Sociodemographic and Health-Related Characteristics of Members Aged 20 and Over in the Diablo Service Area Population, 2011

Estimates based on data from adults aged 20 and over sampled from the Diablo Service Area Population who responded to the 2011 Kaiser Permanente Northern California Region Member Health Survey:

- Sociodemographic characteristics, including usual mode of transportation
- Health status, health conditions, and functional status
- Health behaviors and psychosocial risks
- Actions members are taking to try to maintain or improve their health
- IT access (computer, Internet, email, mobile phone, text messaging)
- Preferred methods for receiving health information and health education

The Member Health Survey is a project funded by Kaiser Permanente's Northern California Region Community Benefit Program (CB). These survey results are being made available to the public as part of Kaiser Permanente's commitment to sharing research findings based on our membership that might inform decisions about methods of outreach to improve the health of our communities. This information should not be used as the basis for any professional publication without permission of Dr. Nancy Gordon, and slides used for presentations should credit the Kaiser Permanente 2011 Member Health Survey as the source.

We suggest that statistics from this report be referenced as follows:
For table footnotes or text references:
Data from the 2011 Kaiser Permanente Member Health Survey conducted by the KPNC Division of Research.

In a reference list:
Gordon NP. Sociodemographic and Health-Related Characteristics of Members in Kaiser Permanente's Northern California Region – Diablo Service Area Population, 2011. Internal report, Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, January 2013.

For further information, go to the Member Health Survey website at
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Characteristics of Adult Members in Kaiser Permanente's Diablo Service Area Population, as estimated from the 2011 Kaiser Permanente Adult Member Health Survey

Report prepared April 2013
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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 purposes of the survey are:

- To learn about the health-related needs and interests of the culturally diverse Kaiser Permanente Northern California adult membership, and by extension, members of the communities we serve;

- To provide information for health services planners to make evidence-based decisions about health information and health care service delivery; and

- To support research to improve the health of our members and the communities we serve.

The Member Health Surveys project is funded by Kaiser Permanente's Northern California Community Benefit (CB) Program. This report presents statistics estimated from the 2011 Survey. Similar member health surveys were conducted in 1990, 1993, 1996, 1999, 2002, 2005, and 2008, and reports are available on our website www.memberhealthsurvey.kaiser.org or by request.

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, we hope the survey results will provide administrators, program planners, and researchers 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.

2011 Diablo Service Area Population Survey Sample

In April 2011, questionnaires were mailed to a stratified random sample of approximately 4,646 adult Health Plan members in the Diablo Service Area Population (including the following medical facilities: Walnut Creek, Shadelands, Livermore, Pleasanton, Martinez, Antioch, or Delta Fair). Members are assigned to a medical facility based on where they receive or would be expected to receive most of their primary care. 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, with the final wave of questionnaires mailed in mid-August.

Participants were also offered the opportunity to answer a secure online version of the questionnaire reached via a link emailed to them or log in at the Member Health Survey Participant Home Page. Phone administration was available on request but not used. 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 for members sampled from this service area population was 38.3% (43.1% of women and 33.9% of men).

<u>Final Response Rates for the 2011 DOR Member Health Survey by Age-Gender Group, Members Aged 20 and Over in Diablo Service Area Population Sample</u>

	20-44	45-64	65 and Over	20 and Over
Women	284/1969 (29.3%)	259/613 (42.3%)	360/515 (69.9%)	903/2097 (43.1%)
Men	152/1060 (14.3%)	263/707 (37.2%)	359/518 (69.3%)	774/2285 (33.9%)

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 2010 (when the sample was pulled). The table below shows the age distributions of women, men, and all adults aged 20 and over after and before applying the post-stratification weighting factor. The estimates of sociodemographic and health-related characteristics in this report are based on weighted survey data.

Age Distribution	Women		Men		All	
	Wtd %	(Unwtd %)	Wtd %	(Unwtd %)	Wtd %	(Unwtd %)
20-44 yr	40.0	31.4	40.3	19.6	40.2	26.0
45-64 yr	40.0	28.7	41.5	34.0	40.7	31.1
65 and over	20.0	39.9	18.2	46.4	19.1	42.9

Because the service population samples are small, the precision of the estimates (i.e., confidence intervals around the percentage) are quite large. Please keep this in mind when making comparisons with other sources of data. The statistics contained in this MCSP report may be best used to compare against the Regional Profile report.

Since the questionnaire only went out in English and very limited English-speaking members were excluded from the survey sample, non-English speaking members and members with very poor reading ability are not represented in this survey. An internal study that matched survey response status for the 2011 survey to a member race/ethnicity dataset (91% match rate for women and 84% match rate for men) found that among both women and men, nonHispanic White, Chinese, Japanese, and Korean members were more likely to respond than African-American/Other Black, Latino, and Filipino members. The differential race-ethnic response rate, exclusion of non-English speakers and members with very low literacy, and lower response rates among young and middle-aged adults compared with adults aged 20 and over, yields a final weighted respondent sample that underestimates African-American/Blacks and Latino/Hispanic members and overestimates some of the Asian ethnic groups. Finally, results of other surveys suggest that among older members, the very sickest and frailest are unlikely to have responded.

For more information about seniors, please refer to the following reports:

- Gordon NP. Gordon NP. Sociodemographic and Health-Related Characteristics of Seniors in Kaiser Permanente's Northern California Region – Diablo Service Area Population, 2011. Internal report, Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, January 2013.

- Gordon NP. Seniors' Access to Information Technology and Preferred Methods for Obtaining Health Information and Health Education – Diablo Service Area Population, 2011. Internal report, Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, February 2013.

