



## Center for Health Statistics



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DATA  
SUMMARY  
No. DS06-06000

California data for the Healthy People 2010 Leading Health Indicators (LHIs) are provided in this update.

### Highlights

• As of April 2006, California data were available in DATA2010 for monitoring eight HP2010 objectives in five LHIs:

- Access to Care
- Immunizations
- Injury and Violence
- Physical Activity
- Tobacco Use

• California data were available from other sources for monitoring another eight objectives in three LHIs:

- Environmental Quality
- Overweight and Obesity
- Substance Abuse

• California data were not available for monitoring two LHIs:

- Responsible Sexual Behavior
- Mental Health

## Healthy People 2010 Leading Health Indicators: California Update, 2006

By Jim Sutocky

### Background

The *Healthy People 2010* (HP2010) Leading Health Indicators were developed by an interagency work group within the United States (U.S.) Department of Health and Human Services and published in January 2000.<sup>1-3</sup> The ten Leading Health Indicators (LHIs) and the 23 HP2010 objectives they encompass are intended to reflect the major health concerns in the U.S. at the beginning of the 21<sup>st</sup> century, and to provide a mechanism for monitoring the health status of populations over time. Each indicator was selected on the basis of its ability to motivate action, the availability of data to measure progress, and its importance as a public health issue.

Health status indicators have routinely been used by the California Department of Health Services (CDHS) to monitor population health and the State's progress in achieving the *Healthy People 2010* objectives.<sup>4-5</sup> This report supplements previously published CDHS data on California's progress in achieving the HP2010 LHIs using data currently available from the U.S. Centers for Disease Control and Prevention (CDC) DATA2010 system.<sup>6</sup>

### Methods

The latest data for California were extracted from the DATA2010 interactive data query system using the April 2006 edition of the database. In instances where data were unavailable from DATA2010, other sources were examined for potential use. The national data sources and definitions for each LHI and HP2010 objective are described in detail elsewhere.<sup>7,8</sup>

The LHIs and their associated HP2010 objectives are:

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

# Results

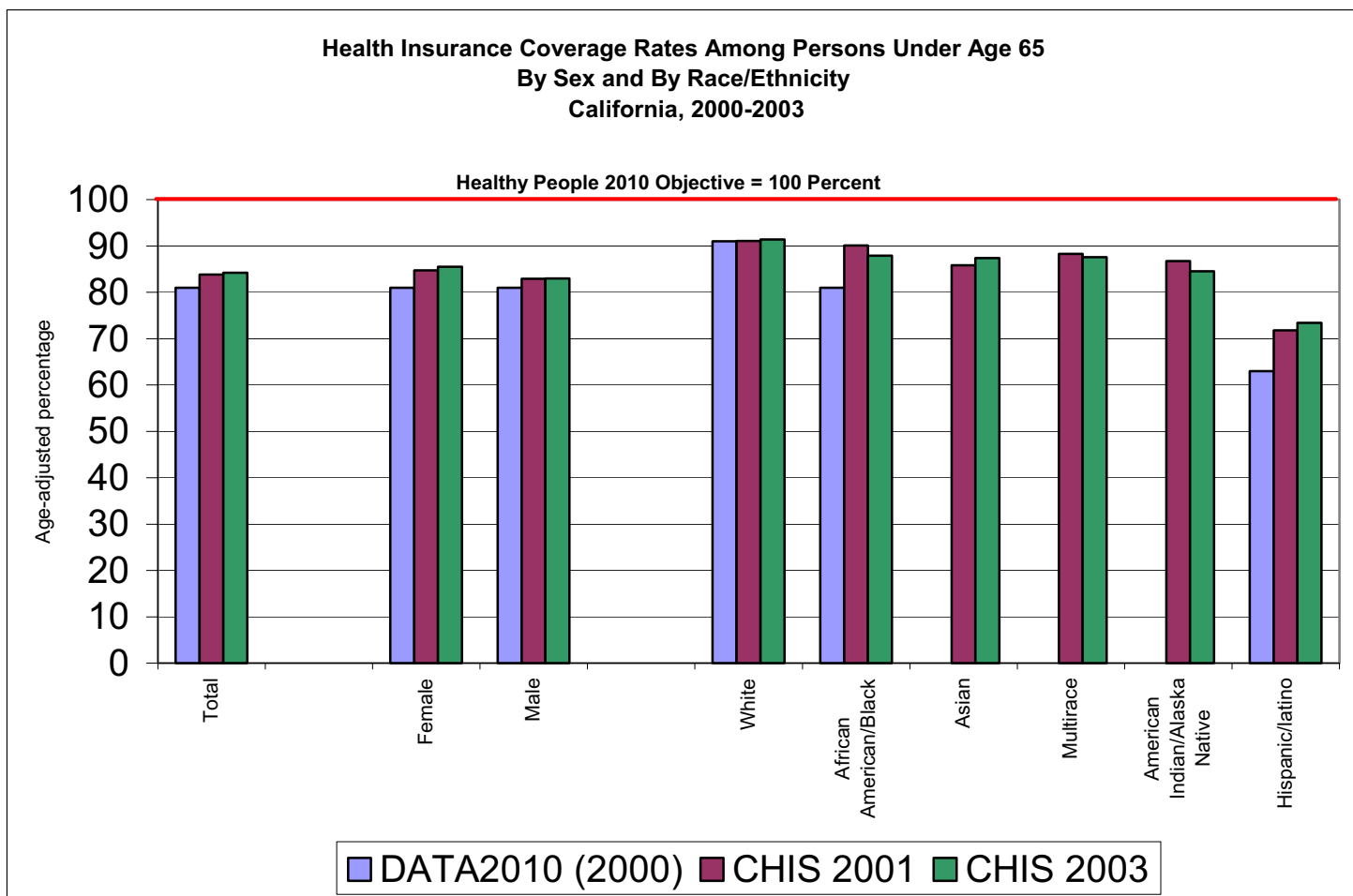
## LHI 1: Access to Health Care

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

California data for monitoring HP2010 objective 1-1 is only available for the year 2000 in the April 2006 edition of DATA2010.

In the absence of data beyond the year 2000 from the Behavioral Risk Factor Surveillance System (BRFSS) used in DATA2010, data from the California Health Interview Survey (CHIS) available from the AskCHIS query system are being used for tracking this HP2010 objective.<sup>9,10</sup> Age-adjusted health insurance coverage rates for Californians under age 65 were reported in DATA2010 to be 81.0 percent in 2000, and in the CHIS to be 83.8 percent in 2001 and 84.2 percent in 2003.<sup>11</sup>

Health insurance coverage rates for 2001 and 2003 were higher for females (84.7 and 85.5 percent) than for males (82.9 and 83.0 percent). Health insurance coverage disparities by race and ethnicity were also found: Whites (non-Hispanic/Latino) had 91.1 and 91.4 percent coverage rates, compared with 71.8 and 73.4 percent for Hispanics/Latinos; African Americans/Blacks had rates of 90.1 percent and 87.9 percent, a difference of -2.2 percent from 2001 to 2003; Multiracial persons had insurance coverage rates of 88.3 and 87.6 percent; American Indians/Alaska Natives had rates of 86.7 percent and 84.5 percent, a difference of -2.2 percent from 2001 to 2003; and Asians had coverage rates of 85.8 and 87.4 percent, respectively. None of the HP2010 objectives associated with this LHI are being achieved for Californians as of 2003.

