

**What the Member Health Surveys Project Tells Us  
about the Kaiser Permanente Northern California  
Adult Membership: Demographics, IT Access,  
Behavioral/Lifestyle Risks, and Health: Trends,  
Race-Ethnic Differences, and Variation Across  
Service Populations**

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# Executive Summary of Findings of the 2005 Member Health Survey

- **EDUCATIONAL ATTAINMENT.** The adult membership continues to become better educated, with an estimated members aged 25-79 having completed some post-secondary education and 44% having a 4-year college degree. However, there are major age and race/ethnic differences in educational attainment:
  - Approximately 45% of members aged 25-64 were college graduates, as compared with 26% of women aged 65-79 and 38% of men aged 65-79.
  - Among adults aged 25-64, nonHispanic Whites were significantly more likely to be college graduates than Blacks and Latinos (approximately 48% vs. 30%), while among adults aged 65-79, Black men and Latino men and women were significantly less likely than Whites to have a college degree.
- **INTERNET ACCESS.** The adult membership continues to become more connected to the Internet and e-mail, with 85% of adults aged 25-79 reported Internet access from home or another location and 82% e-mail access. However, access differed by age and race/ethnicity. While 90% of men and women aged 25-64 had Internet access, only 54% of women and 63% of men aged 65-79 had access, and Blacks and Latinos were significantly less likely than nonHispanic Whites to have Internet access from any location.

# Executive Summary of Findings of the 2005 Member Health Survey

- **HEALTH STATUS.** There were no changes in the percentages of adults who considered their health to be very good/excellent or fair/poor as compared with the 2002 survey. However, in 2005, the percentages of adults aged 40-79 with diabetes and/or high blood pressure (based on self-report) were higher than in 2002.
  - Blacks and Latinos were half as likely as Whites to report very good/excellent health and nearly twice as likely to report fair or poor health. Diabetes was significantly higher among Black and Latino adults than among Whites, and Blacks were significantly more likely than Whites and Latinos to have high blood pressure. Black and Latina women were also significantly more likely than White women to rate their emotional/mental health as fair or poor.
  
- **BEHAVIORAL HEALTH RISKS.**
  - **SMOKING.** The percentage of adult members aged 25-79 who were cigarette smokers showed a significant decline between 2002 and 2005, down to an overall 9.2% from the previous 12.1%. However, the only significant declines were among adults aged 25-64. In this age group, Blacks were nearly twice as likely as Whites and Latinos to be current smokers

# Executive Summary of Findings of the 2005 Member Health Survey

## ➤ BEHAVIORAL HEALTH RISKS (CONTINUED)

- OBESITY. The percentages of adult members aged 25-79 who were overweight or obese showed significant increases between 2002 and 2005. In 2005, approximately 61% were overweight (BMI  $\geq$  25), 25.6% obese (BMI  $\geq$  30), and >9% very obese (BMI  $\geq$  35). Among women, Blacks were twice as likely and Latinas 1.6 times as likely as nonHispanic Whites to be obese, and among women aged 25-64, Blacks were nearly 3 times as likely as Whites to be very obese.
- FRUIT AND VEGETABLE CONSUMPTION. In 2005, only 11% of adults aged 25-79 were consuming the recommended 5-A-Day, with men significantly less likely to meet this recommendation than women (among ages 25-64, 14% of women vs. 7% of men; among ages 65-79, approximately 17% of women vs. 10% of men). Across all age-gender groups, Blacks and Latinos were significantly less likely to meet this recommendation than nonHispanic Whites.
- FAT CONSUMPTION. In 2005, approximately 60% of adult members aged 25-79 did not usually try to eat reduced fat foods. Adults aged 25-64 were more likely to report this than those aged 65-79.

# Executive Summary of Findings of the 2005 Member Health Survey

## ➤ BEHAVIORAL HEALTH RISKS (CONTINUED)

- EXERCISE. In 2005, approximately 16% of adult members aged 25-79 reported getting exercise < once a week. However, approximately 59% reported getting exercise at least 3 times a week. Sedentary behavior was not associated with age, but adults aged 65-79 were significantly more likely than those aged 25-64 to report getting exercise at least 3 times a week. Among women, Blacks and Latinas were significantly more likely than nonHispanic Whites to report getting exercise < once a week and significantly less likely to report the higher level of exercise frequency.
- BELIEFS ABOUT THE EFFECT THAT ONE'S HABITS/LIFESTYLE AND STRESS/EMOTIONAL TROUBLE CAN HAVE ON THEIR HEALTH. 2005 saw a substantial increase as compared to 2002 in the percentages of adults aged 25-79 who believed that their habits/lifestyle (like what they ate, exercise, and their weight) could have a large effect on their health (84% in 2005 vs. 65% in 2002) and a substantial decrease in the percentages who believed that these factors had little or no effect on their health (16% vs. 6%). Similarly high percentages believed that stress/emotional troubles (like depression and anxiety) could have a large effect on their health. In contrast to 2002, where there were large disparities in these beliefs between adults aged 25-64 and those aged 65-79, and between Blacks and Latinos vs. Whites, there was much less difference in 2005.

# **Executive Summary of Findings of the 2005 Member Health Survey**

- **ACTIONS MEMBERS TOOK DURING THE PREVIOUS YEAR TO TRY TO IMPROVE THEIR HEALTH.**
  - **56% of adults aged 25-79 (women more than men) said that they had tried to lose weight, and approximately 25% reported that they had lost weight during the previous 12 months**
  - **Nearly half (48%) reported that they had started to eat healthier foods**
  - **Half said that they had started to exercise more**
  - **56% of people who had been smokers during the previous year had made a serious attempt to quit.**
  - **Among people who had tried to lose weight, approximately 60% said that they were trying to get more exercise and 59% that they had started to eat healthier foods**
  - **Most people who had tried to lose weight or quit smoking did not access a formal program (group, one-on-one, or web-based) offered by Kaiser or in the community**

## **This presentation will:**

- Briefly describe the Member Health Surveys Project
- Highlight characteristics of KP-NCal members aged 25-79 in 2005 and how they have been trending over time:
  - Race/Ethnicity, Education, Internet access
  - Behavioral Health Risks (Smoking, Obesity, Exercise, Diet, Health beliefs)
  - Selected Health conditions and Overall Health Status
- Show how White, Black, and Latino members differed on these characteristics in 2005
- Show how some of these characteristics varied by Medical Center Service Population in 2005

## ***The KP Adult Member Health Survey (MHS)***

- Tool designed to answer KP's need for data to do population-based health service planning/evaluation and KP-DOR's data needs for the planning, funding, and conduct of research
- Collects a wide variety of demographic and health-related information about the adult membership
- Very large stratified random survey of Kaiser members aged  $\geq 20$  (mailed to 40,000, with over 18,000 respondents)
- Surveys conducted triennially (1993, 1996, 1999, 2002, 2005)
- Data linkable at respondent level to other sources of KP data
- Funded primarily by KPNC Community Benefit Program, with some funding from The Permanente Medical Group



## ***The MHS collects a wide variety of information:***

### **CORE QUESTIONS:**

- **Demographic** characteristics
- **Health** status, selected health conditions, health-related QOL, and ADL status (65+)
- **Behavioral health risks:** smoking, weight, exercise frequency, fruit/vegetable consumption, low fat diet, stress, alcohol use, health beliefs
- **CAM** use and **nutritional supplement** use (latter in 1999+)
- **Preventive and health education services** received (screening procedures, flu shots, advice about health practices)
- **Rating of KP services:** illness-related care, preventive services, and health information/advice
- Use of and interest in different **modalities for obtaining health information** and advice

## ***MHS data are used to:***

- Support evidence-based service/program development and evaluation at Regional and MCSP levels (especially health/patient education)
- Monitor changes in demographics, health, behavioral health risks, use of health services at Regional and MCSP levels, CAM, IT access, and health ed preferences
- Compare the Kaiser adult membership to the general and insured populations (using BRFS, CHIS, NHIS)
- Support development of proposals for health-related research
- Conduct epidemiologic and health services research

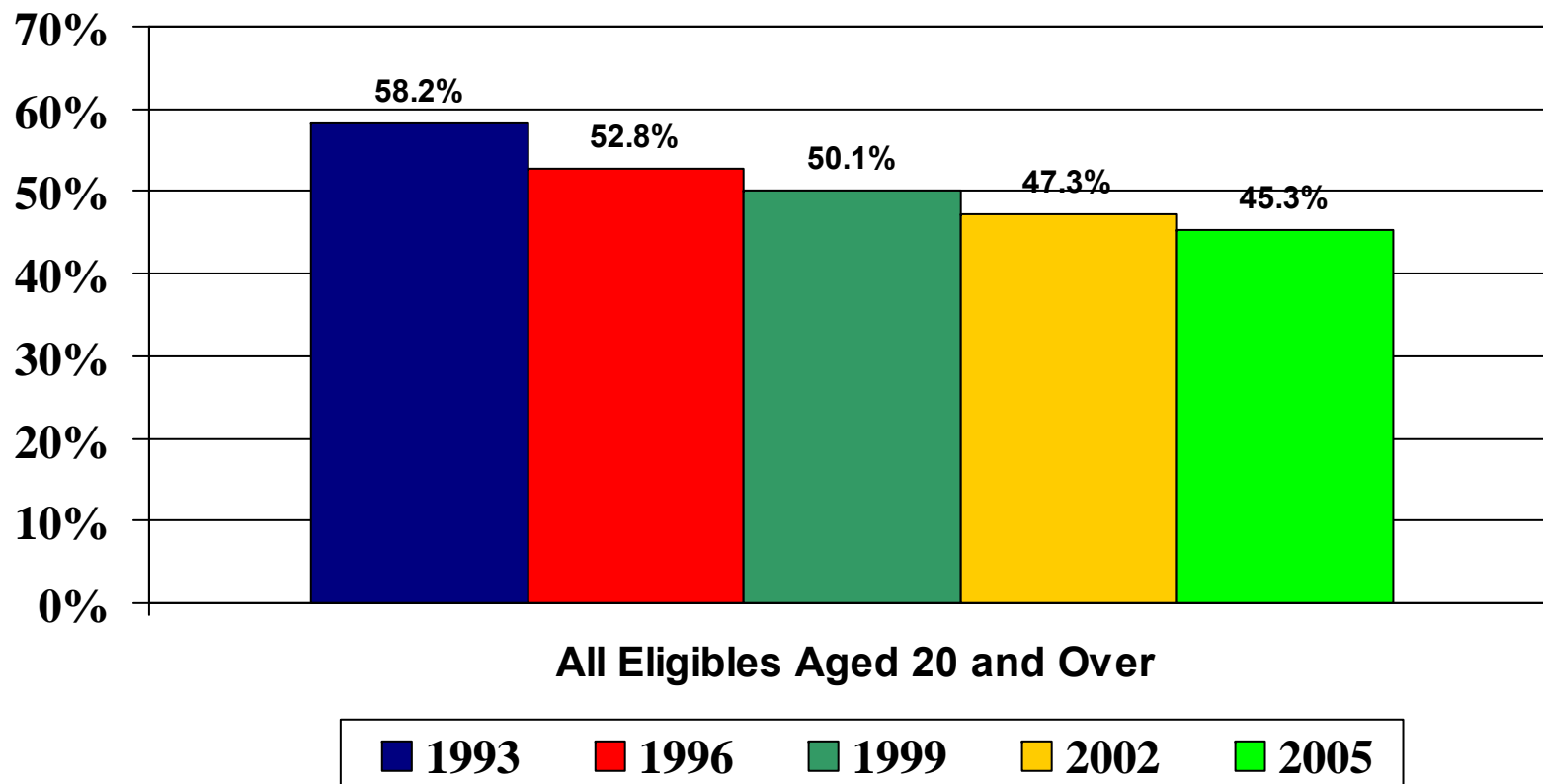
## ***MHS Study Design:***

- Samples pulled at MCSP level (Strata=17 in 1993 and 1996, 18 in 1999 and 2002, and 19 in 2005)
- MCSP samples consist of 2,100+ men and women aged  $\geq$  20, stratified by 4 age groups; larger samples for 5 facilities with high estimated %s members of color (OAK, RCH, SFO, HAY, VAL)
- Eligibility criteria: Current member, not LEP (survey only available in English)
- Survey respondents assigned a post-stratification weighting factor based on age-gender composition of MCSP and of final respondent sample → Weighted samples better reflect age-gender compositions of the MCSP (and Region)

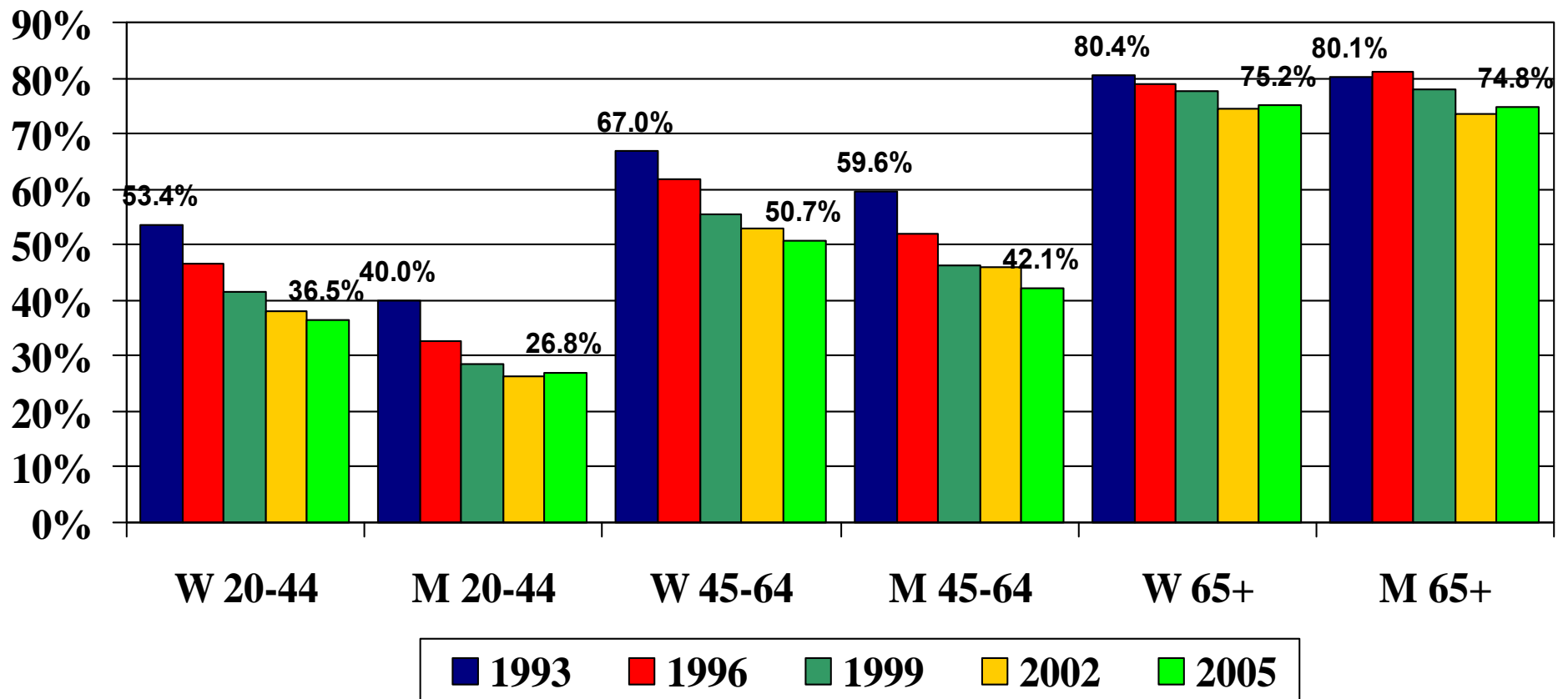
## **In 2005, web-based survey option offered in addition to hardcopy survey:**

- Designed to appeal to younger adults who have always been our worst responders; most adults > 65 not expected to choose electronic questionnaire option
- Survey packet (questionnaire, cover letter + FAQ, return envelope) sent out to entire sample. URL of web-based survey, logon ID and passcode included in the letter
  - Couldn't send out an e-mail link because we do not have members' e-mail addresses, but KP-NCal IRB would likely not have approved contacting members by e-mail anyway.
- **Only 2.4% (454 / 18,750) of survey respondents chose to complete the survey on our secure website:** 6.4% (n=132) men 25-44, 3.5% women 25-44 (n=132), and 3.9% of men 45-64 (n=104); <1% of men and women aged ≥ 65 chose web option

# Member Health Survey Response Rates, Ages 20 and Over, 1993-2005



## Member Health Survey Response Rates, by Age-Gender Group, 1993-2005



## 1993-2005 Member Health Survey Respondent Samples Ages 25-79

<b>Age-Sex</b>	<b>1993</b>	<b>1996</b>	<b>1999</b>	<b>2002</b>	<b>2005</b>
All 25-79	18,137	16,339	17,243	16,874	16,957
W 25-44	3,902	3,380	3,124	3,023	3,022
W 45-64	3,446	3,130	3,229	3,161	3,171
W 65-79	2,379	2,379	3,045	2,955	3,149
M 25-44	2,932	2,400	2,152	2,106	1,870
M 45-64	3,030	2,628	2,669	2,730	2,640
M 65-79	2,448	2,422	3,024	2,899	3,105

## **Demographic Characteristics:**

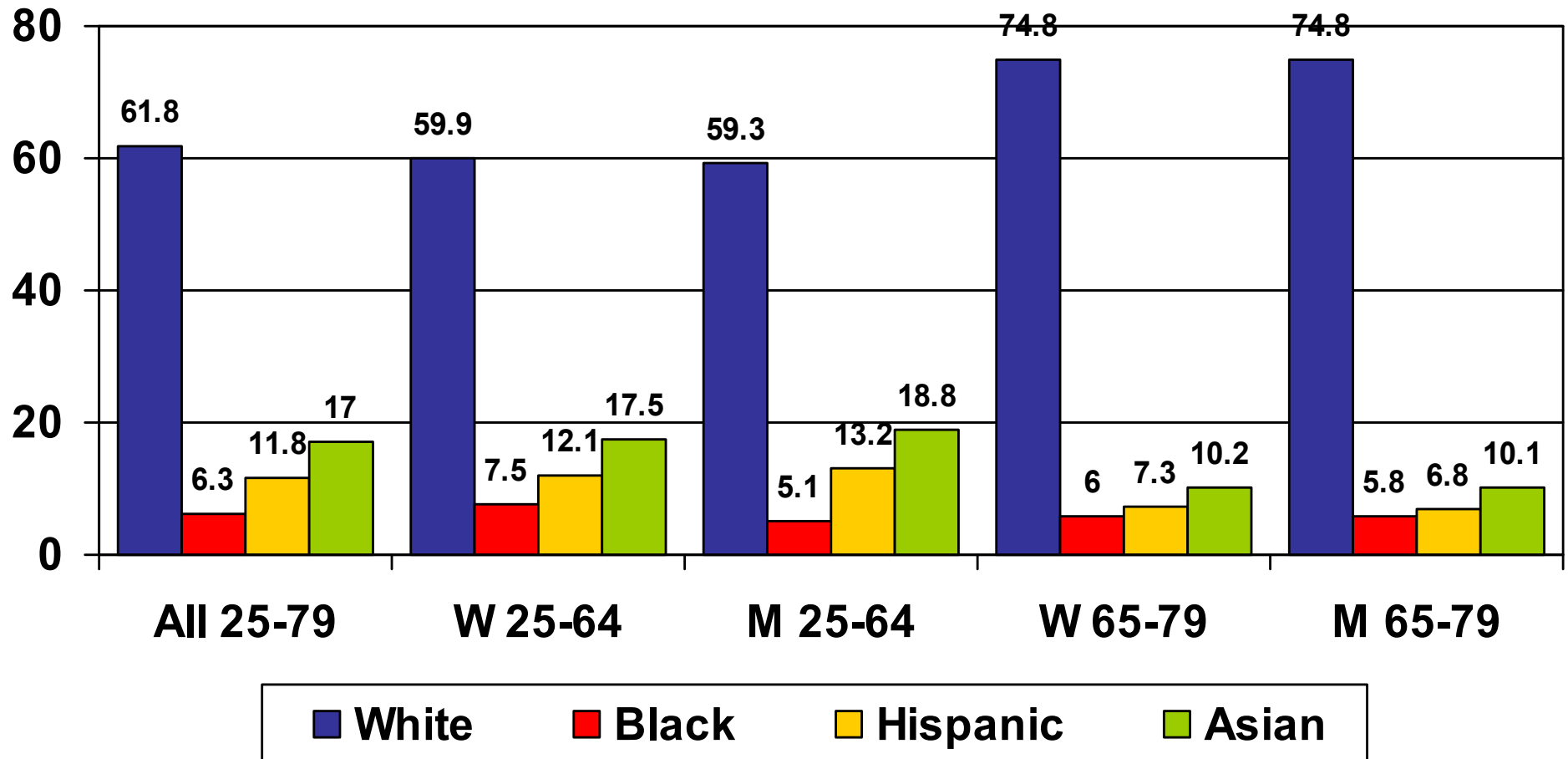
**Race/Ethnicity**

**Education**

**Internet/E-Mail Access**

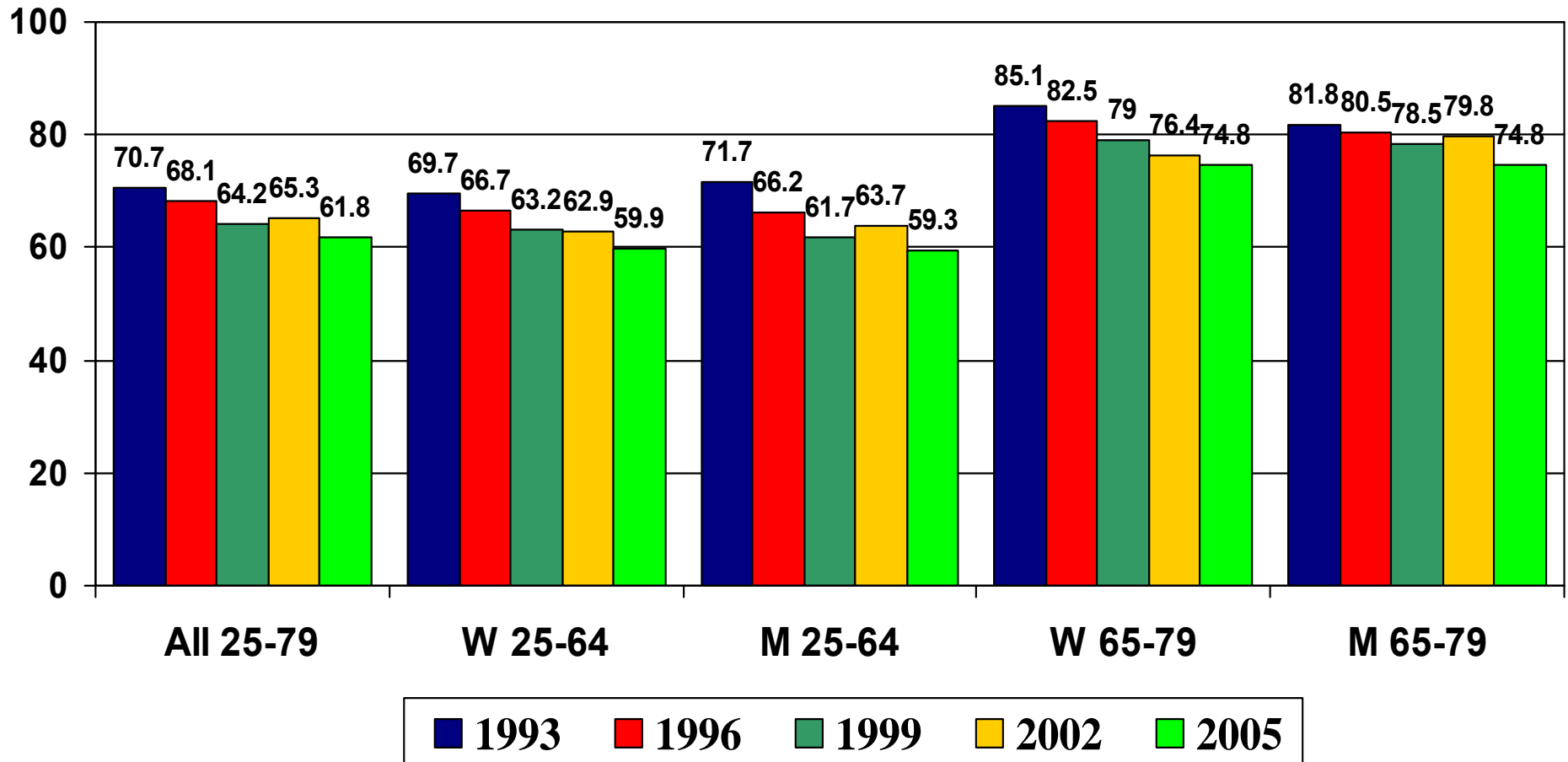


## Race/Ethnic Composition of the KP-NCal Membership Aged 25-79 in 2005



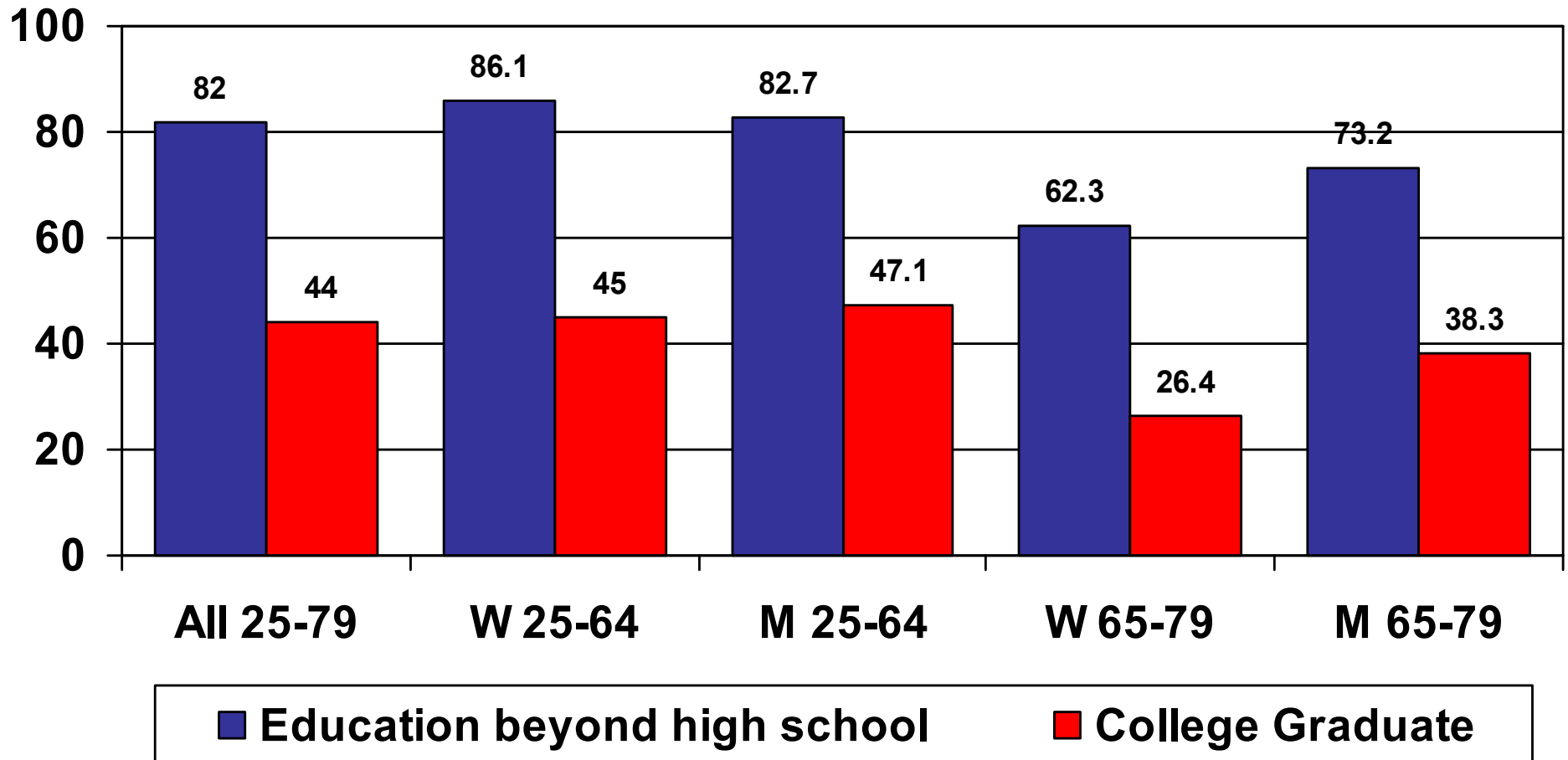
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Were nonHispanic White, 1993-2005



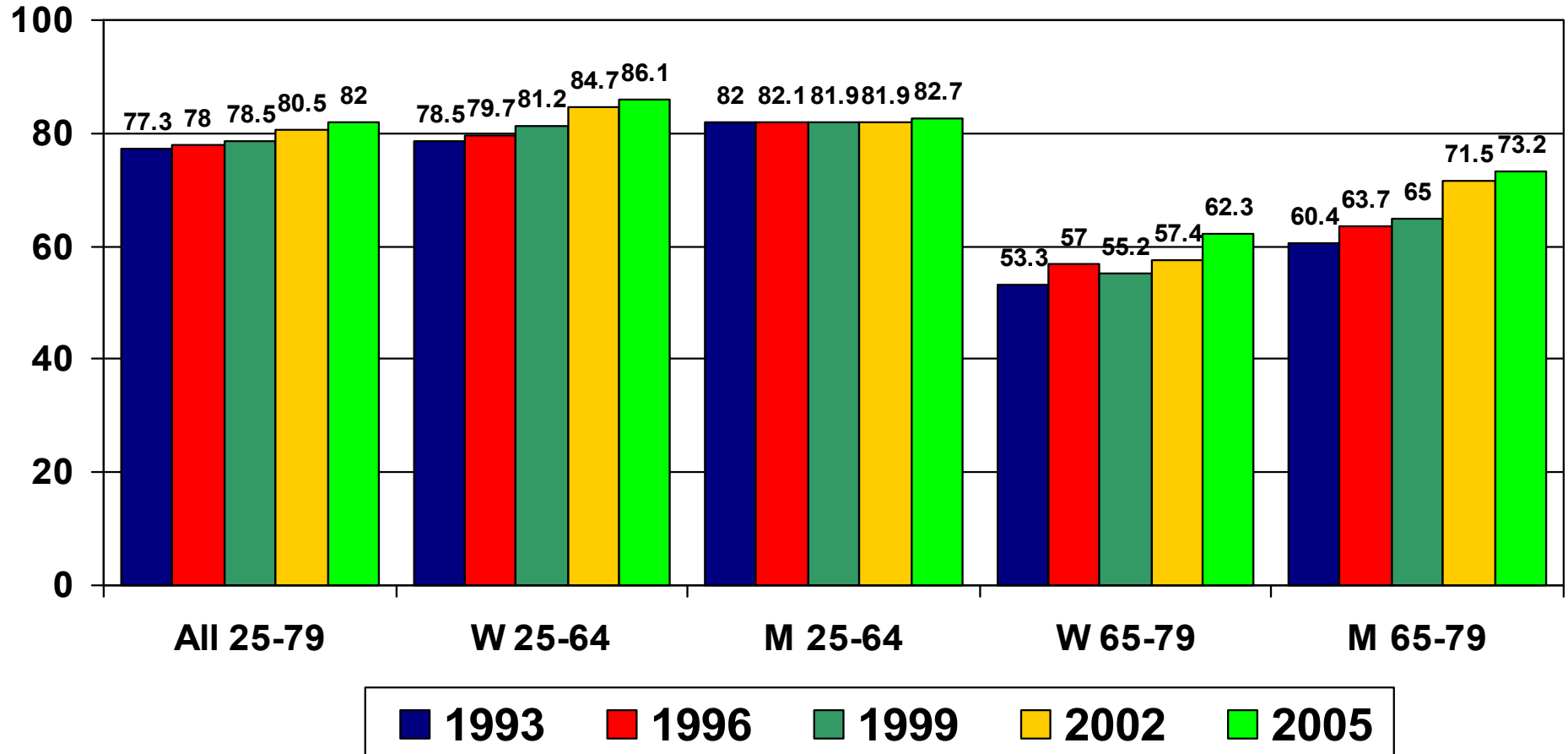
Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of each survey.

## Educational Attainment of the KP-NCal Membership Aged 25-79 in 2005



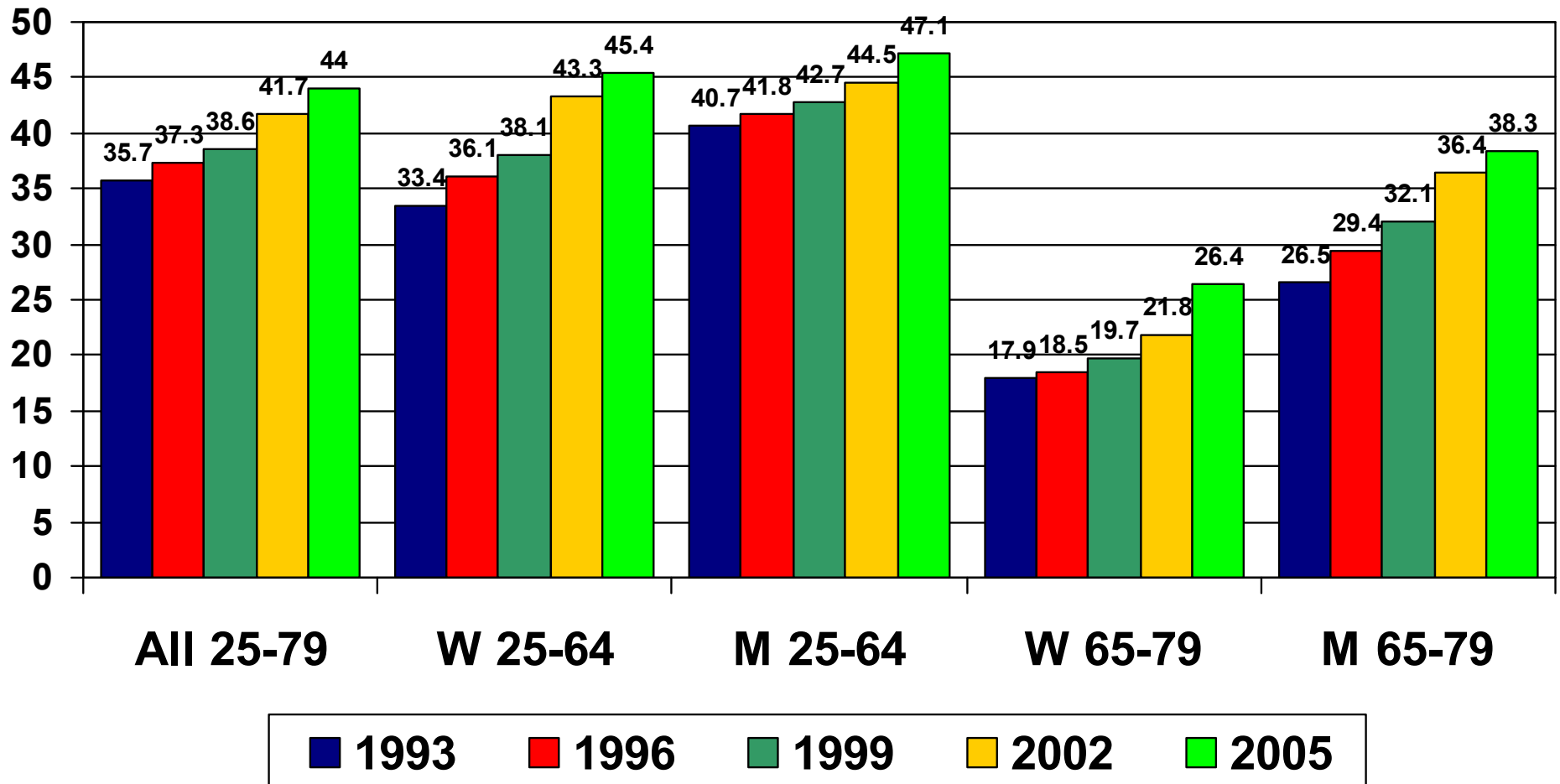
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Completed at Least Some College, 1993-2005



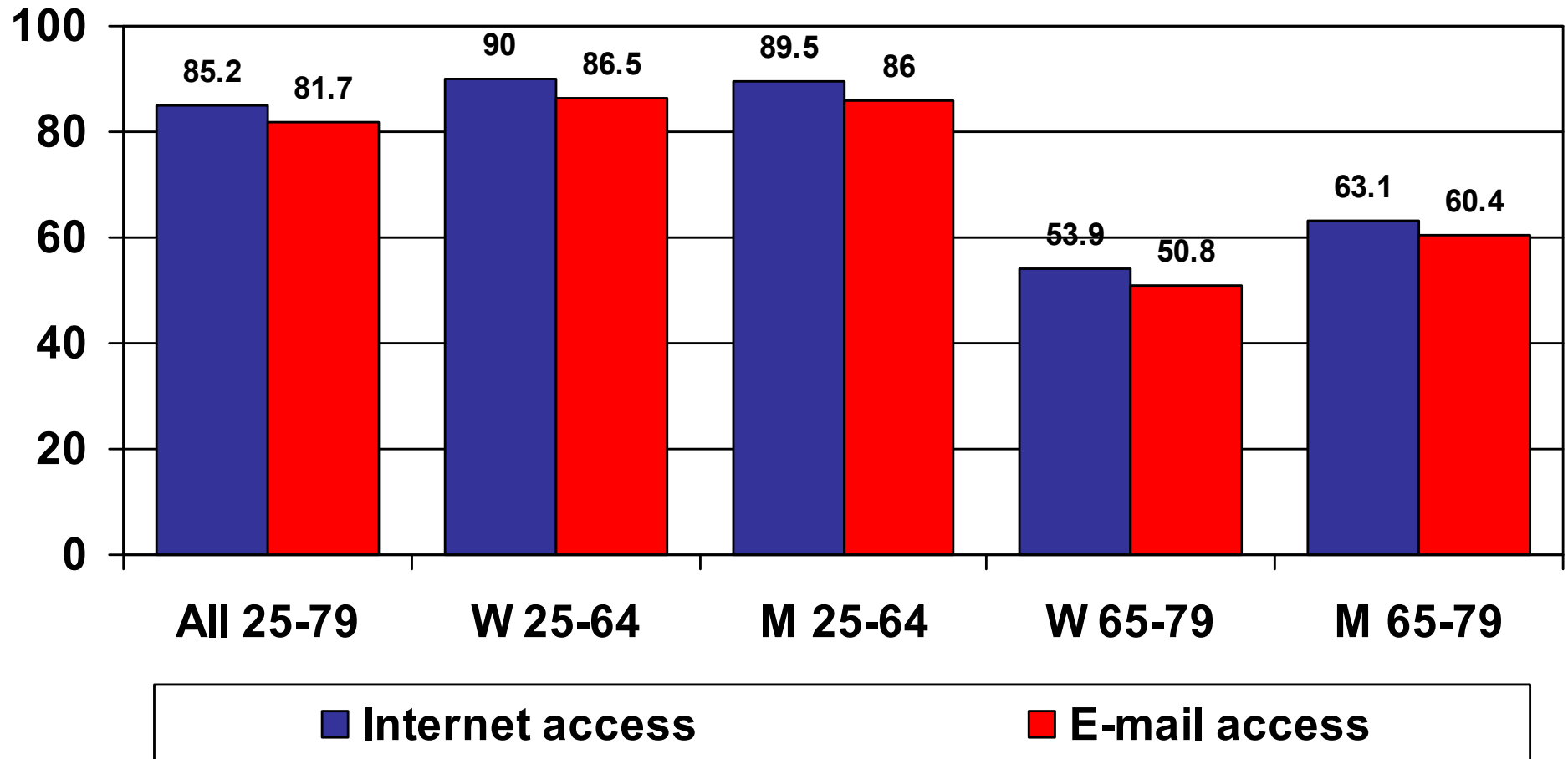
Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of each survey.

