



# State of California



California Department of Health Services  
Medi-Cal Managed Care Division

Medi-Cal Managed Care Adolescent  
Collaborative Baseline Measurement Report

*Submitted by*  
Delmarva Foundation  
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Delmarva Foundation  
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## Section I - California Adolescent Health Survey

### Abstract

The California Department of Health Services (CDHS) in collaboration with Delmarva Foundation for Medical Care studied the extent to which Medi-Cal Managed Care (MCMC) adolescent enrollees, ages 11-18 years, receive health risk screening and health counseling and education from primary care providers during routine well-care visits, and sick-care visits as determined appropriate by the health care provider. The measure used was a modified version of a survey for adolescents developed by the Division of Adolescent Medicine, University of California-San Francisco. The survey included questions to assess whether adolescents felt they had received screening and health counseling and education in specific behavioral health risk areas from their primary care providers during a routine well-care visit. Adolescents were invited to voluntarily complete the after-visit survey which covered eight major areas for screening and counseling, including use of tobacco, alcohol, and drugs, sexual behavior, transportation safety, physical activity and nutrition, depression, and positive youth asset factors. Four minor topic areas were also covered, which included time alone with provider, over-exposure from the sun, adolescent immunizations, and violence. Survey results showed that primary care providers performed screening and counseling in the selected areas at an overall rate of 56 percent. Screening was performed most frequently in the areas of physical activity and nutrition (72%) and least frequently for transportation safety (42.1%). The findings indicate that there is much room for improvement in providing comprehensive health risk screening and counseling to Medi-Cal managed care adolescent health plan members. This also indicates that primary health care providers are missing opportunities to provide comprehensive health assessment, counseling and education that specifically targets the needs of adolescents.

### Introduction

Adolescence is generally characterized as a period of risk taking, experimentation, peer influence, emerging independence and many other profound physical, developmental, intellectual, emotional and social changes. Many adults with life-altering health problems or chronic conditions developed life style behaviors during adolescents that contributed to these serious conditions. Although the majority of adolescents are physically healthy, research shows that adolescents face significant health conditions and mental health problems secondary to individual health risk behaviors.

“Health is much more than simply the absence of disease; health involves optimal physical, mental, social and emotional functioning and well-being” (World Health Organization).

This widely accepted definition of “health” supports the importance of a comprehensive approach to adolescent health care that includes mental, behavioral, and social elements as part of routine primary health care.

The CDHS recognizes the importance of providing annual comprehensive well-care visits to adolescents. One major implication of poor utilization of routine primary care services is that health risk behaviors, undiagnosed problems and untreated conditions can potentially result in serious consequences that affect both the individual and public health. In support of this recognition, the California Medi-Cal Managed Care Adolescent Health Collaborative (AHC) developed a statewide adolescent health quality improvement project with multi-faceted strategies that include plan-specific interventions to increase the number of adolescents receiving an annual well-care visit, and interventions to support the provision of quality comprehensive health care services to adolescents at the time of routine and episodic visits. The “Improving Adolescent Health Care in Medi-Cal Managed Care” statewide collaborative project identified two important priorities that are necessary to improve adolescent health.

- Increasing the rate of annual adolescent well-care visits
- Improving adolescent health care at the point of service.

Nationally, the adolescent population was expected to experience a 16% increase by 2005, compared to a 34% increase in youth ages 10-19 predicted for California. The adolescent population in California is increasing dramatically, with most of the growth occurring in economically challenged communities and with the majority likely to become enrolled in the MCMC program. The largest adolescent growth rates in California was projected to be among ethnic minorities; African Americans (22%), Asians (45%), and Latinos (61%) where poorer health outcomes have been found in comparison to non-minority youth. The increased numbers of adolescent members enrolled in the MCMC program is expected to greatly affect the capacity of an already capacity-burdened health and social support system.

The American Medical Association (AMA), the American Academy of Pediatrics (AAP) and the U.S. Maternal and Child Health (MCH) Bureau uniformly recommends annual comprehensive visits for all adolescents that include assessments of physical, emotional and behavioral risks that are unique to adolescents. Although most adolescents are physically healthy, routine adolescent well-care visits provide important opportunities for clinicians to screen for behavioral risks and to provide appropriate health counseling and referral intervention. A major underlying element of this statewide collaborative project is to support the provision of high quality comprehensive services provided to economically disadvantaged adolescents who generally face higher risks for developing serious health conditions that are largely preventable.

In 2005 Medi-Cal HEDIS results revealed an overall statewide adolescent well-care visit rate of 37%. Although adolescents enrolled in Medi-Cal managed care have access to primary health care, this data shows that under-utilization of health services is one of the highest among this population. The MCMC Division of the CDHS and the Medi-Cal managed care health plans jointly collaborated in a statewide effort to implement plan-specific interventions to increase the number of adolescents receiving an annual adolescent well-care visit and to determine whether comprehensive screening assessments and counseling was occurring during those routine well-care visits.

To determine whether adolescents were receiving a comprehensive assessment and counseling, adolescents were asked to complete a post-healthcare visit survey consisting of questions about whether the health care provider had screened and counseled them regarding their health risk behaviors. Completion of the survey by adolescents was voluntary. The *Adolescent Report of Health Visit* survey was a modified version of the adolescent survey developed and used in previous research by the Division of Adolescent Medicine, University of California-San Francisco. The survey was modified to incorporate several questions related to positive youth assets, with all other survey items remaining unchanged from the original survey. The survey covered eight major areas for screening and counseling that included the use of tobacco, alcohol and drugs, sexual behavior, transportation safety, physical activity and nutrition, depression, and positive factors. Four minor survey topic areas were time alone with clinician, over-exposure from the sun, adolescent immunizations, and violence.

### Survey Administration Process and Protocols

Prior to initiating the statewide adolescent after-visit survey baseline measure, CDHS and Delmarva conducted a survey pilot process that over a nine-week period (August 26 – October 29, 2004). Three health plans volunteered to pilot the survey, which included Blue Cross of California, Health Plan of San Joaquin and Partnership Health Plan. Four primary care provider sites were solicited to participate from among the provider networks of these health plans, including a school-based health clinic, a Planned Parenthood health clinic, a public health clinic, and a private practice clinic. A total of 110 after-visit surveys were collected from MCMC adolescent enrollees that came into each primary care pilot site for a well-care visit during the pilot period. At the end of the pilot period, feedback was provided to the collaborative group through written evaluation tools for plans and providers and conference calls. The decision to translate the survey into Spanish as well as other process and procedural refinements were made as a result of the feedback obtained from the pilot process.

Based on the survey pilot, the following protocols were implemented for the baseline survey measure conducted from February 1 through May 31, 2005:

- 1) After completion of the health visit, the adolescent was asked to complete the survey.

- 2) If the adolescent agreed to complete the survey, instructions were given to complete the survey confidentially, place the survey in an envelope, seal the envelope, and place it in a receptacle for collecting the surveys.
- 3) Health plan personnel collected and forwarded the sealed surveys to Delmarva for data entry.
- 4) An Access database was used for data entry and subsequent analysis. To maintain objectivity, staff assigned to enter the data had no role in either the study design or pilot phase of the project.
- 5) Upon completion of the survey collection process and data entry, Delmarva's analytical staff recorded and analyzed the data.
- 6) The Medi-Cal managed care health plans received a biweekly status update of their completed survey.

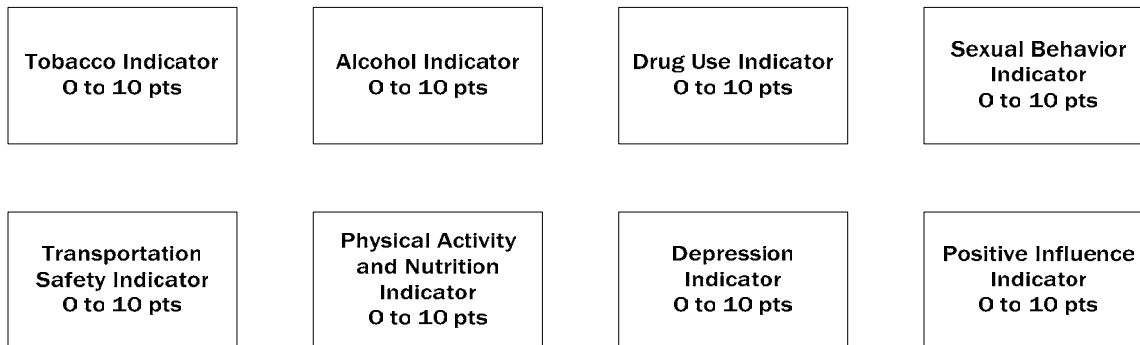
All health plans, with the exception of Kern Health Systems Health Plan in Kern County, distributed and collected the adolescent surveys on primary care provider sites after the health care visit. The alternate method used by Kern Health Systems was that surveys were sent by mail along with a self-addressed stamped envelope to all adolescents who had completed a routine well-care visit during the baseline measure period. Each adolescent, identified through computerized provider billing systems, had a unique assigned code stamped on the outside of the envelope. Kern Health Systems forwarded the sealed envelopes containing the surveys to Delmarva as outlined above. Each adolescent was then sent two movie theater tickets for returning the survey.

### **Analytic Plan and design**

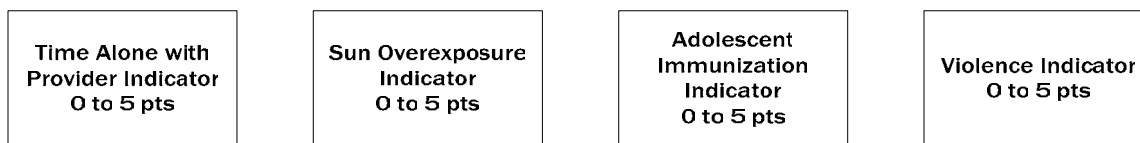
The baseline analysis of the survey results reviewed results of the eight major areas for screening and counseling: tobacco use, alcohol use, drug use, sexual behavior, transportation safety, physical activity and nutrition, depression, and positive factors (i.e. school activities). The analysis also reported results for four minor topics: time alone with the provider, over exposure from the sun, adolescent immunizations, and violence. Based on these health topics, eight major and four minor subscales will be calculated for each survey. The results of the subscales were aggregated to yield for each survey an Adolescent Well-Visit Content Indicator (AWVCI) score, which will range from 0 to 100, as indicated in Figure 1.

**Figure 1. Adolescent Well-Visit Content Indicator**

Major Subscales



Minor Subscales



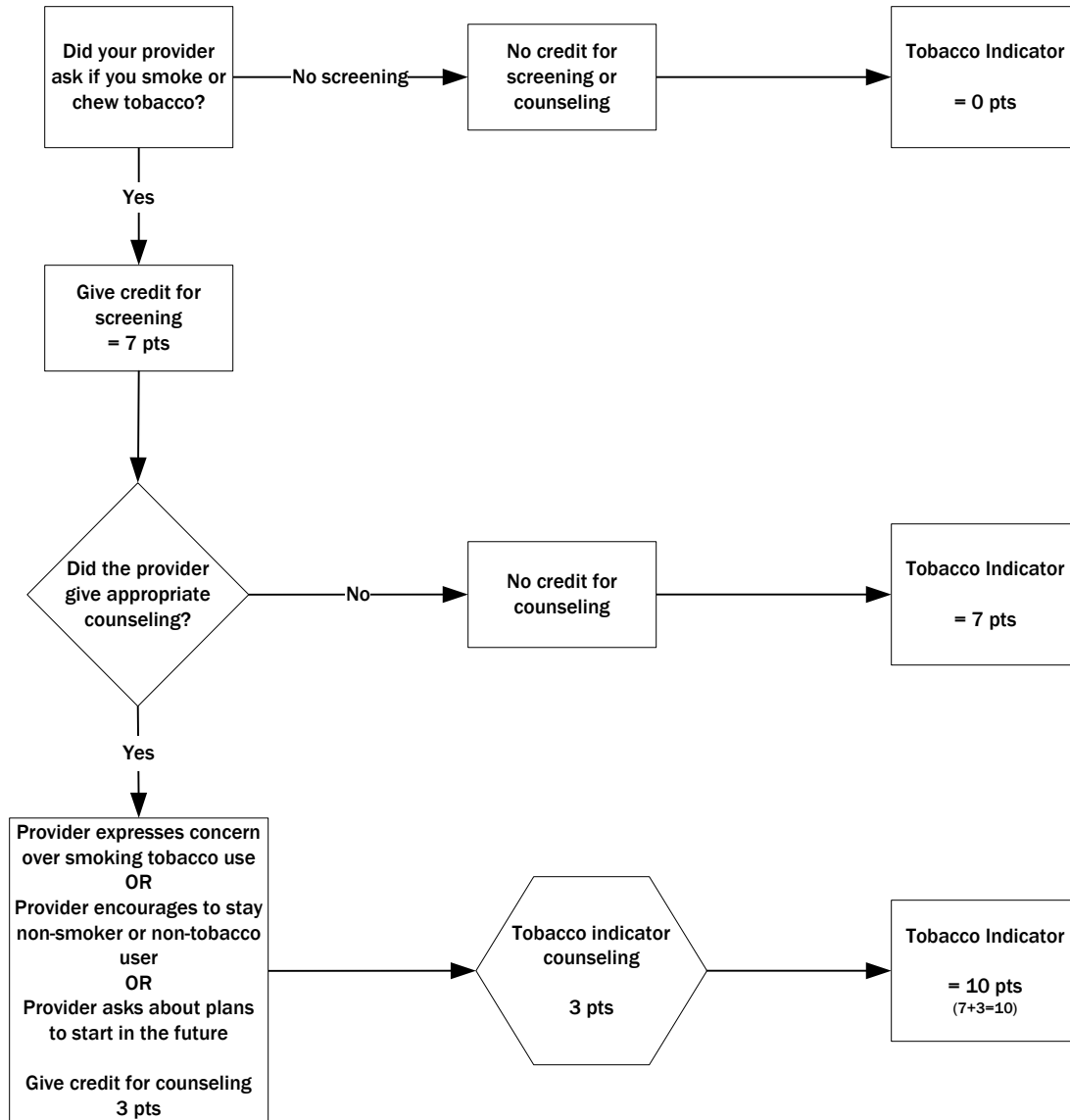
Adolescent Well-Visit Content Indicator

$$\text{Tobacco Indicator} + \text{Alcohol Indicator} + \text{Drug Use Indicator} + \text{Sexual Behavior Indicator} + \text{Transportation Safety Indicator} + \text{Physical Activity and Nutrition Indicator} + \text{Depression Indicator} + \text{Positive Influence Indicator} + \text{Time Alone Indicator} + \text{Sun Overexposure Indicator} + \text{Adolescent Immunization Indicator} + \text{Violence Indicator} =$$