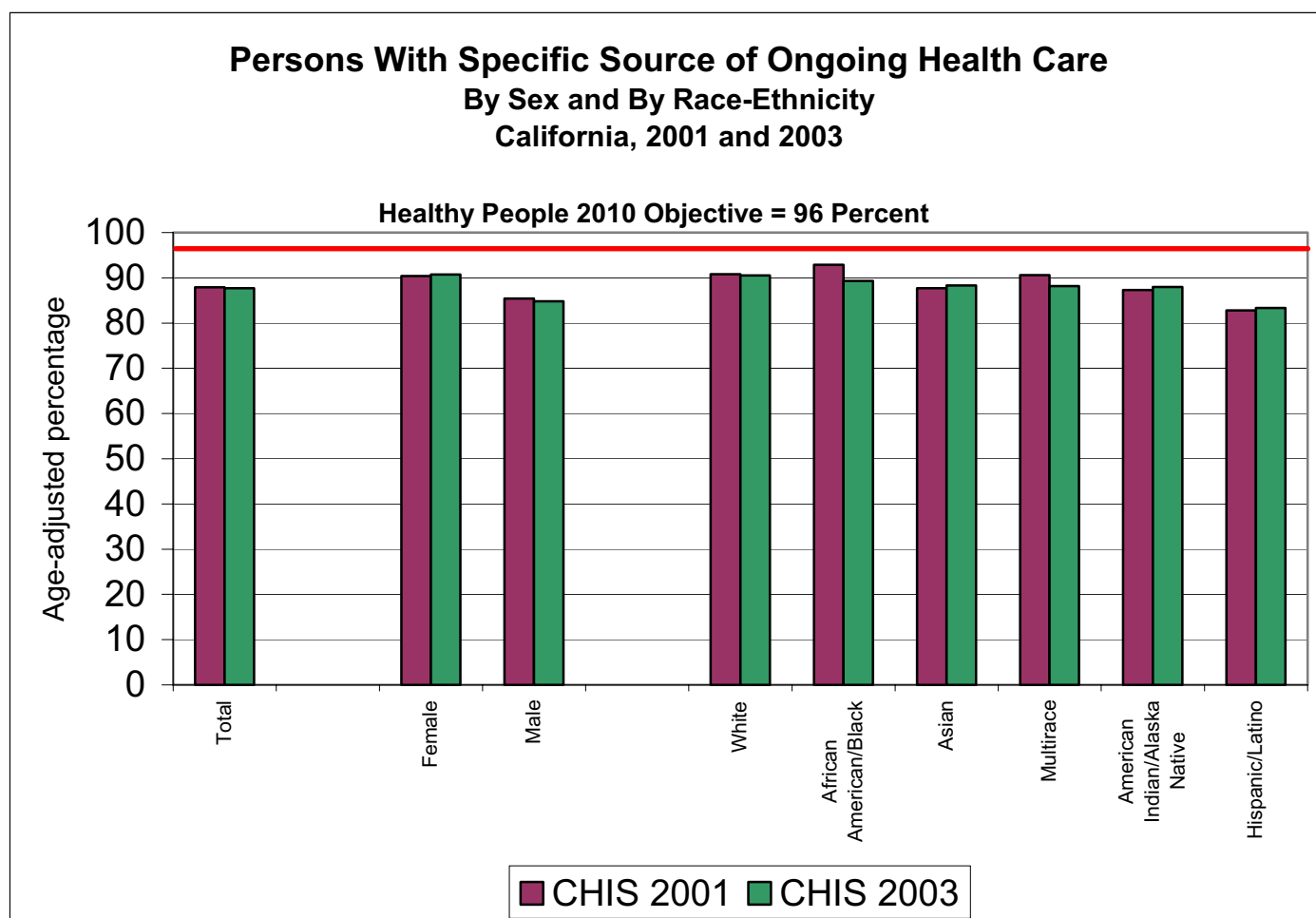


**Objective 1-4a. Increase the proportion of persons (all ages) who have a specific source of ongoing care to 96 percent.**

California data were not available for monitoring HP2010 objective 1-4a in the April 2006 edition of DATA2010.

In the absence of California-specific data from DATA2010, CHIS data for 2001 and 2003 were also used for monitoring this objective. During 2001 a total of 87.9 percent of Californians had a usual source of care, compared with 87.7 percent during 2003. Females had significantly higher rates than males on this indicator: 90.4 and 90.7 percent, compared with 85.4 and 84.8 percent for males.

White, non-Hispanic/Latino persons had the highest rates of ongoing health care for 2001 and 2003: 90.8 and 90.5 percent, respectively. Rates for African Americans/Blacks were 92.9 percent in 2001 and 89.3 percent in 2003, a difference of -3.6 percent. Rates for Multiracial persons also fell from 90.6 to 88.2 percent, a difference of -2.4 percent. Hispanics/Latinos had the lowest rates of specific sources of ongoing health care: 82.8 percent in 2001 and 83.3 percent in 2003.

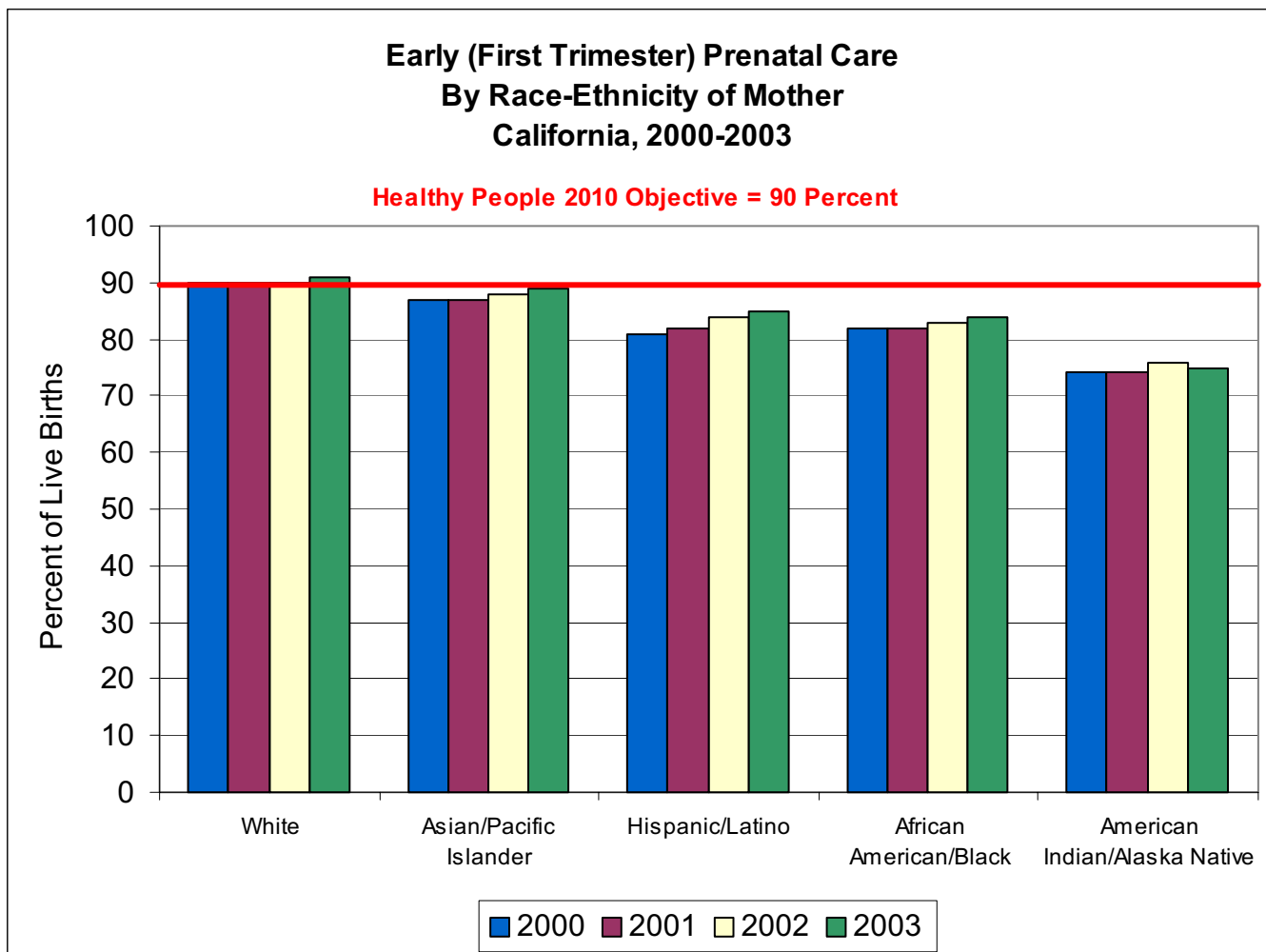


**Objective 16-6a. Increase the proportion of women who receive prenatal care beginning in first trimester of pregnancy to 90 percent.**

According to the April 2006 edition of DATA2010, 85 percent of California women were reported to have received early (first trimester) prenatal care during their pregnancies during 2000 and 2001. In 2002 the percentage increased to 86 percent, and by 2003 it had increased to 87 percent.

The percentages of early prenatal care varied by race and ethnicity:

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
White, non-Hispanic/Latino	90	90	90	91
Asian/Pacific Islander	87	87	88	89
Hispanic/Latino	81	82	84	85
African American/Black	82	82	83	84
American Indian/ Alaska Native	74	74	76	75



## LHI 2: Environmental Quality

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

California data were not available for monitoring HP2010 objective 8-1a in the April 2006 edition of DATA2010.

In the absence of data from DATA2010 for tracking this objective, data from the U.S. Environmental Protection Agency (EPA) AirData system for 2004 were used.<sup>12</sup> These data indicate that 92.8 percent of the California population resides in nonattainment areas for ozone (Table LHI-2).

Table LHI-2. EPA Nonattainment Areas for Ozone (8-hour), California 2004

COUNTY	Persons in nonattainment areas <sup>1</sup>	County Population	Percent of population in nonattainment areas
ALAMEDA	1,443,741	1,443,741	100.0%
AMADOR	35,100	35,100	100.0%
BUTTE	203,171	203,171	100.0%
CALAVERAS	40,554	40,554	100.0%
CONTRA COSTA	948,816	948,816	100.0%
EL DORADO	124,164	156,299	79.4%
FRESNO	799,407	799,407	100.0%
IMPERIAL	142,361	142,361	100.0%
KERN	649,471	661,645	98.2%
KINGS	129,461	129,461	100.0%
LOS ANGELES	9,519,336	9,519,338	100.0%
MADERA	123,109	123,109	100.0%
MARIN	247,289	247,289	100.0%
MARIPOSA	17,130	17,130	100.0%
MERCED	210,554	210,554	100.0%
NAPA	124,279	124,279	100.0%
NEVADA	77,735	92,033	84.5%
ORANGE	2,846,288	2,846,289	100.0%
PLACER	239,978	248,399	96.6%
RIVERSIDE	1,519,609	1,545,387	98.3%
SACRAMENTO	1,223,499	1,223,499	100.0%
SAN BERNARDINO	1,689,509	1,709,434	98.8%
SAN DIEGO	2,813,430	2,813,833	100.0%
SAN FRANCISCO	776,733	776,733	100.0%
SAN JOAQUIN	563,598	563,598	100.0%
SAN MATEO	707,161	707,161	100.0%
SANTA CLARA	1,682,585	1,682,585	100.0%
SOLANO	394,542	394,542	100.0%
SONOMA	413,716	458,614	90.2%
STANISLAUS	446,997	446,997	100.0%
SUTTER	25,014	78,930	31.7%
TULARE	368,021	368,021	100.0%
TUOLUMNE	54,501	54,501	100.0%
VENTURA	753,197	753,197	100.0%
YOLO	168,660	168,660	100.0%
STATEWIDE	31,522,716	33,964,767	92.8%

NOTES: <sup>1</sup> Number of persons in nonattainment areas, US EPA, AirData, 09/04.