## Percentages of KP-NCal Members Aged 25-79 Who Were College Graduates, 1993-2005



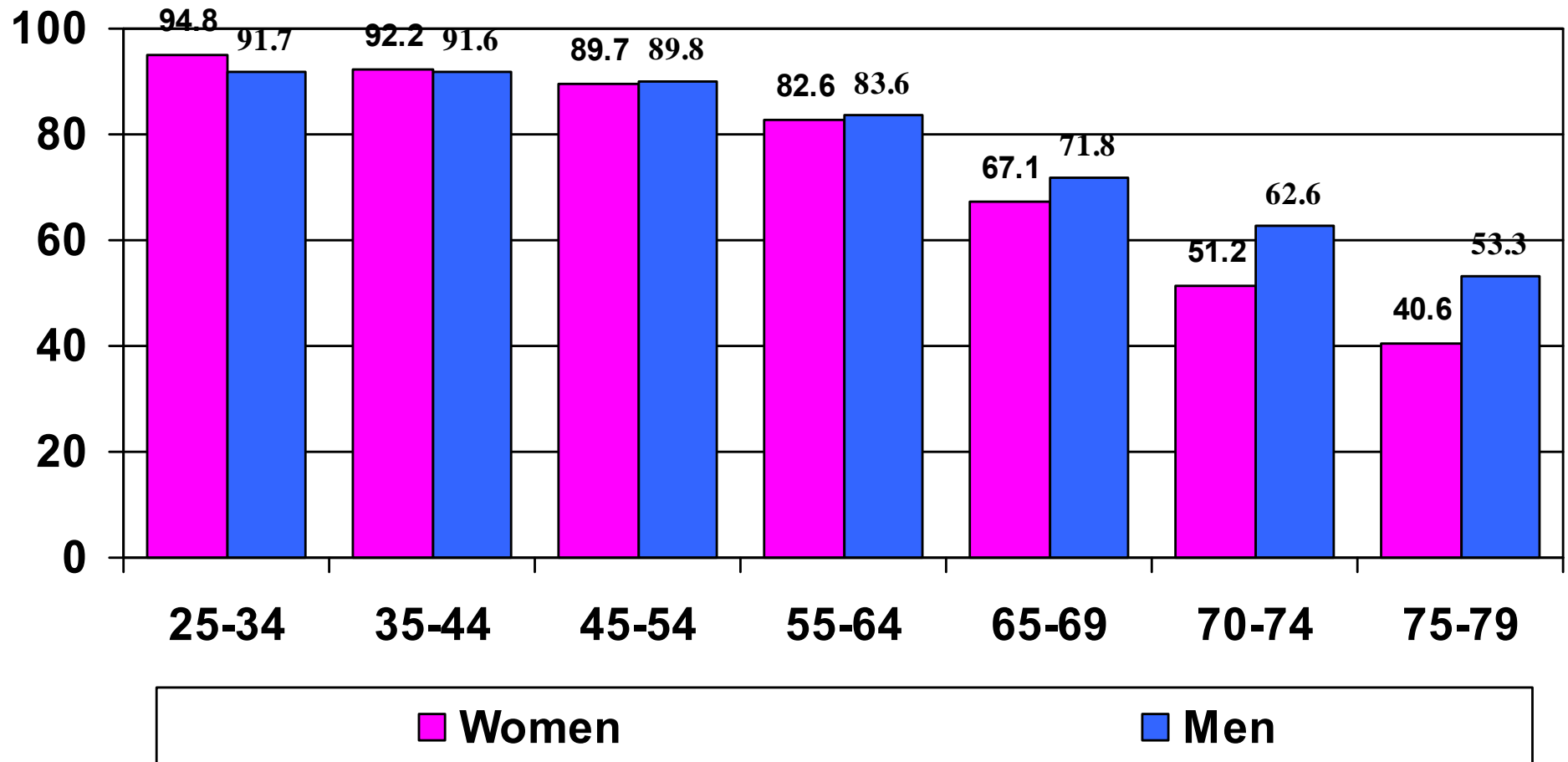
Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of each survey

## Percentages of KP-NCal Members Aged 25-79 with Internet and E-mail Access from Home or Other Location, 2005



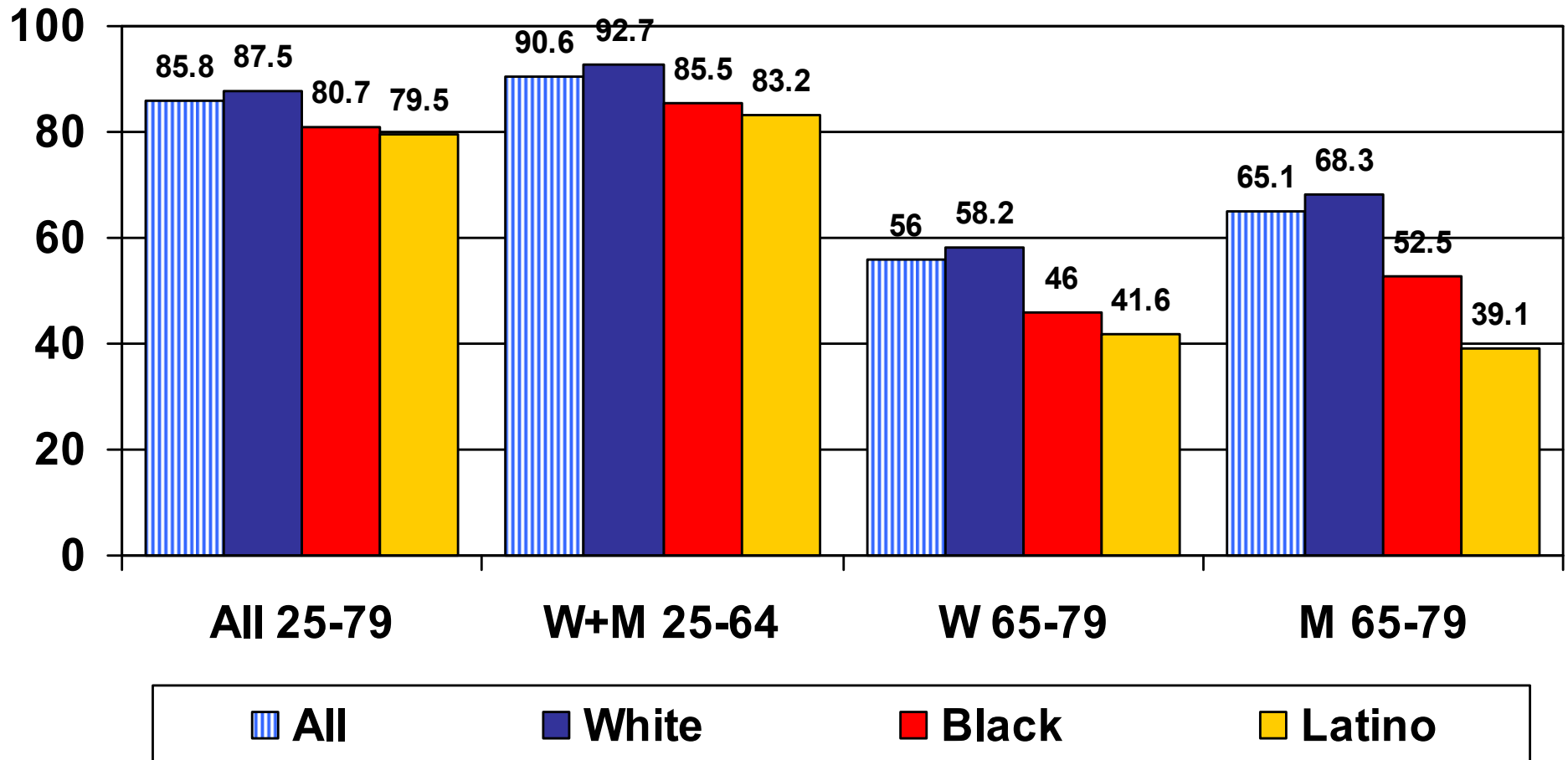
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 with Internet Access from Home or Other Location, by Age and Gender, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

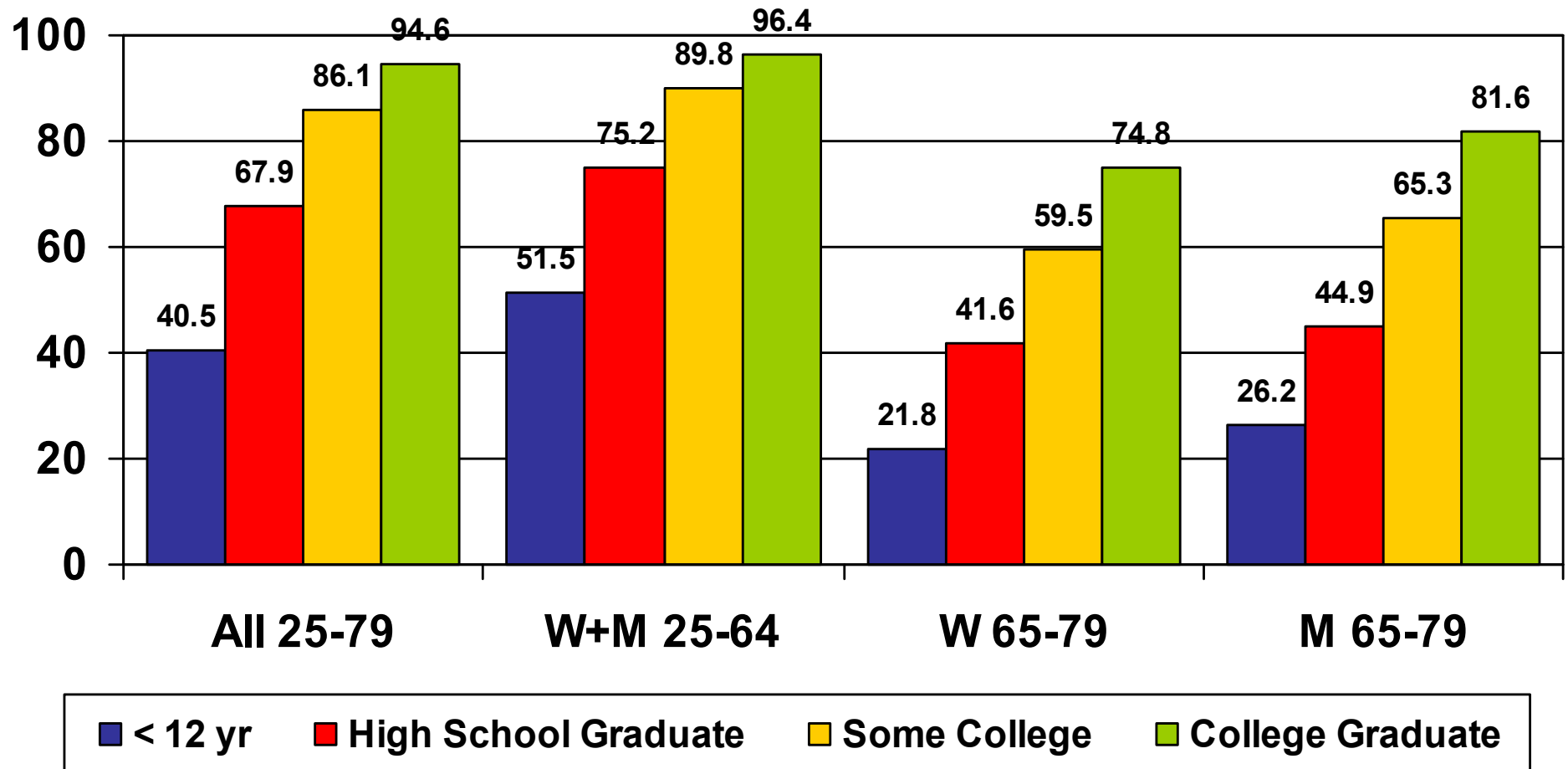
## Percentages of KP-NCal Members Aged 25-79 with Internet Access from Home or Other Location, Overall and by Race/Ethnicity, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

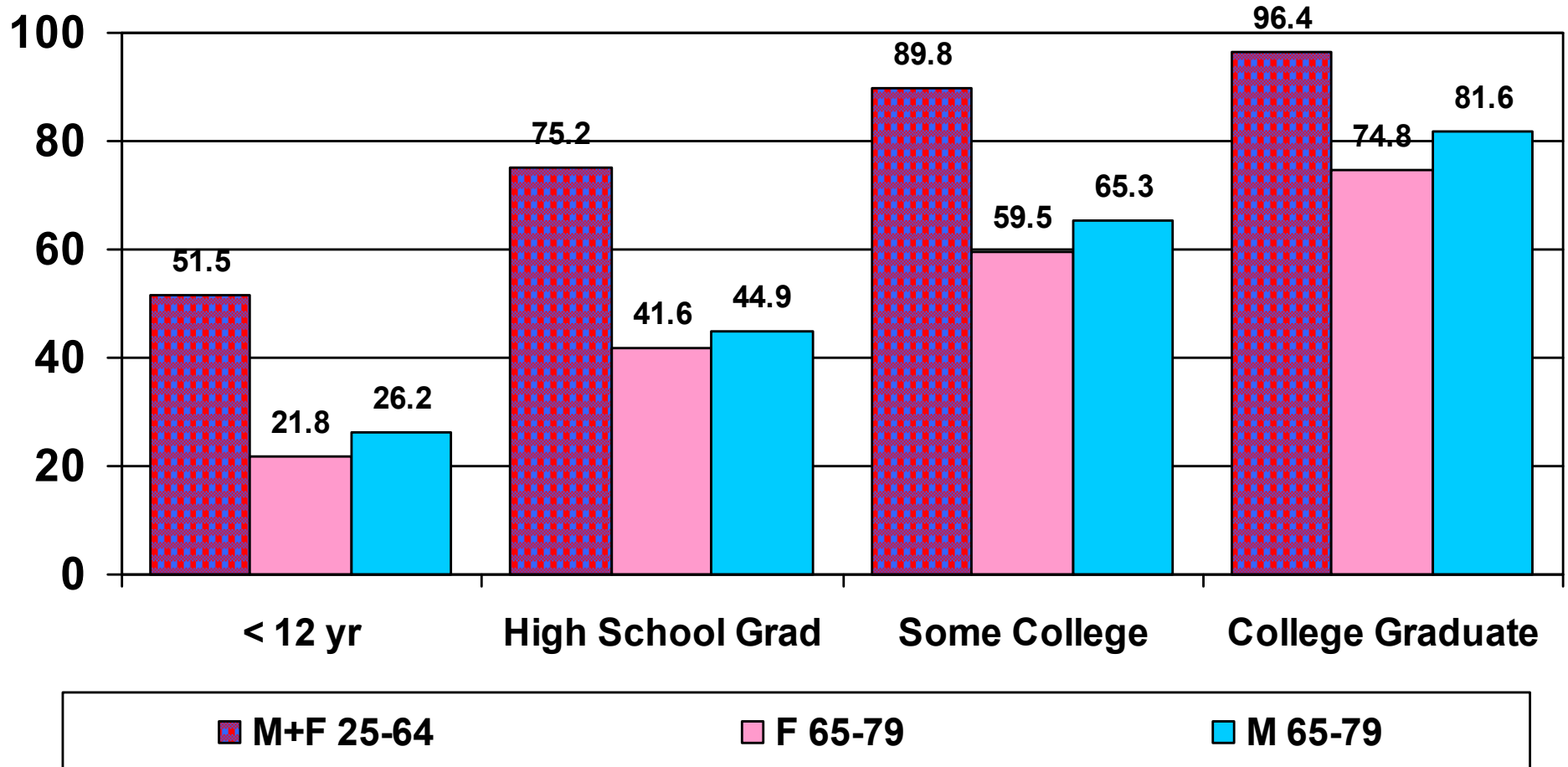


## Percentages of KP-NCal Members Aged 25-79 with Internet Access from Home or Other Location, by Education, 2005



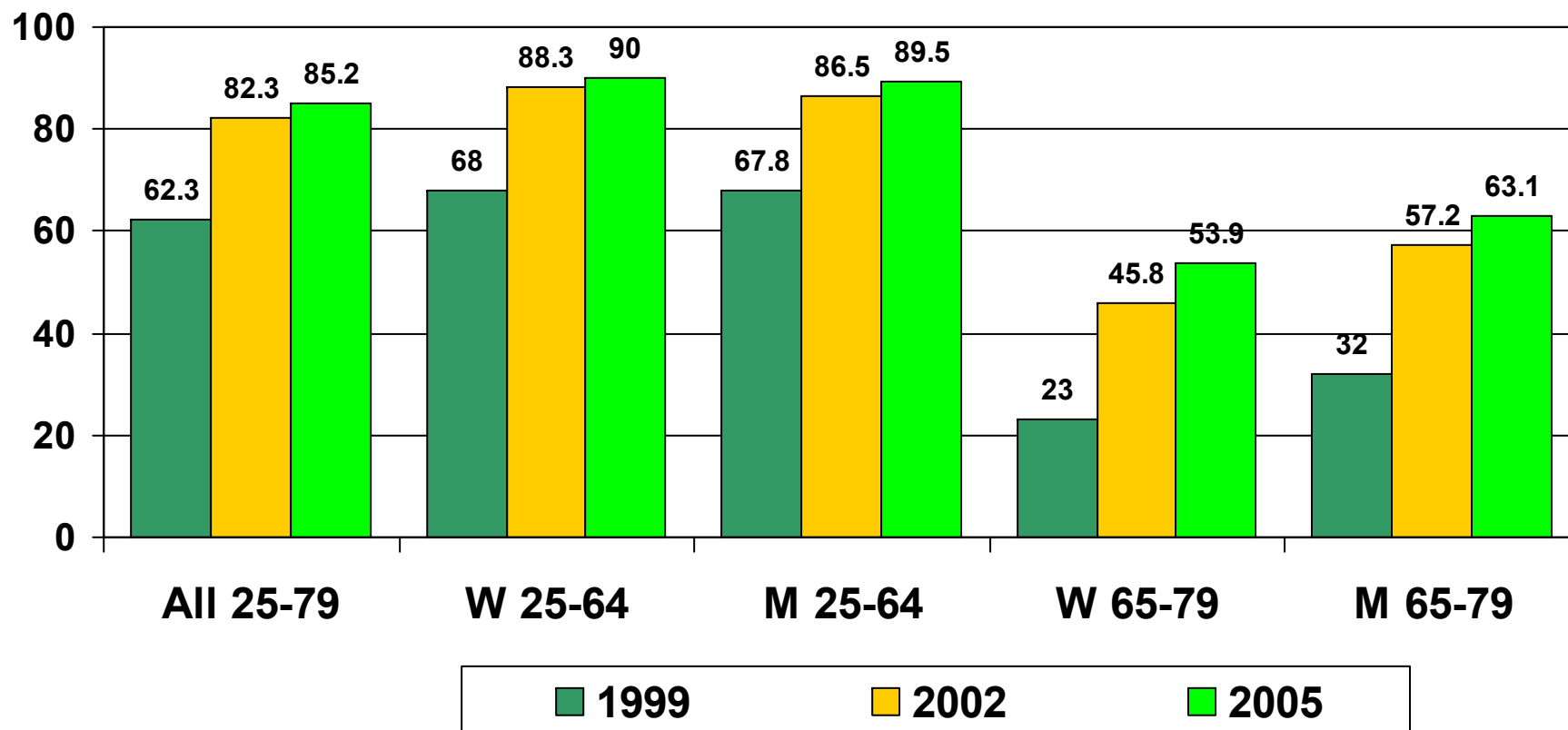
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey. No significant difference by gender among men and women aged 25-64.

## Percentages of KP-NCal Members Aged 25-79 with Internet Access from Home or Other Location, by Education, 2005



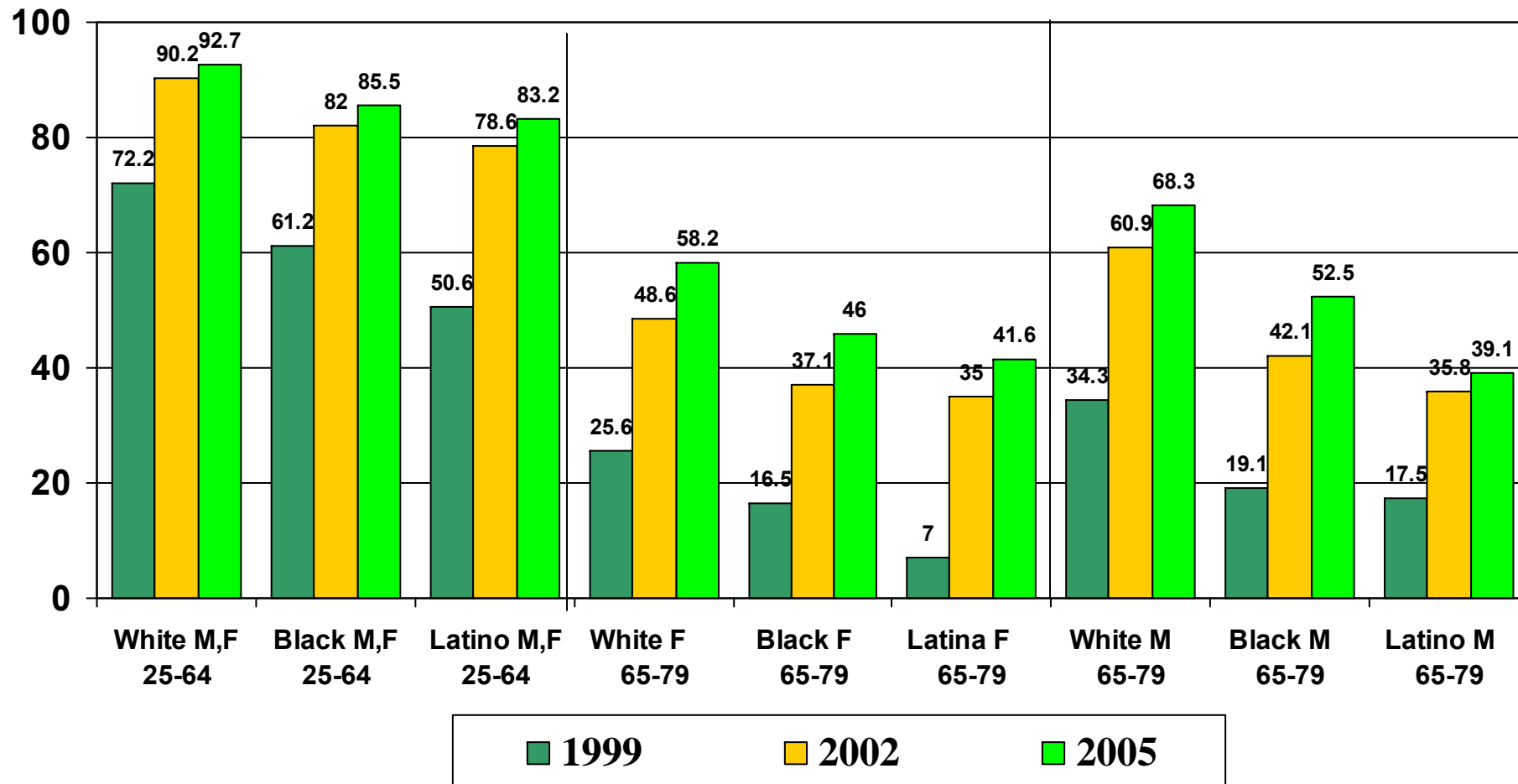
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey. No significant difference by gender among ages 25-64.

## Percentages of KP-NCal Members Aged 25-79 Who Had Access to Internet from Home/Other Location, 1999-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

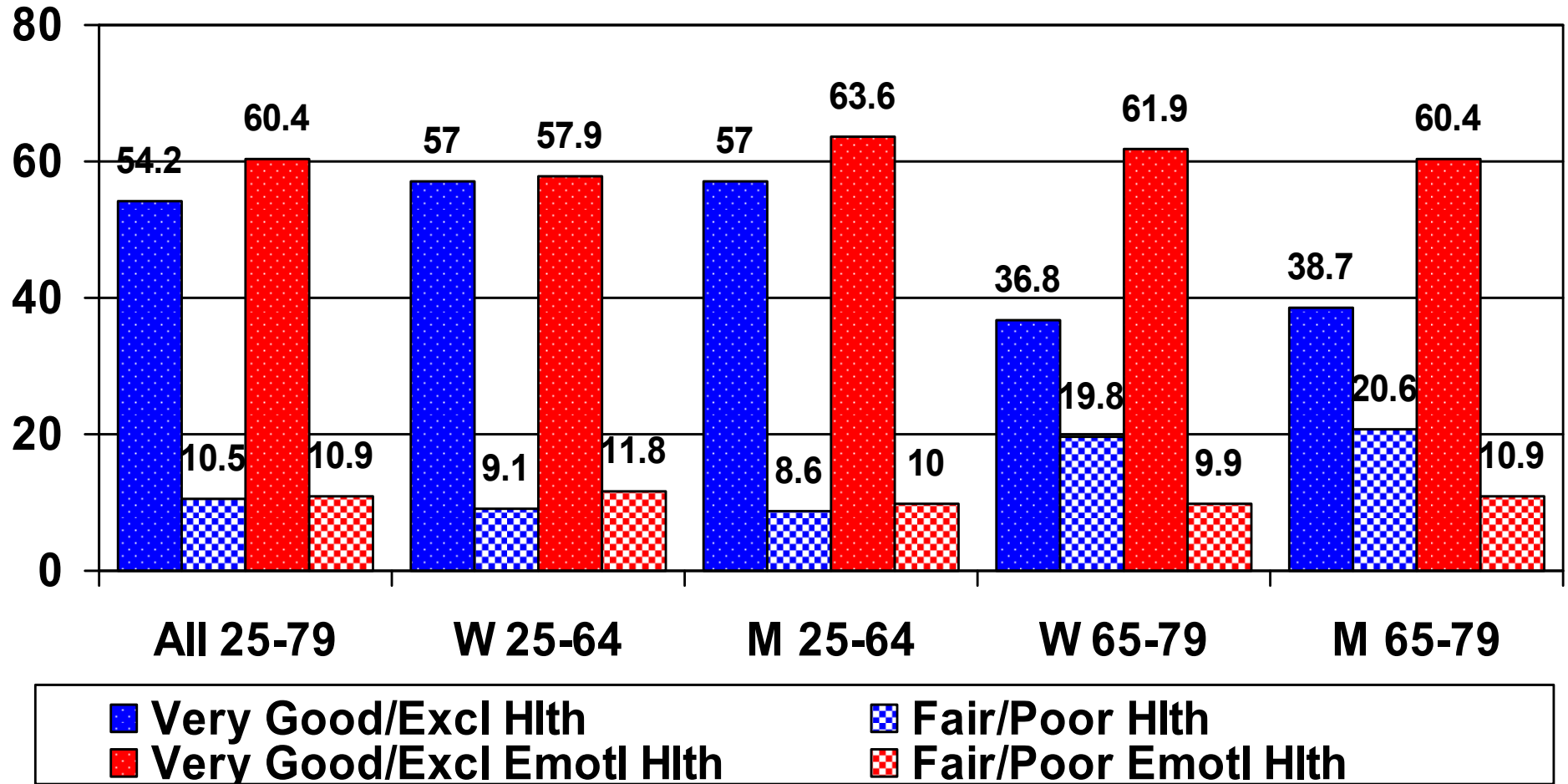
## Internet Access from Home/Other Location, 1999-2005, KP-NCal Members Ages 25-64 and 65-79, by Race/Ethnicity



Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

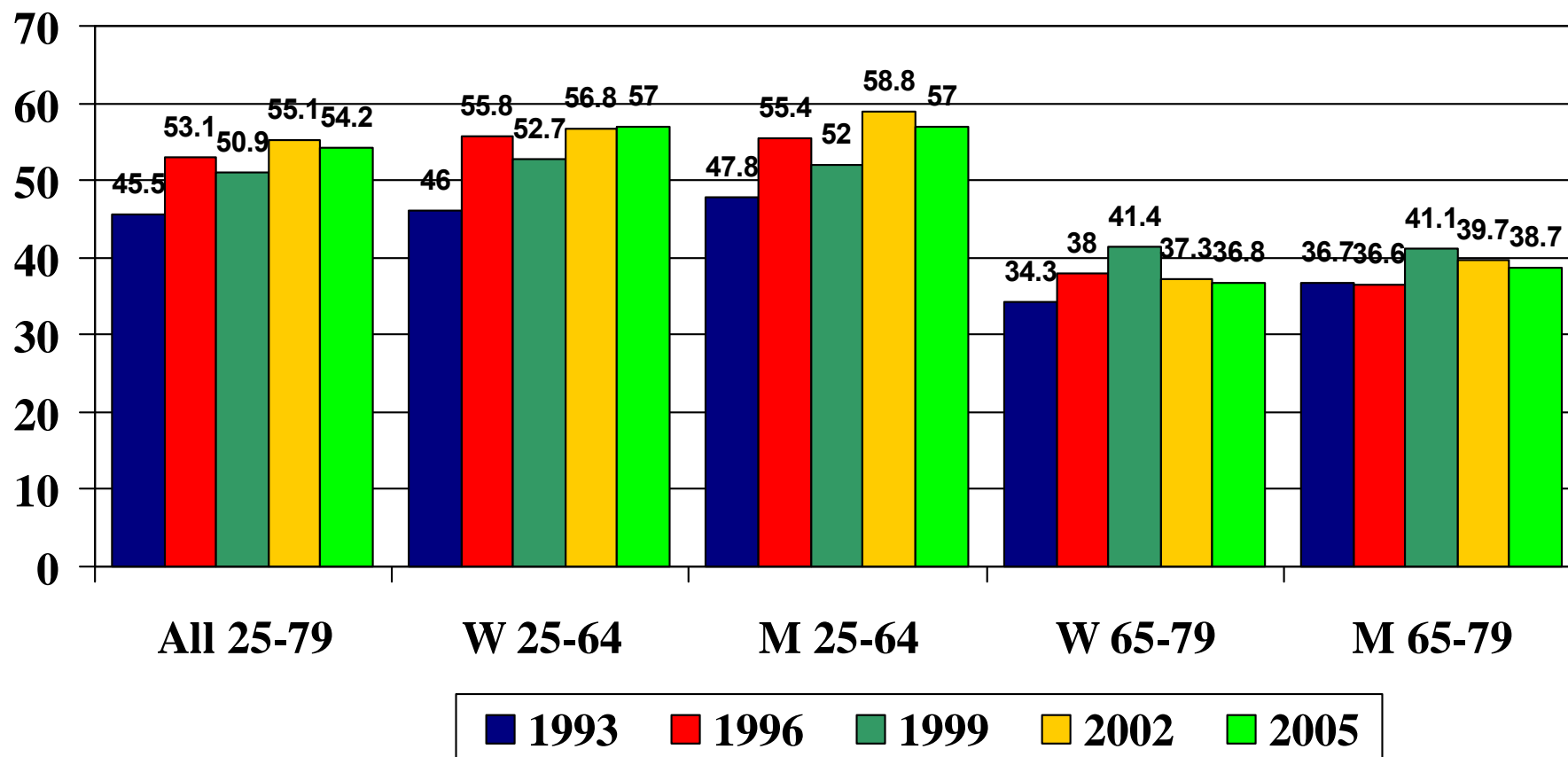
# **Overall Health Status, Diabetes, and High Blood Pressure**

# How KP-NCal Members Aged 25-79 Rated Their Self-Rated Overall Health and Emotional/Mental Health Status in 2005



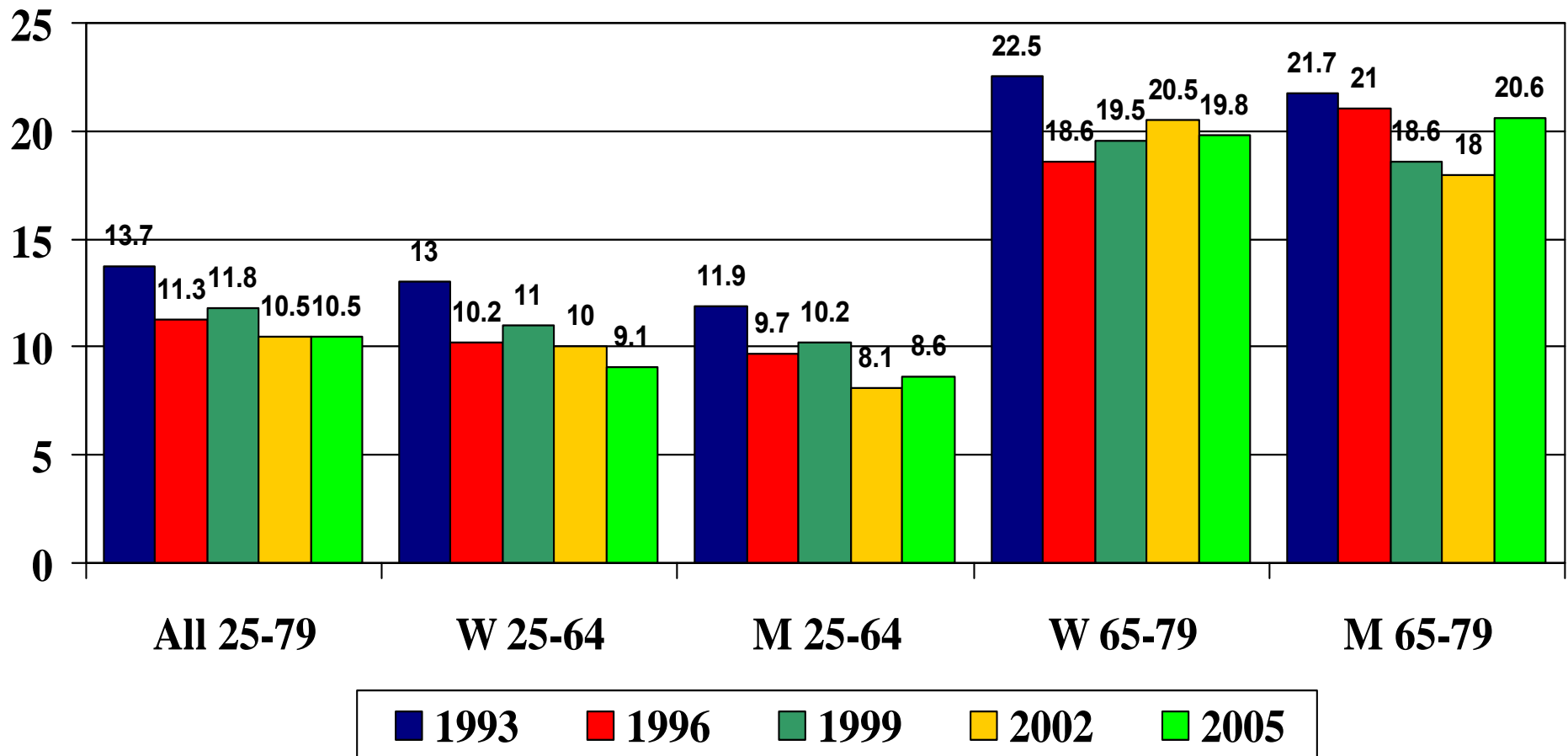
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Considered Their Health to be Very Good or Excellent, 1993-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition at the time of the survey.

