



Center for Health Statistics



January 2004

DATA SUMMARY
No. DS04-010000

This report focuses on the Healthy People 2010 Leading Health Indicators (LHIs).

Highlights

- As of January 2004, California data were available in DATA2010 for monitoring nine HP2010 objectives in five Leading Health Indicators:

Access to
Health Care
Immunization
Injury and Violence
Physical Activity
Tobacco Use

- California data were not currently available for monitoring 11 HP2010 objectives in another five Leading Health Indicators:

Environmental Quality
Responsible Sexual Behavior
Mental Health
Overweight and Obesity
Substance Abuse

Healthy People 2010 Leading Health Indicators: California, 2000

By Jim Sutocky

Background

The *Healthy People 2010* (HP2010) Leading Health Indicators were developed by an interagency work group within the U.S. Department of Health and Human Services and published in January 2000.¹⁻³ The ten Leading Health Indicators selected are intended to reflect the major health concerns in the United States at the beginning of the 21st century and to provide a mechanism for monitoring the health status of populations over time. Each indicator has one or more objectives from HP2010 associated with it, and was selected on the basis of its ability to motivate action, the availability of data to measure progress, and its importance as a public health issue.

Health status indicators have routinely been used by the California Department of Health Services (CDHS) to monitor population health and the State's progress in achieving the *Healthy People 2000* objectives.⁴⁻⁶ This report supplements previously published CDHS data on California's success in achieving the HP2010 objectives, and provides a useful extension to the statewide data now available from the federal DATA2010 system.⁷

Methods

Baseline year (2000) data for California were extracted from the DATA2010 interactive system using the January 2004 Edition of the database. The data sources and definitions for each Leading Health Indicator and HP2010 objective are described in detail elsewhere.^{8,9}

The Leading Health Indicators and their associated HP2010 objectives are:

- | | |
|--------------------------------|---|
| 1. Access to Health Care | (Objectives 1-1, 1-4a, and 16-6a) |
| 2. Environmental Quality | (Objectives 8-1a and 27-10) |
| 3. Responsible Sexual Behavior | (Objectives 13-6 and 25-11) |
| 4. Immunization | (Objectives 14-24a,b and 14-29a,b) |
| 5. Injury and Violence | (Objectives 15-15a and 15-32) |
| 6. Mental Health | (Objective 18-9b) |
| 7. Overweight and Obesity | (Objectives 19-2 and 19-3c) |
| 8. Physical Activity | (Objectives 22-2 and 22-7) |
| 9. Substance Abuse | (Objectives 26-10a, 26-10c, and 26-11c) |
| 10. Tobacco Use | (Objectives 27-1a and 27-2b) |

