

2005 Member Health Survey Special Report:

Adult Health Plan Members' Access to Information Technology and Preferred Methods of Obtaining Health Information and Health Education

Adult KPMCP Northern California Members Aged 25-79:

- Access to Personal Computer, Internet, and Email as of 2005
- Preferred Methods of Receiving Health Information (in addition to talking with the doctor)
- Methods Used in the Past 12 Months to Get Health Information or Advice

Estimates produced based on data from the 2005 KPNC Adult Member Health Survey, weighted to reflect the age, gender, and geographic composition of adult members in the Northern California Region.

The Member Health Survey is a project funded by Kaiser Permanente's Northern California Region Community Benefit Program (CB). This information is being made available to community practitioners and other interested external parties as part of Kaiser Permanente's commitment to share our research findings with our community partners. However, this information should not be used as the basis for any professional publication or presentation without the permission of Dr. Gordon and should always credit Kaiser Permanente as its source.

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Background

Health information, health advice, and health education are critical components of modern health care, especially in the realms of disease prevention, chronic disease management, and improving overall physical and emotional well-being. Health information and advice are easier to provide because they are unidirectional, i.e., it is expected that once people are made more knowledgeable and given advice about how to use that knowledge, they will act appropriately if it is within their power to do so. Health education goes beyond provision of health information and advice to empowering people to make change. It involves motivating people to make changes in their behavior and way of thinking that are conducive to better health; teaching them how to implement these changes; offering supportive advice and encouragement as they attempt to make changes; reinforcing the adoption of positive change; and helping those who are not successful or who relapse after some success figure out what they need to do differently.

It has often been difficult for busy clinicians and the patient and health educators who work with them to deliver effective health education programs to a large and diverse patient population. Patients like individual counseling which is tailored to their educational level and educational needs, but this is too expensive to undertake for a large population. In-person classes and group appointments are more efficient, but it has been getting more and more difficult to recruit people to come to medical facilities for even single-session programs, let alone multi-session programs because of schedule conflicts, family responsibilities, transportation issues, illness, tiredness, discomfort with other participants, and other things going on in their lives that make desire for instruction a low priority. Additionally, space for holding these programs is at a premium in our medical facilities.

Health education departments recognize that provision of culturally and educationally competent health education to our large membership will require use of many different modalities and channels of communication. The internet makes it possible to provide vast amounts of information to very large numbers of people more cost-effectively than handing out or mailing print materials. However, not everyone is knowledgeable about how to navigate the internet, and many people do not have easy access to computers and internet connections that can efficiently handle transfer of large-volume information files. While younger and more tech-savvy members may prefer to access information and communicate with health and patient education staff by interacting with a computer, many older members and members with lower levels of educational attainment are likely to prefer lower tech modalities such as print materials, videos, and contact with a real person in person or by phone.

The 2005 Member Health Survey and the 2006 pilot Member Health Survey of LEP Spanishspeaking health plan members aged 25-64 are valuable sources of information for the planning of health education services for a diverse population. In addition to collecting information about demographic characteristics, selected health conditions, and health-related risks, the surveys asked members regarding access to a personal computer, the internet, and email; preferred methods of receiving health information (in addition to talking with the doctor); and methods used in the past 12 months to get health information or advice. The Member Health Survey project is funded by Kaiser Permanente Northern California (KPNC) Region's Community Benefit (CB) Program, which is committed to sharing Kaiser's research findings with the community at-large in order to help improve the health and health care of all.

2005 Member Health Survey Methods and Sample

In April 2005, Member Health Survey questionnaires were mailed to a stratified random sample of 42,000 adult Health Plan members in the Northern California Region. Only current members who had been enrolled during the three months prior to the survey were eligible for sampling. Two subsequent survey packet mailings were sent over the next several weeks to non-respondents, with the final wave of questionnaires mailed in mid-July. The survey was administered over the phone upon request. Non-eligibles (deceaseds, non-current members, out of area) and members for whom no good address could be found were dropped from the initial sample and replaced with other randomly selected members of the same age, gender, and service population. The overall response rate for ages 25-79 was 45.5%. Respondent sample size and response rates (after excluding non-eligibles) for ages 25-79 were as follows:

	25-44 years	<u>45-64 years</u>	<u>65 –79 years</u>
Women	3013/8099	3168/6254	3148/4170
	(37.2%)	(50.7%)	(75.5%)
Men	1866/8265	2639/6272	3109/4159
	(22.6%)	(42.1%)	(74.7%)

Respondent data were assigned post-stratification weighting factors that were used to calculate estimates that would reflect the actual age, gender, and geographic distribution of the adult Northern California Health Plan membership as of April 2005, rather than that of the respondent sample. However, since the questionnaire was only available in English, non-English speaking members and members with very poor reading ability are under-represented in this survey. Results of a study conducted by the Division of Research in conjunction with the 1993 Member Health Survey also suggest that African-Americans and Hispanics are less likely to be responders than Whites and Asian/Pacific Islanders. Finally, results of other surveys suggest that among older people, the very sick and frail, and those in skilled nursing facilities, are unlikely to have responded.

2006 Limited English Proficient (LEP) Spanish Speaker Survey Methods and Sample

The Spanish language version of the Member Health Survey was piloted in Spring-Summer 2006 with a stratified (by age and gender) random sample of 309 adults aged 25-64 who were identified in health plan databases as requiring a Spanish-language interpreter for visits. A slightly modified version of the English version of the 2005 Member Health Survey was translated into Spanish using terms and wording chosen to be understandable to a monolingual Mexican-American or Central American adult with limited education. A survey packet consisting of a cover letter, information sheet, self-administered questionnaire, and return envelope was sent, with the offer of a \$10 gift card for participating in the survey via phone interview or completion of the self-administered questionnaire. Non-respondents were called approximately 3 weeks after the initial mailing and offered a phone interview in Spanish or to be sent another copy of the self-administered questionnaire. In all, 78 women and 93 men (66.7% and 57.3%, respectively, of people who were contacted by mail or phone) completed the survey, 126 by self-administered and 45 by interviewer-administered questionnaire over the phone. Among the 171 respondents, 69.8% (n=120) self-identified as Mexican-American, 16.3% (n=28) as Central American, and 13.9% (n=24) as Other Hispanic/Latino.

Description of the Contents of this Brief Report

In this brief report, we provide estimates of the percentages of adult health plan members aged 25-79 who:

- had access to a personal computer, to the Internet, and to e-mail as of Spring 2005
- in the past 12 months obtained health information from or interacted with an internet website for the purposes of health and health care
- expressed interest in different modalities of health education or health information gathering

Estimates are provided for all men and women and men and women ages 25-64 and 65-79, overall and by level of education; for these same groups but restricted to people who reported having or being treated for diabetes, high blood pressure, and/or high cholesterol; and for the LEP Spanish speaker sample.

We hope that this report will be of use to health education service planners both within and outside of the Kaiser Permanente Medical Care Program.

For additional technical information about the survey or survey results, contact:

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How to reference this report:

For table footnotes or text references:

Data from the 2005 Kaiser Permanente Member Health Survey conducted by the Division of Research.

In a reference list:

Gordon NP. Adult Health Plan Members' Preferred Methods of Obtaining Information Related to Self-Care and Health Improvement. Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, June 2007. Available at: http://dor-sunfire.kaiser.org/dor/mhsnet/pdf_supplemental/ learning_preference_mhs2005.pdf

