Characteristics of Adult Members in the Greater Southern Alameda Service Area Population in Kaiser Permanente's Northern California Region as estimated from the 2005 Kaiser Permanente Adult Member Health Survey (combined Hayward and Fremont Medical Centers)

Report prepared June 2007
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Background

The Member Health Survey is a triennial mailed questionnaire survey conducted during the Spring-Summer of a survey year with a randomly selected sample of adults who are current members of the Kaiser Permanente Medical Care Program in Northern California. The primary purpose of the survey is to provide health service planners and researchers both in the Kaiser Permanente Medical Care Program and the community detailed information about the sociodemographic and health characteristics of the adult Health Plan membership in the Northern California region overall and in different medical center service areas and local service areas.   This project is funded by Kaiser Permanente's Northern California Community Benefit (CB) Program. This report presents statistics estimated from the 2005 Survey.   Similar member health surveys were conducted in 1990, 1993, 1996, 1999 and 2002.

From a strategic perspective, the process of identifying high priority health problems and health practices/lifestyle factors known to increase the risk of chronic or acute illness and targeting effective interventions at those persons in the population who are most at risk should lead to improved health status and more cost-effective use of health care dollars. The identification of age-specific prevalence rates for these health problems and lifestyle risks can also be used for forecasting the resources that will be required to provide health services in the future.

Similar to state and national health surveys, the Member Health Survey captures health risk and health status data on a relatively small proportion of the adult population for which information is desired. However, the survey results will provide administrators and program planners with a profile of the membership that can be used to identify areas for new or expanded health promotion/health maintenance interventions, social support services, and more efficient medical care delivery; study patterns and costs of care for particular types of patients by linking survey data to computerized and medical record information; and compare the health-related characteristics of their service population across medical center service populations and service areas, as well as with the general population.

2005 Survey Sample

In April 2005, questionnaires were mailed to a stratified random sample of 4,580 adult Health Plan members in the Diablo medical center service population.[1] Only current members who had been continuously enrolled during the three months prior to the survey and had no indication that they required an interpreter to communicate in English were sampled. Two subsequent survey packet mailings were sent over the next several weeks to nonrespondents,

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[1] Samples of 2,440 adults from the Hayward and 2,140 adults from the Fremont medical center service populations, with medical center service population assignment made based on outpatient facility where the member was most likely to receive primary care (PARFU assignment). Details about sample selection and weighting procedures are available on request.

with the final wave of questionnaires mailed in mid-July. Telephone interviews were completed with people who called in requiring help with the survey. Participants were also offered the opportunity to answer the survey by logging into a secure website. Non-eligibles (deceaseds, non-current members, members living outside the main service area) and members for whom Kaiser Permanente nor the U.S. Postal Service had forwarding addresses were dropped from the initial sample and replaced with other randomly selected members of the same age and sex from the same medical service area population. The overall survey response rate was among survey eligibles from this medical center service population sample was 41.3% (n=1860 /4505). The age-sex specific response rates were as follows:

<u>Final Response Rates for the 2005 DOR Member Health Survey by Age-Gender Group, Members Aged 20 and Over Sampled from the Greater Southern Alameda Service Area Population</u>

	20-44 years	45-64 years	65 years or over	Total
Women	341/1042 (32.7%)	292/698 (41.8%)	360/519 (69.4%)	993/2259 (44.0%)
Men	207/1026 (20.2%)	277/701 (39.5%)	383/519 (73.8%)	867/2246 (38.6%)

All respondents were assigned a post-stratification weighting factor based on the age-gender distribution of the medical center service population from which they were selected as of the fourth quarter of 2004 (when the sample was pulled). The estimates of sociodemographic and health-related characteristics in this report are based on weighted survey data. However, since the questionnaire only went out in English and very limited English-speaking members were excluded from the sample, 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 have responded to the survey than Whites and Asian/Pacific Islanders, but since we have no accurate information about the race/ethnic composition of the membership, we cannot adjust for this. Finally, results of other surveys suggest that among older members, the very sickest and frailest, and those in skilled nursing facilities, are unlikely to have responded.

Description of the Contents of Tables in this Report

In the tables, a double dash -- signifies that men, women, or people in this age group were either not asked those questions or that the items were not considered relevant to the age group or gender.

Table 1 presents estimates of sociodemographic characteristics of adult Health Plan members, including access to a personal computer, the internet, and e-mail.

Table 2 presents estimates of the percentages of adult members who experienced selected chronic diseases and health problems during the previous 12 months, based on self-report unverified by medical record review or physician report. Also included in this table are estimated percentages of members who consider their overall, physical, and emotional/mental health to be excellent, good, fair, or poor, and the extent to which these components of health affect their activities.

Table 3 presents estimates of the percentages of adult members with selected health and lifestyle risks, including tobacco and alcohol use, exercise, diet, obesity, stress, hours of sleep, belief about the extent to which health habits/ lifestyle and stress/emotional troubles impact on health, and selected psycho-social stressors experienced during the previous year.

Table 4 presents estimates of the percentages of adult members who took various actions to try to improve their health.

Table 5 presents estimates of use of complementary and alternative therapies (CAM) by adult members during the previous 12 months.

Table 6 presents estimated use of different KP and non-KP health information sources during the previous 12 months.

Table 7 presents estimated percentages of adult members who indicated different preferences for receiving health information and learning about how to take care of their health..

Members aged 65 and over were asked to complete a supplemental page of questions to learn more about issues primarily relevant to the older age group. The following tables provide information collected only from seniors.

Table S1 estimates the prevalence of selected health problems and potential health risks among seniors (this table should be used as a supplement to Tables 2 and 3 for the overall adult population).

Table S2 estimates the percentages of seniors who receive or need help with different activities of daily living because of a disability, health problem, or frailty due to age.

Table S3 estimates use of selected health care and home support services in the previous 12 months.

Table S4 presents statistics about medication-related issues.

Additional Information and Suggested Way to Cite this Report:

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

Information about survey methodology, copies of survey questionnaires, and copies of 2005 adult service population profile reports and special topic reports produced for dissemination to the community can be found at our external website:
http://www.dor.kaiser.org/dor/mhsnet/public/.

For additional technical information about the survey or survey results, or information collected but not presented here, contact the survey director, Nancy P. Gordon, ScD, at the Division of Research, 2000 Broadway, Oakland, CA 94612. (phone: (510) 891-3587; fax: (510) 891-3606; internal KPMCP tie-line: 8-481; KP Lotus Notes: Nancy Gordon; internet: Nancy.Gordon@kp.org.