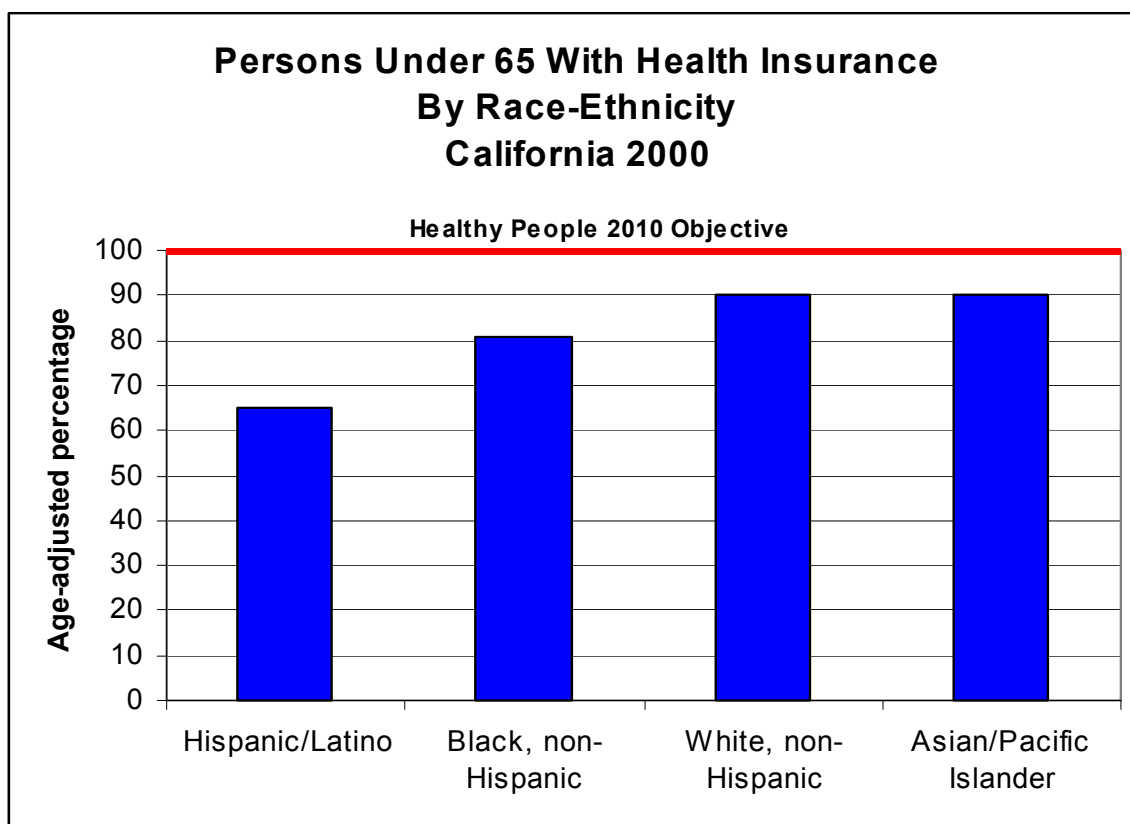
Results

Access to Health Care

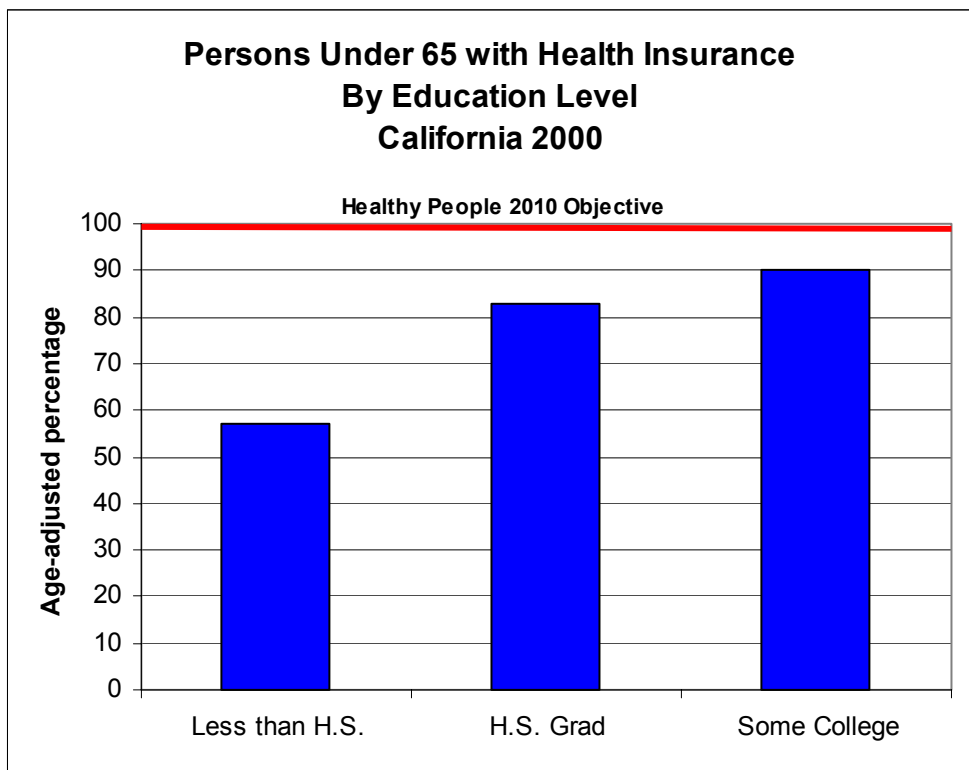
Objective 1-1. Increase the proportion of persons with health insurance to 100 percent.

In 2000, 81 percent of Californians under age 65 were reported to have coverage by some type of public or private insurance or health care plan, including those obtained by employment, direct purchase, and government programs such as Medicare, Medicaid, military healthcare, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, State-sponsored health plans, or other public hospital or physician programs.

The health insurance coverage rates were the same for females (81%) and males (81%), but disparities by race-ethnicity were more apparent: White, non-Hispanic/Latino, had a 90 percent coverage rate compared with 81 percent for Black/African American, non-Hispanic/Latino; Hispanic/Latino persons had a coverage rate of 65 percent, while Asian/Pacific Islander persons had a coverage rate of 90 percent; data for American Indian/Alaska Native persons did not meet the criteria for statistical reliability and was not provided in DATA2010.



Data by education level show that 90 percent of Californians with at least some college had health insurance coverage, compared with 83 percent of high school graduates and 57 percent of those with less than a high school education.



Objective 1-4a. Increase the proportion of persons (all ages) who have a specific source of ongoing care to 96 percent.

No data for California were available for monitoring objective 1-4a in the January 2004 Edition of DATA2010.

