.6	(5.4 - 10.8)	23,000
American Indian/ Alaska Native	12.3	(6.9 - 20.9)	6,000
Asian	6.6	(4.8 - 9.1)	42,000
Chinese	—	—	—
Filipino	—	—	—
Japanese	—	—	—
Korean	—	—	—
South Asian	—	—	—
Vietnamese	—	—	—
Federal Poverty Level			
0-99% FPL	7.7	(6.0 - 9.8)	45,000
100-199% FPL	9.1	(7.6 - 10.8)	88,000
200-299% FPL	14.6	(12.4 - 17.0)	105,000
> 300% FPL	18.5	(17.4 - 19.8)	514,000
Insurance Status			
Insured	15.2	(14.3 - 16.1)	710,000
Uninsured	11.3	(8.4 - 15.1)	42,000
Total	14.9	(14.1 - 15.7)	752,000

Age-Specific Prevalence of Current Hormone Replacement Therapy Use, Adult Females Age 50 and Older (continued)

Graph 22
Significant Changes from 2003 to 2005:
Age-Specific Prevalence of Current Hormone Replacement Therapy Use, Adult Females Age 50 and Older



USUAL SOURCE OF MEDICAL CARE, HEALTH EDUCATION AND INSURANCE STATUS

Age-Adjusted Prevalence of Having a Usual Source of Medical Care, Adults Age 18 and Older (Table 27)

Healthy People 2010 Objective 1-4c states than no less than 96% of adults will have a usual source of medical care.

Overall, the objective was not met; 86.4% of adults in California reported having a usual source of medical care. Adults ages 65-79 met the objective.

Significant Differences:

Age: The likelihood of having a usual source of medical care increased with age, and all categories were significantly different from each other except the 65-79 and 80-and-older groups.

Gender: Females were more likely than males to report having a usual source of medical care.

Major racial/ethnic groups: Latinos were less likely to have a usual source of medical care than Whites, African Americans and Asians.

Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely to report a usual source of care than foreign-born Latinos.

Latino ethnic groups: Central Americans were less likely to have a usual source of care than Mexicans or Other Latinos and Mexicans were less likely than Other Latinos to have a usual source of medical care.

Asian ethnic groups: A lower proportion of Koreans reported having a usual source of medical care than all other Asian ethnic groups.

Household income: The prevalence of having a usual source of medical care increased as income increased, with each income category more likely to have a usual source of medical care than all lower income categories.

Insurance status: Adults with health insurance were more likely than those without health insurance to report having a usual source of medical care.

Change from 2003 to 2005 (Graph 23): The proportion of adults with a usual source of medical care increased among Whites, Vietnamese and those living with incomes 200-299% FPL. It decreased among Filipinos and adults living below 100% FPL.

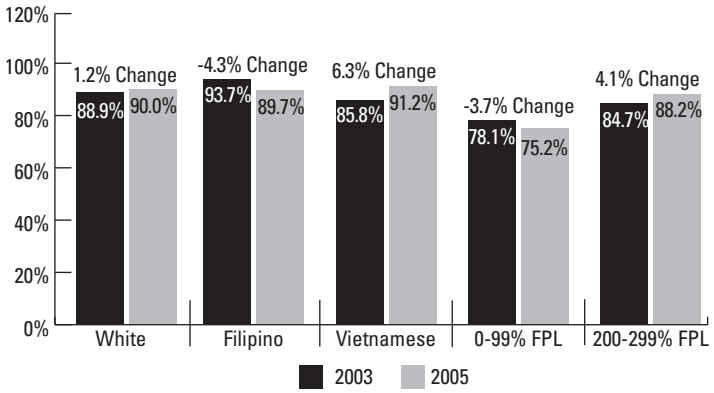
Table 27.
Age-Adjusted Prevalence of Having a Usual Source of Medical Care, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	72.3	(69.9 - 74.5)	2,565,000
25-39	81.5	(80.2 - 82.7)	6,496,000
40-64	91.4	(90.8 - 92.0)	10,052,000
65-79	97.5*	(96.9 - 98.0)	2,741,000
80+	97.0	(95.8 - 97.8)	1,028,000
Gender			
Male	82.9	(82.0 - 83.8)	10,730,000
Female	90.1	(89.5 - 90.8)	12,114,000
Race/Ethnicity			
White	90.0	(89.3 - 90.6)	12,254,000
Latino	80.2	(78.8 - 81.4)	5,441,000
Foreign-Born	75.3	(73.5 - 77.1)	3,228,000
U.S.-Born	88.9	(87.2 - 90.4)	2,225,000
Mexican	80.2	(78.7 - 81.6)	4,403,000
Central American	74.1	(69.1 - 78.5)	545,000
Other	87.6	(83.6 - 90.7)	490,000
African American	88.7	(86.3 - 90.8)	1,362,000
American Indian/ Alaska Native	84.3	(78.2 - 88.9)	218,000
Asian	87.7	(86.1 - 89.1)	2,904,000
Chinese	88.5	(85.6 - 90.9)	809,000
Filipino	89.7	(85.8 - 92.6)	755,000
Japanese	87.4	(81.0 - 91.9)	216,000
Korean	75.4	(70.4 - 79.8)	243,000
South Asian	89.6	(85.0 - 92.9)	382,000
Vietnamese	91.2	(87.6 - 93.8)	362,000
Federal Poverty Level			
0-99% FPL	75.2	(73.3 - 77.1)	2,567,000
100-199% FPL	79.5	(77.8 - 81.0)	3,881,000
200-299% FPL	88.2	(86.7 - 89.4)	3,028,000
> 300% FPL	91.1	(90.4 - 91.7)	13,352,000
Insurance Status			
Insured	92.6	(92.1 - 93.0)	20,491,000
Uninsured	54.5	(51.0 - 57.9)	2,316,000
Total	86.4	(85.9 - 87.0)	22,810,000

* 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.

Graph 23
Significant Changes from 2003 to 2005:
Age-Adjusted Prevalence of Having a Usual Source of Medical Care, Adults Age 18 and Older



Age-Adjusted Incidence of Receiving Any Exercise Information in the Past 12 Months from a Health Care Provider, Adults Age 18 and Older Who Saw a Health Care Provider in the Past 12 Months (Table 28)

Overall, about a third of adults (34.2%) who had seen a health care provider in the past 12 months discussed exercise during the visit.

Significant Differences:

Age: Adults ages 40-79 were more likely to have discussed exercise during a medical visit in the past 12 months that those ages 18-24 or 80 and older.

Major racial/ethnic groups: African Americans were more likely to have discussed exercise with a health care provider in the past 12 months than Whites.

Insurance status: Those with health insurance were more likely to have discussed exercise during a medical visit in the past 12 months than those without health insurance.

Table 28.
Age-Adjusted Incidence of Receiving Any Exercise Information in the Past 12 Months from a Health Care Provider, Adults Age 18 and Older Who Saw a Health Care Provider in the Past 12 Months

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	20.6	(18.4 - 23.0)	572,000
25-39	30.7	(29.2 - 32.2)	1,936,000
40-64	40.7	(39.7 - 41.7)	3,801,000
65-79	39.0	(37.2 - 40.8)	1,025,000
80+	33.5	(30.9 - 36.2)	319,000
Gender			
Male	34.1	(32.9 - 35.3)	3,384,000
Female	34.4	(33.5 - 35.3)	4,154,000
Race/Ethnicity			
White	33.8	(32.8 - 34.7)	3,975,000
Latino	34.2	(32.4 - 36.0)	1,800,000
Foreign-Born	34.4	(32.1 - 36.8)	1,078,000
U.S.-Born	34.9	(32.2 - 37.7)	744,000
Mexican	34.6	(32.7 - 36.7)	1,468,000
Central American	33.7	(28.3 - 39.5)	188,000
Other	31.1	(26.1 - 36.5)	144,000
African American	37.9	(34.9 - 41.0)	520,000
American Indian/ Alaska Native	37.3	(30.9 - 44.1)	82,000
Asian	33.7	(31.4 - 36.1)	890,000
Chinese	29.7	(25.9 - 33.8)	218,000
Filipino	41.5	(35.7 - 47.4)	286,000
Japanese	31.0	(24.2 - 38.8)	64,000
Korean	27.9	(22.7 - 33.7)	68,000
South Asian	33.7	(27.7 - 40.4)	116,000
Vietnamese	35.4	(29.6 - 41.8)	111,000
Federal Poverty Level			
0-99% FPL	32.9	(30.7 - 35.2)	873,000
100-199% FPL	32.1	(30.3 - 34.0)	1,238,000
200-299% FPL	34.7	(32.5 - 36.9)	998,000
> 300% FPL	34.7	(33.8 - 35.7)	4,381,000
Insurance Status			
Insured	35.5	(34.7 - 36.3)	6,856,000
Uninsured	24.7	(21.6 - 28.0)	660,000
Total	34.2	(33.5 - 35.0)	7,533,000

Age-Adjusted Incidence of Receiving Any Diet Information from a Health Care Provider, Adults Age 18 and Older Who Saw a Health Care Provider in the Past 12 Months (Table 29)

About 28.3% of adults who had visited a health care provider in the past 12 months said they had discussed diet and nutrition during the visit.

Significant Differences:

Age: Adults ages 18-24 were less likely to have discussed diet and nutrition with a health care provider in the past 12 months than all other age groups. Adults ages 25-39 were less likely than those ages 40-79 to have discussed diet and nutrition with a health care provider in the past 12 months.

Major racial/ethnic groups: Whites were less likely to have talked with a health care provider about diet than Latinos, African Americans, or American Indian/Alaska Natives. Latinos and African Americans were more likely than Asians to have discussed diet and nutrition with a health care provider.

Latino, foreign-born vs. U.S.-born: Foreign-born Latinos were more likely than U.S.-born Latinos to have discussed diet and nutrition with a health care provider.

Latino ethnic groups: Central American Latinos were more likely to have discussed diet with a health care provider than Other Latinos.

Asian ethnic groups: Filipinos were more likely to have talked with a health care provider about diet and nutrition than Chinese or Koreans.

Household income: Those with household incomes below 200% FPL were more likely than those at or above 300% FPL to have talked with their health care providers about diet and nutrition.

Insurance status: Those without health insurance were less likely to have discussed diet than those with health insurance.

Table 29.
Age-Adjusted Incidence of Receiving Any Diet Information from a Health Care Provider, Adults Age 18 and Older Who Saw a Health Care Provider in the Past 12 Months

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	17.1	(15.1 - 19.4)	475,000
25-39	25.1	(23.7 - 26.6)	1,585,000
40-64	33.6	(32.6 - 34.6)	3,139,000
65-79	33.5	(31.7 - 35.3)	881,000
80+	25.9	(23.5 - 28.5)	247,000
Gender			
Male	29.4	(28.3 - 30.6)	2,918,000
Female	27.4	(26.5 - 28.3)	3,311,000
Race/Ethnicity			
White	25.4	(24.6 - 26.3)	2,995,000
Latino	33.1	(31.4 - 34.9)	1,743,000
Foreign-Born	35.3	(32.9 - 37.7)	1,104,000
U.S.-Born	30.0	(27.4 - 32.7)	638,000
Mexican	33.3	(31.3 - 35.4)	1,413,000
Central American	37.5	(31.9 - 43.5)	210,000
Other	26.1	(21.5 - 31.4)	122,000
African American	34.3	(31.4 - 37.4)	471,000
American Indian/ Alaska Native	33.4	(27.2 - 40.2)	74,000
Asian	27.0	(24.8 - 29.3)	713,000
Chinese	22.7	(19.2 - 26.5)	166,000
Filipino	34.9	(29.5 - 40.9)	241,000
Japanese	25.2	(18.4 - 33.6)	52,000
Korean	21.2	(16.4 - 26.8)	51,000
South Asian	27.7	(21.8 - 34.5)	96,000
Vietnamese	31.9	(26.2 - 38.2)	100,000
Federal Poverty Level			
0-99% FPL	32.7	(30.5 - 35.0)	868,000
100-199% FPL	31.4	(29.5 - 33.3)	1,210,000
200-299% FPL	28.6	(26.6 - 30.8)	825,000
> 300% FPL	26.1	(25.3 - 27.0)	3,296,000
Insurance Status			
Insured	28.9	(28.2 - 29.7)	5,595,000
Uninsured	23.0	(19.9 - 26.5)	616,000
Total	28.3	(27.6 - 29.0)	6,226,000

Age-Adjusted Prevalence of Being Currently Uninsured, Adults Age 18 and Older (Table 30).

Overall, 16% of adults in California were uninsured at the time of the interview.

Significant Differences:

Age: The likelihood of being currently uninsured decreased with age, and all age categories were significantly different from each other.

Major racial/ethnic groups: Whites were less likely to be currently uninsured than all other groups. Latinos were more likely be currently uninsured than all other groups.

La**tinos, foreign-born vs. U.S.-born:** Foreign-born Latinos were more likely to be currently uninsured than U.S.-born Latinos.

Latino ethnic groups: Mexicans and Central Americans were more likely than Other Latinos to be currently uninsured.

Asian ethnic groups: Koreans were more likely to be currently uninsured than all other Asian ethnic groups.

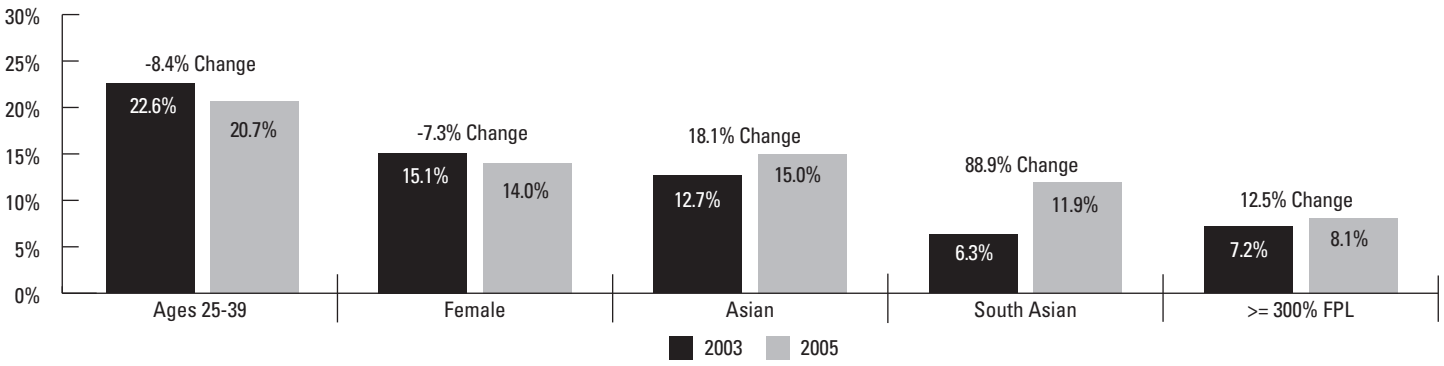
Household income: Those below 200% FPL were more likely to be currently uninsured than those at or above 200% FPL. Those at or above 300% FPL were less likely to be currently uninsured than all other income groups.

Change from 2003 to 2005 (Graph 24): The proportion of currently uninsured decreased among those ages 25-39 and among females. The proportion of currently uninsured increased among Asians overall and South Asians specifically, and among those living at or above 300% FPL.

Table 30.
Age-Adjusted Prevalence of Being Currently Uninsured, Adults Age 18 and Older

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
18-24	29.5	(27.3 - 31.9)	1,049,000
25-39	20.7	(19.4 - 22.0)	1,650,000
40-64	13.9	(13.2 - 14.7)	1,528,000
65-79	0.6	(0.4 - 1.0)	17,000
80+	—	—	—
Gender			
Male	18.5	(17.6 - 19.5)	2,400,000
Female	14.0	(13.3 - 14.7)	1,883,000
Race/Ethnicity			
White	9.6	(9.0 - 10.3)	1,311,000
Latino	28.6	(27.1 - 30.1)	1,939,000
Foreign-Born	36.1	(34.1 - 38.0)	1,545,000
U.S.-Born	14.3	(12.6 - 16.1)	357,000
Mexican	28.7	(27.1 - 30.3)	1,575,000
Central American	33.2	(28.5 - 38.3)	244,000
Other	21.3	(17.3 - 26.0)	119,000
African American	13.0	(10.9 - 15.5)	200,000
American Indian/ Alaska Native	18.9	(14.6 - 24.2)	49,000
Asian	15.0	(13.5 - 16.7)	498,000
Chinese	12.3	(10.1 - 14.7)	112,000
Filipino	11.6	(8.4 - 15.7)	98,000
Japanese	—	—	—
Korean	33.6	(28.6 - 39.1)	108,000
South Asian	11.9	(8.0 - 17.4)	51,000
Vietnamese	17.9	(13.8 - 22.8)	71,000
Federal Poverty Level			
0-99% FPL	33.0	(31.0 - 35.1)	1,128,000
100-199% FPL	30.3	(28.6 - 32.1)	1,481,000
200-299% FPL	17.2	(15.6 - 18.8)	589,000
> 300% FPL	8.1	(7.5 - 8.7)	1,183,000
Total	16.3	(15.7 - 16.9)	4,307,000

Graph 24
Significant Changes from 2003 to 2005:
Age-Adjusted Prevalence of Being Currently Uninsured, Adults Age 18 and Older



3. Adolescent CHIS 2005

ADOLESCENT CHIS 2005 FINDINGS AND SIGNIFICANT CHANGES FROM 2003 TO 2005

The CHIS 2005 adolescent findings presented in this section are based on 4,029 telephone interviews with California youth ages 12-17. Adolescents whose parent or legal guardian answered the CHIS 2005 adult questionnaire were eligible to participate. In households where there was more than one adolescent, the adolescent respondent was randomly selected from all eligible adolescents in the household. 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 estimates for these and other health indicators. The data on physician-diagnosed health conditions were based solely on adolescent self-reporting; no independent confirmation was obtained. The adult respondent answered questions about the adolescent's health and dental insurance coverage, and the adolescent answered all of the other questions.

HEALTH CONDITIONS AND LIMITATIONS

Lifetime Prevalence of Asthma Diagnosis, Adolescents Ages 12-17 (Table 31)

Overall, about one fifth of adolescents in California (20.6%) reported having been diagnosed with asthma at some point in their lives.

Significant Differences:

Major racial/ethnic groups: Latino youth were less likely to have been diagnosed with asthma than Whites and African Americans.

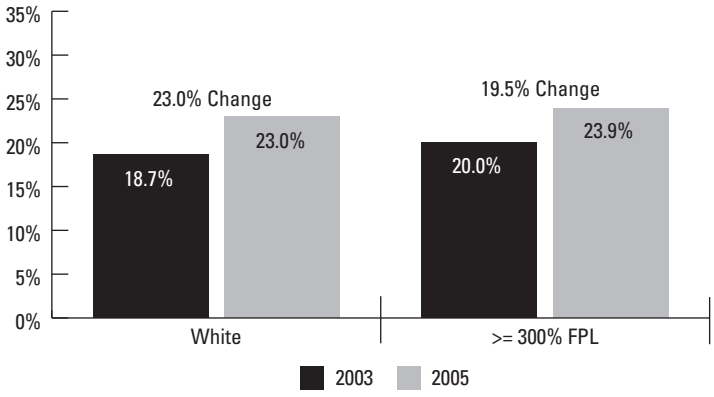
Household income: Adolescents living in households at or above 300% FPL were more likely to have been diagnosed with asthma than those in households below 100% FPL

Change from 2003 to 2005 (Graph 25): The prevalence of asthma increased among Whites and among adolescents in households at or above 300% FPL.

Table 31.
Lifetime Prevalence of Asthma Diagnosis, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	18.9	(16.6 - 21.5)	329,000
15-17	22.5	(19.9 - 25.3)	364,000
Gender			
Male	21.5	(19.0 - 24.3)	370,000
Female	19.7	(17.2 - 22.4)	323,000
Race/Ethnicity			
White	23.0	(20.4 - 25.8)	314,000
Latino	15.1	(12.2 - 18.5)	144,000
Foreign-Born	—	—	—
U.S.-Born	16.8	(13.4 - 20.8)	128,000
Mexican	15.3	(12.0 - 19.3)	112,000
Central American	—	—	—
Other	14.8	(8.7 - 24.2)	23,000
African American	30.0	(22.8 - 38.4)	85,000
American Indian/ Alaska Native	—	—	—
Asian	21.3	(15.5 - 28.5)	76,000
Federal Poverty Level			
0-99% FPL	14.3	(10.6 - 19.1)	88,000
100-199% FPL	18.7	(15.2 - 22.7)	145,000
200-299% FPL	21.7	(16.5 - 27.9)	97,000
> 300% FPL	23.9	(21.4 - 26.6)	363,000
Insurance Status			
Insured	21.2	(19.4 - 23.2)	660,000
Uninsured	13.2	(8.2 - 20.6)	33,000
Total	20.6	(18.9 - 22.5)	693,000

Graph 25
Significant Changes from 2003 to 2005:
Lifetime Prevalence of Asthma Diagnosis, Adolescents Ages 12-17



Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Adolescents Ages 12-17 Ever Diagnosed with Asthma (Table 32)

Approximately one fourth of adolescents who have ever been diagnosed with asthma (23.8%) reported experiencing an asthma attack or episode in the past year.

Significant Differences:

None.