**Adolescent Well-Visit Content Indicator**

The total possible score attainable for a survey is 100, with each major subscale contributing up to 10 points, and each minor subscale contributing up to 5 points. For the tobacco use, alcohol use, drug use, and sexual behavior indicators, there was an opportunity to score 7 points for screening and 3 points for counseling. For the transportation safety indicator, there was an opportunity to score 8 points for screening and 2 points for counseling. For the physical activity and nutrition indicator, there was an opportunity to score 5 points for physical activity and 5 for nutrition. The highest possible score for the depression indicator was 10 points. The positive influence indicator was made up of four questions, each worth 2.5 points. Each minor indicator was worth 5 points. An indicator-to-survey question crosswalk and scoring key is available in the appendix. Figure 2 displays the scoring logic for the tobacco use indicator as an example.

Figure 2. Scoring for Major Subscales (Tobacco Use Indicator)



After all surveys were scored, the results were reported for each subscale, and an overall AWVCI was calculated for the various aggregate levels (e.g., county, state). The survey is designed to produce a statistically reliable estimate of the AWVCI at the county level as described below in the sampling method.

## Target Population

The target population was children 11 to 18 years of age in Grades 6 through 12, enrolled in MCMC plans, and coming in for a well-care or sick-care visit. Depending on the severity of the sick-care visits, surveys were excluded as determined by the provider.

## Sampling

The survey was administered to adolescents who visited their primary care providers during the survey period. The sample size required to produce a county-level, statistically reliable estimate of the AWVCI was 100 qualified surveys per county<sup>1</sup>. This sample size per county provided an estimate of the AWVCI with a 5% margin of error. If a county had more than one managed care organization, the requirement of 100 qualified surveys was proportionally divided to represent the percentage of membership enrollment for each plan within the specific county. For example, Plan 1 has 300 members and Plan 2 has 200 members for a total of 500 members in the county. Because Plan 1 has 60% of the county population ( $300/500 = 60\%$ ), they would need to provide 60 of the 100 qualified surveys. Plan 2 with 40% of the population ( $200/500 = 40\%$ ) would be required to provide 40 of the 100 qualified surveys. A qualified survey was defined as one with complete header information (Medi-Cal, Plan Name, County) *and* at least two questions for minor indicators answered *and* at least four questions for major indicators answered. In addition, no more than 10% of a plan's qualified surveys may have the stated minimum of two questions for minor indicators answered *and* four questions for major indicators answered. Delmarva monitored each plan's submissions and sent biweekly notification regarding the number of actual surveys received compared to the targeted quota.

## Data Management and Analysis

Data analysis and analytic graphics were performed using SAS system software and Microsoft Excel spreadsheet software. Survey data were entered into Microsoft Access data tables. In addition to determining a statistically reliable estimate of the overall AWVCI at both the county and the state levels, the analytic process included the underlying rates for all major and minor subscales. This method demonstrates the relative contribution of the various identified components to the overall indicator to be ascertained.

The data analysis component of the study consists of two parts: Part I, Health Plan Analysis, and Part II, Report Analysis.

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<sup>1</sup> Power analysis was performed with SPSS Inc. Sample Power, Release 1.20, September 24, 1997.

## Data Analysis

### Part I, Health Plan Analysis

Health plans participating in the study received plan-specific data. These data included information for all surveys received, meaning that health plan data included information from qualified as well as nonqualified surveys. This was done so that health plans could obtain an overall understanding regarding their individual practitioner or provider group performance. The number of surveys used in this portion of the analysis was 1,699. Each health plan analyzed its own data to determine how practitioners or provider groups responded to health plan interventions targeted to enhance the likelihood of participation in the survey process by practitioners and adolescents. Because the data were for health plan use, whether a survey was qualified was not important for this level of analysis. Health plan data included practitioner or provider site, if provided on the survey. This information allowed health plans to compare how individual practitioners or provider groups performed with regard to screening and counseling for the major and minor subscale indicators with the performance of all Medi-Cal providers participating in the survey process. Only practitioners or provider groups were included if at least five surveys were collected from their practice sites.

### Part II, Report Analysis

Part II of the analysis consisted of the formal data used to prepare the information included in this report. Because the data analysis for this report is limited to only qualified surveys, the sum of the surveys used in these analyses is expectedly less than the sum in Part I. The number of surveys for the Part II analyses was 1,503. Data findings within Part II include statewide results for the overall AWVCI rate. This rate represents the surveys that included the screening and counseling for the major and minor subscale indicators. Analyses also were completed for gender, ethnicity, and age.

In addition to statewide analyses, county-level results also are included. These results are reported by county and include information regarding which health plans are located within the given county (see Table 5). Additionally, a map demonstrating each county's performance relative to the overall Medi-Cal average for each major and minor subscale indicator is included in Appendix A3.

## State-Level Results

Table 1. State-Level Indicators

	At or near the indicator mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

Indicator	Qualified Surveys	Baseline Rate
Tobacco use	1,461	62.3
Alcohol use	1,460	58.8
Drug use	1,451	62.3
Sexual behavior	1,444	57.6
Transportation	1,494	42.1
Physical activity and nutrition	1,501	72.0
Depression	1,483	53.5
Positive influences	1,502	48.2
Time alone with provider	1,456	58.4
Sun overexposure	1,486	40.0
Adolescent immunizations	1,485	63.4
Violence	1,484	44.6
Indicator mean	NA	55.3
Overall survey AWVCI	1,503	56.0

\*Within the interval defined by [indicator mean  $\pm$  (indicator mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [State-Level Indicators](#)

Table 2. State-Level Indicators by Gender

Indicator	Qualified Surveys		Overall Medi-Cal Rate (%)	
	Female	Male	Female	Male
Tobacco use*	783	592	64.9	59.2
Alcohol use***	783	590	62.5	54.3
Drug use*	779	582	64.0	59.2
Sexual behavior***	777	577	62.4	50.8
Transportation	801	601	41.1	42.2
Physical activity and nutrition	804	606	72.4	71.0
Depression**	797	597	55.6	49.4
Positive influences	805	605	48.5	46.9
Time alone with provider	774	592	59.6	56.8
Sun overexposure	797	598	40.8	37.6
Adolescent immunizations	798	596	64.3	60.6
Violence	794	598	43.8	43.3
AWVCI**	805	606	57.5	53.2

\*90% confident of a gender difference on this indicator. \*\*95% confident of a gender difference on this indicator.

\*\*\*99% confident of a gender difference on this indicator.

Table 3. State-Level Indicators by Ethnicity

Indicator	Qualified Surveys				Overall Medi-Cal Rate (%)			
	Asian	African American	Hispanic	Caucasian	Asian	African American	Hispanic	Caucasian
Tobacco use	293	106	874	155	59.4%	63.6	62.4	67.9
Alcohol use	293	109	872	154	56.0%	58.8	60.4	58.4
Drug use	291	107	868	154	59.0%	68.3	62.4	65.0
Sexual behavior***	289	110	868	148	45.5%	69.7	59.2	64.0
Transportation*	298	111	894	159	46.2%	43.6	41.4	36.6
Physical activity and nutrition	301	112	896	161	76.9%	69.6	71.4	70.5
Depression	298	111	882	161	53.4%	54.1	53.5	54.0
Positive influences	301	112	895	161	51.9%	49.3	47.5	46.0
Time alone with provider**	294	110	865	155	66.3%	61.8	56.4	54.2
Sun overexposure***	299	112	884	161	50.2%	34.8	39.0	30.4
Adolescent immunizations	297	112	883	160	60.9%	65.2	65.2	58.1
Violence	296	111	883	161	46.6%	44.1	45.6	37.9
AWVCI	301	112	896	161	56.1%	57.9	56.1	55.1

\*90% confident of an ethnicity difference on this indicator. \*\*95% confident of an ethnicity difference on this indicator.

\*\*\*99% confident of an ethnicity difference on this indicator.

Table 4. State-Level Indicators by Age

Indicator	Qualified Surveys		Overall Medi-Cal Rate (%)	
	11-14	15-18	11-14	15-18
Tobacco use***	629	822	55.4	67.5
Alcohol use***	630	820	53.1	63.1
Drug use***	627	814	57.4	65.7
Sexual behavior***	617	817	48.6	64.3
Transportation	642	842	42.8	41.3
Physical activity and nutrition	643	848	73.6	70.6
Depression**	635	838	49.9	56
Positive influences*	642	850	50	46.7
Time alone with provider***	623	823	46.7	67.2
Sun overexposure	632	844	39.6	40.4
Adolescent immunizations	636	839	62.4	63.9
Violence**	633	841	41.7	46.8
AWVCI***	643	850	52.6	58.4

\*90% confident of an age Level difference on this indicator. \*\*95% confident of an age Level difference on this indicator.  
 \*\*\*99% confident of an Age Level difference on this indicator.

## County-Level Results

To be statistically reliable, a recommended quota for each county was 100 surveys. In counties having two or more Medi-Cal managed care plans, the 100 survey quota was proportionately divided between the affected plans by the percentage of Medi-Cal members belonging to each plan. In the case where one plan was servicing more than one county, the quota of 100 was extended over the number of counties being serviced. Table 5 provides data related to survey quotas, submitted surveys, and qualified survey results reported by county and health plan affiliation. It should be carefully noted which counties did not achieve their quota of 100 surveys. Based on that knowledge, interpretation of subsequent results involving these counties should be made with this limitation in mind.

Table 5. Survey Counts by County

County/Combined Counties and Total Qualified Surveys	Plan	Survey Quota	Surveys Submitted	Qualified Surveys Meeting Age and Grade Criteria
Alameda (67)**	AAH	75	82	57
	BC of CA	25	24	10
Contra Costa (33)**	CCHP	86	36	28
	BC of CA	14	5	5
Fresno (84)*	BC of CA	83	91	77
	Health Net	17	7	7
Kern (87)*	KFHC	66	81	69
	Health Net	34	19	18
Los Angeles (94)*	LA Care	60	61	56
	Health Net	40	42	38
Monterey and Santa Cruz (82)*	CCAH	100	95	82
Napa, Yolo, and Solano (18)**	PHP of CA	100	19	18
Orange (86)*	CalOptima	100	92	86
Riverside and San Bernardino (213)	IEHP	144	137	134
	Molina	56	89	79
	BC of CA	24	8	8
	Health Net	21	7	6
Sacramento (62)**	Kaiser (N)	12	14	14
	Molina	14	15	13
	WHA	9	28	21
	BC of CA	19	4	3
San Diego (90)*	CHG	55	81	75
	Health Net	15	11	9
	Kaiser	16	5	3
	SFHP	64	66	55
San Francisco (87)*	BC of CA	36	33	32
	SJHP	77	81	72
San Joaquin (98)*	BC of CA	23	28	26
San Mateo (51)**	HPSM	100	52	51
Santa Barbara (95)*	SBRHA	100	111	95
Santa Clara (129)	SCFHP	66	75	70
	BC of CA	34	60	59
Stanislaus (19)**	BC of CA	100	24	19
Tulare (108)	BC of CA	78	95	88
	Health Net	22	21	20
<b>Statewide</b>		<b>1,900</b>	<b>1,699</b>	<b>1,503</b>

\*Counties close enough to quota to meet a 90% confidence level. \*\*Counties too far below quota to have a known confidence level. Note. Counties that are not starred met their quota and so have reached the intended 95% confidence level.