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

California data were not available for monitoring HP2010 objective 27-10 in the April 2006 edition of DATA2010.

The DATA2010 data source for monitoring this objective is the National Health and Nutrition Examination Survey (NHANES). The designated HP2010 Focus Area Representative from the CDHS Tobacco Control Section advises that no statewide data on nonsmoker serum cotinine levels are available from their program as of April 2006. California data on this HP2010 objective were also unavailable from either the BRFSS or the CHIS.

### **LHI 3: Responsible Sexual Behavior**

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

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

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

California data were not available for monitoring HP2010 objective 13-6 in the April 2006 edition of DATA2010.

The DATA2010 data source for monitoring these objectives is the National Survey on Family Growth (NSFG). The designated HP2010 Focus Area Representative from the CDHS Office of AIDS (OOA) advises that none of their programs collect this specific information. California data on this HP2010 objective were also unavailable from either the BRFSS or the CHIS.

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

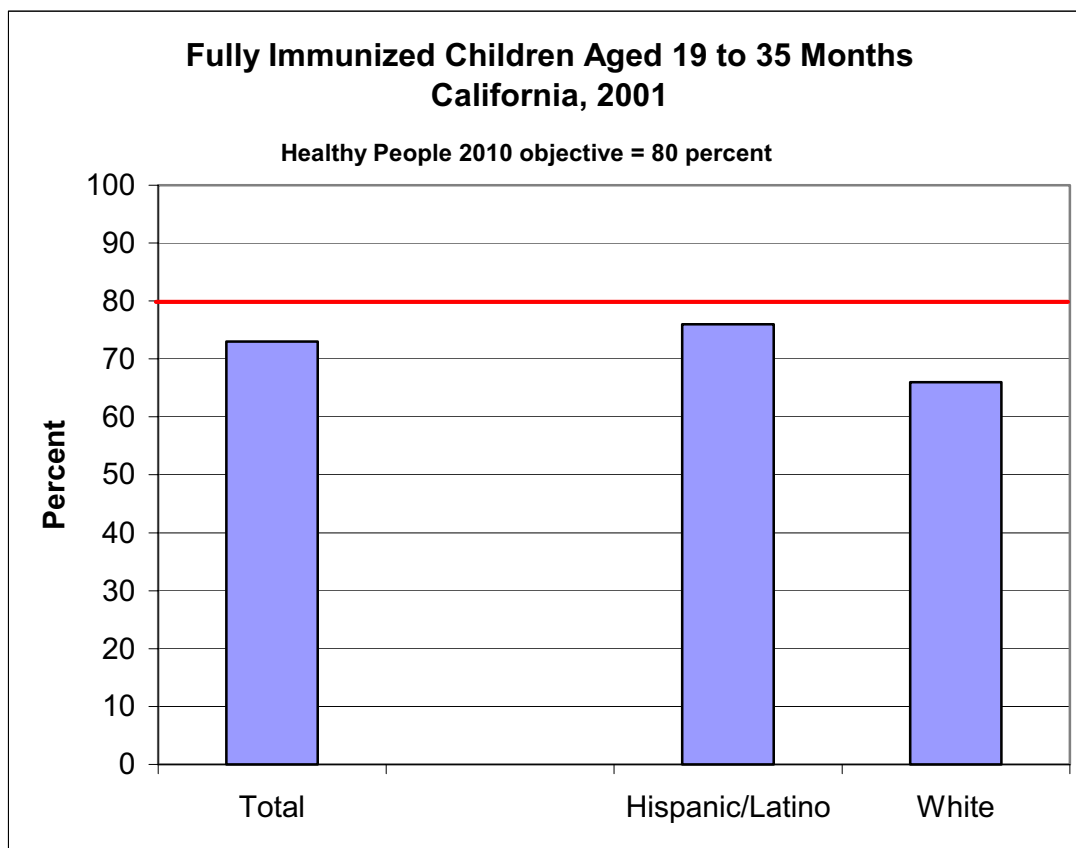
California data were not available for monitoring HP2010 objective 25-11 in the April 2006 edition of DATA2010.

The DATA2010 data source for monitoring this objective is the Youth Risk Behavior Surveillance System (YRBSS). No statewide data for California are available from the YRBSS, the CHIS, or from the CDHS OOA.

## LHI 4: Immunization

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

According to 2001 data from the National Immunization Survey (NIS), 73 percent of California children aged 19 to 35 months were reported as being fully immunized in the April 2006 edition of DATA2010. Immunization data by gender were not available from DATA2010. Data by race and ethnicity indicate that 76 percent of Hispanic/Latino children and 66 percent of White (non-Hispanic/Latino) children aged 19 to 35 months were fully immunized. Data for all other racial populations did not meet the criteria for statistical reliability, data quality, or confidentiality and are not reported in DATA2010. California data on this objective for subsequent years were not available in DATA2010, but are available from the National Immunization Program <http://www.cdc.gov/nip/coverage/default.htm#chart>, from the CDC's MMWR <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5429a1.htm>, and from the California Statewide Immunization Information System (SIIS) <http://www.ca-siis.org/project.html>.



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

California data were not available in the April 2006 edition of DATA2010. Operational definitions are currently being revised to reflect the Healthy People 2010 Midcourse Review.

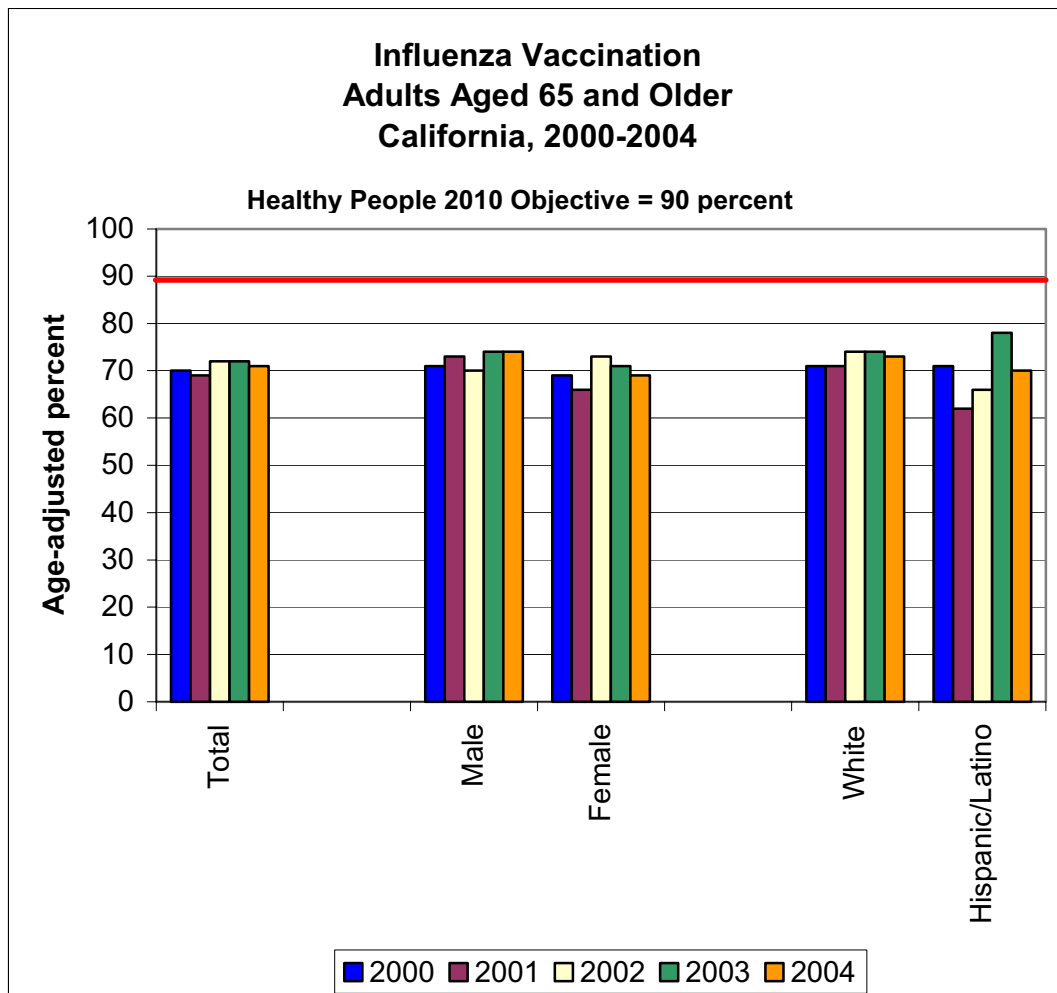
The proposed data source for monitoring objective 14-24b is the National Health Interview Survey (NHIS). Currently there are no vaccines for adolescents aged 13 to 15 years that have been universally recommended for at least five years. As vaccines for adolescents aged 13 to 15 years are identified over the course of HP2010, they will be tracked.

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

Seventy percent (70%) of California’s non-institutionalized adult population aged 65 years and older were reported in the April 2006 edition of DATA2010 as having had an influenza vaccination during the past 12 months in 2000, compared with 71 percent in 2004.

Data by gender show that 74 percent of males and 69 percent of females aged 65 and older had received flu vaccinations during the past 12 months in 2004.

Statistically reliable data by race and ethnicity indicate that 71 percent of the Hispanic/Latino population aged 65 and older, and 73 percent of the White (non-Hispanic/Latino) population aged 65 and older had received flu vaccinations during the past 12 months in 2004. Data for all other racial populations were either not collected or did not meet the criteria for statistical reliability, data quality, or confidentiality and are not reported in DATA2010.