Table 32.
Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Adolescents Ages 12-17 Ever Diagnosed with Asthma

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	26.1	(20.0 - 33.4)	86,000
15-17	21.7	(16.6 - 27.9)	79,000
Gender			
Male	19.7	(14.9 - 25.7)	73,000
Female	28.4	(22.0 - 35.8)	92,000
Race/Ethnicity			
White	24.2	(19.1 - 30.3)	76,000
Latino	22.7	(14.1 - 34.5)	33,000
Foreign-Born	—	—	—
U.S.-Born	22.7	(13.5 - 35.5)	29,000
Mexican	23.1	(13.5 - 36.6)	26,000
Central American	——	——	——
Other	——	——	——
African American	23.7	(13.0 - 39.3)	20,000
American Indian/	——	——	——
Alaska Native	——	——	——
Asian			
Federal Poverty Level			
0-99% FPL	25.4	(14.3 - 41.0)	22,000
100-199% FPL	17.1	(10.5 - 26.8)	25,000
200-299% FPL	32.3	(19.3 - 48.7)	31,000
> 300% FPL	23.8	(18.7 - 29.7)	86,000
Insurance Status			
Insured	24.2	(19.9 - 28.9)	159,000
Uninsured	——	——	——
Total	23.8	(19.7 - 28.4)	165,000

Prevalence of Current Asthma Medication Use, Adolescents Ages 12-17 with Asthma (Table 33)

Among adolescents who had asthma, 37.6% reported currently taking asthma medication for quick relief, long-term control or both.

Significant Differences:

None.

Table 33.
Prevalence of Current Asthma Medication Use, Adolescents Ages 12-17 with Asthma

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	37.8	(29.7 - 46.7)	82,000
15-17	37.5	(29.2 - 46.5)	84,000
Gender			
Male	37.2	(29.0 - 46.1)	79,000
Female	38.1	(29.8 - 47.1)	88,000
Race/Ethnicity			
White	29.6	(22.8 - 37.4)	59,000
Latino	41.0	(27.8 - 55.6)	36,000
Foreign-Born	—	—	—
U.S.-Born	39.6	(25.9 - 55.0)	31,000
Mexican	50.6	(34.5 - 66.5)	34,000
Central American	—	—	—
Other	—	—	—
African American	41.8	(26.1 - 59.4)	26,000
American Indian/ Alaska Native	—	—	—
Asian	55.6	(34.4 - 74.9)	27,000
Federal Poverty Level			
0-99% FPL	50.0	(31.1 - 69.0)	27,000
100-199% FPL	40.9	(28.1 - 55.0)	34,000
200-299% FPL	48.1	(30.7 - 66.1)	36,000
> 300% FPL	30.2	(23.7 - 37.5)	69,000
Insurance Status			
Insured	38.3	(32.3 - 44.8)	163,000
Uninsured	—	—	—
Total	37.6	(31.7 - 43.9)	166,000

Incidence of Any Injury Requiring Medical Treatment in the Past 12 Months, Adolescents Ages 12-17 (Table 34)

Sixteen percent of adolescents had an injury during the past 12 months that was serious enough to require a doctor's care or advice ("serious injury").

Significant Differences:

Age: Adolescents ages 15-17 were more likely than those ages 12-14 to have had a serious injury in the past 12 months.

Gender: Males were more likely than females to have had a serious injury in the past 12 months.

Major racial/ethnic groups: White youth were more likely than Latino and Asian youth to have had a serious injury in the past 12 months.

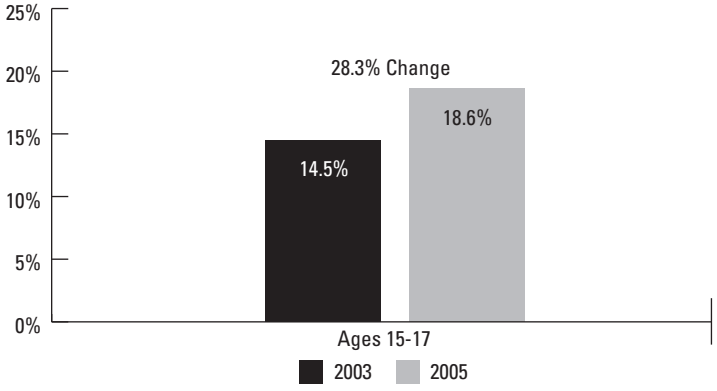
Household income: Adolescents with household incomes at 200%-299% FPL were more likely to have had serious injuries in the past 12 months than those living in households below 100% FPL. Adolescents with household incomes at or above 300% FPL were more likely to have had serious injuries than adolescents living in households below 200% FPL.

Change from 2003 to 2005 (Graph 26): The rate of serious injury among adolescents ages 15-17 increased during the two-year period.

Table 34.
Incidence of Any Injury Requiring Medical Treatment in the Past 12 Months, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	13.6	(11.5 - 15.9)	235,000
15-17	18.6	(16.2 - 21.2)	302,000
Gender			
Male	18.6	(16.3 - 21.2)	320,000
Female	13.2	(11.2 - 15.6)	217,000
Race/Ethnicity			
White	21.7	(19.1 - 24.4)	296,000
Latino	11.6	(9.1 - 14.7)	111,000
Foreign-Born	—	—	—
U.S.-Born	13.0	(10.0 - 16.7)	99,000
Mexican	11.3	(8.5 - 14.9)	83,000
Central American	—	—	—
Other	16.1	(9.5 - 26.0)	24,000
African American	14.4	(9.3 - 21.5)	41,000
American Indian/ Alaska Native	—	—	—
Asian	7.9	(4.5 - 13.5)	28,000
Federal Poverty Level			
0-99% FPL	8.8	(5.9 - 13.0)	54,000
100-199% FPL	13.0	(10.0 - 16.8)	101,000
200-299% FPL	17.9	(13.6 - 23.2)	80,000
> 300% FPL	19.8	(17.5 - 22.5)	301,000
Insurance Status			
Insured	16.5	(14.8 - 18.3)	512,000
Uninsured	9.8	(5.7 - 16.4)	25,000
Total	16.0	(14.4 - 17.7)	537,000

Graph 26
Significant Changes from 2003 to 2005: Incidence of Any Injury Requiring Medical Treatment in the Past 12 Months, Adolescents Ages 12-17



HEALTH BEHAVIORS

Incidence of Any Smoking in the Past Month, Adolescents Ages 12-17 (Table 35)

Healthy People 2010 Objective 27-2b states that no more than 16% of students in grades 9-12 will have smoked in the past month.

The objective was met overall and by every demographic group. Statewide, 6.5% of California adolescents said they had smoked one or more cigarettes during the past 30 days.

Significant Differences:

Age: Adolescents ages 15-17 were more likely to have smoked than adolescents ages 12-14.

Gender: Males were more likely to have smoked than females.

Change from 2003 to 2005 (Graph 27): Smoking in the past 30 days increased among males and among White youth.

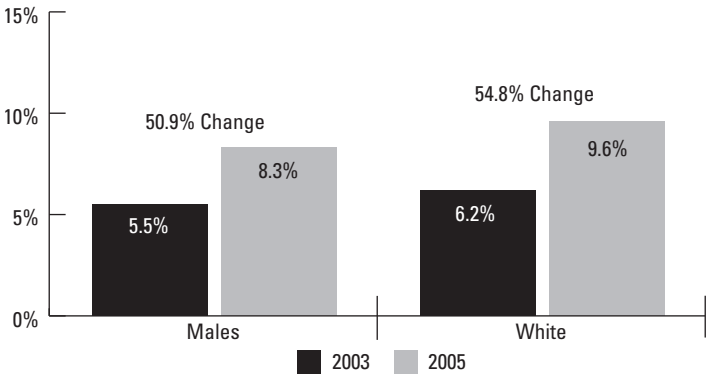
Table 35.
Incidence of Any Smoking in the Past Month, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	1.2*	(0.7 - 2.0)	21,000
15-17	12.1*	(9.9 - 14.8)	197,000
Gender			
Male	8.3*	(6.4 - 10.7)	143,000
Female	4.6*	(3.4 - 6.0)	75,000
Race/Ethnicity			
White	9.6*	(7.6 - 12.0)	131,000
Latino	5.6*	(3.5 - 8.9)	53,000
Foreign-Born	—	—	—
U.S.-Born	5.2*	(3.0 - 8.8)	40,000
Mexican	6.5*	(3.9 - 10.6)	47,000
Central American	—	—	—
Other	—	—	—
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	7.0*	(4.4 - 11.0)	43,000
100-199% FPL	7.1*	(4.8 - 10.4)	55,000
200-299% FPL	—	—	—
> 300% FPL	6.4*	(4.8 - 8.4)	97,000
Insurance Status			
Insured	6.6*	(5.4 - 8.1)	206,000
Uninsured	—	—	—
Total	6.5*	(5.3 - 7.9)	218,000

*Meets 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.

Graph 27
Significant Changes from 2003 to 2005: Incidence of Any Smoking in the Past Month, Adolescents Ages 12-17



Incidence of Any Binge Drinking in the Past Month, Adolescents Ages 12-17 (Table 36)

Healthy People Objective 26-11d states that no more than 2% of students in grades 9-12 will engage in binge drinking. For males, binge drinking was defined as having five or more drinks within a couple of hours in the past month. For females, the threshold was four or more drinks within a couple of hours.

Overall, the objective was not met; 7% of adolescents reported binge drinking in the past month. Adolescents ages 12-14 met the objective.

Significant Differences:

Age: Adolescents ages 15-17 were more likely to have engaged in binge drinking than those ages 12-14.

Table 36.
Incidence of Any Binge Drinking in the Past Month, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	1.2*	(0.8 - 2.0)	22,000
15-17	13.1	(11.0 - 15.6)	213,000
Gender			
Male	7.3	(5.7 - 9.2)	125,000
Female	6.7	(5.3 - 8.4)	109,000
Race/Ethnicity			
White	10.0	(8.2 - 12.2)	137,000
Latino	6.5	(4.4 - 9.5)	62,000
Foreign-Born	—	—	—
U.S.-Born	6.5	(4.3 - 9.8)	50,000
Mexican	7.3	(4.8 - 10.9)	53,000
Central American	—	—	—
Other	—	—	—
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	7.8	(5.0 - 11.9)	48,000
100-199% FPL	6.3	(4.4 - 9.1)	49,000
200-299% FPL	6.8	(4.2 - 11.0)	31,000
> 300% FPL	7.0	(5.6 - 8.8)	107,000
Insurance Status			
Insured	6.9	(5.8 - 8.2)	215,000
Uninsured	—	—	
Total	7.0	(5.9 - 8.3)	234,000

*Meets 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.

Incidence of Any Marijuana Use in the Past Month, Adolescents Ages 12-17, Pooled CHIS 2001, CHIS 2003 and CHIS 2005 Data (Table 37)

Healthy People 2010 Objective 26-10b states that adolescent marijuana use in the past 30 days will not exceed 0.7%.

The objective was not met by any group; about six percent of adolescents (5.7%) reported smoking marijuana in the past 30 days.

Significant Differences:

Age: Adolescents ages 15-17 were more likely than adolescents ages 12-14 to report marijuana use in the past 30 days.

Major racial/ethnic groups: White adolescents reported a higher rate of marijuana use in the past 30 days than Latino youth.

Table 37.
Incidence of Any Marijuana Use in the Past Month, Adolescents Ages 12-17, Pooled CHIS 2001, CHIS 2003 and CHIS 2005 Data

Population Group	CHIS pooled data Percent of Group	95% CI
Age Group (Years)		
12-14	1.8	(1.3 - 2.3)
15-17	9.8	(8.7 - 10.9)
Gender		
Male	6.1	(5.2 - 7.0
Female	5.3	(4.5 - 6.1)
Race/Ethnicity		
White	7.2	(6.3 - 8.1)
Latino	4.5	(3.5 - 5.5)
Foreign-Born	—	—
U.S.-Born	5.1	(4.0 - 6.2)
Mexican	4.3	(3.1 - 5.5)
Central American	—	—
Other	6.3	(3.6 - 9.0)
African American	5.2	(3.2 - 7.2)
American Indian/ Alaska Native	—	—
Asian	—	—
Federal Poverty Level		
0-99% FPL	5.6	(4.0 - 7.2)
100-199% FPL	5.5	(4.2 - 6.8)
200-299% FPL	6.3	(4.7 - 7.9)
Insurance Status		
Insured	5.8	(5.2 - 6.4)
Uninsured	4.8	(2.8 - 6.8)
Total	5.7	(5.1 - 6.3)

Incidence of Any Physical Activity Lasting 60 or More Minutes on Three or More Days in the Past Week, Adolescents Ages 12-17 (Table 38)

Two thirds of California adolescents (66.5%) reported having 60 minutes of physical activity per day on three or more days during the past week.

Significant Differences:

Gender: Males were more likely to report 60 or more minutes of physical activity per day for three or more days in the past week than females.

Major racial/ethnic groups: Whites were more likely to report 60 or more minutes of physical activity per day for three or more days in the past week than Asians.

Table 38.
Incidence of Any Physical Activity Lasting 60 or More Minutes on Three or More Days in the Past Week, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	68.6	(65.5 - 71.6)	1,193,000
15-17	64.2	(60.9 - 67.3)	1,040,000
Gender			
Male	73.2	(70.2 - 76.0)	1,258,000
Female	59.4	(56.1 - 62.7)	975,000
Race/Ethnicity			
White	70.5	(67.6 - 73.4)	963,000
Latino	63.2	(58.6 - 67.6)	602,000
Foreign-Born	57.9	(47.1 - 68.1)	110,000
U.S.-Born	64.5	(59.5 - 69.3)	492,000
Mexican	62.4	(57.2 - 67.4)	456,000
Central American	71.4	(54.6 - 83.9)	50,000
Other	63.2	(50.8 - 74.1)	96,000
African American	70.4	(61.8 - 77.7)	200,000
American Indian/ Alaska Native	—	—	—
Asian	57.4	(49.4 - 65.0)	206,000
Federal Poverty Level			
0-99% FPL	61.3	(55.1 - 67.2)	377,000
100-199% FPL	66.1	(61.1 - 70.7)	514,000
200-299% FPL	66.6	(60.2 - 72.5)	298,000
> 300% FPL	68.7	(65.8 - 71.5)	1,044,000
Insurance Status			
Insured	67.0	(64.7 - 69.2)	2,081,000
Uninsured	60.3	(50.8 - 69.0)	152,000
Total	66.5	(64.2 - 68.7)	2,233,000

Average Number of Days Walked, Biked or Skateboarded Home from School During the Past Week, Adolescents Ages 12-17 (Tables 39 and 39A)

The average number of days an adolescent walked, rode a bike or skateboarded home from school during the past week was 1.9 (Table 39).

Significant Differences:

Age: Adolescents ages 12-14 reported a higher average number of days on which they walked, biked or skateboarded home from school than those ages 15-17.

Major racial/ethnic groups: Latino and African American adolescents reported more days on which they walked, biked or skateboarded home from school than White adolescents.

Household income: Adolescents living in households with incomes below 200% FPL reported more days per week of walking, biking or skateboarding home from school than adolescents with household incomes at or above 200% FPL.

Insurance status: Uninsured adolescents reported more days of walking, biking or skateboarding home from school in the past week than insured adolescents.

Among adolescents who said they walked, bicycled or skateboarded home from school, the average time of the trip, without stops, was 21.2 minutes (Table 39A).

Significant Differences:

Age: Adolescents ages 15-17 reported longer trips walking, bicycling or skateboarding home from school than adolescents ages 12-14.

Table 39.
Average Number of Days Walked, Biked or Skateboarded Home from School During the Past Week, Adolescents Ages 12-17

Population Group	CHIS 2005 data Percent of Group	95% CI
Age Group (Years)		
12-14	2.1	(1.9 - 2.2)
15-17	1.6	(1.5 - 1.8)
Gender		
Male	2.0	(1.9 - 2.2)
Female	1.7	(1.5 - 1.9)
Race/Ethnicity		
White	1.5	(1.3 - 1.6)
Latino	2.3	(2.0 - 2.5)
Foreign-Born	2.4	(1.9 - 2.9)
U.S.-Born	2.2	(2.0 - 2.5)
Mexican	2.3	(2.0 - 2.5)
Central American	2.3	(1.4 - 3.1)
Other	2.2	(1.5 - 2.9)
African American	2.1	(1.7 - 2.6)
American Indian/ Alaska Native	1.9	(0.8 - 2.9)
Asian	1.7	(1.3 - 2.0)
Federal Poverty Level		
0-99% FPL	2.5	(2.2 - 2.8)
100-199% FPL	2.3	(2.0 - 2.5)
200-299% FPL	1.6	(1.3 - 1.9)
> 300% FPL	1.5	(1.4 - 1.6)
Insurance Status		
Insured	1.8	(1.7 - 1.9)
Uninsured	2.5	(2.1 - 3.0)
Total	1.9	(1.8 - 2.0)

Table 39A.
Average Number of Minutes it Took to Walk, Bike or Skateboard Home from School, Adolescents Ages 12-17 Who Walked, Biked or Skateboarded Home from School During the Past Week

Population Group	CHIS 2005 data Percent of Group	95% CI
Age Group (Years)		
12-14	19.2	(17.9 - 20.6)
15-17	23.9	(22.0 - 25.7)
Gender		
Male	20.9	(19.5 - 22.2)
Female	21.7	(19.8 - 23.5)
Race/Ethnicity		
White	20.6	(18.9 - 22.3)
Latino	22.2	(19.9 - 24.5)
Foreign-Born	22.6	(18.5 - 26.8)
U.S.-Born	22.0	(19.3 - 24.7)
Mexican	21.4	(19.0 - 23.7)
Central American	26.2	(14.1 - 38.3)
Other	24.5	(17.2 - 31.8)
African American	23.0	(18.3 - 27.6)
American Indian/ Alaska Native)	25.7	(20.9 - 30.5
Asian	20.5	(17.8 - 23.3)
Federal Poverty Level		
0-99% FPL	22.1	(19.6 - 24.7)
100-199% FPL	21.7	(19.4 - 23.9)
200-299% FPL	20.9	(16.7 - 25.2)
> 300% FPL	20.4	(19.0 - 21.8)
Insurance Status		
Insured	21.3	(20.1 - 22.5)
Uninsured	20.4	(17.8 - 23.1)
Total	21.2	(20.1 - 22.4)

Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Adolescents Ages 12-17 (Table 40)

Healthy People 2010 Objective 22-11 states that at least 75% of adolescents will restrict their television viewing to two hours or less per school day.

No group met the objective. About seventy percent of adolescents (68.6%) reported watching two hours or less of television or video games on a typical weekday.

Significant Differences:

Major racial/ethnic groups: African American adolescents were less likely than White, Latino or Asian adolescents to report watching two hours or less of television or video games on a typical weekday. More White adolescents reported watching two hours or less of television or video games on a typical weekday than Latinos.

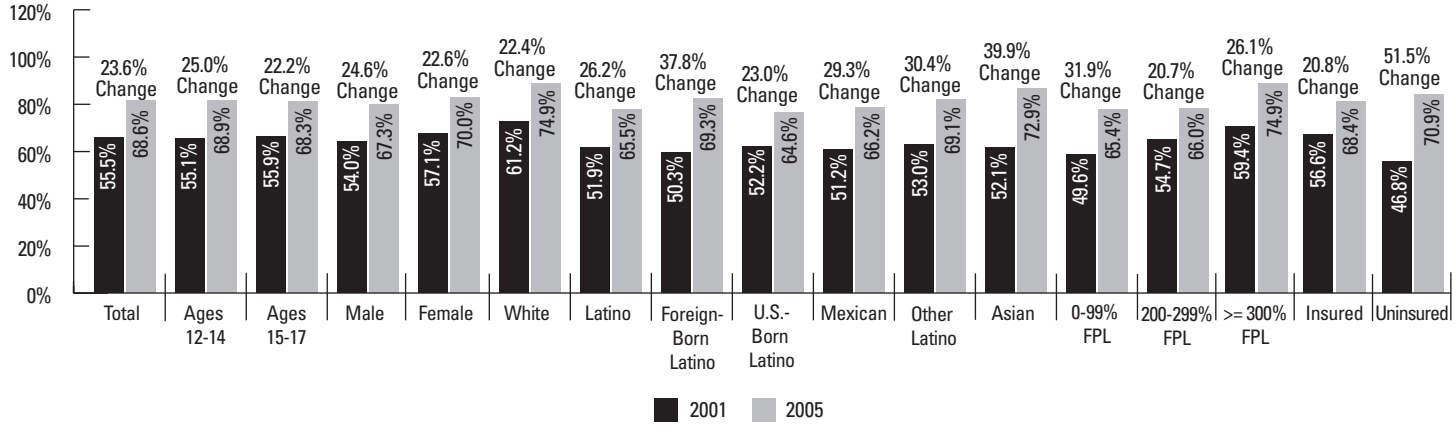
Household income: A higher proportion of adolescents with household incomes at or above 300% FPL reported watching two hours or less of television or video games on a typical weekday than adolescents with household incomes below 300% FPL.

Change from 2001 to 2005 (Graph 28): There was an overall increase in the proportion of adolescents who reported watching two hours or less of television or video games on a typical weekday. There were increases among both age groups, both genders, Whites, Latinos (including foreign- and U.S.-born subgroups as well as Mexican and Other Latino ethnicities), Asians, those with household incomes below 100% FPL and at or above 200% FPL, and those with and without health insurance.