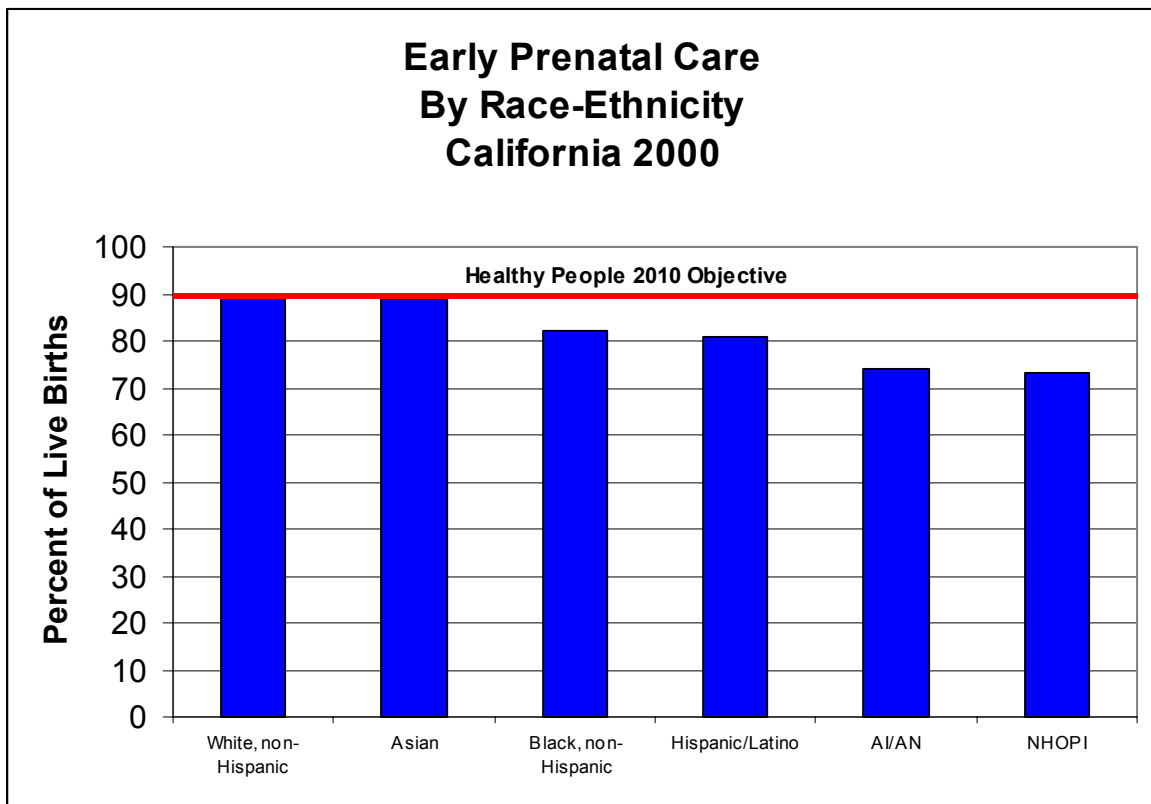
Objective 16-6a. Increase the proportion of women who receive prenatal care beginning in first trimester of pregnancy to 90 percent.

In 2000, 85 percent of California women were reported to have received early (first trimester) prenatal care during their pregnancies. The percentage varied by race-ethnicity: White, non-Hispanic/Latino (90%); Asian (89%); Black/African American, non-Hispanic/Latino (82%); Hispanic/Latino (81%); American Indian/ Alaska Native (74%); and Native Hawaiian/Other Pacific Islander (73%).

Early prenatal care also varied by the mother's age and education level, with those of younger ages and those having less education experiencing lower rates of first trimester care.

<u>Mother's Age Group</u>	<u>Early Prenatal Care</u>
Under 15	49%
15 – 19	72%
20 – 24	80%
25 – 29	86%
30 – 34	89%
35 & Over	89%

<u>Mother's Education</u>	<u>Early Prenatal Care</u>
Less than High School	78%
High School graduate	84%
Some College	92%



Environmental Quality

Objective 8-1a. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone to 0 percent.

No data for California were available for monitoring objective 8-1a in the January 2004 Edition of DATA2010.

Objective 27-10. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to 45 percent.

No data for California were available for monitoring objective 27-10 in the January 2004 Edition of DATA2010.

Responsible Sexual Behavior

Objective 13-6. Increase the proportion of sexually active persons who use condoms to 50 percent.

13-6a. Females aged 18 to 44 years.

13-6b. Males aged 18 to 49 years.

No data for California were available for monitoring objectives 13-6a and 13-6b in the January 2004 Edition of DATA2010.

Objective 25-11. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95 percent.

No data for California were available for monitoring objective 25-11 in the January 2004 Edition of DATA2010.

Immunization

Objective 14-24a. Increase the proportion of children aged 19 to 35 months who received the recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B) to 80 percent.

Baseline year (2000) data were not available for California from the DATA2010 system for monitoring objective 14-24a, however 2001 data were available in the January 2004 Edition. For 2001, 73 percent of California children aged 19 to 35 months were reported as being fully immunized. Statistically reliable data by race-ethnicity shows that 76 percent of Hispanic/Latino children and 66 percent of White, non-Hispanic/ Latino, children aged 19 to 35 months were fully immunized.

Objective 14-24b. Increase the proportion of adolescents aged 13 to 15 years who received the recommended vaccines to 80 percent.