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Table 1.   Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Sociodemographic Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Race/ethnicity												
Everyone assigned to only one race/ethnicity by algorithm used in previous MHS reports[2]												
White, non-Hispanic	27.8	31.5	29.6	58.3	48.8	53.6	70.2	66.8	68.7	45.5	42.8	44.2
African-American/Black	9.4	5.4	7.4	7.9	7.0	7.4	3.0	4.1	3.4	7.8	5.8	6.8
Latino/Hispanic	25.8	27.6	26.7	6.3	9.8	8.0	9.9	10.8	10.3	16.3	18.7	17.5
Asian, non-Hispanic[3]	33.0	31.0	32.1	23.3	28.3	25.8	14.3	17.5	15.7	26.5	28.1	27.3
Hawaiian or Pacific Islander, non-Hispanic	1.6	1.8	1.7	0.3	0.4	0.4	1.3	--	0.7	1.1	1.0	1.1
Native American/Alaskan native, non-Hispanic	1.1	1.5	1.3	2.2	2.9	2.5	1.3	0.3	0.9	1.5	1.9	1.7
Other, non-Hispanic	1.3	1.2	1.3	1.7	2.8	2.2	--	0.4	0.2	1.2	1.7	1.5
Race/Ethnicity - NIH												
Hispanic/Latino ethnicity												
Yes	25.8	27.6	26.7	6.8	10.6	8.7	9.9	10.8	10.3	16.5	19.0	17.7
No	74.2	72.4	73.3	93.2	89.4	91.3	90.1	89.2	89.7	83.5	81.0	82.3
Native Amer./Alaska Native[4]	1.1	1.5	1.3	2.4	3.3	2.9	1.3	0.3	0.9	1.6	2.0	1.8
Asian[4]	34.8	33.2	34.0	23.3	29.3	26.3	14.3	17.8	15.8	27.4	29.6	28.4
Hawaiian/Pacific Islander[4]	1.6	1.8	1.7	0.3	0.4	0.4	1.3	--	0.7	1.1	1.0	1.1
African-American/Black[4]	9.4	5.4	7.4	7.9	7.0	7.4	3.0	4.1	3.4	7.8	5.8	6.8
White[4]	33.1	34.7	33.9	58.8	48.8	53.9	71.6	68.2	70.1	48.5	44.5	46.6
Other race/ethnicity[4]	20.0	23.5	21.7	7.2	11.2	9.2	8.5	9.6	9.0	13.6	17.0	15.3
Hispanic/Latino	19.1	22.6	20.8	5.5	8.4	7.0	8.5	9.3	8.9	12.6	15.6	14.0
Other	0.9	0.8	0.8	1.7	2.8	2.2	--	0.3	0.1	1.0	1.5	1.2

Table 1.   Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Sociodemographic Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Race/Ethnicity - Calif. Dept. of Finance												
Hispanic/Latino	25.8	27.6	26.7	6.8	10.6	8.7	9.9	10.8	10.3	16.5	19.0	17.7
Native Amer./Alaska Native, non-Hispanic	1.1	1.5	1.3	2.2	2.9	2.5	1.3	0.3	0.9	1.5	1.9	1.7
Asian, non-Hispanic	33.0	31.0	32.1	23.3	28.3	25.8	14.3	17.5	15.7	26.5	28.1	27.3
Black, non-Hispanic	9.4	5.4	7.4	7.4	6.2	6.8	3.0	4.1	3.4	7.6	5.5	6.6
White, non-Hispanic	27.8	31.5	29.6	58.3	48.8	53.6	70.2	66.8	68.7	45.5	42.8	44.2
Other, non-Hispanic	2.9	3.0	3.0	2.0	3.2	2.6	1.3	0.4	0.9	2.3	2.7	2.5
One race/ethnicity or multiple race/ethnicity												
White, non-Hispanic only	27.8	31.5	29.6	58.3	48.8	53.6	70.2	66.8	68.7	45.5	42.8	44.2
African-American/Black only	9.1	3.8	6.5	7.1	6.2	6.6	3.0	4.1	3.4	7.4	4.7	6.1
Latino/Hispanic only	19.1	22.6	20.8	5.5	8.4	7.0	8.5	9.3	8.9	12.6	15.6	14.0
Asian only	31.7	30.3	31.0	22.2	27.7	24.9	13.9	16.9	15.2	25.4	27.5	26.4
Hawaiian or Pacific Islander only	1.3	1.4	1.3	0.3	0.4	0.4	0.4	--	0.2	0.8	0.8	0.8
Nat. Amer./Alaska native only	0.7	0.2	0.5	0.5	0.2	0.4	0.3	--	0.2	0.6	0.2	0.4
Other only	0.9	0.8	0.8	1.7	2.8	2.2	--	0.3	0.1	1.0	1.5	1.2
Middle Eastern only	1.3	1.2	1.3	1.0	2.4	1.7	--	0.4	0.2	1.0	1.5	1.2
Two race/ethnicities	8.0	7.5	7.7	3.6	4.8	4.2	3.7	2.6	3.2	5.8	5.8	5.8
Three or more race/ethnicities	1.5	1.8	1.7	0.7	0.7	0.7	--	--	--	1.0	1.1	1.1

Table 1. Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Sociodemographic Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
This race/ethnicity, alone or in combination with other race/ethnic categories												
White	36.2	40.4	38.2	62.4	52.8	57.7	73.9	69.2	71.8	51.6	49.0	50.4
African-American/Black	9.4	5.4	7.4	7.9	7.0	7.4	3.0	4.1	3.4	7.8	5.8	6.8
Latino/Hispanic	25.8	27.6	26.7	6.8	10.6	8.7	9.9	10.8	10.3	16.5	19.0	17.7
Asian	35.1	33.2	34.2	23.3	29.3	26.3	14.3	17.8	15.8	27.5	29.6	28.5
Hawaiian or Pacific Islander	1.9	1.8	1.9	0.6	0.4	0.5	1.3	--	0.7	1.3	1.0	1.2
Nat. Amer./Alaska native	1.9	1.5	1.7	2.9	3.6	3.3	1.3	0.3	0.9	2.1	2.1	2.1
Other	1.3	1.2	1.3	1.7	2.8	2.2	--	0.4	0.2	1.2	1.7	1.5
Middle Eastern	1.3	1.2	1.3	1.0	2.4	1.7	--	0.4	0.2	1.0	1.5	1.2
Education Level												
11 years or less	3.2	4.3	3.7	2.9	4.9	3.8	14.7	16.4	15.5	5.0	6.2	5.6
12 years (H.S. graduate)	11.3	15.4	13.3	17.1	15.2	16.2	32.9	24.9	29.4	16.9	16.6	16.8
Some college/technical school	41.4	40.8	41.1	45.1	40.8	43.0	32.1	34.1	33.0	41.2	39.9	40.5
College graduate	44.0	39.6	41.9	35.0	39.1	37.0	20.2	24.5	22.1	37.0	37.3	37.1