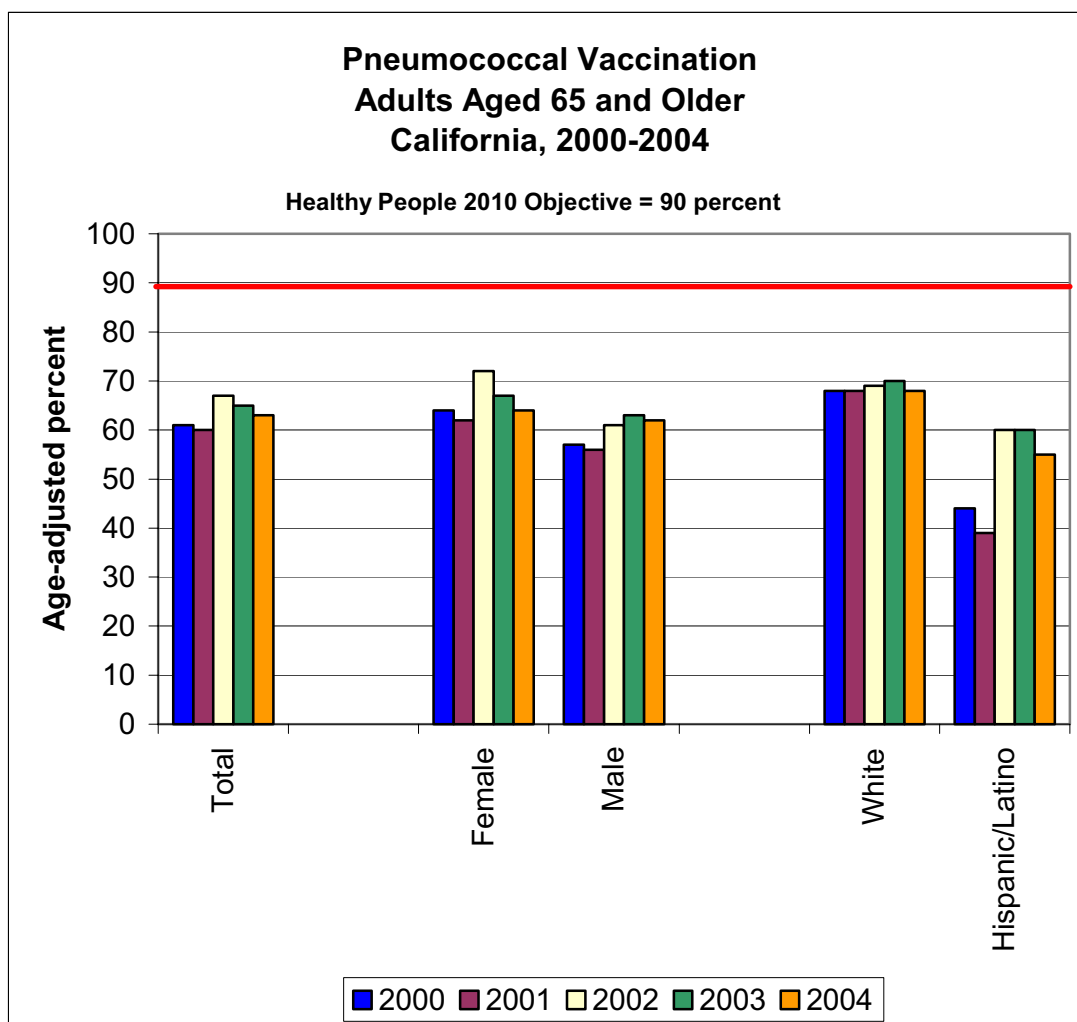




**Objective 14-29b. Increase the proportion of adults who have ever received pneumococcal vaccine to 90 percent.**

Sixty-one (61) percent of California’s non-institutionalized adult population aged 65 years and older were reported in the April 2006 edition of DATA2010 to have ever received pneumococcal vaccine in 2000, compared with 63 percent in 2004. Data by gender indicate that 57 percent of the male population and 64 percent of the female population aged 65 and older had ever received pneumococcal vaccinations.

Statistically reliable data by race and ethnicity show that 68 percent of White (non-Hispanic/Latino) adults aged 65 and older had ever received a pneumonia vaccination, compared with 44 percent of Hispanic/Latino adults aged 65 and older. Data for all other racial populations were either not collected or did not meet the criteria for statistical reliability, data quality, or confidentiality and are not reported in DATA2010.

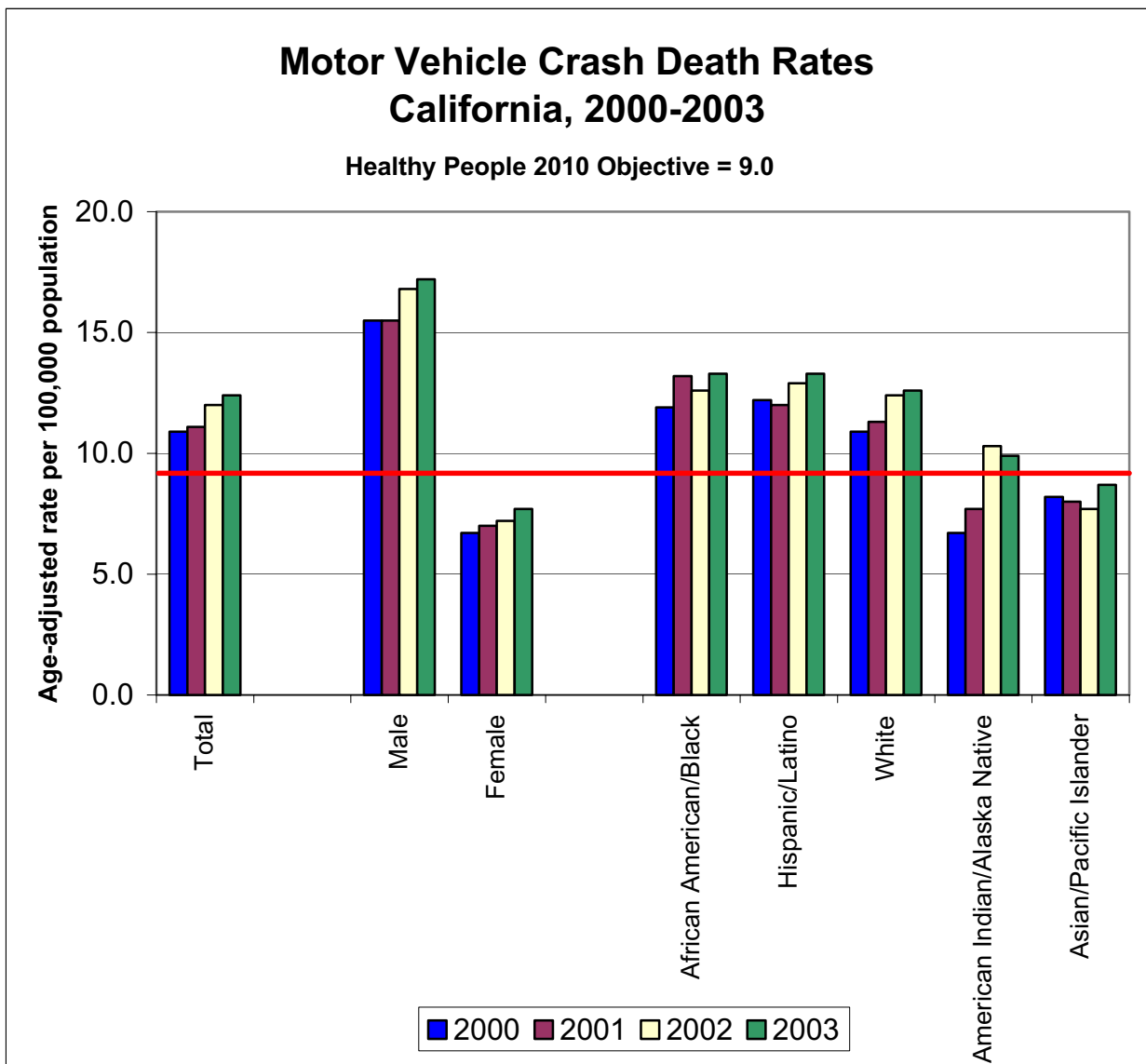


## LHI 5: Injury and Violence

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

California's motor vehicle crash death rates increased significantly from 10.9 per 100,000 population in 2000 to 12.4 per 100,000 in 2003, according to data from the April 2006 edition of DATA2010. The age-adjusted death rate for males (17.2 per 100,000) was more than double that for females (7.7 per 100,000) in 2003.