## Analytical Findings

Table 6. AWVCI by County








	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	60.2
Contra Costa	33	51.3
Fresno	84	63.3
Kern	87	57.1
Los Angeles	94	58.2
Monterey and Santa Cruz	82	49.6
Napa, Yolo, and Solano	18	72.6
Orange	86	72.4
Riverside and San Bernardino	213	46.8
Sacramento	62	57.6
San Diego	90	66.2
San Francisco	87	53.4
San Joaquin	98	66.8
San Mateo	51	62.8
Santa Barbara	95	48.2
Santa Clara	129	48.3
Stanislaus	19	36.8
Tulare	108	51.9
County mean	NA	56.9
Statewide	1,503	56.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [AWVCI by County](#)

Table 7. Tobacco Use

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	64	69.7
Contra Costa	33	68.5
Fresno	83	70.1
Kern	85	74.0
Los Angeles	92	61.8
Monterey and Santa Cruz	80	51.8
Napa, Yolo, and Solano	18	76.7
Orange	84	80.8
Riverside and San Bernardino	206	50.5
Sacramento	56	76.1
San Diego	89	63.4
San Francisco	82	58.9
San Joaquin	96	65.8
San Mateo	51	68.4
Santa Barbara	91	58.1
Santa Clara	125	49.7
Stanislaus	19	58.4
Tulare	107	62.5
County mean	NA	64.7
Statewide	1,461	62.3

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Tobacco Use](#)

Table 8. Alcohol Use

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	66	70.3
Contra Costa	32	48.4
Fresno	84	64.8
Kern	86	66.9
Los Angeles	92	64.0
Monterey and Santa Cruz	80	47.5
Napa, Yolo, and Solano	18	78.3
Orange	82	74.9
Riverside and San Bernardino	208	48.5
Sacramento	57	61.8
San Diego	89	61.7
San Francisco	82	54.3
San Joaquin	96	67.1
San Mateo	48	67.7
Santa Barbara	94	50.4
Santa Clara	125	48.1
Stanislaus	19	46.3
Tulare	102	62.5
County mean	NA	60.2
Statewide	1,460	58.8

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Alcohol Use](#)

Table 9. Drug Use

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	65	71.4
Contra Costa	31	54.2
Fresno	82	67.7
Kern	87	72.0
Los Angeles	94	64.6
Monterey and Santa Cruz	79	52.2
Napa, Yolo, and Solano	18	80.0
Orange	84	85.7
Riverside and San Bernardino	207	49.2
Sacramento	57	73.7
San Diego	86	68.1
San Francisco	80	51.1
San Joaquin	93	70.0
San Mateo	48	77.3
Santa Barbara	92	52.8
Santa Clara	125	52.4
Stanislaus	19	51.6
Tulare	104	61.9
County mean	NA	64.2
Statewide	1,451	62.3

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Drug Use](#).

Table 10. Sexual Behavior

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	62	57.3
Contra Costa	31	51.0
Fresno	74	58.6
Kern	86	67.9
Los Angeles	94	69.0
Monterey and Santa Cruz	80	51.9
Napa, Yolo, and Solano	17	86.5
Orange	81	91.2
Riverside and San Bernardino	210	44.6
Sacramento	58	63.4
San Diego	89	62.7
San Francisco	87	43.6
San Joaquin	93	65.3
San Mateo	49	69.2
Santa Barbara	91	44.8
Santa Clara	119	44.2
Stanislaus	18	45.0
Tulare	105	60.1
County mean	NA	59.8
Statewide	1,444	57.6

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Sexual Behavior](#)

Table 11. Transportation Safety

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	53.3
Contra Costa	32	30.9
Fresno	83	63.4
Kern	87	39.3
Los Angeles	94	41.8
Monterey and Santa Cruz	81	37.7
Napa, Yolo, and Solano	18	61.7
Orange	86	55.8
Riverside and San Bernardino	213	27.4
Sacramento	61	45.7
San Diego	90	54.6
San Francisco	85	36.2
San Joaquin	97	63.6
San Mateo	51	49.8
Santa Barbara	95	37.1
Santa Clara	127	27.1
Stanislaus	19	20.5
Tulare	108	37.6
County mean	NA	43.5
Statewide	1,494	42.1

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Transportation Safety](#)

Table 12. Physical Activity and Nutrition

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	78.4
Contra Costa	33	78.8
Fresno	84	72.6
Kern	87	75.9
Los Angeles	94	70.2
Monterey and Santa Cruz	82	58.5
Napa, Yolo, and Solano	18	83.3
Orange	86	75.0
Riverside and San Bernardino	213	74.2
Sacramento	61	67.2
San Diego	90	84.4
San Francisco	86	77.9
San Joaquin	98	76.0
San Mateo	51	75.5
Santa Barbara	95	64.2
Santa Clara	129	72.5
Stanislaus	19	50.0
Tulare	108	57.9
County mean	NA	71.8
Statewide	1,501	72.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Physical Activity and Nutrition](#)

Table 13. Depression




	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	53.7
Contra Costa	33	51.5
Fresno	84	60.7
Kern	87	46.0
Los Angeles	93	54.8
Monterey and Santa Cruz	79	50.6
Napa, Yolo, and Solano	18	72.2
Orange	86	69.8
Riverside and San Bernardino	212	46.2
Sacramento	62	48.4
San Diego	87	69.0
San Francisco	86	59.3
San Joaquin	96	65.6
San Mateo	51	51.0
Santa Barbara	95	41.1
Santa Clara	127	44.9
Stanislaus	19	36.8
Tulare	101	53.5
County mean	NA	54.2
Statewide	1,483	53.5

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Depression](#)

Table 14. Positive Influences

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	36.9
Contra Costa	33	37.9
Fresno	84	58.0
Kern	87	43.7
Los Angeles	94	45.2
Monterey and Santa Cruz	82	48.2
Napa, Yolo, and Solano	18	61.1
Orange	86	61.3
Riverside and San Bernardino	212	42.8
Sacramento	62	46.0
San Diego	90	67.5
San Francisco	87	46.8
San Joaquin	98	60.2
San Mateo	51	49.0
Santa Barbara	95	46.3
Santa Clara	129	48.8
Stanislaus	19	17.1
Tulare	108	36.8
County mean	NA	47.4
Statewide	1,502	48.2

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Positive Influences](#)

Table 15. Time Alone With Provider








	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	63	68.3
Contra Costa	33	54.5
Fresno	79	45.6
Kern	85	36.5
Los Angeles	90	73.3
Monterey and Santa Cruz	81	51.9
Napa, Yolo, and Solano	18	77.8
Orange	79	92.4
Riverside and San Bernardino	208	37.5
Sacramento	59	57.6
San Diego	88	62.5
San Francisco	86	70.9
San Joaquin	96	68.8
San Mateo	50	84.0
Santa Barbara	94	50.0
Santa Clara	125	65.6
Stanislaus	18	27.8
Tulare	104	55.8
County mean	NA	60.0
Statewide	1,456	58.4

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Time Alone With Provider](#)

Table 16. Sun Overexposure

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	52.2
Contra Costa	33	33.3
Fresno	83	60.2
Kern	87	36.8
Los Angeles	93	36.6
Monterey and Santa Cruz	82	40.2
Napa, Yolo, and Solano	18	44.4
Orange	85	42.4
Riverside and San Bernardino	209	30.1
Sacramento	61	37.7
San Diego	88	55.7
San Francisco	86	32.6
San Joaquin	96	63.5
San Mateo	51	47.1
Santa Barbara	93	30.1
Santa Clara	128	34.4
Stanislaus	19	15.8
Tulare	107	29.9
County mean	NA	40.2
Statewide	1,486	40.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Sun Overexposure](#)

Table 17. Adolescent Immunizations





	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	65	60.0
Contra Costa	33	48.5
Fresno	84	70.2
Kern	87	60.9
Los Angeles	93	61.3
Monterey and Santa Cruz	82	64.6
Napa, Yolo, and Solano	18	66.7
Orange	86	65.1
Riverside and San Bernardino	209	71.8
Sacramento	61	55.7
San Diego	88	77.3
San Francisco	87	62.1
San Joaquin	97	72.2
San Mateo	50	62.0
Santa Barbara	95	58.9
Santa Clara	126	57.1
Stanislaus	19	31.6
Tulare	105	52.4
County mean	NA	61.0
Statewide	1,485	63.4

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Adolescent Immunizations](#)

Table 18. Violence

	At or Near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	66	43.9
Contra Costa	33	45.5
Fresno	84	57.1
Kern	86	37.2
Los Angeles	94	51.1
Monterey and Santa Cruz	81	38.3
Napa, Yolo, and Solano	17	64.7
Orange	85	63.5
Riverside and San Bernardino	211	30.8
Sacramento	61	42.6
San Diego	89	66.3
San Francisco	86	46.5
San Joaquin	96	64.6
San Mateo	50	50.0
Santa Barbara	94	36.2
Santa Clara	129	33.3
Stanislaus	19	10.5
Tulare	103	36.9
County mean	NA	45.5
Statewide	1,484	44.6

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to print this table in black and white: [Violence](#)

## Interpretation of Findings

### State Level Relative to Demographics

Analysis of the data revealed a statewide Medi-Cal overall survey AWVCI rate of 56%. The physical activity and nutrition indicator was the most highly screened at 72%, whereas the sun overexposure indicator was the least screened at 40%. To test the impact of demographics on the results for all counties, researchers compared screening and counseling practices by gender, ethnicity, and age. Findings demonstrate a significant difference in screening and counseling in the areas of tobacco use, alcohol use, drug use, sexual behavior, and depression on the basis of gender. Girls appear to be screened at a significantly greater rate on these indicators. The data show a gender bias at the 99% confidence level for alcohol use and sexual behavior screening and counseling. These results are of special concern when one considers the findings presented in the California Health Interview Survey (CHIS) of 2001. CHIS findings revealed that a higher percentage of boys 12 to 17 years of age reported binge drinking within the past month and engaging in sexual intercourse between 15 and 17 years of age. The CHIS also indicated that girls were significantly more likely than boys to have never engaged in sexual intercourse or to have waited until 15 years of age to become sexually active. Because CHIS data indicated that boys were more likely to binge drink and engage in sexual intercourse, clinicians rendering care to adolescents may want to be certain to screen boys for these behaviors, at minimum, as frequently as they screen girls.

When looking at ethnicity, the sexual behavior, transportation safety, time alone with the provider, and sun overexposure indicators revealed significant differences in screening and counseling. The significance level for sexual behavior screening among ethnic groups was at the 99% confidence level. African American adolescents were screened for sexual behavior at a greater rate than the other ethnic groups. This finding is consistent with CHIS wherein a greater proportion of African American adolescents reported the initiation of sex at an earlier age compared with adolescents of other ethnicities. Additionally, a larger proportion of African American adolescents reported having had sex compared with other ethnicities. Although sun overexposure is a minor indicator, it is noteworthy that screening and counseling differed significantly at the 99% confidence level. Surprisingly, although Asians have a low incidence of skin cancer, Asian adolescents were screened at a significantly greater rate than other ethnic groups. Although anyone can develop skin cancer, Caucasians are 80 times more likely to develop skin cancer than African Americans and 20 times more likely than Hispanics. However, in the AWVCI results, Caucasian adolescents were screened least of all the ethnicities (30.4%). This finding represents an area that requires attention in the care of adolescents.

Comparison by age reveals that adolescents participating in the AWVCI study generally receive more counseling and screening in the 15 to 18 age groups compared with the 11 to 14 age groups. This finding held true for all indicators except transportation safety, physical activity and nutrition, and positive influences. Higher screening rates at the 99% confidence level were demonstrated for the tobacco use, alcohol use, drug use, sexual behavior, and time alone with provider indicators for the 15 to 18 age group. Although screening

and counseling regarding risky behaviors is beneficial at any age, earlier intervention may be a strategy to prevent the development of tobacco use in adolescence. The CHIS reported that only 1% of California adolescents 12 to 14 years of age considered themselves to be regular smokers compared with 9.5% of those 15 to 17 years of age. Although California adolescents smoke less than the national adolescent mean, with the growing population of adolescents, early intervention is needed to maintain or reduce the number of adolescents using tobacco. Similar trends were demonstrated in the CHIS. Younger adolescents were screened and counseled less frequently than older adolescents. Although data from other sources indicate that screening and counseling are warranted in early adolescence, 2003 data from the California Alcohol and Drug Data System revealed that admissions for treatment of alcohol and other drugs was 13% for adolescents 12 years of age or younger and 26% for adolescents 13 to 15 years of age. Approximately 40% of admissions are attributable to adolescents 15 years of age or younger. This statistic is evidence that screening and counseling for alcohol and other drug use needs to occur early in adolescence. Addressing alcohol and drug use at earlier ages also may avert many of the other adverse occurrences that accompany alcohol or other drug use, such as unintentional injuries, violence, and behaviors consistent with delinquency.

Screening and counseling for sexual behavior appears to be consistent with findings in other national studies. California practitioners may need to target adolescent subgroups for earlier screening and counseling. African American and non-Caucasian Hispanic youth reported earlier initiation of sexual activity. A more focused approach for counseling younger adolescents of these ethnicities may be advisable because the data indicate that they are an “at risk” population for younger initiation of sex.

All adolescents need to believe that they are given adequate time alone with their health practitioners. As adolescents become older, they are more likely to experiment with new behaviors, many of which may have long-term detrimental effects into adulthood. It is important that clinicians take the time to explore new behaviors and review for changes in previous behaviors in a nonjudgmental and confidential manner.

### **County-Level Data**

Napa, Yolo, and Solano Counties scored above the AWVCI mean for all indicators. Specifically, these counties demonstrated an AWVCI rate 1 or more standard deviations above the indicator mean in 83.3% or 10 out of 12 indicators. Practitioners in these counties are performing the screening and counseling consistent with the California adolescent health strategic plan. Although the results only represent 18 surveys, the writers infer that this could be the common protocol for practitioners in the locale because of the random method used for survey completion. Laudatory results also were found in Orange County, as this county also had rates above the indicator mean for all measures: 67% (8 of 12) measures rating 1 or more standard deviations above the specific indicator mean.