Table 1.　　Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Sociodemographic Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Household Income in 2004												
$15,000 or less	5.6	6.9	6.3	2.9	0.5	1.7	22.3	9.3	16.4	7.3	4.9	6.1
$15,001-$25,000	7.2	4.6	5.9	5.6	4.9	5.2	33.2	20.3	27.3	10.7	6.8	8.7
$25,001-$35,000	11.5	7.6	9.6	7.5	5.8	6.7	13.8	20.9	17.0	10.5	8.7	9.6
$35,001-$50,000	13.5	18.2	15.8	14.5	15.2	14.8	13.1	19.0	15.8	13.8	17.2	15.5
$50,001-$65,000	11.6	14.5	13.0	11.6	18.8	15.3	3.5	12.5	7.6	10.3	15.8	13.1
$65,001-$80,000	14.3	14.3	14.3	14.3	11.4	12.8	6.1	6.8	6.4	13.0	12.3	12.6
$80,001-$100,000	9.5	12.1	10.8	15.6	16.2	15.9	5.0	4.6	4.8	10.9	12.6	11.8
$100,000-$135,000	17.9	13.2	15.6	13.8	13.7	13.8	0.7	4.2	2.3	13.8	12.2	13.0
Over $135,000	8.9	8.5	8.7	14.2	13.6	13.9	2.4	2.4	2.4	9.7	9.6	9.6
Marital Status												
Married/living as part of a couple	72.6	68.2	70.4	80.8	84.9	82.8	43.6	81.3	60.2	70.7	76.1	73.3
Current Employment Status												
Working for pay	75.5	88.6	81.8	68.9	77.8	73.3	10.0	11.2	10.5	62.4	73.9	68.0
Unemployed, laid off, or on strike	3.9	2.5	3.3	2.9	3.0	2.9	0.7	0.8	0.7	3.0	2.4	2.7
Full-time homemaker/parent/ caregiver	13.1	1.7	7.5	11.8	1.6	6.8	10.9	0.2	6.2	12.3	1.4	7.1
Full-time or almost full-time student	5.6	5.4	5.5	--	--	--	--	--	--	2.7	2.6	2.7
Retired[5] or unable to work due to health/disability	1.2	1.9	1.5	16.2	17.4	16.8	74.5	84.9	79.1	18.5	19.1	18.8
Other (incl. volunteer)	0.7	--	0.4	0.3	0.2	0.2	3.9	2.9	3.4	1.1	0.5	0.8

Table 1.   Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Sociodemographic Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Computer Access												
PC at any location	95.0	88.4	91.8	88.4	82.8	85.7	44.8	53.9	48.8	84.5	81.6	83.1
PC at home	87.2	82.4	84.9	82.9	78.2	80.5	43.1	49.5	45.9	78.4	76.4	77.4
PC at other location	22.3	26.9	24.5	22.7	23.9	23.3	1.8	5.4	3.4	19.1	22.9	20.9
Has access to Internet[6]	94.9	86.9	91.0	87.5	82.7	85.1	41.3	51.2	45.6	83.6	80.5	82.1
At home	85.4	80.7	83.1	81.2	79.2	80.2	39.7	47.9	43.3	76.5	75.7	76.1
At other location	24.3	26.9	25.6	23.5	23.7	23.6	1.8	4.3	2.9	20.4	22.7	21.5
Can receive e-mail[6]	94.9	86.9	91.0	87.5	82.7	85.1	41.3	51.2	45.6	83.6	80.5	82.1
At home	85.4	80.7	83.1	80.4	77.7	79.1	39.9	47.8	43.3	76.2	75.1	75.7
At other location	21.8	23.0	22.4	19.3	21.9	20.6	1.6	3.0	2.2	17.6	19.9	18.7

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

[2] Algorithm for assigning individuals to one race/ethnicity for purposes of estimation was as follows: White if only White/Euro-American indicated; African-American/Black if African-American or Other Black indicated alone or with any other race/ethnicity; Latino/Hispanic if that category indicated alone or in combination with any other race/ethnicity except for African-American/Black; Asian if one or more of Chinese, Japanese, Korean, Filipino, Southeast Asian, Indian/Pakistani, or Other Asian category indicated and African-American/Black and Latino/Hispanic not indicated; Hawaiian or Pacific Islander if ethnicities in this group were indicated but not African-American/Black, Latino/Hispanic, or Asian race/ethnic categories. Native American/Alaska Native if this category was the only one indicated; and Other if Middle Eastern or Other indicated, but not African-American/Black, Latino/Hispanic, or Asian race/ethnic categories. The sum across these broad categories should be approximately 100%. More detailed race/ethnicity information and estimated percentages of members of different race/ethnicities based on only one category indicated (all others put into "multi-racial/ethnic category") and based on people assigned to more than one category (sum of percentages exceeds 100%) follow. See "Latino/Hispanic alone or in combination with other race/ethnic categories" for overall percentage of members of Hispanic/Latino origin.

[3] Asian race/ethnic category includes Chinese, Japanese, Korean, Filipino, Southeast Asian, South Asian (e.g., Indian/Pakistani), or other Asian subgroup.

[4] Includes persons who consider themselves Hispanic/Latino.

[5] People aged > 65 who reported working less than 10 hours per week are also included in this category.

[6] Makes no assumptions that person has computer access.