Description of the Contents of Tables in this Report

In the tables, a double dash (- -) or gray shaded area 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. Because of the small samples in the different age-gender groups, we recommend using the race-ethnicity data more as a description of the population for which the health-related characteristics are being described.

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, dietary behaviors (fat, salt), obesity, stress, hours of sleep, belief about the extent to which health habits/ lifestyle and stress/emotional troubles impact on health, and selected psychosocial 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 the percentages of adult members who received a flu shot for the 2010-2011 flu season, ever had a pneumonia shot (seniors only), and had a routine dental check-up in the past 12 months. (Note: the survey no longer collects self-reported information on recency of screening tests, just whether the most recent screening procedure was done in or out of the health plan).

Table 6 presents estimates of use of complementary and alternative therapies (CAM) by adult members during the previous 12 months.

Table 7 presents estimates of member access to digital tools for communication and health information (mobile phone, text messages, computer, Internet, and email)

Table 8 presents estimated use of different KP and non-KP health information sources during the previous 12 months.

Table 9 presents estimated percentages of adult members who indicated different preferences for receiving health information and learning about how to take care of their health.

Table 1.   Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Everyone assigned to only one race/ethnicity by algorithm used in previous MHS reports[2]												
White, non-Hispanic	59.5	53.1	56.5	69.5	73.3	71.4	82.6	85.1	83.7	68.1	67.4	67.8
African-American/Black	7.4	5.9	6.7	4.6	5.0	4.8	3.6	0.9	2.4	5.5	4.6	5.1
Latino/other Hispanic	8.6	15.2	11.7	11.4	6.9	9.2	7.5	5.2	6.5	9.5	9.9	9.7
Asian[3]	21.1	22.5	21.8	10.4	11.5	10.9	3.6	5.1	4.3	13.3	14.7	14.0
Pacific Islander	0.4	<0.1	0.2	<0.1	0.3	0.2	0.6	<0.1	0.3	0.3	0.1	0.2
Native American	1.9	0.3	1.1	2.9	0.5	1.7	1.4	0.8	1.1	2.2	0.5	1.4
Middle Eastern	0.8	3.0	1.8	1.2	2.5	1.8	<0.1	2.9	1.3	0.8	2.8	1.7
Other	0.3	<0.1	0.2	<0.1	<0.1	<0.1	0.7	<0.1	0.4	0.3	<0.1	0.1
Race/Ethnicity - Calif. Dept. of Finance												
Hispanic/Latino	9.2	15.9	12.4	11.4	6.9	9.2	7.5	5.2	6.5	9.8	10.2	9.9
Native Amer./Alaska Native, non-Hispanic	1.9	0.3	1.1	2.9	0.5	1.7	1.4	0.8	1.1	2.2	0.5	1.4
Asian, non-Hispanic	21.6	22.5	22.0	10.4	11.8	11.1	4.1	5.1	4.6	13.6	14.9	14.2
Black, non-Hispanic	6.7	5.2	6.0	4.6	5.0	4.8	3.7	0.9	2.4	5.2	4.3	4.8
White, non-Hispanic	59.5	53.1	56.5	69.5	73.3	71.4	82.6	85.1	83.7	68.1	67.3	67.8
Other, non-Hispanic	1.1	3.0	2.0	1.2	2.5	1.8	0.7	2.9	1.7	1.1	2.8	1.9

Table 1.   Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Characteristics	Ages 20-44 Women %	Men %	All %	Ages 45-64 Women %	Men %	All %	Ages 65 and Over Women %	Men %	All %	Ages 20 and Over Women %	Men %	All %
Education Attainment												
< High school graduate	1.1	1.6	1.3	1.9	1.2	1.5	6.5	5.3	6.0	2.5	2.1	2.3
High school graduate/GED	13.6	11.3	12.5	23.0	17.0	20.1	22.8	26.6	24.5	19.2	16.5	17.9
Some college/A.A.	29.4	31.9	30.6	36.2	32.3	34.4	38.6	18.4	29.7	33.9	29.6	32.0
College graduate (*BA, BS or higher*)	55.9	55.2	55.6	38.9	49.5	44.0	32.1	49.7	39.8	44.4	51.8	47.8
Marital Status												
Married/in committed relationship	76.2	66.4	71.7	79.9	83.6	81.7	57.3	83.6	68.9	73.9	76.8	75.2
Widowed	<0.1	<0.1	<0.1	4.3	0.5	2.5	25.0	8.6	17.8	6.8	1.8	4.5
Single, divorced, separated	23.8	33.6	28.3	15.8	15.9	15.8	17.7	7.8	13.3	19.3	21.4	20.3
Employment Status												
Working for pay or self-employed	73.7	85.1	79.0	71.4	81.0	76.0	18.0	21.4	19.5	61.8	71.7	66.4
Unemployed, laid off, or on strike	5.5	4.1	4.9	5.8	2.3	4.1	2.7	0.8	1.8	5.1	2.7	4.0
Not in workforce (student, homemaker, retired, unable to work due to disability)	20.8	10.8	16.1	22.8	16.7	19.9	79.3	77.8	78.7	33.1	25.6	29.6