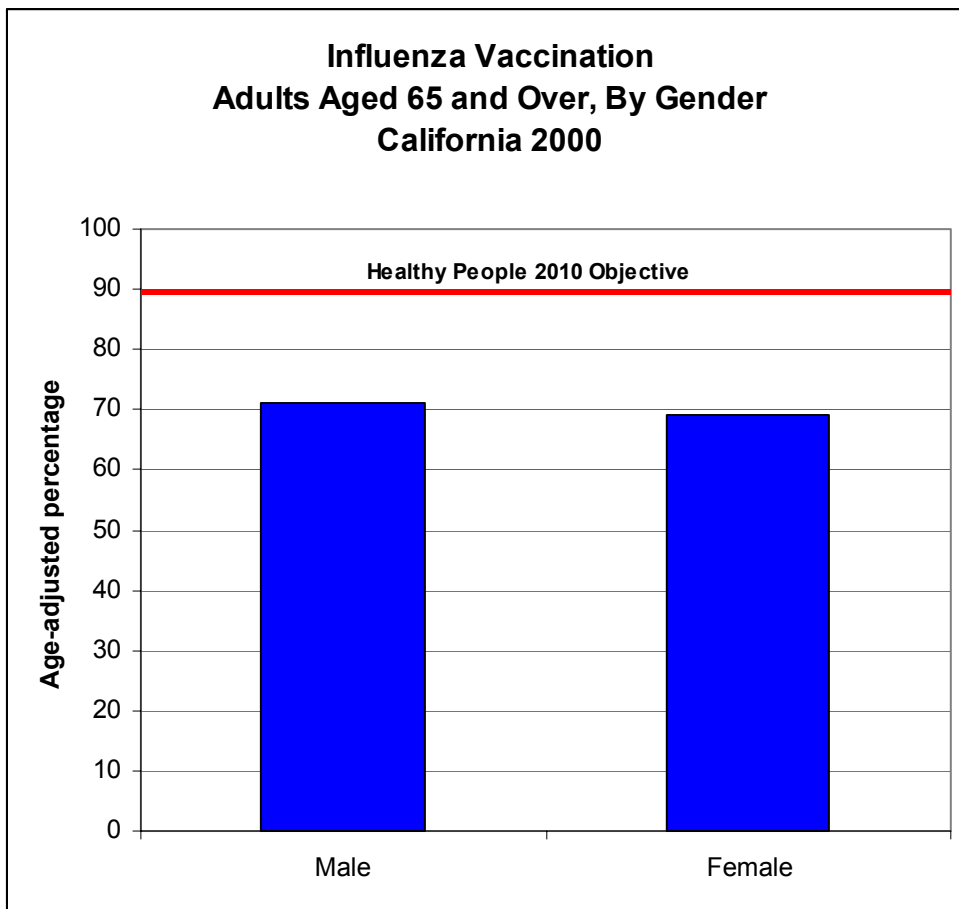
No data for California were available for monitoring objective 14-24b in the January 2004 Edition of DATA2010.

Objective 14-29a. Increase the proportion of adults who are vaccinated annually against influenza to 90 percent.

In 2000, 70 percent of California's non-institutionalized adult population aged 65 years and over were reported as having had an influenza vaccination during the past 12 months. Data by gender show that 71 percent of males and 69 percent of females had received flu vaccinations during the past 12 months.

Statistically reliable data by race-ethnicity indicate that 71 percent of the Hispanic/Latino population aged 65 and over, and 71 percent of the White, non-Hispanic/Latino, population aged 65 and over had been vaccinated against influenza.

Disparities in vaccination rates by educational level show that 71 percent of adults aged 65 and over who had some college had been vaccinated against influenza during the preceding 12 months, compared with 68 percent of those who were high school graduates and 69 percent of those who had less than a high school education.

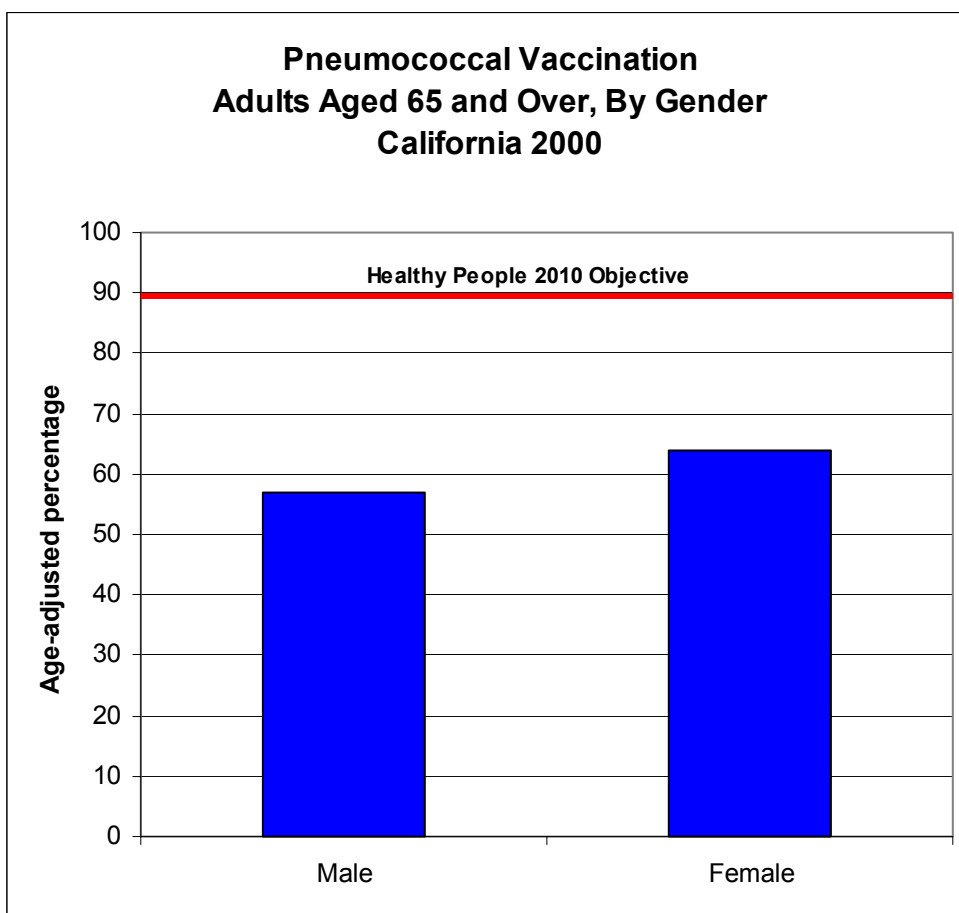


Objective 14-29b. Increase the proportion of adults who have ever received pneumococcal vaccine to 90 percent.