Access to Personal Computer, Internet, and E-Mail: All Adults

	Acces	s to PC	Access t	o Internet	Access	to Email
	At Home	Any Loc.	At Home	Any Loc.	At Home	Any Loc.
	%	%	%	%	%	%
All 25-79	80.9	86.5	78.6	85.2	76.0	87.7
Women 25-64	84.5	90.9	82.0	90.0	79.1	86.5
Men 25-64	84.5	90.0	82.8	89.5	80.3	86.5
Women 65-79	54.9	58.2	51.1	53.9	49.2	86.0
Men 65-79	64.4	67.3	61.2	63.1	59.4	60.4
All						
< 12 Yrs School	37.7	42.7	35.2	40.5	32.3	36.6
High School Graduate	64.3	70.2	61.1	67.0	57.5	62.2
Some College	81.2	87.3	78.6	86.1	75.5	82.0
College Graduate	90.0	95.2	88.3	94.6	86.4	92.5
Women 25-64						
< 12 Yrs School	47.2	53.6	42.8	51.6	37.1	45.0
High School Graduate	71.1	78.8	68.2	77.3	63.7	71.4
Some College	84.0	90.9	81.4	89.8	78.1	86.1
College Graduate	90.4	96.2	88.2	95.8	86.3	93.3
Men 25-64						
< 12 Yrs School	46.4	53.3	45.8	51.4	44.4	48.6
High School Graduate	69.3	75.6	65.9	73.5	62.4	66.6
Some College	84.1	90.0	82.0	89.9	78.8	84.9
College Graduate	92.3	97.3	91.4	97.1	89.5	95.6
Women 65-79						
< 12 Yrs School	21.4	24.7	18.5	21.8	16.8	18.7
High School Graduate	42.2	44.6	39.0	41.6	38.1	39.0
Some College	60.0	64.0	55.3	59.5	52.7	55.4
College Graduate	75.1	78.4	71.1	74.8	69.6	72.2
Men 65-79						
< 12 Yrs School	26.9	28.7	24.5	26.2	22.0	23.8
High School Graduate	48.0	50.6	43.0	44.9	39.4	40.7
Some College	66.0	69.1	62.1	65.3	61.5	63.4
College Graduate	80.3	83.4	78.5	81.6	76.5	78.6
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Use of the Internet for Health-Related Purposes During the Past 12 Months, 2005: All Adults

		o from Any Website		org for Health Ed		Clin. Services
	All	Has Internet	All	Has Internet	All	Has Internet
	%	%	%	%	%	%
All 25-79	20.3	23.5	7.3	8.5	19.9	22.6
Women 25-64	23.7	26.1	8.3	9.2	21.6	23.4
Men 25-64	19.9	22.2	7.5	8.3	20.4	22.0
Women 65-79	10.6	18.4	3.5	6.3	11.5	17.5
Men 65-79	11.3	17.1	4.4	6.8	15.7	22.0
All						
< 12 Yrs School	3.6	5.8	2.4	3.6	9.3	10.4
High School Graduate	9.0	12.9	3.4	5.0	12.0	16.0
Some College	19.1	21.8	7.4	8.5	19.4	21.7
College Graduate	28.9	29.9	9.8	10.1	24.4	25.2
Women 25-64						
< 12 Yrs School	1.0		1.4		6.3	
High School Graduate	14.0	18.0	4.2	5.5	14.8	17.8
Some College	22.3	24.4	8.3	9.2	21.5	23.2
College Graduate	28.9	29.9	9.8	10.1	24.4	25.2
Men 25-64						
< 12 Yrs School	6.6		4.0		15.2	
High School Graduate	6.8	9.1	3.6	4.9	11.2	14.6
Some College	17.9	19.6	7.4	8.2	18.2	19.8
College Graduate	26.9	27.7	9.0	9.3	25.7	26.4
Women 65-79						
< 12 Yrs School	3.7		2.3		6.4	
High School Graduate	5.4	11.6	2.2	5.4	9.1	15.8
Some College	11.3	17.7	3.4	5.5	14.1	21.2
College Graduate	18.0	23.6	5.6	7.5	12.5	15.1
Men 65-79						
< 12 Yrs School	2.0		1.1		7.1	
High School Graduate	3.7	7.0	0.8	1.8	8.7	14.1
Some College	11.1	16.5	5.0	7.6	16.1	22.3
College Graduate	17.5	21.2	6.3	7.8	20.9	24.5

No estimate = sample too small for stable estimate

Preferred Methods of Learning About How to Take Care of Health Problems and Improve Health: All Adults