Table 40.
Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Adolescents Ages 12-17

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	68.9	(65.7 - 71.8)	1,196,000
15-17	68.3	(65.2 - 71.4)	1,108,000
Gender			
Male	67.3	(64.2 - 70.3)	1,156,000
Female	70.0	(66.8 - 73.0)	1,148,000
Race/Ethnicity			
White	74.9	(72.1 - 77.5)	1,022,000
Latino	65.5	(60.9 - 69.9)	624,000
Foreign-Born	69.3	(58.6 - 78.3)	131,000
U.S.-Born	64.6	(59.5 - 69.4)	493,000
Mexican	66.2	(61.0 - 71.0)	483,000
Central American	50.9	(34.0 - 67.7)	36,000
Other	69.1	(56.5 - 79.4)	105,000
African American	48.0	(39.5 - 56.7)	137,000
American Indian/ Alaska Native	61.9	(39.2 - 80.4)	30,000
Asian	72.9	(65.1 - 79.5)	262,000
Federal Poverty Level			
0-99% FPL	65.4	(59.1 - 71.1)	402,000
100-199% FPL	60.4	(55.3 - 65.3)	470,000
200-299% FPL	66.0	(59.5 - 71.9)	295,000
> 300% FPL	74.9	(72.2 - 77.5)	1,137,000
Insurance Status			
Insured	68.4	(66.1 - 70.6)	2,125,000
Uninsured	70.9	(61.6 - 78.7)	179,000
Total	68.6	(66.4 - 70.7)	2,304,000

Graph 28
Significant Changes from 2001 to 2005:
Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Adolescents Ages 12-17



Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Adolescents Ages 12-17 (Table 41)

The CDC used to recommend eating five servings of fruits or vegetables per day (*5 A Day* hereafter). Overall, less than one fourth (23.1%) of adolescents reported eating at least five servings of fruits or vegetables on the previous day.

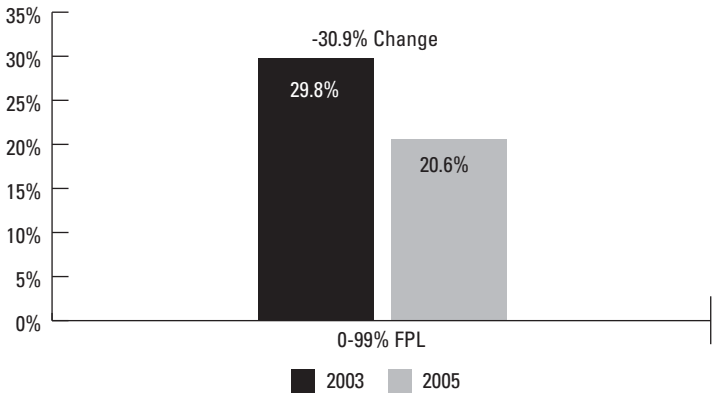
Significant Differences:

Change from 2003 to 2005 (Graph 29): There was a decrease in *5 A Day* consumption among adolescents living in households below 100% FPL.

Table 41.
Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	25.3	(22.6 - 28.2)	439,000
15-17	20.8	(18.3 - 23.6)	338,000
Gender			
Male	23.9	(21.2 - 26.9)	411,000
Female	22.3	(19.8 - 25.0)	366,000
Race/Ethnicity			
White	24.1	(21.6 - 26.9)	329,000
Latino	23.8	(20.0 - 28.0)	226,000
Foreign-Born	29.4	(20.1 - 40.8)	56,000
U.S.-Born	22.4	(18.4 - 26.9)	171,000
Mexican	24.7	(20.4 - 29.5)	180,000
Central American	32.5	(18.5 - 50.4)	23,000
Other	15.4	(8.6 - 26.0)	23,000
African American	15.2	(9.8 - 22.7)	43,000
American Indian/ Alaska Native	——	——	——
Asian	28.8	(22.5 - 36.1)	103,000
Federal Poverty Level			
0-99% FPL	20.6	(16.1 - 26.0)	127,000
100-199% FPL	22.8	(18.8 - 27.3)	177,000
200-299% FPL	24.0	(18.8 - 30.0)	107,000
> 300% FPL	24.1	(21.7 - 26.8)	366,000
Insurance Status			
Insured	23.5	(21.6 - 25.5)	730,000
Uninsured	18.9	(12.8 - 26.9)	48,000
Total	23.1	(21.3 - 25.1)	777,000

Graph 29
Significant Changes from 2003 to 2005: Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Adolescents Ages 12-17



Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Adolescents Ages 12-17 (Table 42)

About 30% of California adolescents (30.6%) drank two or more cans or glasses of soda or sweetened drinks the previous day.

Significant Differences:

Gender: Males were more likely than females to have consumed two or more sodas or sweetened drinks the previous day.

Major racial/ethnic groups: Latinos and African Americans were more likely to have consumed two or more sodas the previous day than White and Asian adolescents.

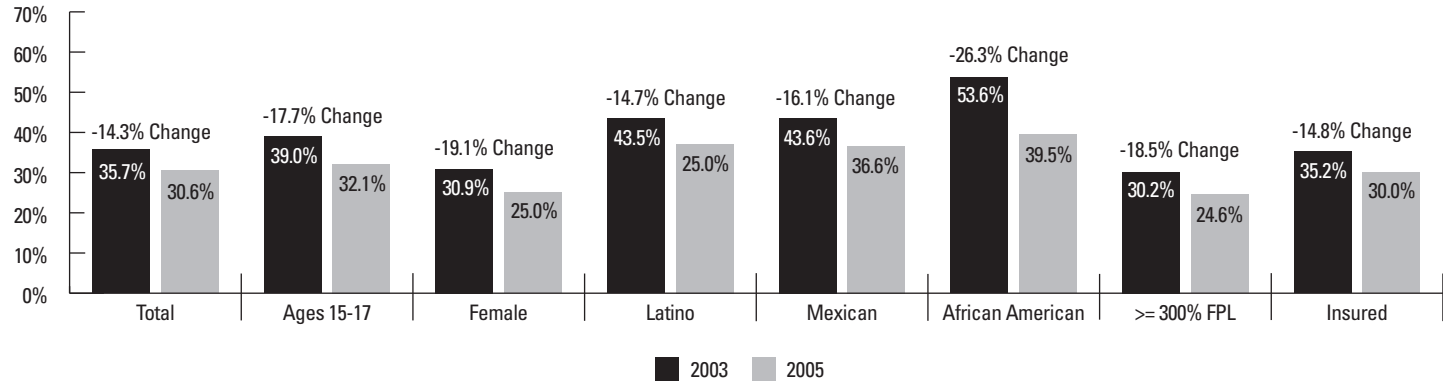
Household income: Adolescents living in households below 300% FPL were more likely to have consumed two or more sodas the previous day than adolescents living in households at or above 300% FPL.

Change from 2003 to 2005 (Graph 30): There was an overall decrease in the proportion of adolescents who reported drinking two or more sodas the previous day. There were also decreases among those ages 15-17, females, Latinos (particularly Mexicans), African Americans, those living in households at or above 300% FPL and those with health insurance.

Table 42.
Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Adolescents Ages 12-17

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	29.2	(26.3 - 32.3)	508,000
15-17	32.1	(29.0 - 35.3)	520,000
Gender			
Male	36.0	(32.9 - 39.2)	618,000
Female	25.0	(22.2 - 28.0)	410,000
Race/Ethnicity			
White	25.5	(22.8 - 28.5)	348,000
Latino	37.1	(32.7 - 41.7)	353,000
Foreign-Born	31.1	(22.1 - 41.9)	59,000
U.S.-Born	38.6	(33.6 - 43.7)	294,000
Mexican	36.6	(31.7 - 41.7)	267,000
Central American	30.7	(18.0 - 47.3)	22,000
Other	42.5	(30.4 - 55.5)	65,000
African American	39.5	(31.4 - 48.3)	112,000
American Indian/ Alaska Native	40.2	(22.4 - 61.0)	20,000
Asian	18.3	(13.0 - 25.1)	66,000
Federal Poverty Level			
0-99% FPL	36.2	(30.5 - 42.4)	223,000
100-199% FPL	36.0	(31.3 - 41.0)	280,000
200-299% FPL	34.0	(27.9 - 40.6)	152,000
> 300% FPL	24.6	(22.0 - 27.3)	373,000
Insurance Status			
Insured	30.0	(27.8 - 32.3)	933,000
Uninsured	37.7	(29.3 - 46.9)	95,000
Total	30.6	(28.5 - 32.8)	1,028,000

Graph 30
Significant Changes from 2003 to 2005:
Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Adolescents Ages 12-17



Proportion Consuming One or More Servings of Fast Food on the Previous Day, Adolescents Ages 12-17 (Table 43)

Forty three percent of adolescents (43.2%) reported eating one or more servings of fast food the previous day.

Significant Differences:

Major racial/ethnic groups: Latino and African-American adolescents were more likely to report eating fast food the previous day than White adolescents.

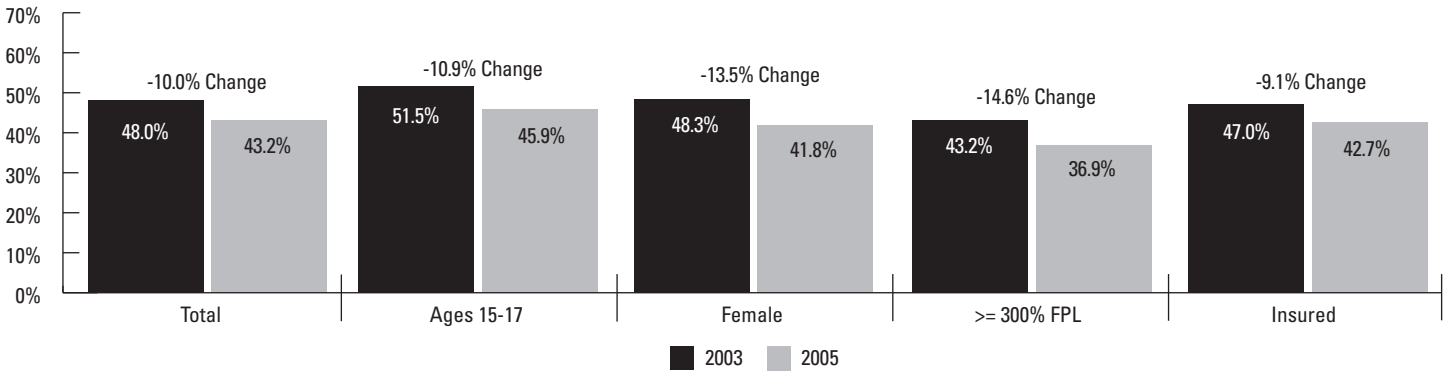
Household income: Adolescents living in households below 200% FPL were more likely to report eating fast food the previous day than those in households at or above 300% FPL.

Change from 2003 to 2005 (Graph 31): Fast food consumption on the previous day declined among all adolescents; decreases also occurred among those ages 15-17, females, those with household incomes at or above 300% FPL and those with health insurance.

Table 43.
Proportion Consuming One or More Servings of Fast Food on the Previous Day, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	40.6	(37.4 - 43.8)	705,000
15-17	45.9	(42.6 - 49.3)	745,000
Gender			
Male	44.5	(41.3 - 47.7)	765,000
Female	41.8	(38.5 - 45.1)	685,000
Race/Ethnicity			
White	35.7	(32.7 - 38.8)	487,000
Latino	50.7	(46.1 - 55.3)	483,000
Foreign-Born	49.3	(39.0 - 59.7)	93,000
U.S.-Born	51.1	(45.9 - 56.2)	390,000
Mexican	52.2	(47.0 - 57.4)	381,000
Central American	41.9	(26.7 - 58.8)	30,000
Other	47.4	(35.2 - 59.9)	72,000
African American	49.0	(40.4 - 57.6)	139,000
American Indian/ Alaska Native	44.7	(25.8 - 65.2)	22,000
Asian	42.9	(35.2 - 50.9)	154,000
Federal Poverty Level			
0-99% FPL	49.4	(43.2 - 55.5)	304,000
100-199% FPL	48.6	(43.6 - 53.7)	378,000
200-299% FPL	46.4	(39.9 - 53.0)	207,000
> 300% FPL	36.9	(34.0 - 40.0)	561,000
Insurance Status			
Insured	42.7	(40.3 - 45.0)	1,325,000
Uninsured	49.5	(40.4 - 58.6)	125,000
Total	43.2	(40.9 - 45.5)	1,450,000

Graph 31
Significant Changes from 2003 to 2005:
Proportion Consuming One or More Servings of Fast Food on the Previous Day, Adolescents Ages 12-17



Proportion Consuming Two or More Servings of Sugary Foods on the Previous Day, Adolescents Ages 12-17 (Table 44)

About one third of adolescents (32.5%) ate two or more servings of cookies, candy, doughnuts, pastries, cake or popsicles on the previous day.

Significant Differences:

Major racial/ethnic groups: African American adolescents were more likely to report eating two or more servings of sugary foods on the previous day than White adolescents.

Table 44.
Proportion Consuming Two or More Servings of Sugary Foods on the Previous Day, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	33.7	(30.7 - 36.8)	586,000
15-17	31.2	(28.2 - 34.3)	505,000
Gender			
Male	32.0	(29.0 - 35.1)	550,000
Female	33.0	(30.0 - 36.1)	542,000
Race/Ethnicity			
White	31.4	(28.6 - 34.4)	429,000
Latino	30.8	(26.8 - 35.1)	293,000
Foreign-Born	27.6	(19.5 - 37.5)	52,000
U.S.-Born	31.6	(27.1 - 36.4)	241,000
Mexican	34.1	(29.4 - 39.1)	249,000
Central American	—	—	—
Other	19.1	(11.9 - 29.3)	29,000
African American	43.4	(35.0 - 52.2)	124,000
American Indian/ Alaska Native	—	—	—
Asian	33.4	(26.2 - 41.5)	120,000
Federal Poverty Level			
0-99% FPL	31.6	(26.2 - 37.5)	194,000
100-199% FPL	32.3	(27.9 - 37.1)	252,000
200-299% FPL	31.9	(25.9 - 38.5)	142,000
> 300% FPL	33.1	(30.3 - 36.1)	503,000
Insurance Status			
Insured	32.8	(30.6 - 35.1)	1,019,000
Uninsured	28.7	(21.2 - 37.6)	73,000
Total	32.5	(30.4 - 34.7)	1,091,000

Prevalence of Overweight or Obesity, Adolescents Ages 12-17 (Table 45)

Healthy People 2010 Objective 19-3 states that the proportion of children and adolescents ages 6-19 that is either overweight or obese will not exceed 5%.

Overall, 14.2% of California adolescents were overweight or obese, defined as having a body mass index (BMI) at or above the 95th percentile. No group met the objective.

Significant Differences:

Gender: Males were more likely to be overweight or obese than females.

Major racial/ethnic groups: Latino and African American adolescents were more likely to be overweight or obese than White or Asian adolescents.

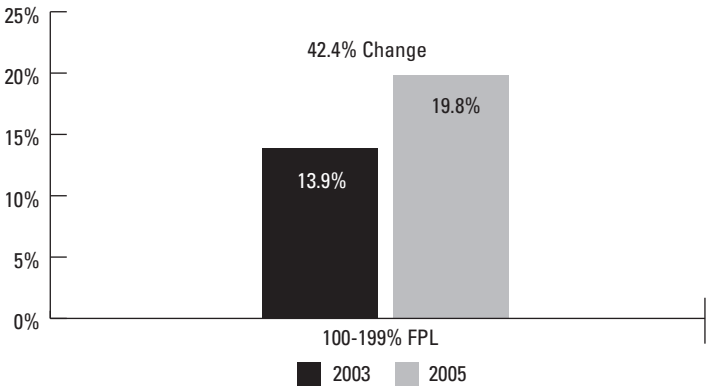
Household income: Adolescents living in households at or above 300% FPL were less likely to be overweight or obese than all lower income groups.

Change from 2003 to 2005 (Graph 32): There was an increase in overweight or obesity among adolescents living in households at 100-199% FPL.

Table 45.
Prevalence of Overweight or Obesity, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	15.1	(12.9 - 17.6)	262,000
15-17	13.3	(11.0 - 16.0)	216,000
Gender			
Male	17.0	(14.6 - 19.7)	292,000
Female	11.3	(9.3 - 13.7)	185,000
Race/Ethnicity			
White	9.2	(7.5 - 11.2)	125,000
Latino	20.2	(16.7 - 24.1)	192,000
Foreign-Born	20.0	(13.0 - 29.4)	38,000
U.S.-Born	20.2	(16.4 - 24.6)	154,000
Mexican	19.4	(15.7 - 23.8)	142,000
Central American	——	——	——
Other	24.5	(15.0 - 37.3)	37,000
African American	19.6	(13.5 - 27.6)	56,000
American Indian/ Alaska Native	——	——	——
Asian	7.3	(4.1 - 12.9)	26,000
Federal Poverty Level			
0-99% FPL	21.4	(16.7 - 27.0)	132,000
100-199% FPL	19.8	(15.9 - 24.3)	154,000
200-299% FPL	16.0	(11.7 - 21.6)	72,000
> 300% FPL	7.9	(6.4 - 9.8)	120,000
Insurance Status			
Insured	13.9	(12.3 - 15.8)	432,000
Uninsured	17.9	(11.7 - 26.5)	45,000
Total	14.2	(12.6 - 16.0)	478,000

Graph 32
Significant Changes from 2003 to 2005:
Prevalence of Overweight or Obesity, Adolescents Ages 12-17



SEXUAL INTERCOURSE AND PREGNANCY PREVENTION

Prevalence of Sexual Intercourse Experience, Adolescents Ages 15-17 (Table 46)

Healthy People 2010 Objective 9-9 states that at least 75% of adolescents ages 15-17 will never have experienced sexual intercourse.

Overall, 27.2% of California adolescents ages 15-17 reported having had sexual intercourse. The objective was not met overall or by any demographic group.

Significant Differences:

None.

Table 46.
Prevalence of Sexual Intercourse Experience, Adolescents Ages 15-17

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Gender			
Male	30.5	(26.3 - 35.1)	249,000
Female	23.6	(19.8 - 27.9)	182,000
Race/Ethnicity			
White	27.7	(23.8 - 31.8)	197,000
Latino	30.7	(24.3 - 38.0)	124,000
Foreign-Born	23.5	(13.0 - 38.8)	22,000
U.S.-Born	32.8	(25.3 - 41.3)	102,000
Mexican	34.4	(26.8 - 42.9)	106,000
Central American	—	—	—
Other	—	—	—
African American	36.8	(26.5 - 48.3)	56,000
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	33.6	(25.3 - 42.9)	94,000
100-199% FPL	29.4	(22.8 - 37.0)	97,000
200-299% FPL	32.8	(24.4 - 42.3)	70,000
> 300% FPL	22.3	(19.0 - 26.0)	170,000
Insurance Status			
Insured	27.0	(24.0 - 30.3)	395,000
Uninsured	29.0	(18.6 - 42.1)	36,000
Total	27.2	(24.3 - 30.3)	431,000

Prevalence of Waiting until Age 15 or Older to Have Sexual Intercourse, Adolescents Ages 15-17 (Table 47)

Healthy People 2010 Objective 9-8 states that at least 88% of adolescents will never have engaged in sexual intercourse before age 15.

Overall, the objective was met; 90.8% of California adolescents ages 15-17 had delayed sexual intercourse until at least age 15. Female adolescents, Whites, Latinos, those living in households at or above 300% FPL, and those with health insurance met the objective.

Significant Differences:

Gender: Females were more likely than males to delay sexual intercourse until at least age 15.

Major racial/ethnic groups: White and Latino adolescents were more likely than African Americans to delay sexual intercourse until at least age 15.

Change from 2003 to 2005 (Graph 33): There was an increase in delaying sexual intercourse until at least age 15 among Latino adolescents.

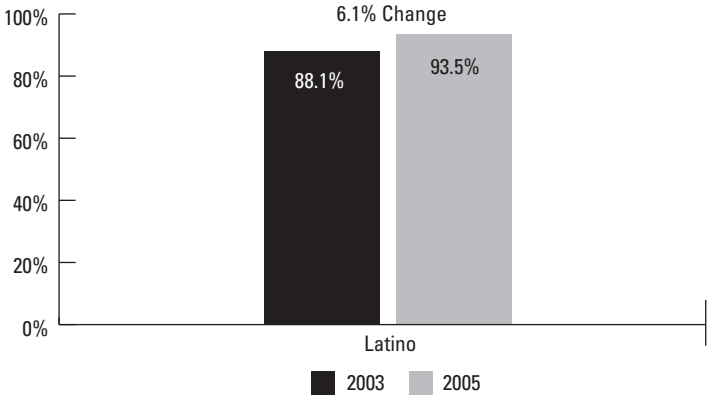
Table 47.
Prevalence of Waiting Until Age 15 or Older to Have Sexual Intercourse, Adolescents Ages 15-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Gender			
Male	87.3	(83.7 - 90.2)	711,000
Female	94.5*	(91.9 - 96.3)	728,000
Race/Ethnicity			
White	91.2*	(88.1 - 93.5)	648,000
Latino	93.5*	(89.0 - 96.2)	377,000
Foreign-Born	—	—	—
U.S.-Born	—	—	—
Mexican	—	—	—
Central American	—	—	—
Other	—	—	—
African American	79.2	(68.6 - 86.8)	120,000
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	89.4	(82.6 - 93.7)	250,000
100-199% FPL	87.0	(80.6 - 91.5)	286,000
200-299% FPL	90.1	(83.0 - 94.4)	192,000
> 300% FPL	93.2*	(90.5 - 95.1)	712,000
Insurance Status			
Insured	90.8*	(88.5 - 92.7)	1,328,000
Uninsured	—	—	—
Total	90.8*	(88.6 - 92.6)	1,440,000

*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.

Graph 33
Significant Changes from 2003 to 2005: Prevalence of Waiting Until Age 15 or Older to Have Sexual Intercourse, Adolescents Ages 15-17



Prevalence of Knowledge About the Emergency Contraception Over-the-Counter Law, Adolescent Females Ages 14-17, Pooled CHIS 2003 and CHIS 2005 Data (Table 48)

Overall, less than one fourth of females ages 14-17 (22%) were aware of the California law allowing pharmacists to dispense emergency contraception (EC) over the counter without a prescription.

Significant Differences:

Major racial/ethnic groups: White females were more likely than either Latinas or African Americans to know about the EC law.