Conversely, Stanislaus County scored below the average for all indicators: 16.6% below the mean, 41.7% measures rating 1 or more standard deviations below the specific indicator mean, and 41.7% measures rating 2 or more standard deviations below the specific indicator mean.

Table 19 provides a comprehensive review of all the counties' performance relative to the overall county mean for the specific indicator. Again, the writers caution readers that interpretation of results for counties submitting fewer than 100 qualified surveys needs to remain a consideration.

Table 19. County-Level Comparisons at a Glance

Indicator		Tobacco Use	Alcohol Use	Drug Use	Sexual Behavior	Transport	Physical Activity/ Nutrition	Mental Health	Positive Influence	Time With Provider	Sun Over-exposure	Immun.	Violence
County	Alameda	@/↑	@/↑	@/↑	↓ mean	@/↑	@/↑	@/↑	↓ mean	@/↑	@/↑	@/↑	↓ mean
	Contra Costa	@/↑	1 SD↓	↓mean	↓ mean	↓ mean	@/↑	↓ mean	↓ mean	↓ mean	↓ mean	1 SD↓	@/↑
	Fresno	@/↑	@/↑	@/↑	@/↑	1 SD ↑	@/↑	@/↑	@/↑	↓ mean	1 SD ↑	@/↑	@/↑
	Kern	1 SD ↑	@/↑	@/↑	@/↑	↓ mean	@/↑	↓ mean	↓ mean	1 SD↓	↓ mean	@/↑	↓ mean
	Los Angeles	↓ mean	@/↑	@/↑	@/↑	↓ mean	@/↑	@/↑	↓ mean	@/↑	↓ mean	@/↑	@/↑
	Monterey and Santa Cruz	1 SD↓	1 SD↓	1 SD↓	↓ mean	↓ mean	1 SD↓	↓ mean	@/↑	↓ mean	@/↑	@/↑	↓ mean
	Napa, Yolo, and Solano	1 SD↑	1 SD↑	1 SD↑	1 SD↑	1 SD↑	1 SD↑	1 SD↑	1 SD↑	1 SD↑	@/↑	@/↑	1 SD↑
	Orange	1 SD↑	1 SD↑	1 SD↑	2 SD↑	@/↑	@/↑	1 SD↑	1 SD↑	1 SD↑	@/↑	@/↑	1 SD↑
	Riverside/San Bernardino	1 SD↓	1 SD↓	1 SD↓	1 SD↓	1 SD↓	@/↑	↓ mean	↓ mean	1 SD↓	↓ mean	1 SD ↑	1 SD↓
	Sacramento	1 SD ↑	@/↑	@/↑	@/↑	@/↑	↓ mean	↓ mean	↓ mean	↓ mean	↓ mean	↓ mean	↓ mean
	San Diego	@/↑	@/↑	@/↑	@/↑	@/↑	1 SD ↑	1 SD ↑	1 SD ↑	@/↑	1 SD ↑	1 SD ↑	1 SD ↑
	San Francisco	↓ mean	↓ mean	1 SD↓	1 SD↓	↓ mean	@/↑	@/↑	@/↑	@/↑	↓ mean	@/↑	@/↑
	San Joaquin	@/↑	@/↑	@/↑	@/↑	1 SD ↑	@/↑	1 SD ↑	1 SD ↑	@/↑	1 SD ↑	1 SD ↑	1 SD ↑
	San Mateo	@/↑	@/↑	1 SD ↑	@/↑	@/↑	@/↑	↓ mean	@/↑	1 SD ↑	@/↑	@/↑	@/↑
	Santa Barbara	↓ mean	↓ mean	↓ mean	1 SD↓	↓ mean	↓ mean	1 SD↓	@/↑	↓ mean	↓ mean	↓ mean	↓ mean
	Santa Clara	1 SD↓	1 SD↓	1 SD↓	1 SD↓	1 SD↓	@/↑	↓ mean	@/↑	@/↑	↓ mean	↓ mean	↓ mean
Stanislaus	↓ mean	1 SD↓	1 SD↓	1 SD↓	1 SD↓	2 SD↓	1 SD↓	2 SD↓	1 SD↓	2 SD↓	2 SD↓	2 SD↓	
Tulare	↓ mean	@/↑	↓ mean	@/↑	↓ mean	1 SD↓	@/↑	↓ mean	↓ mean	↓ mean	↓ mean	↓ mean	
Indicator Mean		64.7%	60.2%	64.2%	59.8%	43.5%	71.8%	54.2%	47.4%	60%	40.2%	61%	45.5%

Key @/↑ at or above the mean 1 SD↑ 1SD above the mean 2 SD↑ 2SD above the mean  
 ↓ mean below the mean 1 SD↓ 1SD below the mean 2 SD↓ 2SD below the mean

## County Indicator Comparisons with Other National Studies Related to Adolescent Risk Behavior

### Tobacco Use

Eight counties (44.4%) fell below the indicator mean for tobacco use screening and counseling. This finding is cause for concern because 90% of smokers begin during adolescence. Data from the Youth Risk Behavior Surveillance Study (YRBSS) of 2001 revealed that nationally, 22.1% of youth began tobacco use before 13 years of age. The YRBSS also cited that two thirds of all deaths for adults 25 years of age or older occurred as a result of cancer and cardiovascular disease. Study researchers found that many of the behaviors initiated in adolescence were contributory factors to eventual death (e.g., inadequate intake of fruit and vegetables, lack of daily physical activity). Data such as these are evidence that screening for tobacco use needs to begin in the early adolescent or preadolescent period. Clinicians also need to be aware of subpopulations of adolescents who may be at greater risk of tobacco use. For example, the YRBSS 2001 demonstrated that Caucasian youth are at greater risk for tobacco use than African American and Hispanic youth. No data were offered regarding Asian youth. Although the CHIS 2001 included Asian youth, the data were considered statistically unreliable; therefore, no data were shown.

### Alcohol Use

Seven counties (38.9%) did not reach the mean screening and counseling indicator rate for alcohol use. Comparison data were not found for all counties in the AWVCI study. Therefore, data from the YRBSS 2001 were used. The YRBSS noted alcohol use of greater than 1 day in the preceding 30 days before the survey in 50.4% of Caucasian youth, 32.7% of African American youth, and 49.2% of Hispanic youth. No data were offered for the prevalence of adolescent alcohol use among Asian youth. Additionally, the YRBSS researchers found that 14.7% of Caucasian youth, 7.7% of African American youth, and 13.1% of Hispanic youth reported driving after drinking. The study also revealed that Hispanic youth were more likely to ride in a car that was driven by a drunk driver. Literature cites that youth from middle school to high school report that alcohol is relatively easy to obtain. Therefore, exploring adolescents' thoughts regarding future alcohol use is important during preadolescence as well as comprehensive screening and counseling for youth who appear at higher risk of alcohol use (e.g., adolescents who have little parental guidance and perform poorly in school or have peers who are engaged in alcohol use).

### Drug Use

Eight counties (44.8%) did not meet the mean rate for drug use screening and counseling. The YRBSS 2001 found that 10.2% of high school students reported use of marijuana at 13 years of age or younger. When considering all high school youth participating in the survey, 24.4% of Caucasians, 21.8% of African Americans, and 11.2% of Hispanics reported marijuana use. Because adolescence is a time of experimentation, adolescents are at high risk for drug use. This risk may be associated with friends who have initiated drug use, emotional instability, or efforts to cope with difficult life situations. Practitioners need to

probe family, social, and emotional history routinely to understand particular issues that place adolescents at higher risk for experimentation with drugs or other substances. Such probing requires special skills targeted to help adolescents feel non-threatened and secure that any information given will remain confidential to the extent that the behavior is not posing an immediate danger.

### **Sexual Behavior**

Eight counties (44.4%) did not meet the county mean for the sexual behavior screening indicator. This indicator is extremely important for screening because of the large number of adverse health conditions that can potentially occur. Pregnancy, sexually transmitted disease (STD), and HIV infection are the most notable consequences of risky sexual behavior.

In looking at chlamydia rates for the state of California, it is of interest to look at the chlamydia rates for counties that screened below the countywide mean for sexual behavior. Data from the California DHS, STD Control Branch revealed that Alameda, San Bernardino, San Francisco, and Stanislaus Counties (all screening below the countywide mean) had chlamydia rates above the statewide rate of 334.9/100,000 population. From 2000 to 2004, each of these counties had an upward trend in chlamydia cases, although San Francisco experienced minor decreases during 2001 and 2003. From the data, one may infer that these counties need intensive screening for risky sexual behavior.

The YRBSS 2001 found that 34.4% of high school students reported having had intercourse by the ninth grade. Along racial breakdowns, 43.2% of Caucasian, 60.8% of African American, and 48.4% of Hispanic youth reported having engaged in sex. Although no data regarding sexual behavior in Asian youth are presented in this study, the CHIS 2001 found that Asian youth were less likely to engage in sex before 15 years of age (11%).

The YRBSS 2001 study cited the following risk factors that contribute to the early initiation of sex:

- Boyfriend or girlfriend at least 3 years older than the affected adolescent
- Sexually active peers
- Living in an economically disadvantaged community with high unemployment

The study also found that 4.7% of Caucasians, 16.7% of African Americans, and 7.6% of Hispanics reported engaging in intercourse at 13 years of age or younger. The fact that more than one third of adolescents are sexually active by ninth grade is evidence that clinicians need to include discussions regarding sex, sexual behaviors, and avoidance of risky sexual practices as integral components of the adolescent health visit.

### **Transportation Safety**

Eight counties (44.8%) did not meet the statewide indicator mean for transportation safety screening. One of the major manifestations of the independence gained during adolescence is the decreased dependence on

adults to “get around.” Adolescents rely on friends and public transportation much more than during their childhood and preadolescence. Such freedom is an opportunity to adapt safe transportation behaviors or, conversely, engage in risky behaviors related to transportation. Clinicians need to take the opportunity to explore the mode of transportation most used by the adolescent as well as the behavioral practices related to the particular transportation mode. Exploration of transportation practices sets the foundation for safe transportation practices, such as seat belt use, avoidance of riding with drivers who have been drinking, and other safe practices regardless of the transportation modality.

### **Physical Activity and Nutrition**

Physical activity and nutrition was the most frequently screened indicator in the AWVCI study. Only three (27.8%) of the counties did not meet the county screening mean for this indicator. This positive finding may be related to the national campaigns for the prevention of obesity in childhood and adolescence. The concern regarding impending obesity among adolescents is not without merit. Data trends indicate that adolescents are carrying more body mass than in previous years. The YRBSS 2001 reported that 10.5% of adolescents were overweight. Looking at obesity along ethnic divisions, the YRBSS found that 8.8% of Caucasian, 16% of African American, and 15.1% of Hispanic youth were obese. The same study cited that physical activity among adolescents also had decreased. Caucasian adolescents reported no vigorous or moderate physical activity at a rate of 8.2%, African American adolescents at 12.9%, and Hispanic adolescents at 11.2%. The CHIS 2001 reported that Asian youth 12 to 17 years of age participated in vigorous activity within 1 week at a rate of 58.1%. Compared with other ethnicities, Asians were also less likely to be considered overweight or obese. Clearly, these data indicate the need to perform comprehensive screening in the areas of nutrition and physical activity. Ethnic risks toward obesity also deserve consideration when screening. The linkage between healthy eating and physical activity habits established in adolescence and the development of preventable illness or disease during adulthood has been well established. Continued and improved vigilance in screening and counseling to assess nutrition and physical activity is a critical component of the adolescent health visit.

### **Mental Health (Depression)**

Screening for mental health conditions during the adolescent health visit was one of the least screened indicators in the AWVCI study. Fifty percent of the counties met the countywide mean for this indicator. Because adolescence is a time of constant change and adaptation, many youth have difficulty adjusting to this pressure-laden transitional phase of life. In the YRBSS 2001, 26.5% of Caucasian, 28.8% of African American, and 34% of Hispanic youth reported feeling “sad or hopeless.” The CHIS 2001 found that clinicians included counseling for emotions (which the writer is using a proxy indicator for mental health) in the adolescent visit 32.2% of the time for youth 12 to 14 years of age and 30.8% of the time for youth 15 to 17 years of age. Although the methods used to determine the CHIS rates and the AWVCI rate cannot be compared, one would like to think that clinicians providing health care to adolescents have improved in mental health screening.

The pressures of adolescence in addition to the pressures of poverty within the Medi-Cal population compound the need to assess the emotional adaptation skills and needs the adolescent expresses during the health visit. However, one cannot discuss mental health screening and intervention without recognizing the lack of resources available to clinicians for referral intervention.

### **Positive Influences**

Eight counties (44.8%) did not meet the countywide mean for this indicator. The CHIS 2001 noted that adolescents are less likely to engage in risky behaviors if good relationships with adults are established. The study also found that adolescents who reported less adult contact were more likely to try risky behaviors. Such findings have major social policy implications because of the social initiatives targeted to foster independence from state and federal support programs by adults of impoverished households.