	Small Group Appointments %	Individual Counseling %	Brief Phone Counseling %	One-Session Workshop %	Multi-Sessio Class %	n Multi-Session Gp. Program by Phone %	Multi-Session Web/Email Program* %
All 25-79	13.0	33.6	18.8	7.4	7.0	1.3	7.7
Women 25-64	15.3	37.5	22.1	9.3	9.4	1.6	8.2
Men 25-64	10.0	33.8	17.3	5.9	5.3	1.0	7.9
Women 65-79	14.8	19.8	13.9	6.5	6.3	1.0	4.3
Men 65-79	12.0	22.3	11.3	5.5	3.3	0.7	4.1
All							
< 12 Yrs School	9.6	21.8	9.0	2.2	3.4	0.8	2.7
High School Graduate		27.2	12.6	5.0	3.4	0.8	5.9
Some College	13.1	34.9	18.2	7.4	7.6	1.4	7.1
College Graduate	14.2	35.6	22.2	8.6	8.0	1.4	8.7
Women 25-64							
< 12 Yrs School	10.8	21.1	6.7	1.8	2.6	0.8	
High School Graduate		30.5	15.4	6.0	5.5	1.2	7.9
Some College	15.3	38.4	22.6	9.1	9.7	1.8	8.1
College Graduate	16.4	39.4	24.4	10.6	10.5	1.7	8.3
Men 25-64							
< 12 Yrs School	9.7	32.4	12.2	3.3	5.9	0.7	
High School Graduate	7.8	30.3	11.7	5.2	2.0	0.8	5.0
Some College	10.3	34.5	14.8	5.5	6.0	1.1	6.4
College Graduate	11.3	24.4	21.3	6.5	5.7	1.0	9.7
Women 65-79							
< 12 Yrs School	11.5	13.1	9.1	1.8	2.9	1.3	
High School Graduate	12.1	15.9	10.4	3.7	3.8	0.5	4.4
Some College	15.1	23.4	15.0	7.6	6.3	1.1	4.6
College Graduate	18.9	21.6	18.2	9.9	10.4	1.2	4.2
Men 65-79							
< 12 Yrs School	4.9	14.4	6.7	1.2	1.0	0.2	
High School Graduate	8.9	16.8	7.9	1.9	1.3	0.6	1.3
Some College	12.6	24.2	9.2	5.6	2.7	0.9	3.8
College Graduate	14.6	25.1	15.8	7.9	5.3	0.8	5.4

* Restricted to people with Internet access at home No estimate = sample size too small for stable estimate

Preferred Methods of Learning How to Take Care of Health Problems and Improve Health: All Adults

	Watch Video at Home	Watch TV Program	Info from Website	Info from Web (Web Access)	Use PC Program*	News- Letter	Health Phone	Short Handouts
	%	%	%	(Web Access) %	%	%	%	%
All 25-79	16.8	19.3	28.3	33.1	20.2	33.8	3.9	42.1
Women 25-64	17.5	20.6	30.9	34.0	17.9	38.6	4.3	48.0
Men 25-64	17.7	17.8	31.5	35.2	23.3	26.0	3.5	36.6
Women 65-79	11.5	23.0	9.2	16.8	9.5	46.2	4.0	42.4
Men 65-79	12.8	16.2	14.4	22.5	16.6	37.2	3.0	37.0
All								
< 12 Yrs School	13.4	18.2	7.1	16.2	9.6	29.4	3.5	23.3
High School Graduate	14.7	18.1	14.4	21.0	12.5	31.0	4.0	30.9
Some College	18.7	21.0	25.9	29.8	20.6	35.0	4.3	41.6
College Graduate	16.2	18.5	37.0	39.1	22.0	34.3	3.4	48.1
Women 25-64								
< 12 Yrs School	11.3	19.7	7.3		7.5	27.0	6.1	23.6
High School Graduate	16.1	18.7	20.0	25.8	13.5	35.7	6.0	37.5
Some College	19.9	21.5	28.3	31.0	19.6	39.7	4.6	47.3
College Graduate	16.0	20.3	37.4	38.8	19.8	38.9	3.5	52.8
Men 25-64								
< 12 Yrs School	22.3	16.0	13.3		14.5	22.8	1.4	16.7
High School Graduate		17.6	14.8	19.9	14.0	21.9	2.5	24.2
Some College	18.9	20.5	28.0	31.0	24.0	26.4	4.0	35.5
College Graduate	16.9	16.1	40.8	42.0	25.3	27.2	3.4	42.9
Women 65-79								
< 12 Yrs School	7.4	20.8	2.1		5.0	40.3	4.0	32.1
High School Graduate		19.0	4.9	11.7	5.5	43.4	4.6	35.7
Some College	13.1	23.8	9.6	16.2	9.3	48.5	4.5	41.3
College Graduate	13.9	27.2	16.0	21.2	12.3	48.8	2.7	55.4
Men 65-79								
< 12 Yrs School	8.1	16.9	1.4		4.7	31.1	2.6	23.9
High School Graduate	10.1	16.3	4.1	9.3	6.3	35.1	1.6	26.9
Some College	13.9	16.9	14.0	21.3	15.3	37.0	3.9	35.9
College Graduate	14.3	15.6	23.0	28.2	21.3	40.4	2.9	45.8