Household income: Females living in households at or above 300% FPL were more likely to know about the EC law than those living in households below 200% FPL.

Table 48.
Prevalence of Knowledge About the Emergency Contraception Over-the-Counter Law, Adolescent Females Ages 14-17, Pooled CHIS 2003 and CHIS 2005 Data

Population Group	CHIS 2005 data Percent of Group	95% CI
Race/Ethnicity		
White	27.4	(24.2 - 30.6)
Latino	17.9	(13.7 - 22.1)
Foreign-Born	19.3	(10.6 - 28.0)
U.S.-Born	17.6	(12.8 - 22.4)
Mexican	15.7	(11.2 - 20.2)
Central American	—	—
Other	28.0	(14.9 - 41.1)
African American	16.3	(8.6 - 24.0)
American Indian/Alaska Native	—	—
Asian	18.7	(11.3 - 26.1)
Federal Poverty Level		
0-99% FPL	11.8	(7.1 - 16.5)
100-199% FPL	18.5	(13.8 - 23.2)
200-299% FPL	24.6	(18.6 - 30.6)
> 300% FPL	27.3	(24.0 - 30.6)
Insurance Status		
Insured	22.1	(19.8 - 24.4)
Uninsured	21.7	(13.7 - 29.7)
Total	22.0	(19.8 - 24.2)

USUAL SOURCE OF MEDICAL CARE, HEALTH EDUCATION, MEDICAL UTILIZATION AND INSURANCE STATUS

Prevalence of Having a Usual Source of Medical Care, Adolescents Ages 12-17 (Table 49)

Healthy People 2010 Objective 1-4b states that at least 97% of children age 17 and under will have a specific source of ongoing medical care.

The objective was not met by adolescents overall or by any demographic group; only 79% of adolescents reported having a usual source of medical care.

Significant Differences:

Major racial/ethnic groups: Latino, Asian and African American adolescents were less likely to have a usual source of medical care than White adolescents.

Household income: Adolescents in households at or below 200% FPL were less likely to report having a usual source of medical care than those at or above 300% FPL.

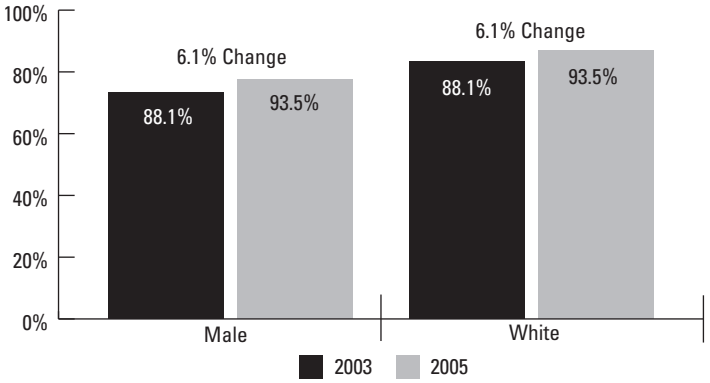
Insurance status: Adolescents without health insurance were less likely to have a usual source of medical care than those with insurance.

Change from 2003 to 2005 (Graph 34): The proportion reporting that they had a usual source of medical care increased among males and Whites.

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

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	76.9	(73.8 - 79.7)	1,335,000
15-17	81.2	(78.4 - 83.8)	1,317,000
Gender			
Male	77.5	(74.5 - 80.2)	1,331,000
Female	80.5	(77.6 - 83.2)	1,321,000
Race/Ethnicity			
White	86.8	(84.4 - 88.9)	1,186,000
Latino	73.9	(69.4 - 77.8)	703,000
Foreign-Born	63.9	(53.3 - 73.4)	121,000
U.S.-Born	76.3	(71.4 - 80.6)	582,000
Mexican	72.7	(67.7 - 77.2)	531,000
Central American	—	—	—
Other	80.4	(68.3 - 88.6)	122,000
African American	77.4	(69.5 - 83.7)	220,000
American Indian/ Alaska Native	—	—	—
Asian	75.4	(67.2 - 82.1)	271,000
Federal Poverty Level			
0-99% FPL	71.3	(65.3 - 76.7)	439,000
100-199% FPL	72.4	(67.3 - 76.9)	563,000
200-299% FPL	79.4	(73.0 - 84.6)	355,000
> 300% FPL	85.3	(83.0 - 87.4)	1,295,000
Insurance Status			
Insured	80.1	(78.0 - 82.1)	2,489,000
Uninsured	64.4	(55.0 - 72.8)	163,000
Total	79.0	(76.9 - 80.9)	2,652,000

Graph 34
Significant Changes from 2003 to 2005: Prevalence of Having a Usual Source of Medical Care, Adolescents Ages 12-17



Incidence of Any Emergency Room Visits in the Past 12 Months, Adolescents Ages 12-17 (Table 50)

Approximately one fifth of California's adolescents ages 12-17 (21.0%) reported visiting a hospital emergency room (ER) for their own health at least once during the past 12 months.

Significant Differences:

Gender: Males were more likely than females to have visited an ER in the past 12 months.

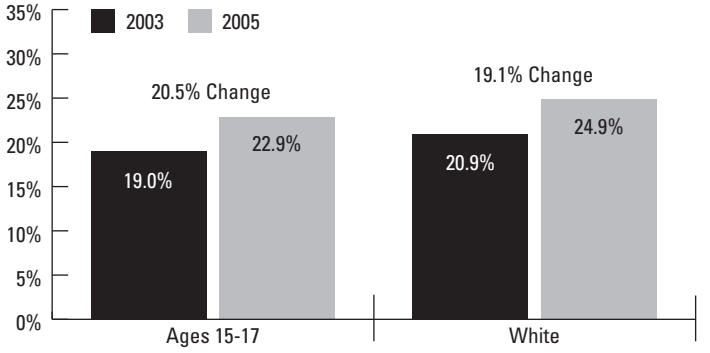
Major racial/ethnic groups: Asian and Latino youth were less likely to have visited an ER during the past 12 months than White youth.

Change from 2003 to 2005 (Graph 35): ER use in the past 12 months increased among adolescents ages 15-17 and among Whites.

Table 50.
Incidence of Any Emergency Room Visits in the Past 12 Months, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	19.2	(16.7 - 21.9)	333,000
15-17	22.9	(20.2 - 25.7)	371,000
Gender			
Male	24.0	(21.3 - 27.0)	412,000
Female	17.8	(15.5 - 20.3)	292,000
Race/Ethnicity			
White	24.9	(22.3 - 27.8)	340,000
Latino	17.1	(13.9 - 20.9)	163,000
Foreign-Born	13.7	(8.3 - 21.8)	26,000
U.S.-Born	17.9	(14.3 - 22.3)	137,000
Mexican	16.5	(13.0 - 20.9)	121,000
Central American	—	—	—
Other	19.4	(11.8 - 30.3)	30,000
African American	19.2	(13.7 - 26.3)	55,000
American Indian/ Alaska Native	39.1	(20.2 - 62.0)	19,000
Asian	10.4	(6.7 - 15.9)	37,000
Federal Poverty Level			
0-99% FPL	17.0	(12.8 - 22.2)	104,000
100-199% FPL	21.0	(17.1 - 25.5)	163,000
200-299% FPL	20.4	(15.8 - 25.8)	91,000
> 300% FPL	22.7	(20.2 - 25.5)	345,000
Insurance Status			
Insured	21.3	(19.4 - 23.4)	662,000
Uninsured	16.4	(10.9 - 24.0)	41,000
Total	21.0	(19.1 - 22.9)	704,000

Graph 35
Significant Changes from 2003 to 2005:
Incidence of Any Emergency Room Visits in the Past 12 Months, Adolescents Ages 12-17



Prevalence of Physical Activity Discussion with Doctor During the Most Recent Routine Exam, Adolescents Ages 12-17 Who Had a Routine Physical Exam in the Past Two Years (Table 51)

Overall, 75.6% of adolescents reported they had discussed physical activity or exercise with their doctor at their most recent routine physical exam.

Significant Differences:

None

Table 51.
Prevalence of Physical Activity Discussion with Doctor During the Most Recent Routine Exam, Adolescents Ages 12-17 Who Had a Routine Physical Exam in the Past Two Years

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	74.6	(71.6 - 77.4)	1,221,000
15-17	76.6	(73.6 - 79.4)	1,133,000
Gender			
Male	75.4	(72.4 - 78.1)	1,208,000
Female	75.8	(72.8 - 78.6)	1,147,000
Race/Ethnicity			
White	76.3	(73.4 - 79.0)	981,000
Latino	78.4	(74.4 - 81.8)	685,000
Foreign-Born	74.7	(64.8 - 82.6)	130,000
U.S.-Born	79.3	(74.9 - 83.0)	555,000
Mexican	76.9	(72.3 - 80.9)	511,000
Central American	—	—	—
Other	78.0	(66.4 - 86.5)	110,000
African American	74.5	(65.7 - 81.7)	194,000
American Indian/ Alaska Native	—	—	—
Asian	70.7	(62.6 - 77.6)	232,000
Federal Poverty Level			
0-99% FPL	74.2	(68.5 - 79.2)	420,000
100-199% FPL	75.1	(70.3 - 79.3)	525,000
200-299% FPL	73.0	(66.2 - 78.9)	305,000
> 300% FPL	77.1	(74.4 - 79.6)	1,104,000
Insurance Status			
Insured	75.9	(73.8 - 78.0)	2,201,000
Uninsured	70.8	(61.1 - 78.8)	154,000
Total	75.6	(73.5 - 77.6)	2,355,000

Prevalence of Nutrition Discussion with Doctor During the Most Recent Routine Exam, Adolescents Ages 12-17 Who Had a Routine Physical Exam in the Past Two Years (Table 52)

Overall, 72.4% of adolescents reported they had discussed nutrition with their doctor at their last routine physical exam.

Significant Differences:

Age: Among adolescents who had a routine physical exam during the past two years, those ages 12-14 were more likely than those ages 15-17 to report discussing nutrition with their doctor.

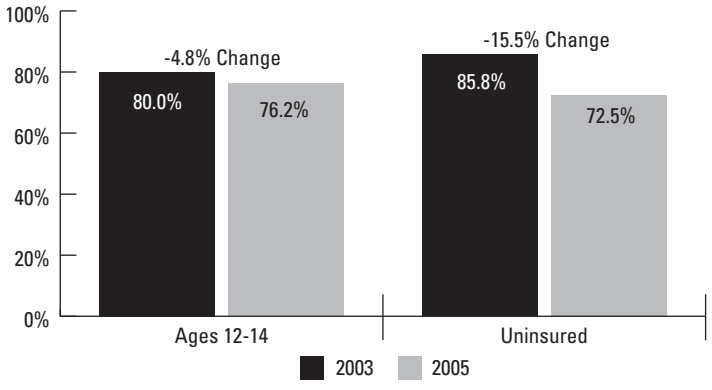
Major racial/ethnic groups: Latino adolescents were more likely to report discussing nutrition with their physician than White and Asian adolescents.

Change from 2003 to 2005 (Graph 36): The prevalence of discussing nutrition with a doctor during the most recent physical exam decreased among 12-14 year olds and among those without health insurance.

Table 52.
Prevalence of Nutrition Discussion with Doctor During the Most Recent Routine Exam, Adolescents Ages 12-17 Who Had a Routine Physical Exam in the Past Two Years

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	76.2	(73.2 - 78.9)	1,247,000
15-17	68.2	(64.9 - 71.4)	1,009,000
Gender			
Male	70.9	(67.9 - 73.8)	1,137,000
Female	74.0	(70.7 - 77.0)	1,119,000
Race/Ethnicity			
White	67.5	(64.4 - 70.4)	867,000
Latino	79.7	(75.5 - 83.4)	697,000
Foreign-Born	78.0	(66.1 - 86.6)	136,000
U.S.-Born	80.2	(75.7 - 84.0)	562,000
Mexican	80.2	(75.4 - 84.3)	533,000
Central American	—	—	—
Other	79.4	(67.7 - 87.6)	112,000
African American	76.1	(67.0 - 83.3)	198,000
American Indian/ Alaska Native	—	—	—
Asian	66.7	(58.1 - 74.3)	219,000
Federal Poverty Level			
0-99% FPL	75.6	(69.6 - 80.8)	428,000
100-199% FPL	76.0	(71.0 - 80.3)	532,000
200-299% FPL	70.1	(63.2 - 76.2)	293,000
> 300% FPL	70.1	(67.1 - 72.8)	1,003,000
Insurance Status			
Insured	72.4	(70.1 - 74.5)	2,098,000
Uninsured	72.5	(62.1 - 80.9)	158,000
Total	72.4	(70.2 - 74.5)	2,256,000

Graph 36
Significant Changes from 2003 to 2005:
Prevalence of Nutrition Discussion with Doctor During the Most Recent Routine Exam, Adolescents Ages 12-17 Who Had a Routine Physical Exam in the Past Two Years



Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Adolescents Ages 12-17 (Table 53)

Overall, 7.1% of adolescents reported that they delayed or did not get the medical care they needed in the past 12 months.

Significant Differences:

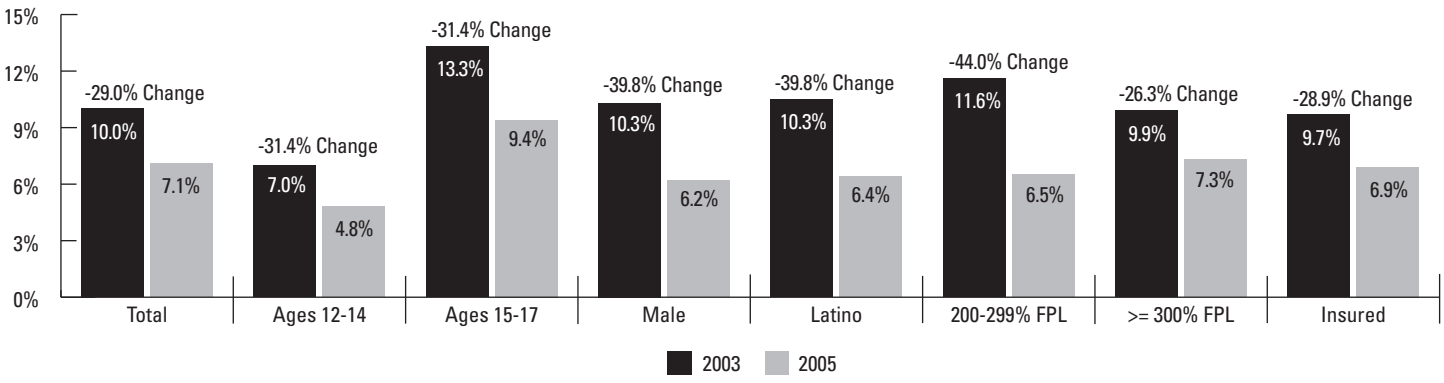
Age: Adolescents ages 15-17 were more likely to have delayed or not gotten needed care in the past 12 months than those ages 12-14.

Change from 2003 to 2005 (Graph 37): There was an overall decrease in delaying or not obtaining needed medical care in the past 12 months. Decreases occurred among both age groups, males, Latinos, those living in households with incomes at or above 200% FPL and adolescents with health insurance.

Table 53.
Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
12-14	4.8	(3.7 - 6.4)	84,000
15-17	9.4	(7.7 - 11.6)	153,000
Gender			
Male	6.2	(4.8 - 8.0)	107,000
Female	7.9	(6.4 - 9.9)	130,000
Race/Ethnicity			
White	8.4	(6.8 - 10.4)	115,000
Latino	6.4	(4.4 - 9.1)	61,000
Foreign-Born	—	—	—
U.S.-Born	6.1	(4.0 - 9.0)	46,000
Mexican	7.4	(5.0 - 10.8)	54,000
Central American	—	—	—
Other	—	—	—
African American	7.2	(4.0 - 12.4)	20,000
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	9.1	(6.2 - 13.1)	56,000
100-199% FPL	5.3	(3.5 - 8.0)	41,000
200-299% FPL	6.5	(4.4 - 9.5)	29,000
> 300% FPL	7.3	(5.8 - 9.2)	111,000
Insurance Status			
Insured	6.9	(5.8 - 8.2)	214,000
Uninsured	9.1	(5.1 - 15.9)	23,000
Total	7.1	(6.0 - 8.3)	237,000

Graph 37
Significant Changes from 2003 to 2005:
Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Adolescents Ages 12-17



Incidence of Receiving a Flu Vaccine in the Past 12 Months, Adolescents Ages 12-17 (Table 54)

One in four adolescents (24.8%) reported getting a flu vaccine in the past 12 months.

Significant Differences:

None.

Table 54.
Incidence of Receiving a Flu Vaccine in the Past 12 Months, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	27.1	(24.3 - 30.0)	470,000
15-17	22.3	(19.6 - 25.3)	362,000
Gender			
Male	27.5	(24.6 - 30.5)	472,000
Female	21.9	(19.3 - 24.7)	360,000
Race/Ethnicity			
White	21.6	(19.1 - 24.4)	295,000
Latino	27.7	(23.9 - 32.0)	264,000
Foreign-Born	32.1	(23.4 - 42.2)	61,000
U.S.-Born	26.7	(22.4 - 31.4)	203,000
Mexican	27.0	(22.7 - 31.7)	197,000
Central American	31.1	(17.7 - 48.5)	22,000
Other	29.9	(19.9 - 42.3)	45,000
African American	28.5	(21.5 - 36.8)	81,000
American Indian/ Alaska Native	—	—	—
Asian	25.7	(19.5 - 33.1)	92,000
Federal Poverty Level			
0-99% FPL	25.3	(20.7 - 30.7)	156,000
100-199% FPL	25.9	(21.7 - 30.5)	201,000
200-299% FPL	23.2	(17.6 - 29.9)	104,000
> 300% FPL	24.4	(21.9 - 27.2)	371,000
Insurance Status			
Insured	24.7	(22.7 - 26.9)	769,000
Uninsured	25.1	(17.9 - 33.9)	63,000
Total	24.8	(22.8 - 26.8)	832,000

Prevalence of Being Currently Uninsured, Adolescents Ages 12-17 (Table 55)

Based on the report of the adolescent's parent or legal guardian, 7.5% of adolescents had no health insurance at the time of the interview.

Significant Differences:

Major racial/ethnic groups: Latinos were more likely to be uninsured than Whites.

Latino, foreign-born vs. U.S.-born: Foreign-born Latinos were more likely to be uninsured than U.S.-born Latinos.

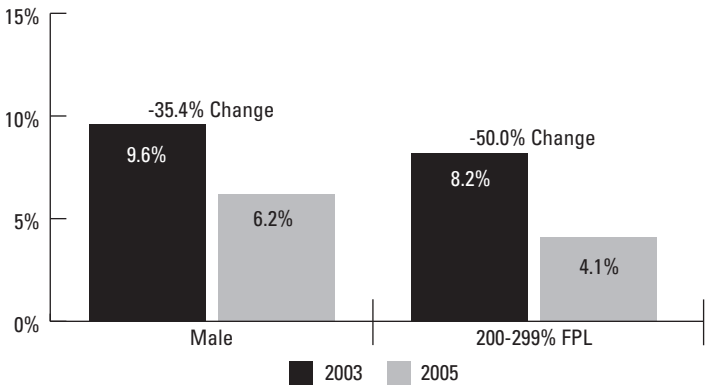
Household Income: Adolescents living in households below 200% FPL were more likely to be uninsured than those living in households at or above 200% FPL.

Change from 2003 to 2005 (Graph 38): Being uninsured decreased among adolescent males and among those with household incomes of 200-299% FPL.

Table 55.
Prevalence of Being Currently Uninsured, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	7.1	(5.6 - 9.1)	124,000
15-17	7.9	(6.1 - 10.2)	129,000
Gender			
Male	6.2	(4.8 - 8.0)	106,000
Female	8.9	(7.0 - 11.3)	146,000
Race/Ethnicity			
White	3.4	(2.5 - 4.8)	47,000
Latino	13.4	(10.6 - 16.8)	128,000
Foreign-Born	30.2	(21.5 - 40.6)	57,000
U.S.-Born	9.2	(6.7 - 12.5)	70,000
Mexican	14.1	(10.9 - 18.2)	103,000
Central American	—	—	—
Other	—	—	—
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	18.0	(13.7 - 23.4)	111,000
100-199% FPL	12.3	(9.1 - 16.3)	95,000
200-299% FPL	4.1	(2.6 - 6.6)	19,000
> 300% FPL	1.8	(1.2 - 2.8)	28,000
Insurance Status			
Insured	—	—	—
Uninsured	—	—	—
Total	7.5	(6.3 - 9.0)	253,000

Graph 38
Significant Changes from 2003 to 2005:
Prevalence of Being Currently Uninsured, Adolescents Ages 12-17



Prevalence of Current Dental Insurance Coverage, Adolescents Ages 12-17 (Table 56)

Over 70% of adolescents (72.1%) had dental insurance at the time of the interview.

Significant Differences:

Major racial/ethnic groups: White and African American adolescents were more likely to have dental insurance than Latino or Asian adolescents.

Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely than foreign-born Latinos to have dental insurance.

Latino subgroups: Other Latinos were more likely than Mexicans and Central Americans to have dental insurance.

Household income: The proportion of adolescents with dental insurance increased with income. Among adolescents living in households at or above 100% FPL, each income category had a larger proportion of adolescents with dental insurance than lower income categories.