In 2000, 61 percent of California's non-institutionalized adult population aged 65 years and over were reported to have ever received pneumococcal vaccine. Data by gender indicate that 57 percent of the male population and 64 percent of the female population had ever received pneumococcal vaccinations.

Statistically reliable data by race-ethnicity show that 68 percent of White, non-Hispanic/Latino, adults aged 65 and over had ever received a pneumonia vaccination, compared with 44 percent of Hispanic/Latino adults.

Data by educational level show that 66 percent of adults aged 65 and over with some college had ever received pneumococcal vaccine, compared with 63 percent of adults who had graduated from high school and 46 percent of adults with less than a high school education.

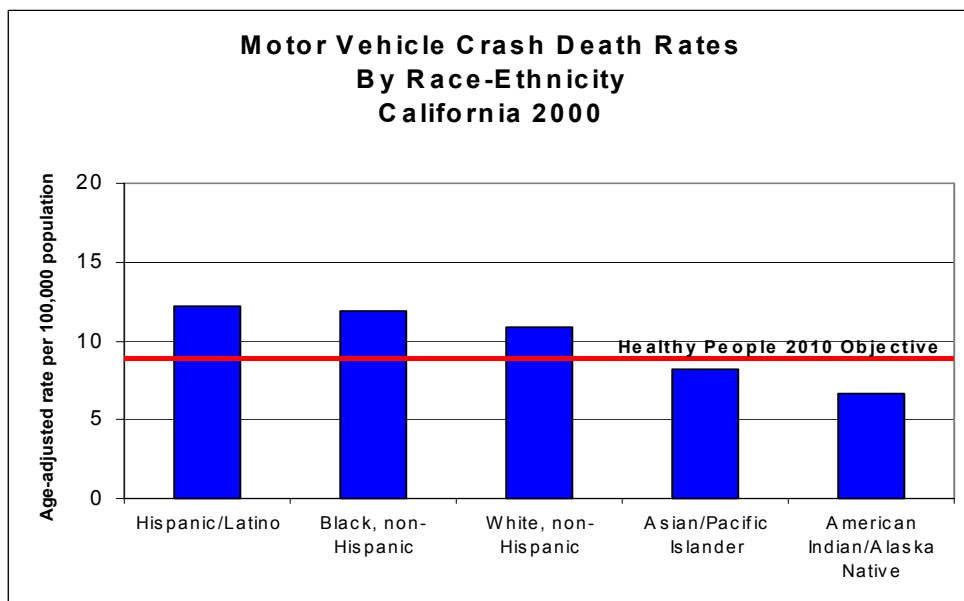
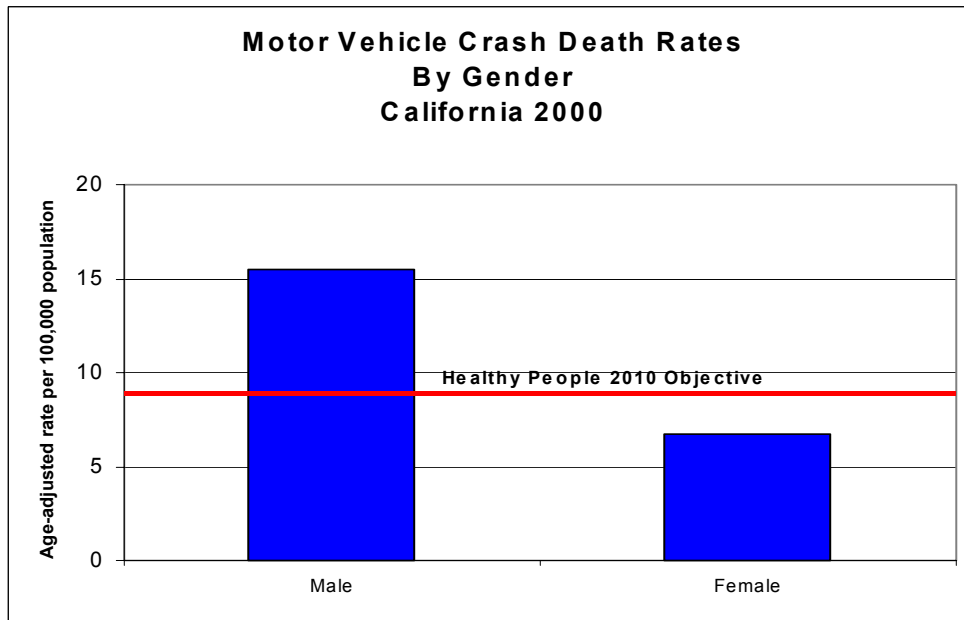


Injury and Violence

Objective 15-15a. Reduce deaths caused by motor vehicle crashes to 9.0 deaths per 100,000 population.

In 2000, California's motor vehicle crash death rate was 10.9 per 100,000 population. The age-adjusted death rate for males (15.5 per 100,000) was more than double that for females (6.7 per 100,000).