Table 1. Selected Sociodemographic Characteristics of Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Characteristics	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Household Income (2010)												
$15,000 or less	3.0	4.9	3.9	2.4	0.9	1.7	4.8	4.9	4.9	3.1	3.3	3.2
$15,001-$25,000	5.4	4.6	5.0	1.9	2.0	1.9	10.2	8.6	9.5	4.9	4.2	4.6
$25,001-$35,000	5.2	1.8	3.6	3.5	2.2	2.9	19.9	11.4	16.0	7.3	3.7	5.6
$35,001-$50,000	9.9	4.7	7.4	7.1	4.9	6.1	19.0	12.1	15.8	10.5	6.1	8.4
$50,001-$65,000	8.3	12.5	10.3	12.2	6.4	9.5	11.2	16.6	13.6	10.4	10.7	10.6
$65,001-$80,000	14.5	9.4	12.1	13.6	8.9	11.4	12.6	11.0	11.9	13.8	9.5	11.8
$80,001-$100,000	11.9	13.4	12.6	20.0	19.2	19.6	9.4	9.6	9.5	14.8	15.1	14.9
$100,000-$150,000	28.1	27.0	27.6	24.1	25.5	24.7	8.6	15.0	11.5	22.7	24.2	23.4
Over $150,000	13.7	21.7	17.5	15.2	30.0	22.2	4.3	10.8	7.3	12.5	23.2	17.5
During the past 12 months, because of the cost:												
Delayed or did not get needed medical care	18.0	10.0	14.2	13.5	6.0	9.9	9.7	5.4	7.8	14.6	7.5	11.2
Rationed a prescribed medicine	5.7	6.3	6.0	9.2	5.5	7.4	7.2	4.5	6.0	7.4	5.6	6.6

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

[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%.

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

Table 2.　　Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Health Status	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Overall Health Status												
Excellent	20.4	19.0	19.7	14.9	15.6	15.2	11.8	9.8	10.9	16.5	15.9	16.2
Very Good	47.5	36.2	42.2	47.6	37.0	42.7	30.1	29.1	29.7	44.2	35.3	40.0
Good	28.4	36.4	32.2	27.9	39.1	33.2	40.7	43.7	42.1	30.6	38.8	34.4
Fair	3.1	7.2	5.0	9.4	8.0	8.7	13.3	13.2	13.2	7.6	8.6	8.1
Poor	0.6	1.2	0.9	0.2	0.3	0.2	4.1	4.2	4.1	1.1	1.4	1.3
Physical Health Status												
Excellent	21.0	20.5	20.7	15.2	15.4	15.3	11.7	10.4	11.2	16.8	16.5	16.7
Very Good	43.8	42.5	43.2	44.3	39.3	41.9	27.4	30.8	28.9	40.7	39.0	40.0
Good	29.0	25.8	27.5	28.1	36.7	32.1	42.4	37.1	40.1	31.3	32.4	31.8
Fair	5.1	10.2	7.5	11.8	8.3	10.2	15.0	16.5	15.6	9.8	10.6	10.1
Poor	1.1	1.0	1.1	0.6	0.3	0.5	3.5	5.2	4.2	1.4	1.5	1.4
Emotional Health Status												
Excellent	25.5	30.3	27.7	20.0	20.9	20.4	23.0	26.4	24.5	22.8	25.7	24.2
Very Good	37.6	35.4	36.6	34.4	42.7	38.3	34.6	33.0	33.9	35.7	38.0	36.8
Good	25.6	24.5	25.1	32.8	24.8	29.1	29.0	29.4	29.2	29.2	25.5	27.5
Fair	8.4	5.9	7.2	9.8	11.4	10.5	11.2	10.3	10.8	9.5	9.0	9.2
Poor	2.9	3.9	3.4	3.0	0.2	1.7	2.2	0.9	1.6	2.8	1.8	2.3

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Health Status	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
How much health interferes with work or regular daily activities												
Physical health (incl. pain)												
Not at all	57.6	54.5	56.1	49.3	46.6	48.0	38.7	31.1	35.3	50.5	47.0	48.9
A little	32.9	27.9	30.6	28.5	33.8	31.0	26.4	37.6	31.4	29.9	32.1	30.9
Moderately	4.4	11.5	7.7	14.0	11.6	12.9	19.9	21.8	20.7	11.3	13.4	12.3
Quite a bit	5.1	6.1	5.6	8.2	8.0	8.1	15.0	9.5	12.6	8.3	7.5	7.9
Emotional/mental health												
Not at all	61.7	65.3	63.4	59.4	57.4	58.4	61.4	65.7	63.3	60.7	62.0	61.3
A little	26.3	19.8	23.3	28.7	27.2	28.0	24.2	22.6	23.5	26.9	23.4	25.3
Moderately	7.3	6.2	6.8	6.9	8.2	7.5	11.2	8.0	9.8	7.9	7.4	7.7
Quite a bit	4.7	8.7	6.5	5.0	7.2	6.1	3.2	3.7	3.4	4.5	7.2	5.7
Health Conditions During Past 12 Months												
Diabetes[2]	2.1	1.3	1.7	6.9	7.9	7.4	12.6	22.9	17.2	6.1	8.0	7.0
Hypertension[2]	7.1	8.2	7.6	29.2	37.8	33.2	57.6	62.1	59.6	26.0	30.3	28.0
High cholesterol (MD dx)[2]	3.0	9.5	6.1	22.5	35.7	28.7	47.4	54.0	50.3	19.7	28.4	23.7
Heart problems, incl. angina, MI[2]	0.3	1.0	0.6	2.5	5.5	3.9	15.6	24.9	19.7	4.2	7.2	5.6
Stroke	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	2.6	0.8	1.8	0.5	0.1	0.3
TIA	<0.1	<0.1	<0.1	0.2	<0.1	0.1	0.9	2.0	1.4	0.3	0.4	0.3
Cancer (any type)	0.6	<0.1	0.3	4.2	3.6	3.9	8.1	8.8	8.4	3.5	3.1	3.3
Non-skin cancer	0.4	<0.1	0.2	3.2	2.4	2.8	5.5	4.9	5.3	2.5	1.9	2.2
Skin cancer	0.2	<0.1	0.1	<0.1	1.3	0.6	3.6	4.3	3.9	0.8	1.3	1.0
Asthma[2]	13.4	11.2	12.4	20.3	8.7	14.8	13.4	8.9	11.4	16.2	9.7	13.2
COPD (Emphysema, Chronic bronchitis)	<0.1	1.9	0.9	0.9	0.3	0.6	6.2	5.2	5.7	1.6	1.8	1.7