### **Minor Indicators**

#### **Time Alone With the Provider**

Fifty percent of the counties did not meet the countywide mean for this indicator. Although the writer could not find any specific data related to the impact of having adequate time alone with the clinician, it is reasonable to assume that the adolescent needs to feel comfortable with the clinician. Adolescents need to believe that the clinician as well as the health environment are “friendly.” Assured confidentiality and nonjudgmental encounters by the clinician are critical to the development of high-quality health care visits.

#### **Sun Overexposure**

Sun overexposure was the least screened indicator among all the counties. Approximately 56% of the counties did not meet the countywide mean for this indicator. The most noteworthy finding for this indicator is that Caucasian youth were screened and counseled least frequently of all the ethnic groups. The *American Journal of Preventive Medicine* article “Interventions to Prevent Skin Cancer by Reducing Exposure to Ultraviolet Radiation” cited that Caucasians have an 80% greater likelihood to develop skin cancer than other ethnicities. Screening and counseling in adolescence regarding sun protection behaviors can be a contributory factor against the development of skin cancer in adulthood.

#### **Immunizations**

Only six of the participating counties (33%) did not meet the countywide mean for immunization screening. Because the importance of immunizations is widely known and accepted as well as a reportable HEDIS measure for MCMC plans, no further discussion is considered necessary.

#### **Violence**

Fifty percent of the counties failed to meet the countywide screening mean for violence. National studies cite an increasing trend in adolescent violence. African Americans incur the highest rate of violence followed by

Hispanics. Asian youth experience the lowest rate of violence among all ethnicities. Literature demonstrates that males are more likely to experience violence than females. However the AWVCI study shows screening/counseling for violence rates to be approximately the same for males and females (0.5% greater). Because violence can lead to long term disability and death due to the increased prevalence of handguns among adolescents, it is imperative that screening for potential violence as well as actual violence be an integral component of the adolescent health visit.

## **Study Limitations**

The major limitation within the AWVCI study was the number of qualified surveys used for analysis. Although the total survey participation was 1835, only 1503 were able to be used for analysis. The 332 surveys that were not used were unqualified surveys. During the planning phase of the project, CDHS, the Medi-Cal managed care plans and the Delmarva analytical team agreed that only qualified surveys would be used in the report analysis. For review of the criteria for qualified survey, refer to the sampling discussion on page seven. Before the re-measurement period targeted for February 2007, the study design will need to be revised to ameliorate the impact of partial survey completion. One potential solution is to add a quality check to the post survey completion process. After the adolescent completes the survey but prior to the adolescent's departure from the practice site, a quality check of those areas deemed necessary for the survey to be qualified could be reviewed by a designated person or through an automated process. If an area of the survey is left blank, the quality check process could highlight that area and have the adolescent complete it before leaving the site. Another potential solution is to pre-fill any critical information, such as provider site, on the survey form. These and other strategies will be discussed in an effort to decrease the number of surveys deemed non-usable due to non-completion of critical survey items.

Additionally more complete information regarding the practice sites and provider participants is required by the data entry staff. Although the data entry staff had a list of participating practice sites, some sites changed over time. This was a strategy used by some of the managed care plans to increase the number of completed surveys. While this was a good strategy, not all submitted surveys contained the name of the practice site but rather just the practitioner's name. Thus, the data entry staff were unable to match the clinician to a practice site. When possible, the data entry coordinator contacted the managed care plan representative however this proved to be a difficult task to perform on a consistent basis therefore some surveys were entered without the practice site information. Without having the practice site listed, survey responses may not be attributed to the correct practitioner and/or site.

After the data collection period, a fair amount of validation of provider sites and providers was required before the analyses could begin. Surveys submitted without practice site information oftentimes had to be validated for the appropriate county location. When possible, data entry staff used the practitioner name

and/or practice site to assign the appropriate county the county data element was missing. However for surveys that had no information to logically match the survey to the appropriate county, the data entry staff had to make phone calls to health plan champions in attempts to obtain accurate information prior to entering the survey data. Thus, to enhance the efficiency of the data entry and study analyses, this information needs to be completed on the survey form by the adolescent consistently during the survey administration phase of the study. As previously mentioned, an integrated quality check process could eliminate most of the issues that presented barriers allowing the use of all the submitted surveys.

The last critical information item that was often not completed on the survey was the confirmation of the Medi-Cal/non-Medi-Cal status. If this information was not able to confirmed, the survey was not able to be used. While the data entry personnel attempted to contact all managed care plan champions for verification on a consistent basis, this task was time consuming and added additional, unanticipated steps to the process. Prior to the next survey period, a strategy to resolve this issue will be incorporated into the project.

The calculation of an overall response rate was planned as part of the study design. However due to incomplete information regarding practitioner site, the analytical team decided against attempts to calculate the response rate. Although a rate could have been calculated, it the likelihood of accuracy was suboptimal due to the number of survey reports missing the information containing the total number of surveys issued for completion. As part of the original study design, the office practice was to submit a tally sheet indicating the number of surveys issued and the number returned. From this data, a response rate could be calculated. However many of the office practices submitted this information inconsistently or not at all. Therefore reliable data was not available to calculate the response rate. Although the data entry staff made this known to CDHS staff and an email reminder was occasionally issued to health plan staff, these efforts were not effective in improving the accurate submission of the progress tally sheet. Again, a quality check process for the tally sheet return process correct this omission in order that a response rate should be able to be calculated during the re-measurement phase of the study.

## Conclusions

The content of the adolescent health visit is extremely important to assess areas where adolescents may be participating in risky health behaviors. If not assessed and corrected as needed, these behaviors remain unchanged and are transitioned into adulthood. Many of the health issues that develop in adulthood can be linked to risky behaviors initiated during adolescence. Therefore consistent surveillance of these behaviors during adolescence is imperative for health maintenance.

The California Department of Health Services sponsored the Adolescent Well Visit Content Indicator Study to determine the extent to which Medi-Cal adolescents in managed care plans receive risk behavior screening

and counseling. The indicators in the study were consistent with those recommended in the California Adolescent Strategic Plan.

Analyses of the study revealed that statewide, approximately 56% of the screening and counseling recommended was being performed. Obviously, opportunities for improvement exist. Individual county data was also analyzed for CDHS to determine which counties may be prioritized for intervention. However, the reader must keep in mind that the screening rate may not be a true representation of the actual screening and counseling efforts for counties having small numbers of surveys. According to Jacob Cohen, statistician and expert in determination of effect size and power analysis, the following guide can be used relative to statistical difference verses chance:

Sample Size	Confidence Level	Interpretation
<b>100</b>	95%	Observations made at this level incur a 95% chance of a real difference verse a chance occurrence.
67	90%	Observations made at this level incur a 90% chance of a real difference verse a chance occurrence
57	85%	Observations made at this level incur a 85% chance of a real difference verse a chance occurrence
49	80%	Observations made at this level incur a 80% chance of a real difference verse a chance occurrence

For this study, the sample size for each county was determined to be 100 except for San Diego (105) to be able to conclude with 95% confidence that the observations (rate of screening) was significant in relation to the comparisons with the state average. For example, although Stanislaus County appears to have a screening rate of 36.8, one can only loosely conclude that screening and counseling are suboptimal due to the small number of surveys collected (19). Results from counties with less than 49 surveys submitted have the potential to have occurred by chance and may not represent a true difference from the state mean. Therefore efforts to enhance practitioner participation should be the priority in order to provide sufficient data that allows the analytical team greater confidence in making inferences regarding screening and counseling of adolescents in all counties. The small “n” factor will be addressed by the CDHS and Delmarva analytical team in order to sufficiently prepare for counties in the event that small numbers of surveys are submitted during the re-measurement period.

Therefore, this report can be used to offer insight regarding the rate of comprehensive screening and counseling provided Medi-Cal adolescents. While the data for counties with small survey submissions cannot be used to make absolute inferences about the rate of comprehensive screening

and counseling occurring in a particular county, the data can be more accurately interpreted using the sample size/ confidence table above. Data provided to the health plans can be used to target and prioritize practices and/or clinicians who need improvement in comprehensive screening and counseling of adolescents. Post measurement analyses after training by experts in the field of adolescence and managed care plan interventions with practices and practitioners are expected to demonstrate improved screening and counseling for the adolescent Medi-Cal population.

## Appendix A1

### Adolescent Report of Health Visit (ARHV) Survey

The pages immediately following contain the survey that was administered to the adolescents referenced in the study. Although only the English version is presented as part of the report, a Spanish version was also administered as needed.

Provider Sites - Please check all appropriate boxes before teen begins survey

<input type="checkbox"/> Medi-Cal OR <input type="checkbox"/> Non-Medi-Cal	<input type="checkbox"/> Routine Visit OR <input type="checkbox"/> Sick Visit	<input type="checkbox"/> Teen Refused Survey
--	---	--

**Teen's Insurance Plan:**

<input type="checkbox"/> Alameda Alliance	<input type="checkbox"/> Cal-Optima	<input type="checkbox"/> Health-Net –GMC North	<input type="checkbox"/> Kern	<input type="checkbox"/> Santa Barbara RH
<input type="checkbox"/> Blue Cross- CP	<input type="checkbox"/> Central Coast	<input type="checkbox"/> HP of San Joaquin	<input type="checkbox"/> LA Care	<input type="checkbox"/> Santa Clara Family HP
<input type="checkbox"/> Blue Cross- GMC North	<input type="checkbox"/> Community Health	<input type="checkbox"/> HP of San Mateo	<input type="checkbox"/> Molina-Riverside/San Bernardino	<input type="checkbox"/> Sharp HP
<input type="checkbox"/> Blue Cross- GMC South	<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Inland Empire HP	<input type="checkbox"/> Molina-Sacramento	<input type="checkbox"/> Turtle HP
<input type="checkbox"/> Blue Cross- Stanislaus	<input type="checkbox"/> Health-Net – GMC South	<input type="checkbox"/> Kaiser-Sacramento	<input type="checkbox"/> Partnership	<input type="checkbox"/> Universal Care
<input type="checkbox"/> Blue Cross- Tulare	<input type="checkbox"/> Health-Net –CP	<input type="checkbox"/> Kaiser-San Francisco HP	<input type="checkbox"/> San Francisco HP	<input type="checkbox"/> Western Health



California Department of Health Services

## Medi-Cal Managed Care

# Adolescent Report of Health Visit

**THIS SURVEY IS CONFIDENTIAL AND ANONYMOUS**

County: \_\_\_\_\_ Provider Site Name: \_\_\_\_\_

Doctor/Nurse Practitioner Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Your Age: \_\_\_\_\_
2. Your Grade as of today (if it is summer vacation, list the grade you will be in this fall): \_\_\_\_\_
3. Your sex (circle one): Male                      Female
4. How do you describe your ethnic background? **(Circle all that apply to you)**

a. White-not Hispanic	j. Japanese
b. African American or Black	k. Filipino
c. Mexican or Mexican American	l. Vietnamese
d. Central American	m. Cambodian
e. South American	n. Laotian
f. Cuban	o. Korean
g. Puerto Rican	p. Native American or Alaskan Native
h. Asian Indian	q. Hawaiian or Pacific Islander
i. Chinese	r. Other (describe) _____

5. When you checked in for your visit at the clinic or doctor's office today, did you receive a health questionnaire to fill out?  Yes  
 No

▪ **If you were not given a health questionnaire, skip to question 9.**

6. Did you have enough time to complete the health questionnaire before your doctor started your visit today?  Yes  
 No

7. Were you able to fill out the health questionnaire privately, so that no one (other patients, parents, or anyone else) could see your answers while you were filling it out?  Yes  
 No

**Please continue onto the next page...**

8. During your doctor visit, did your doctor ask you about information that you put on your health questionnaire?  Yes  
 No

9. Did you have some time with your doctor *without your parent*?  Yes  
 No

10. Did your doctor explain to you that there were certain things that s/he *would* not tell your parents about?  Yes  
 No

11. Did your doctor explain to you that there were certain things that s/he *would* tell your parents about?  Yes  
 No

*All teens answer this question.*

12. Did your doctor ask if you smoke or chew tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

- **If you do not use tobacco, or did not let your doctor know that you use tobacco, please skip to Question #14.**
- **If you do use tobacco and did let your doctor know that you use tobacco, please continue with Question #13.**

*This section is only for teens who use tobacco and who let their doctor know.*

13. Did your doctor express concern that you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

**Please skip Questions #14-15 and continue with Question #16.**

14. Did your doctor encourage you to remain a non-smoker or non-tobacco user?  Yes  No

15. Did your doctor ask whether you plan on starting to use tobacco in the next year?  Yes  
 No

---

---

*All teens answer this question.*

16. Did your doctor ask if you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

- **If you do not use alcohol, or did not let your doctor know that you use alcohol, please skip to Question #19 on the next page.**
- **If you do use alcohol and did let your doctor know that you use alcohol, please continue with Question #17-18.**

*This section is only for teens who use alcohol and who let their doctor know.*

17. Did your doctor ask you how much you drink?  Yes  
 No

18. Did your doctor express concern that you drink alcohol?  Yes  
 No

***Please skip Questions #19-20 and continue with Question #21 on the next page.***

19. Did your doctor encourage you not to start using alcohol?  Yes  
 No

20. Did your doctor ask whether you plan on starting to use alcohol in the next year?  Yes  
 No

**Please continue onto the next page...**

All teens answer this question

21. Did your doctor ask if you have ever used drugs?  Yes  
 No

- **If you have not used drugs, or did not let your doctor know that you have used drugs, please skip to Question #24.**
- **If you have used drugs and did let your doctor know that you use drugs, please continue with Question #22-23.**

*This section is only for teens who have used drugs and who let their doctors know.*

22. Did your doctor ask you how often you have used drugs?  Yes  
 No

23. Did your doctor express concern that you've used drugs?  Yes  
 No

**Please skip Questions #24-25 and continue with Question #26.**

24. Did your doctor encourage you to not start using drugs?  Yes  
 No

25. Did your doctor ask whether you plan on starting to use drugs in the next year?  Yes  
 No

---

---

All teens answer these questions

26. Did your doctor ask if you use a helmet when using a bicycle, skateboard, or rollerblades?  Yes  
 No

27. Did your doctor encourage you to use a helmet when using a bicycle, skateboard, or rollerblades?  Yes  
 No

28. Did your doctor ask if you use a seatbelt when riding in a car?  Yes

<input type="checkbox"/> No	
29. Did your doctor encourage you to use a seatbelt when riding in a car?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
30. Did your doctor ask you if you ever ride in a car with a driver who has been drinking or who has taken drugs?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	

---

---

## Please continue onto the next page...

*All teens answer this question.*

31. Did your doctor ask if you have ever had sex?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	

- **If you have not had sex, or did not let your doctor know that you have had sex, please skip to Question #36.**
- **If you have had sex, and did let your doctor know that you have had sex, please continue with Question #32-35.**

*This section is only for teens who have had sex and who let their doctor know.*

32. Did your doctor ask if you or your partner always use condoms when you have sex?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
33. Did your doctor ask if you or your partner always use some method to prevent pregnancy when you have sex?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
34. Did your doctor encourage you to always use (or your partner to always use) condoms when you have sex?	<input type="checkbox"/> Yes

No

35. Did your doctor encourage you to always use (or your partner to always use) some method to prevent pregnancy when you have sex?