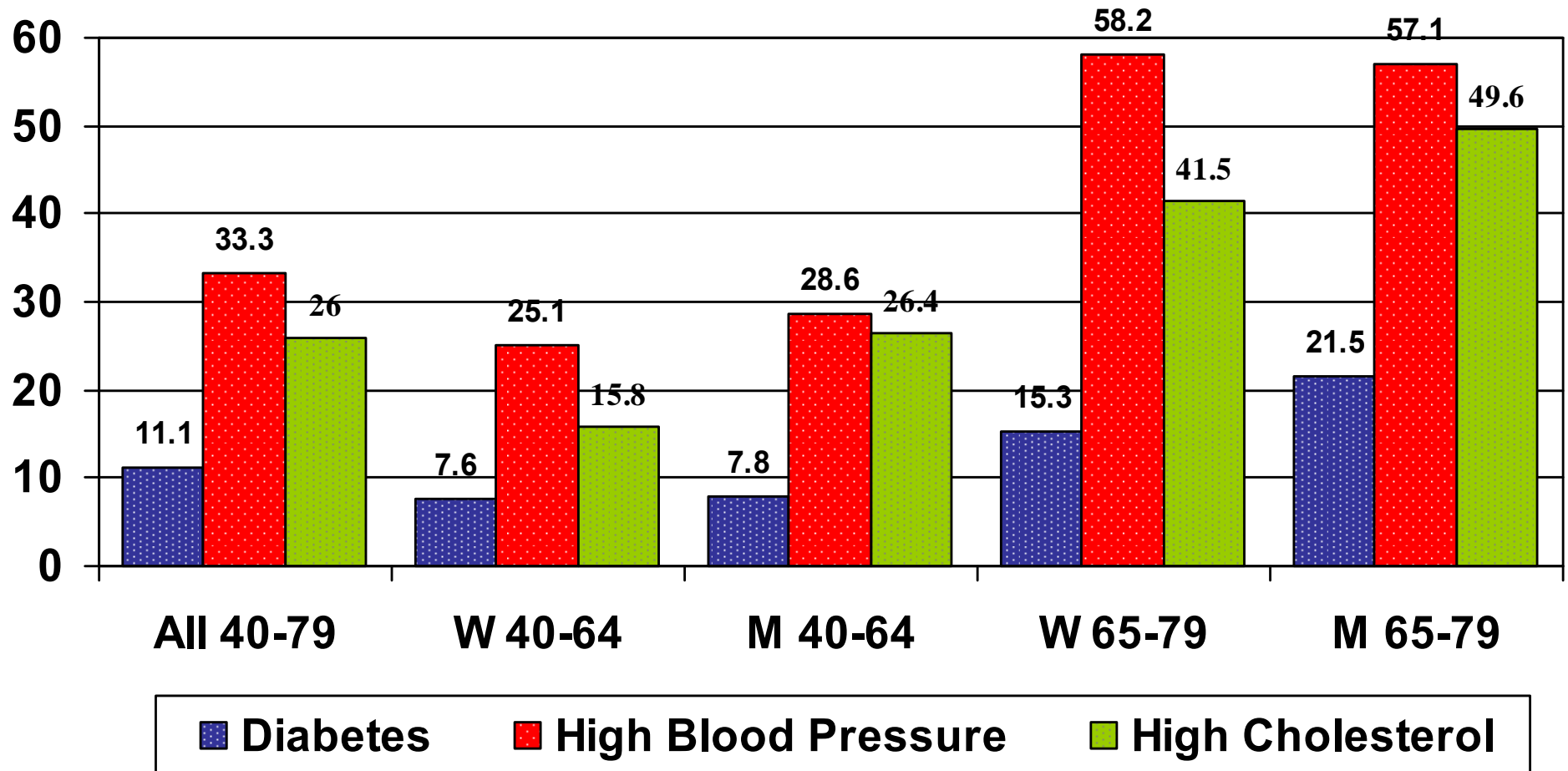
## Percentages of KP-NCal Members Aged 25-79 Who Considered Their Health to be Fair or Poor, 1993-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

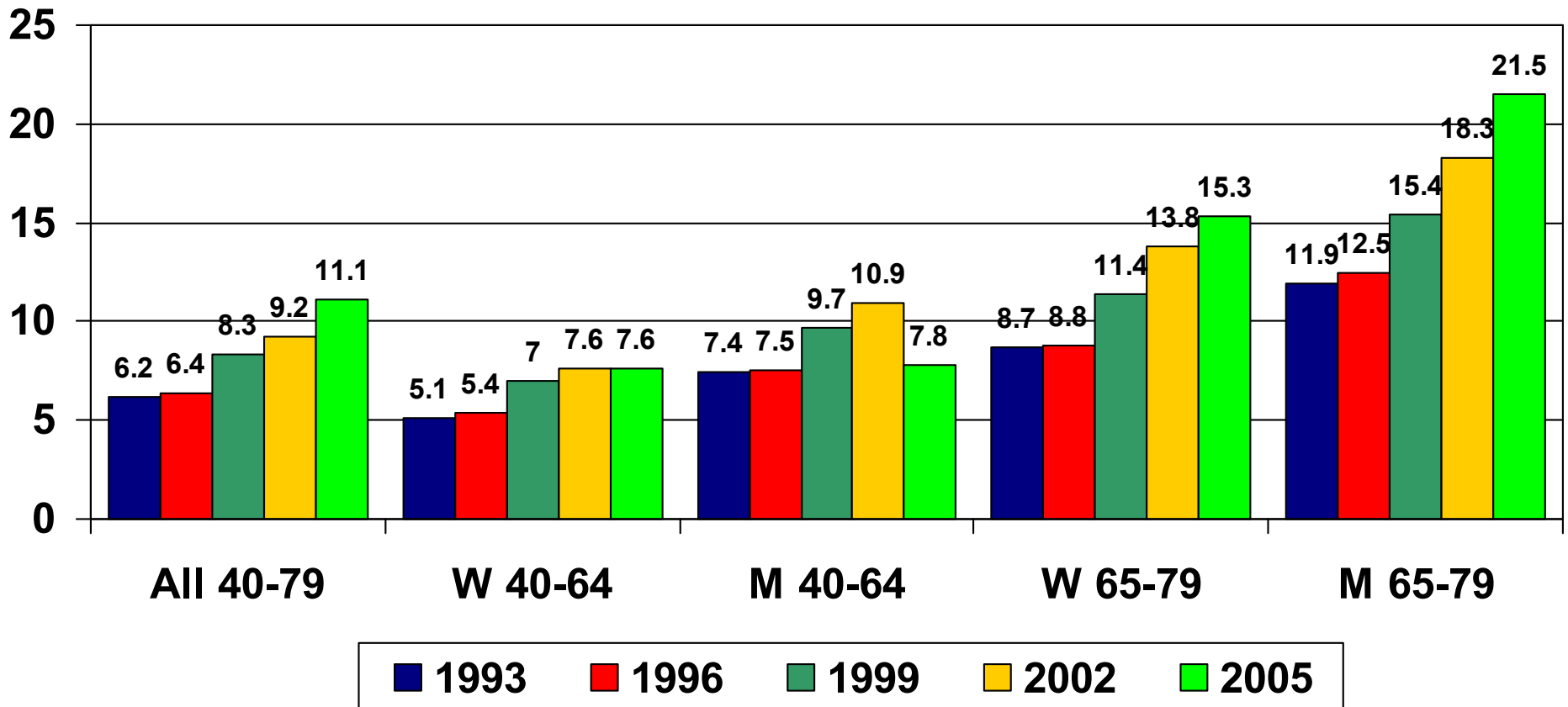


## Percentages of KP-NCal Members Aged 40-79 with Diabetes, High Blood Pressure, and High Cholesterol, 2005



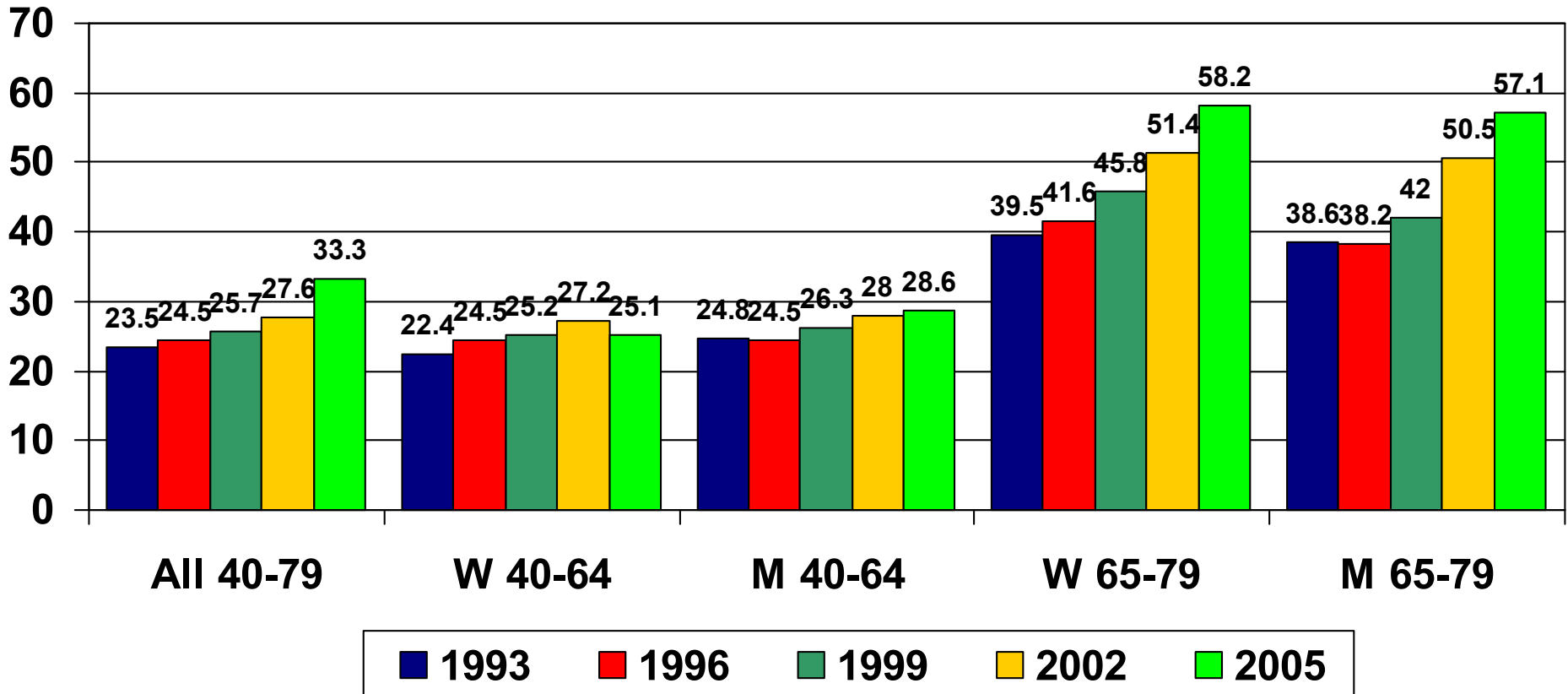
Estimated based on self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 40-79 Who Had Diabetes/History of Diabetes, 1993-2005



Estimated from self-reported data from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

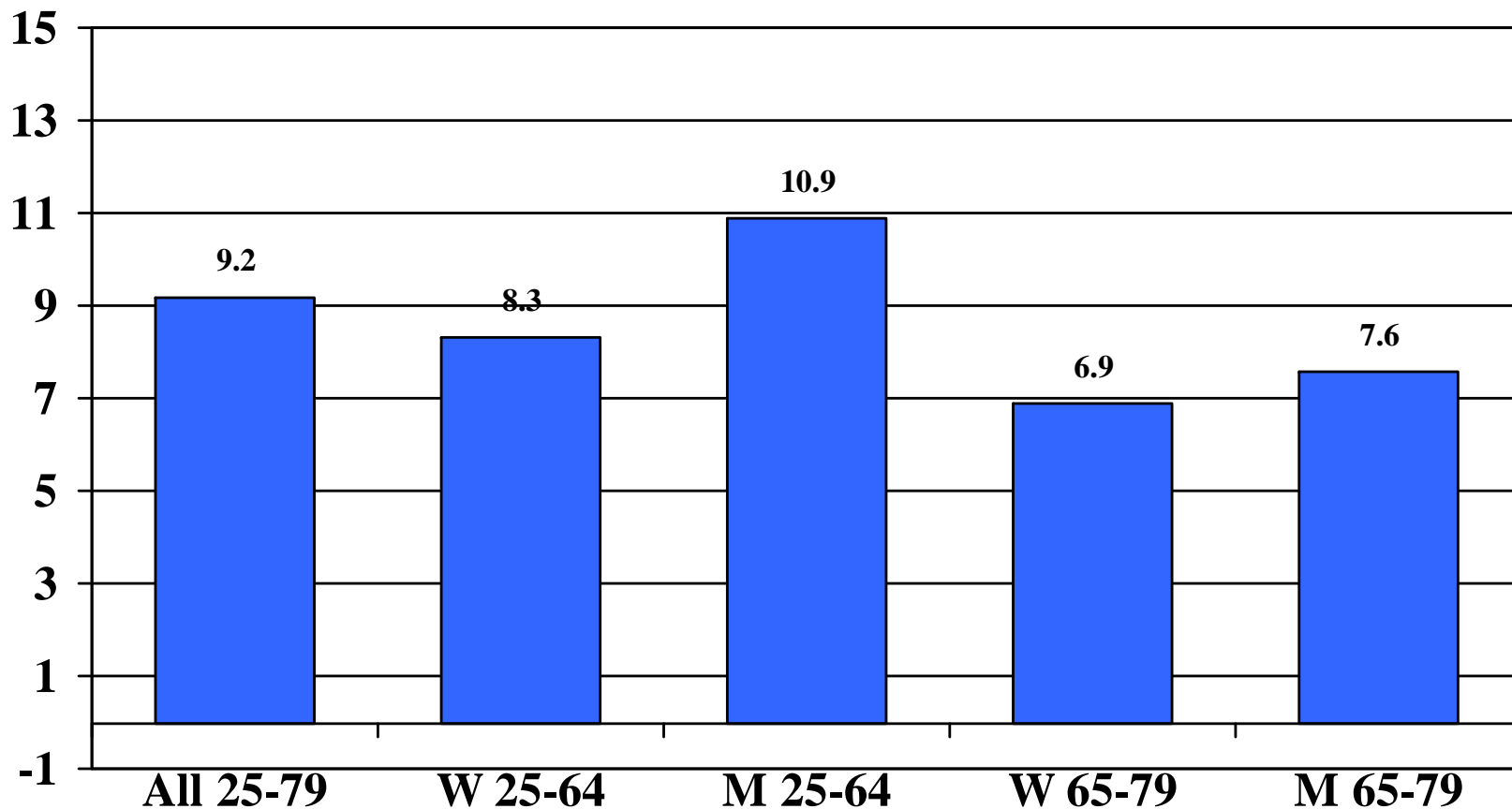
## Percentages of KP-NCal Members Aged 40-79 Who Had Clinically Diagnosed High Blood Pressure, 1993-2005



Estimated from self-report data from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

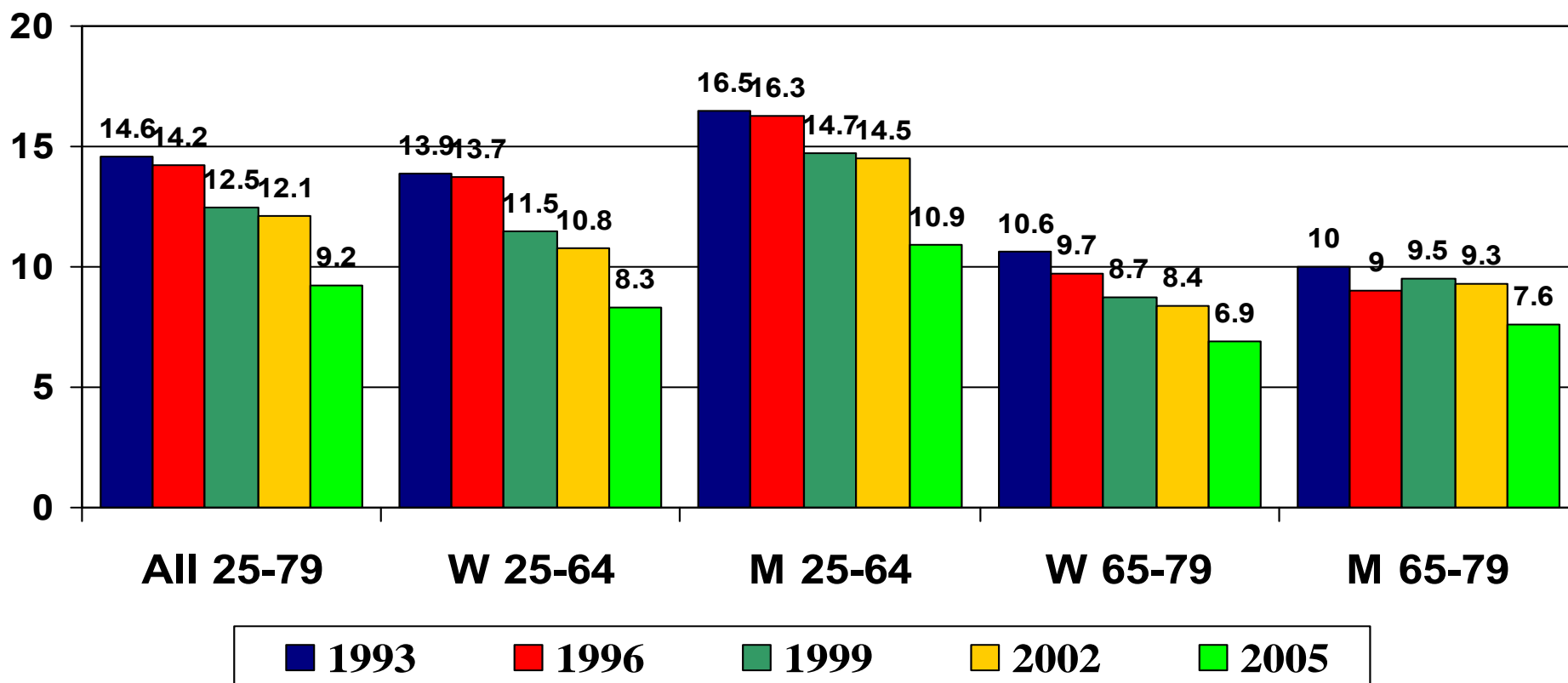
**Behavioral Health Risks:  
Smoking, Obesity, Diet, Exercise, and  
Health-Related Beliefs**

## Percentages of KP-NCal Members Aged 25-79 Who Were Current Smokers, by Age and Gender, 2005



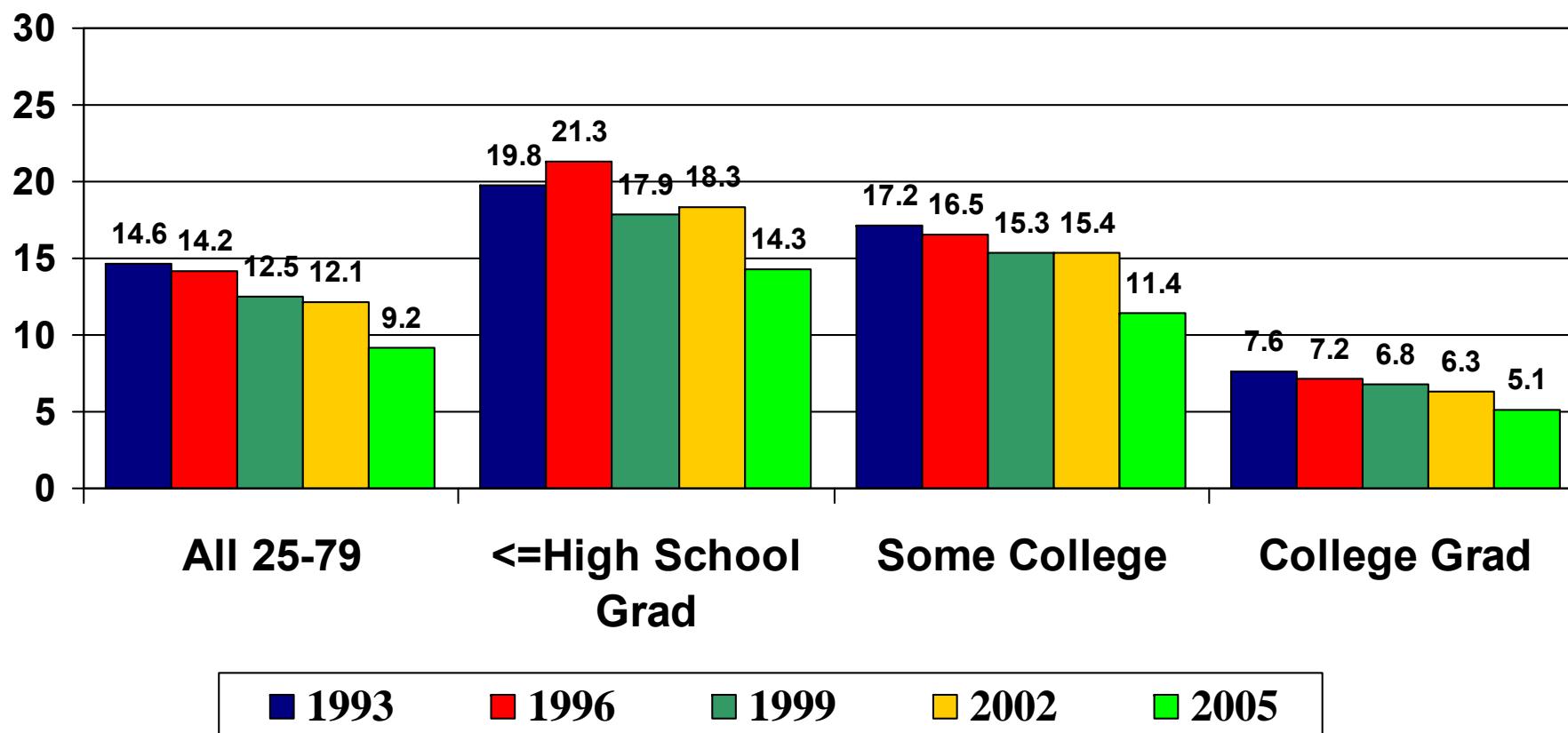
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 Who Were Cigarette Smokers, 1993-2005



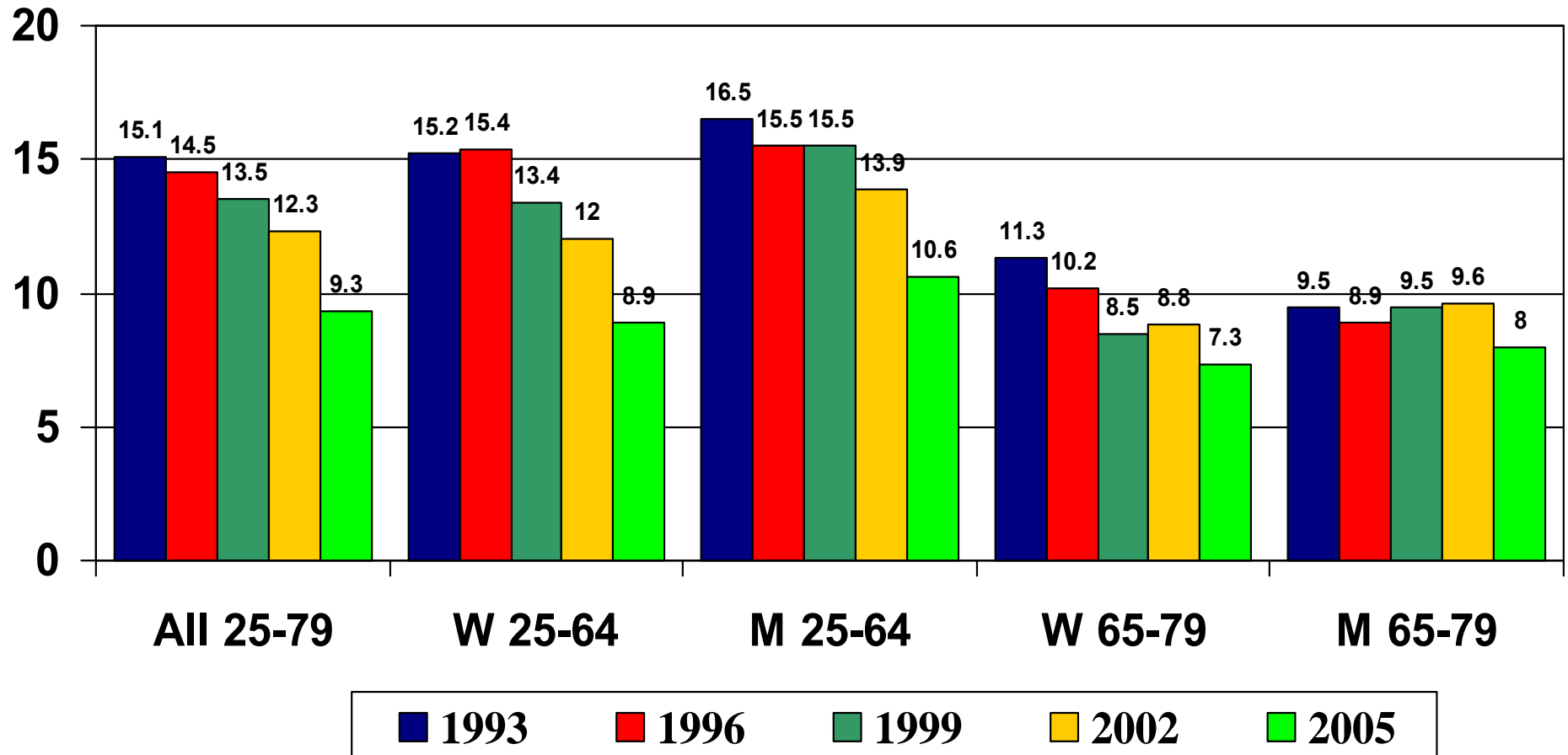
Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 Who Were Cigarette Smokers, by Education, 1993-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

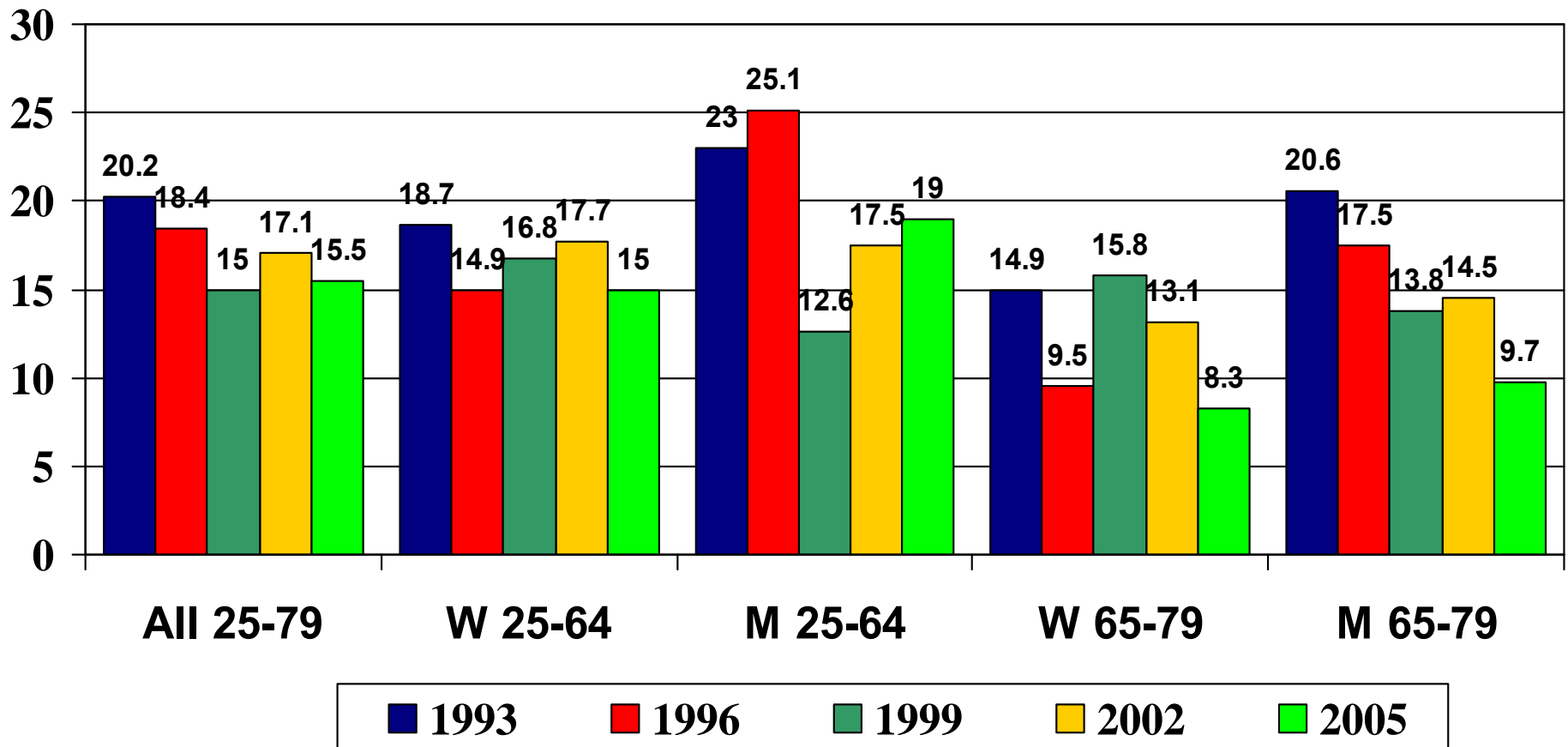
## Percentages of nonHispanic White Kaiser Members Aged 25-79 Who Were Cigarette Smokers, 1993-2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

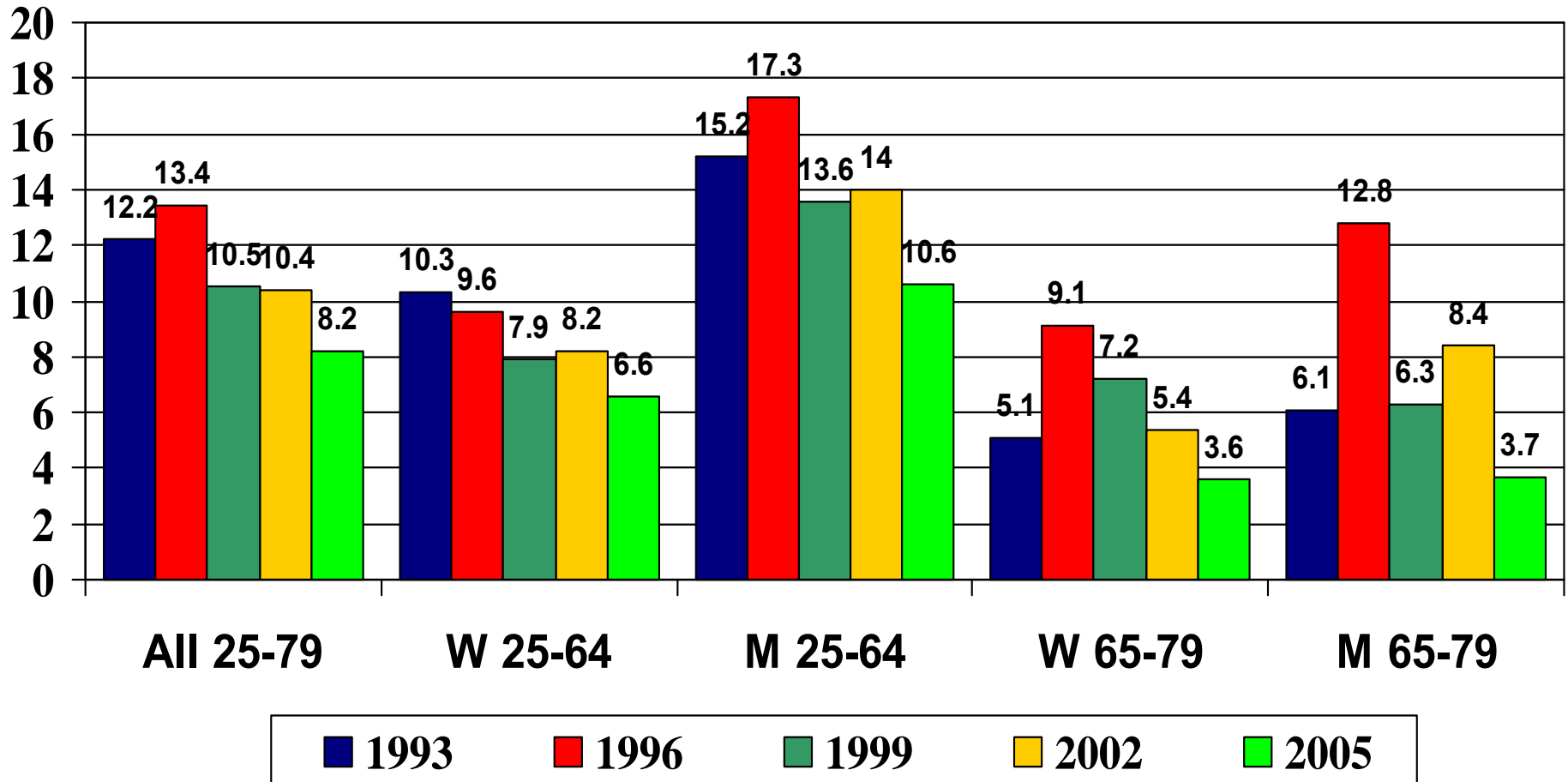


## Percentages of Black Kaiser Members Aged 25-79 Who Were Cigarette Smokers, 1993-2005



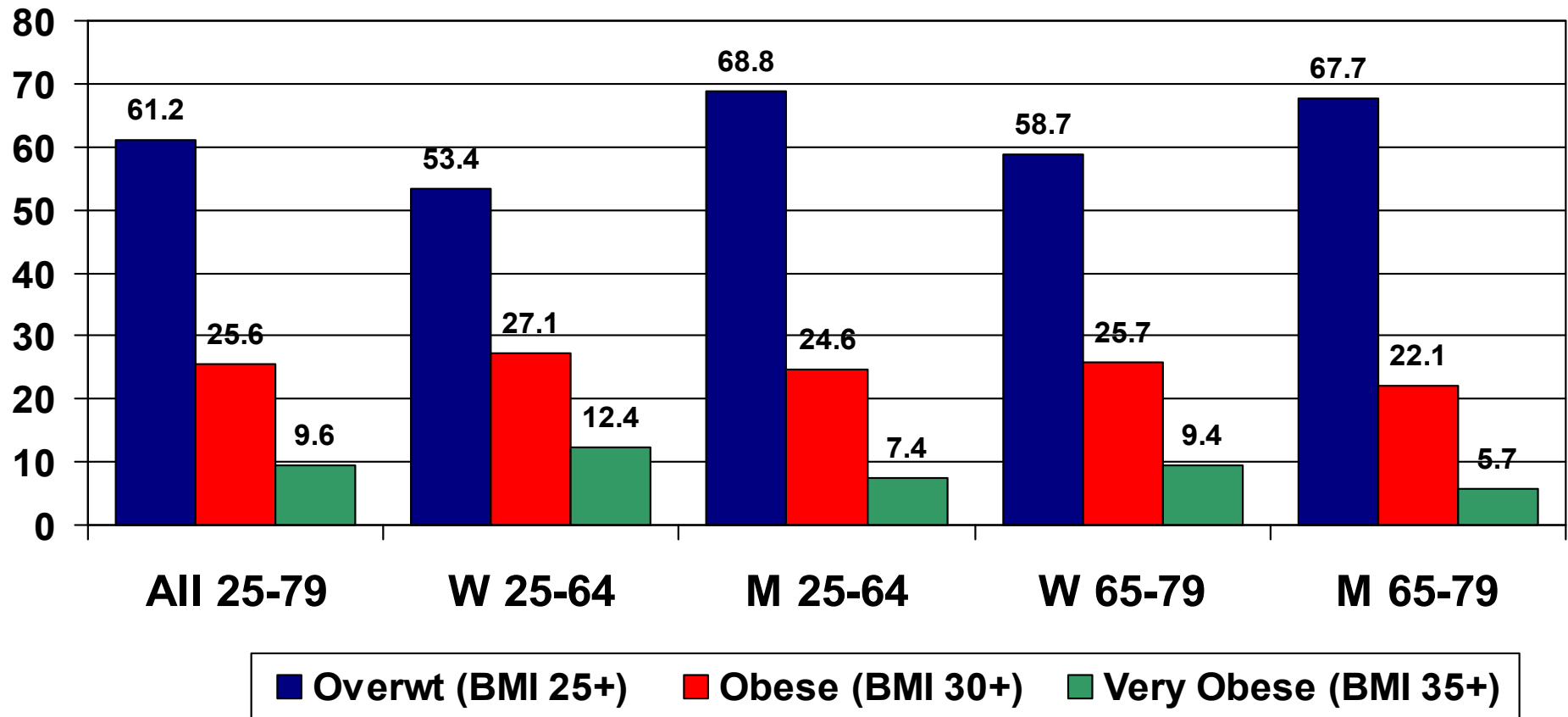
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of Latino Kaiser Members Aged 25-79 Who Were Cigarette Smokers, 1993-2005



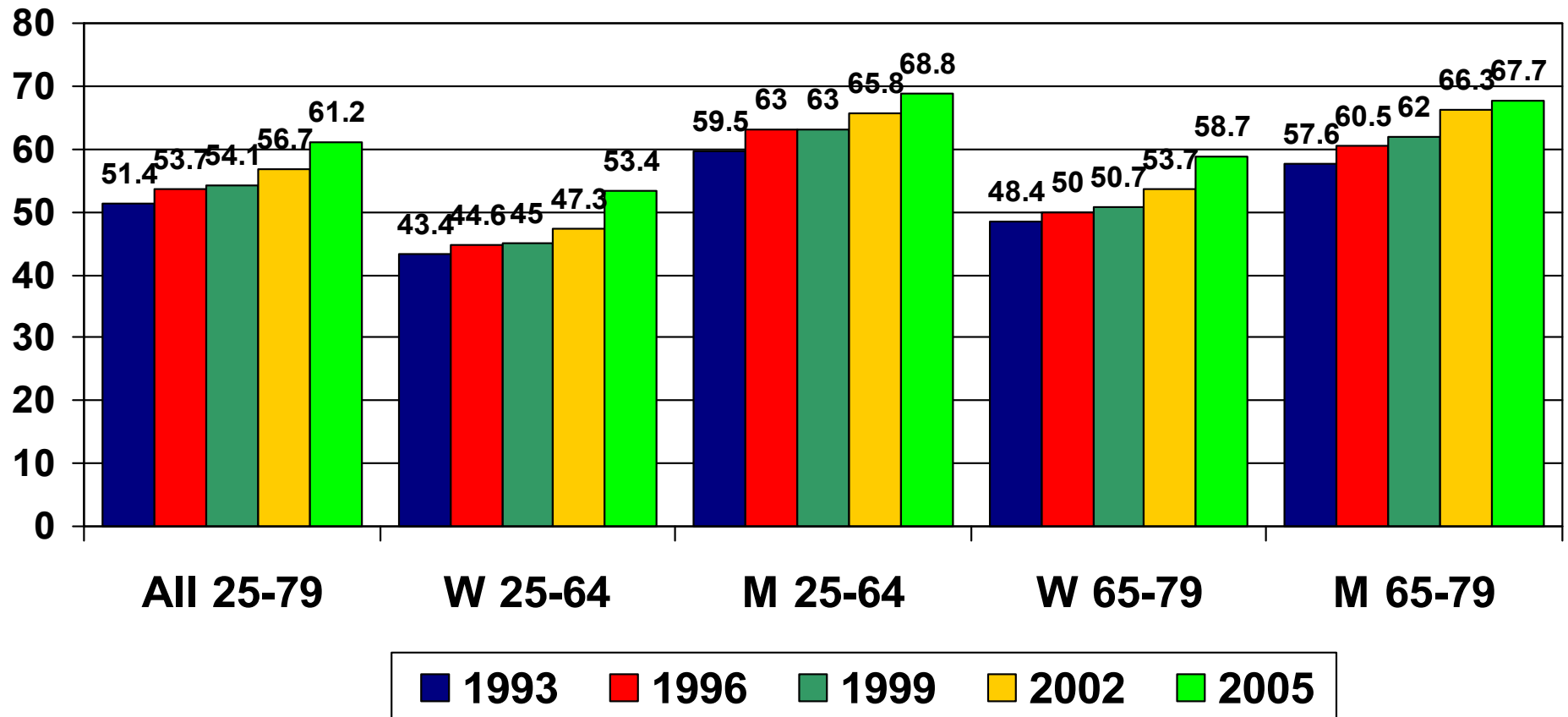
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Were Overweight or Obese in 2005



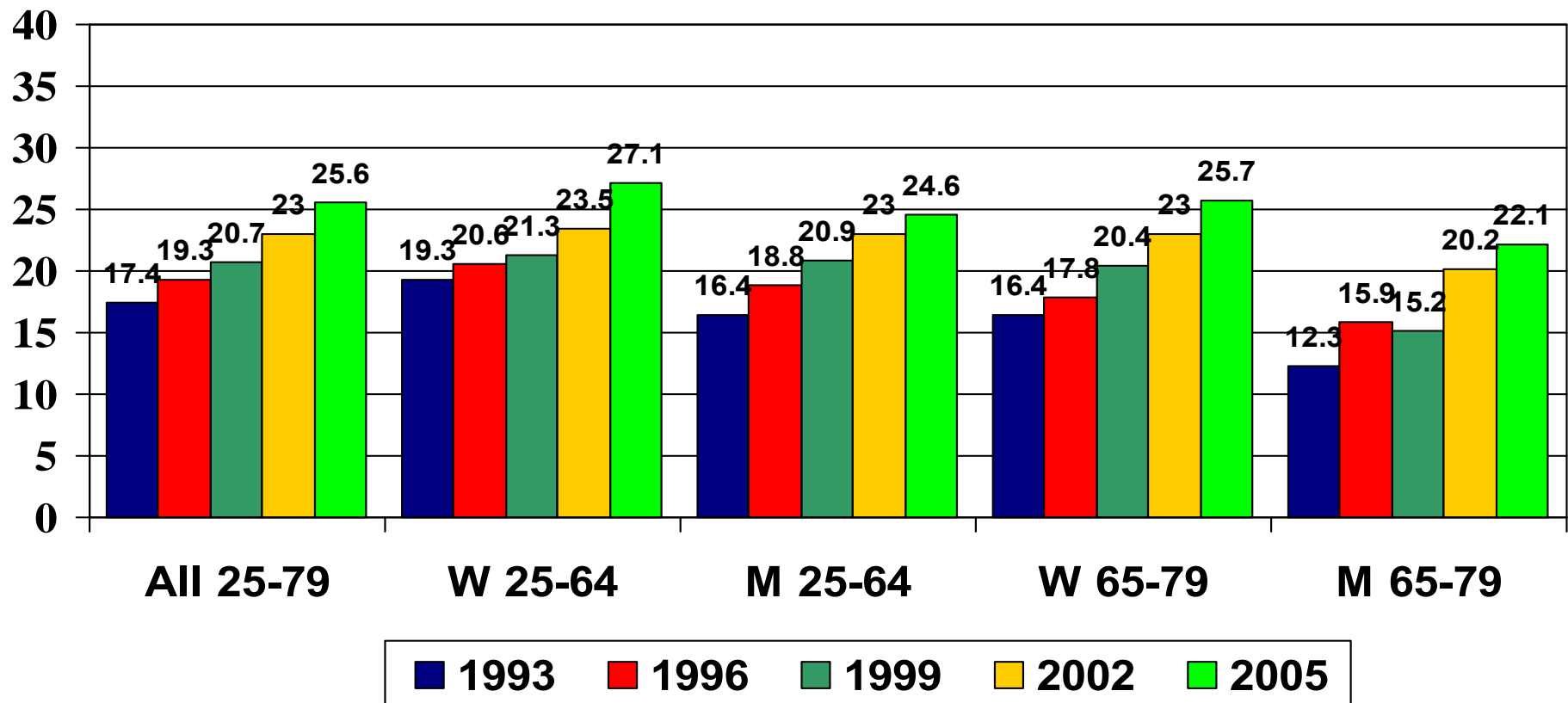
Estimated using self-reported height and weight data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 With BMI $\geq$ 25, 1993-2005