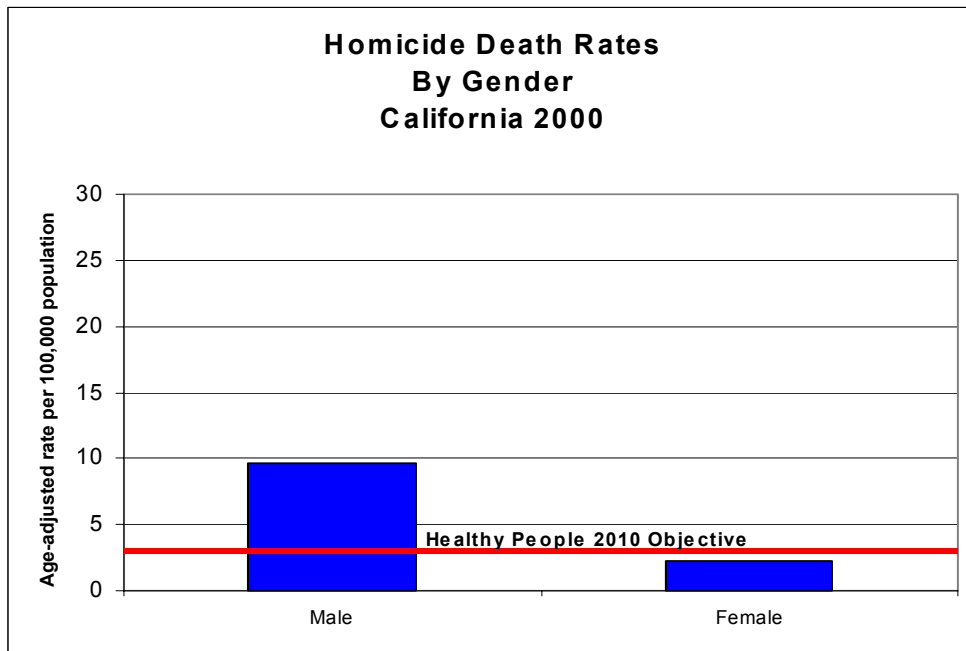
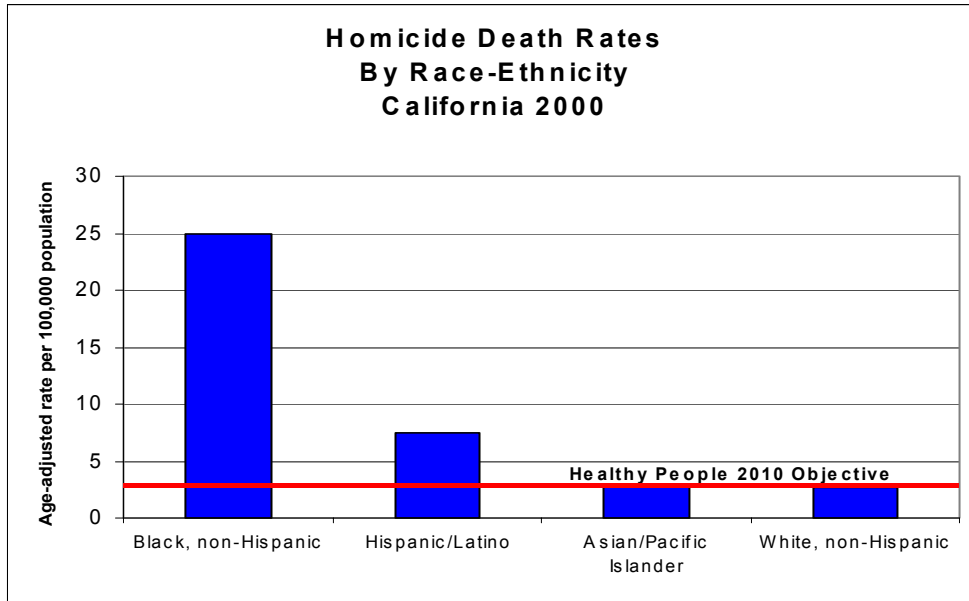
Data on motor vehicle crash death rates by race-ethnicity show that the highest rate was for the Hispanic/Latino population (12.2 per 100,000), followed by the Black/African American, non-Hispanic/ Latino population (11.9 per 100,000), and by the White, non-Hispanic/Latino population (10.9 per 100,000). Populations having death rates that achieved the HP2010 objective were Asian/Pacific Islander (8.2 per 100,000), and American Indian/Alaska Native (6.7 per 100,000).



Objective 15-32. Reduce the homicide rate to 3.2 per 100,000 population.

California's homicide rate in 2000 was 5.9 per 100,000 population, nearly double that targeted by the HP2010 objective. The age-adjusted homicide rate for males (9.6 per 100,000) was over four times greater than that for females (2.2 per 100,000).

Disparities in homicide rates by race-ethnicity show that the age-adjusted death rate for the Black/African American, non-Hispanic/Latino population (25.0 per 100,000) was three times higher than the rate for the Hispanic/Latino population (7.5 per 100,000), and nearly nine times higher than the rates for the Asian/ Pacific Islander population (2.9 per 100,000) and the White, non-Hispanic/Latino population (2.7 per 100,000).



Mental Health

Objective 18-9b. Increase the proportion of adults aged 18 years and over with recognized depression who receive treatment to 50 percent.

No data for California were available for monitoring objective 18-9b in the January 2004 Edition of DATA2010.

Overweight and Obesity

Objective 19-2. Reduce the proportion of adults aged 20 years and older who are obese to 15 percent.

No data for California were available for monitoring objective 19-2 in the January 2004 Edition of DATA2010.

Objective 19-3c. Reduce the proportion of children and adolescents aged 6 to 19 years who are overweight or obese to five percent.