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

History of Health Problems During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Overall Rating of Health Now												
Excellent	18.1	19.1	18.6	11.8	11.0	11.4	2.9	4.0	3.4	13.4	14.0	13.7
Very Good	39.0	39.4	39.2	34.9	30.0	32.5	26.0	22.3	24.4	35.5	33.6	34.5
Good	36.9	33.8	35.4	37.3	45.8	41.5	46.3	43.9	45.2	38.6	39.6	39.1
Fair	5.3	6.9	6.1	13.0	12.8	12.9	20.7	26.8	23.4	10.5	11.8	11.1
Poor	0.7	0.9	0.8	3.0	0.4	1.7	4.0	3.1	3.6	2.0	1.0	1.5
Rating of Physical Health (including pain) Now												
Excellent	16.9	16.2	16.5	11.4	11.9	11.7	3.6	4.5	4.0	12.8	13.0	12.9
Very Good	41.5	46.5	44.0	33.4	31.8	32.6	27.8	23.2	25.8	36.4	37.9	37.1
Good	33.9	28.8	31.4	38.3	41.5	39.9	42.7	44.4	43.5	36.9	35.6	36.3
Fair	6.6	6.8	6.7	12.7	14.8	13.7	22.7	25.7	24.0	11.3	12.3	11.8
Poor	1.1	1.6	1.4	4.3	--	2.1	3.1	2.1	2.7	2.6	1.1	1.9
Rating of Emotional/Mental Health Now												
Excellent	16.6	25.1	20.7	18.1	24.2	21.1	14.1	18.0	15.8	16.7	23.8	20.1
Very Good	41.1	39.4	40.3	36.9	38.6	37.8	32.4	28.0	30.4	38.3	37.6	37.9
Good	32.4	24.5	28.6	27.7	25.2	26.4	37.0	40.9	38.8	31.5	27.0	29.3
Fair	8.9	10.8	9.8	15.4	10.6	13.0	14.3	10.8	12.7	12.0	10.7	11.4
Poor	0.9	0.2	0.6	1.9	1.5	1.7	2.3	2.3	2.3	1.5	1.0	1.2

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

History of Health Problems During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Health Conditions During Past 12 Months												
Diabetes[3]	2.3	6.1	4.1	9.8	14.7	12.2	17.9	24.3	20.7	7.5	11.7	9.5
Heart problems, incl. angina, MI[3]	1.0	1.8	1.4	2.8	6.2	4.5	16.6	25.3	20.4	4.2	6.7	5.4
Stroke	--	1.4	0.7	1.5	1.5	1.5	0.9	3.4	2.0	0.7	1.7	1.2
Cancer												
Any type	0.9	--	0.5	2.7	2.7	2.7	6.7	7.1	6.9	2.5	2.0	2.2
Non-skin cancer	0.5	--	0.2	2.4	1.7	2.1	6.3	5.6	6.0	2.1	1.4	1.8
High blood pressure (MD dx)[3]	8.6	7.3	8.0	36.3	38.4	37.3	65.6	61.1	63.6	27.7	26.1	26.9
High cholesterol (MD dx)[3]	2.0	13.8	7.8	18.0	32.2	25.0	39.8	45.2	42.2	13.8	24.9	19.2
Asthma[3]	8.6	8.8	8.7	12.8	7.1	10.0	12.9	7.9	10.7	10.8	8.1	9.5
Emphysema/COPD	--	0.4	0.2	0.8	0.4	0.6	4.7	1.4	3.3	1.0	0.5	0.8
Chronic bronchitis	0.8	--	0.4	1.1	0.7	0.9	2.8	1.5	2.2	1.2	0.5	0.9
Environmental allergy	12.4	7.9	10.2	15.3	9.4	12.4	9.0	8.0	8.6	12.9	8.5	10.7
Enlarged prostate (men only)	--	--	--	--	3.1	--	--	15.2	--	--	3.2	--
Urinary incontinence	5.4	--	2.7	15.7	1.7	8.8	24.5	10.3	18.2	12.2	2.0	7.3
Osteoporosis	0.2	--	0.1	3.1	--	1.5	11.4	1.0	6.8	3.1	0.1	1.6
Arthritis/rheumatoid arthritis	2.9	0.9	1.9	16.5	7.8	12.2	23.3	20.1	21.8	11.0	6.1	8.6
Pain (back, head, other)	33.4	23.2	28.4	41.2	25.7	33.5	27.9	20.7	24.7	35.2	23.8	29.7
Severe back pain/sciatica	6.8	10.5	8.6	15.0	13.3	14.2	12.6	10.0	11.5	10.7	11.5	11.0
Severe neck/shoulder pain	8.8	8.0	8.4	14.5	9.8	12.2	10.7	7.3	9.2	11.1	8.6	9.9
Migraine headaches	16.0	5.4	10.8	13.5	4.2	8.9	3.4	2.6	3.0	13.1	4.6	9.0
Other severe headaches	10.9	2.0	6.6	7.1	5.9	6.5	2.8	1.1	2.1	8.3	3.3	5.9
Other frequent lasting pain	4.8	3.7	4.2	16.6	5.5	11.1	15.5	7.8	12.1	10.7	4.9	7.9
Vision problem (not correctable by glasses)	2.5	2.5	2.5	7.1	6.7	6.9	11.9	13.0	12.4	5.7	5.5	5.6

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

History of Health Problems During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Hearing problem/deafness[4]	1.5	3.3	2.4	4.0	6.5	5.2	25.7	38.6	31.4	6.3	9.2	7.7
Frequent sleep problems	11.3	6.0	8.7	17.7	10.4	14.1	15.0	10.5	13.0	14.2	8.2	11.3
Depression[5]	12.6	7.0	9.9	15.2	9.0	12.1	11.4	7.8	9.8	13.3	7.8	10.7
Anxiety/panic[6]	5.6	4.1	4.8	5.8	1.5	3.7	8.0	3.7	6.1	6.1	3.1	4.6
Problem with alcohol or drugs	0.7	1.0	0.8	1.2	0.9	1.0	--	1.4	0.6	0.8	1.0	0.9
History of health conditions (within or longer than past 12 mos):												
Heart problems or M.I.[3]	2.0	1.8	1.9	4.8	7.9	6.3	20.7	30.3	25.0	6.1	7.9	7.0
Stroke	0.2	1.4	0.8	1.8	2.5	2.2	7.9	8.5	8.1	2.0	2.8	2.4
Cancer (other than skin cancer)	1.7	1.0	1.3	7.9	5.7	6.8	20.5	14.5	17.8	7.0	4.6	5.8
High blood pressure[3]	12.0	10.8	11.4	38.2	39.8	39.0	67.3	65.8	66.6	30.3	29.0	29.7
Diabetes[3]	2.3	6.1	4.1	9.8	14.7	12.2	17.9	24.3	20.7	7.5	11.7	9.5
Chronic pain	7.2	11.2	9.2	26.3	12.6	19.5	24.2	13.5	19.5	16.7	12.0	14.5
Adult depression[5]	17.2	9.5	13.4	20.4	12.7	16.6	13.6	10.0	12.0	17.7	10.8	14.4
Alcohol or drug problem	3.5	1.8	2.6	3.9	3.6	3.7	1.4	2.8	2.1	3.3	2.6	2.9
Had a hysterectomy	2.7	--	--	17.5	--	--	39.1	--	--	13.8	--	--