Table 2. Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Health Status	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Frequent Heartburn (GERD)	3.9	7.7	5.7	15.9	10.5	13.3	12.1	12.7	12.4	10.3	9.8	10.1
Osteoporosis	--	--	--	2.3	--	--	8.5	0.3	--	--	--	--
Arthritis/rheumatoid arthritis	2.2	1.7	2.0	12.4	8.6	10.6	26.1	18.5	22.8	11.1	7.6	9.5
Severe or chronic pain	27.4	23.6	25.6	38.7	27.0	33.1	34.1	26.7	30.8	33.3	25.5	29.7
Musculoskeletal pain	14.8	16.2	15.5	21.0	16.5	18.8	20.1	15.4	18.0	18.3	16.2	17.3
Severe back pain/sciatica	9.0	11.9	10.4	13.4	11.5	12.5	15.2	10.7	13.2	12.0	11.6	11.8
Severe neck/shoulder pain	8.6	11.7	10.0	13.2	7.4	10.4	8.4	6.4	7.5	10.4	8.9	9.7
Migraine headaches	12.0	3.9	8.2	13.9	5.1	9.8	4.2	0.8	2.7	11.2	3.9	7.8
Other severe headaches	3.3	3.6	3.5	6.7	3.6	5.2	2.3	0.5	1.5	4.5	3.0	3.8
Other chronic pain	7.6	6.4	7.0	16.4	12.3	14.4	21.2	15.5	18.7	13.8	10.5	12.3
Urine leakage (≥ once/week)	5.8	0.7	--	16.4	0.7	--	30.4	12.9	--	15.0	2.9	--
Frequent problems falling or staying asleep	7.9	5.6	6.9	14.7	6.7	10.9	19.0	7.2	13.8	12.9	6.4	9.8
Vision problem (not correctable by glasses)	8.5	8.3	8.4	20.8	14.2	17.7	31.5	21.7	27.2	18.0	13.2	15.8
Hearing problem/deafness[3]	2.7	4.3	3.4	3.6	5.0	4.3	20.6	30.7	25.1	6.6	9.4	7.9
Depression and/or Anxiety lasting ≥ 2 wks[2,4]	20.7	13.6	17.4	26.8	11.8	19.7	22.2	8.5	16.2	23.4	11.9	18.1
Depression, sadness, very low spirits for ≥ 2 wks[4]	16.4	9.8	13.3	18.8	8.9	14.1	19.4	6.9	13.9	17.9	8.9	13.7
Anxiety/panic for ≥ 2 wks[2]	12.7	7.8	10.4	17.0	4.3	11.0	6.8	2.8	5.0	13.2	5.4	9.6
Alcohol or drug problem	2.4	3.8	3.1	2.1	1.5	1.8	0.1	<0.1	<0.1	1.8	2.2	2.0

Table 2.   Prevalence of Selected Chronic Health Problems Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Health Status	Ages 20-44 Women %	Men %	All %	Ages 45-64 Women %	Men %	All %	Ages 65 and Over Women %	Men %	All %	Ages 20 and Over Women %	Men %	All %
Seniors Only:												
Problems with teeth, gums or mouth making it difficult to eat or talk	--	--	--	--	--	--	10.4	9.8	10.1	--	--	--
Memory problems	--	--	--	--	--	--	14.1	12.2	13.2	--	--	--
Balance/walking problem	--	--	--	--	--	--	20.0	13.2	17.0	--	--	--
At least 1 fall during past yr	--	--	--	--	--	--	25.2	16.1	21.2	--	--	--
Only 1 fall	--	--	--	--	--	--	15.3	6.3	11.3	--	--	--
2 fall	--	--	--	--	--	--	4.5	3.8	4.2	--	--	--
3 or more falls	--	--	--	--	--	--	5.4	6.0	5.7	--	--	--
History of Selected Health Conditions (Ever):[5]												
Heart problems or M.I.	0.7	2.5	1.5	3.0	6.2	4.5	19.4	34.2	26.0	5.3	9.8	7.4
Stroke	0.6	<0.1	0.3	0.1	<0.1	0.1	6.2	5.7	6.0	1.5	1.0	1.3
TIA	0.6	0.5	0.6	1.0	0.8	0.9	2.7	5.0	3.7	1.2	1.4	1.3
High blood pressure	9.1	11.5	10.2	32.6	41.4	36.8	60.3	63.2	61.6	28.8	33.3	30.8
Cancer	2.6	2.5	2.5	9.8	5.7	7.9	24.1	18.9	21.8	9.8	6.8	8.4
Non-skin cancer	1.1	2.5	1.8	7.4	2.4	5.1	17.8	13.5	15.9	6.9	4.4	5.7
Skin cancer	1.5	<0.1	0.8	1.5	2.9	2.2	7.5	7.0	7.3	2.7	2.4	2.6
Depression	21.3	15.6	18.7	25.7	12.1	19.3	21.6	8.1	15.6	23.1	12.8	18.3
Chronic Pain	10.4	11.1	10.7	24.8	18.6	21.9	25.7	18.9	22.7	19.2	15.6	17.6
Alcohol or drug problem	3.4	4.3	3.8	5.7	5.5	5.6	0.1	0.8	0.4	3.6	4.1	3.9

1   From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged ≥ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.
2   Estimate based on indication of the health condition or reported use of medication to control that health condition.
3   Estimates based on an indication of a hearing problem/deafness in the health condition checklist and for seniors, a question about use of/need for a hearing aid.