Table 56.
Prevalence of Current Dental Insurance Coverage, Adolescents Ages 12-17

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
12-14	72.6	(69.6 - 75.4)	1,261,000
15-17	71.5	(68.4 - 74.4)	1,159,000
Gender			
Male	73.2	(70.2 - 76.0)	1,258,000
Female	70.9	(67.8 - 73.8)	1,163,000
Race/Ethnicity			
White	81.0	(78.6 - 83.3)	1,106,000
Latino	60.5	(55.9 - 64.9)	576,000
Foreign-Born	39.2	(29.4 - 49.9)	74,000
U.S.-Born	65.8	(60.8 - 70.5)	502,000
Mexican	59.1	(54.0 - 64.1)	432,000
Central American	41.0	(25.3 - 58.8)	29,000
Other	76.2	(64.6 - 84.9)	116,000
African American	84.3	(76.9 - 89.7)	240,000
American Indian/ Alaska Native	—	—	—
Asian	69.7	(61.9 - 76.5)	250,000
Federal Poverty Level			
0-99% FPL	53.1	(47.0 - 59.2)	327,000
100-199% FPL	62.1	(57.0 - 67.0)	484,000
200-299% FPL	76.4	(70.9 - 81.1)	341,000
> 300% FPL	83.5	(81.4 - 85.5)	1,268,000
Insurance Status			
Insured	77.2	(75.2 - 79.1)	2,398,000
Uninsured	—	—	—
Total	72.1	(69.9 - 74.1)	2,420,000

4. Child CHIS 2005

CHILD CHIS 2005 FINDINGS AND SIGNIFICANT CHANGES FROM 2003 TO 2005

The CHIS 2005 child findings presented in this section are based on responses from the adult in the household who was most knowledgeable about the selected child's health. In CHIS 2005, data were collected on 11,358 children under the age of 12. Data are presented for groups that had sufficient sample sizes to produce reliable estimates. The data on physician-diagnosed health conditions are based solely on the most knowledgeable adult's report; no independent confirmation was obtained.

HEALTH CONDITIONS AND LIMITATIONS

Prevalence of Lifetime Asthma Diagnosis, Children Ages 1-11 (Table 57)

Overall, 13.5% of children ages 1-11 had ever been diagnosed with asthma.

Significant Differences:

Age: Children ages 5-11 were more likely to have been diagnosed with asthma than those ages 1-4.

Gender: Males were more likely to have been diagnosed with asthma than females.

Major racial/ethnic groups: African Americans were more likely to have been diagnosed with asthma than Latinos and Asians.

Table 57.
Prevalence of Lifetime Asthma Diagnosis, Children Ages 1-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
1-4	9.7	(8.3 - 11.2)	198,000
5-11	15.6	(14.2 - 17.1)	590,000
Gender			
Male	15.6	(14.1 - 17.2)	465,000
Female	11.4	(10.0 - 12.9)	324,000
Race/Ethnicity			
White	14.4	(12.8 - 16.1)	341,000
Latino	11.8	(10.2 - 13.7)	259,000
Foreign-Born	—	—	—
U.S.-Born	12.5	(10.8 - 14.5)	248,000
Mexican	11.7	(9.9 - 13.8)	207,000
Central American	—	—	—
Other	13.9	(9.6 - 19.7)	41,000
African American	20.9	(15.9 - 27.1)	84,000
American Indian/ Alaska Native	23.2	(13.5 - 37.0)	14,000
Asian	10.8	(8.3 - 13.9)	66,000
Federal Poverty Level			
0-99% FPL	14.9	(12.3 - 17.9)	186,000
100-199% FPL	12.4	(10.4 - 14.7)	164,000
200-299% FPL	16.0	(12.9 - 19.6)	120,000
> 300% FPL	12.7	(11.4 - 14.2)	319,000
Insurance Status			
Insured	13.7	(12.6 - 14.9)	752,000
Uninsured	10.5	(7.1 - 15.5)	36,000
Total	13.5	(12.5 - 14.6)	788,000

Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Children Ages 1-11 Ever Diagnosed with Asthma (Table 58)

Approximately half of the children diagnosed with asthma (48.3%) reported having an asthma attack in the past 12 months.

Significant Differences:

None.

Table 58.
Incidence of Having Any Asthma Attack or Episode in the Past 12 Months, Children Ages 1-11 Ever Diagnosed with Asthma

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
1-4	53.9	(45.8 - 61.7)	107,000
5-11	46.5	(41.5 - 51.5)	274,000
Gender			
Male	47.3	(41.9 - 52.7)	220,000
Female	49.8	(43.0 - 56.7)	161,000
Race/Ethnicity			
White	54.0	(47.8 - 60.0)	184,000
Latino	41.2	(33.9 - 48.9)	107,000
Foreign-Born	—	—	—
U.S.-Born	42.4	(34.9 - 50.3)	105,000
Mexican	39.7	(31.6 - 48.3)	82,000
Central American	—	—	—
Other	56.4	(37.3 - 73.7)	23,000*
African American	51.1	(36.5 - 65.6)	43,000
American Indian/ Alaska Native	—	—	—
Asian	35.3	(24.1 - 48.2)	23,000
Federal Poverty Level			
0-99% FPL	39.7	(30.4 - 49.8)	74,000
100-199% FPL	45.1	(36.2 - 54.4)	74,000
200-299% FPL	60.2	(48.9 - 70.6)	73,000
> 300% FPL	50.5	(44.6 - 56.4)	161,000
Insurance Status			
Insured	48.7	(44.4 - 53.1)	366,000
Uninsured	40.3	(23.0 - 60.4)	14,687
Total	48.3	(44.1 - 52.6)	381,000

Prevalence of Current Asthma Medication Use, Children Ages 1-11 with Asthma (Table 59)

About 40% (41.1%) of children who had ever been diagnosed with asthma were currently taking daily prescription medication to control the condition.

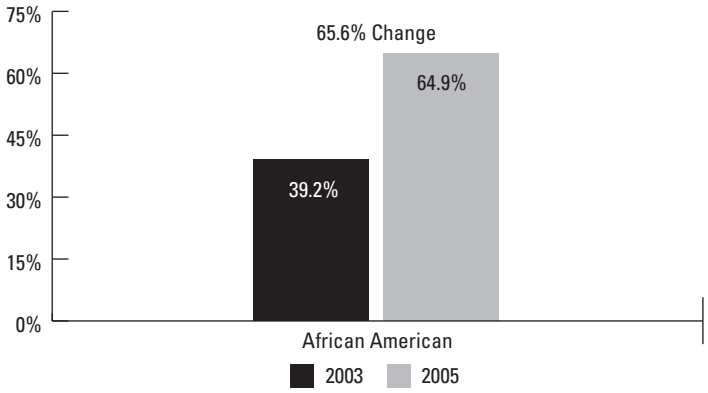
Significant Differences:

Change from 2003 to 2005 (Graph 39): The prevalence of daily asthma prescription medication use increased among African American children.

Table 59.
Prevalence of Current Asthma Medication Use, Children Ages 1-11 with Asthma

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
1-4	46.5	(37.5 - 55.8)	73,000
5-11	38.9	(33.1 - 45.0)	147,000
Gender			
Male	42.2	(35.8 - 48.8)	131,000
Female	39.7	(31.9 - 48.0)	89,000
Race/Ethnicity			
White	34.2	(27.6 - 41.4)	80,000
Latino	46.5	(37.3 - 56.0)	83,000
Foreign-Born	—	—	—
Mexican	42.6	(32.5 - 53.4)	60,000
Central American	—	—	—
Other	62.2	(40.4 - 80.0)	22,000
African American	64.9	(48.3 - 78.5)	34,000
American Indian/ Alaska Native			
Asian	26.7	(15.6 - 42.0)	11,000
Federal Poverty Level			
0-99% FPL	51.0	(39.0 - 62.9)	63,000
100-199% FPL	51.0	(39.8 - 62.0)	55,000
200-299% FPL	31.2	(21.0 - 43.5)	28,000
> 300% FPL	34.6	(28.1 - 41.8)	74,000
Insurance Status			
Insured	40.7	(35.7 - 46.0)	208,000
Uninsured	49.8	(26.5 - 73.2)	11,000
Total	41.1	(36.2 - 46.3)	220,000

Graph 39
Significant Changes from 2003 to 2005: Prevalence of Current Asthma Medication Use, Children Ages 1-11 with Asthma



Prevalence of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, Children Ages 3-11 (Table 60)

About 4% of children ages 3-11 (4.2%) had been diagnosed with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD/ADHD).

Significant Differences:

Gender: Males were more likely than females to have been diagnosed with ADD/ADHD.

Table 60.
Prevalence of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, Children Ages 3-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
3-4	—	—	—
5-11	5.0	(4.2 - 5.9)	189,000
Gender			
Male	5.7	(4.7 - 7.0)	139,000
Female	2.5	(1.8 - 3.4)	58,000
Race/Ethnicity			
White	5.5	(4.6 - 6.7)	109,000
Latino	3.1	(2.1 - 4.7)	54,000
Foreign-Born	—	—	—
U.S.-Born	3.2	(2.1 - 5.0)	49,000
Mexican	3.1	(1.9 - 5.0)	43,000
Central American	—	—	—
Other	—	—	—
African American	4.7	(2.6 - 8.2)	15,000
American Indian/ Alaska Native	—	—	—
Asian	—	—	—
Federal Poverty Level			
0-99% FPL	4.3	(2.6 - 6.9)	43,000
100-199% FPL	4.0	(2.7 - 5.8)	42,222
200-299% FPL	3.6	(2.5 - 5.0)	22,000
> 300% FPL	4.4	(3.5 - 5.4)	90,000
Insurance Status			
Insured	4.3	(3.6 - 5.1)	193,000
Uninsured	—	—	—
Total	4.2	(3.5 - 4.9)	197,000

HEALTH BEHAVIORS

Prevalence of Ever Being Breastfed, Children Ages 0-3 (Table 61)

More than 80% of children ages 0-3 (86.5%) had ever been breastfed.

Significant Differences:

Major racial/ethnic groups: African American children were less likely to have been breastfed than White, Latino or Asian children.

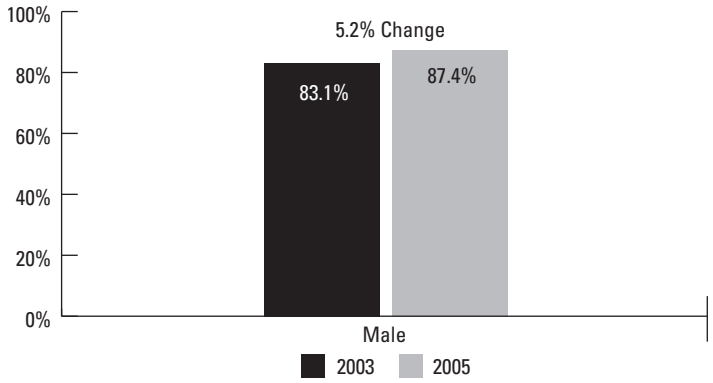
Household income: Children living in households with incomes at or above 300% of the federal poverty level were more likely than children in all lower income groups to have been breastfed.

Change from 2003 to 2005 (Graph 40): The proportion of males who had ever been breastfed increased.

Table 61.
Prevalence of Ever Being Breastfed, Children Ages 0-3

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Gender			
Male	87.4	(84.9 - 89.6)	958,000
Female	85.6	(82.9 - 88.0)	913,000
Race/Ethnicity			
White	89.8	(87.3 - 91.8)	717,000
Latino	87.3	(84.5 - 89.7)	779,000
Foreign-Born	—	—	—
U.S.-Born	87.4	(84.5 - 89.7)	760,000
Mexican	87.8	(84.9 - 90.2)	634,000
Central American	—	—	—
Other	—	—	—
African American	68.4	(56.8 - 78.1)	103,000
American Indian/	—	—	—
Alaska NativeAsian	88.0	(81.5 - 92.4)	193,000
Federal Poverty Level			
0-99% FPL	83.5	(78.7 - 87.4)	441,000
100-199% FPL	83.8	(79.3 - 87.5)	380,000
200-299% FPL	82.8	(76.2 - 87.9)	227,000
> 300% FPL	90.8	(88.8 - 92.5)	823,000
Insurance Status			
Insured	86.4	(84.5 - 88.1)	1,763,000
Uninsured	—	—	—
Total	86.5	(84.7 - 88.2)	1,870,000

Graph 40
Significant Changes from 2003 to 2005:
Prevalence of Ever Being Breastfed, Children Ages 0-3



Prevalence of Breastfeeding for at Least Six Months, Children Ages 6 Months to 3 Years (Table 62)

Healthy People Objective 16-19b states that 50% of mothers will still be breastfeeding their infants six months after the birth.

Overall, this objective was met (53.3%). Female children, Whites, children living in households at or above 300% FPL, and children with health insurance also met the objective.

Significant Differences:

Major racial/ethnic groups: White infants were more likely than Latino and African American infants to be breastfed for at least six months.

Household income: More children living in households with incomes at or above 300% FPL were breastfed for at least six months than children in all other income groups.

Table 62.
Prevalence of Breastfeeding for at Least Six Months, Children Ages 6 Months to 3 Years

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Gender			
Male	52.5	(48.5 - 56.5)	436,000
Female	54.1*	(50.3 - 57.9)	445,000
Race/Ethnicity			
White	58.4*	(54.8 - 61.9)	375,000
Latino	49.3	(44.4 - 54.2)	335,000
Foreign-Born	—	—	—
U.S.-Born	48.9	(43.9 - 53.9)	324,000
Mexican	48.7	(43.2 - 54.1)	267,000
Central American	45.8	(23.6 - 69.8)	18,000
Other	54.3	(42.5 - 65.7)	50,000
African American	41.3	(29.3 - 54.4)	37,000
American Indian/ Alaska Native	—	—	—
Asian	56.8	(49.2 - 64.1)	98,000
Federal Poverty Level			
0-99% FPL	48.8	(41.6 - 55.9)	185,000
100-199% FPL	47.4	(41.4 - 53.5)	158,000
200-299% FPL	47.1	(39.8 - 54.6)	99,000
> 300% FPL	60.2*	(56.8 - 63.5)	438,000
Insurance Status			
Insured	53.5*	(50.7 - 56.3)	831,000
Uninsured	50.5	(36.8 - 64.1)	49,000
Total	53.3*	(50.6 - 56.1)	881,000

*Meets the Healthy People 2010 Objective
HP 2010 Objective 16-19b: At least 50% of mothers will breastfeed their babies at six months postpartum.

Average Age in Months at Initiation of Solid Foods, Children Ages 0-3 (Table 63)

Solid foods were defined as any food other than milk, formula, juice, water, herbs or teas. The average age of solid food introduction was 6 months.

Significant Differences:

Major racial/ethnic groups: Asians had a later age at introduction of solid foods than Whites, Latinos or African Americans.

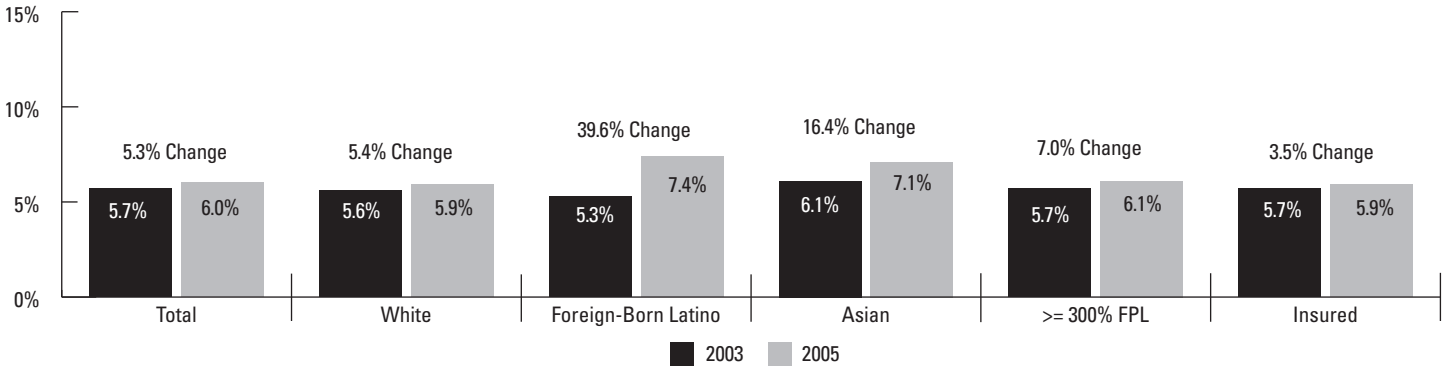
Latino, foreign-born vs. U.S.-born: Foreign-born Latinos had a later age at introduction of solid foods than U.S.-born Latinos.

Change from 2003 to 2005 (Graph 41): The average age at introduction of solid foods increased overall. There were increases among Whites, foreign-born Latinos, Asians, children living in households at or above 300% FPL, and children with health insurance.

Table 63.
Average Age in Months at Initiation of Solid Foods, Children Ages 0-3

Population Group	CHIS 2005 data Age in Months	95% CI
Gender		
Male	5.8	(5.6 - 6.0)
Female	6.1	(5.9 - 6.3)
Race/Ethnicity		
White	5.9	(5.8 - 6.1)
Latino	5.8	(5.6 - 6.0)
Foreign-Born	7.4	(6.1 - 8.6)
U.S.-Born	5.8	(5.5 - 6.0)
Mexican	5.9	(5.6 - 6.1)
Central American	5.2	(4.0 - 6.5)
Other	5.6	(4.9 - 6.3)
African American	5.5	(5.0 - 6.0)
American Indian/ Alaska Native	6.1	(5.2 - 7.1)
Asian	7.1	(6.4 - 7.8)
Federal Poverty Level		
0-99% FPL	5.6	(5.3 - 6.0)
100-199% FPL	6.0	(5.8 - 6.3)
200-299% FPL	5.9	(5.6 - 6.2)
> 300% FPL	6.1	(5.9 - 6.3)
Insurance Status		
Insured	5.9	(5.8 - 6.1)
Uninsured	6.5	(5.3 - 7.7)
Total	6.0	(5.8 - 6.1)

Graph 41
Significant Changes from 2003 to 2005:
Average Age in Months at Initiation of Solid Foods, Children Ages 0-3



Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Children Ages 2-11 (Table64)

The CDC used to recommend that children and adults consume five servings of fruits and vegetables a day (*5 A Day*). Overall, less than half of children (47%) ate five servings of fruit or vegetables on the previous day.

Significant Differences:

Age: Children ages 2-4 were more likely to eat *5 A Day* than those ages 5-11.

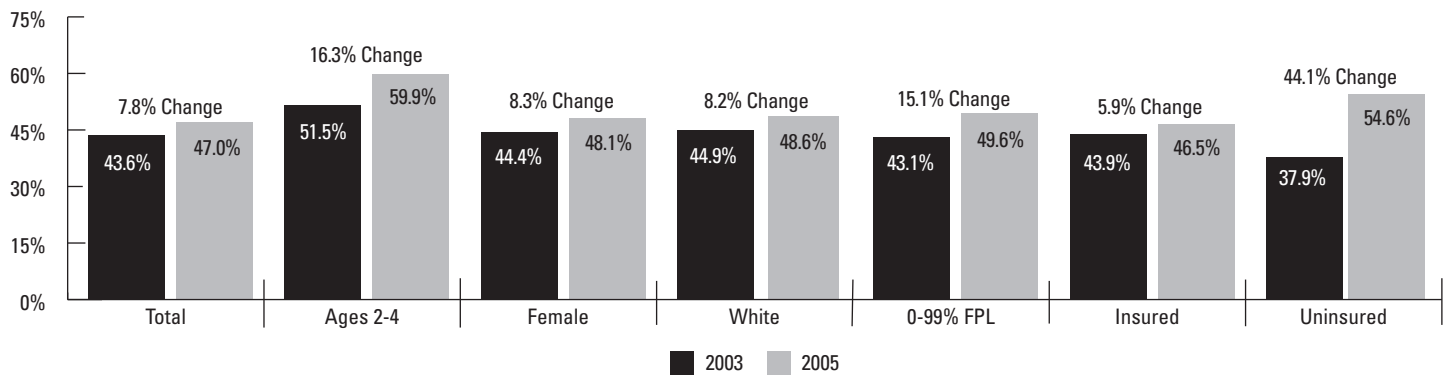
Major racial/ethnic groups: Asian children were less likely than children of all other racial/ethnic groups to eat *5 A Day*.

Changes from 2003 to 2005 (Graph 42): Overall, there was an increase in the proportion of children eating *5 A Day*. There were increases among 2-4 year olds, females, Whites, children living in households at 0-99% FPL, insured and uninsured children.

Table 64.
Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Children Ages 2-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	59.9	(57.2 - 62.5)	888,000
5-11	42.0	(40.0 - 44.0)	1,588,000
Gender			
Male	46.0	(43.7 - 48.2)	1,239,000
Female	48.1	(45.7 - 50.6)	1,237,000
Race/Ethnicity			
White	48.6	(46.4 - 50.9)	1,049,000
Latino	48.3	(45.3 - 51.3)	949,000
Foreign-Born	38.6	(29.6 - 48.4)	82,000
U.S.-Born	49.5	(46.4 - 52.6)	866,000
Mexican	48.2	(44.9 - 51.5)	763,000
Central American	46.0	(31.7 - 61.1)	54,000
Other	50.0	(42.4 - 57.6)	132,000
African American	52.4	(45.0 - 59.7)	185,000
American Indian/ Alaska Native	62.4	(48.2 - 74.8)	32,000
Asian	31.5	(27.4 - 35.9)	177,000
Federal Poverty Level			
0-99% FPL	49.6	(45.2 - 54.1)	546,000
100-199% FPL	49.6	(45.8 - 53.3)	593,000
200-299% FPL	46.0	(41.7 - 50.3)	314,000
> 300% FPL	44.7	(42.7 - 46.8)	1,023,000
Insurance Status			
Insured	46.5	(44.9 - 48.2)	2,302,000
Uninsured	54.6	(47.2 - 61.9)	174,000
Total	47.0	(45.4 - 48.7)	2,476,00

Graph 42
Significant Changes from 2003 to 2005:
Proportion Consuming *5 A Day* Fruits or Vegetables on the Previous Day, Children Ages 2-11



Proportion Consuming Two or More Glasses of Milk on the Previous Day, Children Ages 2-11 (Table 65)

Overall, 64.1% of children drank two or more glasses of milk the previous day.