* Has access to a personal computer at home ** Health phone = Listen to taped messages over the phone No estimate = sample size too small for stable estimate

Access to Personal Computer, Internet, and E-Mail Patients with Diabetes, High Blood Pressure, or High Cholesterol

	Acces	s to PC	Access t	o Internet	Access	to Email
	At Home	Any Loc.	At Home	Any Loc.	At Home	Any Loc.
	%	%	%	%	%	%
All 25-79	73.2	78.0	70.9	76.4	68.4	73.2
Women 25-64	77.9	84.2	75.8	83.3	72.8	79.9
Men 25-64	82.1	87.2	80.5	86.4	78.2	79.9
Women 65-79	52.6	55.9	49.0	52.3	46.9	48.8
Men 65-79	63.0	65.9	59.9	62.8	57.9	59.8
All						
< 12 Yrs School	30.1	34.8	28.2	33.2	26.2	29.8
High School Graduate	58.9	63.1	55.7	61.0	52.5	56.3
Some College	76.6	81.6	73.6	79.6	70.6	75.8
College Graduate	84.7	89.9	83.6	89.0	82.1	87.0
Women 25-64						
< 12 Yrs School						
High School Graduate	66.4	71.7	64.2	72.1	59.6	65.7
Some College	80.7	86.7	77.8	84.8	73.5	80.5
College Graduate	84.5	91.8	83.3	91.2	83.2	90.2
	0.110	0.10		0	00.2	00.2
Men 25-64						
< 12 Yrs School						
High School Graduate	71.8	77.0	68.4	74.9	64.7	69.5
Some College	83.2	88.3	81.2	88.0	78.4	84.1
College Graduate	89.8	94.7	89.3	94.3	87.6	92.8
Women 65-79						
< 12 Yrs School	22.1	26.2	19.3	23.4	17.4	19.7
High School Graduate	40.4	42.9	37.2	39.7	36.3	37.3
Some College	59.3	62.8	54.7	58.1	51.9	54.0
College Graduate	73.7	77.4	71.0	74.4	67.9	70.5
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Men 65-79						
< 12 Yrs School	28.3	29.8	26.2	27.7	22.5	24.5
High School Graduate	46.3	49.1	41.6	44.1	38.2	39.3
Some College	66.1	69.3	62.0	65.4	61.6	63.6
College Graduate	78.3	81.4	76.7	79.7	74.3	76.2

No estimate = sample size too small for stable estimate

Use of the Internet for Health-Related Purposes During the Past 12 Months, 2005 Patients with Diabetes, High Blood Pressure, or High Cholesterol

	Health Info from Any Website		KP.O	rg for Health Ed	KP.Org for Clin. Services		
	All	Has Internet	All	Has Internet	All	Has Internet	
	%	%	%	%	%	%	
All 25-79	18.5	23.7	7.6	9.8	21.7	26.8	
Women 25-64	22.2	26.3	8.6	10.3	23.1	26.4	
Men 25-64	21.8	24.8	9.9	11.2	26.7	30.1	
Women 65-79	10.2	18.3	2.8	5.2	11.7	18.5	
Men 65-79	11.6	17.8	4.7	7.6	16.7	23.8	
All							
< 12 Yrs School	5.7	10.4	4.4	8.2	10.7	16.8	
High School Graduate	9.2	14.8	3.2	5.2	14.6	20.7	
Some College	18.8	23.1	8.0	10.0	21.8	26.2	
College Graduate	25.7	28.7	10.2	11.5	27.5	30.4	
Women 25-64							
< 12 Yrs School							
High School Graduate	15.4	21.4	4.6	6.4	23.4	28.3	
Some College	22.8	26.4	8.9	10.3	23.3	26.4	
College Graduate	27.3	29.7	10.8	11.9	24.7	26.9	
Men 25-64							
< 12 Yrs School							
High School Graduate	9.0	11.8	4.1	5.4	14.3	18.0	
Some College	20.3	22.7	9.9	11.4	24.1	27.0	
College Graduate	29.5	31.3	12.6	13.4	35.2	37.2	
Women 65-79							
< 12 Yrs School	4.4		2.8		11.7		
High School Graduate	6.0	13.9	1.7	4.2	9.4	17.2	
Some College	11.1	17.5	3.6	5.8	15.1	23.6	
College Graduate	17.4	22.9	3.2	4.3	11.9	13.7	
Men 65-79							
< 12 Yrs School	2.3		1.5		7.1		
High School Graduate	3.9	7.4	0.9	2.2	8.1	13.8	
Some College	12.0	17.8	5.2	8.0	18.7	25.5	
College Graduate	17.7	21.9	7.1	9.0	22.0	26.2	