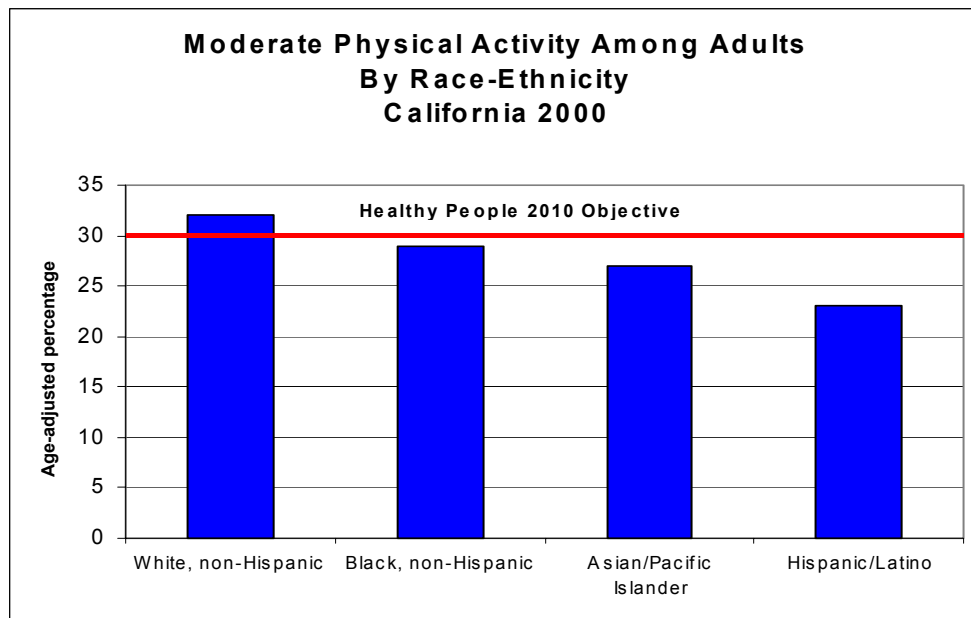
No data for California were available for monitoring objective 19-3c in the January 2004 Edition of DATA2010.

Physical Activity

Objective 22-2. Increase the proportion of adults aged 18 years and over who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day to 30 percent.

In 2000, 29 percent of adults aged 18 years and over in California were reported as engaging in moderate physical activity for at least 30 minutes per day. Moderate physical activity reported for adult males (30%) was similar to that reported for adult females (28%).

Statistically reliable data by race-ethnicity show that the highest percentage (32%) was reported for the White, non-Hispanic/Latino population, followed by the Black/African American, non-Hispanic/Latino population (29%), the Asian/Pacific Islander population (27%), and the Hispanic/Latino population (23%).



Objective 22-7. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness three or more times per week for 20 minutes or more per occasion to 85 percent.

No data for California were available for monitoring objective 22-7 in the January 2004 Edition of DATA2010.

Substance Abuse

Objective 26-10a. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days to 89 percent.

No data for California were available for monitoring objective 26-10a in the January 2004 Edition of DATA2010.

Objective 26-10c. Reduce the proportion of adults using any illicit drug during the past 30 days to three percent.

No data for California were available for monitoring objective 26-10c in the January 2004 Edition of DATA2010.

Objective 26-11c. Reduce the proportion of adults aged 18 years and older engaging in binge drinking of alcoholic beverages to six percent.

No data for California were available for monitoring objective 26-11c in the January 2004 Edition of DATA2010.