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

History of Health Problems During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
How much health interferes with work or regular daily activities												
Physical health (incl. pain)												
Not at all	52.2	56.4	54.3	43.6	38.5	41.1	32.3	29.7	31.1	46.0	46.1	46.0
A little	35.0	28.5	31.8	32.1	37.4	34.7	32.1	37.8	34.6	33.5	33.0	33.3
Moderately	8.5	9.5	9.0	15.6	16.4	16.0	22.0	21.1	21.6	13.2	13.6	13.4
Quite a bit	4.3	5.6	4.9	8.8	7.7	8.2	13.5	11.5	12.6	7.4	7.2	7.3
Emotional/mental health												
Not at all	55.2	62.8	58.9	58.9	54.0	56.5	62.1	57.6	60.1	57.6	58.9	58.2
A little	32.1	23.2	27.7	26.6	32.1	29.3	23.5	23.3	23.4	28.8	26.5	27.7
Moderately	9.4	5.6	7.6	10.5	9.7	10.1	12.5	15.4	13.8	10.3	8.4	9.4
Quite a bit	3.3	8.4	5.8	4.0	4.2	4.1	1.9	3.7	2.7	3.3	6.2	4.7

[1]   From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

[2]   Based on self-report data not validated by medical record review or physician's report.

[3]   Estimate based on indication of the health condition or reported use of medication to control that health condition.

[4]   Estimates for members aged 65+ based on responses to a health condition checklist and a question about use of/need for a hearing aid asked only of seniors. Estimates for those aged 20-64 based only on response to health condition checklist.

[5]   Depression was estimated from indication of depression, sadness, or very low spirits lasting at least 2 weeks in a health condition checklist or indication of use of a prescription anti-depressant during the previous 12 months.

[6]   Anxiety/panic was estimated from indication of anxiety or panic for at least 2 weeks in a health condition checklist or indication of use of prescription anxiety medicine during the previous 12 months.

Table 3.   Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
History of Tobacco Use												
Current cigarette smoker	8.2	11.4	9.8	10.7	14.9	12.8	6.8	4.6	5.8	8.9	11.8	10.3
Former cigarette smoker	9.8	11.8	10.8	19.9	19.1	19.5	31.5	45.6	37.7	16.9	19.1	18.0
Never smoked regularly	82.0	76.8	79.5	69.4	66.0	67.7	61.7	49.8	56.4	74.2	69.1	71.8
Weight												
Overweight (BMI ≥ 25)	47.7	61.5	54.5	63.1	70.7	66.9	55.8	70.1	62.2	54.6	66.1	60.3
Obese (BMI ≥ 30)	20.3	21.6	20.9	36.4	29.3	32.9	23.1	22.1	22.6	26.6	24.6	25.6
BMI range:												
BMI < 18.5 (underwt)	2.8	--	1.4	1.8	--	0.9	2.3	0.7	1.6	2.4	0.1	1.3
BMI 18.5 to 25 (normal)	49.6	38.5	44.1	35.0	29.3	32.2	41.9	29.2	36.1	43.0	33.8	38.5
BMI 25 to 30 (overwt)	27.3	39.9	33.6	26.7	41.3	34.0	32.7	47.9	39.6	28.0	41.6	34.6
BMI 30 to < 35 (obese)	11.7	10.6	11.2	18.5	20.2	19.3	16.1	14.1	15.2	14.9	14.7	14.8
BMI 35 to <40 (very obese)	6.4	7.9	7.1	7.4	4.3	5.9	4.8	5.5	5.1	6.5	6.2	6.4
BMI ≥ 40 (extremely obese)	2.3	3.0	2.7	10.5	4.9	7.7	2.1	2.5	2.3	5.2	3.7	4.5
Exercise Frequency												
5 or more times/week	12.9	22.1	17.4	20.4	33.6	27.0	25.8	37.0	30.8	17.6	28.3	22.8
3-4 times/week	33.9	27.7	30.8	31.1	29.5	30.3	33.9	30.0	32.1	32.9	28.7	30.8
1-2 times/week	30.0	31.6	30.8	27.5	21.8	24.7	23.1	19.5	21.5	28.0	26.3	27.2
Less than 1 time/week	23.2	18.7	21.0	21.0	15.1	18.0	17.2	13.5	15.5	21.5	16.7	19.1
Reduced Fat Diet												
Doesn't try to eat reduced fat foods most of time	65.4	68.7	67.0	56.6	54.2	55.4	43.2	50.0	46.2	58.6	60.7	59.6
Fruit/Vegetable Consumption												
Eats ≥ 3 servings per day	42.1	30.8	36.7	51.7	25.8	39.3	45.6	33.0	40.1	46.0	29.3	38.1
Eats ≥ 5 servings per day	8.7	6.9	7.9	16.3	6.1	11.4	12.7	7.7	10.5	12.0	6.7	9.5