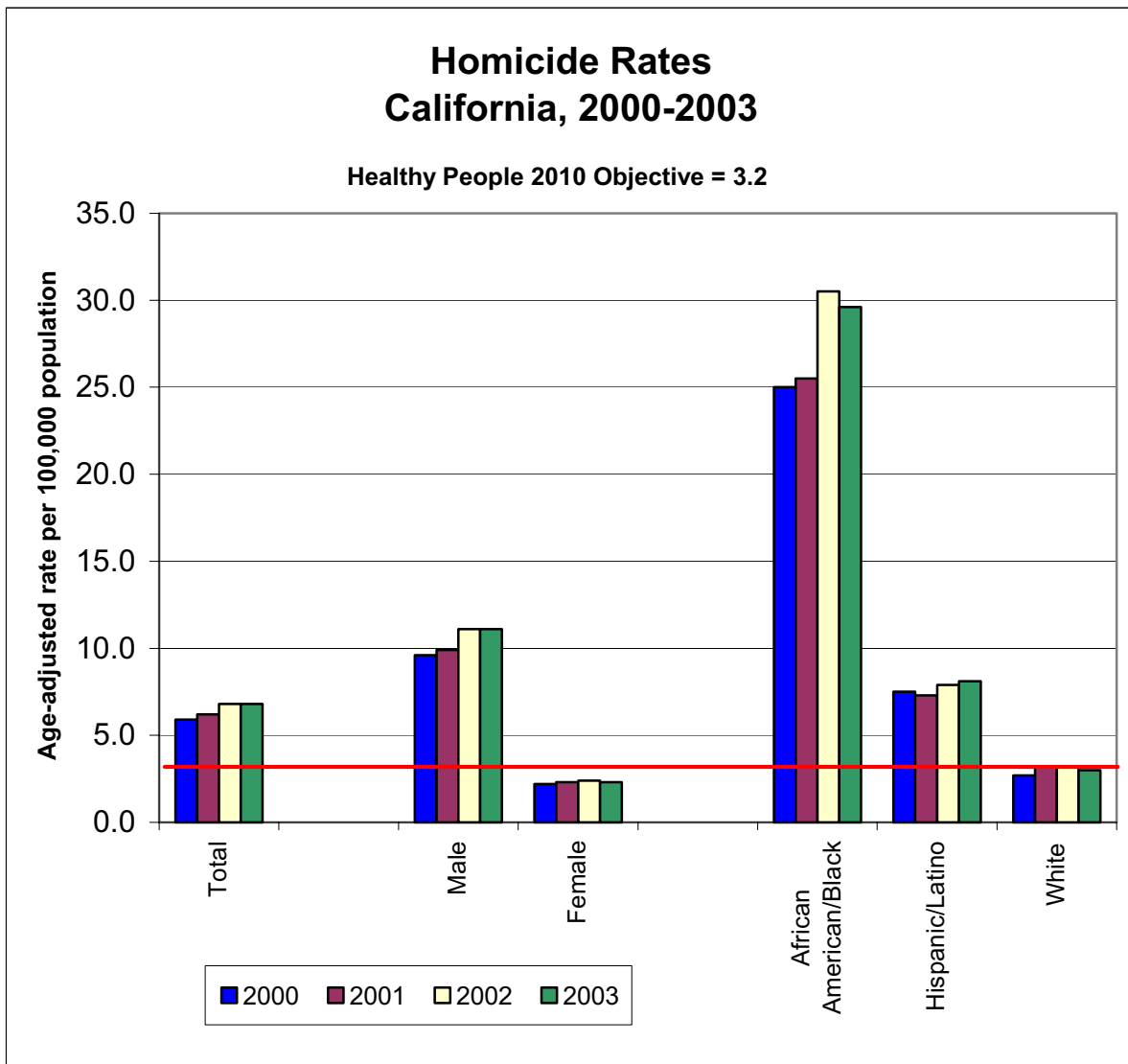
Data on motor vehicle crash death rates by race and ethnicity show that the highest age-adjusted death rates were for Hispanics/Latinos (13.3 per 100,000 in 2003) and Blacks/African Americans (non-Hispanic/Latino) (13.3 per 100,000 in 2003). Asians/Pacific Islanders (8.7 per 100,000) were the only population having a death rate lower than the HP2010 objective in 2003. Data for all other racial populations were either not collected or did not meet the criteria for statistical reliability, data quality, or confidentiality and are not reported in DATA2010.



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

California's homicide rates increased significantly from 5.9 per 100,000 population in 2000 to 6.8 per 100,000 in 2003, more than twice the rate targeted in this HP2010 objective. The age-adjusted homicide rate for males (11.1 per 100,000 in 2003) was 3.5 times greater than the HP2010 target. The rates for females (2.3 per 100,000 in 2003) have consistently been below the target established in HP2010.

Disparities in homicide rates by race and ethnicity show that the age-adjusted death rates for the Black/African American (non-Hispanic/Latino) population were the highest, and increasing away from the HP2010 target (25.0 per 100,000 in 2000 to 29.6 per 100,000 in 2003). These rates are eight to nine times greater than the HP2010 target. The homicide rate for the Hispanic/Latino population (8.1 per 100,000 in 2003) was 2.5 times higher than the HP2010 target. Homicide rates for the Asian/Pacific Islander population increased to a level above the HP2010 target (from 2.9 per 100,000 in 2000 to 3.4 per 100,000 in 2003). The HP2010 objective is being achieved only for the White (non-Hispanic/Latino) population (3.0 per 100,000 in 2003).



## LHI 6: Mental Health

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

California data were not available in the April 2006 edition of DATA2010. Operational definitions are currently being revised to reflect the Healthy People 2010 Midcourse Review.

The data source for monitoring objective 18-9b is the National Household Survey on Drug Abuse (NHSDA). California data for tracking this objective were not available from the NHSDA, the CHIS, or the BRFSS.

## LHI 7: Overweight and Obesity

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

California data were not available for monitoring HP2010 objective 19-2 in the April 2006 edition of DATA2010.

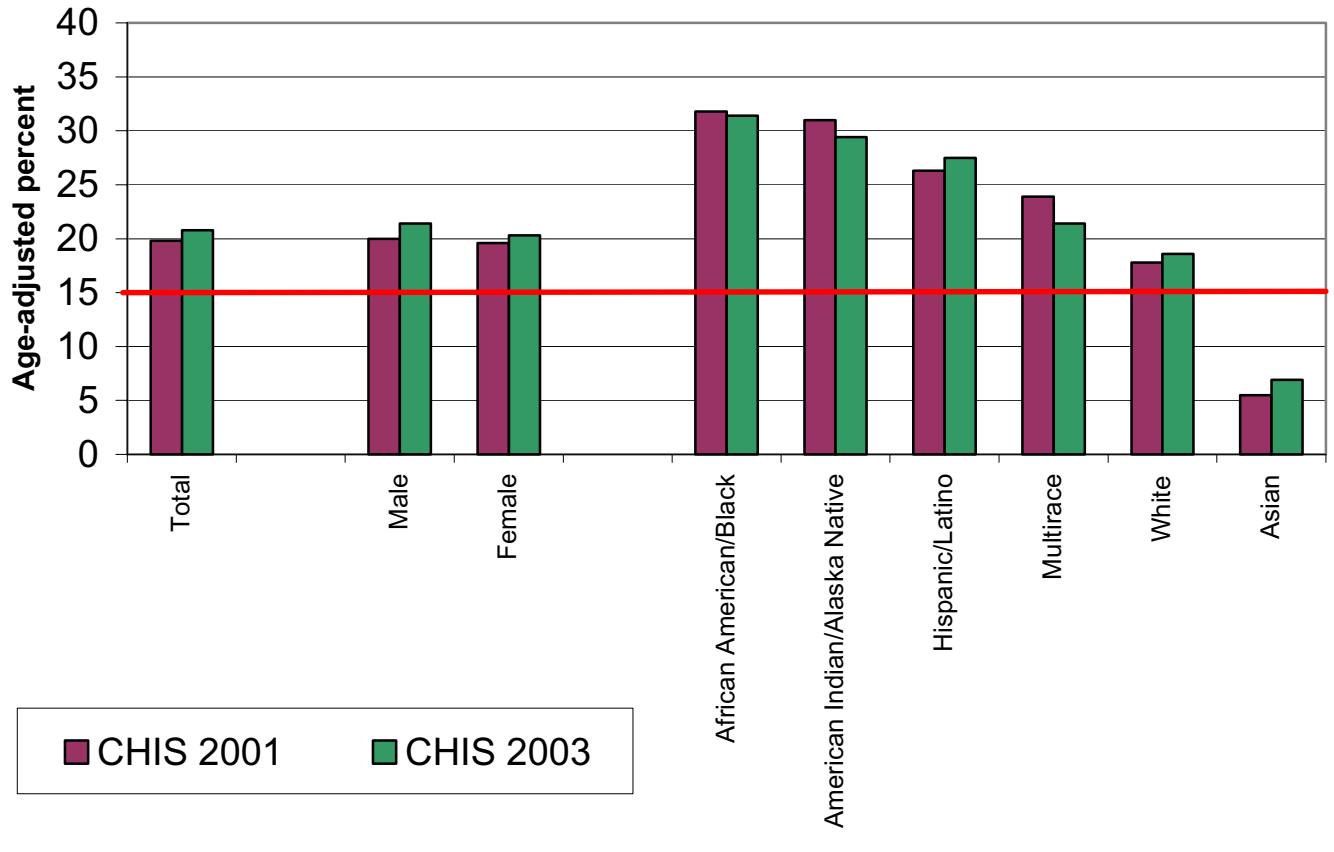
The DATA2010 data source for monitoring this objective is the NHANES. In the absence of data from DATA2010, California data from the CHIS are being used to monitor this LHI.

According to data from the CHIS, California's overall obesity rate increased from 19.8 percent in 2001 to 20.8 percent in 2003. Obesity rates for males (20.0 percent in 2001 and 21.4 percent in 2003) were slightly higher than those for females (19.6 percent in 2001 and 20.3 percent in 2003).

Data by race and ethnicity indicate that African Americans/Blacks experienced the highest obesity rates (31.4 percent in 2003), followed by American Indians/Alaska Natives (29.4 percent in 2003), Hispanics/Latinos (27.5 percent in 2003), Multiracials (21.4 percent in 2003), and Whites (18.6 percent in 2003). The HP2010 objective is not being met for any of these racial or ethnic populations. The objective is being achieved for Asians (5.5 percent in 2001 and 6.9 percent in 2003).

## Obesity Prevalence Rates Among Adults Aged 20 and Older California, 2001 and 2003

Healthy People 2010 Objective = 15 percent



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

California data were not available for monitoring HP2010 objective 19-3c in the April 2006 edition of DATA2010.