Yes

No

**Please skip Questions #36-37 and continue with Question #38.**

36. Did your doctor encourage you to wait longer before you started to have sex?

Yes

No

37. Did your doctor ask whether you plan on starting to have sex in the next year?

Yes

---

No

All teens answer these questions

38. Did your doctor discuss the prevention of sexually transmitted diseases (STDs) and HIV with you?

Yes

No

39. Did your doctor talk to you about:

39a. Preventing over-exposure to the sun?

Yes

No

39b. How much physical activity you do?

Yes

No

39c. Eating nutritionally balanced meals?

Yes

No

39d. Getting help if you feel sad or depressed?

Yes

No

39e. Completing your teen immunizations?

Yes

No

39f. Violence?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
40. Did your doctor ask you about the important adults in your life?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
41. Did your doctor ask you about your school grades and activities?	<input type="checkbox"/> Yes
<input type="checkbox"/> No	

**Please continue onto the next page...**

42. Did your doctor ask you about your responsibilities at home/school?  Yes  
 No

43. Did your doctor ask you about your activities that help others?  Yes  
 No

**Choose One**

**Answer**

	<u>Definitely</u>	<u>Probably</u>	<u>Probably</u> <u>Not</u>	<u>Definitely</u> <u>Not</u>
44. Would you want to see this doctor again to discuss health issues?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

45. Is there anything else you would like to tell us regarding your provider?

## Appendix A2

### Indicator–Survey Question Crosswalk With AWVCI POINT VALUES

The following table shows what questions were used to formulate each indicator.

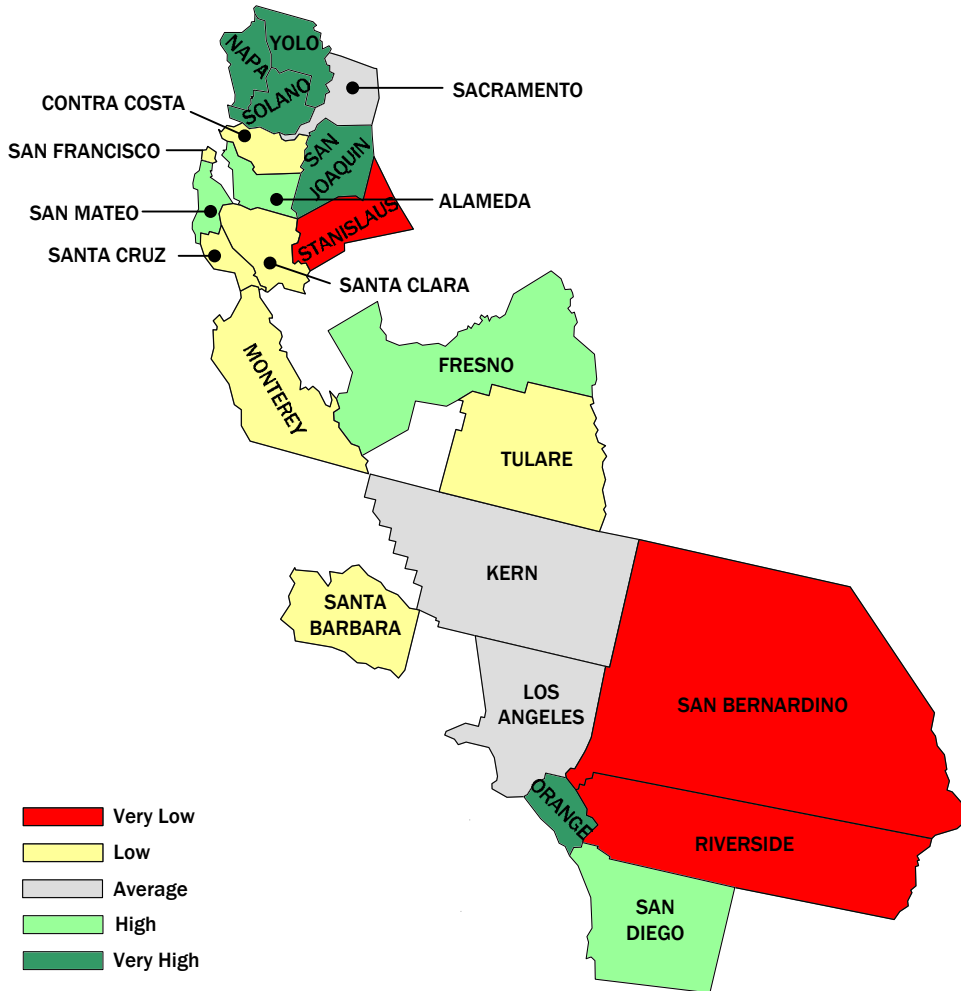
Table 20. Title....

Indicator (Points)	Question #	Question Topic	Points	
Tobacco use (10)	12	Tobacco	7	
	13	Concern about tobacco	} or } 3	
	14	Encourage to remain nonsmoker		
	15	Plan to start smoking		
Alcohol use (10)	16	Alcohol	7	
	17	How much alcohol	} or } 3	
	18	Concern about alcohol		
	19	Not to start alcohol		
Drug use (10)	20	Plan to start alcohol	} or } 3	
	21	Drugs		
	22	How often drugs		
	23	Concern about drugs		
Transportation safety (10)	24	Encourage not to use drugs	} or } 3	
	25	Plan to start to use drugs		
	26	Use helmet		2
	27	Wear a helmet		1
	28	Seatbelt	3	
Sexual behavior (10)	29	Encourage seatbelt use	1	
	30	Riding with a drunk driver	3	
	31	Sex	7	
	32	Use condoms	} or } 3	
	33	Prevent pregnancy		
	34	Always use condoms		
Physical activity and nutrition (10)	35	Same method of use	} or } 3	
	36	Wait to have sex		
Positive influence (10)	37	Plan to start having sex	} or } 3	
	38	Prevent STD		
Depression (10)	39b	Physical activity	5	
	39c	Eat a nutritionally balance diet	5	
Time alone with provider (5)	40	Important adults	2.5	
	41	School grades	2.5	
	42	Responsibilities	2.5	
	43	Activities to help others	2.5	
Sun overexposure (5)	39d	Recent sadness or depression	10	
Immunizations (5)	9	Time without parent	5	
Violence (5)	39a	Overexposure to the sun	5	
	39e	Adolescent immunizations	5	
	39f	Violence	5	
<b>Adolescent Well-Visit Content Indicator</b>			<b>100</b>	

# Appendix A3

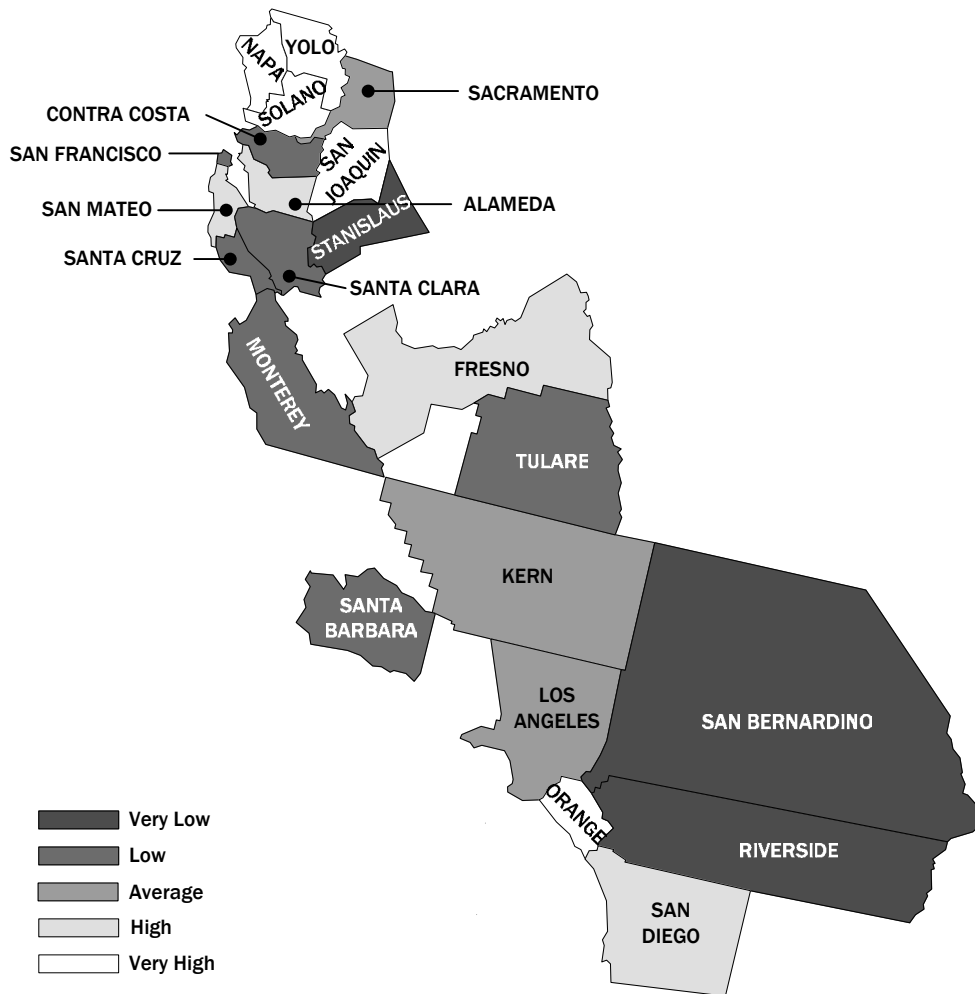
## Indicator Maps (Color and Grayscale)

Map 1. Adolescent Well-Visit Content Indicator



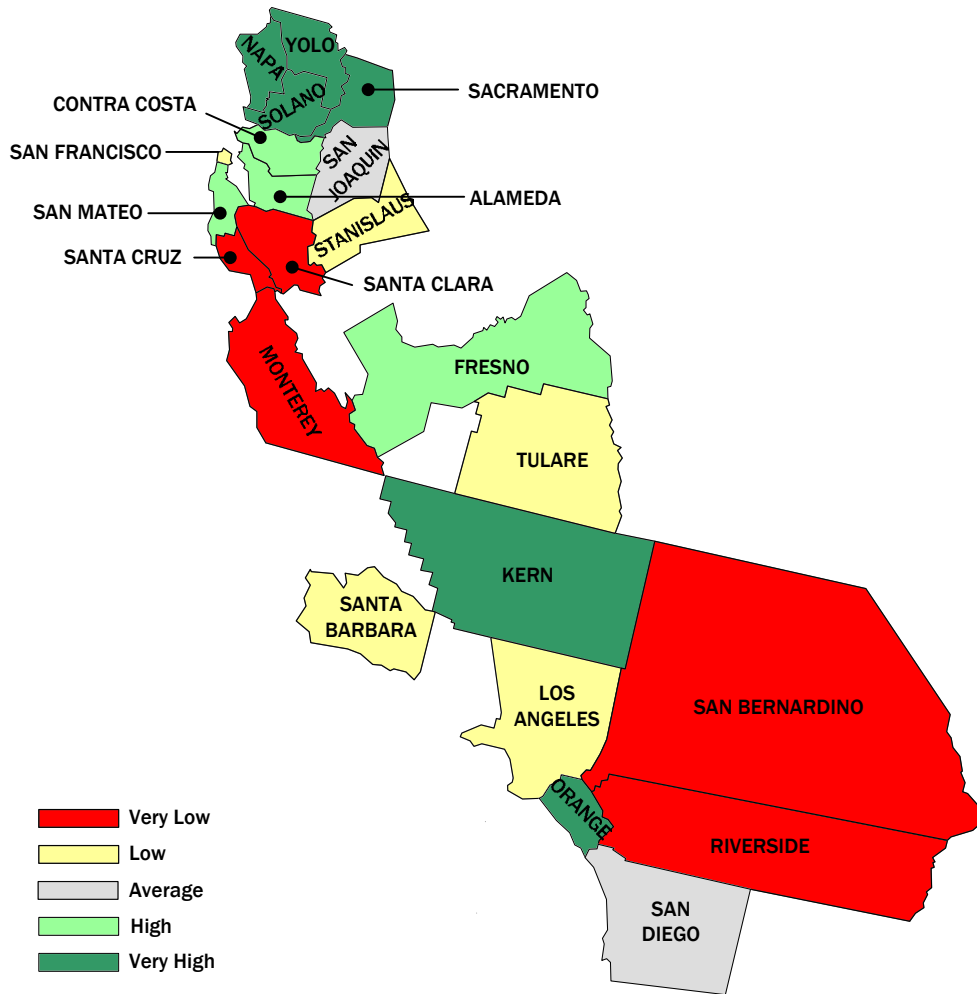
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 1a. Adolescent Well-Visit Content Indicator