Significant Differences:

Age: Children ages 2-4 were more likely than those ages 5-11 to have consumed two or more glasses of milk the previous day.

Major racial/ethnic groups: Latino children were more likely than children of all other racial/ethnic groups except American Indian/Alaska Natives to have consumed at least two glasses of milk the previous day. Asian children were less likely to have consumed two or more glasses of milk on the previous day than all other groups except African Americans.

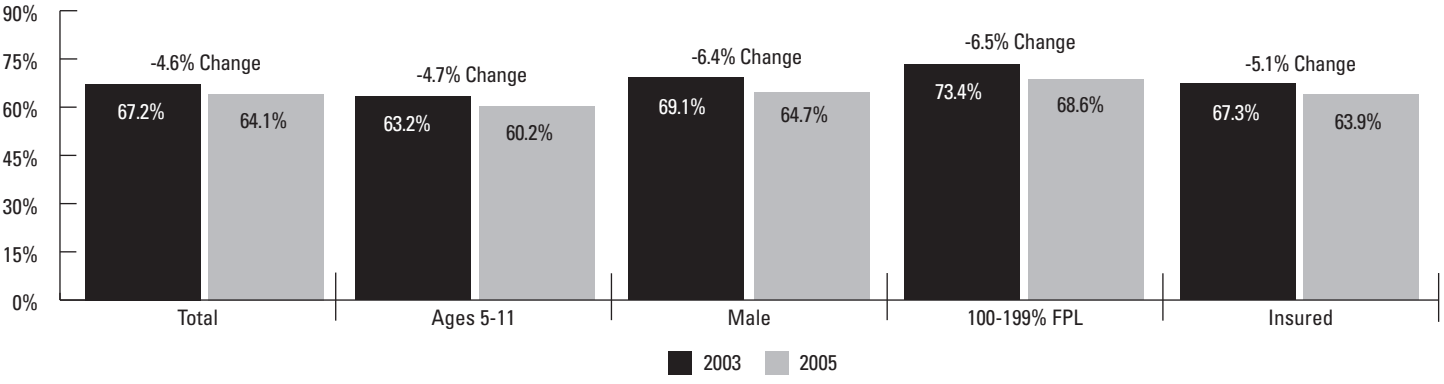
Household income: More children in households with incomes below 200% FPL drank at least two glasses of milk the previous day than those with household incomes at or above 200% FPL.

Change from 2003 to 2005 (Graph 43): There was an overall decrease in the proportion of children who drank at least two glasses of milk the previous day. There were decreases among children ages 5-11, males, children in households with incomes at 100-199% FPL, and children with health insurance.

Table 65.
Proportion Consuming Two or More Glasses of Milk on the Previous Day, Children Ages 2-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
2-4	74.1	(71.6 - 76.4)	1,104,000
5-11	60.2	(58.2 - 62.1)	2,276,000
Gender			
Male	64.7	(62.5 - 66.8)	1,746,000
Female	63.5	(61.2 - 65.7)	1,635,000
Race/Ethnicity			
White	62.3	(60.1 - 64.4)	1,343,000
Latino	70.9	(68.2 - 73.5)	1,394,000
Foreign-Born	72.3	(62.2 - 80.5)	154,000
U.S.-Born	70.8	(67.9 - 73.4)	1,240,000
Mexican	71.2	(68.2 - 74.1)	1,130,000
Central American	70.2	(56.0 - 81.3)	82,000
Other	69.3	(62.3 - 75.6)	183,000
African American	54.3	(46.9 - 61.4)	193,000
American Indian/ Alaska Native	76.3	(63.7 - 85.5)	40,000
Asian	54.4	(49.7 - 59.1)	306,000
Federal Poverty Level			
0-99% FPL	72.3	(68.4 - 75.9)	797,000
100-199% FPL	68.6	(65.1 - 71.9)	821,000
200-299% FPL	60.1	(55.7 - 64.3)	412,000
> 300% FPL	59.0	(56.9 - 61.1)	1,351,000
Insurance Status			
Insured	63.9	(62.3 - 65.5)	3,165,000
Uninsured	67.7	(60.6 - 74.0)	216,000
Total	64.1	(62.5 - 65.6)	3,381,000

Graph 43
Significant Changes from 2003 to 2005:
Proportion Consuming Two or More Glasses of Milk on the Previous Day, Children Ages 2-11



Proportion Consuming Two or More Servings of Sugary Foods on the Previous Day, Children Ages 2-11 (Table 66)

Almost one fourth of children ages 2-11 (23.4%) ate two or more servings of cookies, candy, doughnuts, pastries, cake or popsicles the previous day.

Significant Differences:

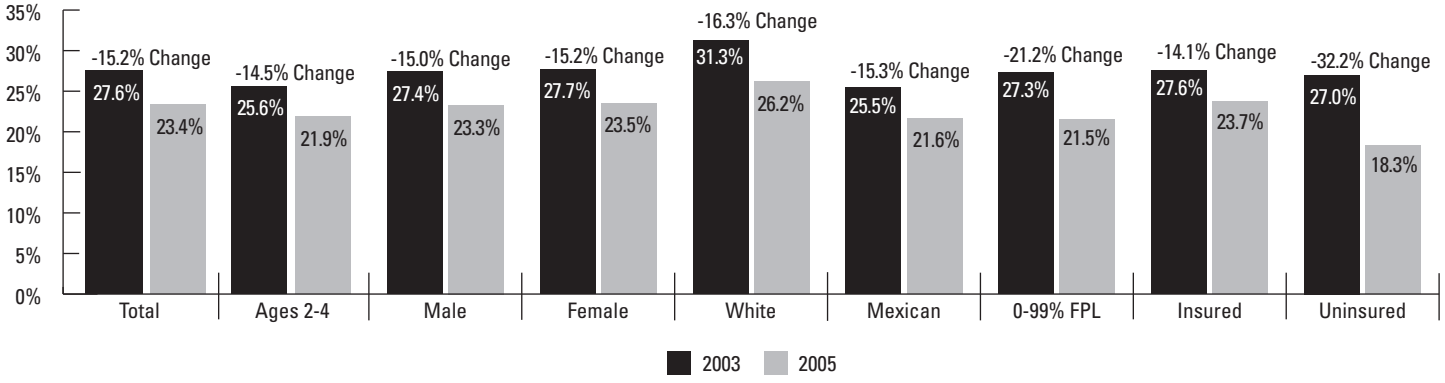
Major racial/ethnic groups: White children were more likely than Latinos and Asians to have eaten two or more servings of sugary foods the previous day.

Change from 2003 to 2005 (Graph 44): There was a decrease in sugary food consumption overall. There were decreases in sugary food consumption among children ages 2-4, males, females, Whites, Mexicans, children living in households below 100% FPL and children with and without health insurance.

Table 66.
Proportion Consuming Two or More Servings of Sugary Foods on the Previous Day, Children Ages 2-11

	CHIS 2005 data		
Population Group	Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	21.9	(19.7 - 24.2)	326,000
5-11	24.0	(22.4 - 25.7)	908,000
Gender			
Male	23.3	(21.5 - 25.2)	629,000
Female	23.5	(21.6 - 25.5)	605,000
Race/Ethnicity			
White	26.2	(24.3 - 28.1)	564,000
Latino	21.7	(19.5 - 24.1)	427,000
Foreign-Born	17.5	(11.7 - 25.1)	37,000
U.S.-Born	22.2	(19.8 - 24.8)	389,000
Mexican	21.6	(19.1 - 24.3)	343,000
Central American	—	—	—
Other	25.1	(19.2 - 32.1)	66,000
African American	23.4	(17.7 - 30.3)	83,000
American Indian/ Alaska Native	23.7	(13.1 - 38.9)	12,000
Asian	18.8	(15.3 - 22.9)	106,000
Federal Poverty Level			
0-99% FPL	21.5	(18.1 - 25.3)	237,000
100-199% FPL	22.5	(19.7 - 25.5)	269,000
200-299% FPL	24.0	(20.6 - 27.7)	164,000
> 300% FPL	24.6	(22.9 - 26.5)	564,000
Insurance Status			
Insured	23.7	(22.4 - 25.2)	1,176,000
Uninsured	18.3	(13.7 - 23.9)	58,000
Total	23.4	(22.1 - 24.8)	1,234,000

Graph 44
Significant Changes from 2003 to 2005:
Proportion Consuming Two or More Servings of Sugary Foods on the Previous Day, Children Ages 2-11



Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Children Ages 2-11 (Table 67)

Fourteen percent of children ages 2-11 drank two or more cans or glasses of soda or sweetened drinks the previous day.

Significant Differences:

Age: Children ages 5-11 were more likely than those ages 2-4 to have consumed two or more glasses of soda or other sweetened drinks the previous day.

Major racial/ethnic groups: Asian children were less likely than White, Latino or African American children to have consumed two or more servings of sodas or other sweetened drinks the previous day. White children were less likely to have consumed two or more serving of sodas or other sweetened drinks the previous day than Latino and African American children.

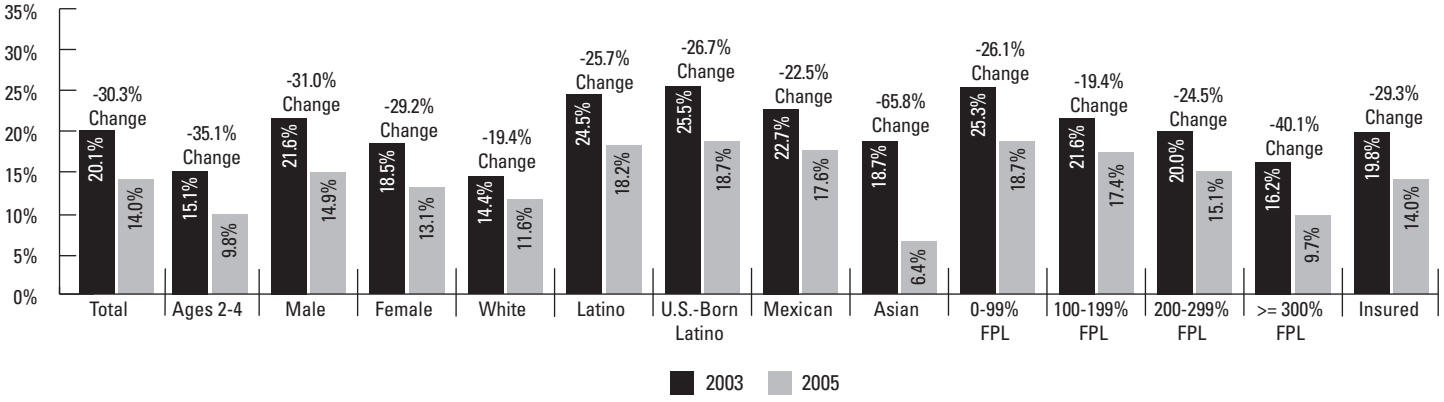
Household income: Children living in households with incomes at or above 300% FPL were less likely than children of all other income groups to have consumed two or more glasses of soda or other sweetened drinks the previous day.

Change from 2003 to 2005 (Graph 45): There was an overall decrease in the proportion of children who consumed at least two servings of sodas or other sweetened drinks the previous day. There were decreases among children ages 2-4, both genders, Whites, Latinos, U.S.-born Latinos, Mexicans, Asians, children in every income group and children with health insurance.

Table 67.
Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Children Ages 2-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	9.8	(8.2 - 11.6)	146,000
5-11	15.7	(14.3 - 17.2)	594,000
Gender			
Male	14.9	(13.4 - 16.6)	403,000
Female	13.1	(11.5 - 14.9)	338,000
Race/Ethnicity			
White	11.6	(10.1 - 13.2)	250,000
Latino	18.2	(16.1 - 20.5)	359,000
Foreign-Born	14.5	(9.2 - 22.3)	31,000
U.S.-Born	18.7	(16.5 - 21.1)	328,000
Mexican	17.6	(15.4 - 20.1)	280,000
Central American	23.6	(13.7 - 37.5)	27,000
Other	19.6	(14.2 - 26.4)	52,000
African American	18.6	(13.7 - 24.7)	66,000
American Indian/ Alaska Native			
Asian	6.4	(4.5 - 8.9)	36,000
Federal Poverty Level			
0-99% FPL	18.7	(15.6 - 22.3)	206,000
100-199% FPL	17.4	(14.9 - 20.2)	208,000
200-299% FPL	15.1	(12.2 - 18.5)	103,000
> 300% FPL	9.7	(8.5 - 11.1)	223,000
Insurance Status			
Insured	14.0	(12.9 - 15.2)	694,000
Uninsured	14.5	(10.3 - 20.0)	46,000
Total	14.0	(12.9 - 15.2)	740,000

Graph 45
Significant Changes from 2003 to 2005:
Proportion Consuming Two or More Sodas or Other Sweetened Drinks on the Previous Day, Children Ages 2-11



Proportion Consuming One or More Servings of Fast Food on the Previous Day, Children Ages 2-11 (Table 68)

About 28.3% of children ages 2-11 ate fast food at least once during the previous day.

Significant Differences:

Age: Children ages 5-11 were more likely to have eaten fast food on the previous day than children ages 2-4.

Gender: A higher proportion of males ate fast food the previous day than females.

Major racial/ethnic groups: White children were less likely to have eaten fast food on the previous day than Latinos and African Americans.

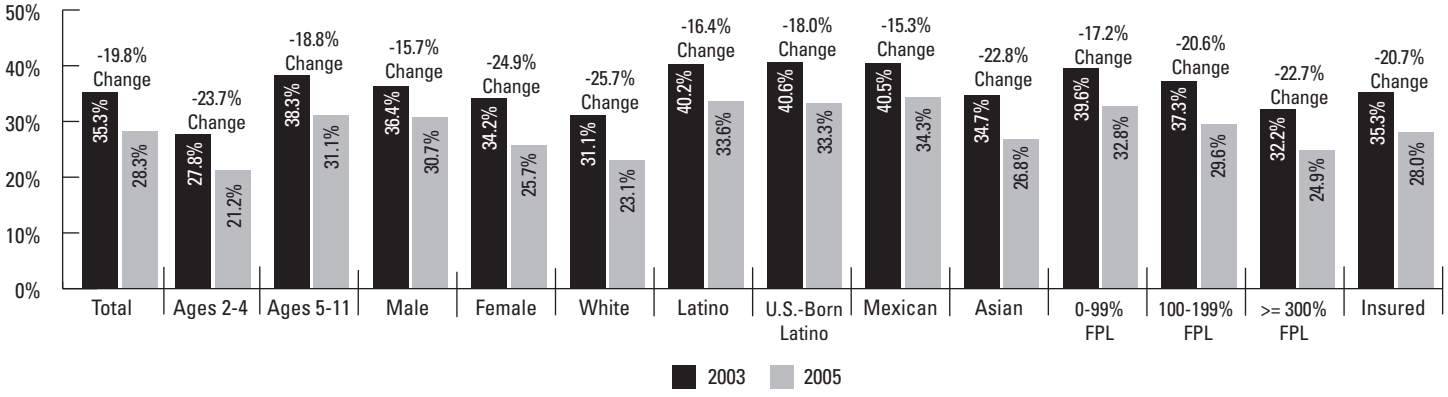
Household income: Children living in households at or above 300% FPL were less likely than children in households below 100% FPL to have eaten fast food the previous day.

Change from 2003 to 2005 (Graph 46): The proportion of children who ate fast food the previous day decreased overall. Decreases occurred among both age groups, both genders, Whites, Latinos, U.S.-born Latinos, Mexicans, Asians, all income groups except those at 200-299% FPL, and those with health insurance.

Table 68.
Proportion Consuming One or More Servings of Fast Food on the Previous Day, Children Ages 2-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
2-4	21.2	(19.1 - 23.5)	316,000
5-11	31.1	(29.2 - 33.0)	1,175,000
Gender			
Male	30.7	(28.5 - 32.9)	828,000
Female	25.7	(23.7 - 27.9)	663,000
Race/Ethnicity			
White	23.1	(21.3 - 25.1)	499,000
Latino	33.6	(30.8 - 36.5)	660,000
Foreign-Born	36.3	(27.1 - 46.7)	78,000
U.S.-Born	33.3	(30.4 - 36.3)	583,000
Mexican	34.3	(31.2 - 37.5)	543,000
Central American	30.2	(18.7 - 45.0)	35,000
Other	31.1	(24.5 - 38.5)	82,000
African American	33.4	(26.5 - 41.2)	119,000
American Indian/ Alaska Native	20.2	(11.5 - 33.1)	11,000
Asian	26.8	(22.8 - 31.3)	151,000
Federal Poverty Level			
0-99% FPL	32.8	(28.7 - 37.1)	361,000
100-199% FPL	29.6	(26.3 - 33.1)	354,000
200-299% FPL	30.2	(26.4 - 34.3)	207,000
> 300% FPL	24.9	(23.0 - 26.8)	569,000
Insurance Status			
Insured	28.0	(26.5 - 29.6)	1,387,000
Uninsured	32.6	(26.1 - 39.9)	104,000
Total	28.3	(26.8 - 29.8)	1,491,000

Graph 46
Significant Changes from 2003 to 2005:
Proportion Consuming One or More Servings of Fast Food on the Previous Day, Children Ages 2-11



Average Number of Days Walked, Biked or Skateboarded Home from School During the Past Week, Children Ages 5-11 (Tables 69 and 69A)

The average number of days children ages 5-11 walked, rode a bike or skateboarded home from school during the past week was 1.4.

Significant Differences:

Major racial/ethnic groups: Latino children had a higher average number of days on which they walked, biked or skateboarded home from school than Whites, African American and Asian children.

Latino, foreign-born vs. U.S.-born: Foreign-born Latino children had a higher average number of days on which they walked, biked or skateboarded home from school than U.S.-born Latino children.

Household income: Children living in households with incomes below 100% FPL had a higher average number of days on which they walked, biked or skateboarded home from school than all other income groups. Children living in households with incomes of 100-199% FPL had a higher average number of days of walking, biking or skateboarding home from school than those above 200% FPL.

Health insurance status: Uninsured children walked, biked or skateboarded home more often than insured children.

Among children who walked, bicycled or skateboarded home from school, the average length of the trip, without stops, was 12.2 minutes (Table 69A).

Significant Differences:

Major racial/ethnic groups: The average number of minutes spent walking, biking or skateboarding home from school was lower for White children than for Latino and African American children.

Household income: Children with household incomes at or above 300% FPL spent less time walking, biking or skateboarding home from school than those with household incomes below 100% FPL.

Table 69.
Average Number of Days Walked, Biked, or Skateboarded Home from School During the Past Week, Children Ages 5-11

Population Group	CHIS pooled data Average # of Days	95% CI
Gender		
Male	1.5	(1.4 - 1.6)
Female	1.3	(1.2 - 1.5)
Race/Ethnicity		
White	1.0	(0.9 - 1.1)
Latino	2.0	(1.8 - 2.2)
Foreign-Born	2.9	(2.4 - 3.5)
U.S.-Born	1.9	(1.7 - 2.1)
Mexican	2.1	(1.9 - 2.3)
Central American	2.6	(1.7 - 3.5)
Other	1.6	(1.2 - 2.0)
African American	1.3	(0.9 - 1.7)
American Indian/Alaska Native	1.5	(0.7 - 2.3)
Asian	1.0	(0.8 - 1.2)
Federal Poverty Level		
0-99% FPL	2.4	(2.1 - 2.7)
100-199% FPL	1.7	(1.5 - 1.9)
200-299% FPL	1.0	(0.8 - 1.2)
> 300% FPL	0.9	(0.8 - 1.0)
Insurance Status		
Insured	1.4	(1.3 - 1.5)
Uninsured	2.0	(1.6 - 2.5)
Total	1.4	(1.3 - 1.5)

Table 69A.
Average Number of Minutes it Took to Walk, Bike or Skateboard Home from School, During the Past Week, Children Ages 5-11 Who Walked, Biked or Skateboarded Home from School

Population Group	CHIS pooled data Average # of Minutes	95% CI
Gender		
Male	11.9	(10.9 - 12.9)
Female	12.5	(11.3 - 13.7)
Race/Ethnicity		
White	10.6	(10.0 - 11.3)
Latino	12.7	(11.6 - 13.8)
Foreign-Born	12.2	(10.5 - 14.0)
U.S.-Born	12.8	(11.5 - 14.1)
Mexican	12.8	(11.6 - 14.1)
Central American	13.9	(10.7 - 17.1)
Other	10.7	(8.6 - 12.7)
African American	17.3	(11.4 - 23.3)
American Indian/Alaska Native	13.7	(9.9 - 17.4)
Asian	10.6	(9.3 - 12.0)
Federal Poverty Level		
0-99% FPL	12.6	(11.6 - 13.6)
100-199% FPL	13.6	(11.3 - 16.0)
200-299% FPL	11.2	(10.0 - 12.4)
> 300% FPL	10.6	(10.0 - 11.3)
Insurance Status		
Insured	12.2	(11.4 - 13.0)
Uninsured	12.0	(10.1 - 13.8)
Total	12.2	(11.4 - 12.9)

Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Children Ages 4-11 (Table 70)

Overall, about 80% of children ages 4-11 (80.7%) watched an average of two hours or less of television or video games on a typical weekday.

Significant Differences:

Major racial/ethnic groups: White children were more likely to watch two hours or less of television or video games on a typical weekday than African American children.