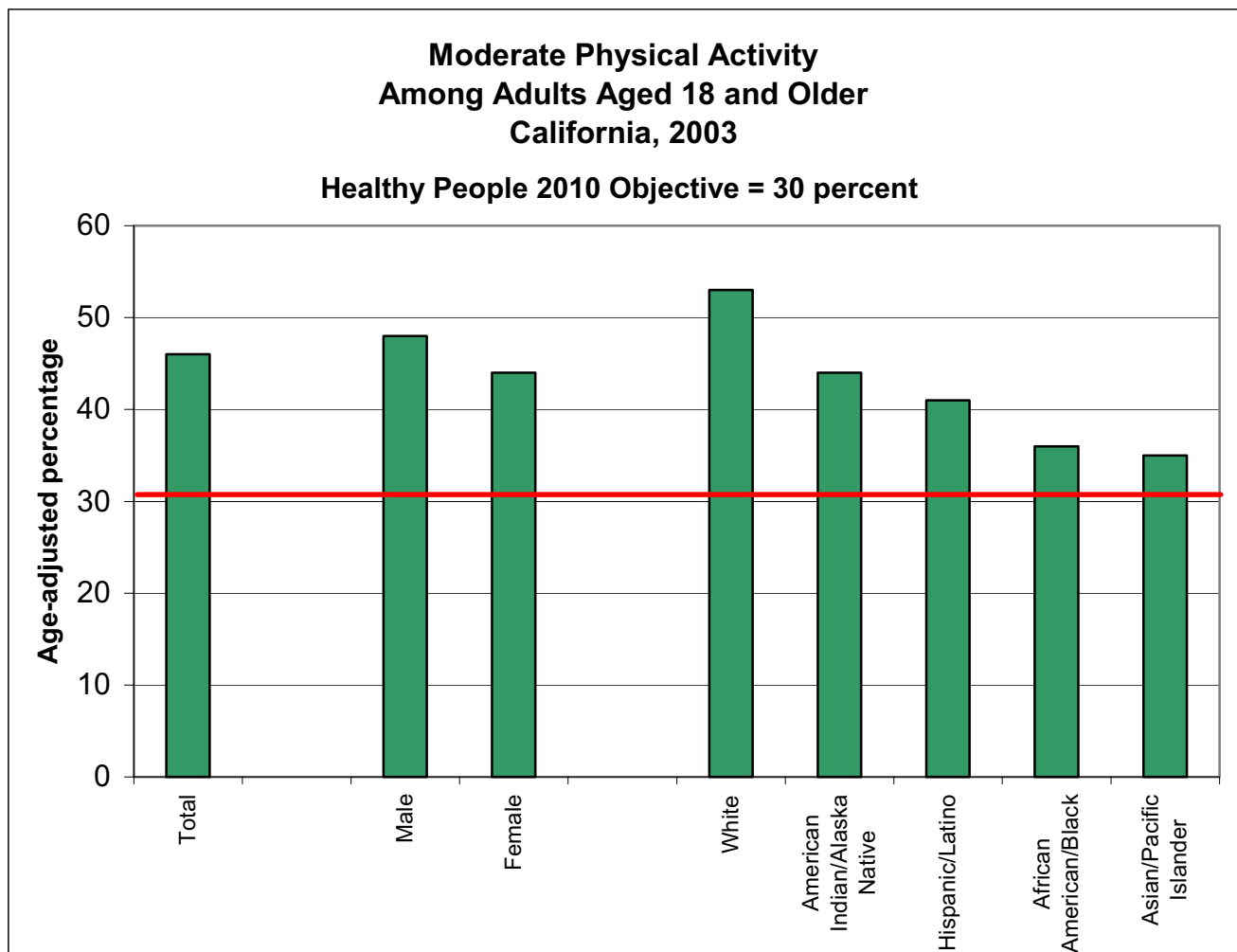
The DATA2010 data source for monitoring this objective is the YRBSS. California data from the YRBSS are only available for four local areas (Los Angeles, San Diego, San Bernardino, and San Francisco). California data on this HP2010 objective were also unavailable from the CHIS.

## LHI 8: Physical Activity

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

In 2003, 46 percent of adults aged 18 years and older in California were reported in DATA2010 as engaging in moderate physical activity for at least 30 minutes per day. Moderate physical activity reported for adult males was 48 percent, compared with 44 percent for adult females.

Data by race-ethnicity show that the highest percentage of regular physical activity was reported for the White (non-Hispanic/Latino) population (53 percent), followed by American Indians/Alaska Natives (44 percent), Hispanics/Latinos (41 percent), African Americans/Blacks (36 percent), and Asians/Pacific Islanders (35 percent).



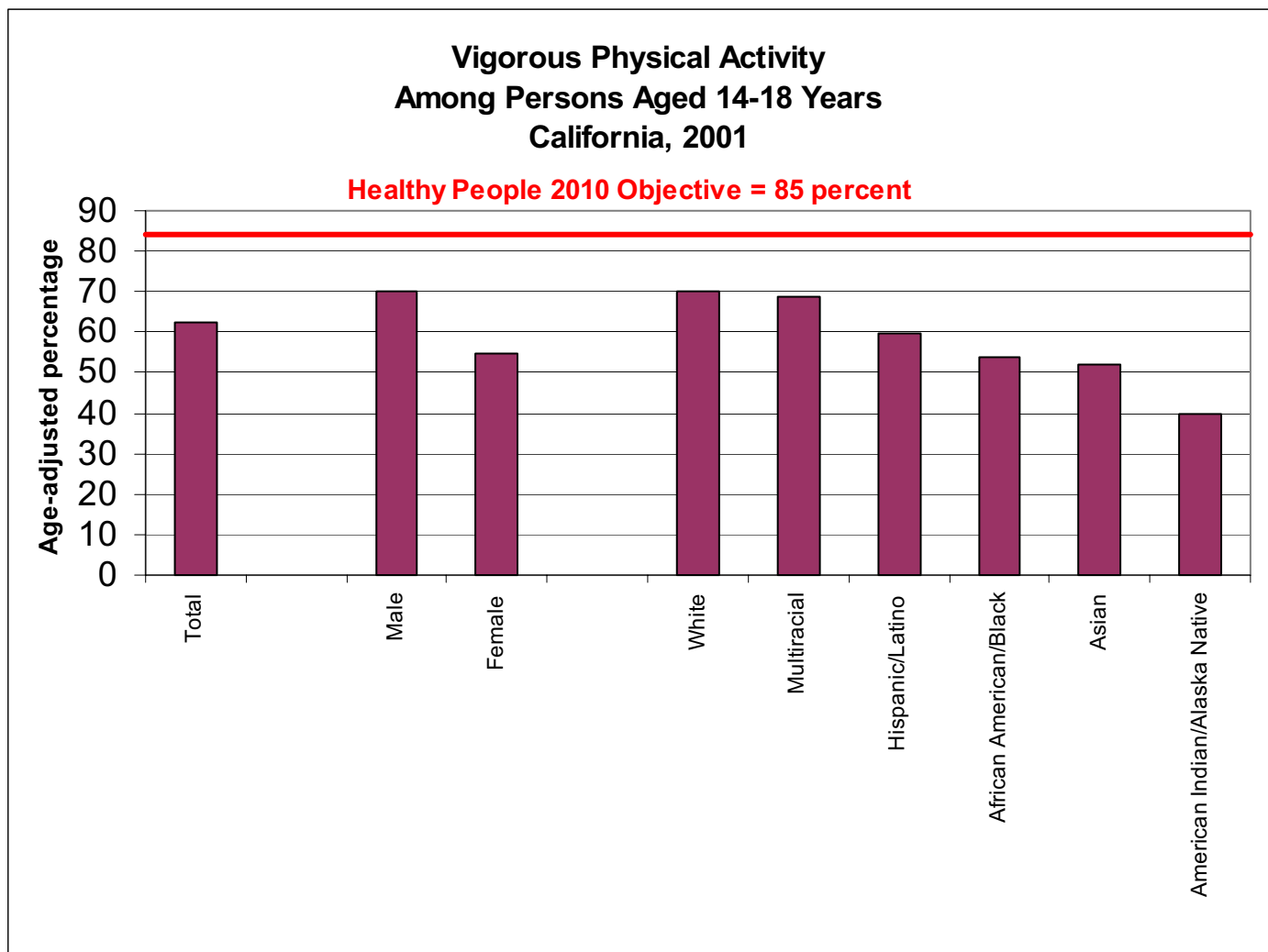
**Objective 22-7. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness three or more times per week for 20 minutes or more per occasion to 85 percent.**

California data were not available in the April 2006 edition of DATA2010 for monitoring objective 22-7.

The DATA2010 data source for monitoring this objective is the YRBSS. Statewide data for California are unavailable from the YRBSS, so data available from the 2001 CHIS are used for tracking this objective.

Using data for persons aged 14-18 to approximate grades 9-12 as specified in the HP2010 objective, the 2001 CHIS data show that 62.6 percent of adolescents engaged in vigorous physical activity at least three days per week. Disparities by gender are indicated: 70.1 percent of males aged 14-18 engaged in vigorous physical activity at least three days per week, while only 54.7 percent of females were similarly engaged.

Racial and ethnic disparities were also indicated: Whites (70.0 percent); Multiracials (68.7 percent); Hispanics/Latinos (59.8 percent); African Americans/Blacks (53.9 percent); Asians (51.8 percent); and American Indian/Alaska Native population (39.6 percent).