Table 3.　Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol Consumption												
Never drinks	33.5	25.6	29.7	35.7	21.1	28.4	43.3	30.5	37.6	35.8	24.6	30.4
Drinks less than once/week	49.2	44.1	46.7	41.9	40.4	41.1	37.7	31.7	35.1	44.8	41.1	43.0
Drinks 1-2 days/week	11.1	20.8	15.8	5.5	11.2	8.3	4.4	6.5	5.4	8.1	15.3	11.6
Drinks 3-4 days/week	2.4	4.9	3.6	6.8	8.4	7.6	4.7	10.4	7.3	4.3	6.9	5.6
Drinks $\geq$ 5 days/week	3.7	4.6	4.2	10.1	18.9	14.5	9.8	20.8	14.7	6.9	12.1	9.4
At-Risk drinker based on:												
Drinks per day[3]	6.2	8.2	7.2	1.7	4.4	3.0	0.8	2.6	1.6	3.8	6.0	4.9
Drinks per week[4]	1.3	0.7	1.0	2.2	3.2	2.7	1.3	4.1	2.5	1.6	2.1	1.8
Drinks per day or week[5]	6.1	8.0	7.0	3.0	5.7	4.4	1.7	4.3	2.9	4.4	6.7	5.5
Total hours of sleep per 24 hour day												
< 6 hours	9.7	4.9	7.4	9.9	12.0	10.9	8.7	5.7	7.4	9.6	7.6	8.6
6-8 hours	79.9	86.8	83.3	83.0	78.0	80.5	71.7	67.3	69.8	79.6	80.8	80.2
> 8 hours	10.4	8.3	9.3	7.1	10.1	8.6	19.6	27.0	22.9	10.8	11.6	11.1
Psychosocial Risks												
Worried about personal/family safety for other reasons (neighborhood violence, robberies, gangs, etc.)	8.8	8.7	8.8	7.3	6.0	6.7	4.9	4.4	4.7	7.6	7.1	7.4
Feared for personal/family safety because of anger/threats from a current or former spouse, partner or boy/girlfriend	4.3	4.1	4.2	3.3	1.7	2.5	1.9	0.5	1.3	3.5	2.7	3.1
Worried about personal/family's financial security	39.4	34.7	37.1	25.5	21.5	23.6	14.0	9.3	12.0	30.3	26.3	28.4

Table 3.   Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Felt harassed/discriminated against	5.7	12.7	9.1	8.0	7.6	7.8	1.7	2.2	1.9	5.9	9.4	7.6
Felt very stressed, tense, or anxious most/all the time	28.6	16.3	22.6	19.8	8.6	14.3	8.4	5.1	7.0	22.3	12.0	17.3
General satisfaction with life												
Satisfied with life	90.2	84.2	87.3	83.2	86.3	84.7	85.5	85.0	85.3	86.9	85.1	86.0
Dissatisfied with life	9.8	15.8	12.7	16.8	13.7	15.3	14.5	15.0	14.7	13.1	14.9	14.0
Belief about extent to which lifestyle/habits can affect health												
Not at all/a little bit	10.5	7.1	8.8	5.9	8.9	7.4	9.9	16.2	12.7	8.8	9.0	8.9
Moderately	10.3	13.2	11.7	10.0	16.9	13.4	17.9	15.9	17.0	11.4	15.0	13.1
Quite a bit/extremely	79.3	79.7	79.5	84.1	74.2	79.2	72.3	67.9	70.3	79.8	76.1	78.0
Belief about extent to which stress/emotional troubles (e.g. depression or anxiety) can affect health												
Not at all/a little bit	9.7	10.8	10.3	9.1	12.8	10.9	16.7	24.4	20.1	10.6	13.4	12.0
Moderately	10.6	12.5	11.5	10.6	9.6	10.1	18.6	14.1	16.7	11.9	11.6	11.8
Quite a bit/extremely	79.7	76.7	78.2	80.3	77.6	79.0	64.7	61.5	63.3	77.4	75.0	76.2

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

[2] Risk factors = heart disease, high blood pressure, diabetes, high cholesterol, current smoker, age ($\geq$ 45 for male, $\geq$ 55 for female)

[3] Drank $\geq$ 4 drinks per drinking day (women) or $\geq$ 5 drinks per drinking day (men).

[4] Estimated $\geq$ 21 drinks per week.

[5] Women: Drank $\geq$ 4 drinks per drinking day or estimated $\geq$ 14 drinks per week; Men: Drank $\geq$ 5 drinks per drinking day or estimated $\geq$ 21 drinks per week.

Table 4.   Things Members Have Done in Past 12 Months to Try to Improve Their Health, Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Actions Taken	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Quit/tried to quit smoking												
(People who smoked during past 12 months only)	48.0	66.3	58.6	43.1	42.6	42.8	69.8	62.2	67.2	49.0	55.5	52.6
Tried to lose/lost weight												
All	62.7	46.9	55.0	64.0	47.2	55.7	49.5	44.3	47.2	61.0	46.6	54.1
Overweight (BMI 25-<30)[2]	80.4	54.0	64.8	81.2	51.2	63.1	64.0	51.8	57.3	77.6	52.6	62.9
Obese (BMI $\geq$ 30)[2]	85.4	77.9	81.6	80.3	73.3	77.2	77.8	64.3	71.9	81.8	74.2	78.2
Started to eat healthier foods	53.6	58.2	55.8	56.0	47.2	51.7	45.4	41.7	43.7	53.1	51.8	52.5
Started to exercise more	58.3	60.8	59.5	54.1	42.4	48.3	41.3	36.3	39.1	54.0	50.7	52.4
Started to get more sleep	19.2	23.6	21.3	23.0	20.4	21.7	13.5	15.4	14.4	19.6	21.3	20.4
Learned to manage stress/ emotions better	30.7	28.3	29.6	26.8	22.2	24.5	16.4	10.5	13.8	27.0	23.6	25.3
Cut down/ alcohol/drug use	5.7	12.8	9.2	5.1	11.5	8.3	2.8	7.2	4.7	5.0	11.6	8.2

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

[2] Based on person's characteristic at the time of the survey.