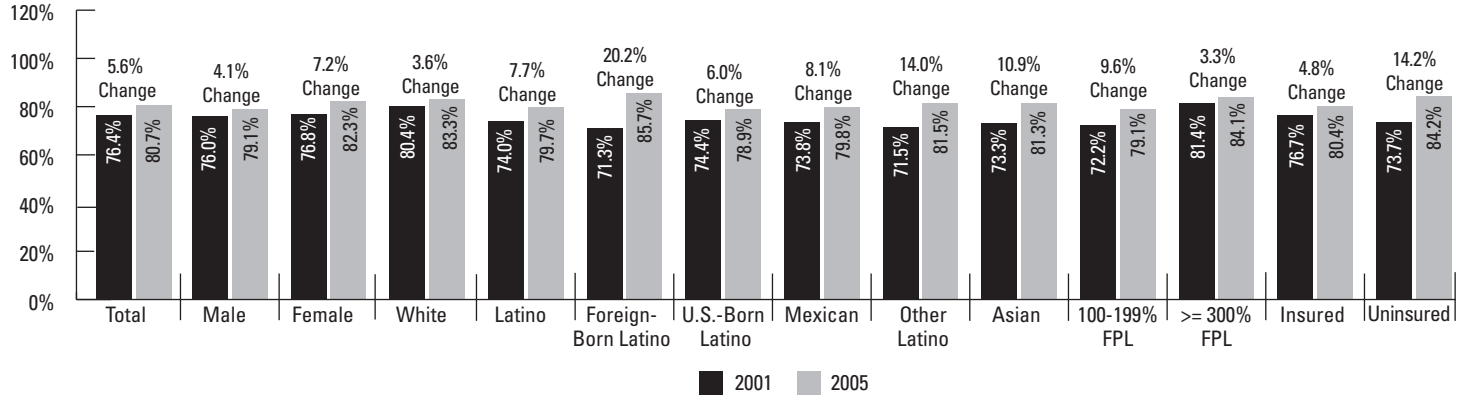
Household income: A higher proportion of children with household incomes at or above 300% FPL watched two hours or less of television or video games on a typical weekday than children with household incomes below 200% FPL.

Change from 2001 to 2005 (Graph 47): Television or video game viewing was not measured in 2003; changes are reported for the 2001-2005 period. There was an overall increase in the proportion of children who watched two hours or less of television or video games on a typical weekday. Increases occurred among both genders, every major racial/ethnic group except African Americans, all Latino groups except Central Americans, children with household incomes of 100%-199% FPL and at or above 300% FPL, and among children with and without insurance.

Table 70.
Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Children Ages 4-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Gender			
Male	79.1	(76.8 - 81.2)	1,719,000
Female	82.3	(80.1 - 84.3)	1,701,000
Race/Ethnicity			
White	83.3	(81.1 - 85.2)	1,463,000
Latino	79.7	(76.8 - 82.3)	1,241,000
Foreign-Born	85.7	(78.0 - 91.0)	168,000
U.S.-Born	78.9	(75.7 - 81.7)	1,073,000
Mexican	79.8	(76.5 - 82.7)	999,000
Central American	74.7	(58.2 - 86.2)	66,000
Other	81.5	(73.5 - 87.5)	175,000
African American	72.0	(64.1 - 78.7)	204,000
American Indian/ Alaska Native	—	—	—
Asian	81.3	(76.7 - 85.2)	367,000
Federal Poverty Level			
0-99% FPL	76.5	(71.9 - 80.6)	685,000
100-199% FPL	79.1	(75.7 - 82.1)	766,000
200-299% FPL	78.9	(74.5 - 82.8)	441,000
> 300% FPL	84.1	(82.2 - 85.9)	1,528,000
Insurance Status			
Insured	80.4	(78.8 - 82.0)	3,205,000
Uninsured	84.2	(78.1 - 88.9)	215,000
Total	80.7	(79.1 - 82.1)	3,420,000

Graph 47
Significant Changes from 2001 to 2005:
Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Children Ages 4-11



USUAL SOURCE OF MEDICAL CARE, MEDICAL AND DENTAL UTILIZATION AND INSURANCE STATUS

Prevalence of Having a Usual Source of Medical Care, Children Ages 0-11 (Table 71)

Healthy People 2010 Objective 1-4b states that at least 97% of children age 17 and under will have a specific source of ongoing medical care.

Overall, 97.1% of children had a usual source of medical care, which did not meet the objective because the lower boundary of the confidence interval was 96.4%. However, children ages 0-4, White children, those living in households at or above 300% FPL and children with health insurance did meet the objective.

Significant Differences:

Major racial/ethnic groups: Latino children were less likely to have a usual source of medical care than White children.

Age: Children ages 5-11 were less likely to have a usual source of medical care than children ages 0-4.

Household income: Children living in households below 200% FPL were less likely to have a usual source of medical care than children in households at or above 300% FPL.

Insurance status: Children without health insurance were less likely to have a usual source of medical care than those with insurance.

Change from 2003 to 2005 (Graph 48): The proportion of children with a usual source of medical care increased among those with household incomes at 100-199% FPL.

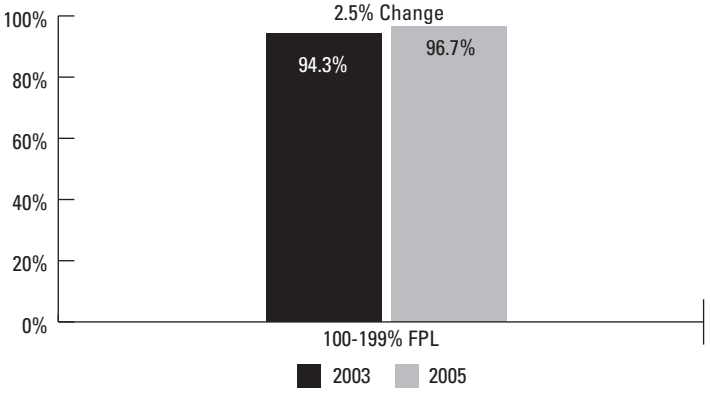
Table 71.
Prevalence of Having a Usual Source of Medical Care, Children Ages 0-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
0-4	98.2*	(97.6 - 98.7)	2,572,000
5-11	96.3	(95.2 - 97.1)	3,643,000
Gender			
Male	97.3	(96.3 - 98.1)	3,182,000
Female	96.9	(95.9 - 97.6)	3,033,000
Race/Ethnicity			
White	98.4*	(97.9 - 98.8)	2,515,000
Latino	95.5	(93.9 - 96.7)	2,338,000
Foreign-Born	83.8	(74.9 - 90.0)	183,000
U.S.-Born	96.6	(95.0 - 97.7)	2,155,000
Mexican	95.5	(93.6 - 96.8)	1,886,000
Central American	—	—	—
Other	—	—	—
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	97.0	(94.9 - 98.3)	651,000
Federal Poverty Level			
0-99% FPL	93.8	(91.1 - 95.7)	1,335,000
100-199% FPL	96.7	(95.5 - 97.7)	1,376,000
200-299% FPL	98.0	(96.7 - 98.9)	816,000
> 300% FPL	98.7*	(98.2 - 99.1)	2,688,000
Insurance Status			
Insured	97.9*	(97.3 - 98.4)	5,901,000
Uninsured	83.6	(78.0 - 88.0)	314,000
Total	97.1	(96.4 - 97.7)	6,215,000

*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 48
Significant Changes from 2003 to 2005: Prevalence of Having a Usual Source of Medical Care, Children Ages 0-11



Incidence of Any Medical Doctor Visits in the Past 12 Months, Children Ages 0-11 (Table 72)

Over 90% of children (91.7%) had visited a doctor at least once during the previous 12 months.

Significant Differences:

Age: Children ages 0-4 were more likely than those ages 5-11 to have visited a doctor during the past 12 months.

Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely than foreign-born Latinos to have visited a doctor in the past 12 months.

Household income: Children with household incomes at or above 300% FPL were more likely than those under 100% FPL to have visited a doctor during the past 12 months.

Insurance status: Children with health insurance were more likely than uninsured children to have visited a doctor in the past 12 months.

Table 72.
Incidence of Any Medical Doctor Visits in the Past 12 Months, Children Ages 0-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
0-4	97.1	(96.3 - 97.8)	2,542,000
5-11	87.9	(86.4 - 89.2)	3,323,000
Gender			
Male	92.2	(91.0 - 93.3)	3,015,000
Female	91.0	(89.5 - 92.3)	2,851,000
Race/Ethnicity			
White	92.7	(91.6 - 93.7)	2,370,000
Latino	90.8	(88.8 - 92.4)	2,223,000
Foreign-Born	83.2	(75.1 - 89.0)	182,000
U.S.-Born	91.5	(89.5 - 93.2)	2,041,000
Mexican	90.3	(88.0 - 92.2)	1,783,000
Central American	—	—	—
Other	93.9	(90.2 - 96.3)	316,000
African American	90.7	(85.7 - 94.1)	394,000
American Indian/ Alaska Native	—	—	—
Asian	90.5	(87.9 - 92.6)	607,000
Federal Poverty Level			
0-99% FPL	89.7	(86.9 - 91.9)	1,276,000
100-199% FPL	91.3	(88.8 - 93.3)	1,298,000
200-299% FPL	90.9	(88.6 - 92.8)	757,000
> 300% FPL	93.1	(92.0 - 94.1)	2,535,000
Insurance Status			
Insured	92.5	(91.6 - 93.3)	5,575,000
Uninsured	77.6	(70.4 - 83.4)	291,000
Total	91.7	(90.7 - 92.5)	5,866,000

Incidence of Any Emergency Room Visits in the Past 12 Months, Children Ages 0-11 (Table 73)

Overall about 18% of children (18.4%) had visited an emergency room in the 12 months prior to the interview.

Significant Differences:

Age: Children ages 0-4 were significantly more likely than children ages 5-11 to have visited an emergency room.

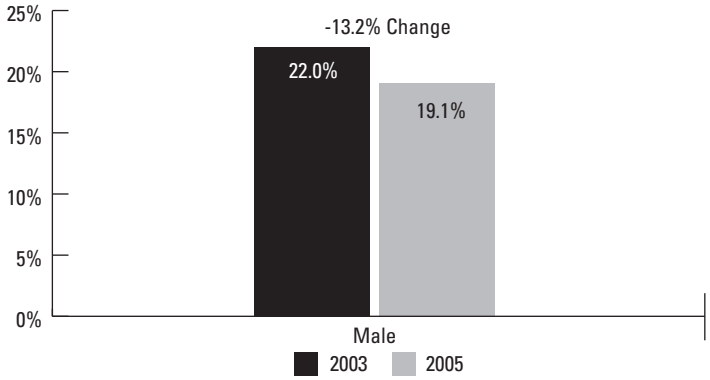
Major racial/ethnic groups: American Indian/Alaska Native children were more likely to have visited an ER than all other groups except African American children. Asian children were less likely to have visited an ER than all other groups.

Change from 2003 to 2005 (Graph 49): The proportion of male children who had been to an ER in the past 12 months decreased.

Table 73.
Incidence of Any Emergency Room Visits in the Past 12 Months, Children Ages 0-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
0-4	24.0	(22.1 - 26.0)	628,000
5-11	14.5	(13.2 - 16.0)	550,000
Gender			
Male	19.1	(17.6 - 20.8)	625,000
Female	17.7	(16.1 - 19.3)	553,000
Race/Ethnicity			
White	18.9	(17.3 - 20.6)	484,000
Latino	18.5	(16.6 - 20.5)	452,000
Foreign-Born	12.7	(7.9 - 19.7)	28,000
U.S.-Born	19.0	(17.0 - 21.2)	425,000
Mexican	17.6	(15.5 - 19.9)	347,000
Central American	17.4	(10.3 - 28.0)	24,000
Other	24.2	(19.1 - 30.2)	82,000
African American	25.2	(20.0 - 31.2)	109,000
American Indian/ Alaska Native	33.6	(22.0 - 47.6)	23,000
Asian	10.6	(8.2 - 13.5)	71,000
Federal Poverty Level			
0-99% FPL	20.4	(17.5 - 23.6)	290,000
100-199% FPL	19.6	(17.2 - 22.3)	279,000
200-299% FPL	19.5	(16.6 - 22.7)	162,000
> 300% FPL	16.4	(15.0 - 17.9)	447,000
Insurance Status			
Insured	18.5	(17.3 - 19.7)	1,113,000
Uninsured	17.2	(12.3 - 23.5)	65,000
Total	18.4	(17.3 - 19.6)	1,178,000

Graph 49
Significant Changes from 2003 to 2005:
Incidence of Any Emergency Room Visits in the Past 12 Months, Children Ages 0-11



Incidence of Any Delay in Getting Prescription Medications in the Past 12 Months, Children Ages 0-11 (Table 74)

Overall, about 4% of children (4.2%) had parents or guardians who delayed or did not get a prescription medication for their child during the previous 12 months.

Significant Differences:

Age: Children ages 0-4 were more likely than children ages 5-11 to have parents or guardians who delayed or did not get a prescription medication for their child.

Major racial/ethnic groups: Asian children were less likely than White and Latino children to have parents or guardians who delayed or did not get prescription medications for them.

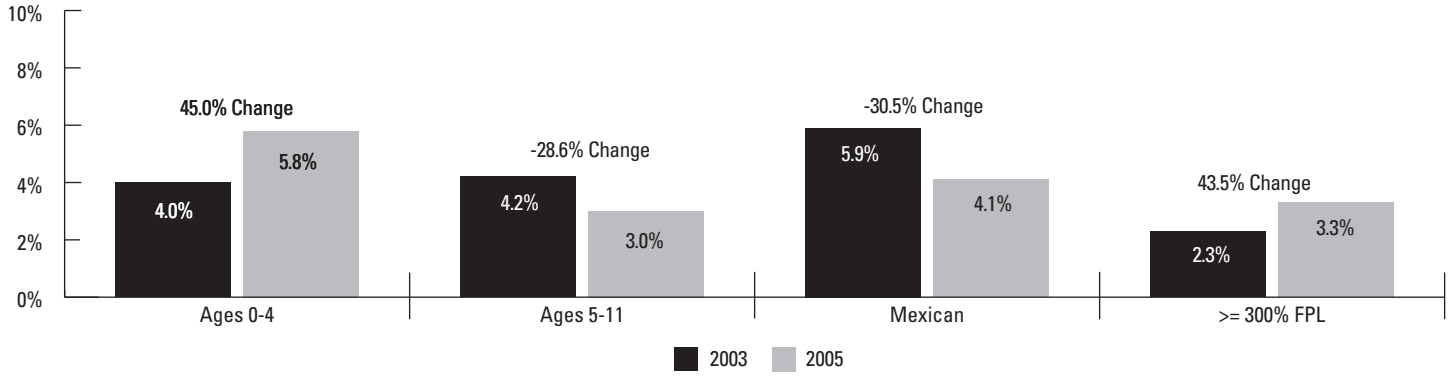
Household income: Children with household incomes at or above 300% FPL were less likely than children with household incomes below 100% FPL to have parents or guardians who delayed or did not get them prescription medications.

Change from 2003 to 2005 (Graph 50): There was an increase in the proportion of parents or guardians who delayed or did not get prescription medications for their children among children ages 0-4 and those with household incomes at or above 300% FPL. There was a decrease among children ages 5-11 and Mexican children.

Table 74.
Incidence of Any Delay in Getting Prescription Medications in the Past 12 Months, Children Ages 0-11

Population Group	CHIS 2005 data Percent of Group	95% CI	Population Estimate
Age Group (Years)			
0-4	5.8	(4.9 - 7.0)	153,000
5-11	3.0	(2.4 - 3.8)	114,000
Gender			
Male	4.4	(3.6 - 5.5)	145,000
Female	3.9	(3.2 - 4.8)	123,000
Race/Ethnicity			
White	3.9	(3.3 - 4.7)	101,000
Latino	4.3	(3.5 - 5.4)	106,000
Foreign-Born	—	—	—
U.S.-Born	4.4	(3.5 - 5.6)	98,000
Mexican	4.1	(3.2 - 5.1)	80,000
Central American	—	—	—
Other	5.2	(3.0 - 8.9)	17,000
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	1.7	(1.0 - 2.7)	11,000
Federal Poverty Level			
0-99% FPL	5.4	(4.0 - 7.3)	77,000
100-199% FPL	5.5	(3.9 - 7.6)	78,000
200-299% FPL	2.8	(1.9 - 4.1)	23,000
> 300% FPL	3.3	(2.7 - 3.9)	89,000
Insurance Status			
Insured	4.2	(3.6 - 4.8)	250,000
Uninsured	4.6	(2.7 - 7.7)	17,000
Total	4.2	(3.6 - 4.8)	267,000

Graph 50
Significant Changes from 2003 to 2005:
Incidence of Any Delay in Getting Prescription Medications in the Past 12 Months, Children Ages 0-11



Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Children Ages 0-11 (Table 75)

About 5% of children (5.3%) had parents or guardians who reported that they delayed or did not get needed medical care for the child in the past 12 months.

Significant Differences:

Major racial/ethnic groups: Parents or guardians of Latino children were more likely than those of Asian children to delay or not get needed medical care for the child.

Household income: Parents or guardians of children with household incomes below 300% FPL were more likely than those with household incomes at or above 300% FPL to delay or not get needed medical care for the child.

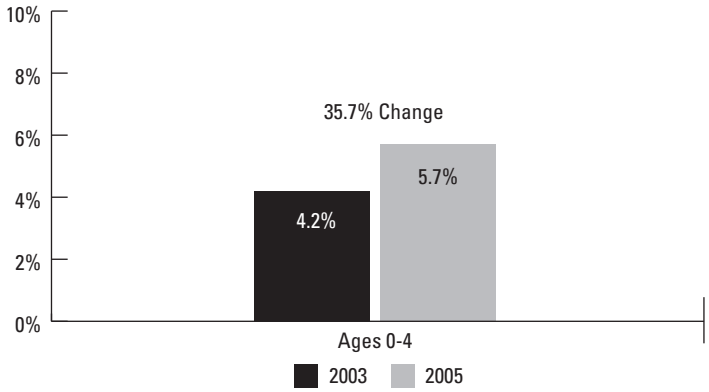
Insurance status: Parents or guardians of children without health insurance were more likely than those of children with health insurance to delay or not get needed medical care for the child.

Change from 2003 to 2005 (Graph 51): There was an increase in the proportion of parents or guardians of children ages 0-4 who delayed or did not get needed medical care for the child in the past 12 months.

Table 75.
Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Children Ages 0-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
0-4	5.7	(4.7 - 6.8)	148,000
5-11	5.1	(4.2 - 6.0)	191,000
Gender			
Male	5.2	(4.4 - 6.2)	170,000
Female	5.4	(4.5 - 6.5)	169,000
Race/Ethnicity			
White	4.6	(3.8 - 5.5)	118,000
Latino	6.8	(5.5 - 8.3)	166,000
Foreign-Born	11.9	(7.3 - 18.7)	26,000
U.S.-Born	6.3	(5.0 - 7.8)	140,000
Mexican	5.5	(4.4 - 6.9)	110,000
Central American	——	——	——
Other	10.6	(6.5 - 16.7)	36,000
African American	4.3	(2.5 - 7.2)	19,000
American Indian/ Alaska Native	——	——	——
Asian	2.2	(1.2 - 3.8)	15,000
Federal Poverty Level			
0-99% FPL	6.3	(4.7 - 8.4)	90,000
100-199% FPL	7.8	(6.3 - 9.6)	111,000
200-299% FPL	6.4	(4.6 - 8.7)	53,000
> 300% FPL	3.2	(2.5 - 3.9)	86,000
Insurance Status			
Insured	4.9	(4.2 - 5.6)	293,000
Uninsured	12.3	(9.0 - 16.6)	46,000
Total	5.3	(4.7 - 6.0)	340,000

Graph 51
Significant Changes from 2003 to 2005:
Incidence of Any Delay in Getting Needed Medical Care in the Past 12 Months, Children Ages 0-11



Incidence of Receiving a Flu Vaccine in the Past 12 Months, Children Ages 6 Months to 11 Years (Table 76)

About one fourth of children ages 6 months to 11 years (26.5%) had received a flu vaccine in the past 12 months.

Significant Differences:

Major racial/ethnic groups: Asian children were more likely to have received a flu vaccine in the past 12 months than all other groups. A higher proportion of Latino children were vaccinated against flu than White children.

Insurance status: Children with health insurance were more likely to have received a flu vaccine than children without insurance.

Table 76.
Incidence of Receiving a Flu Vaccine in the Past 12 Months, Children Ages 6 Months to 11 Years

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Gender			
Male	27.4	(25.6 - 29.4)	859,000
Female	25.5	(23.7 - 27.5)	772,000
Race/Ethnicity			
White	22.4	(20.7 - 24.3)	555,000
Latino	28.0	(25.6 - 30.5)	655,000
Foreign-Born	22.3	(15.9 - 30.3)	48,000
U.S.-Born	28.6	(26.0 - 31.3)	606,000
Mexican	27.4	(24.8 - 30.3)	517,000
Central American	34.7	(22.9 - 48.7)	47,000
Other	28.3	(22.6 - 34.8)	91,000
African American	25.0	(19.8 - 31.0)	103,000
American Indian/ Alaska Native	19.7	(12.4 - 29.8)	13,000
Asian	39.4	(35.2 - 43.7)	254,000
Federal Poverty Level			
0-99% FPL	28.1	(24.7 - 31.8)	379,000
100-199% FPL	27.6	(24.6 - 30.8)	379,000
200-299% FPL	25.5	(22.1 - 29.2)	205,000
> 300% FPL	25.4	(23.8 - 27.2)	667,000
Insurance Status			
Insured	27.0	(25.7 - 28.4)	1,563,000
Uninsured	18.5	(13.6 - 24.6)	68,000
Total	26.5	(25.2 - 27.9)	1,630,000

Prevalence of Being Currently Uninsured, Children Ages 0-11 (Table 77)

About 6% of children (5.9%) were uninsured.