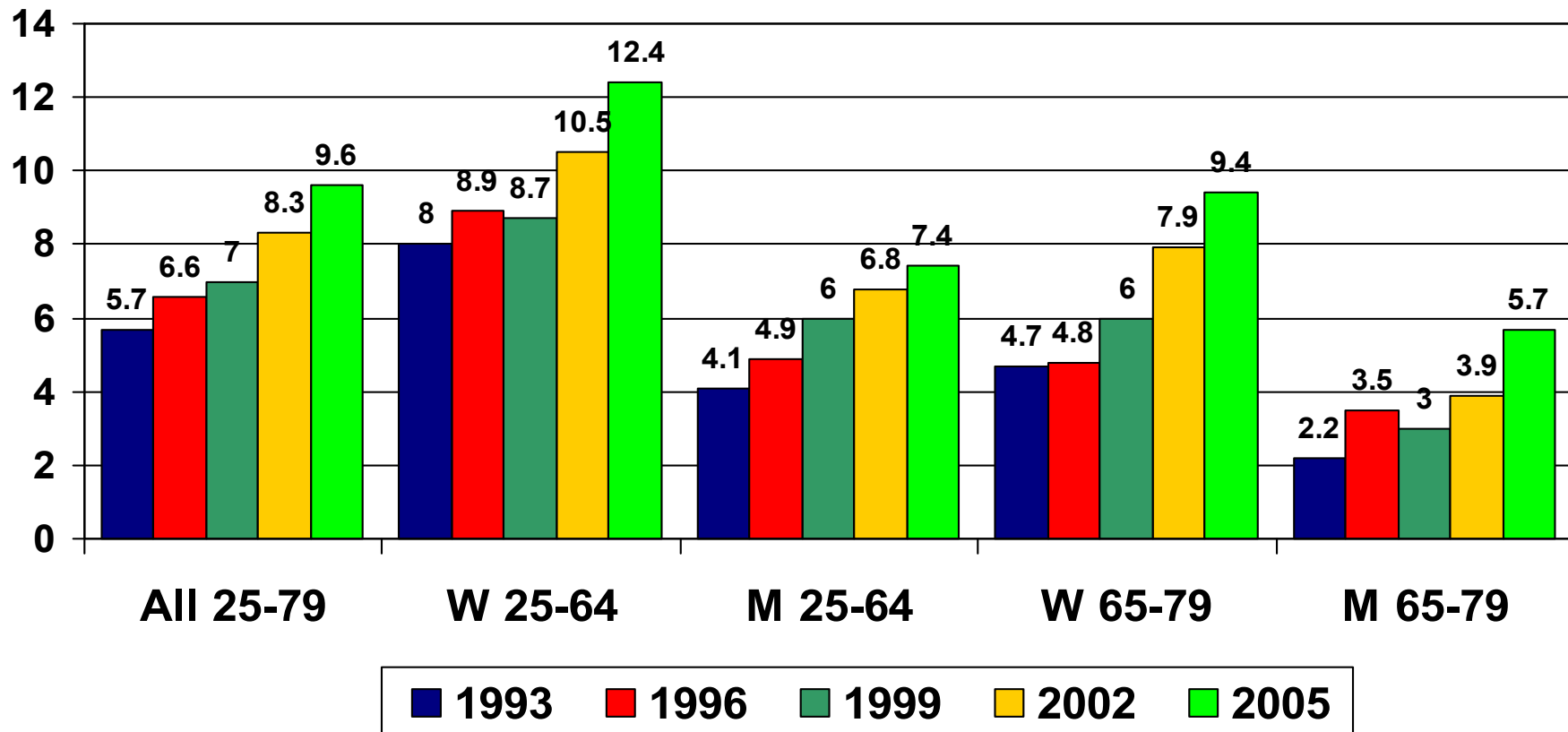
Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 with BMI $\geq$ 30, 1993-2005



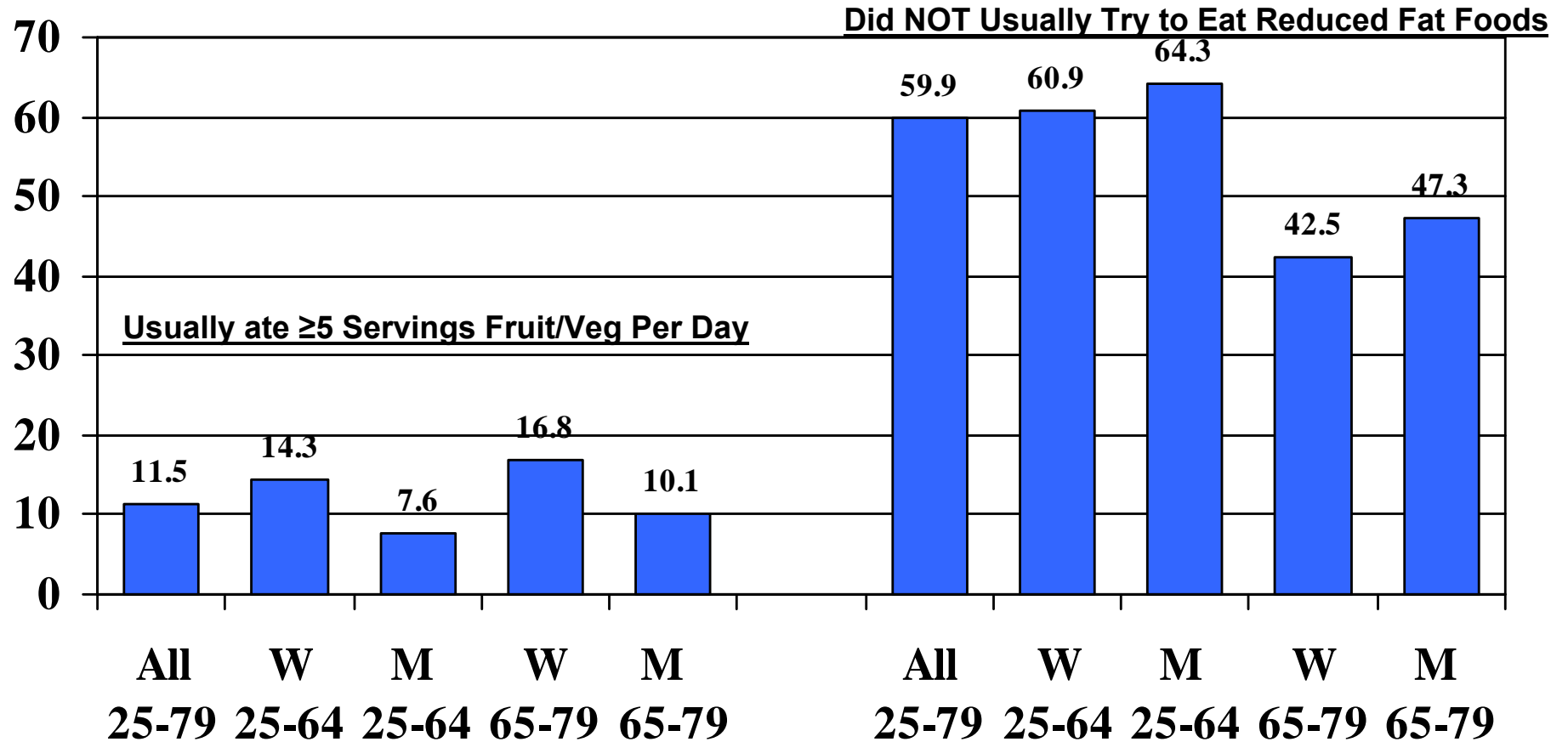
Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 with BMI $\geq$ 35, 1993-2005



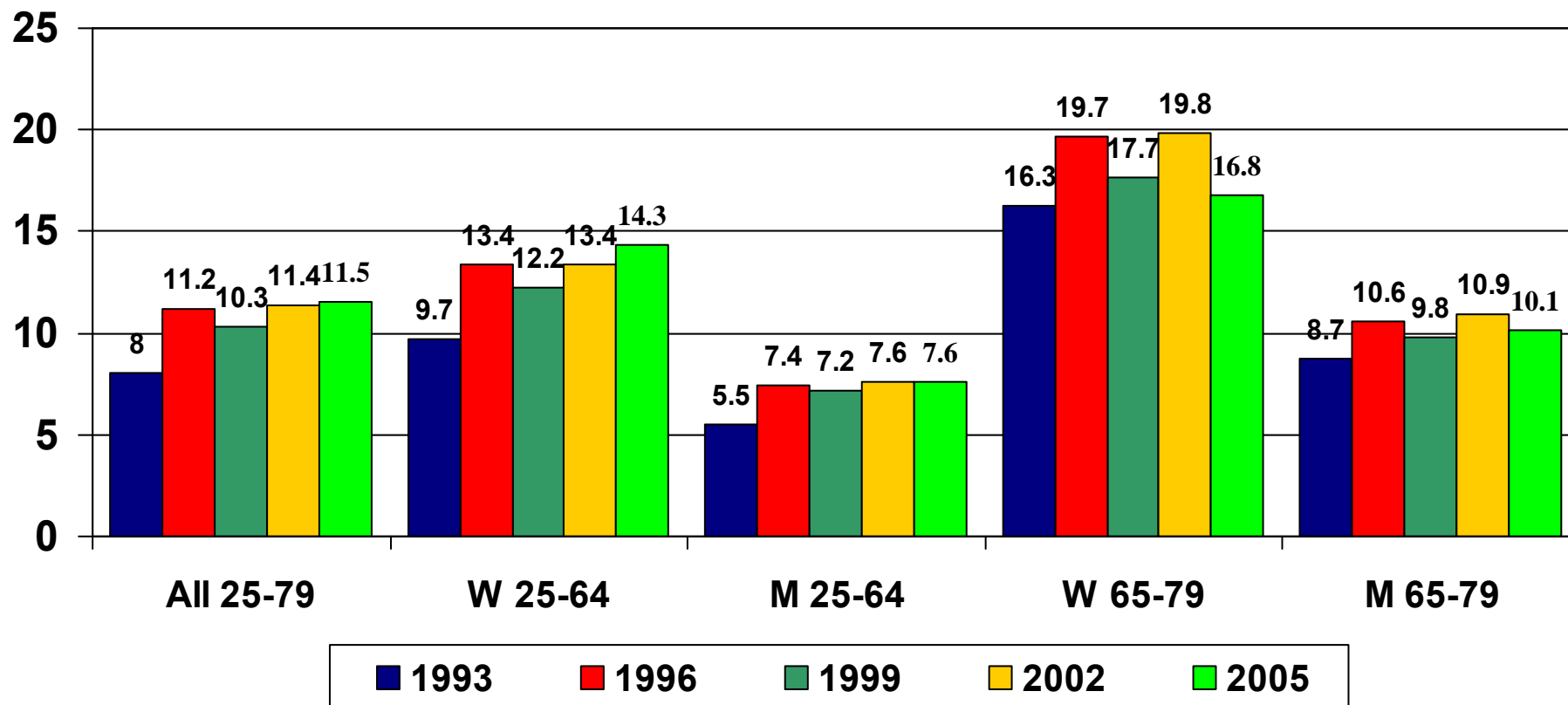
Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Dietary Habits of KP-NCal Members Aged 25-79, by Age and Gender, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 Who Usually Ate $\geq 5$ Servings of Fruits/Vegetables Per Day<sup>1</sup>, 1993-2005

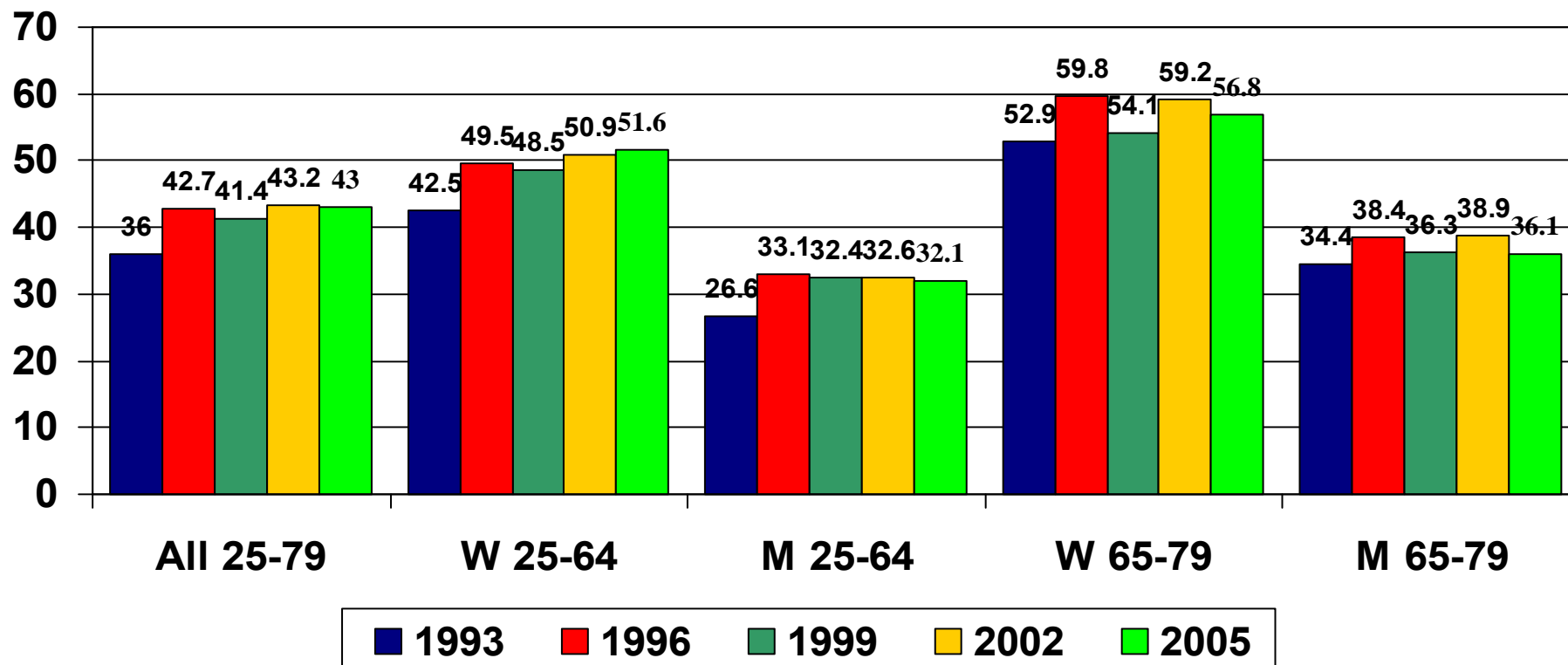


<sup>1</sup> During an average day, about how many servings of fruit and vegetables do you usually eat? (1 serving =  $\frac{1}{2}$  cup or a medium piece).

Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.



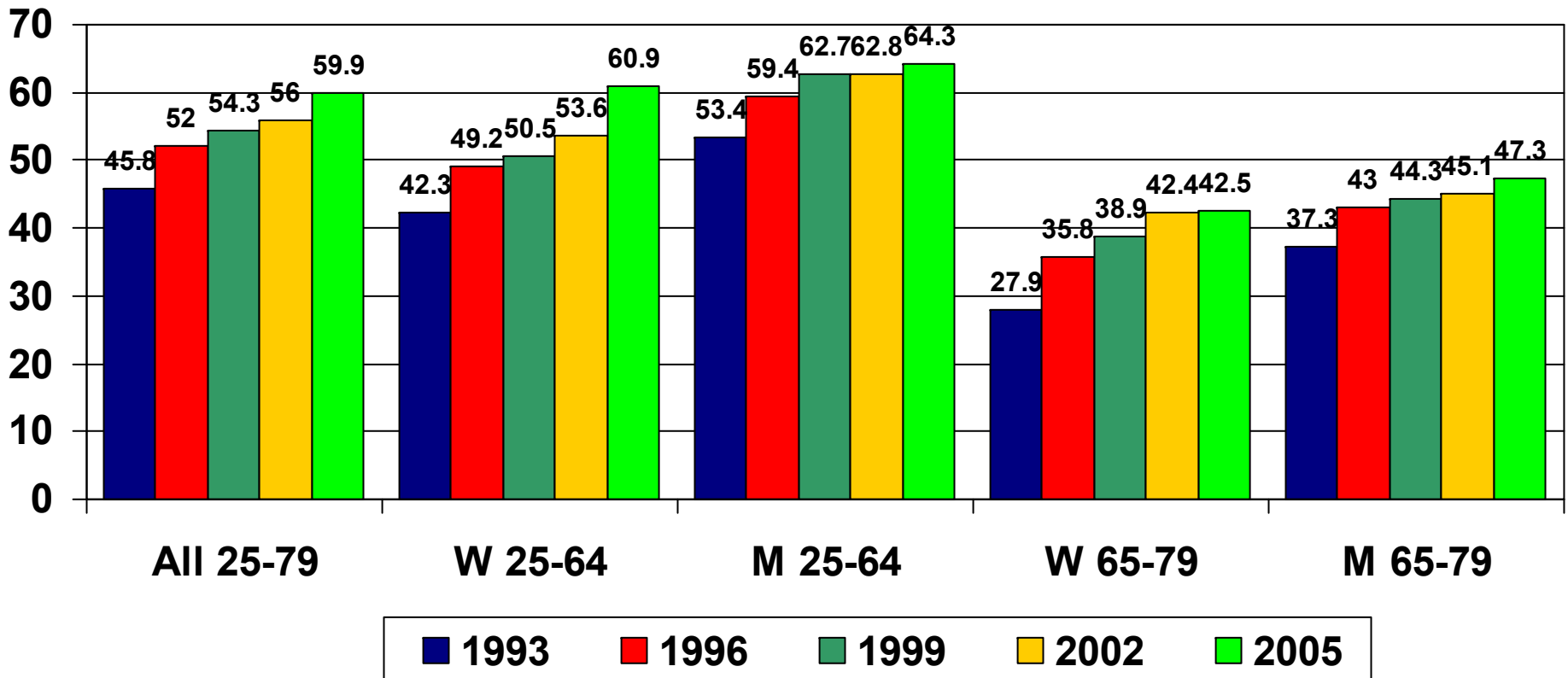
## Percentages of KP-NCal Members Aged 25-79 Who Usually Ate $\geq 3$ Servings of Fruits/Vegetables Per Day<sup>1</sup>, 1993-2005



<sup>1</sup> During an average day, about how many servings of fruit and vegetables do you usually eat?  
(1 serving =  $\frac{1}{2}$  cup or a medium piece)

Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

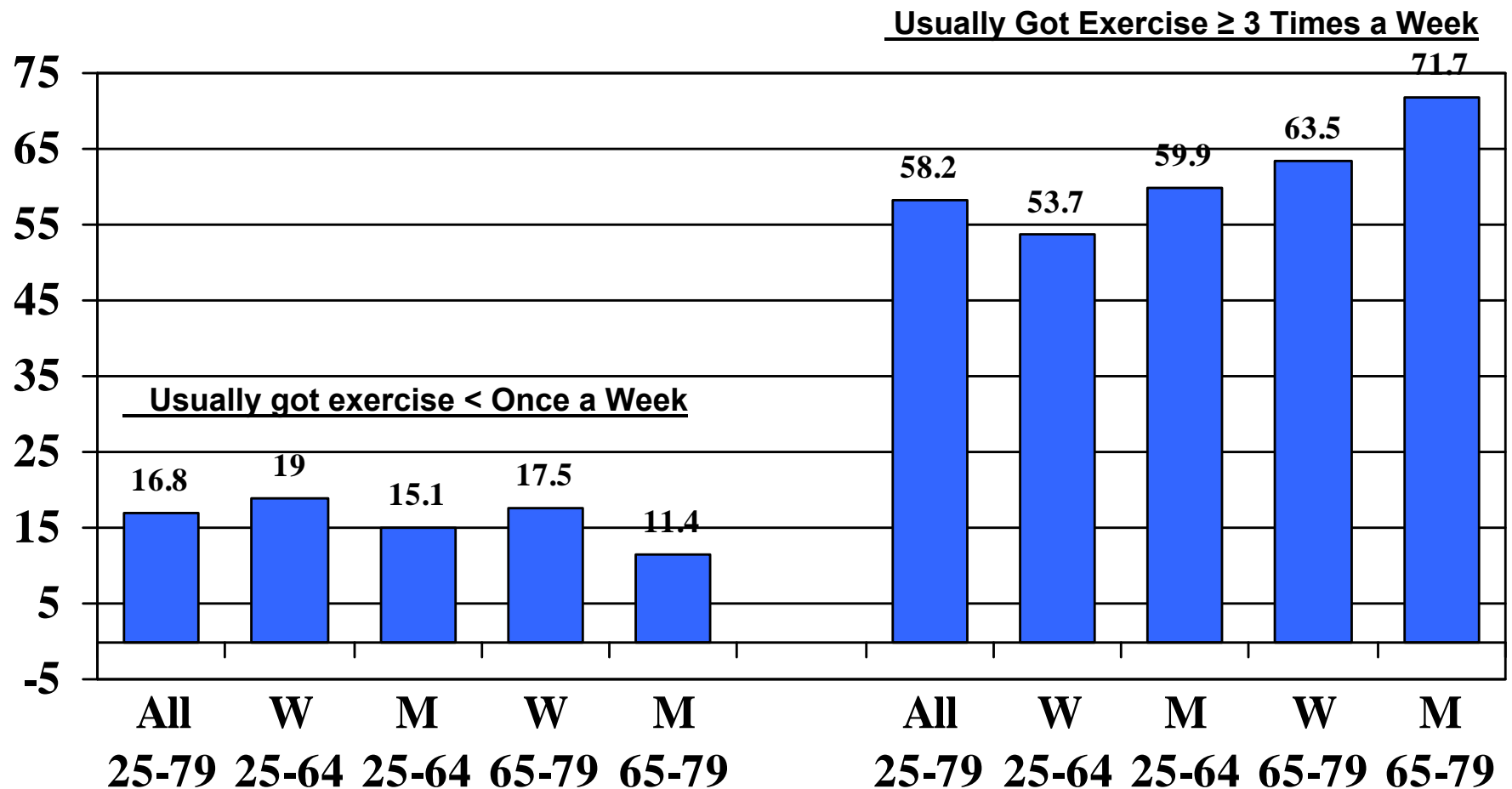
## Percentages of KP-NCal Members Who Did Not Usually Try to Eat Reduced Fat Foods<sup>1</sup>, 1993-2005



<sup>1</sup> About how often do you try to eat reduced fat (low-fat or non-fat) foods?  
 (Answered: Some of the Time, A Little of the Time, or Never)

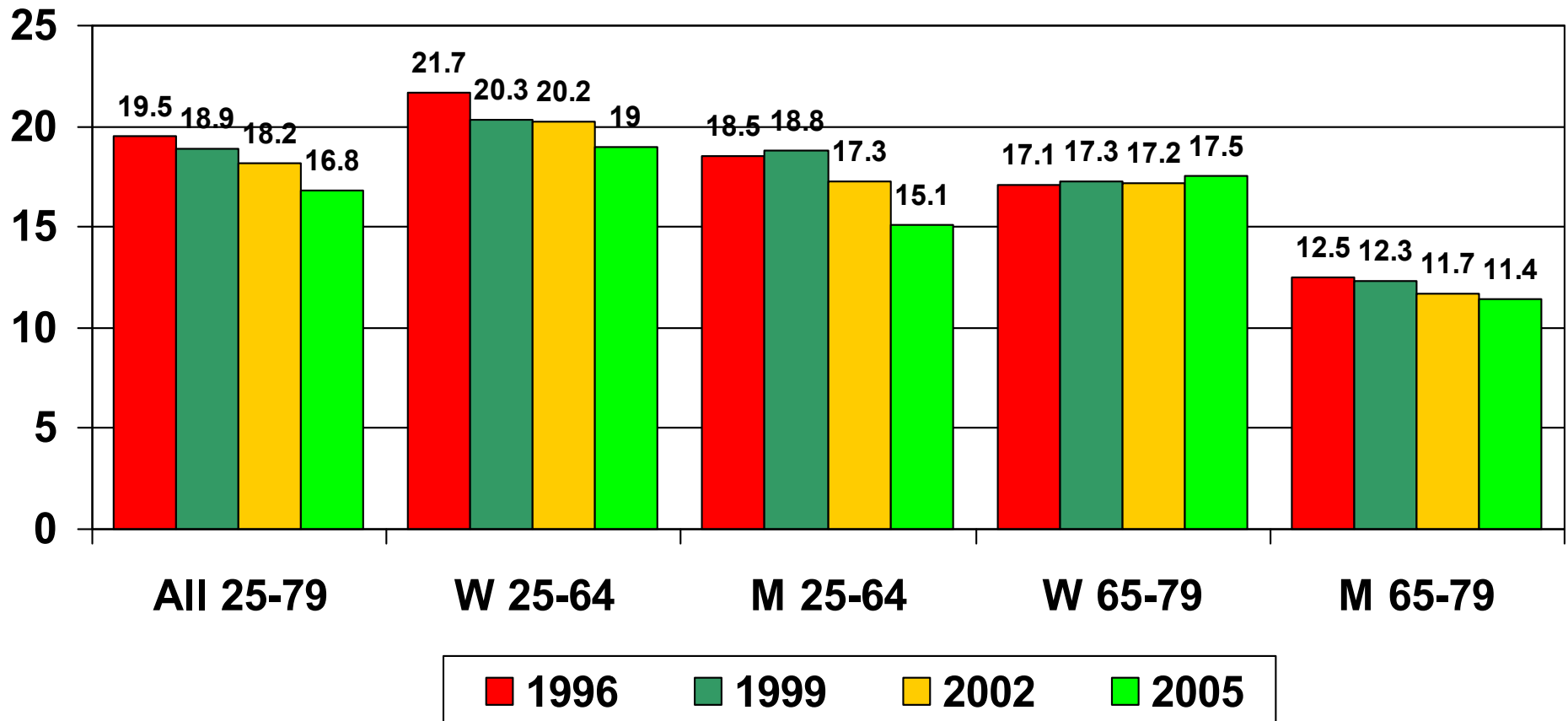
Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Exercise Habits of KP-NCal Members Aged 25-79, by Age and Gender, 2005



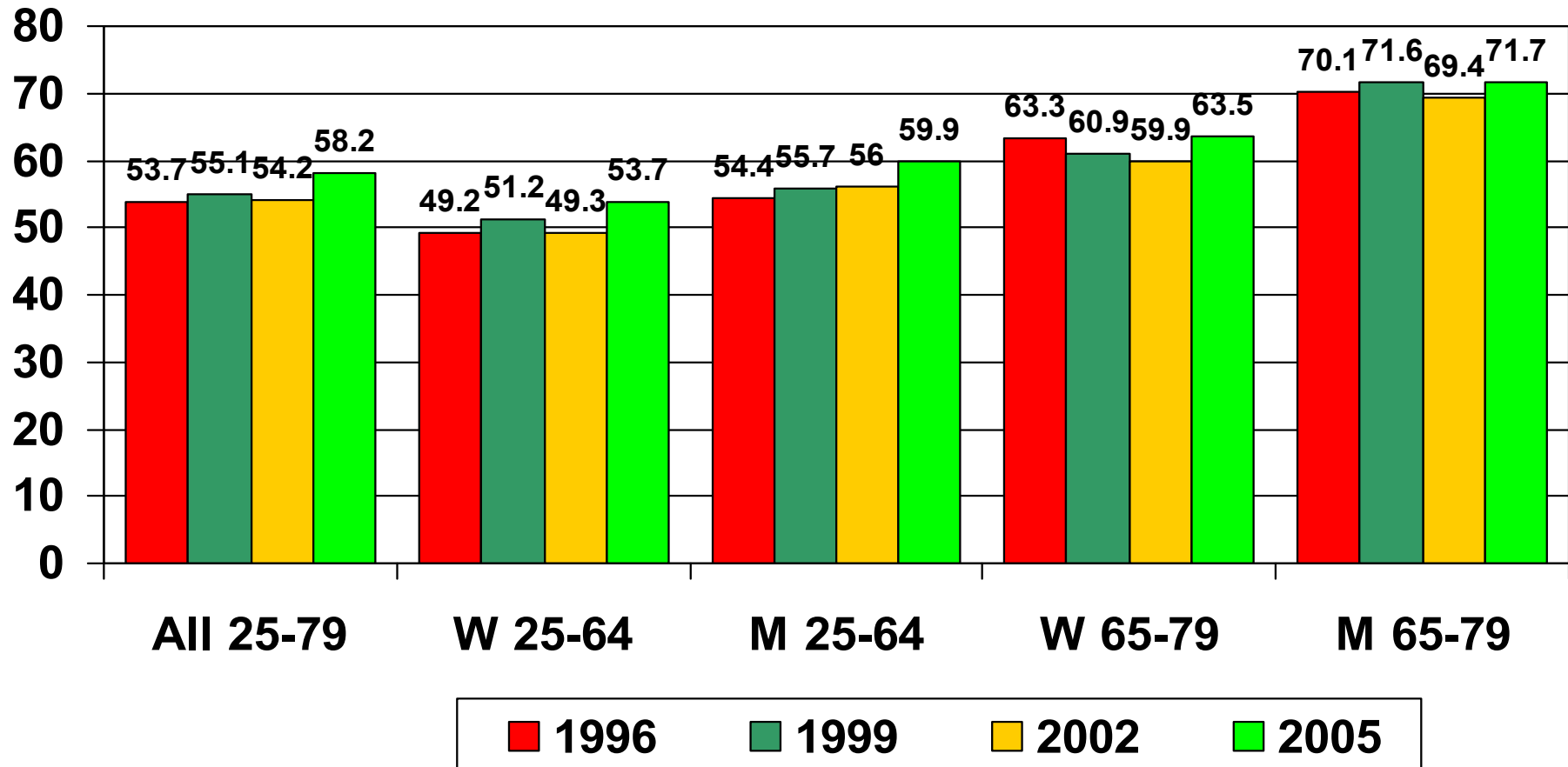
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 Who Got Exercise < Once a Week, 1996-2005



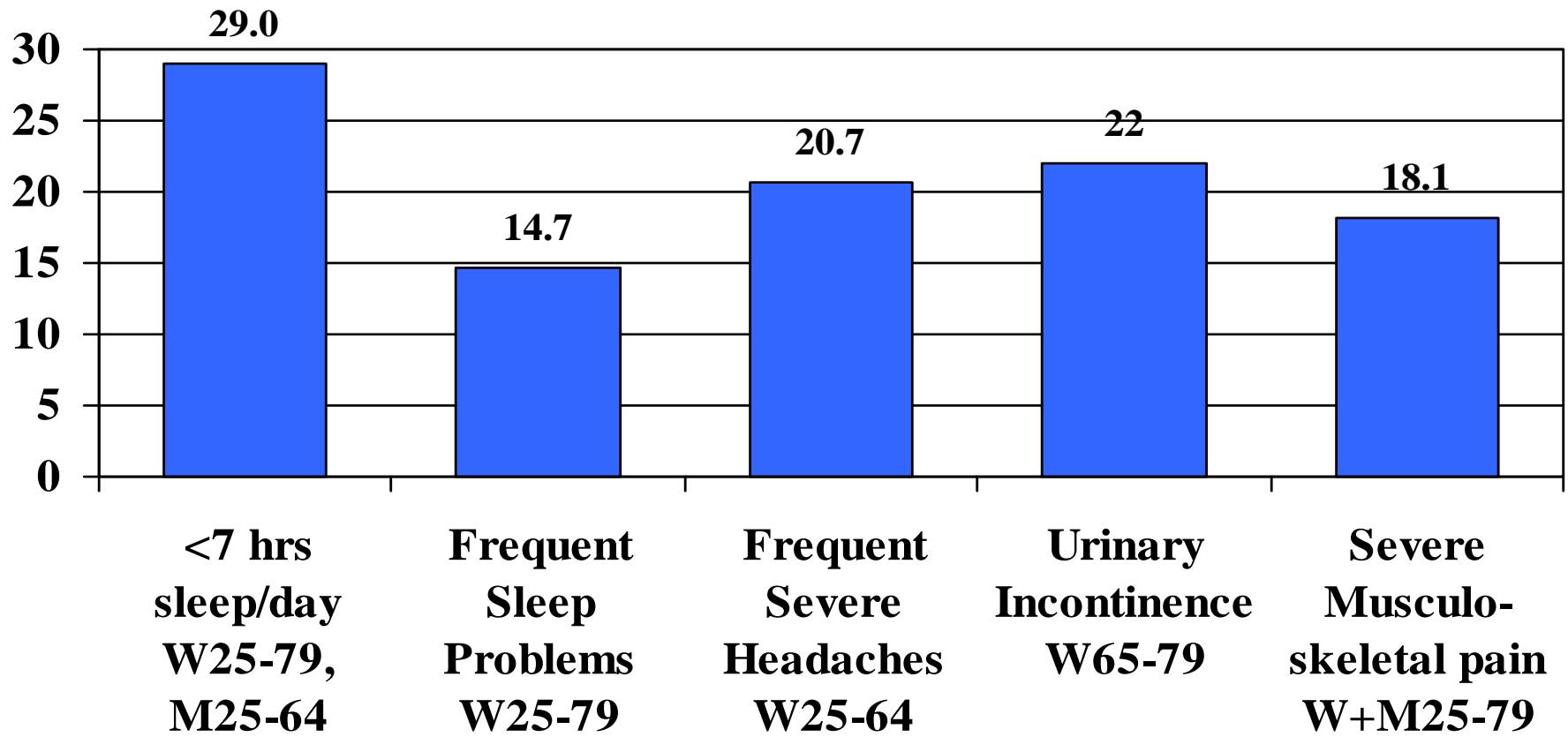
Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Got Exercise $\geq 3$ Times a Week, 1996-2005



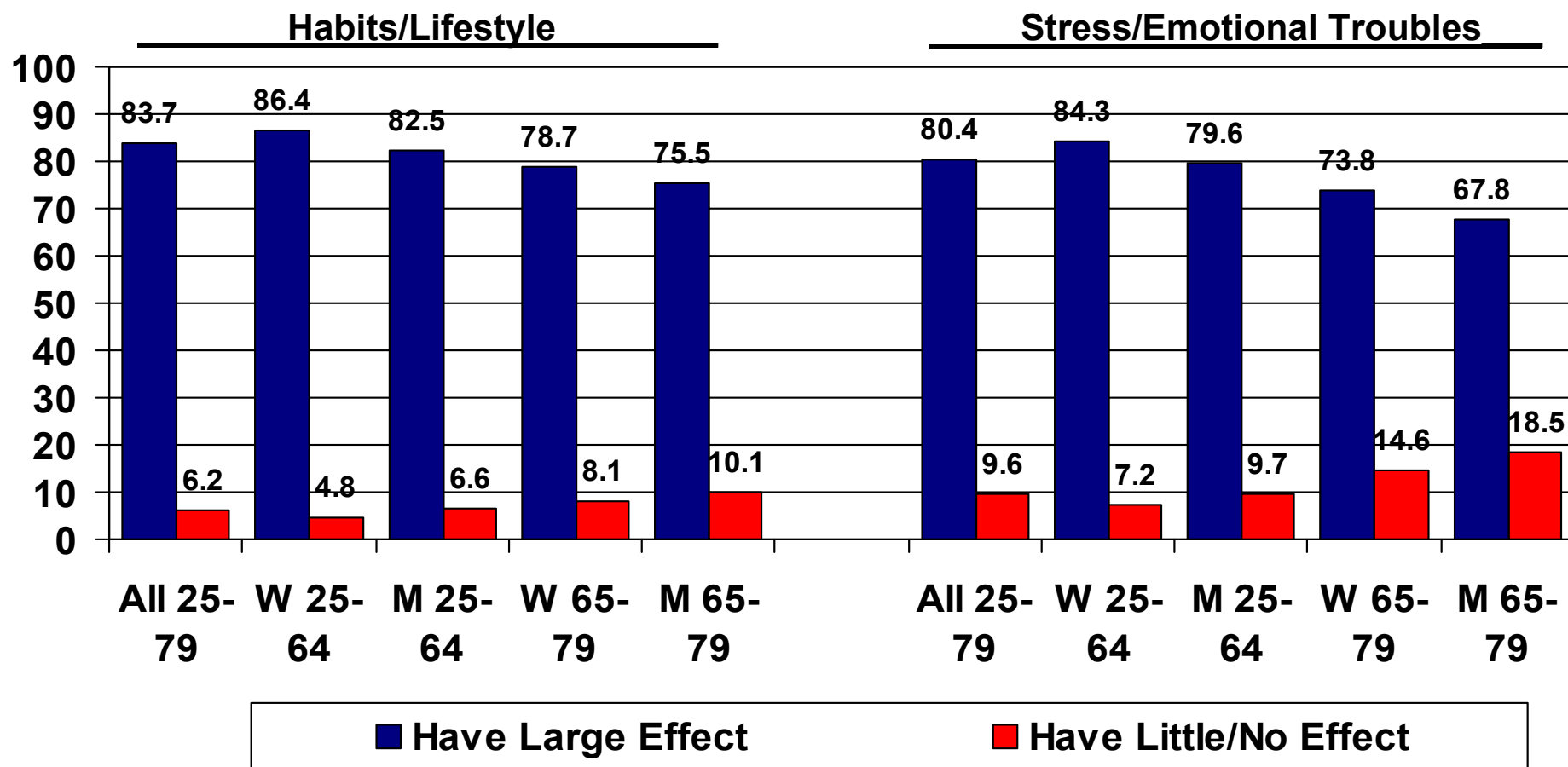
Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey

## Percentages of KP-NCal Members with Selected Problems that Could Affect Quality of Life, 2005



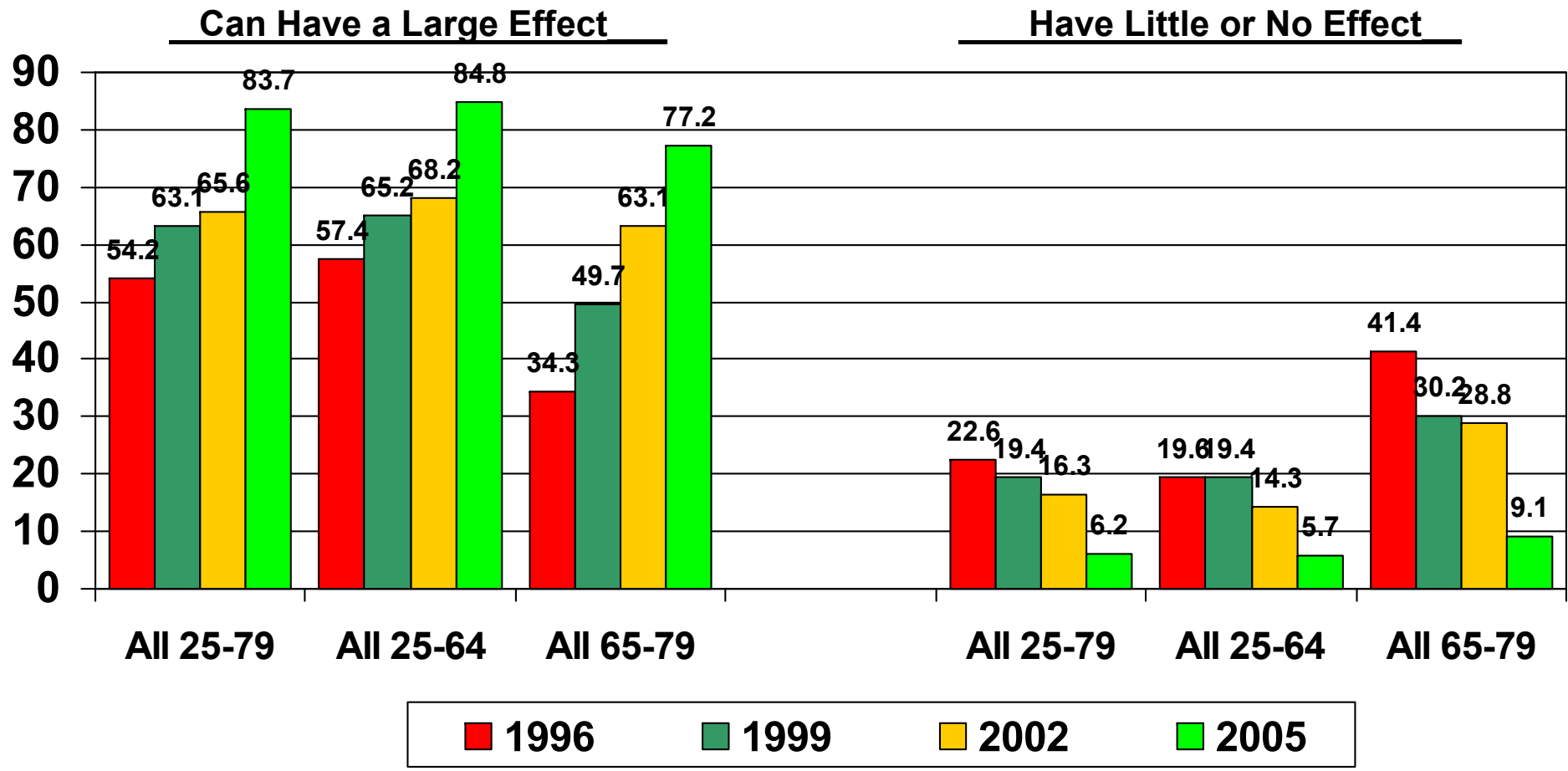
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Beliefs About the Extent to Which Habits/Lifestyle and Stress/Emotional Troubles Can Affect Their Health, KP-NCal Members Aged 25-79, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

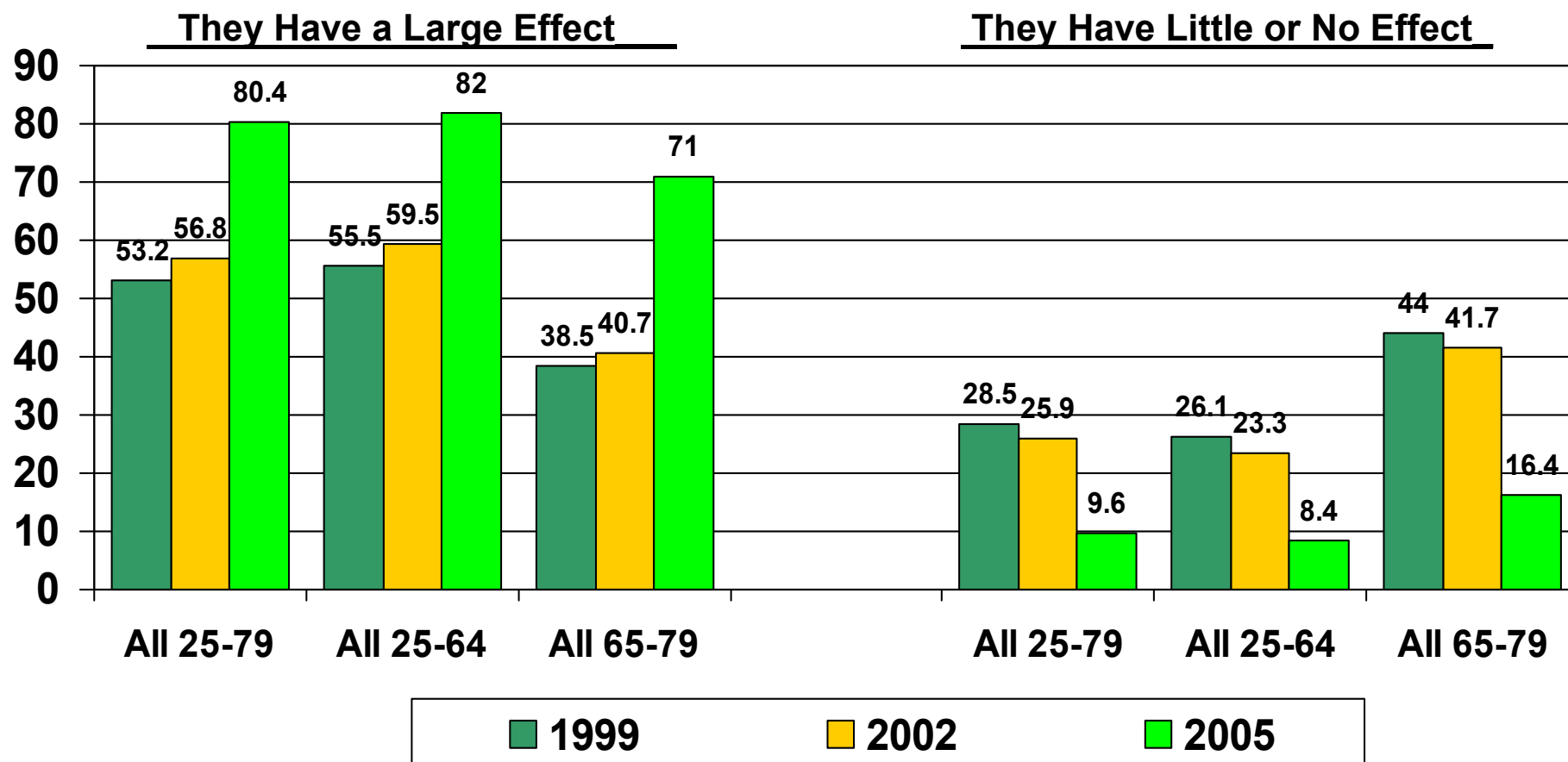
# Change in Beliefs About the Effect that Health Practices and Lifestyle, Like Diet, Exercise, and Weight, Can Have on Health, 1996-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.