[4] 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.

[5] Indicated ever having this condition, including in the past 12 months.

Table 3.   Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
History of Tobacco Use												
Current cigarette smoker	8.0	6.8	7.5	4.6	8.8	6.6	3.1	2.4	2.8	5.7	6.8	6.2
Former cigarette smoker	8.2	8.7	8.4	24.9	22.9	24.0	34.2	47.1	39.9	20.1	21.6	20.8
Never smoked regularly	83.8	84.5	84.1	70.5	68.3	69.4	62.7	50.5	57.3	74.2	71.6	73.0
Weight												
Overweight (BMI ≥ 25)	45.8	64.8	54.9	54.0	78.4	65.6	58.7	66.0	62.0	51.8	70.7	60.6
Obese (BMI ≥ 30)	23.5	24.7	24.1	28.5	26.6	27.6	22.1	23.0	22.5	25.3	25.2	25.2
BMI range:												
BMI < 18.5 (underwt)	4.9	3.2	4.1	0.5	<0.1	0.2	2.7	1.0	1.9	2.6	1.5	2.1
BMI 18.5 to 25	49.3	32.0	41.0	45.6	21.6	34.2	38.5	33.0	36.1	45.6	27.8	37.3
BMI 25 to 30 (over wt)	22.3	40.1	30.8	25.4	51.8	37.9	36.6	43.0	39.5	26.5	45.5	35.4
BMI 30 to <35 (obese)	14.0	14.8	14.4	15.9	17.9	16.9	12.1	15.6	13.6	14.4	16.2	15.2
BMI ≥ 35 (very obese)	9.5	9.9	9.7	12.6	8.7	10.8	10.1	7.4	8.9	10.9	9.0	10.0
Exercise Frequency												
5 or more times/week	24.4	27.4	25.8	27.3	42.1	34.3	29.1	33.3	31.0	26.5	34.5	30.2
3-4 times/week	33.9	30.7	32.4	37.1	23.4	30.6	29.4	35.3	32.0	34.3	28.5	31.6
1-2 times/week	27.5	30.2	28.8	19.5	23.1	21.2	17.4	13.5	15.7	22.3	24.3	23.2
Less than 1 time/week	14.2	11.7	13.0	16.1	11.4	13.9	24.1	17.9	21.3	16.9	12.7	15.0
Usual Type of Exercise (Those who exercise only)												
Low impact	26.0	20.4	23.4	41.1	37.5	39.4	55.8	43.9	50.5	37.6	31.6	34.8
Moderate/Vigorous	74.0	79.6	76.6	58.9	62.5	60.6	44.2	56.1	49.5	62.4	68.4	65.2
Dietary Practices												
Tries to eat reduced fat foods most of the time.	49.3	36.7	43.4	57.6	47.1	52.6	51.0	50.9	50.9	53.0	43.6	48.6
Tries to avoid foods high in salt/sodium most of the time	57.5	48.1	53.1	58.5	57.9	58.2	61.2	59.6	60.5	58.6	54.2	56.6

Table 3.   Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Fruit/Vegetable Consumption												
Eats ≥ 3 servings per day	57.7	43.2	51.0	58.4	38.9	49.2	63.0	38.2	52.0	59.0	40.5	50.4
Eats ≥ 5 servings per day	16.0	16.8	16.4	18.4	12.1	15.4	24.8	14.5	20.2	18.7	14.4	16.7
Takes a daily multivitamin	56.7	53.4	55.2	58.4	54.2	56.4	55.4	50.5	53.2	57.1	53.2	55.3
Takes calcium (any)	23.0	11.7	17.8	55.4	13.3	35.4	68.3	20.9	47.3	45.0	14.1	30.6
Calcium+D or calcium with D from another source	22.4	11.3	17.2	54.8	13.3	35.1	67.2	20.9	46.7	44.3	13.9	30.1
Takes vitamin D (not as part of multivitamin/calcium)	8.6	9.3	8.9	26.4	12.6	19.9	33.3	15.5	25.4	20.6	11.8	16.5
Alcohol Consumption												
Never drinks	18.4	18.7	18.5	22.1	21.3	21.7	32.7	21.6	27.8	22.7	20.3	21.6
Drinks < once/week	47.4	32.4	40.3	41.2	29.5	35.6	35.2	29.4	32.6	42.5	30.7	36.9
Drinks 1-2 days/week	19.2	26.4	22.6	13.9	12.9	13.4	11.2	13.7	12.3	15.5	18.4	16.9
Drinks 3-4 days/week	8.2	12.6	10.3	10.2	14.2	12.2	4.8	9.1	6.7	8.3	12.7	10.4
Drinks ≥ 5 days/week	6.8	9.9	8.3	12.6	22.1	17.1	16.1	26.2	20.6	11.0	17.9	14.2
At-Risk drinker based on:												
Drinks/day (W >1, M >2)[2]	45.2	30.6	38.5	34.3	21.3	28.0	20.7	10.4	16.2	35.9	23.0	29.9
Drinks/week[3] (W >7, M >14)	10.6	5.7	8.3	11.9	8.0	10.0	11.2	7.1	9.4	11.2	6.9	9.2
Sleep (per 24 hour day)												
< 6 hours	5.5	3.6	4.6	7.1	5.4	6.3	10.1	3.1	7.0	7.1	4.3	5.8
6-<7 hours	18.5	27.8	22.8	19.9	29.5	24.4	18.1	14.3	16.4	19.0	26.0	22.2
7-9 hours	69.9	66.4	68.3	72.8	63.6	68.5	64.1	72.9	68.0	69.9	66.4	68.3
> 9 hours	6.1	2.2	4.3	0.2	1.5	0.8	7.7	9.7	8.6	4.0	3.3	3.7