Significant Differences:

Major racial/ethnic groups: Latino children were more likely to be uninsured than White or Asian children.

Latino, foreign-born vs. U.S.-born: Foreign-born Latino children were more likely to be uninsured than U.S.-born Latinos.

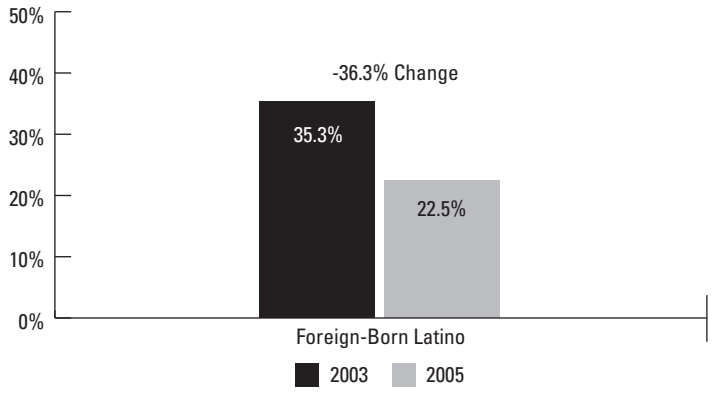
Household income: A higher proportion of children with household incomes below 200% FPL were uninsured than children with household incomes at or above 200% FPL

Change from 2003 to 2005 (Graph 52): The proportion of foreign-born Latino children who were uninsured decreased.

Table 77.
Prevalence of Being Currently Uninsured, Children Ages 0-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
0-4	5.6	(4.6 - 6.9)	148,000
5-11	6.0	(5.0 - 7.2)	228,000
Gender			
Male	5.6	(4.7 - 6.7)	184,000
Female	6.1	(5.0 - 7.5)	192,000
Race/Ethnicity			
White	3.2	(2.5 - 4.2)	83,000
Latino	10.1	(8.5 - 12.0)	248,000
Foreign-Born	22.5	(16.0 - 30.8)	49,000
U.S.-Born	8.9	(7.3 - 10.9)	199,000
Mexican	10.2	(8.4 - 12.4)	201,000
Central American	—	—	—
Other	8.7	(5.6 - 13.2)	29,000
African American	—	—	—
American Indian/ Alaska Native	—	—	—
Asian	3.1	(1.9 - 4.9)	20,000
Federal Poverty Level			
0-99% FPL	9.8	(7.8 - 12.3)	140,000
100-199% FPL	9.9	(7.8 - 12.5)	140,000
200-299% FPL	5.0	(3.5 - 6.9)	41,000
> 300% FPL	2.0	(1.5 - 2.7)	54,000
Total	5.9	(5.1 - 6.7)	376,000

Graph 52
Significant Changes from 2003 to 2005:
Prevalence of Being Currently Uninsured, Children Ages 0-11



Incidence of Any Dental Visit in the Past 12 Months, Children Ages 2-11 (Table 78)

Healthy People 2010 Objective 21-10 states that at least 56% of persons age 2 and older will have visited a dentist during the past year.

Overall, the objective was met; 79.6% of children had visited a dentist in the past 12 months. Children ages 2-4 did not meet the objective.

Significant Differences:

Age: Children ages 5-11 were more likely to have visited a dentist in the past 12 months than children ages 2-4.

Major racial/ethnic groups: White and Asian children were more likely than Latino children to have visited a dentist in the past 12 months.

Household income: Children with household incomes at or above 300% FPL were more likely to have visited a dentist than children living in households with incomes below 200% FPL.

Insurance status: Children with health insurance were more likely to have visited a dentist than children without health insurance.

Change from 2003 to 2005 (Graph 53): There was an overall increase in the proportion of children who had visited a dentist in the past 12 months. Increases occurred among both age groups, both genders, Whites, Latinos, particularly foreign–born Latinos, Mexicans and Other Latinos, children with household incomes below 100% FPL, and children with health insurance.

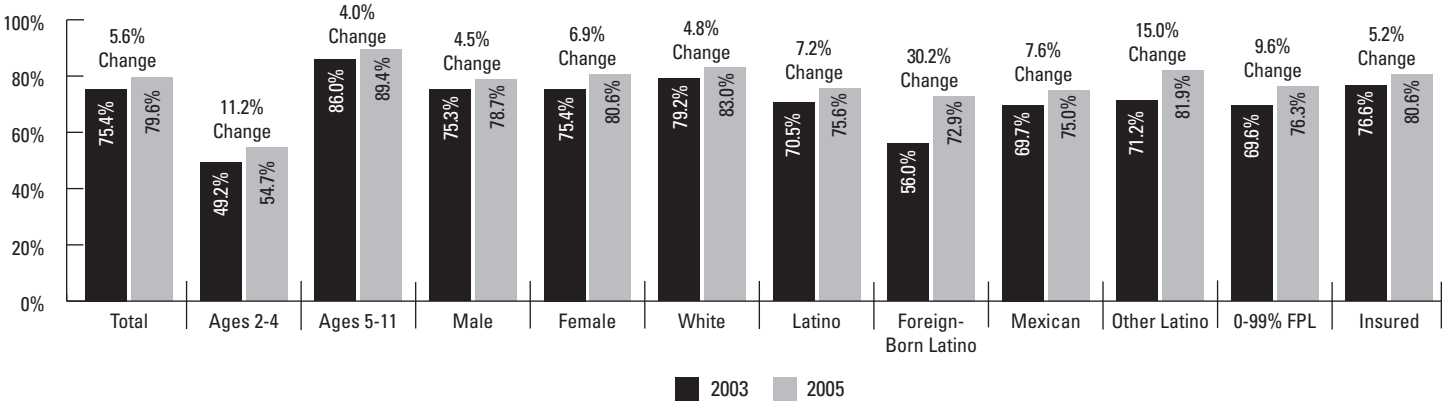
Table 78.
Incidence of Any Dental Visit in the Past 12 Months, Children Ages 2-11

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
2-4	54.7	(51.9 - 57.4)	811,000
5-11	89.4*	(88.1 - 90.6)	3,381,000
Gender			
Male	78.7*	(76.8 - 80.5)	2,121,000
Female	80.6*	(78.7 - 82.3)	2,071,000
Race/Ethnicity			
White	83.0*	(81.3 - 84.5)	1,790,000
Latino	75.6*	(73.1 - 78.0)	1,485,000
Foreign-Born	72.9*	(63.4 - 80.7)	156,000
U.S.-Born	76.0*	(73.3 - 78.4)	1,329,000
Mexican	75.0*	(72.1 - 77.6)	1,187,000
Central American	70.7*	(56.3 - 81.8)	82,000
Other	81.9*	(75.1 - 87.2)	215,000
African American	78.9*	(72.1 - 84.4)	279,000
American Indian/ Alaska Native	72.0*	(56.1 - 83.8)	37,000
Asian	82.3*	(78.8 - 85.3)	461,000
Federal Poverty Level			
0-99% FPL	76.3*	(72.5 - 79.7)	840,000
100-199% FPL	75.0*	(71.8 - 77.9)	897,000
200-299% FPL	81.0*	(77.4 - 84.0)	553,000
> 300% FPL	83.2*	(81.6 - 84.7)	1,903,000
Insurance Status			
Insured	80.6*	(79.3 - 81.9)	3,987,000
Uninsured	64.4*	(57.2 - 71.0)	205,000
Total	79.6*	(78.3 - 80.9)	4,192,000

*Meets the Healthy People 2010 Objective

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

Graph 53
Significant Changes from 2003 to 2005:
Incidence of Any Dental Visit in the Past 12 Months, Children Ages 0-11



Prevalence of Current Dental Insurance Coverage, Children Ages 2-11 Who Had Ever Visited a Dentist (Table 79)

Among children who had ever visited a dentist, 85.9% currently had dental insurance.

Significant Differences:

Major racial/ethnic groups: African American children who had visited a dentist were more likely to have dental insurance than White and Latino children. Asian children were more likely to have dental insurance than White children.

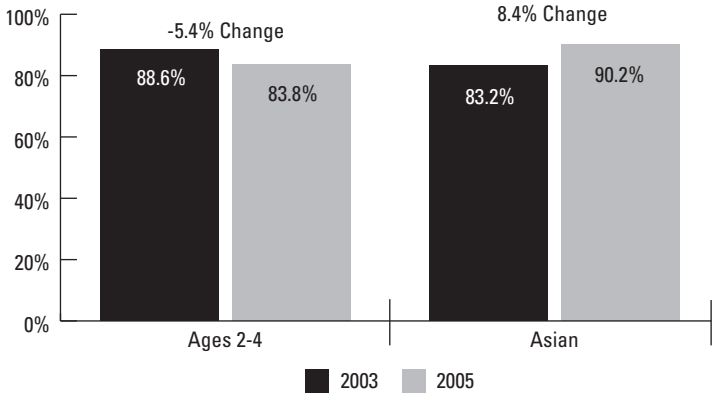
Latino, foreign-born vs. U.S.-born: U.S.-born Latinos were more likely to have dental insurance than foreign-born Latino children.

Change from 2003 to 2005 (Graph 54): The proportion of children ages 2-4 who had visited a dentist and had dental insurance decreased. There was an increase among Asian children.

Table 79.
Prevalence of Current Dental Insurance Coverage, Children Ages 2-11 Who Had Ever Visited a Dentist

	CHIS 2005 data		
Population Group	**Percent of Group**	**95% CI**	**Population Estimate**
Age Group (Years)			
2-4	83.8	(80.8 - 86.4)	710,000
5-11	86.4	(84.9 - 87.7)	3,135,000
Gender			
Male	86.9	(85.3 - 88.3)	1,978,000
Female	84.8	(82.7 - 86.8)	1,866,000
Race/Ethnicity			
White	83.4	(81.4 - 85.1)	1,561,000
Latino	85.8	(83.2 - 88.1)	1,403,000
Foreign-Born	71.8	(60.6 - 80.8)	130,000
U.S.-Born	87.6	(85.0 - 89.8)	1,273,000
Mexican	86.2	(83.1 - 88.8)	1,123,000
Central American	—	—	—
Other	84.4	(78.1 - 89.1)	195,000
African American	93.2	(88.9 - 95.9)	280,000
American Indian/ Alaska Native	—	—	—
Asian	90.2	(86.9 - 92.7)	432,000
Federal Poverty Level			
0-99% FPL	88.5	(85.1 - 91.2)	819,000
100-199% FPL	83.9	(80.3 - 87.0)	830,000
200-299% FPL	85.3	(81.8 - 88.2)	507,000
> 300% FPL	85.8	(84.2 - 87.3)	1,688,000
Insurance Status			
Insured	91.0	(90.0 - 92.0)	3,844,000
Uninsured	—	—	—
Total	85.9	(84.6 - 87.1)	3,844,000

Graph 54
Significant Changes from 2003 to 2005: Prevalence of Current Dental Insurance Coverage, Children Ages 2-11 Who Had Ever Visited a Dentist



5. Appendix

DESIGN AND METHODOLOGY SUMMARY

The CHIS 2005 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 of 60,000 or more
3. Aggregate estimates for three sample strata of smaller counties
4. Estimates for each of Los Angeles County's eight Service Planning Areas (SPAs)
5. Estimates for each of San Diego County's six geographic areas
6. Estimates for each of California's largest racial and ethnic groups
7. Estimates for U.S.-born, foreign-born, Mexican, Central American and Other Latino groups
8. Estimates for Chinese, Filipinos, Japanese, Koreans, Vietnamese and South Asians
9. Estimates for American Indian/Alaska Natives

To provide reliable estimates for these groups, the CHIS 2005 sample was allocated to individual counties with populations of 60,000 or greater, and to aggregates of smaller counties. 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. The Antelope Valley Service Planning Area of Los Angeles County was oversampled to ensure sufficient sample size for that SPA. The child sample in San Diego County was increased by screening additional households countywide for the presence of children under age 12. Samples were increased in Humboldt, Marin and Solano counties by adding to the total number of households allocated for each county.

Exhibits A1 and A2 show the distributions of the CHIS 2005 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 to the California Department of Finance (DOF) estimates. Detailed descriptions of CHIS 2005 sampling, data collection and weighting methods can be found on the CHIS website at *www.chis.ucla.edu*
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Exhibit A1.
CHIS 2005 Sample Sizes by Age Group

Age Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
18-24	2,763	6.4	13.6
25-39	9,313	21.7	30.2
40-64	21,111	49.1	41.7
65-79	7,183	16.7	10.7
80+	2,650	6.2	4.0
Total	43,020	100.0	100.0
Adolescents			
12-14	2,123	52.7	51.7
15-17	1,906	47.3	48.3
Total	4,029	100.0	100.0
Children			
0-4	4,843	42.6	40.9
5-11	6,515	57.4	59.1
Total	11,358	100.0	100.0

Exhibit A2.
CHIS 2005 Sample Sizes by Racial/Ethnic Group

Group	Unweighted Sample Size	Unweighted Percent	Weighted Percent
Adults			
White	28,979	67.4	51.6
Latino	6,369	14.8	25.7
Foreign-Born	3,866	60.7	63.1
U.S.-Born	2,503	39.3	36.9
Mexican	5,184	81.4	80.9
Central American	577	9.1	10.9
Other Latino	608	9.6	8.3
African American	1,954	4.5	5.8
Asian	3,941	9.2	12.6
Chinese	1,280	32.6	27.6
Filipino	607	15.4	25.4
Korean	616	15.6	9.7
Vietnamese	495	12.6	12.0
Other Asian	169	4.3	4.9
American Indian/ Alaska Native	554	1.3	3.3
Multi/Other Races	1,223	2.8	3.3
Total	43,020	100.0	100.0
Adolescents			
White	2,150	53.4	40.6
Latino	850	21.1	28.4
African American	233	5.8	8.5
Asian	353	8.8	10.7
American Indian/ Alaska Native	58	1.4	1.5
Multi/Other Races	385	9.6	10.4
Total	4,010	100.0	100.0
Children			
White	5,978	52.6	39.9
Latino	3,185	28.0	38.3
African American	483	4.3	6.8
Asian	1,231	10.8	10.5
American Indian/ Alaska Native	152	1.3	1.1
Multi/Other Races	329	2.9	3.5
Total	11,358	100.0	100.0

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 2005 data collection. Westat staff interviewed one randomly selected adult in each sampled household. In households with children under age 12 and/or adolescents ages 12-17, one child and one adolescent were also randomly sampled. Children and adolescents were eligible for selection if the adult respondent was their parent or legal guardian. The adult who was most knowledgeable about the health of the child under age 12 provided answers to the questions about that child; the sampled adolescents responded for themselves after a parent or legal guardian gave permission. The adult respondent answered the health insurance questions related to the adolescent.

The interviews were administered using Westat's computer-assisted telephone interviewing (CATI) system, which operates on the company's proprietary software. The mean adult interview time across all languages was 35.2 minutes. The mean adolescent and child interview times were 19.6 and 17.2 minutes, respectively. Ten percent of the adult interviews were completed in a language other than English, as were 7% of the adolescent interviews and 18% of the child interviews.

To improve the response rate, an advance letter (in five languages) was mailed to all sampled telephone numbers for which an address could be obtained from a reverse directory –about 67%. Response rates varied by geographic area 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. A total of 147 interviews were completed by a spouse, partner or adult child. Only questions that were appropriate for proxy administration were asked during these interviews.

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 analyses. The CHIS 2005 sample was weighted to accomplish the following:

- Compensate for differential probabilities of selection for households and persons. Households with listed addresses, and thus eligible to receive the advance letter, were assigned a selection probability of 1.25 over households with unlisted addresses.
- Reduce biases occurring because non-respondents may have different characteristics than respondents.
- Adjust for under-coverage in the sampling frames (i.e., the lists of computer-generated telephone numbers that were used to select the households).
- Reduce the variance of the estimates (findings) by using auxiliary information.

Unstable Estimates

The tables in the report present estimates of population values. The table values are only estimates because the findings are based on a random sample of the population. CHIS did not interview every household in California. Data from samples have a certain amount of error, which is accounted for by delineating 95% confidence intervals. The width of the confidence interval is the difference between the lower and upper limits, and varies with sample size. If the sample size is small, the confidence interval may be very wide. In some cases it is so wide that the estimate is considered unstable (i.e., unreliable). CHIS estimates are considered unstable 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 that the variance is due to chance increases. In this report, unstable estimates are replaced with a dash in the tables.

Using Confidence Intervals to Identify Statistically Significant Differences

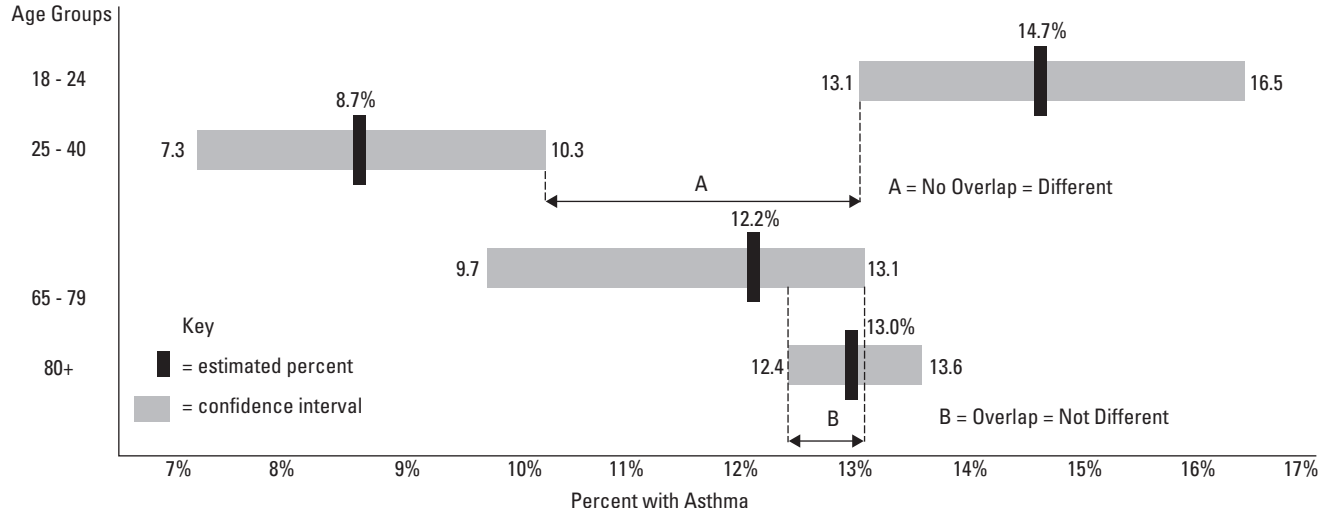
Confidence intervals provide an easy way to determine if differences between groups are statistically significant. All estimates using survey data have a known margin of error. The confidence interval uses this margin of error to create an upper and lower limit for the survey estimate. In this report, it has been calculated that there is a 95% chance that the true value is within these limits. Thus, if the confidence intervals of two different estimates do not overlap, we are 95% confident that they are different. Using the prevalence of diagnosed asthma as an example (Table 1 of the text), if the 18-25 year old age group is compared with the 80+ age group, the observed percents appear to be different(14.7% and 8.7%, respectively. The confidence interval for the 18-24 year olds is 13.1-16.5% and for the 80+ age group the interval is 7.3-10.3%. Exhibit A3 plots these two confidence intervals, and it can be seen that they do not overlap (A). Therefore, we conclude that the difference is statistically significant. A second example, also shown in Exhibit A3, compares the 25-39 and 40-64 year old age groups. The observed percents again appear to be different, 12.2% vs. 13.0%. The estimate for the 25-39 age group has a confidence interval of 11.3-13.1% and the estimate for the 40-64 age group has a confidence interval of 12.4-13.6%. Since the upper limit of the interval for the 25-39 year olds overlaps with the lower limit of the interval for the 40-64 year olds, we conclude that the rates of asthma do not differ between these two groups (B).

Some of the confidence intervals of the point estimates in this report share a boundary. That is, the lower limit of one interval equals the upper limit of another interval. This is the case for the 18-24 and 25-39 age groups in Table 1 of the text. The two confidence intervals share a boundary limit of 13.1%. In these cases we took a conservative approach and did not consider the differences to be statistically significant since they 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 have met the objective; if not, the objective was not met.

Changes from 2003 to 2005

Significant increases and decreases between 2003 and 2005 were calculated by SUDAAN using t- and z-tests. The percent change between the two years was calculated as the percent in 2005 minus the percent in 2003, divided by percent in 2003, times 100. For example, if the point estimate in 2005 was 12% and the point estimate in 2003 was 6%, the increase was 100% (.12-.06/.06) X 100). It should be noted that the magnitude of change is not necessarily related to whether it is statistically significant. For example, the proportion of Whites who reported having a usual source of care increased by only 1.2% between 2003 and 2005, but that increase was statistically significant. On the other hand, the proportion of adults who had ever been diagnosed with diabetes was 6.5% higher in 2005 than in 2003, but that difference was not statistically significant.

Exhibit A3.
Interpreting Confidence Intervals: Two Examples Comparing Age Groups and Asthma Prevalence



Age Adjustments

The adult data were adjusted to account for differences in the age distributions of racial/ethnic groups. For example, Latinos as a population are younger than Whites, so we would expect Latinos to have a lower prevalence of chronic diseases that disproportionately affect older people, such as hypertension and heart disease. To measure true differences between Latinos and Whites, we must adjust for the fact that their age distributions are different. In this example, data for Latinos and Whites are multiplied by percentages that will result in the Latino and White age distributions being the same as that of a selected standard population. The 2000 California population was used as the standard population for the analyses in this report, based on California Department of Finance estimates.

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