Table 5. Use of Selected Complementary or Alternative Medicine, Modalities in Past 12 Months to Treat or Prevent Own Health Problems, Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Selected Complementary or Alternative Medicine	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Chiropractic	9.1	10.6	9.8	11.1	9.3	10.2	6.4	4.4	5.6	9.4	9.3	9.3
Acupuncture	1.1	2.8	1.9	5.6	2.3	4.0	1.1	0.9	1.0	2.7	2.3	2.5
Acupressure	0.3	0.8	0.5	2.3	0.6	1.5	0.5	0.3	0.4	1.0	0.7	0.9
Massage Therapy	14.3	13.2	13.8	17.8	11.6	14.8	3.5	3.2	3.3	13.8	11.2	12.5
Deep breathing, mindfulness, or other relaxation/meditation technique	11.0	9.1	10.1	17.1	7.5	12.4	7.3	4.9	6.3	12.5	7.9	10.3
Guided imagery/visualization techniques	1.2	1.2	1.2	3.5	1.0	2.3	1.2	0.2	0.7	2.0	1.0	1.5
Hypnosis or self-hypnosis	0.2	--	0.1	0.7	0.2	0.5	1.3	0.6	1.0	0.6	0.2	0.4
Biofeedback	--	--	--	--	0.2	0.1	0.5	0.3	0.4	0.1	0.1	0.1
Yoga	9.2	5.0	7.1	10.0	1.6	5.8	2.1	1.8	2.0	8.3	3.3	5.9
Tai Chi, Chi Gong, other movement therapy	1.7	1.7	1.7	2.7	1.6	2.2	2.7	1.0	1.9	2.2	1.5	1.9
Body work (e.g., Feldenkreis)	1.0	--	0.5	--	1.2	0.6	0.2	0.5	0.3	0.5	0.5	0.5
Herbal medicine/herbal supplement, or medicinal tea	10.3	8.7	9.5	12.5	7.7	10.1	6.8	6.2	6.5	10.5	8.0	9.3
Megavitamin/high dose vitamin therapy	1.5	1.7	1.6	1.5	1.6	1.6	0.9	1.2	1.0	1.4	1.6	1.5
Homeopathic medicine	1.3	1.3	1.3	2.6	2.0	2.3	0.5	0.4	0.4	1.6	1.4	1.5
Very low fat diet (Ornish, Pritikin, etc.)	1.5	4.8	3.1	1.6	1.1	1.4	1.8	0.8	1.4	1.6	2.9	2.2
Prayer or spiritual practice	14.8	12.5	13.7	25.4	10.4	17.9	21.7	9.4	16.3	19.7	11.3	15.6
Religious/spiritual healing by others	2.2	2.2	2.2	3.4	2.9	3.2	1.7	0.9	1.3	2.5	2.3	2.4
Energy healing	1.6	1.1	1.3	3.6	1.7	2.7	0.9	0.5	0.7	2.2	1.2	1.7
Psychological counseling	6.5	4.6	5.6	6.4	3.8	5.1	2.6	0.2	1.5	5.8	3.7	4.8
12-Step/Self-help Program	1.0	--	0.5	1.3	1.2	1.3	0.7	0.2	0.5	1.0	0.5	0.8

Footnotes for Table 5:

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health lan membership in this medical center service population in final quarter of 2004.

Table 6.   Use of Selected Health Information Sources During the Past 12 Months, Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Use of selected health information sources	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Participated in a KP group or individual Health Ed. program	9.8	6.7	8.3	9.4	7.1	8.3	7.4	6.7	7.1	9.3	6.9	8.1
Received one-on-one counseling from KP staff for behavior change or chronic health problem mgt.	2.5	4.6	3.5	5.3	7.0	6.1	3.2	7.4	5.1	3.6	5.8	4.7
Used KP health ed. materials	17.9	15.8	16.9	21.2	13.8	17.5	20.1	15.7	18.2	19.4	15.0	17.3
Read articles in *KP Partners in Health* newsletter	22.8	19.7	21.3	46.7	26.9	36.9	54.4	41.3	48.7	36.4	25.3	31.0
Used *KP Healthwise Handbook*	30.0	23.6	26.9	41.6	22.1	31.9	40.8	25.3	34.0	35.8	23.3	29.8
Used KP Health Phone	2.8	0.6	1.7	2.2	1.2	1.7	4.2	0.9	2.8	2.8	0.9	1.9
Obtained health or advice info from Internet websites (KP or non-KP)	19.8	15.5	17.7	18.4	18.5	18.5	7.5	6.0	6.8	17.3	15.3	16.3
Used KP or non-KP group, individual, or web-based smoking cessation services (Past year smokers only)	9.4	5.8	7.3	10.1	9.9	10.0	--	6.8	2.3	8.4	7.7	8.0
Used KP or non-KP group, individual, or web-based weight loss program (people who tried to lose weight only)	5.4	0.7	3.5	6.3	3.5	5.2	3.0	1.4	2.4	5.4	1.8	4.0
Used KP Member Website to get health info or participate in an online chatroom/Healthy Lifestyle Prog.	9.5	6.6	8.1	9.7	7.6	8.7	0.9	1.4	1.1	8.2	6.3	7.2
Used KP Member Website to make an appt., refill prescriptions, or communicate with KP medical staff	22.4	19.8	21.1	19.0	20.8	19.9	5.9	9.2	7.3	18.5	18.7	18.6

Footnotes for Table 6:

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

Table 7.   Preferred methods for learning about health (such as how to take care of problems and how to improve your health), Members Aged 20 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Preferred Methods for Learning about Health[2,3]	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All
	%	%	%	%	%	%	%	%	%	%	%	%
Small gp. appointments with a clinician or health educator	11.9	10.2	11.1	15.9	12.1	14.0	10.0	8.5	9.3	13.0	10.7	11.9
Individual counseling from a health educator	40.2	38.1	39.2	33.4	31.2	32.3	14.5	23.6	18.5	33.6	33.6	33.6
Brief telephone counseling sessions	20.0	18.1	19.0	22.8	13.7	18.3	8.1	7.6	7.9	19.0	15.0	17.1
Patient education classes												
One day workshop	6.4	9.5	8.0	9.6	6.7	8.2	3.7	3.5	3.6	7.1	7.7	7.4
Multi-session program	11.0	17.5	14.2	14.6	9.8	12.2	7.1	4.7	6.0	11.6	12.9	12.3
In-person group	4.9	8.7	6.8	9.3	5.7	7.6	6.3	2.8	4.8	6.7	6.8	6.8
Phone-based group	1.2	2.4	1.8	1.6	0.9	1.3	--	1.8	0.8	1.1	1.8	1.5
E-mail/Web-based	6.6	9.8	8.2	7.6	4.4	6.0	0.8	0.9	0.8	6.0	6.6	6.3
Watch health videos at home	16.4	22.7	19.5	22.3	16.9	19.6	10.2	15.0	12.3	17.5	19.5	18.5
Watch health programs on TV	22.9	21.8	22.4	22.9	18.3	20.6	22.7	17.9	20.6	22.9	20.0	21.5
Listen to taped health phone messages	2.8	4.8	3.8	10.4	4.6	7.5	3.4	6.0	4.5	5.6	4.9	5.3
Use a computer-based program	17.2	14.5	15.9	11.3	13.9	12.6	4.8	7.1	5.8	13.1	13.3	13.2
Get information from websites	33.1	32.4	32.8	24.6	21.4	23.0	3.5	9.5	6.1	25.2	25.2	25.2
Mailed health newsletters	34.4	23.7	29.1	44.1	27.8	36.0	48.2	34.3	42.1	40.0	26.6	33.5
Brochures, short articles, handouts	40.8	37.0	38.9	49.0	32.6	40.9	40.8	31.9	36.9	43.7	34.7	39.3

[1]   From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 1860 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in this medical center service population in final quarter of 2004.