No estimate = sample too small for stable estimate

Preferred Methods of Learning About How to Take Care of Health Problems and Improve Health: People with Diabetes, High Blood Pressure and/or High Cholesterol

	Small Group Appointments %	Individual Counseling %	Brief Phone Counseling %	One-Session Workshop %	Multi-Session Class %	Multi-Session Gp. Program by Phone %	Multi-Session Web/Email Program* %
All 25-79	17.4	31.3	17.4	7.4	7.4	1.4	7.6
Women 25-64	21.5	36.9	20.9	9.8	10.9	2.3	8.8
Men 25-64	15.9	34.7	18.8	6.8	6.5	1.2	8.4
Women 65-79	16.2	20.5	13.1	6.3	6.7	0.9	4.9
Men 65-79	13.8	22.6	11.2	5.1	3.4	0.7	3.9
All							
< 12 Yrs School	12.9	17.8	10.3	1.6	2.3	1.0	5.2
High School Graduate	9 13.8	24.9	13.7	6.1	3.9	1.0	6.1
Some College	18.4	33.9	17.7	7.8	8.2	1.8	7.4
College Graduate	19.2	33.9	20.2	8.9	9.4	1.1	8.5
Women 25-64							
< 12 Yrs School							
High School Graduate	9 16.7	30.7	21.0	8.3	6.1	2.1	8.7
Some College	22.2	37.8	22.5	9.4	11.6	2.9	8.7
College Graduate	23.4	40.3	19.9	12.1	13.8	1.7	9.4
Men 25-64							
< 12 Yrs School							
High School Graduate		29.7	13.3	8.1	3.5	0.8	6.0
Some College	16.5	37.1	17.5	7.1	7.2	1.2	7.7
College Graduate	17.0	35.1	22.3	6.8	7.1	0.9	9.4
Women 65-79							
< 12 Yrs School	12.9	13.0	9.0	1.6	2.9	0.9	
High School Graduate	13.7	16.3	9.2	3.5	3.6	0.3	4.6
Some College	16.2	24.4	13.7	7.5	6.7	0.9	4.7
College Graduate	21.6	23.4	19.4	10.5	12.6	1.5	5.8
Men 65-79							
< 12 Yrs School	6.1	14.9	7.7	0.7	1.3	0.0	
High School Graduate	9 11.1	17.1	8.6	1.2	1.4	0.7	1.1
Some College	15.2	24.2	9.0	5.6	2.9	1.1	3.9
College Graduate	16.0	26.0	15.5	7.6	5.5	0.5	5.1

* Restricted to people with Internet access at home

No estimate = sample size too small for stable estimate

Preferred Methods of Learning About How to Take Care of Health Problems and Improve Health: People with Diabetes, High Blood Pressure and/or High Cholesterol