Table 3.   Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Behavioral/Psychosocial Risks During the Past 12 Months	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Psychosocial Risks												
Worried about personal/family financial security	30.4	23.0	27.0	28.6	25.6	27.2	11.3	8.3	10.0	25.9	21.4	23.8
Worried about safety	3.3	6.0	4.5	4.0	4.1	4.0	2.6	3.2	2.8	3.4	4.7	4.0
Have felt harassed or discriminated against	4.9	5.1	5.0	4.3	4.8	4.5	2.3	1.7	2.0	4.2	4.3	4.2
Very stressed, tense or anxious much of the time	24.0	20.6	22.5	27.3	11.7	19.9	8.6	3.5	6.4	22.3	13.8	18.4
Overall satisfaction with life												
Fairly/very satisfied	91.9	89.6	90.9	88.8	90.5	89.6	89.6	93.4	91.3	90.2	90.7	90.4
Not very/not at all satisfied	8.1	10.4	9.1	11.2	9.5	10.4	10.4	6.6	8.7	9.8	9.3	9.6
Overall happiness												
Pretty/very happy	90.3	94.3	92.2	87.9	86.5	87.2	88.6	91.4	89.8	89.0	90.5	89.7
Not very/not at all happy	9.7	5.7	7.8	12.1	13.5	12.8	11.4	8.6	10.2	11.0	9.5	10.3
Health-Related Beliefs												
Belief about extent to which lifestyle/habits can affect health												
Not at all/a little bit	4.5	5.4	4.9	4.0	2.8	3.4	5.2	6.7	5.8	4.4	4.6	4.5
Moderately	6.5	9.7	8.0	5.0	12.8	8.7	8.4	9.3	8.8	6.3	10.9	8.4
Quite a bit/extremely	89.0	84.9	87.1	91.0	84.4	87.9	86.4	84.0	85.4	89.3	84.5	87.1
Belief about extent to which stress/emotional troubles can affect health												
Not at all/a little bit	6.5	9.1	7.7	6.3	10.9	8.5	8.3	12.6	10.2	6.8	10.5	8.5
Moderately	8.3	11.9	10.0	5.3	7.6	6.4	12.3	10.1	11.3	7.9	9.8	8.8
Quite a bit/extremely	85.2	79.0	82.3	88.4	81.5	85.1	79.4	77.3	78.5	85.3	79.7	82.7

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

[2] At-risk drinker based on usual number of drinks consumed on days when had a drink: Women > 1 drink in a day, Men > 2 drinks in a day.

[3] At-risk drinker based on number of drinks per week estimated by usual drinking frequency x usual number of drinks: Women > 7/week, Men > 14/week.

Table 4.   Actions People Are Taking to Improve or Maintain Health, Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Actions Taken Trying To:	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Tries to get exercise (any type) most days	64.9	56.4	61.0	59.6	62.2	60.8	52.2	60.4	55.8	60.3	59.5	59.9
Gets moderate/vigorous exercise most days	49.2	48.9	49.1	46.3	46.1	46.2	46.5	47.8	47.1	47.5	47.5	47.5
Daily walks/10,000 steps	27.6	15.0	21.7	28.2	33.9	30.9	22.0	26.5	24.0	26.7	24.9	25.9
Reads labels/recipes to learn what is in their food	57.4	55.1	56.3	62.1	48.8	55.8	62.3	41.2	52.9	60.2	49.9	55.4
Tries to eat mostly healthy foods	79.2	65.1	72.6	83.9	72.5	78.5	76.3	65.2	71.4	80.5	68.2	74.8
Tries to manage stress	57.0	45.9	51.8	55.1	44.1	49.9	41.2	24.5	33.8	53.1	41.2	47.6
Tries to get enough sleep to feel well rested	72.9	61.2	67.5	78.9	63.1	71.4	70.1	59.6	65.4	74.7	61.7	68.7
Taking steps to lose weight or maintain weight loss	55.0	45.2	50.4	56.0	47.9	52.2	39.7	33.2	36.8	52.4	44.1	48.5
If overweight or obese	73.9	61.5	67.9	68.1	67.0	67.6	52.4	50.8	51.7	67.4	62.1	65.0
Does enjoyable activities at least once a week	74.8	70.9	73.0	73.8	67.1	70.7	71.4	60.7	66.7	73.7	67.5	70.8
Takes low dose aspirin to prevent heart attack/stroke	3.8	5.3	4.5	25.3	35.3	30.0	48.1	55.2	51.2	21.2	26.8	23.8
Seniors Only:												
Taking steps to prevent falls	--	--	--	--	--	--	48.7	27.5	39.3	--	--	--
Does activities to keep brain stimulated	--	--	--	--	--	--	78.2	61.6	70.9	--	--	--
Visits with people at least once a week	--	--	--	--	--	--	74.2	57.5	66.8	--	--	--