## Change in Beliefs About the Effect that Stress and Emotional Troubles Such As Depression or Anxiety Can Have on Health, 1999-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition at the time of the survey.

# Why don't we see more reductions in behavioral health risks over time?

## 1. **Influx of New Members** → Limited exposure to Health Ed messages

Wtd. %s of 25-79 yr olds in MHS samples with LOE < 2yr:

	<u>1996</u>	<u>1999</u>	<u>2002</u>
All 25-79	14.3	17.2	20.2
Ages 25-64	15.6	18.8	22.1
Ages 65-79	6.7	7.6	9.5

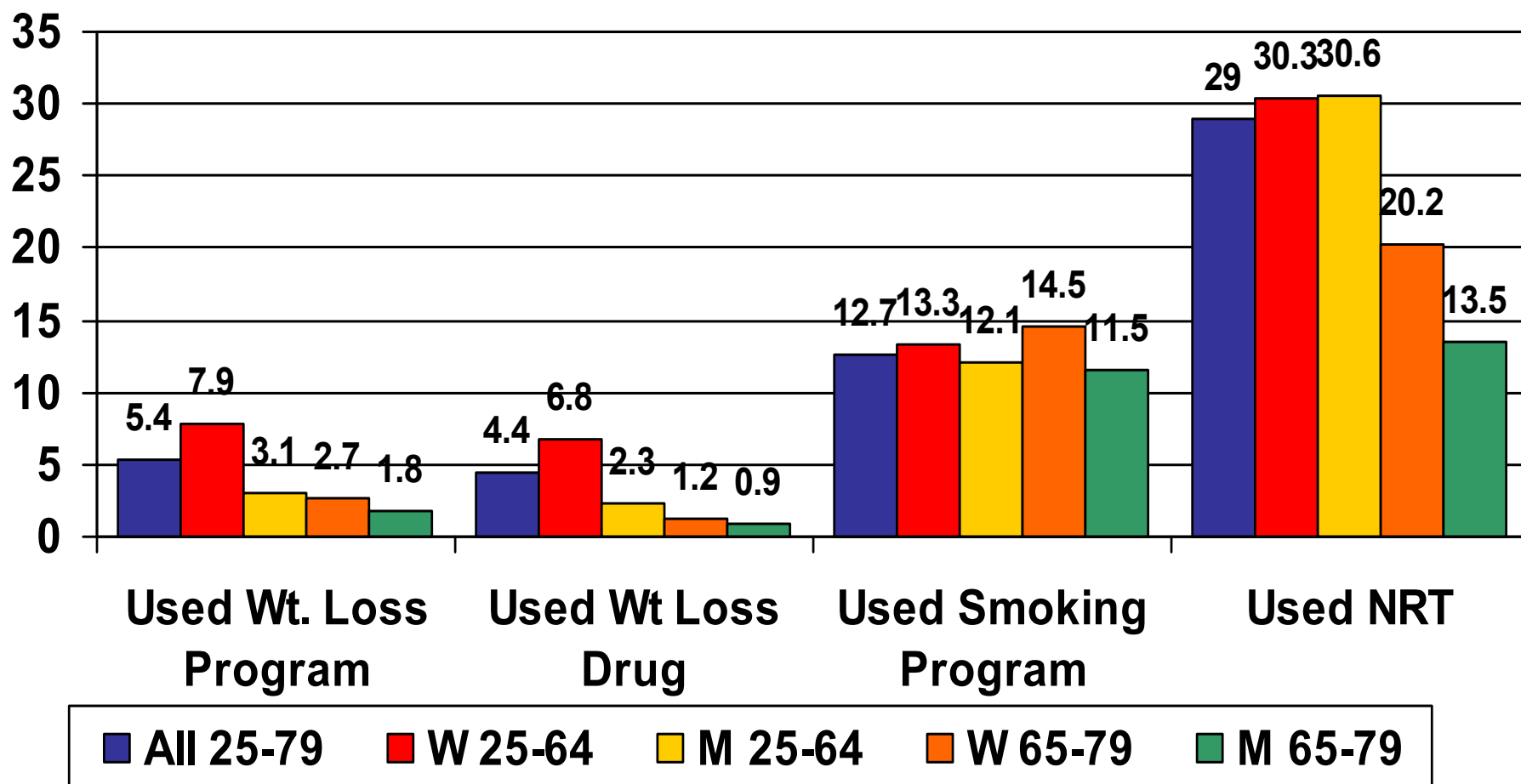
## 2. **Change in Race/Ethnic composition of membership** may mask changes

- ↓ %s of White nonHispanic members, ↑ %s Latino and Asian
- LOE < 2yr in 2002 for ages 25-79 higher among non-WhiteNHs:  
WhiteNH: 16%    Black: 21%    Latino: 27%    Asian: 30%

## 3. **As a health plan, there are limits on how much we can expect to affect trends occurring in general population** (↑ Obesity)

## 4. **Members aren't taking advantage of the health education programs that Kaiser offers.**

## Percentages of Those Who Tried to Lose Weight or Quit Smoking Who Participated in an Individual, Group, or Internet-Based Program or Used a Prescription Medication, 2005<sup>1</sup>

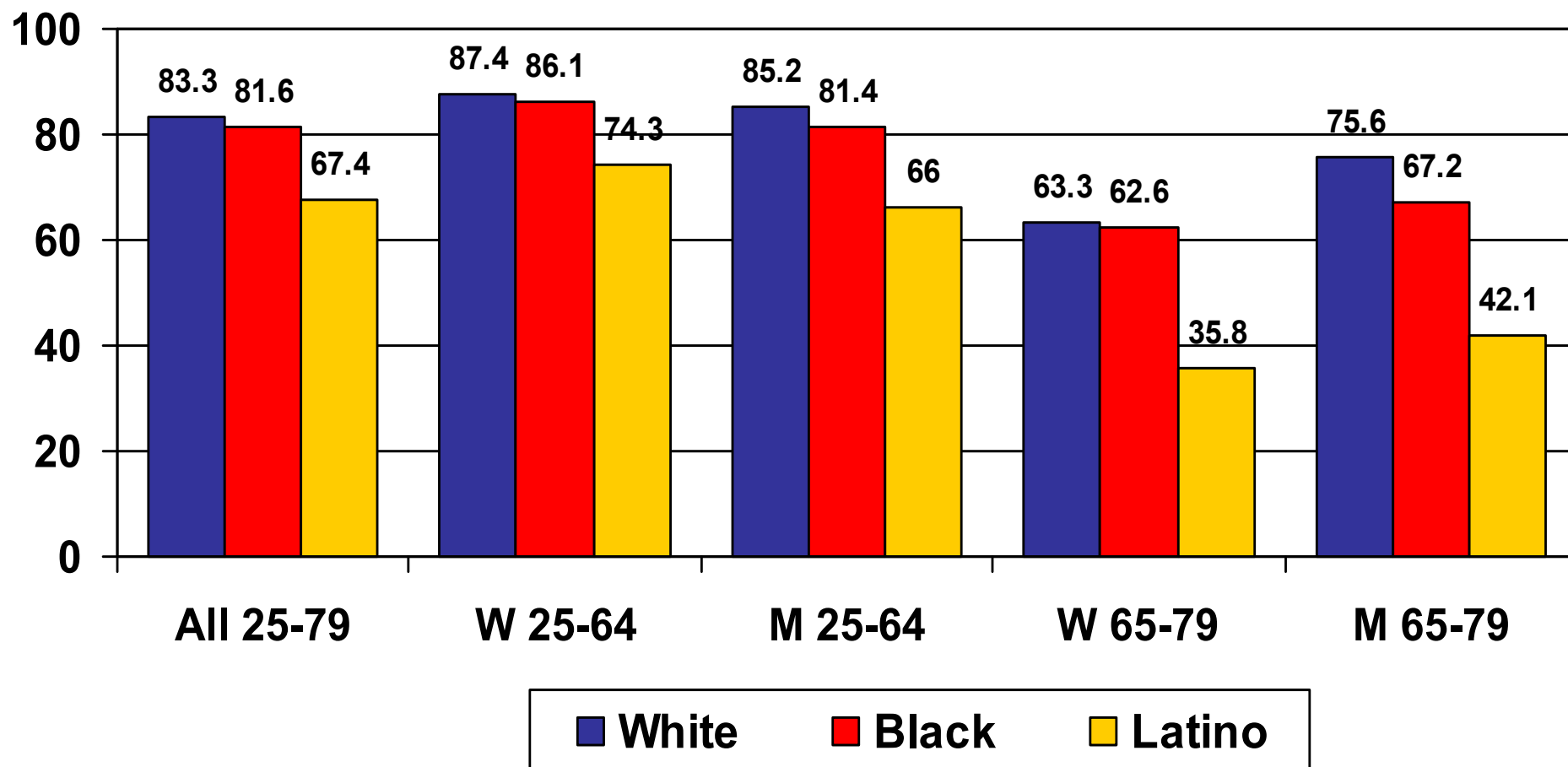


Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey.

# **Race-Ethnic Differences in Health and Behavioral Health Risks**

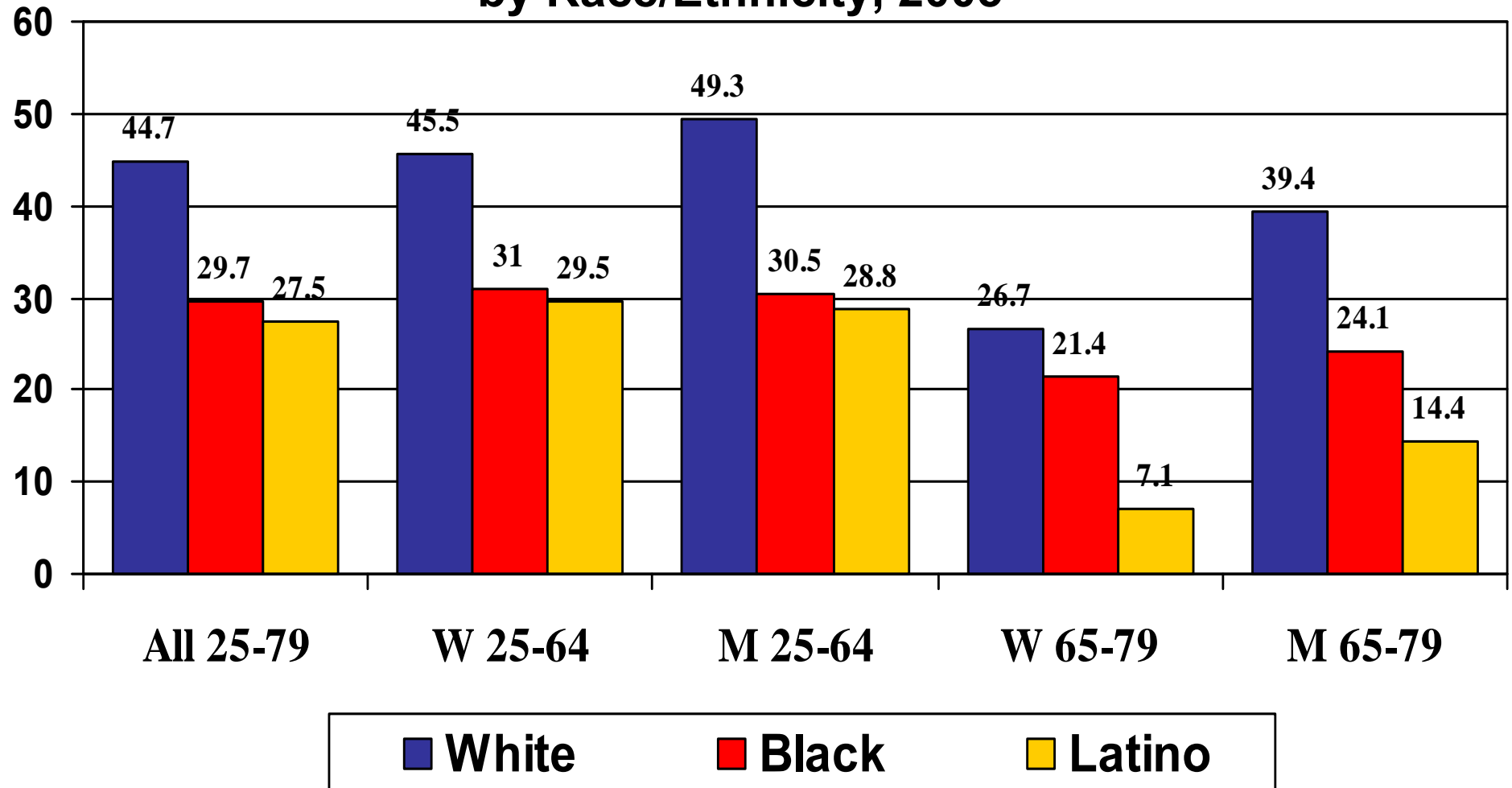
**Restricted to comparisons of nonHispanic Whites, Blacks, and Latinos (Asians are too heterogeneous as a category and not numerous enough in one survey year to develop meaningful estimates)**

## Percentages of KP-NCal Members Aged 25-79 with At Least Some Formal Post High School Education, by Race/Ethnicity, 2005



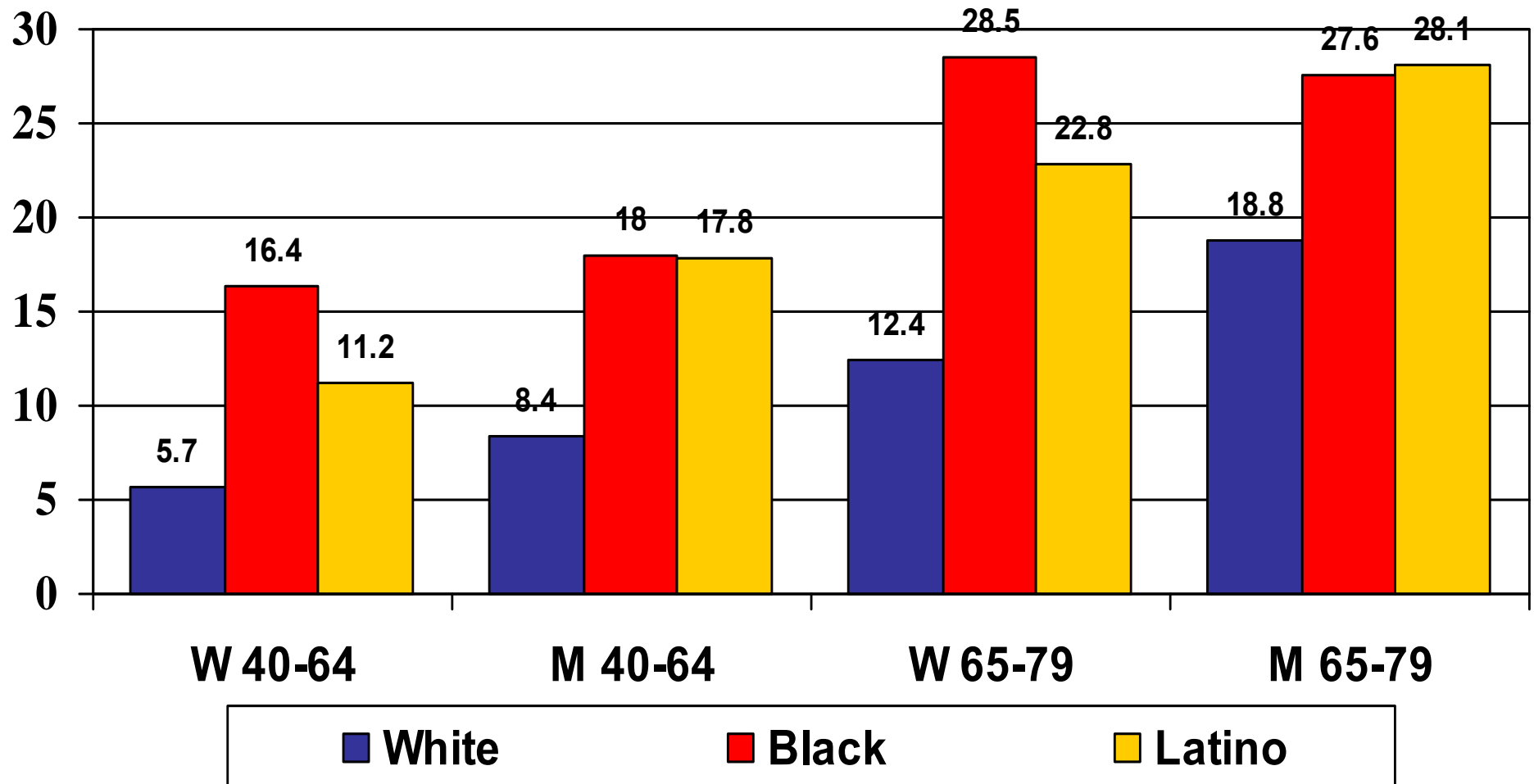
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Were College Graduates, by Race/Ethnicity, 2005



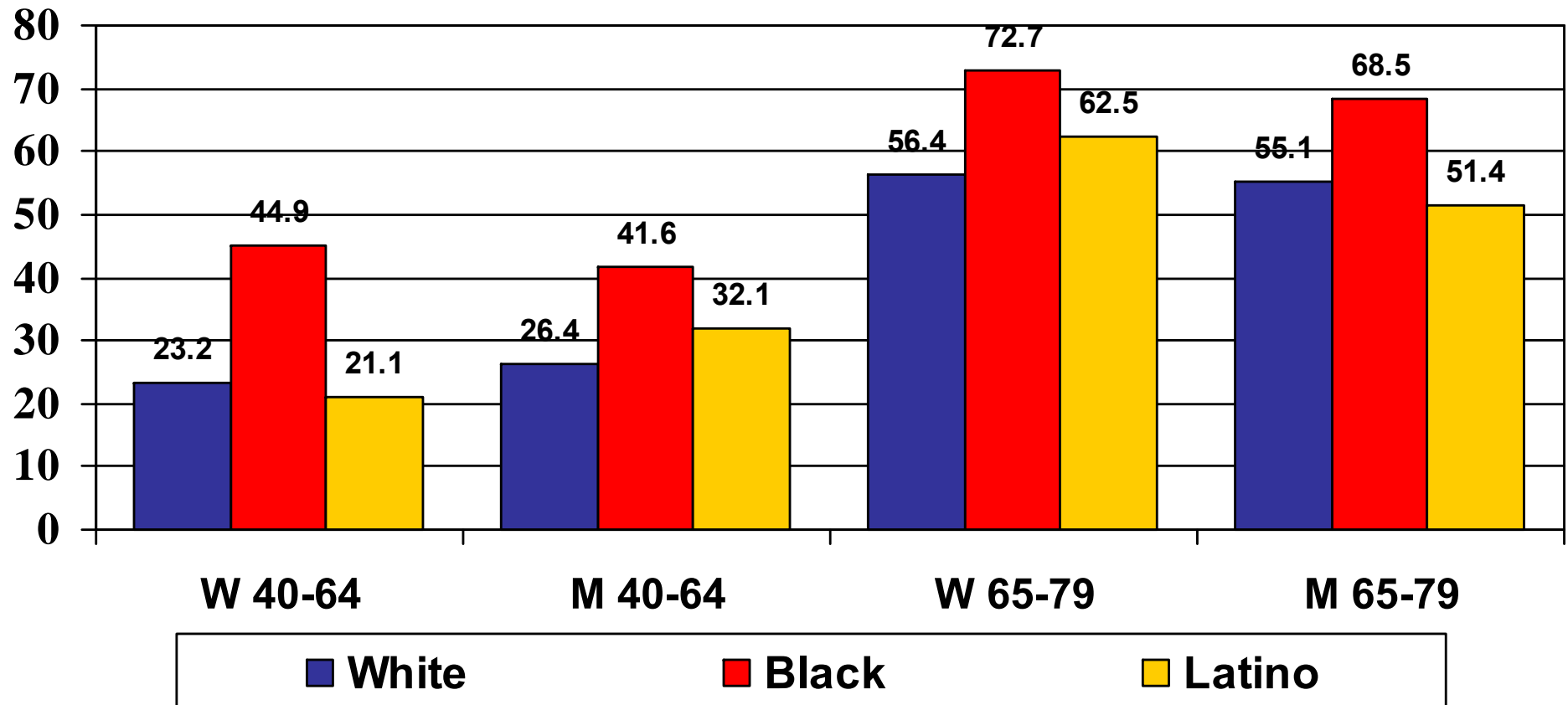
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age, gender, and geographic composition of the membership at the time of the survey.

## Percentages of KP-NCal Members Aged 40-79 Who Had a History of Diabetes, by Race/Ethnicity, 2005



<sup>1</sup> Estimated from self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey

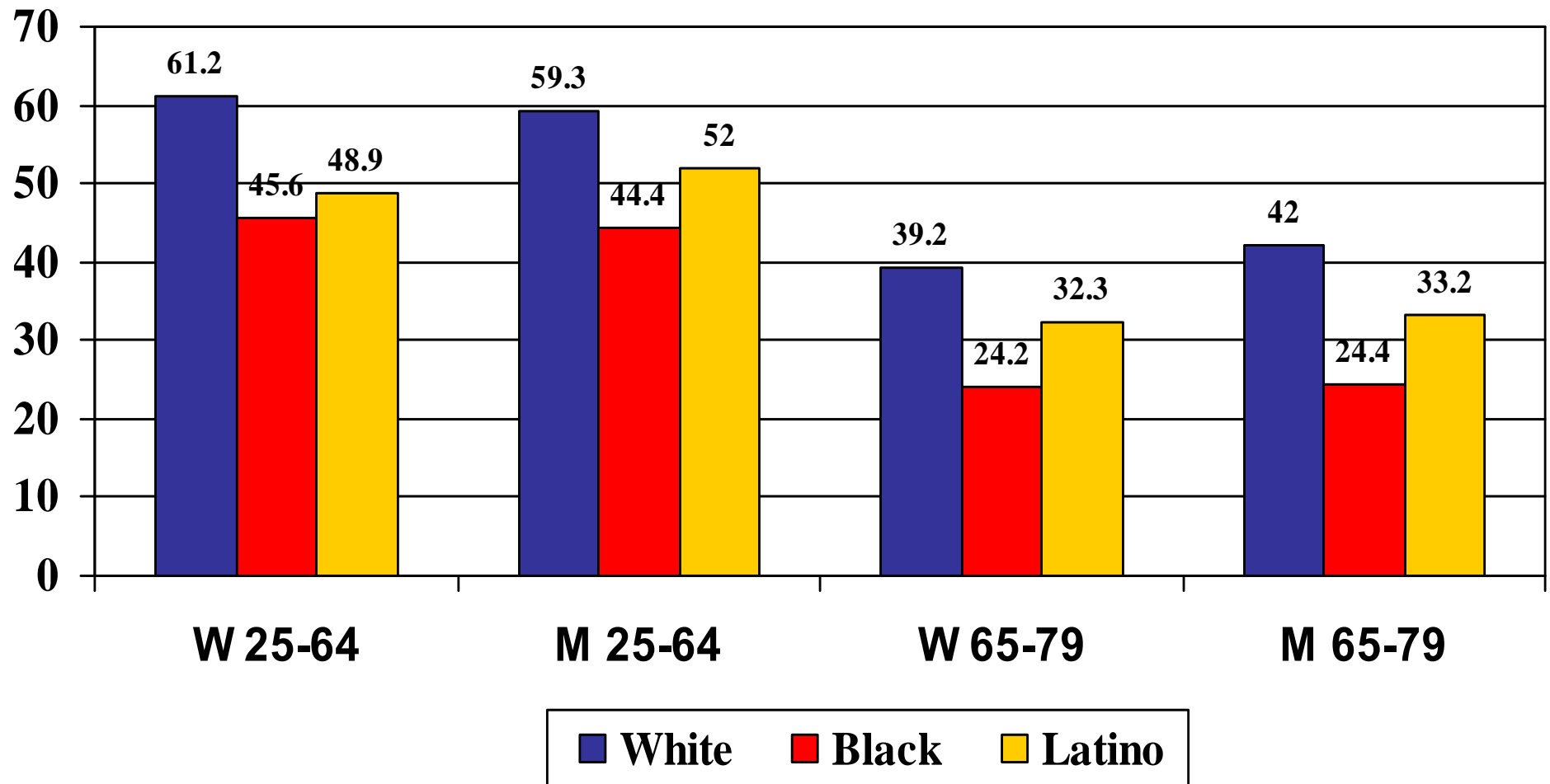
## Percentages of KP-NCal Members Aged 40-79 Who Had Clinically Diagnosed High Blood Pressure, by Race/Ethnicity, 2005



Estimated from self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender, and geographic composition of the membership at the time of the survey

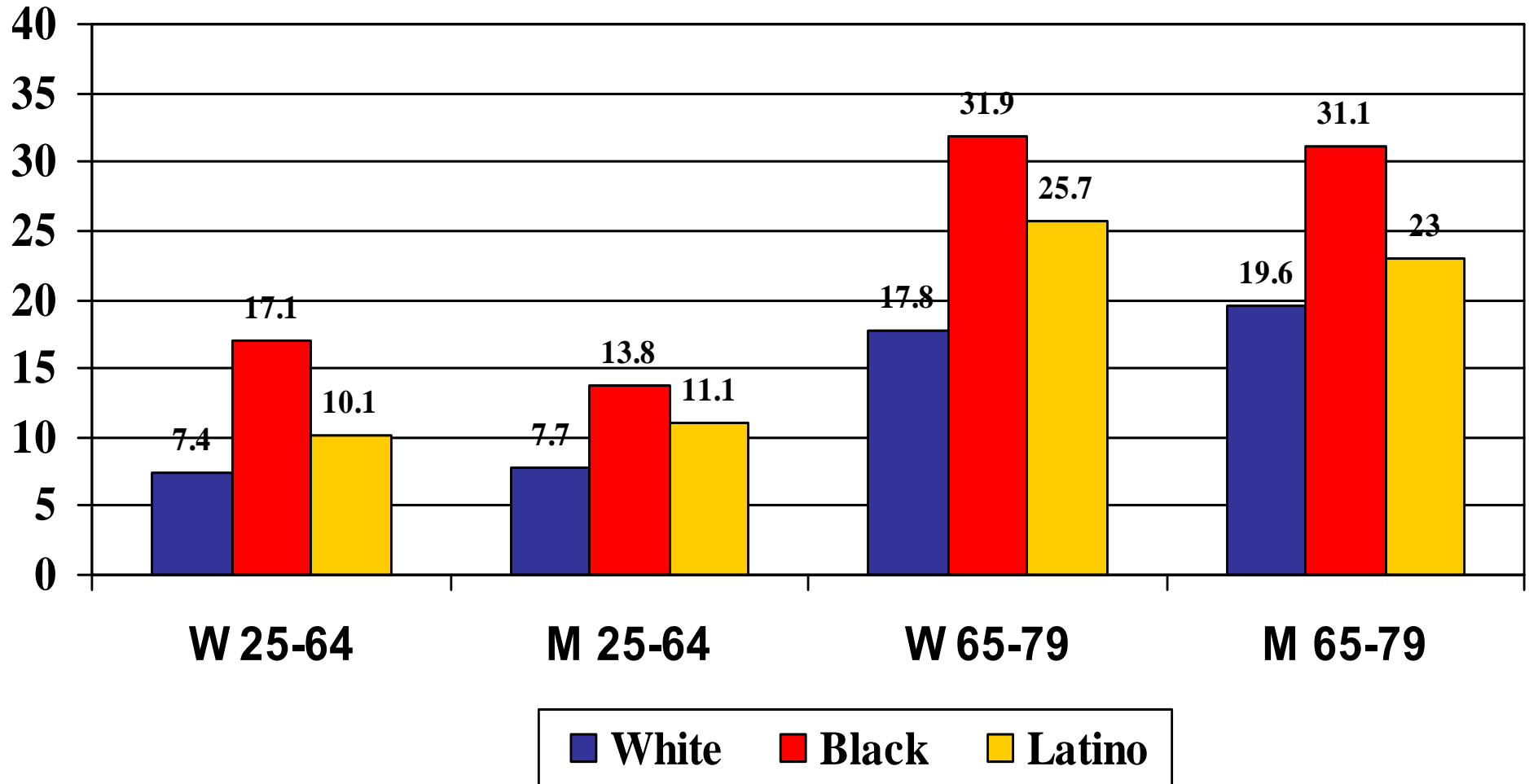


## Percentages of KP-NCal Members Aged 25-79 Whose Overall Health is Very Good or Excellent, by Race/Ethnicity, 2005



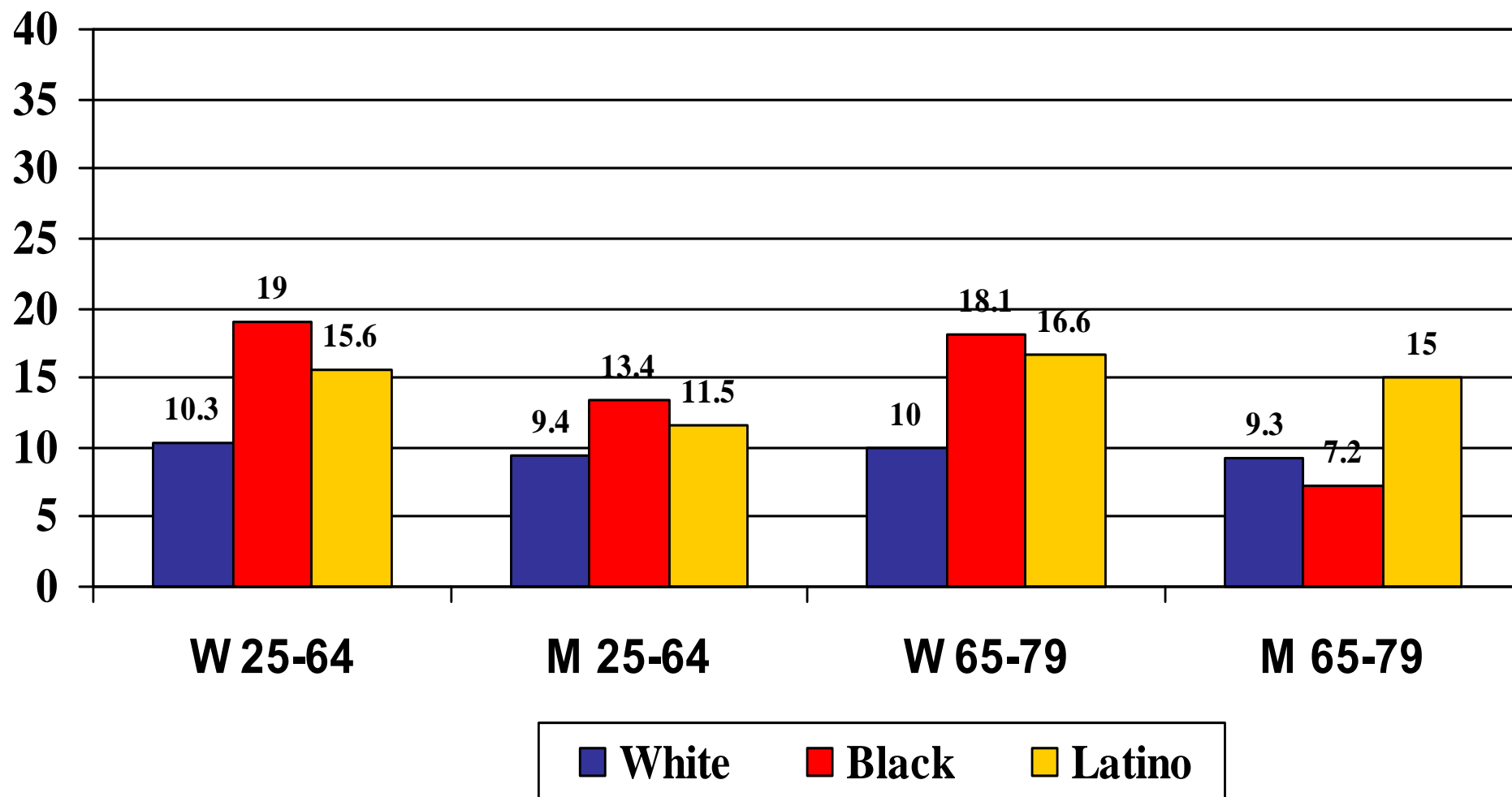
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 Whose Overall Health is Fair or Poor, by Race/Ethnicity, 2005