Tobacco Use

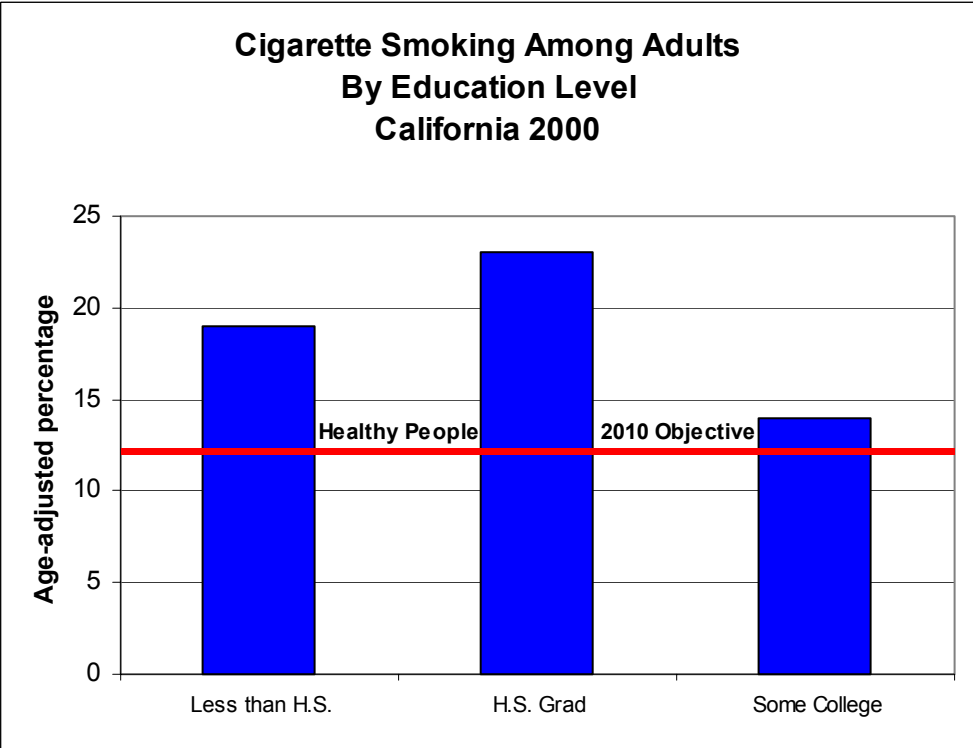
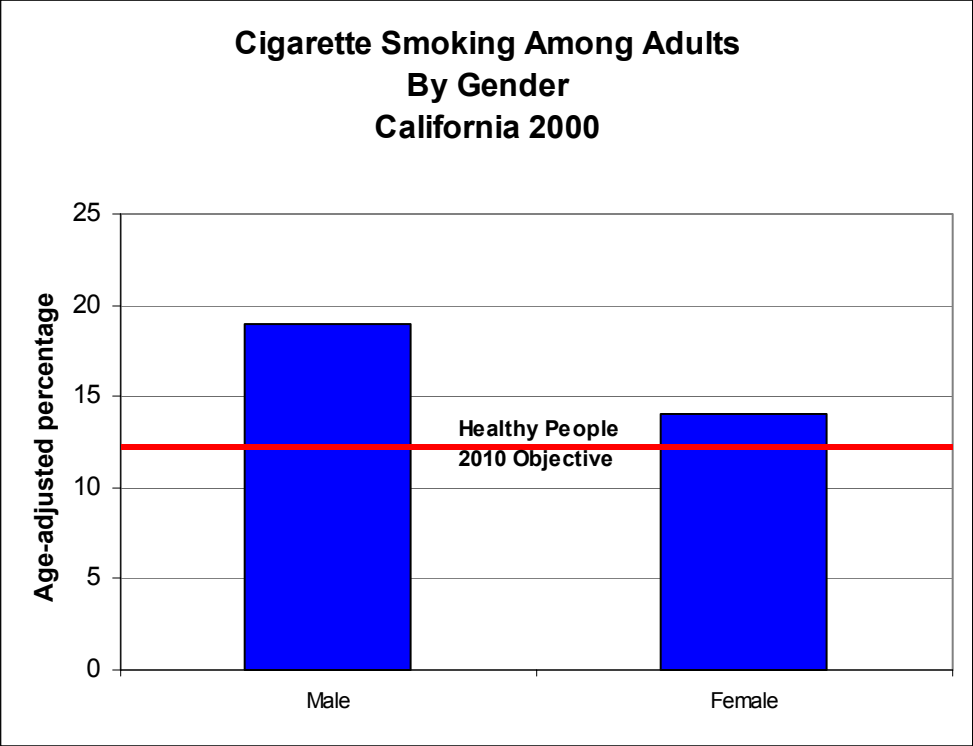
Objective 27-1a. Reduce cigarette smoking by adults aged 18 and older to 12 percent.

In 2000, 17 percent of adults aged 18 and over in California were reported to be cigarette smokers. The age-adjusted percentage was higher for males (19%) than for females (14%), and higher among high school graduates (23%) than either those with less than a high school education (19%) or those having some college (14%).

Disparities by race-ethnicity show that the Black/African American, non-Hispanic/Latino population were reported as having the highest percentage of cigarette smokers (20%), followed by the White, non-Hispanic/Latino population (18%), the Hispanic/Latino population (16%), and the Asian/Pacific Islander population (10%). Data for the American Indian/Alaska Native population on this indicator was statistically unreliable.

Objective 27-2b. Reduce cigarette smoking during the past month by adolescents (students in Grades 9 through 12) to 16 percent.

No data for California were available for monitoring objective 27-2b in the January 2004 Edition of DATA2010.



Summary

<u>Leading Health Indicator</u>	<u>HP2010 Objective</u>	<u>California 2000</u>
1. Access to Health Care		
Objective 1-1	100%	81%
Objective 1-4a	96%	N/A
Objective 16-6a	90%	85%
2. Environmental Quality		
Objective 8-1a	0%	N/A
Objective 27-10	45%	N/A
3. Responsible Sexual Behavior		
Objective 13-6a	50%	N/A
Objective 13-6b	50%	N/A
Objective 25-11	95%	N/A
4. Immunization		
Objective 14-24a	80%	73%
Objective 14-24b	80%	N/A
Objective 14-29a	90%	70%
Objective 14-29b	90%	61%
5. Injury and Violence		
Objective 15-15a	9.0	10.9
Objective 15-32	3.2	5.9
6. Mental Health		
Objective 18-9b	50%	N/A
7. Overweight and Obesity		
Objective 19-2	15%	N/A
Objective 19-3c	5%	N/A
8. Physical Activity		
Objective 22-2	30%	29%
Objective 22-7	85%	N/A
9. Substance Abuse		
Objective 26-10a	89%	N/A
Objective 26-10c	3%	N/A
Objective 26-11c	6%	N/A
10. Tobacco Use		
Objective 27-1a	12%	17%
Objective 27-2b	16%	N/A

California baseline data for 2000 were unavailable from DATA2010 for five entire Leading Health Indicators and associated HP2010 objectives: environmental quality; responsible sexual behavior; mental health; overweight and obesity; and substance abuse. Only partial data for California were available for another four Leading Health Indicators: access to health care; immunization; physical activity; and tobacco use. In the absence of data available to the DATA2010 system, alternative data sources for monitoring these Leading Health Indicators for California need to be identified.

We will continue to report on California's progress on achieving the HP2010 objectives associated with the Leading Health Indicators as more updated editions of the DATA2010 database become available. For more information and access to DATA2010, please visit <http://wonder.cdc.gov/data2010/>.

References

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