	Watch Video at Home	Watch TV Program	Info from Website	Info from Web (Web Access)	Use PC Program*	News- Letter	Health Phone	Short Handouts
	%	%	%	(Web Access) %	%	%	%	%
All 25-79	17.7	20.5	22.6	29.4	20.6	36.7	4.7	40.3
Women 25-64	17.5	20.6	30.9	34.0	17.9	38.6	4.3	48.0
Men 25-64	19.7	19.0	29.7	34.4	25.5	27.2	4.7	34.7
Women 65-79	12.0	23.1	8.7	16.6	9.6	46.6	4.1	42.0
Men 65-79	13.0	15.8	14.5	22.9	16.2	37.5	3.2	35.8
All								
< 12 Yrs School	10.1	18.6	6.5	16.9	11.3	32.5	3.1	25.2
High School Graduate	14.7	16.7	11.8	19.2	12.2	33.3	4.8	29.4
Some College	18.8	22.2	22.9	28.7	21.1	37.8	4.9	42.0
College Graduate	19.5	20.8	31.0	34.9	23.8	38.5	4.7	47.2
Women 25-64								
< 12 Yrs School								
High School Graduate		17.4	15.2	20.9	11.7	36.7	7.3	38.6
Some College	22.1	25.0	25.3	29.5	21.0	44.7	4.9	50.1
College Graduate	21.6	24.6	31.8	34.8	22.1	44.6	6.1	54.4
Men 25-64								
< 12 Yrs School								
High School Graduate		16.0	17.1	22.9	16.7	21.5	4.6	20.1
Some College	18.9	20.4	28.8	32.9	26.3	26.9	5.1	36.3
College Graduate	20.6	18.3	37.5	39.9	27.9	30.4	4.6	40.9
Women 65-79								
< 12 Yrs School	7.2	20.6	2.6		6.0	39.7	2.8	32.2
High School Graduate		18.2	4.9	12.4	5.7	44.0	4.1	34.6
Some College	14.4	25.0	9.4	16.3	9.6	48.7	4.8	42.3
College Graduate	14.4	27.7	15.3	20.6	12.7	51.0	3.9	56.1
Men 65-79								
< 12 Yrs School	8.3	16.8	1.6		4.4	32.5	2.5	23.3
High School Graduate		13.9	4.3	9.8	6.7	36.3	1.6	25.1
Some College	13.7	16.4	15.3	23.1	14.8	36.0	4.6	34.3
College Graduate	15.7	16.1	22.4	28.1	21.3	41.5	2.8	45.8

* Has access to a personal computer at home ** Health phone = Listen to taped messages over the phone

No estimate = sample size too small for stable estimate

Access to Personal Computer, Internet, and E-Mail Among Limited English Proficient (LEP) Latinos Aged 25-64*

	Women (n=78) %	Men (n=93) %	All (n=171) %
Personal Computer			
At home	41.0	40.9	40.9
At home/other location	48.7	43.0	45.6
Internet			
At home	30.8	33.3	32.2
At home/other location	35.9	36.6	36.2
E-mail			
At home	26.9	29.0	28.1
At home/other location	29.5	31.2	30.4

Methods for Obtaining Health Education Preferred by Limited English Proficient (LEP) Latinos Aged 25-64*

Health Education Methods	Women (n=78) %	Men (n=93) %	All (n=171) %
Health Information Sources Used in Past 12 Months			
Health handbook	28.2	24.7	26.3
Health phone messages	10.3	4.3	7.0
Information from a website	7.7	1.1	4.1
Preferred Methods of Health Education			
Small group appointments with a clinician/educator	29.5	31.2	30.2
Individual counseling	37.2	38.7	38.0
Brief telephone counseling	33.3	34.4	34.3
1/2- full day workshop	23.1	12.9	17.5
2-hour Overview program	39.7	35.1	37.2
Multi-session program			
Traditional class	10.3	4.3	7.0
Group program by phone	5.1	6.4	5.8
Internet-based	3.1	6.2	4.9
Information from a website	9.4	12.5	11.1
Computer program	11.5	16.1	14.0
Health phone messages ¹	23.1	19.3	21.0
Health videos	50.0	54.8	52.6
Health programs on TV	47.4	36.6	41.5
Health newsletters	52.6	54.8	53.8
Short handouts or articles	57.7	51.6	54.4

* Results of a random sample survey of LEP Spanish-speaking KPNC health plan members members conducted by mailed questionnaire and/or phone-administered interview in Spring 2006.

¹ Health phone messages are brief pre-taped messages offering information and advice about health and self-care topics that can be accessed by dialing a toll-free phone number at any hour of the day or night.