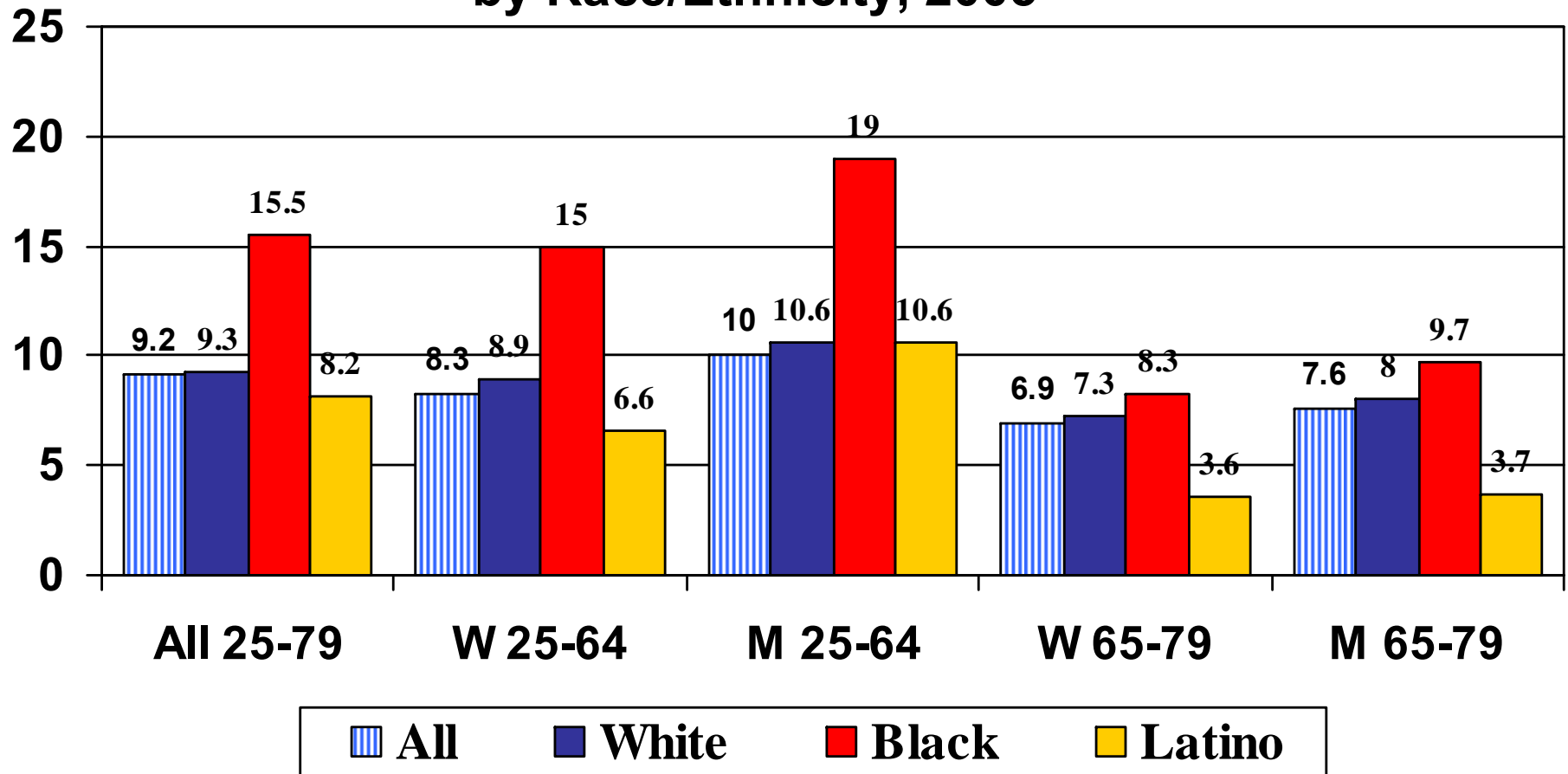
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Whose Emotional/Mental Health is Fair or Poor, by Race/Ethnicity, 2005



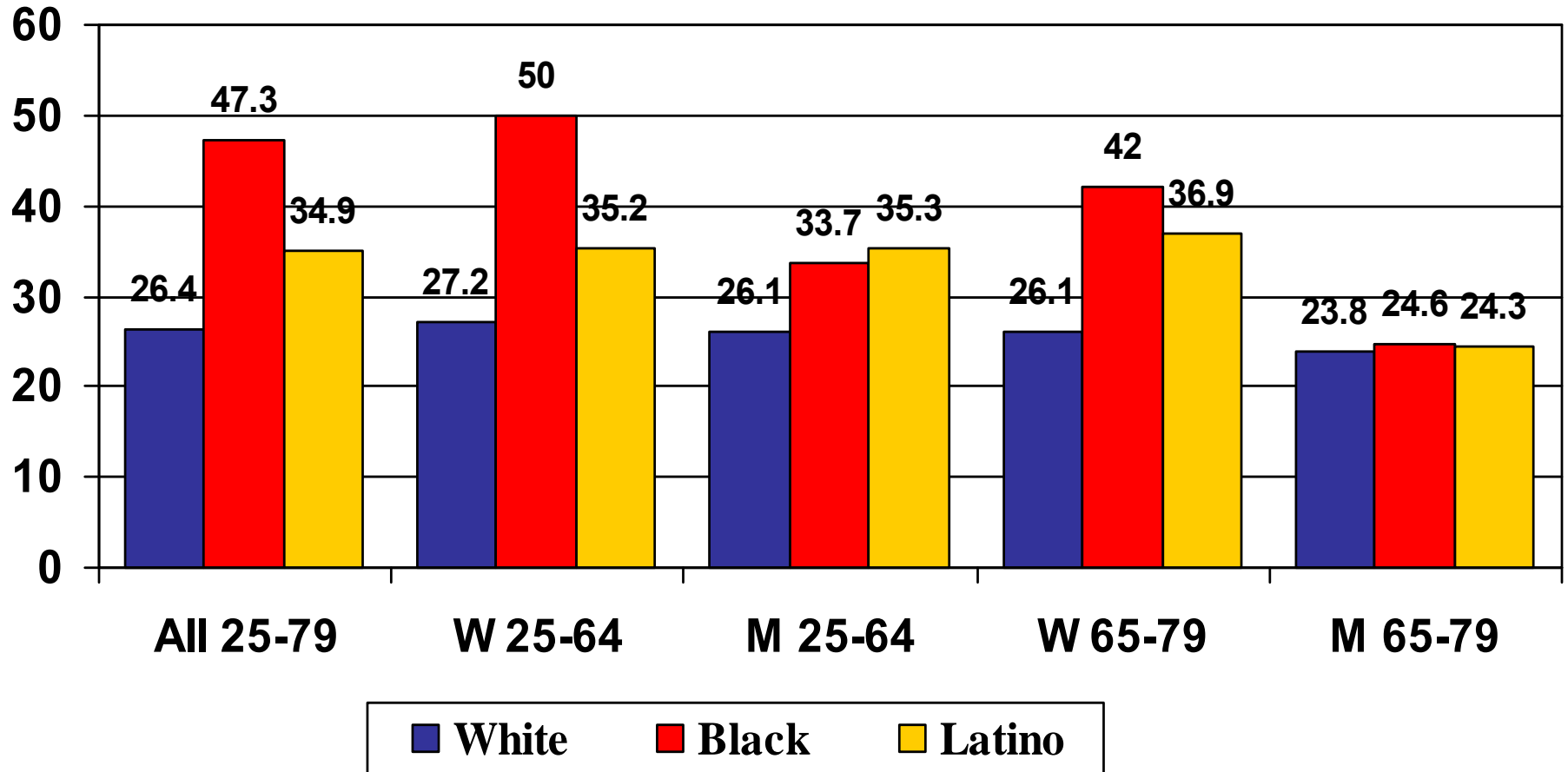
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Were Current Smokers, Overall and by Race/Ethnicity, 2005



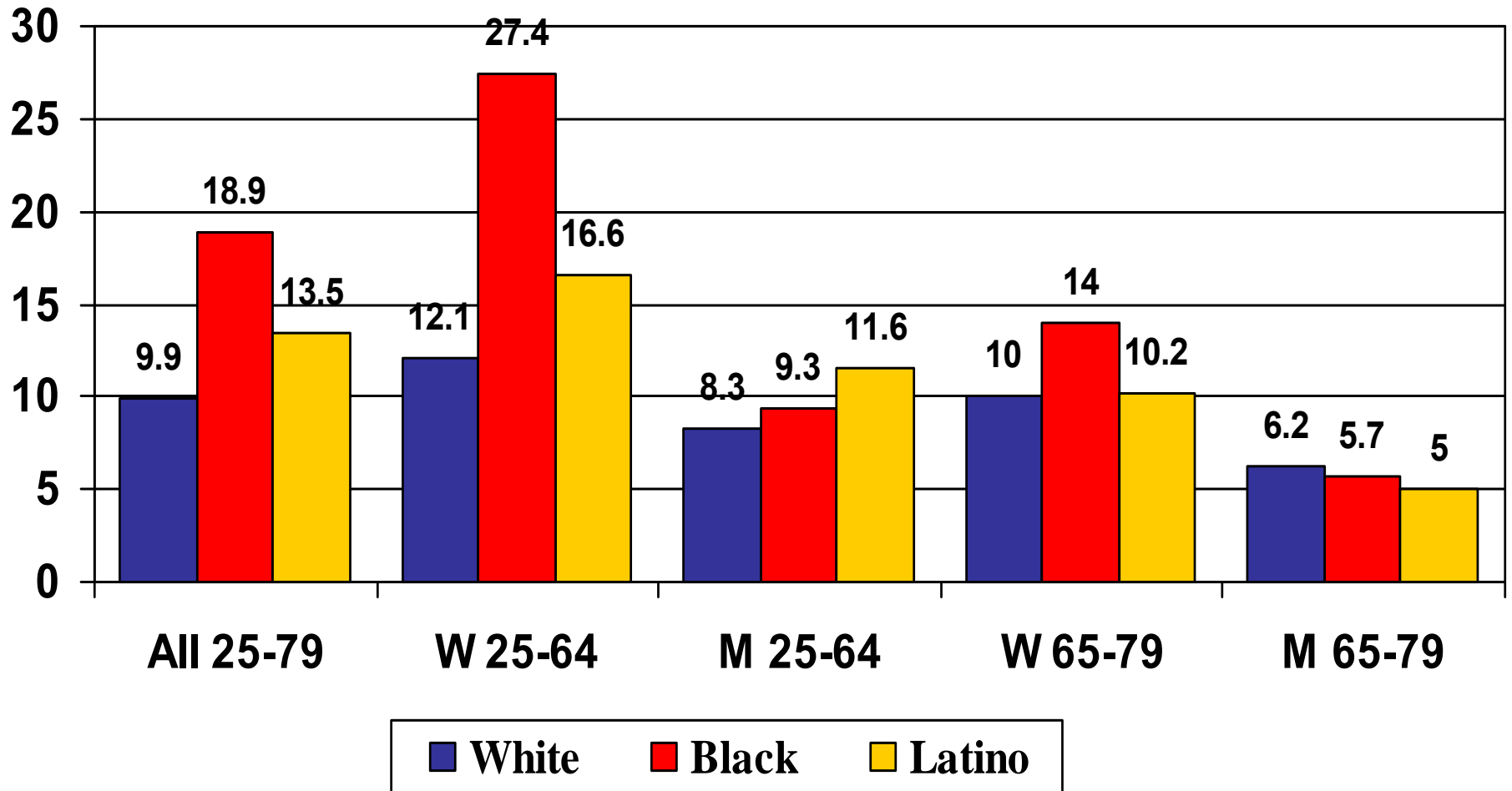
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey

## Percentages of KP-NCal Members Aged 25-79 with BMI $\geq$ 30, Overall and by Race/Ethnicity, 2005



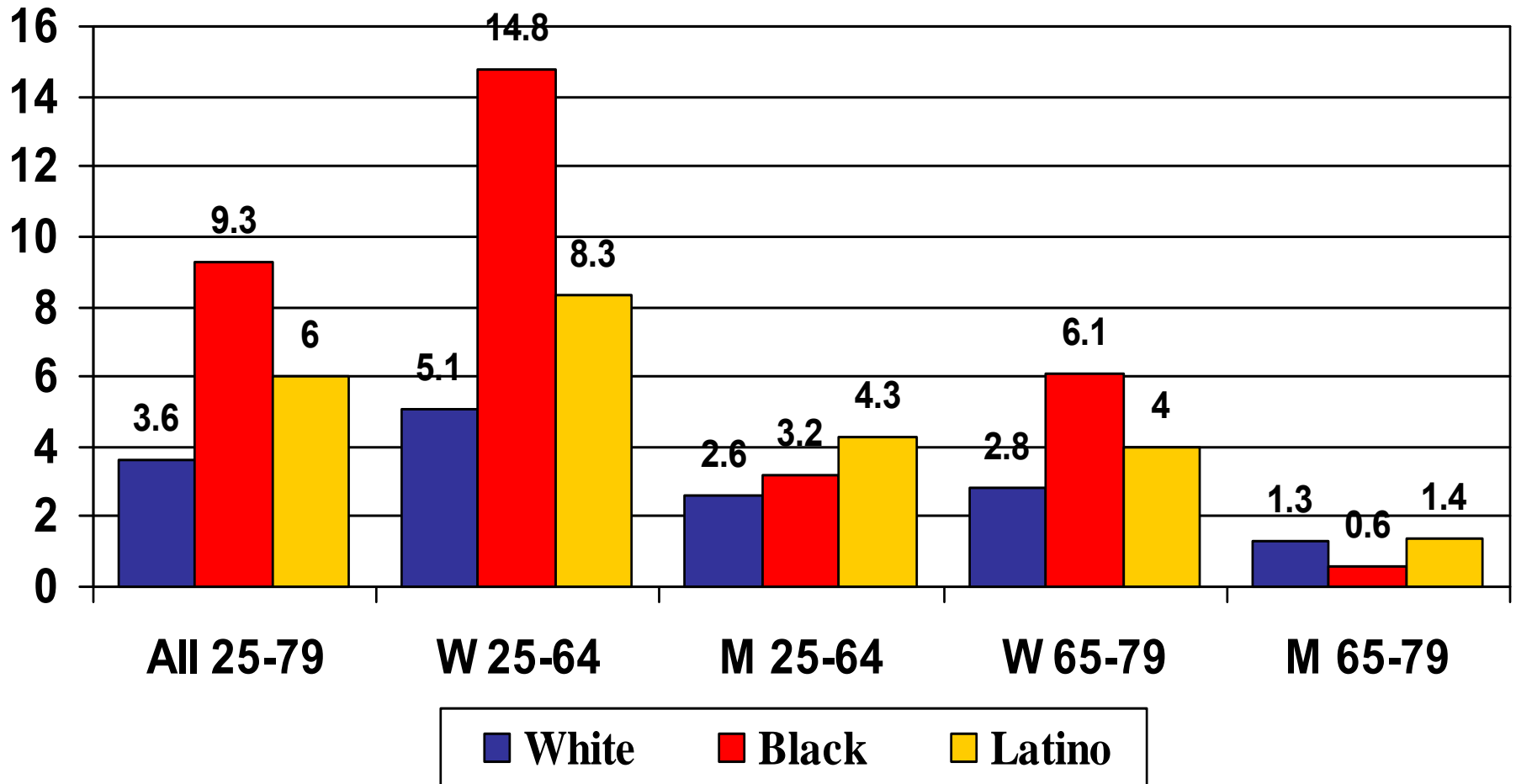
Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership for the survey year.

## Percentages of KP-NCal Members Aged 25-79 with BMI $\geq$ 35, Overall and by Race/Ethnicity, 2005



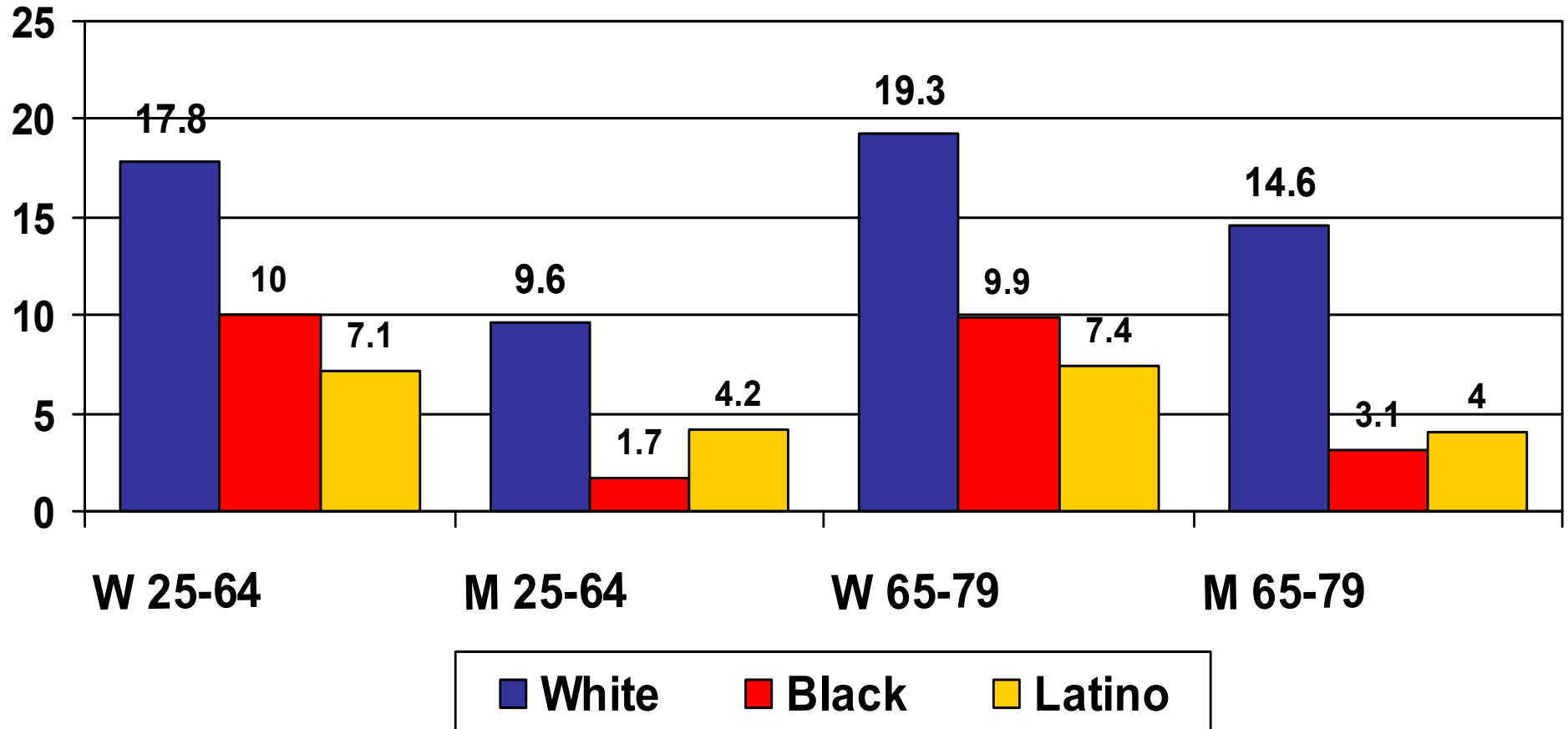
Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership for the survey year

## Percentages of KP-NCal Members Aged 25-79 with BMI $\geq 40$ , Overall and by Race/Ethnicity, 2005



Estimated using self-reported height and weight data from Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender-geographic composition of the membership for the survey year

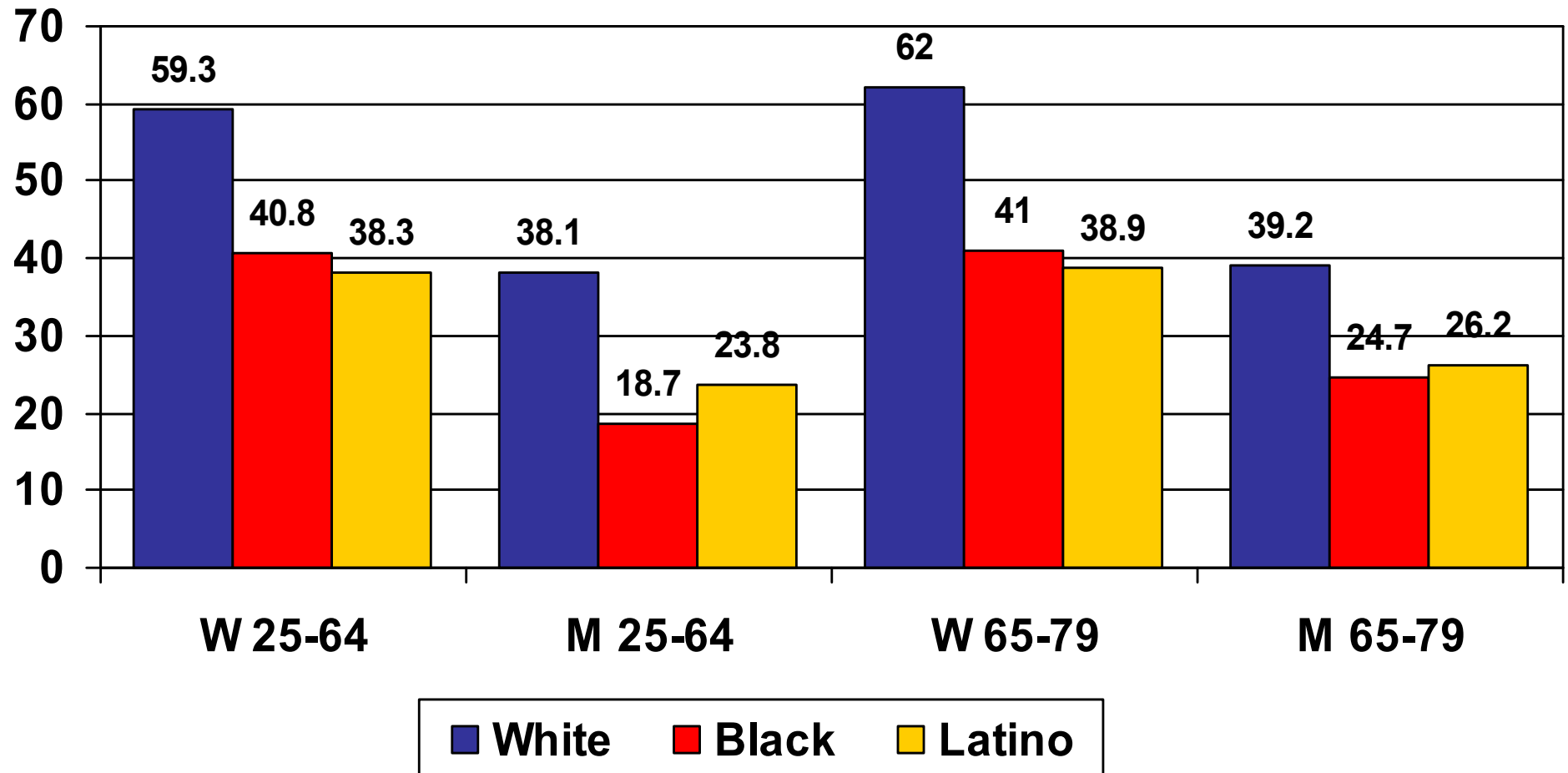
# Percentages of Kaiser Members Aged 25-79 Who Usually Ate $\geq 5$ Servings of Fruit/Vegetables Per Day, by Race/Ethnicity, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

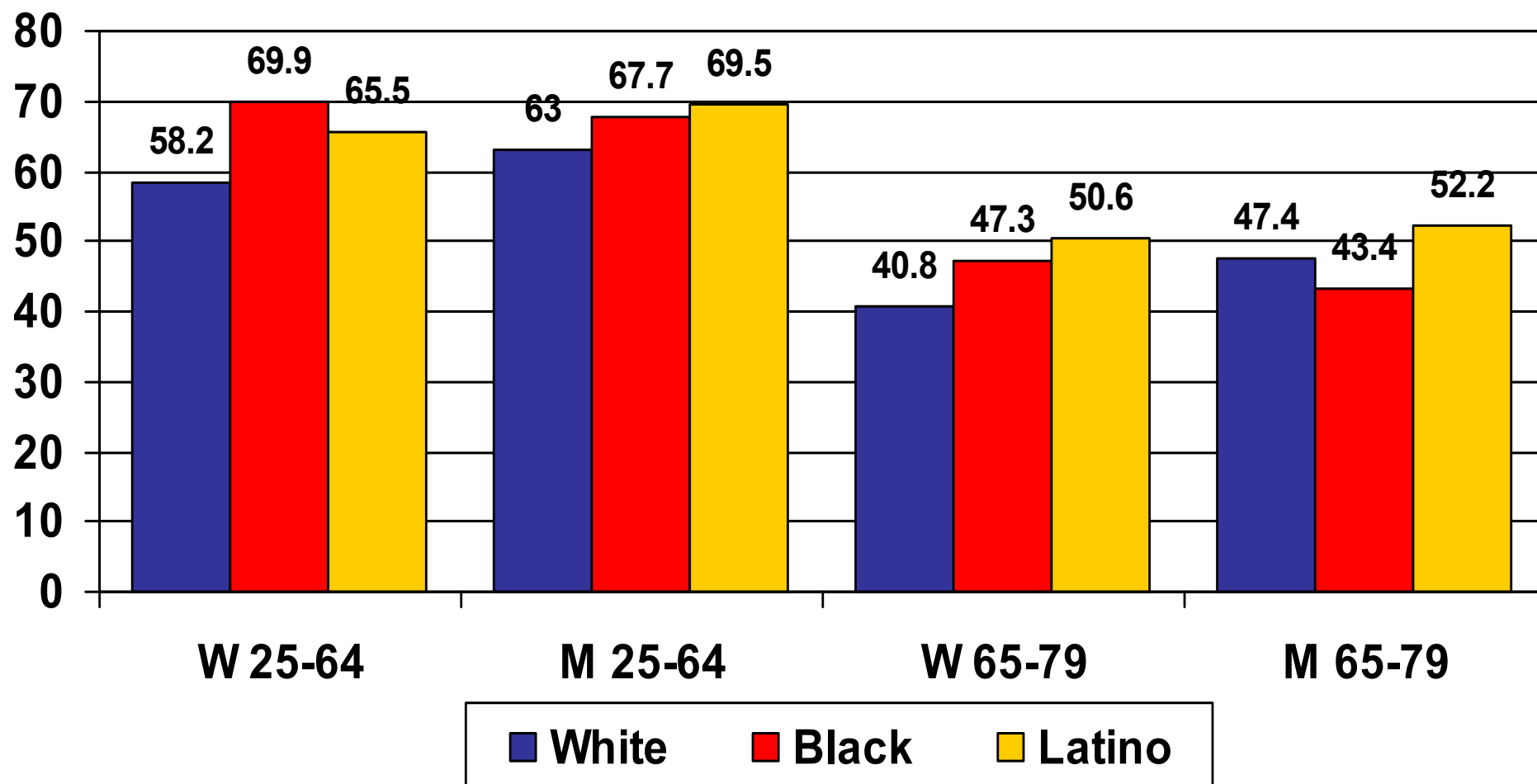


## Percentages of Kaiser Members Aged 25-79 Who Usually Ate $\geq 3$ Servings of Fruit/Vegetables Per Day, by Race/Ethnicity, 2005



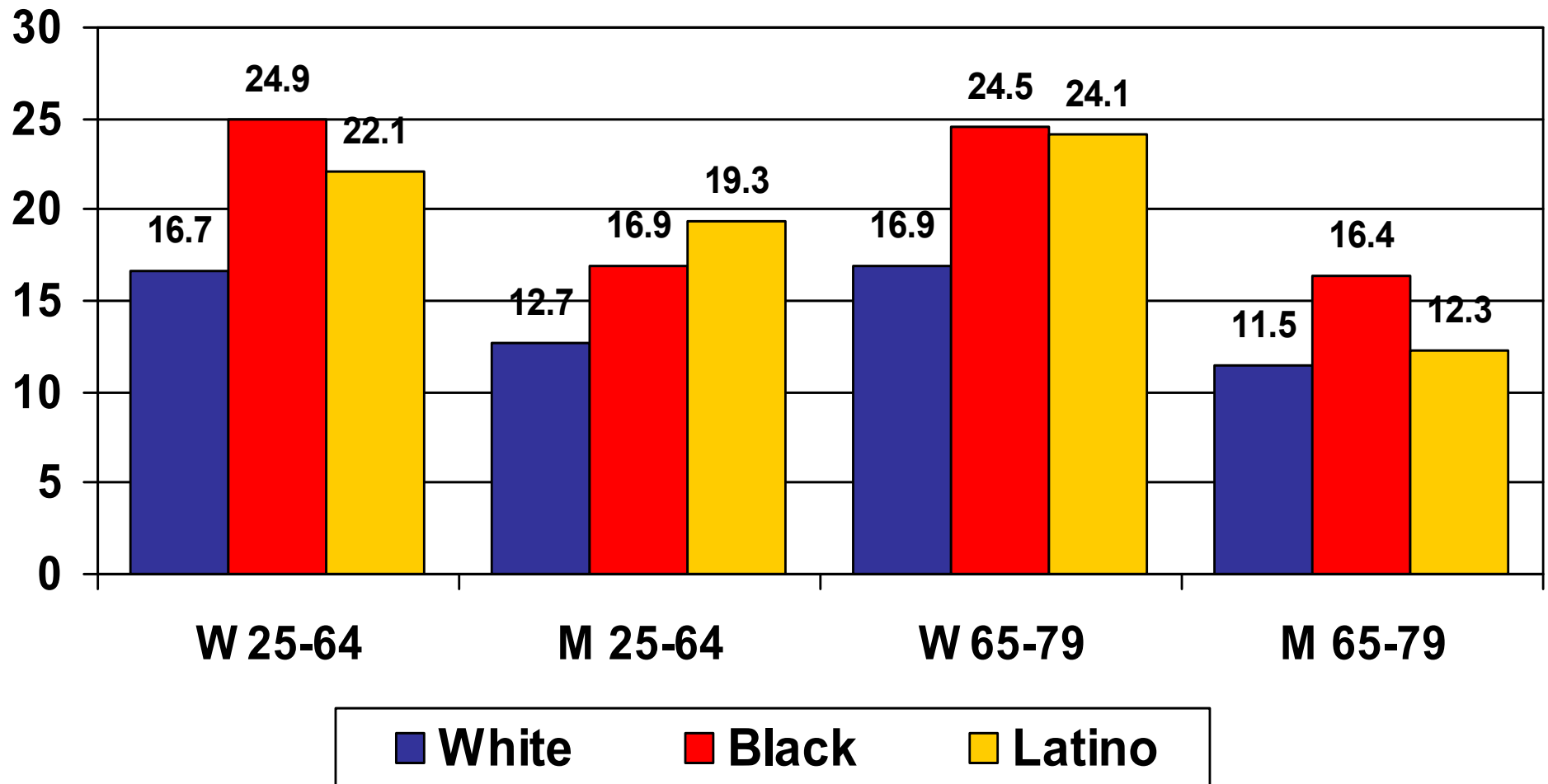
Estimated from the 2005 Kaiser Permanente-NCal Member Health Surveys, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of Kaiser Members Aged 25-79 Who Did Not Usually Try to Eat Reduced Fat Foods, by Race/Ethnicity, 2005



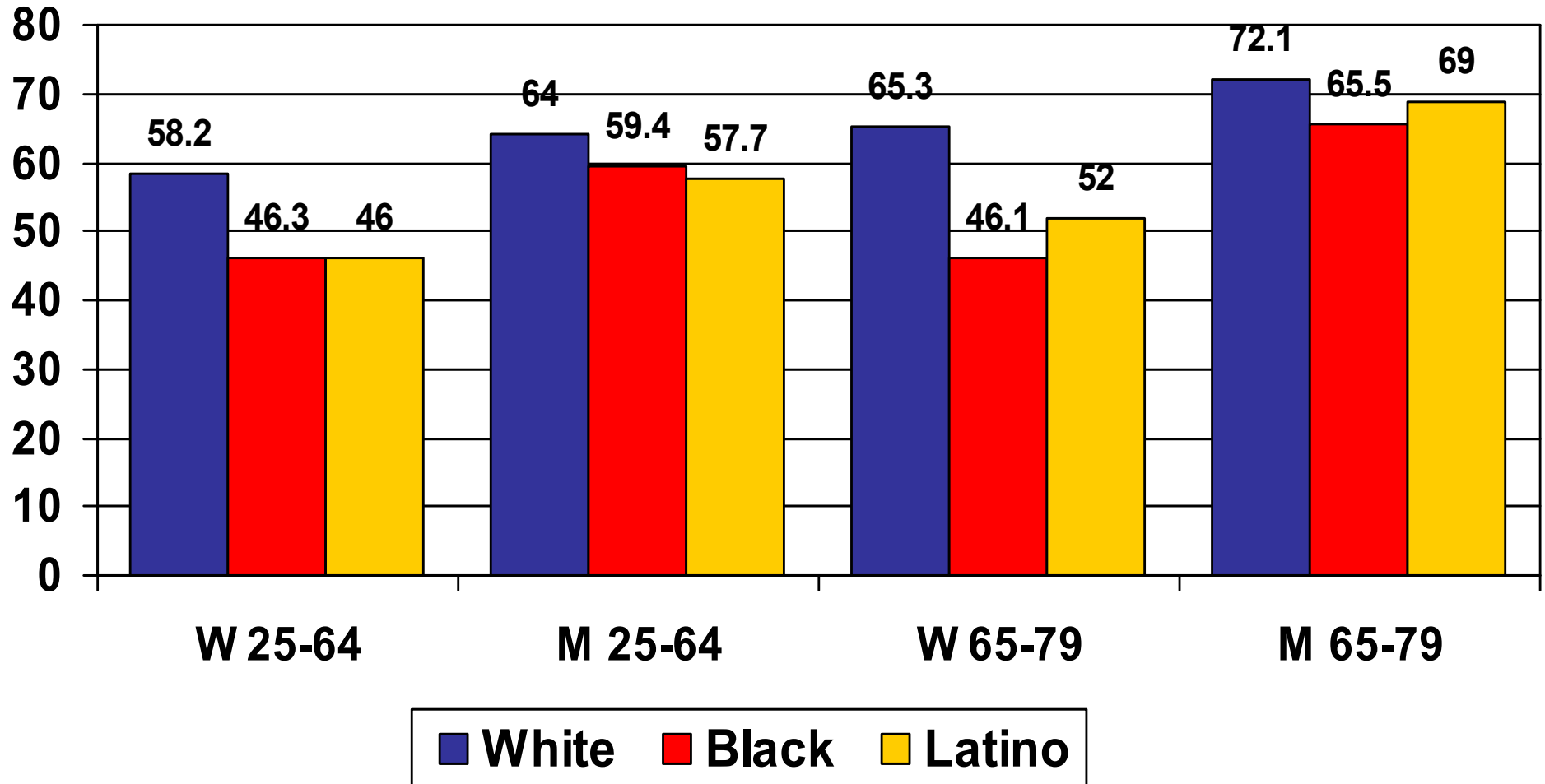
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of Kaiser Members Aged 25-79 Who Got Exercise Less Than Once a Week, by Race/Ethnicity, 2005



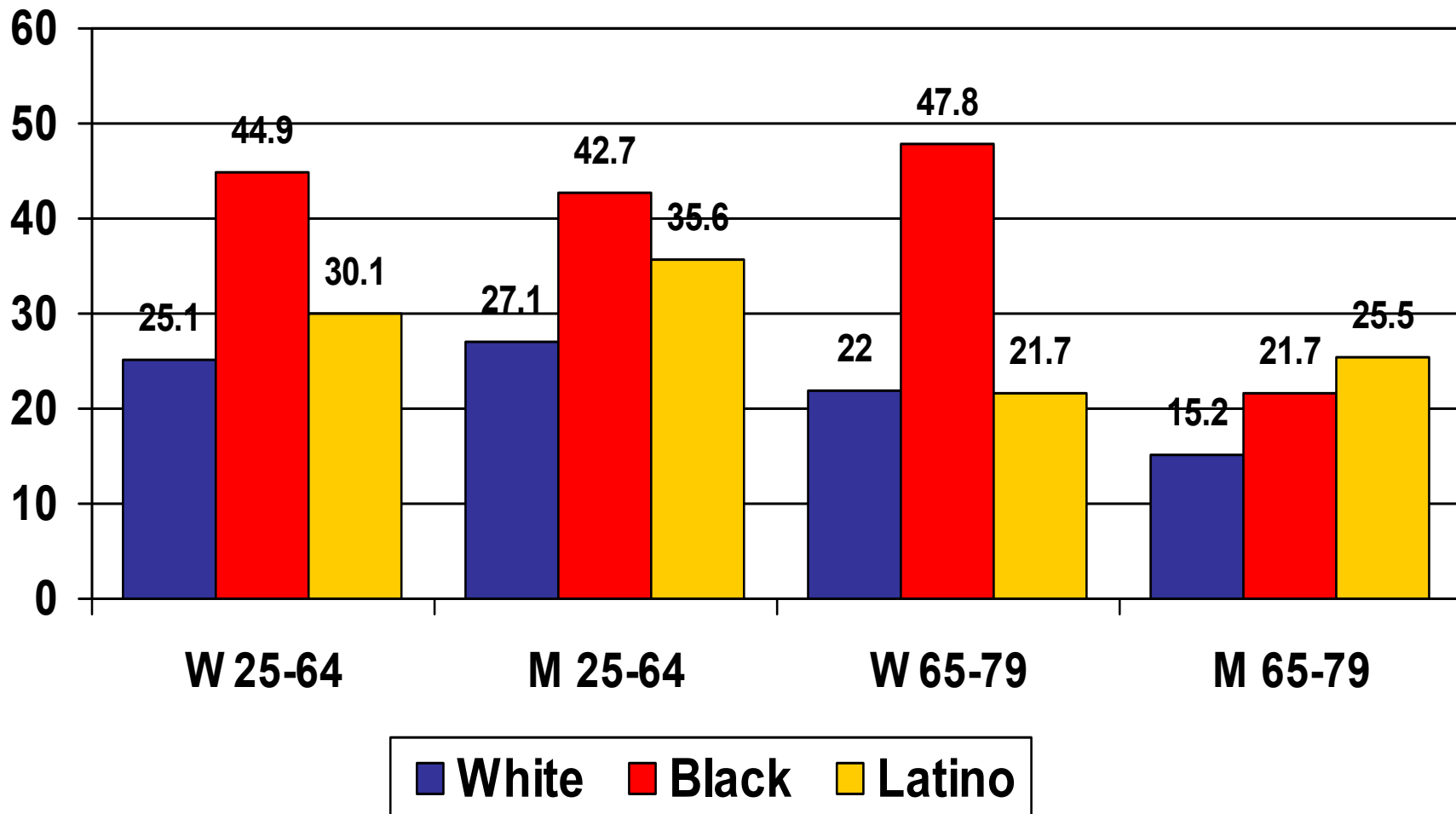
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of Kaiser Members Aged 25-79 Who Got Exercise $\geq$ 3 Times a Week, by Race/Ethnicity, 2005



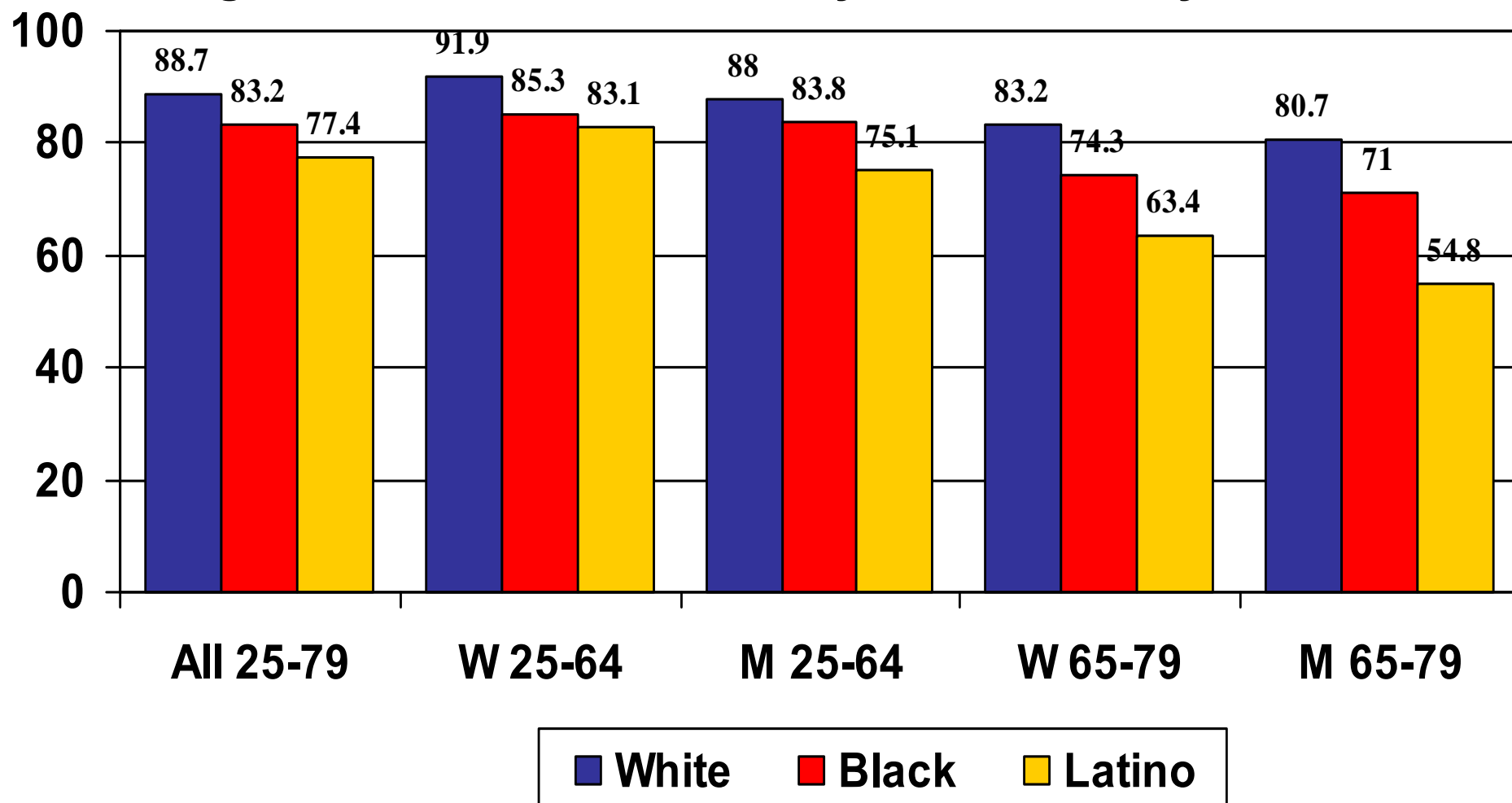
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of Kaiser Members Aged 25-79 Who Get <7 Hours of Sleep Per Day, by Race/Ethnicity, 2005