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

Table 5.   Use of Selected Preventive Medicine Services (self-reported) by Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Preventive Medicine Services[2]	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Flu immunization in 2010-11 flu season												
Ages $\geq$ 20	45.2	47.2	46.2	55.5	52.0	53.8	75.4	76.5	75.9	55.3	54.6	55.0
Ages $\geq$ 50	--	--	--	53.5	52.0	52.8	75.4	76.5	75.9	62.4	61.2	61.9
Ages $\geq$ 65 or high risk[3]	53.3	52.0	52.7	70.8	61.0	66.8	75.4	76.5	75.9	70.3	68.1	69.4
Pneumococcal vaccination (ever)												
Ages $\geq$ 65	--	--	--	--	--	--	74.1	60.9	68.3	--	--	--
Dental exam by dentist/hygienist												
Within past 12 months	81.8	75.2	78.7	84.8	83.8	84.3	83.1	79.6	81.6	83.2	79.6	81.5
More than one year ago	17.5	24.5	20.8	15.1	15.8	15.4	14.9	16.8	15.7	16.0	19.5	17.6

[1]   From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

[2]   Based on self-report data. Previous research suggests that self-report tends to underestimate the length of time since procedures were done, so these rates may overestimate the actual rates of members who had these procedures during the specified interval.

[3]   High risk: having $\geq$1 of the following: history of heart disease, MI in past year, Parkinson's disease, diabetes, asthma, COPD, chronic bronchitis.

Table 6.　Use of Selected Complementary or Alternative Medicine, Modalities in Past 12 Months to Treat or Prevent Own Health Problems, Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Complementary or Alternative Medicine	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Chiropractic	10.9	13.9	12.3	13.9	11.3	12.6	11.0	7.0	9.2	12.1	11.6	11.9
Acupuncture	4.5	1.7	3.2	7.0	3.7	5.4	4.3	2.2	3.4	5.4	2.6	4.1
Acupressure	2.1	0.7	1.4	3.0	0.9	2.0	1.1	<0.1	0.6	2.3	0.7	1.5
Massage Therapy	23.9	18.0	21.1	22.8	13.8	18.6	10.6	4.9	8.1	20.8	13.9	17.6
Deep breathing, mindfulness, or other relaxation/meditation technique	19.6	14.9	17.4	20.1	14.4	17.4	10.0	6.7	8.5	17.9	13.2	15.7
Guided imagery/visualization techniques	3.3	0.7	2.1	4.8	1.9	3.4	1.4	<0.1	0.8	3.5	1.0	2.4
Yoga	17.9	9.2	13.8	13.3	5.9	9.8	5.0	4.0	4.6	13.5	6.9	10.4
Tai Chi, Chi Gong, other movement therapy	0.2	0.7	0.4	1.9	2.8	2.3	2.4	1.2	1.9	1.3	1.7	1.5
Body work (e.g., Feldenkreis)	0.8	0.7	0.7	0.5	<0.1	0.2	2.3	1.3	1.8	1.0	0.5	0.7
Herbal medicine/herbal supplement	8.8	5.4	7.2	5.4	2.9	4.2	9.4	6.1	7.9	7.6	4.5	6.1
Chinese, Indian, or Native American medicines	2.6	2.6	2.6	1.2	0.9	1.1	<0.1	0.2	0.1	1.5	1.5	1.5
Megavitamin/high dose vitamin therapy	<0.1	1.3	0.6	0.8	1.3	1.1	0.1	2.4	1.1	0.4	1.5	0.9
Homeopathic medicine	3.8	2.0	3.0	2.7	0.9	1.8	3.2	0.4	2.0	3.2	1.3	2.3
Very low fat diet (Ornish, Pritikin, etc.)	1.9	1.8	1.9	3.1	1.5	2.3	3.2	1.9	2.6	2.6	1.7	2.2
Very low carb diet	4.7	5.2	4.9	7.1	4.4	5.8	1.9	2.7	2.3	5.1	4.4	4.8
Prayer or spiritual practice	16.0	13.3	14.7	26.6	14.9	21.0	22.9	9.2	16.8	21.6	13.2	17.7
Religious/spiritual healing by others	2.0	2.3	2.1	2.8	0.8	1.9	1.0	1.7	1.3	2.1	1.6	1.9
Psychological counseling	8.8	1.8	5.5	9.4	3.2	6.4	3.5	2.3	3.0	8.0	2.5	5.4
12-Step/Self-help Program	3.9	1.5	2.8	3.7	2.6	3.2	<0.1	1.1	0.5	3.0	1.9	2.5

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

Table 7.   Access to the Internet and Digital Tools Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Access to IT/Digital Tools	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Mobile phone (cell or smart phone)	98.4	94.1	96.4	94.8	92.0	93.5	69.0	68.9	68.9	91.2	88.7	90.0
Text messages	93.8	86.3	90.3	81.4	78.1	79.9	30.6	39.7	34.7	76.5	74.6	75.6
Computer (desktop, laptop, net book)												
From any location	99.1	98.0	98.6	97.1	96.0	96.6	75.5	83.0	78.8	93.6	94.4	94.0
At home	96.6	95.9	96.3	94.3	94.3	94.3	72.5	79.4	75.5	90.9	92.3	91.5
Able to use the Internet												
From any location	99.8	98.5	99.2	98.1	97.1	97.6	76.1	85.0	80.1	94.5	95.4	94.9
At home	96.4	95.9	96.1	94.4	94.0	94.2	68.1	74.1	70.8	90.1	91.1	90.6
Requires help to use	0.4	2.6	1.4	2.9	2.6	2.8	11.0	9.1	10.1	3.5	3.8	3.6
Able to send/receive email	99.4	97.7	98.6	96.3	94.3	95.4	75.7	80.6	77.9	93.6	93.2	93.4
Requires help to use	<0.1	0.7	0.3	3.0	2.4	2.7	12.5	8.5	10.7	3.6	2.8	3.3