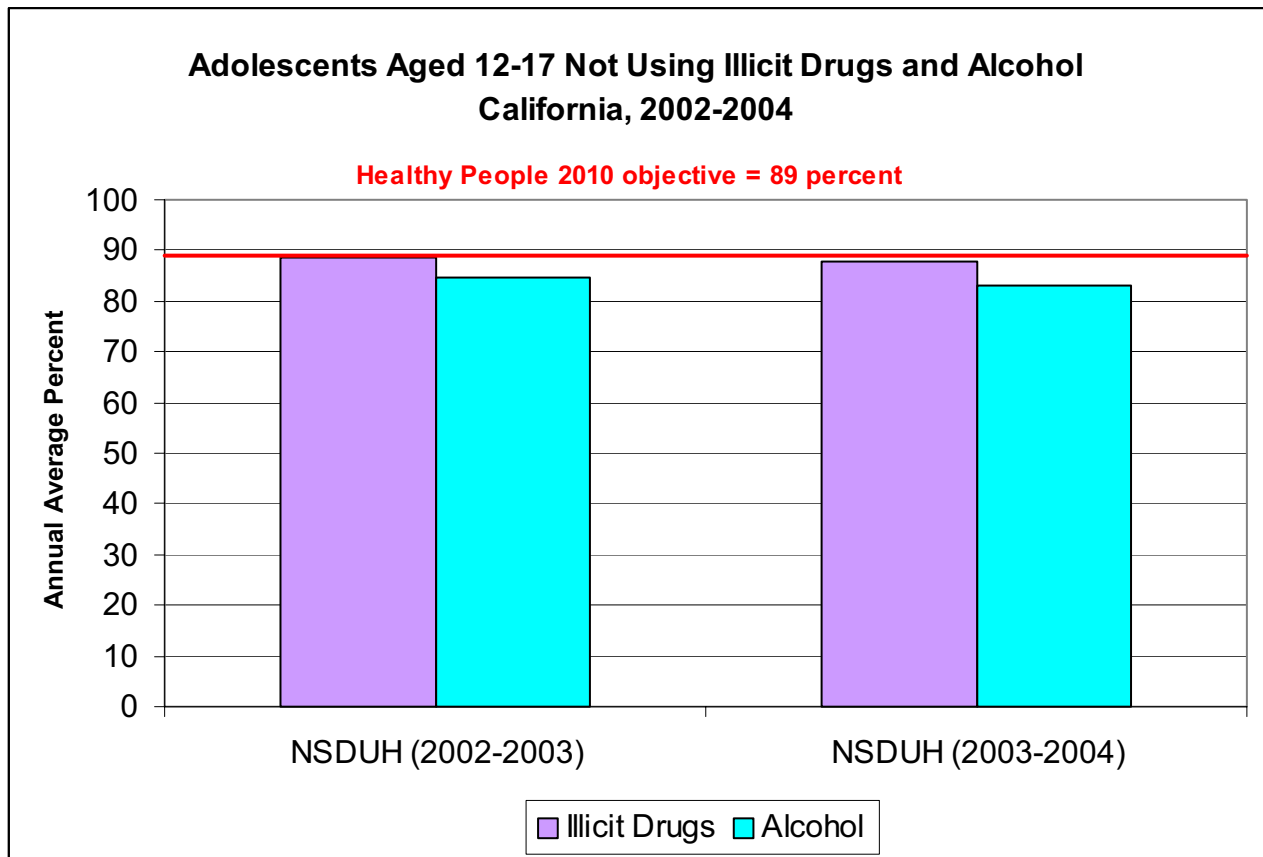


## LHI 9: Substance Abuse

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

California data were not available for monitoring HP2010 objective 26-10c in the April 2006 edition of DATA2010. Operational definitions are currently being revised to reflect the HP2010 Midcourse Review.

California-specific data currently available from the National Surveys on Drug Use and Health (NSDUH) indicate that an annual average (2002-2003) of 88.6 percent of adolescents aged 12-17 had not used illicit drugs and 84.7 percent had not used alcohol during the past 30 days.<sup>12</sup> Annual average data for 2003-2004 indicate that 87.9 percent of California adolescents aged 12-17 had not used illicit drugs and 83.2 percent had not used alcohol during the past 30 days.

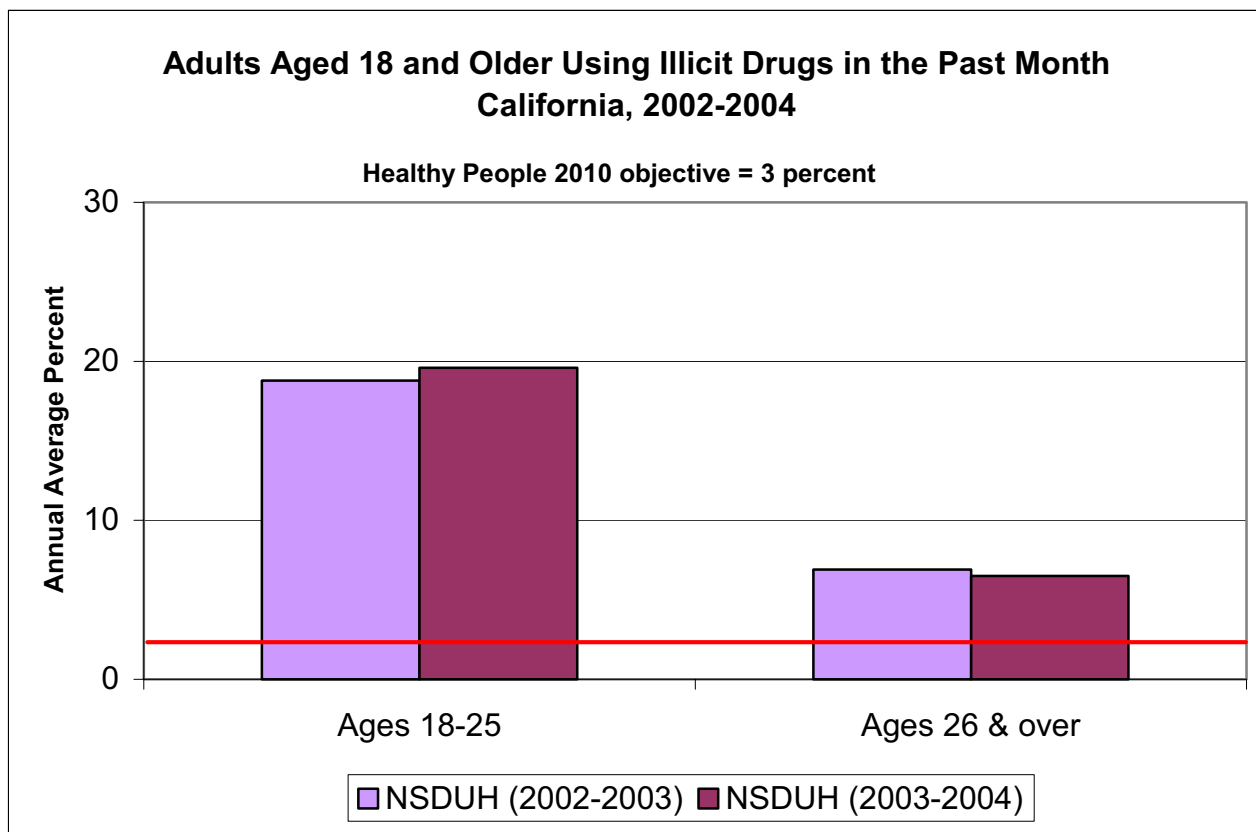




**Objective 26-10c. Reduce the proportion of adults using any illicit drug during the past 30 days to three percent.**

California data were not available for monitoring HP2010 objective 26-10c in the April 2006 edition of DATA2010. Operational definitions are currently being revised to reflect the HP2010 Midcourse Review.

California-specific data currently available from the NSDUH indicate that an annual average (2002-2003) of 18.8 percent of adults aged 18-25 and 6.9 percent of adults aged 26 and older had used illicit drugs in the past month, compared with 19.6 percent and 6.5 percent, respectively, for 2003-2004.