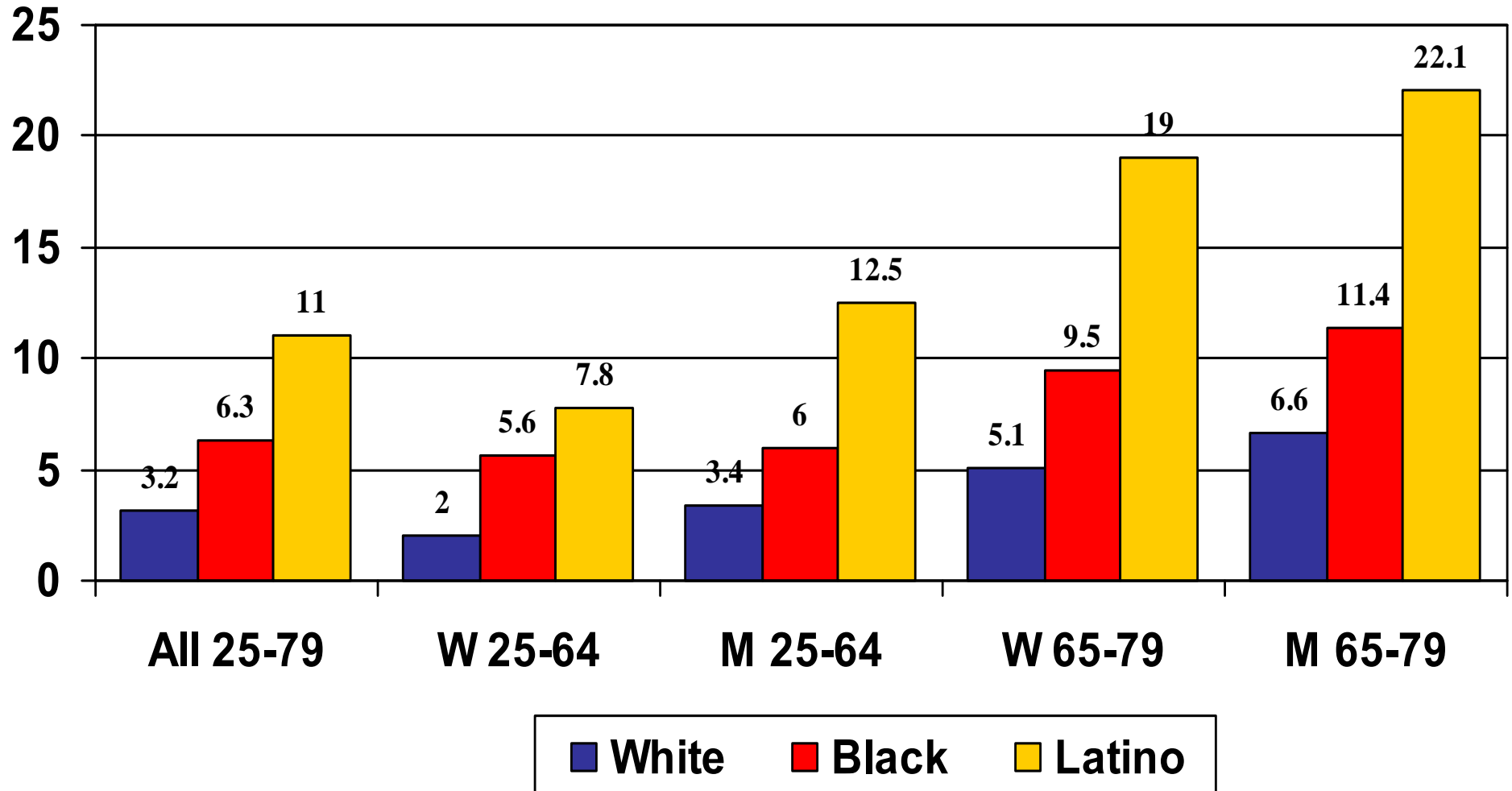
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 Who Believed that Their Habits/Lifestyle Can Have a Large Effect on Their Health, by Race/Ethnicity, 2005



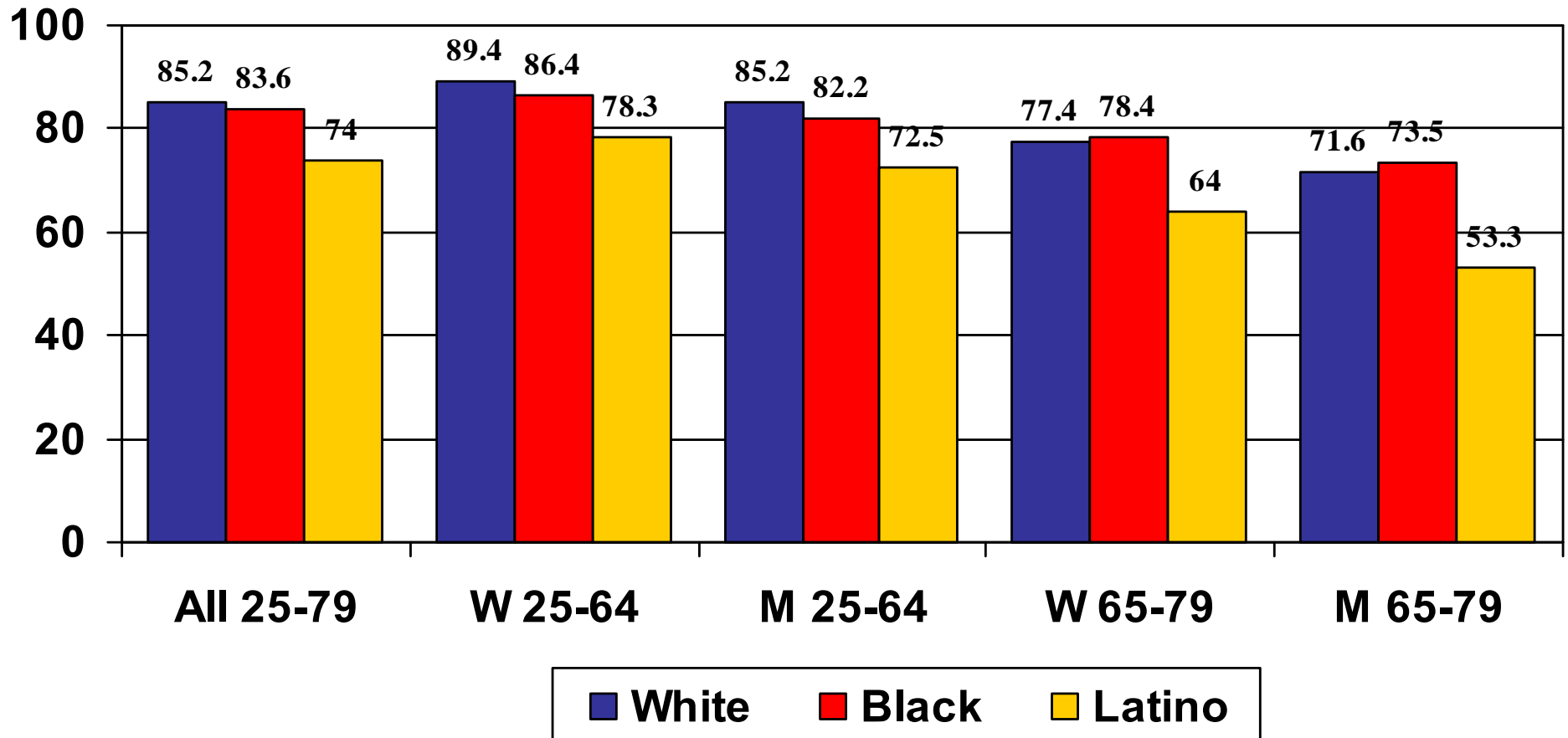
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

# Percentages of KP-NCal Members Aged 25-79 Who Believed that Their Habits/Lifestyle Have Little or No Effect on Their Health, by Race/Ethnicity, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

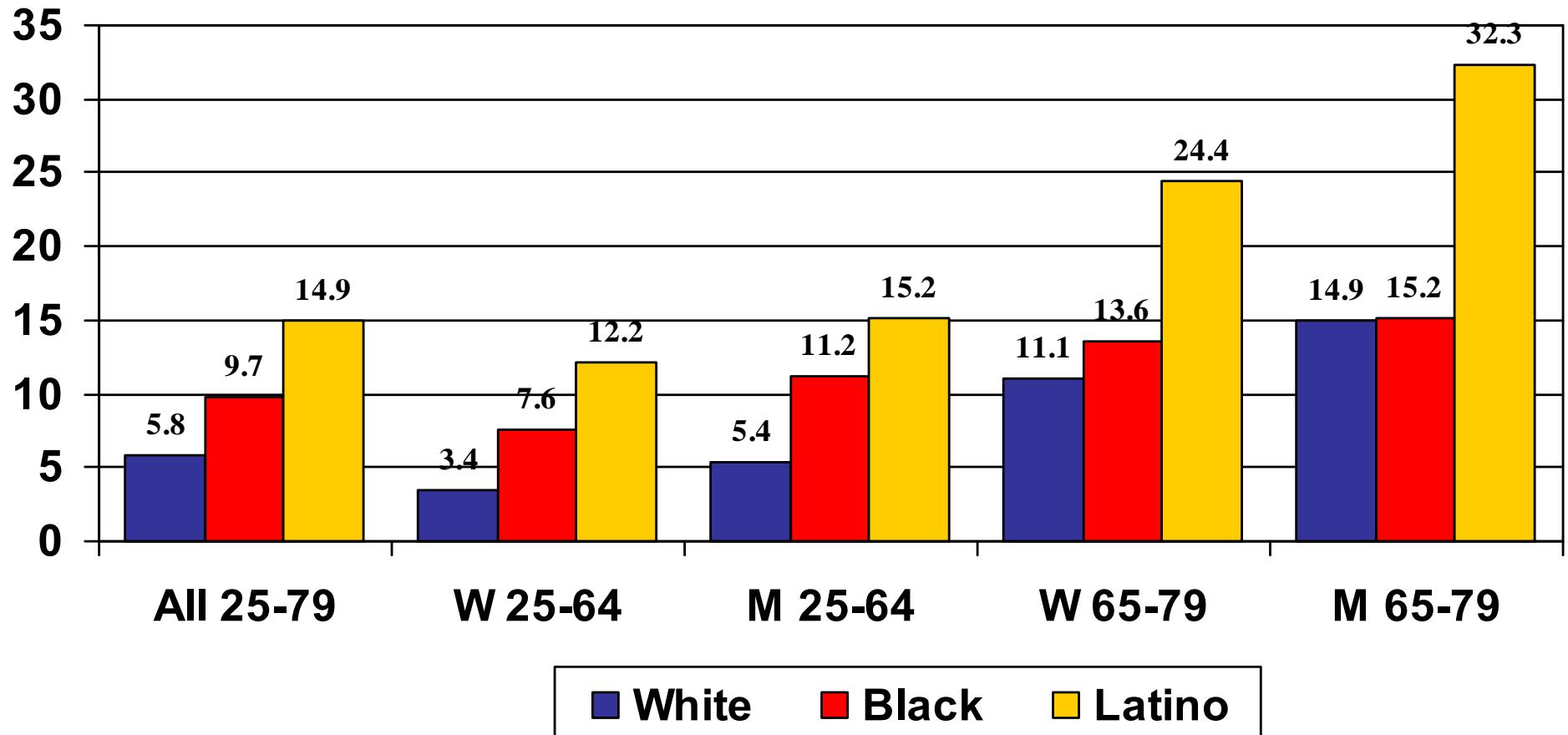
**Percentages of KP-NCal Members Aged 25-79 Who Believed that Stress/Emotional Troubles (Such as Depression or Anxiety) Can Have a Large Effect on Their Health, by Race/Ethnicity, 2005**



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

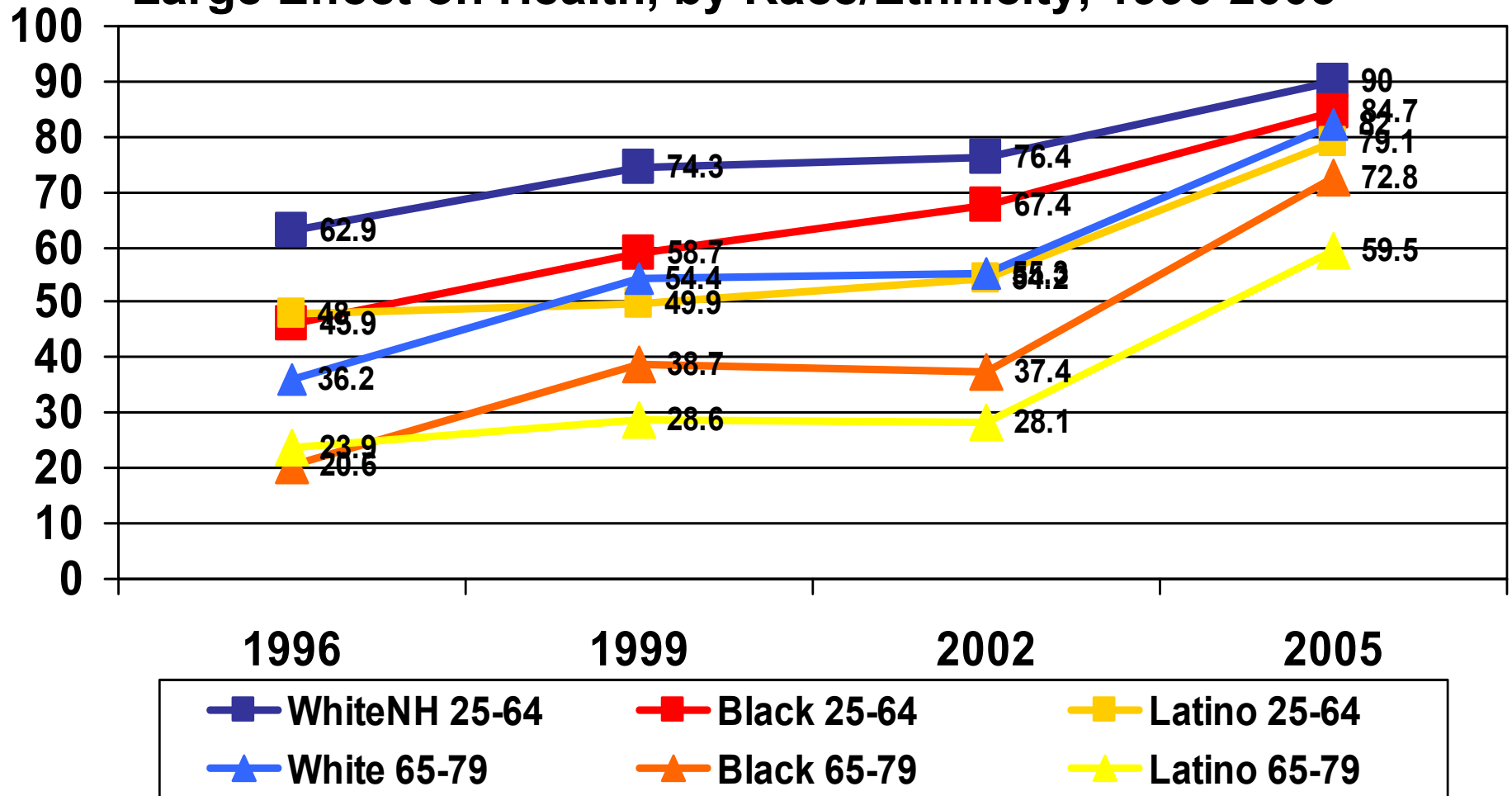


**Percentages of KP-NCal Members Aged 25-79 Who Believed that Stress/Emotional Troubles (Such as Depression or Anxiety) Have Little or No Effect on Their Health, by Race/Ethnicity, 2005**



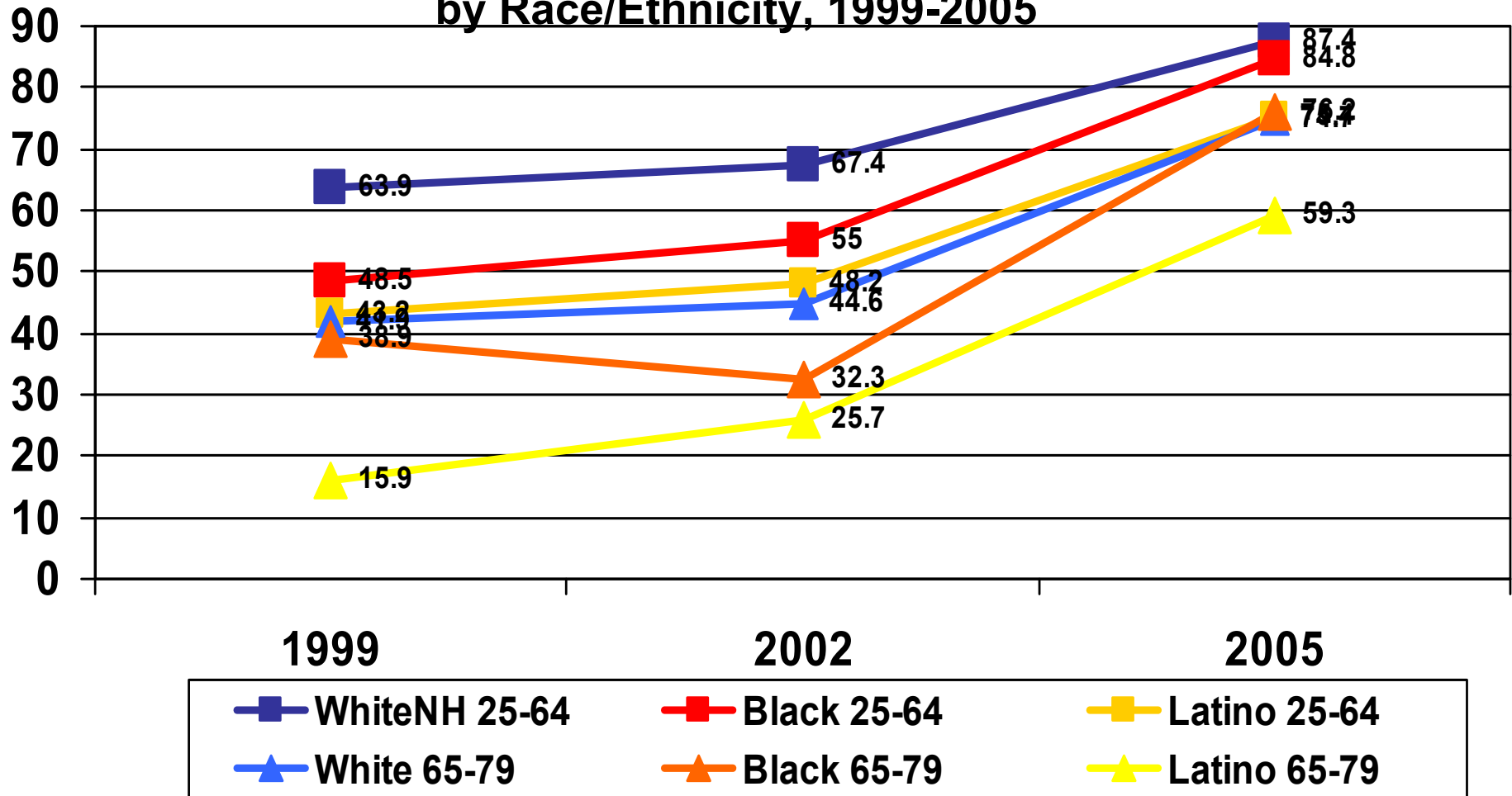
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Change in Percentages of Kaiser Members Aged 25-64 and 65-79 Who Believe that Health Practices Can Have a Large Effect on Health, by Race/Ethnicity, 1996-2005



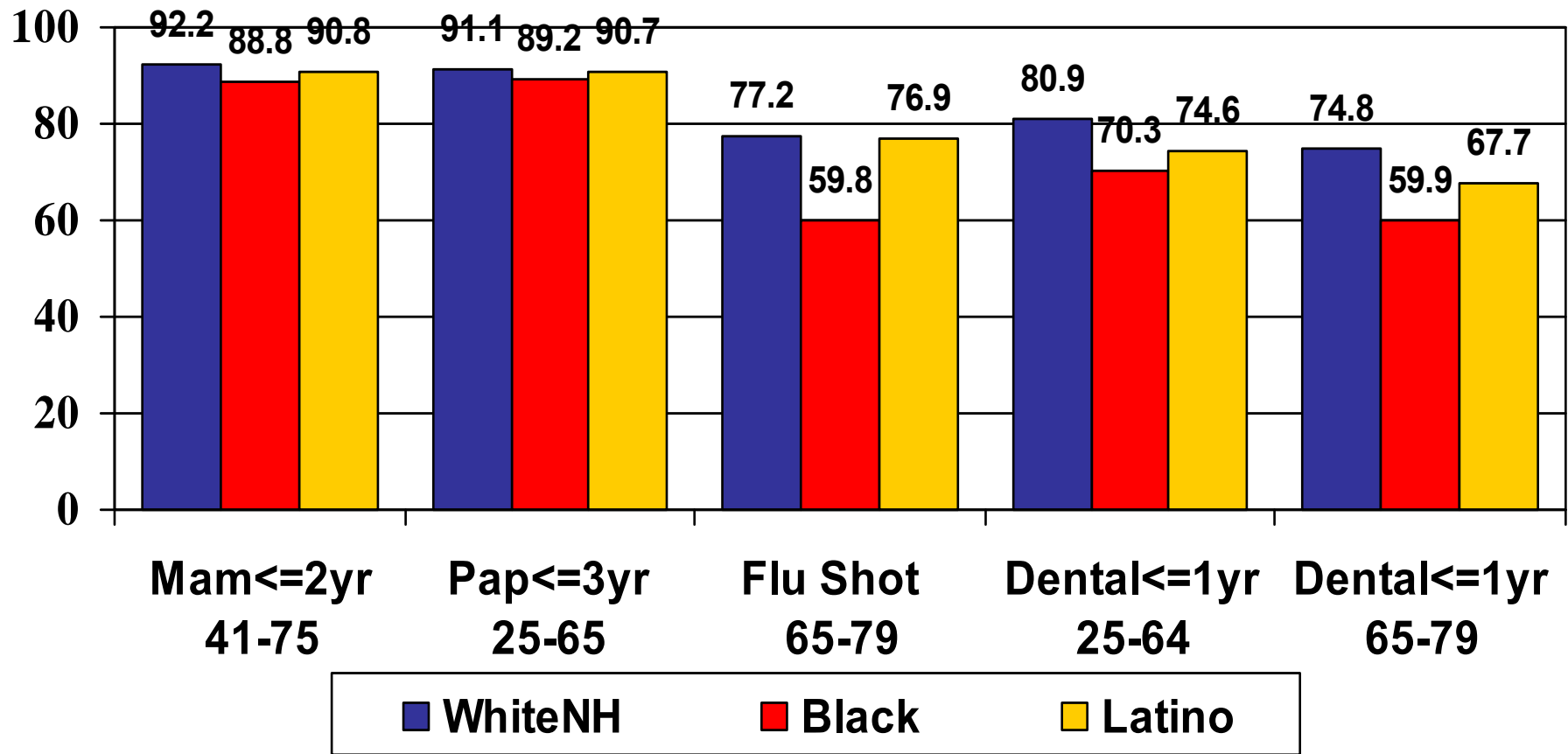
Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

## Change in Percentages of Kaiser Members Aged 25-64 and 65-79 Who Believe that Stress and Emotional Troubles (Such as Depression or Anxiety) Can Have a Large Effect on Health, by Race/Ethnicity, 1999-2005



Estimated from Kaiser Permanente-NCal Member Health Surveys, each year weighted to the age-gender and geographic composition of the membership at the time of the survey.

# Race-Ethnic Differences in Selected Preventive Services, 2005 <sup>1</sup>



Estimated from the 2005 Kaiser Permanente-NCAL Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey.

## Race-Ethnic Differences in Selected CAM Use in Past 12 months, 2005

### Prayer or Spiritual Practice

	<b>ALL</b>	<b>WHITE</b>	<b>BLACK</b>	<b>LATINO</b>
<b>Women 25-64</b>	22.9 %	22.3 %	37.5 %	25.0 %
<b>Men 25-64</b>	13.1 %	13.8 %	20.6 %	13.8 %
<b>Women 65-79</b>	23.7 %	22.1 %	42.5 %	28.8 %
<b>Men 65-79</b>	12.8 %	10.7 %	23.8 %	15.9 %

### Chiropractic (M-S Pain)

<b>All 25-64</b>	24.4%	28.7 %	16.5 %	22.9 %
<b>All 65-79</b>	12.9%	14.2 %	5.4 %	11.1 %

### Glucosamine (Arthritis)

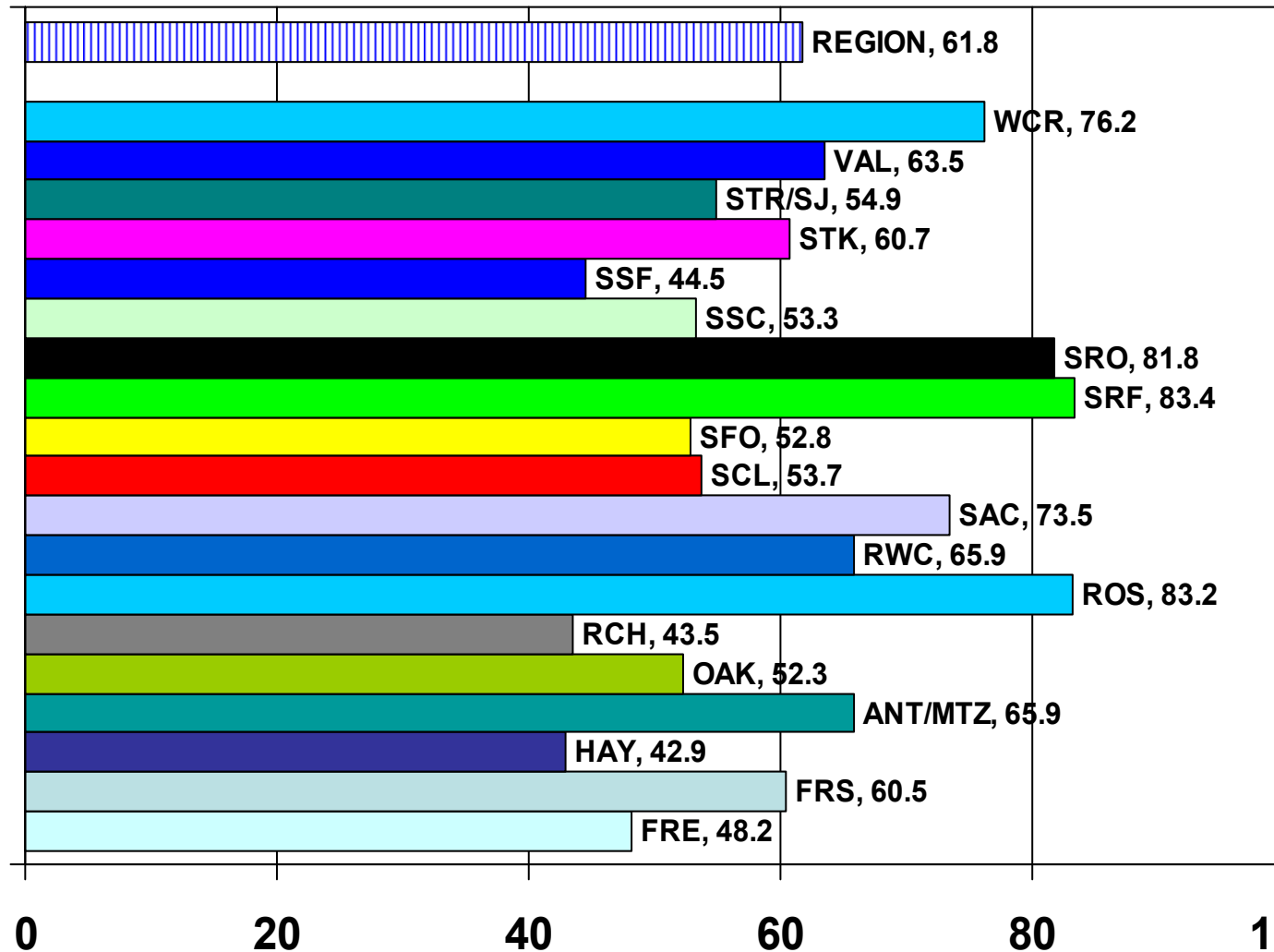
<b>All 25-79</b>	38.0 %	41.7 %	29.4 %	29.8 %
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### Saw Palmetto (BPH)

<b>Men 55-79</b>	10.2 %	11.6 %	5.1 %	8.0 %
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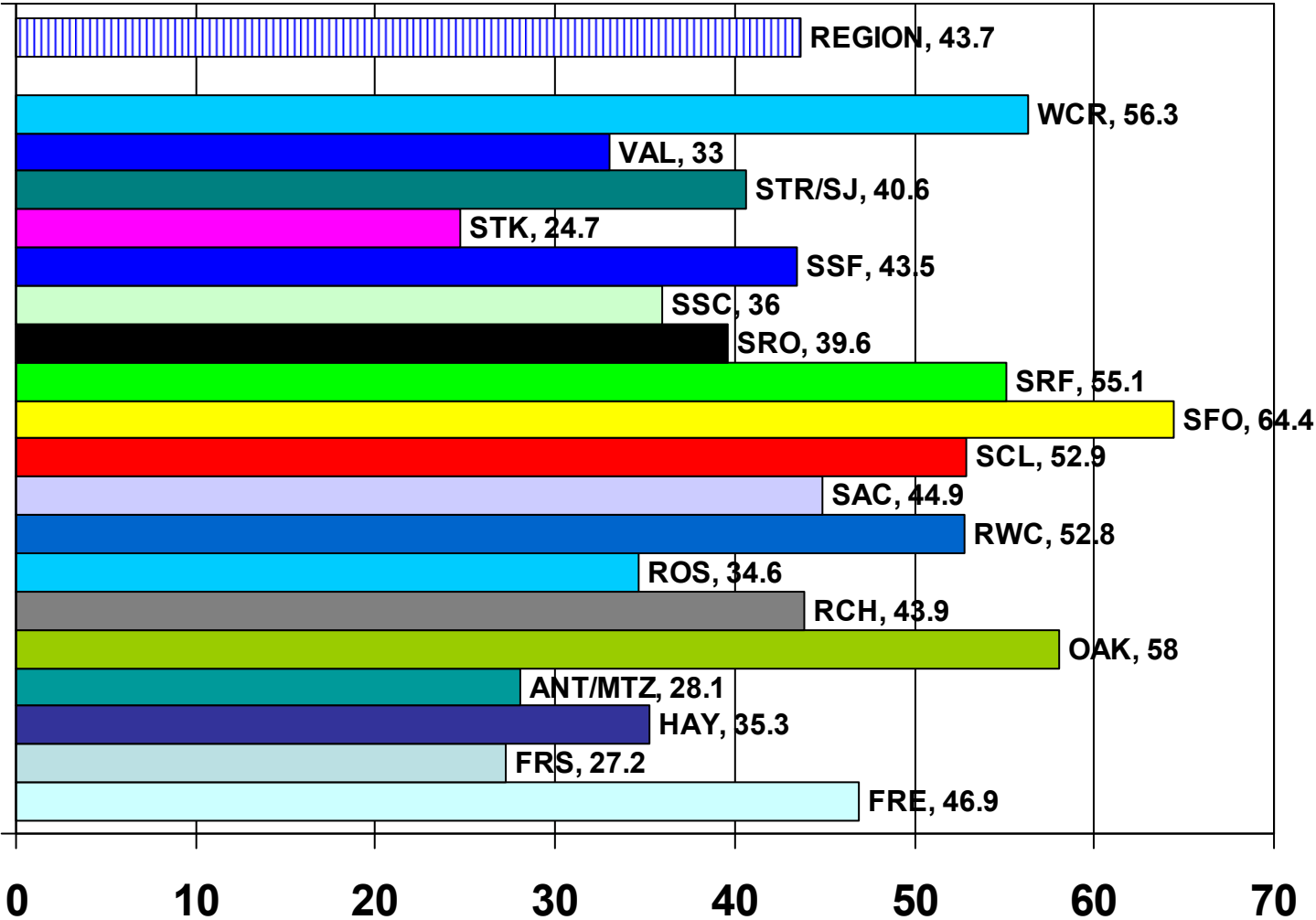
**Variation in Selected  
Demographic and Health-Related Risks  
Across KP-NCal Medical Center Service Populations,  
2005**

# Variation in Percentages of KP-NCal Members Aged 25-79 Who Were nonHispanic White, by Medical Center Service Population, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

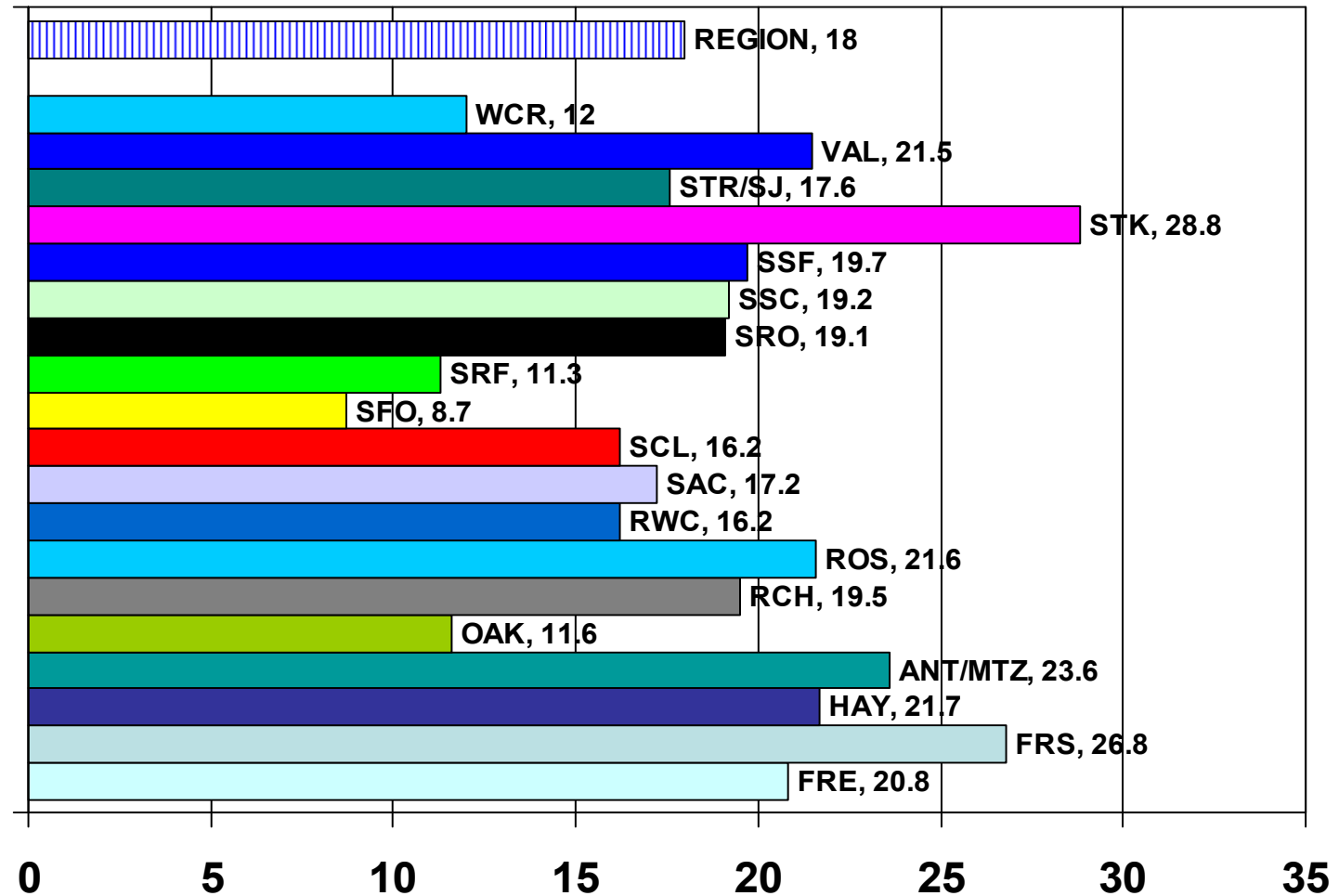
# Variation in Percentages of KP-NCal Members Aged 25-79 Who Were College Graduates, by Medical Center Service Population, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