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

Table 8. Use of Internet/Digital Health Information Sources in the Prior 12 Months Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
Accessed Internet-based Health Information in Past 12 mos.	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Got health information from kp.org or other websites (based single item)	44.6	31.7	38.6	45.2	30.8	38.4	26.2	25.9	26.1	41.2	30.3	36.1
Got health information from any website or the following kp.org sources: MD home page, Health or Drug Encyclopedia, online patient education program	55.9	38.9	48.0	55.1	47.5	51.5	35.7	39.8	37.5	51.5	42.7	47.4
Used kp.org Health or Drug Encyclopedia	15.6	6.7	11.5	23.4	18.1	20.9	13.8	9.8	12.0	18.3	12.0	15.4
Used any online kp.org health/patient education program	12.1	2.1	7.5	16.7	10.7	13.9	6.3	5.4	5.9	12.8	6.3	9.8
Got health information from MD home page on kp.org	27.5	16.8	22.5	23.1	24.0	23.5	15.0	19.2	16.9	23.2	20.2	21.8
Used kp.org website secure features (lab results, Rx refill, clinician messaging)	75.2	45.1	61.2	76.5	64.6	70.9	51.4	52.5	51.9	71.0	54.5	63.4
Used at least one kp.org health information source or kp.org secure feature	78.5	49.0	64.8	76.4	69.4	73.1	52.2	56.1	53.9	72.4	58.8	66.1
Accessed Other KP Health Ed Resources in Past 12 mos.												
Any individual or group health education program	11.0	3.6	7.6	11.5	10.4	11.0	10.6	9.8	10.3	11.1	7.6	9.5
Health Education Center or Resource Desk	10.4	5.2	8.0	15.9	8.7	12.5	13.9	9.2	11.8	13.3	7.4	10.6
Individual health behavior counseling	3.6	<0.1	1.9	4.6	5.1	4.8	6.2	7.5	6.8	4.5	3.5	4.0
Read a member newsletter	31.8	13.5	23.3	46.1	35.4	41.1	55.2	46.6	51.4	42.2	28.7	35.9
Used print health education materials or DVDs	14.6	6.8	11.0	19.4	18.0	18.7	23.0	24.5	23.7	18.2	14.7	16.6

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.

Table 9.   Preferred Methods for Learning About How to Take Care of Health Problems and Improve Health Among Members Aged 20 and Over in the Diablo Service Area Population, Kaiser Permanente Northern California Member Health Survey, Spring 2011[1]

Preferred Methods for Learning About Health	Ages 20-44			Ages 45-64			Ages 65 and Over			Ages 20 and Over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Internet-based Modalities												
Information from Internet websites	40.7	37.1	39.0	37.0	40.0	38.4	18.6	18.1	18.3	34.8	34.8	34.8
Information from MD home page	30.0	19.8	25.2	29.8	32.0	30.8	15.5	19.1	17.1	27.0	24.7	25.9
Web/Email-based programs:												
Single session	14.2	12.4	13.4	13.7	10.4	12.1	4.7	4.7	4.7	12.1	10.2	11.2
Multi-session	12.2	7.4	10.0	10.1	6.9	8.6	1.8	1.7	1.7	9.3	6.1	7.8
Watch live webinars/talks on kp.org	13.9	17.1	15.4	15.0	20.6	17.6	4.4	4.9	4.6	12.4	16.3	14.2
Watch health videos on kp.org or other websites	16.9	18.2	17.5	20.2	20.3	20.2	11.4	8.1	9.9	17.1	17.2	17.2
Podcasts and online audio programs	10.5	14.8	12.5	12.0	10.8	11.4	1.5	4.4	2.8	9.3	11.3	10.2
Emailed health newsletters and tip sheets	34.5	22.5	28.9	33.8	29.9	32.0	22.3	26.9	24.4	31.8	26.4	29.3
Secure email communication	38.1	29.7	34.2	37.1	29.6	33.5	13.0	19.7	16.0	32.7	27.8	30.4
Text messages	14.7	6.3	10.8	12.2	11.0	11.7	3.5	4.1	3.7	11.5	7.9	9.8
Interactive computer program	21.7	24.4	23.0	19.4	24.0	21.5	4.9	6.6	5.6	17.4	20.9	19.1
Other Modalities												
Individual counseling	35.2	33.1	34.2	36.0	33.6	34.9	29.6	27.3	28.6	34.4	32.2	33.4
Brief individual telephone counseling sessions	23.6	21.8	22.8	28.0	21.8	25.1	26.5	17.6	22.6	26.0	21.0	23.7
Small group appointments	10.1	5.2	7.8	14.3	9.3	11.9	14.4	13.0	13.8	12.7	8.3	10.6
One session workshop	14.4	8.4	11.6	19.5	10.2	15.1	13.4	7.6	10.9	16.2	9.0	12.9
Multi-session in person class/group	9.6	3.6	6.8	14.5	9.5	12.1	7.7	7.9	7.8	11.2	6.8	9.2
Multi-session phone-in group program	2.4	0.3	1.4	1.8	1.9	1.9	0.6	0.3	0.5	1.8	1.0	1.4
Watch DVDs at home	9.6	8.7	9.2	11.6	9.1	10.4	7.6	7.6	7.6	10.0	8.7	9.4
Health newsletters and tip sheets mailed to home	8.9	9.7	9.3	19.6	14.9	17.4	39.2	26.5	33.6	19.2	15.0	17.2

[1] From the 2011 Division of Research Member Health Survey, a random sample survey of Health Plan members aged 20 and over conducted in Spring 2011. Estimates for this table are based on data from respondents aged $\geq$ 20, weighted to the age-, gender-, and geographic distribution of the Health Plan membership in final quarter of 2010.