[2]   Respondents were instructed to check as many methods as they would use.

[3]   We have been told anecdotally that young and middle-aged adults who do most of their work on computer are not likely to respond to a paper and pencil survey. Therefore, these statistics probably underestimate the proportion of members wanting to access information by methods other than coming into the medical facility.

Table S1.   Prevalence of Selected Health Problems and Potential Health Risks Among Members Aged 65 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1] *(See also Table 2 and 3 for full list of health conditions, functional limitations, and health risks among the adult membership)*

Health Problems/ Health Risks[2]	Female	Male	All
	%	%	%
Overall rating of health:			
Excellent	2.9	4.0	3.4
Very Good	26.0	22.3	24.4
Good	46.3	43.9	45.2
Fair	20.7	26.8	23.4
Poor	4.0	3.1	3.6
Falls in past 12 mos.			
1 or more	28.8	19.3	25.2
2 or more	15.1	9.7	13.1
3 or more	9.8	4.3	7.7
Problems with teeth, gums or mouth that make eating or talking difficult	11.7	10.1	11.1
Vision problem (not correctable by glasses)	11.9	13.0	12.4
Can read newspaper print with at least one eye	95.9	97.0	96.4
Hearing problem or deafness[3]	25.5	37.5	30.8
Uses a hearing aid			
Yes (all)	8.1	13.7	10.5
Yes (restricted to those with hearing problem but not deafness)	34.7	39.2	37.2
Felt depressed much or sad all of past 12 months	4.9	4.6	4.8
Mobility Limitations			
Must stay in house most of time	4.1	1.7	3.1
Needs help from another person in getting around	2.5	2.1	2.3
Needs help of cane, walker, wheelchair, etc., to get around	13.6	6.5	10.5
Doesn't need help from another person/special aid, but has trouble getting around freely	9.0	12.5	10.5
Not limited in any of these ways	70.8	77.1	73.6

Footnotes for Table S1:

[1] From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 743 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in fourth quarter 2004.

[2] Based on self-report data not validated by medical record review or physician's report.

[3] Based on self-report of hearing problem/deafness in health condition checklist or regular use of a hearing aid or non-use but severe hearing problem.

Table S2.   Proportion of Members Aged 65 and Over Who Receive/Need Help with Activities of Daily Living Because of A Disability, Health Problem, or Frailty Due to Age in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Activity for Which Help is Needed/Received	Female	Male	All
	%	%	%
Travel beyond walking distance	16.2	10.6	13.7
Shopping for groceries, etc.	13.7	6.4	10.5
Routine household chores	12.8	6.2	9.9
Laundry	5.6	4.4	5.1
Preparing meals	6.7	3.7	5.4
Eating food/drinking liquids	0.7	0.4	0.6
Managing money	5.7	2.3	4.2
Taking medicines	3.5	5.6	4.4
Using the telephone	1.3	4.1	2.5
Bathing in a tub/shower	6.2	3.8	5.2
Dressing	2.1	2.5	2.2
Using the toilet	1.1	1.2	1.1
Cutting toe nails	22.2	19.4	21.0
Getting in and out of bed/chairs	2.9	3.3	3.1
How well can take care of self at present time			
Completely able	54.6	50.5	52.8
Very well	23.9	25.3	24.5
Fairly well	16.6	17.9	17.2
Not very well	3.9	4.4	4.1
Not at all able	1.0	1.9	1.4

[1]   From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 743 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in fourth quarter 2004.

Table S3.   Reported Use of Selected Health Care and Home Support Services During the Past 12 Months by Members Aged 65 and Over in the Adult Greater Southern Alameda Service Area Population, Spring 2005[1]

Health/Home Support Services	Female	Male	All
	%	%	%
Nursing/convalescent home	4.1	0.8	2.7
Adult day care/Adult day health care program	0.8	0.2	0.5
Visiting nurse	2.5	3.4	2.9
Home health aide, paid companion, or attendant	2.9	1.2	2.2
Social worker/case manager	3.4	2.0	2.7
Mental health/counseling services	3.1	1.1	2.3
Therapist (PT, speech, etc.)	10.1	6.0	8.3
Housekeeper or errand service	1.0	--	0.6
Home-delivered meals	1.5	1.1	1.3
Transportation service	1.0	0.6	0.9

[1]   From the 2005 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on data from 743 respondents, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in fourth quarter 2004.

Table S4.   Medication-Related Issues Among Members Aged 65 and Over in the Adult
Greater Southern Alameda Medical Center Service Population, Spring 2005[1]

Medication-Related Issues	Female	Male	All
	%	%	%
Total number of Rx medicines <u>regularly</u> taken[2] (based on self-report)			
0	7.0	11.6	9.0
1	13.1	11.8	12.5
2	21.8	20.6	21.3
3	12.3	15.0	13.5
4	17.8	10.1	14.5
≥ 5	27.9	31.0	29.2
Selected medications/ supplements used in past 12 months			
Aspirin to prevent stroke/heart attack	30.0	42.0	35.3
Rx or OTC sleep medicine	12.9	7.2	10.4
Rx or OTC pain medicine	39.1	26.8	33.7
OTC pain medicine	22.7	13.2	18.5
Anti-inflammatory medicine for joint/muscle/arthritis pain	30.5	23.7	27.5
Glucosamine (all)	19.3	16.2	17.9
People with arthritis	27.4	34.5	30.3
Calcium (incl. Tums/Rolaids)	51.6	19.7	37.5
Last complete Rx and OTC medication review with current personal MD or pharmacist			
Within the past 12 months	66.9	68.8	67.7
More than 12 months ago	15.1	12.5	14.0

[1]   From the 2005 Division of Research Member Health Survey, a random sample survey of
Health Plan members aged 20 and over conducted in Spring 2005. Estimates are based on
data from 743 respondents aged 65 and over, weighted to the age-, gender-, and geographic
distribution of the Health Plan membership in fourth quarter 2004.

[2]   Based on self-reported data, not validated by a medication review.