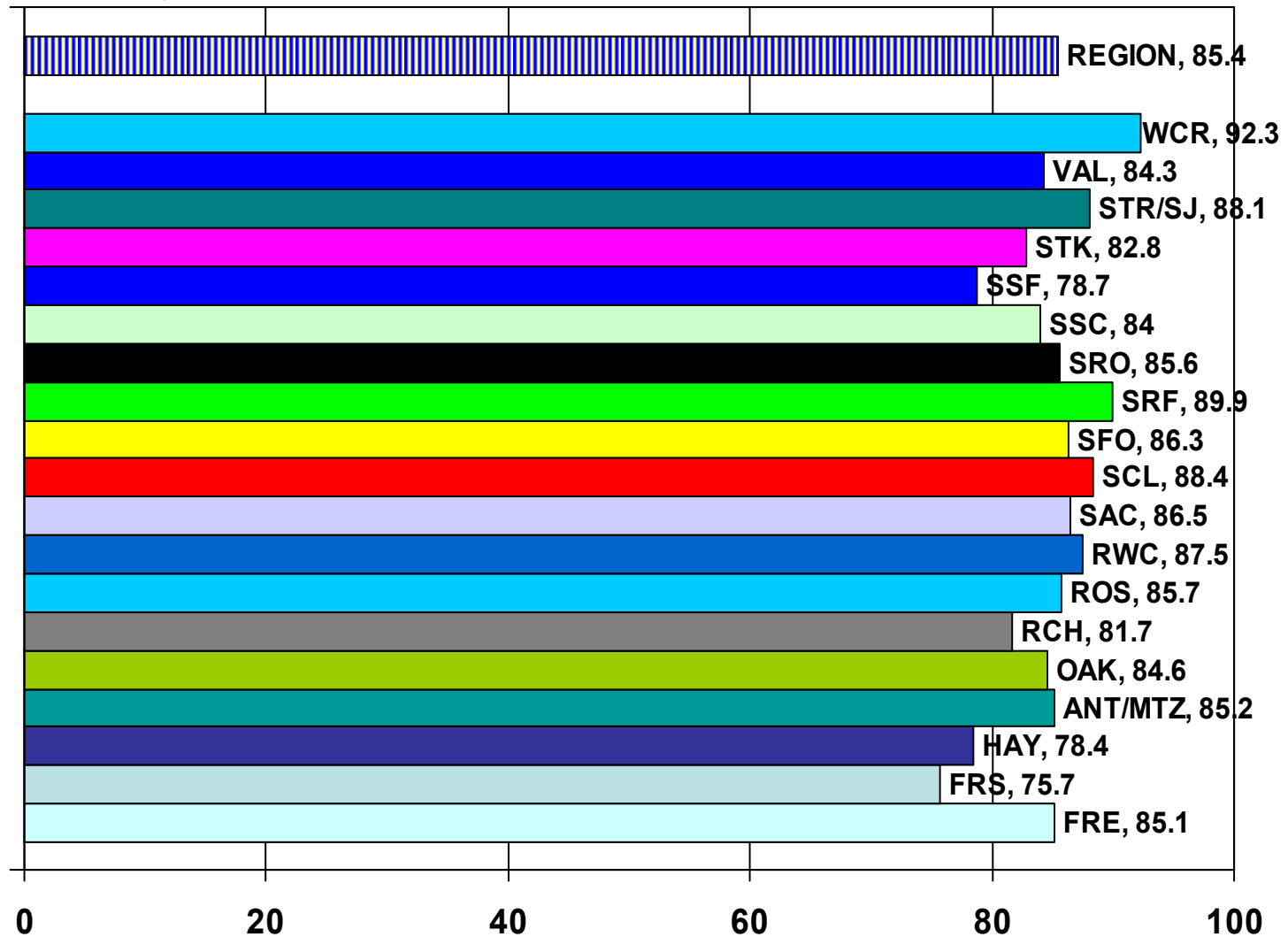


## Variation in Percentages of KP-NCal Members Aged 25-79 with $\leq 12$ yrs of Education, by Medical Center Service Population, 2005



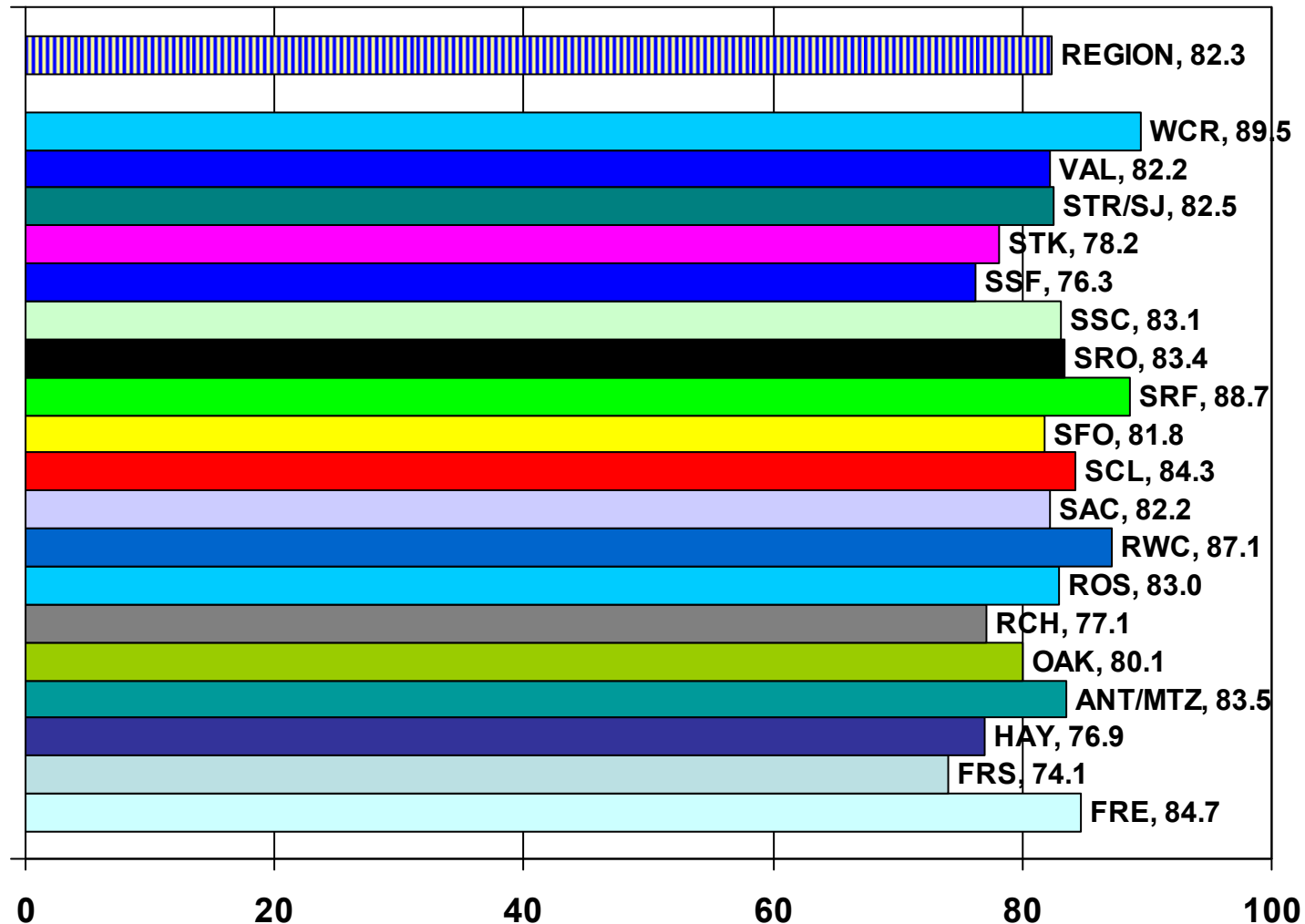
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of KP-NCal Members Aged 25-79 with Internet Access from Home/Other Location, by Medical Center Service Population, 2005



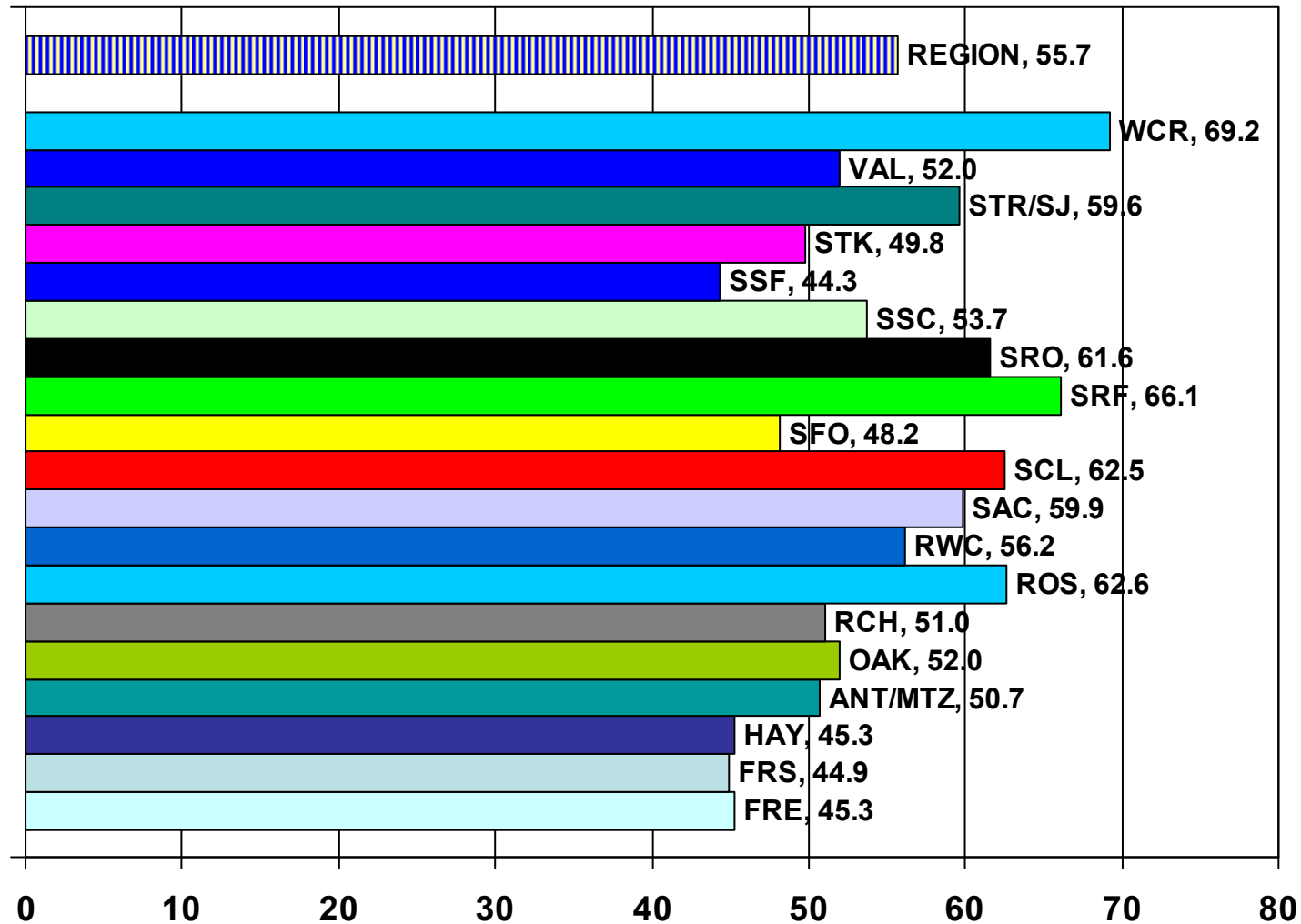
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

Percentages of Kaiser Members Aged 25-64  
with Internet Access from Home,  
by Medical Center Service Population, 2005



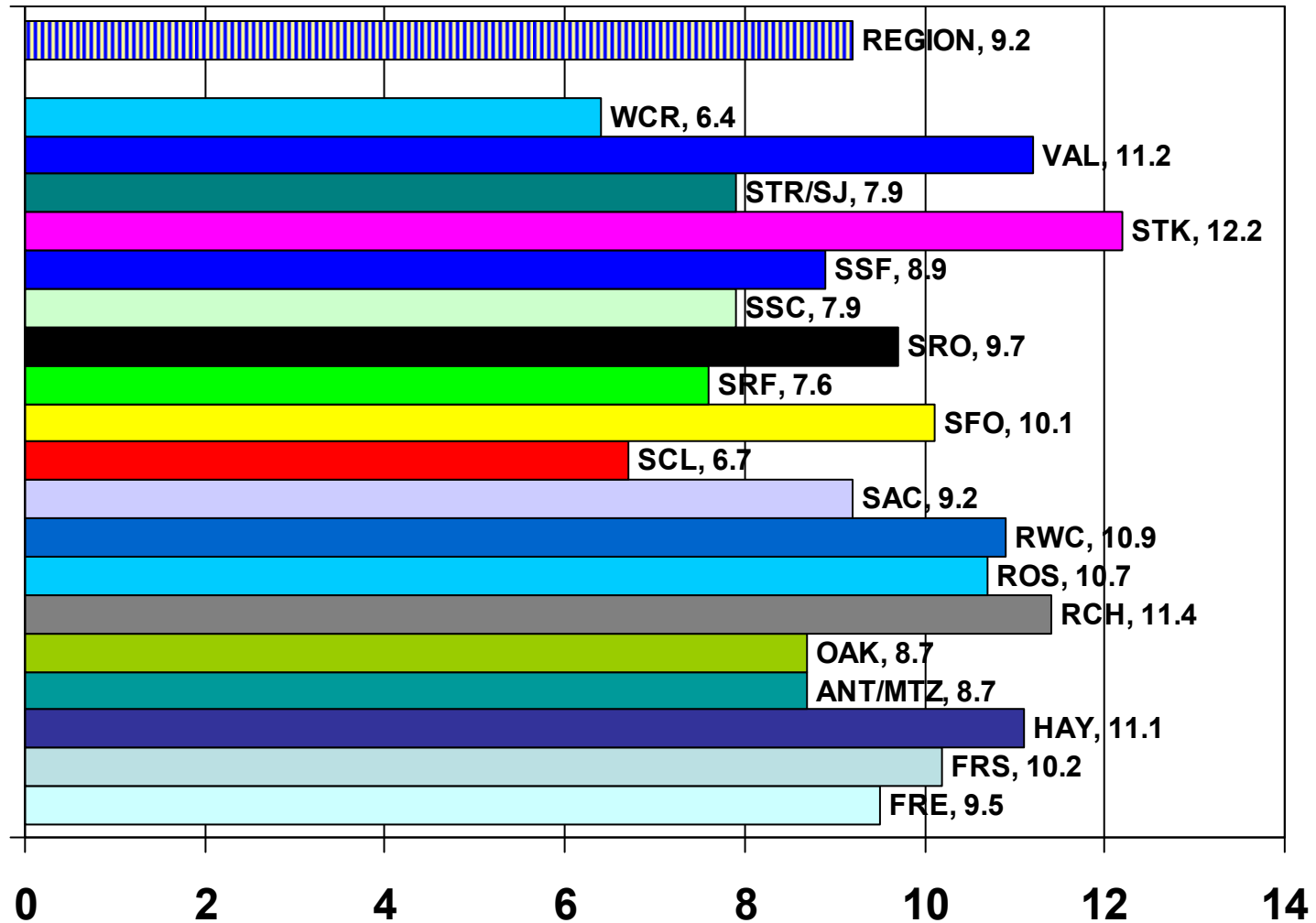
Estimated using self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey. NOTE: People who required an Interpreter or a language other than English for written materials were not included in the survey.

## Percentages of Kaiser Members Aged 65-79 with Internet Access from Home, by Medical Center Service Population, 2005



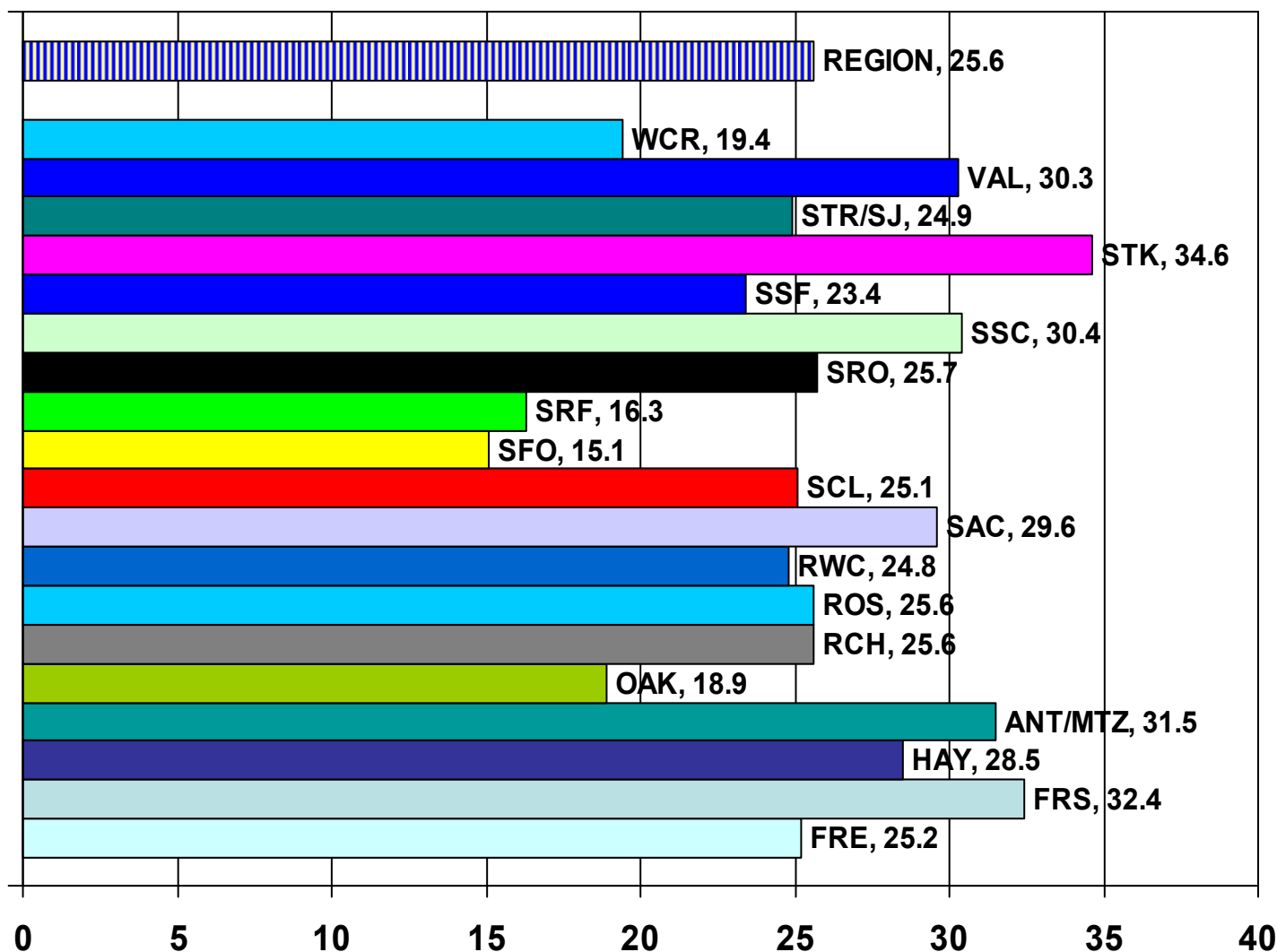
Estimated using self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey. NOTE: People who required an interpreter or a language other than English for written materials were not included in the survey.

## Percentages of Kaiser Members Aged 25-79 Who Were Current Smokers, by Medical Center Service Population, 2005



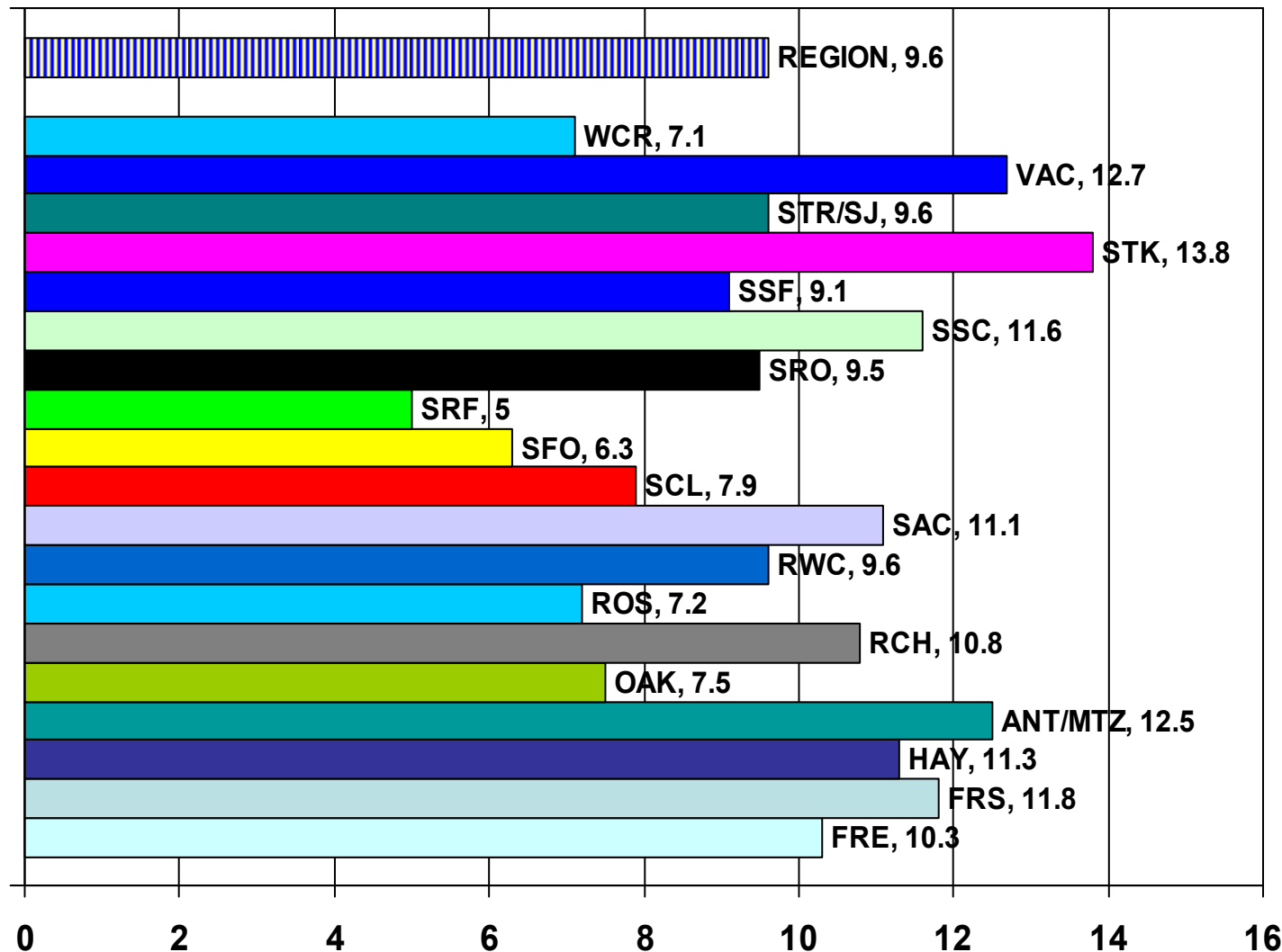
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender and geographic composition of the adult membership at the time of the survey.

## Percentages of Kaiser Members Aged 25-79 Who Were Obese (BMI $\geq 30$ ), by Medical Center Service Population, 2005



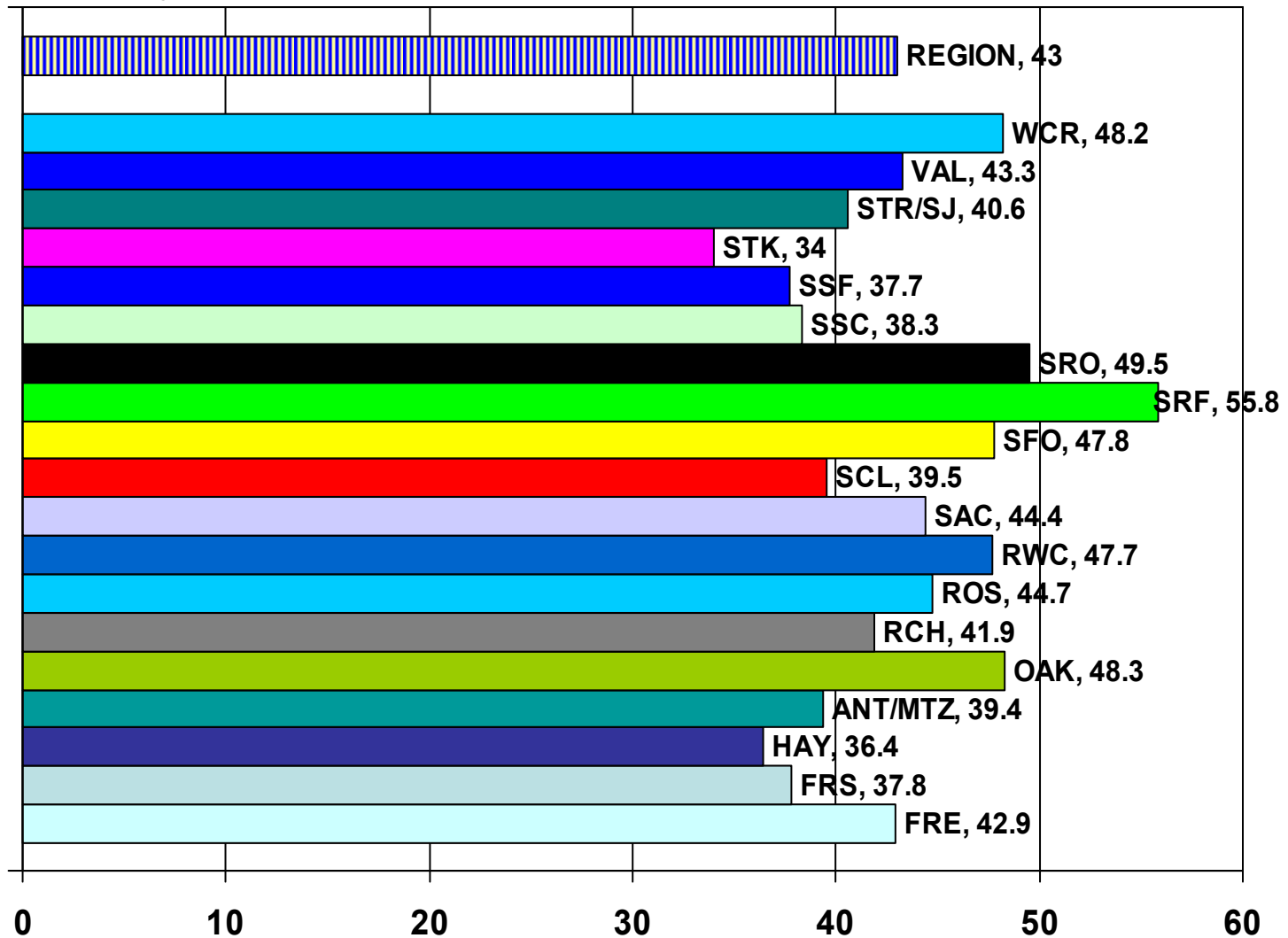
Estimated using self-reported height and weight data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

Percentages of Kaiser Members Aged 25-79  
Who Were Very Obese (BMI  $\geq 35$ ),  
by Medical Center Service Population, 2005



Estimated using self-reported height and weight data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

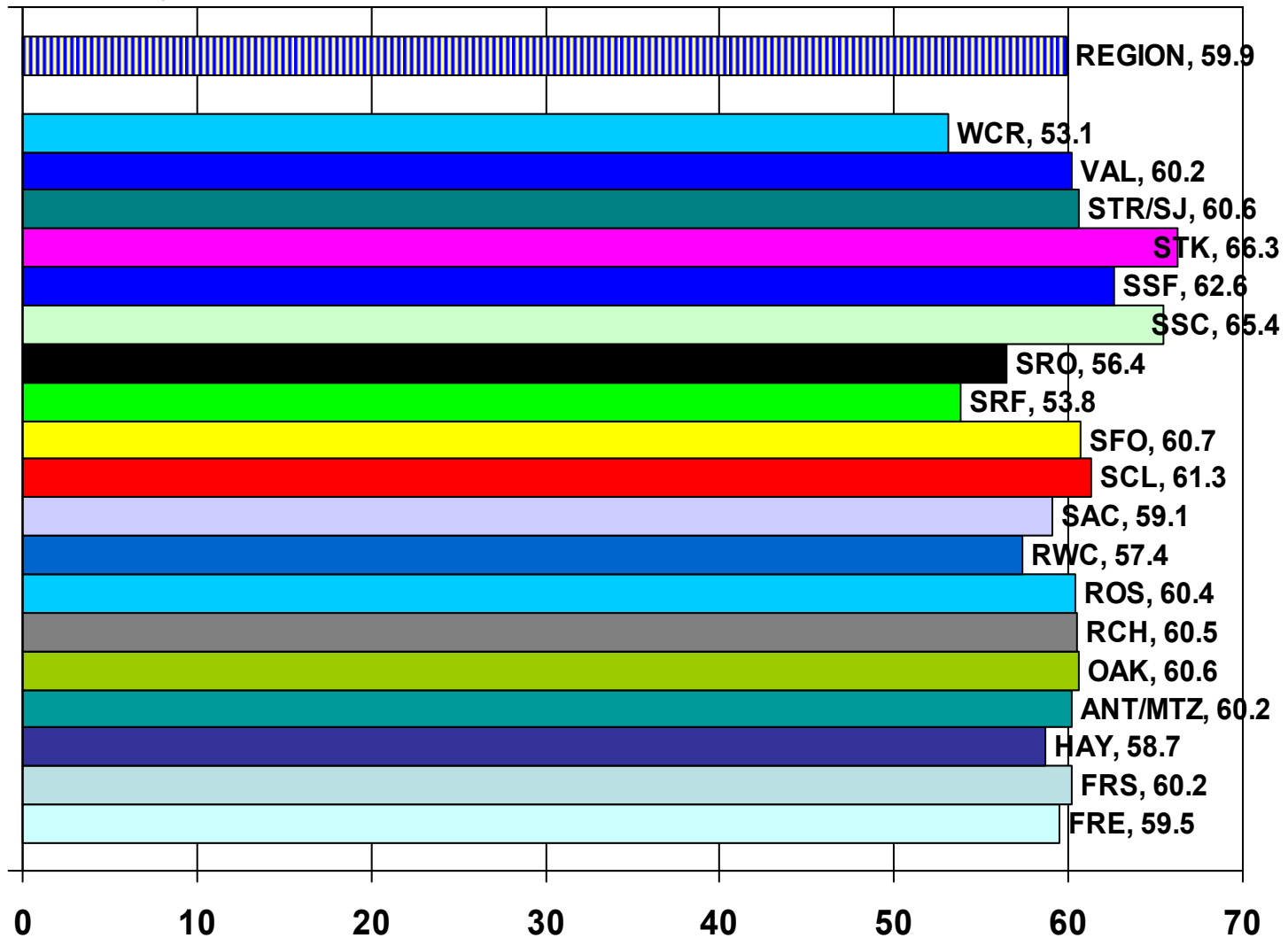
Percentages of Kaiser Members Aged 25-79  
Who Usually Ate  $\geq 3$  Servings Fruit/Vegetables A Day,  
by Medical Center Service Population, 2005



Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

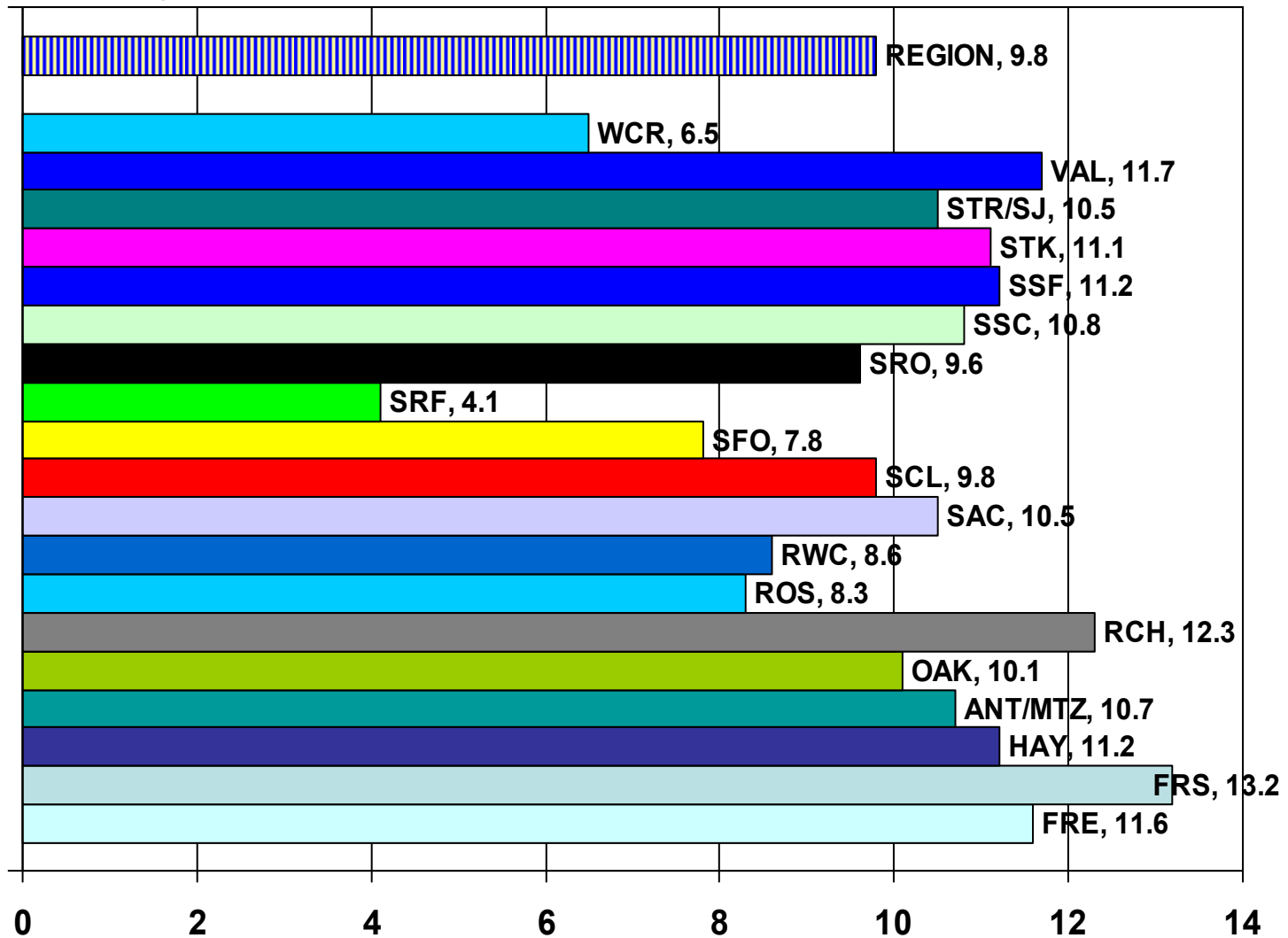


## Percentages of Kaiser Members Aged 25-79 Who Did Not Usually Try to Eat Low Fat Foods, by Medical Center Service Population, 2005



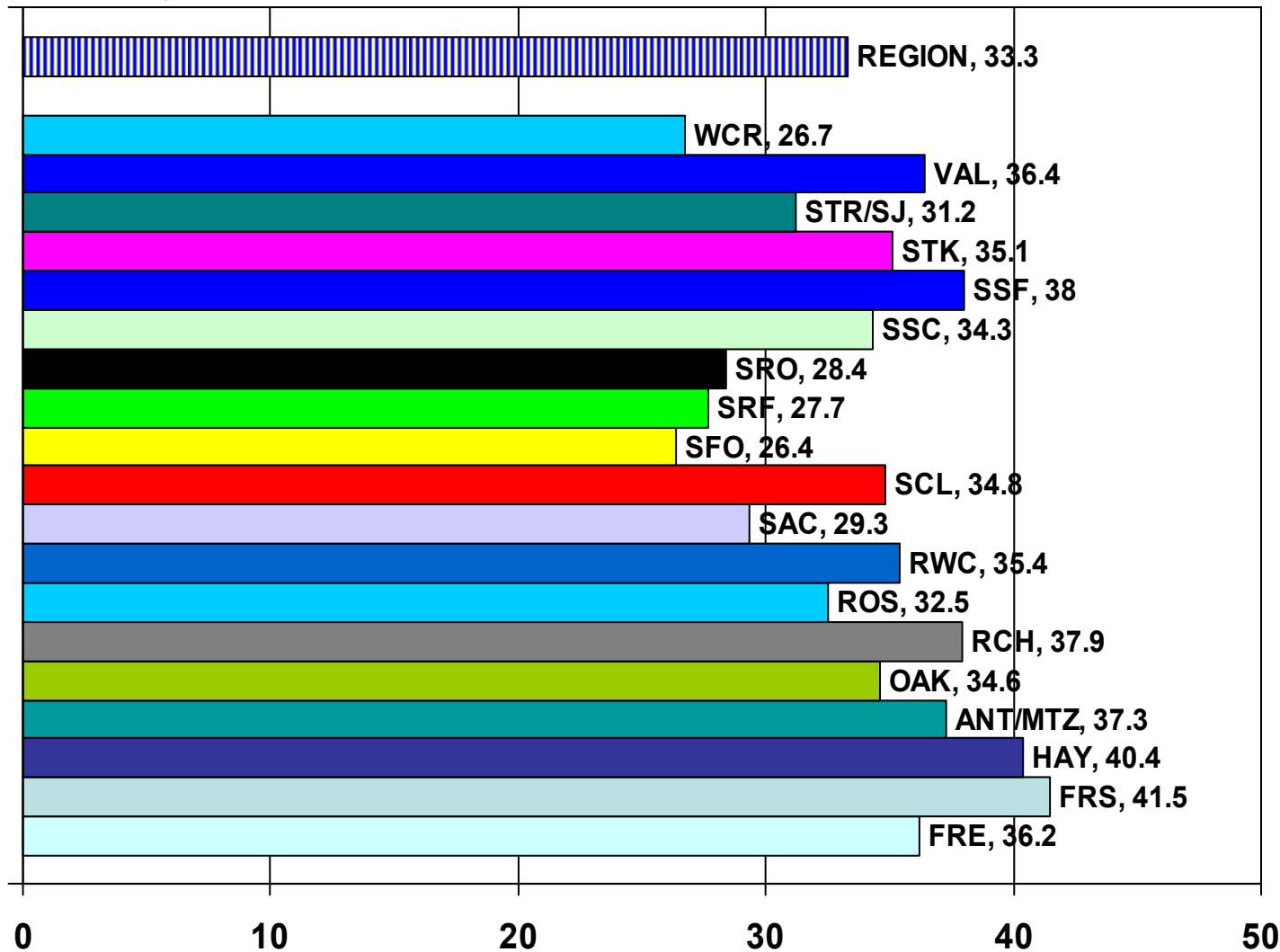
Estimated from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Percentages of Kaiser Members Aged 40-79 with a History of Diabetes, by Medical Center Service Population, 2005



Estimated using self-reported data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

## Percentages of Kaiser Members Aged 40-79 with Clinically Diagnosed High Blood Pressure, by Medical Center Service Population, 2005



Estimated using self-report data from the 2005 Kaiser Permanente-NCal Member Health Survey, weighted to the age-gender-geographic composition of the membership at the time of the survey

**To view or download Member Health Survey questionnaires or reports:**

**EXTERNAL WEBSITE URL:**

**<http://www.dor.kaiser.org/dor/mhsnet/public/>**

**KP INTRANET WEBSITE URL:**

**<http://dor-ent1.kaiser.org/dor/mhsnet/>**

**For more information about the survey, to obtain survey results not on our website, or to discuss use of MHS data for research purposes:**

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# Kaiser Permanente Adult Member Health Survey

This is the home page for the Kaiser Permanente Northern California Region Kaiser Permanente Adult Member Health Surveys (MHS) project.

The primary purpose of the Member Health Survey Project is to provide information to health service planners, program/service managers, and researchers in the Northern California Region Kaiser Permanente Medical Care Program (KP) and organizations external to KP that can be used to:

- describe the sociodemographic characteristics, the prevalence of health-related problems, behaviors/lifestyle factors, and the service needs and interests of young, middle-aged, and older adults in the various Northern California Kaiser Permanente service populations for planning and research purposes;
- improve the capability of the KP and health plans serving similar populations to take a public health or community-oriented primary care approach to health service planning by

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## Sample Sizes for Medical Center Population Estimates, MHS 2005

<b>MED CTR POP.</b>	<b>AGES 25-79</b>	<b>AGES 25-64</b>	<b>AGES 65-79</b>
FREMONT	798	493	305
FRESNO	832	501	331
HAYWARD	854	544	310
ANTIOCH/MARTINEZ	829	489	340
OAKLAND	969	670	299
RICHMOND	874	582	292
ROSEVILLE	955	600	355
REDWOOD CITY	893	558	335
SACRAMENTO	911	570	341
SANTA CLARA	882	565	317
SAN FRANCISCO	991	695	296
SAN RAFAEL	955	603	352
SANTA ROSA	942	595	347
SO. SACRAMENTO	826	497	329
SO. SAN FRAN.	824	514	310
STOCKTON	775	466	309
SAN JOSE	850	509	341
VALLEJO	952	635	317
WALNUT CREEK	954	607	347