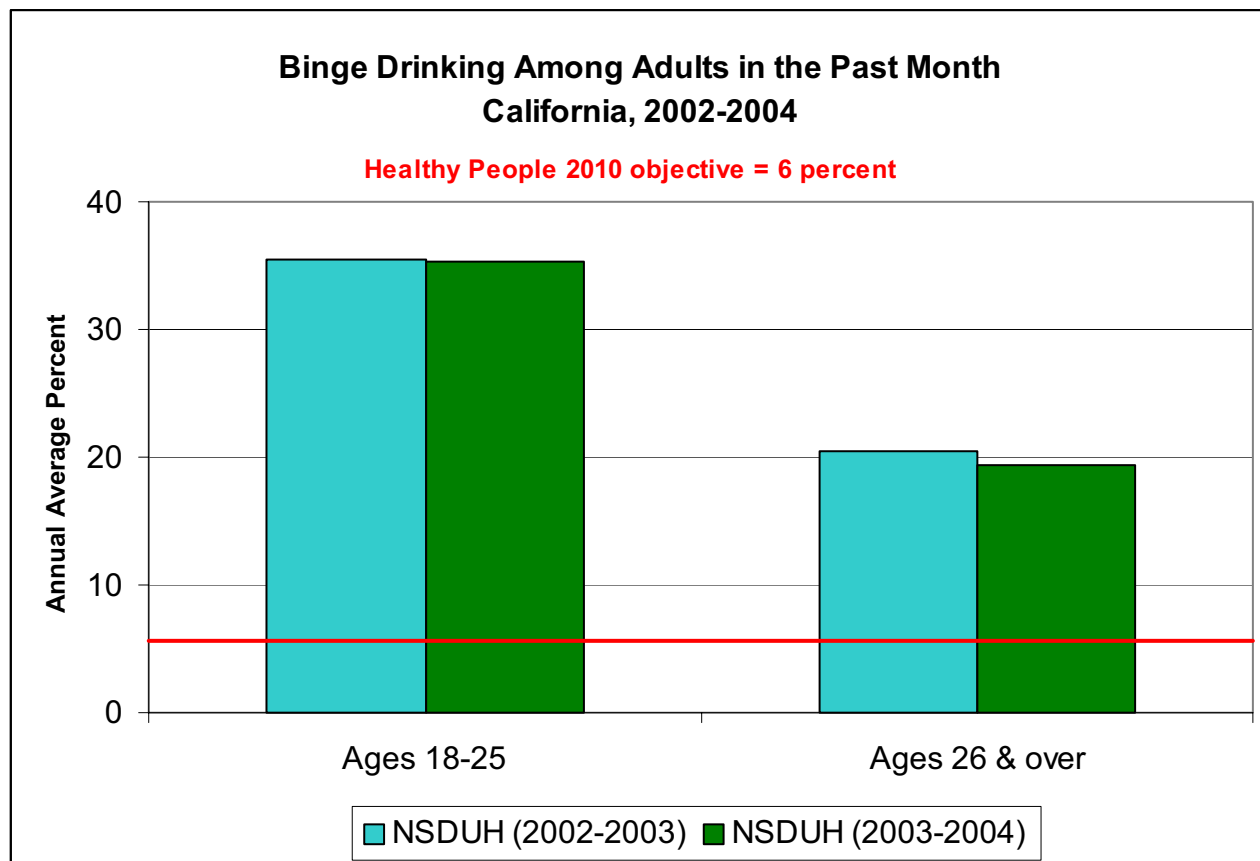


**Objective 26-11c. Reduce the proportion of adults aged 18 years and older engaging in binge drinking of alcoholic beverages to six percent.**

California data were not available for monitoring HP2010 objective 26-11c in the April 2006 edition of DATA2010. Operational definitions are currently being revised to reflect the HP2010 Midcourse Review.

California-specific data from the NSDUH indicate that the annual average (2002-2003) estimate of binge alcohol use among adults aged 18-25 was 35.4 percent and among those aged 26 and older was 20.4 percent. For 2003-2004 the average annual binge drinking rates were 35.3 percent of adults 18-25 and 19.4 percent of those aged 26 and older.

Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.



### LHI 10: Tobacco Use

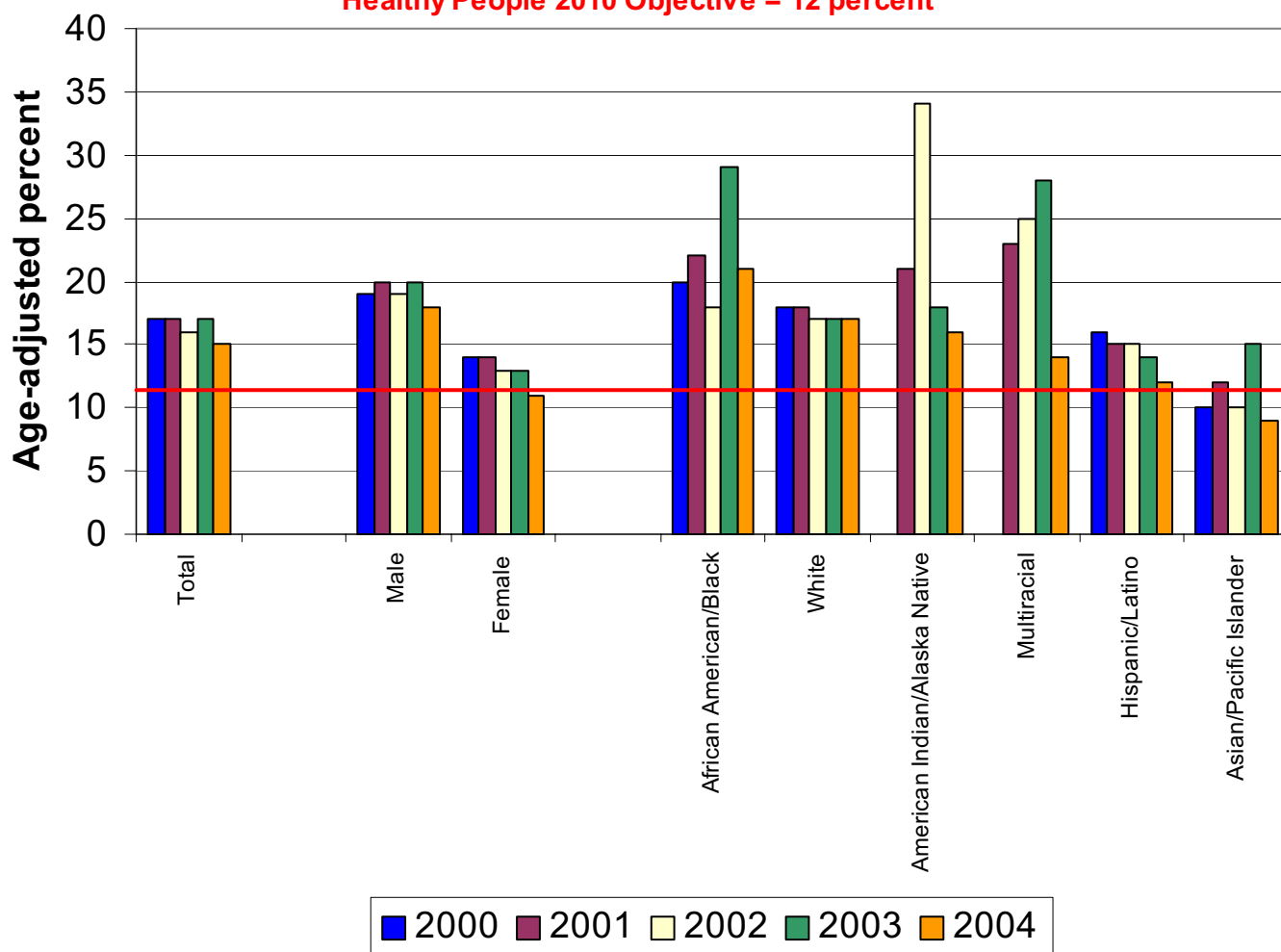
#### Objective 27-1a. Reduce cigarette smoking by adults aged 18 and older to 12 percent.

According to DATA2010, cigarette smoking prevalence rates among adults aged 18 and older declined in California from 17 percent in 2000 to 15 percent in 2004. The age-adjusted rates were significantly higher for males (19 percent in 2000 and 18 percent in 2004) than for females (14 percent in 2000 and 11 percent in 2004).

Disparities in cigarette smoking prevalence rates by race and ethnicity show that the African American/Black population was reported as having the highest rates in 2004 (21 percent), followed by Whites (17 percent), American Indians/Alaska Natives (16 percent), Multiracials (14 percent), Hispanics/Latinos (12 percent), and the Asian/Pacific Islander population (9 percent).

## Cigarette Smoking Prevalence Rates Adults Aged 18 and Older California, 2000-2004

Healthy People 2010 Objective = 12 percent



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

Data for California were not available for monitoring HP2010 objective 27-2b in the April 2006 edition of DATA2010.

The DATA2010 data source for monitoring this objective is the YRBSS. Statewide data for California are unavailable from the YRBSS, the CHIS, the BRFSS, or the CDHS Tobacco Control Section.

## Summary

<u>Leading Health Indicator</u>	<u>HP2010 Target</u>	<u>California Total (latest year available)</u>
<b>1. Access to Health Care</b>		
Objective 1-1	100%	84.2% (CHIS, 2003)
Objective 1-4a	96%	87.7% (CHIS, 2003)
Objective 16-6a	90%	87.0 (DATA2010, 2003)
<b>2. Environmental Quality</b>		
Objective 8-1a	0%	92.8% (EPA, 2004)
Objective 27-10	45%	N/A
<b>3. Responsible Sexual Behavior</b>		
Objective 13-6a	50%	N/A
Objective 13-6b	50%	N/A
Objective 25-11	95%	N/A
<b>4. Immunization</b>		
Objective 14-24a	80%	73.0% (DATA2010, 2001)
Objective 14-24b	80%	N/A
Objective 14-29a	90%	71.0% (DATA2010, 2004)
Objective 14-29b	90%	63.0% (DATA2010, 2004)
<b>5. Injury and Violence</b>		
Objective 15-15a	9.0/100,000	12.4/100,000 (DATA2010, 2003)
Objective 15-32	3.2/100,000	6.8/100,000 (DATA2010, 2003)
<b>6. Mental Health</b>		
Objective 18-9b	50%	N/A
<b>7. Overweight and Obesity</b>		
Objective 19-2	15%	20.8% (CHIS, 2003)
Objective 19-3c	5%	N/A
<b>8. Physical Activity</b>		
Objective 22-2	30%	46.0% (DATA2010, 2003)
Objective 22-7	85%	62.6% (CHIS, 2001)
<b>9. Substance Abuse</b>		
Objective 26-10a	89%	87.9%, 83.2% (NSDUH, 2003-2004)
Objective 26-10c	3%	19.6%, 6.5% (NSDUH, 2003-2004)
Objective 26-11c	6%	35.3%, 19.4% (NSDUH, 2003-2004)
<b>10. Tobacco Use</b>		
Objective 27-1a	12%	15.0% (DATA2010, 2004)
Objective 27-2b	16%	N/A

In the absence of data available in the DATA2010 system, alternative data sources for monitoring many of these objectives for California have been identified and included where appropriate. As future updated editions of the DATA2010 database become available and new alternate data sources are identified, we will continue to report on California's progress in achieving the HP2010 objectives associated with the LHIs. For more information and updates on the HP2010 LHIs, please see <http://www.cdc.gov/nchs/hphome.htm>.

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