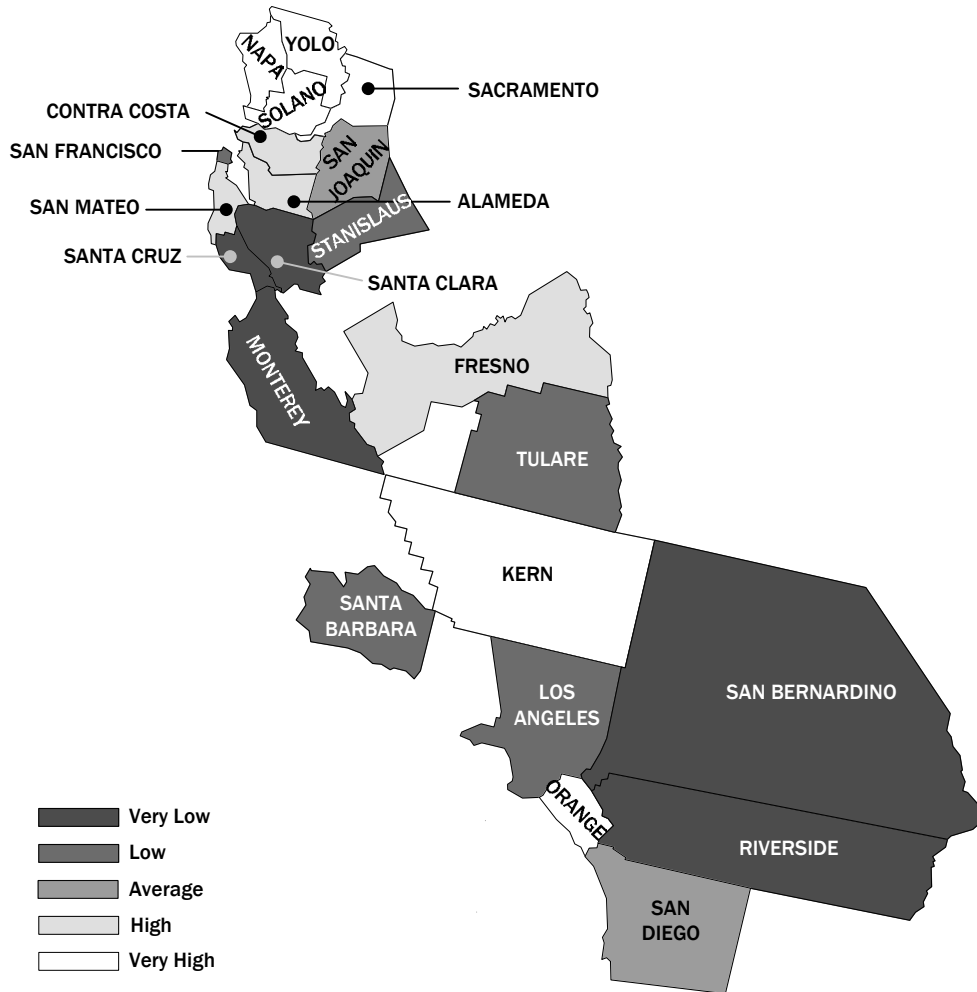
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- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 2. Tobacco Use



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 2a. Tobacco Use



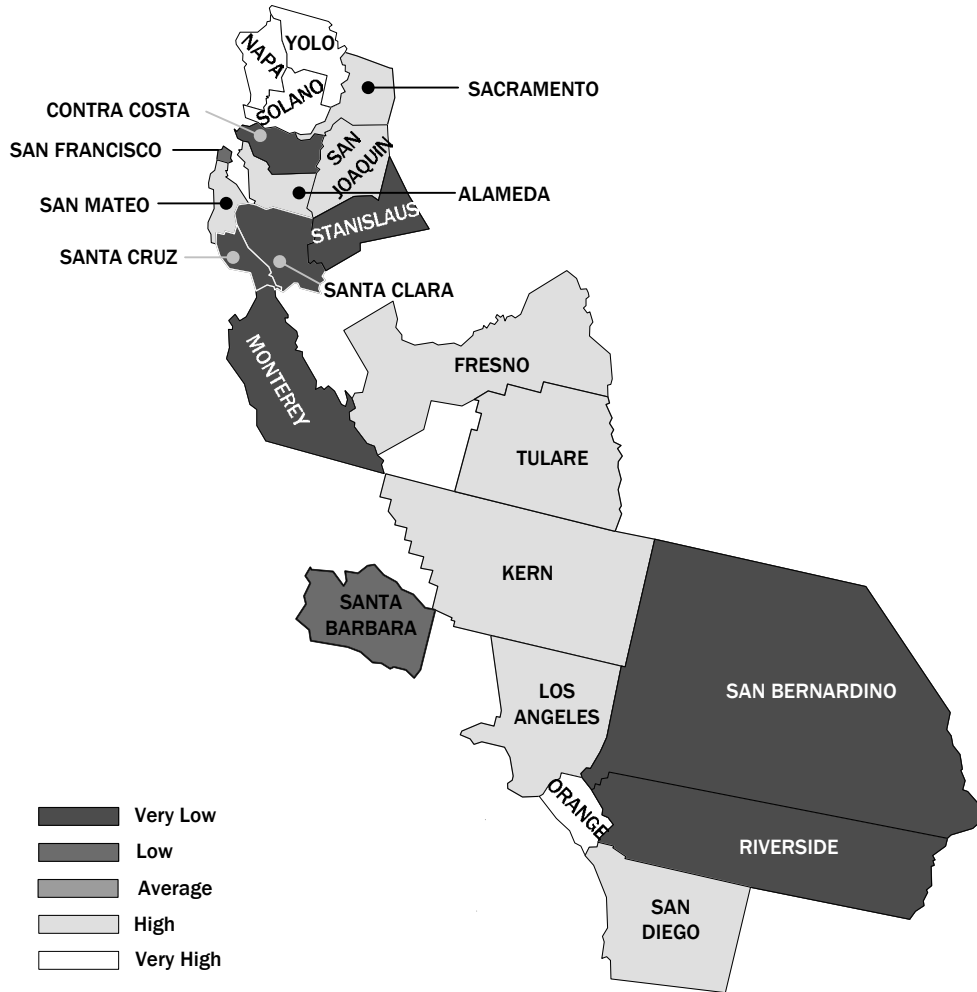
- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 3. Alcohol Use



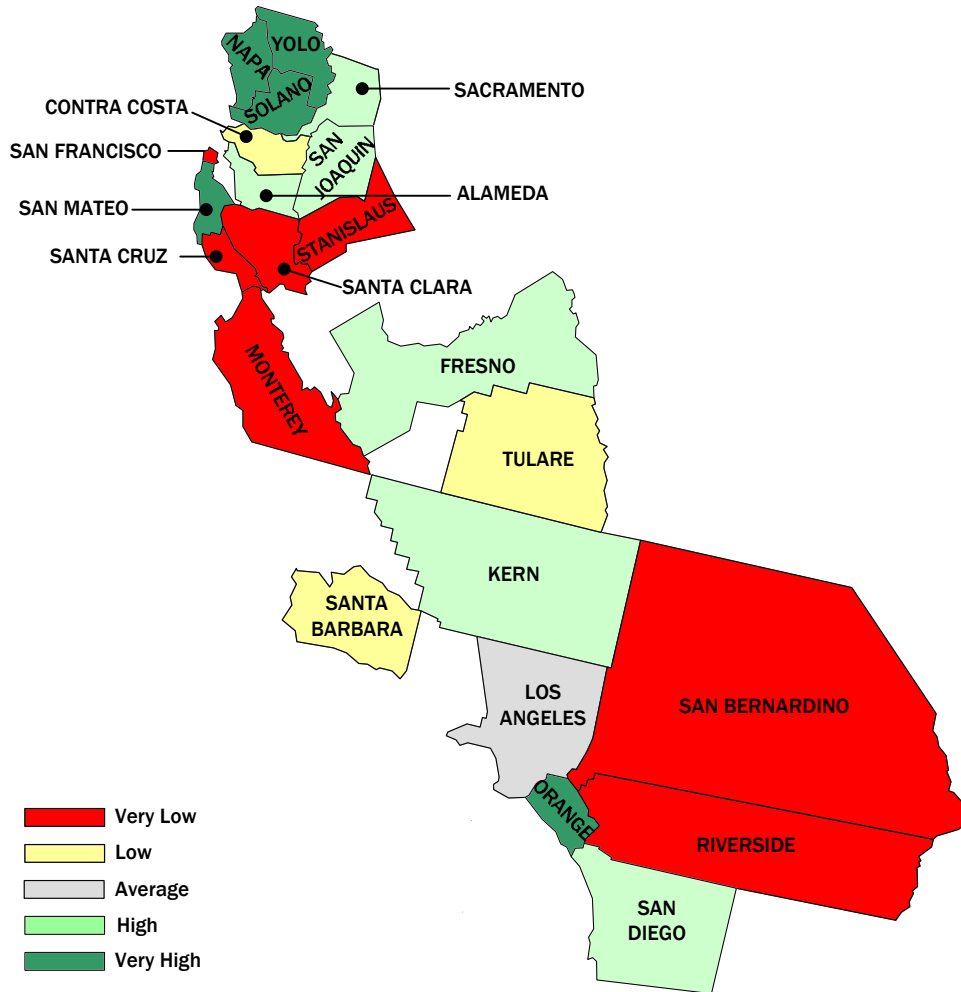
- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 3a. Alcohol Use



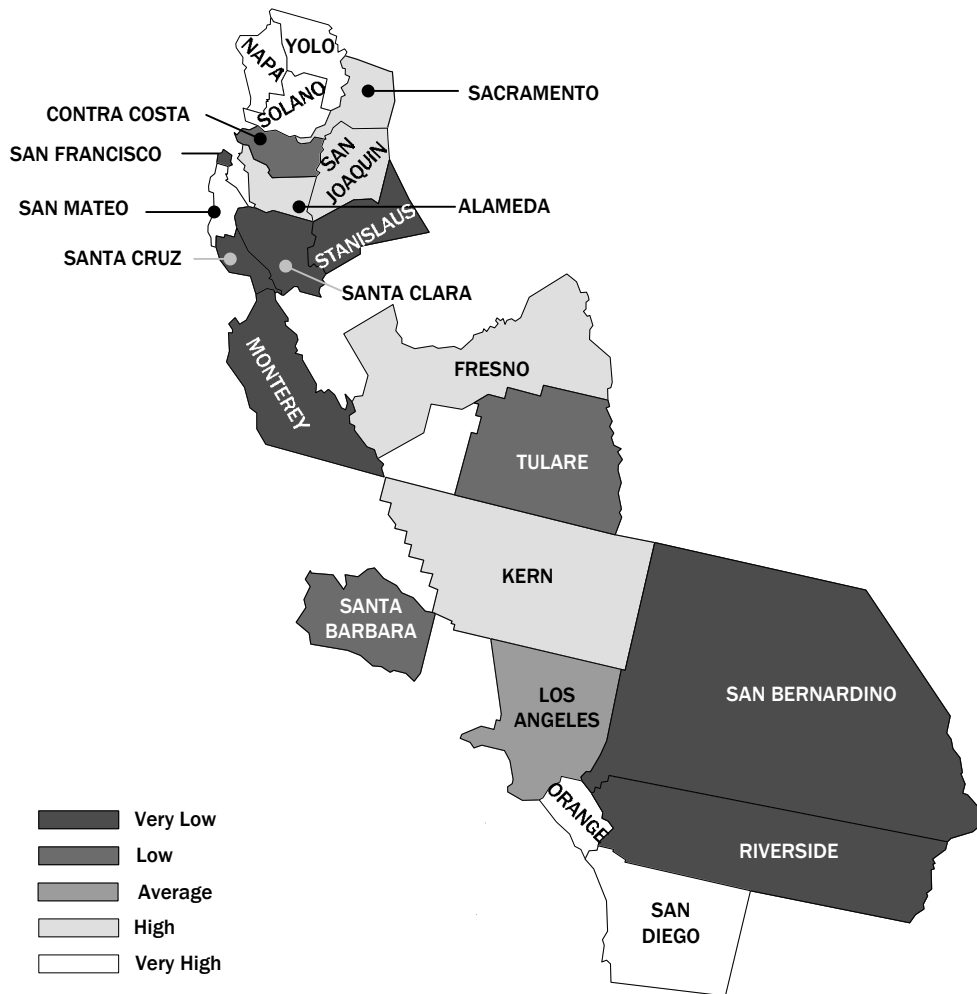
- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 4. Drug Use



- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 4a. Drug Use



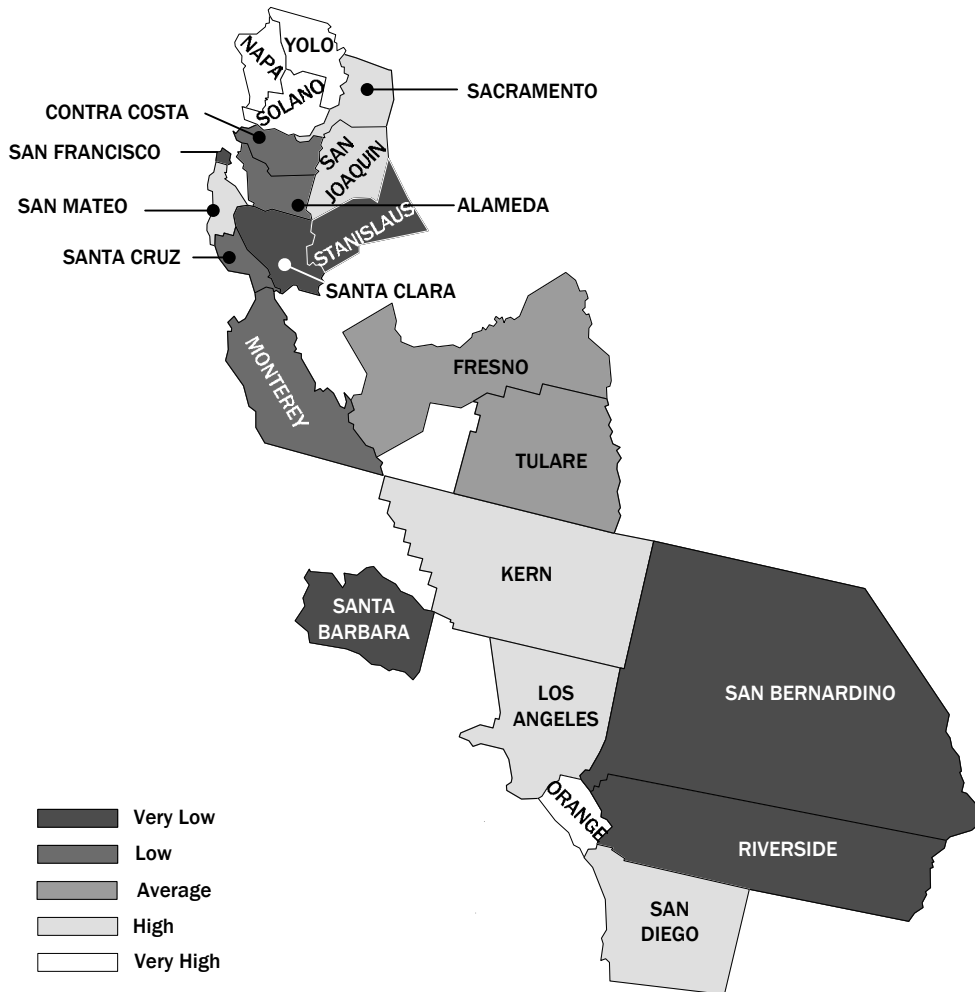
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 5. Sexual Behavior



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 5a. Sexual Behavior



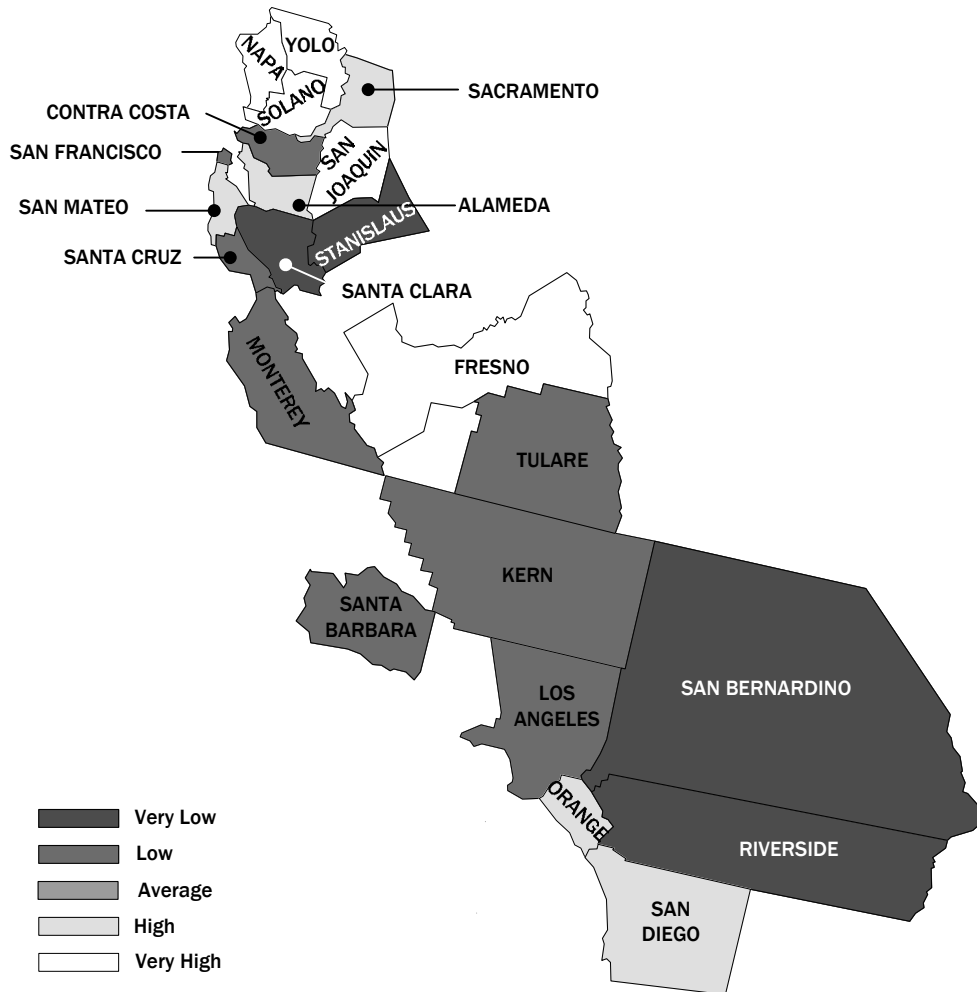
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 6. Transportation Safety



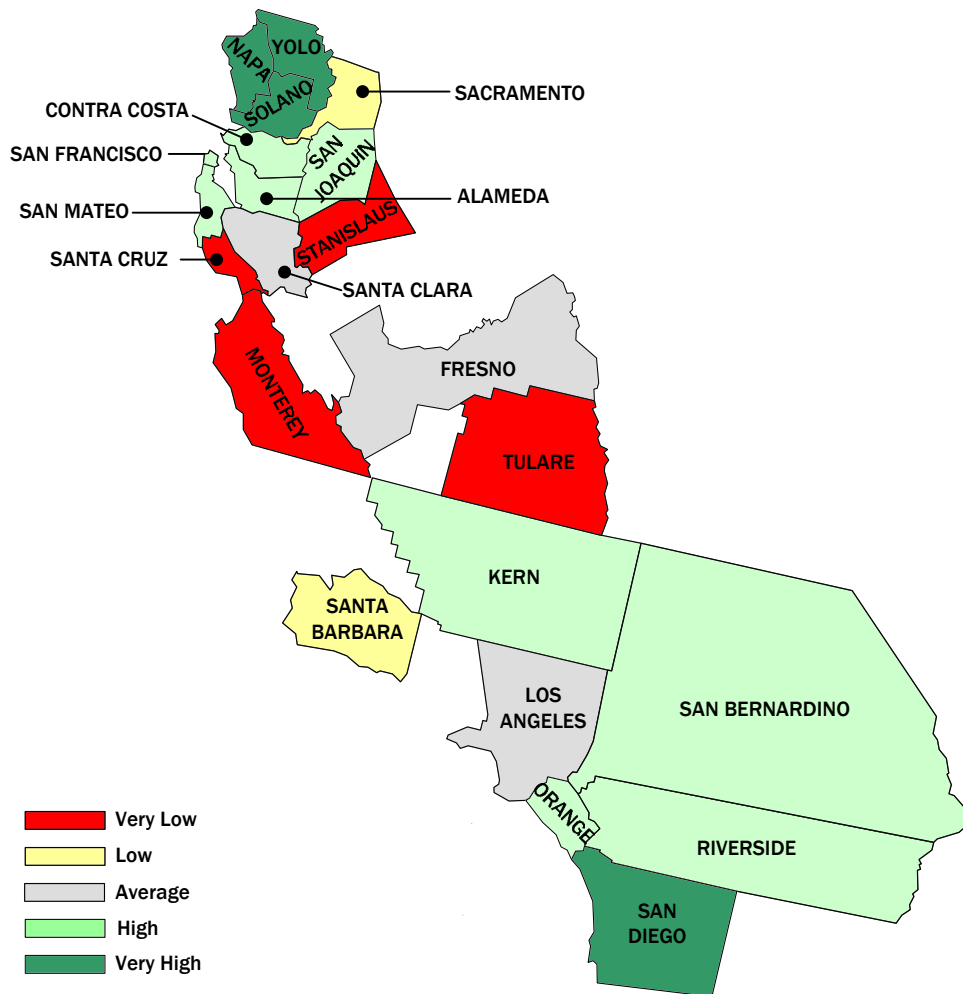
- Very Low:** One or more standard deviations below the county mean
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- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 6a. Transportation Safety



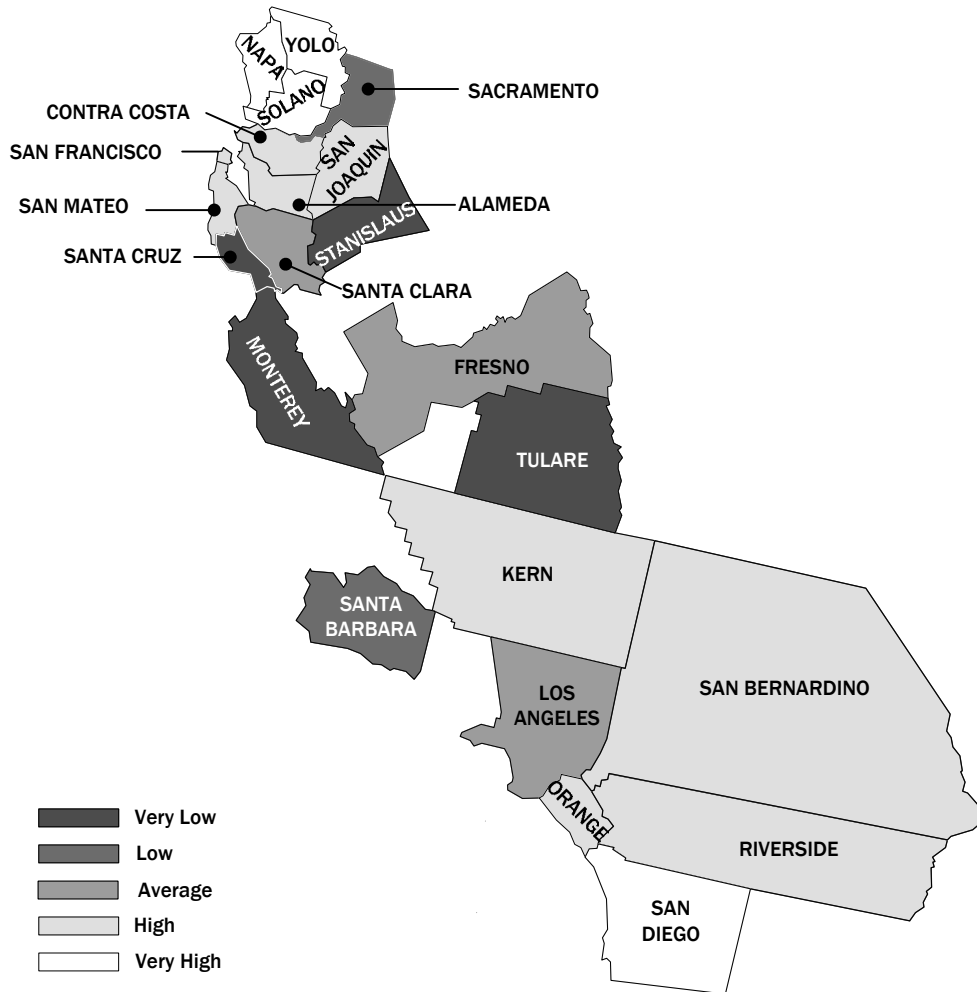
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 7. Physical Activity and Nutrition



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 7a. Physical Activity and Nutrition



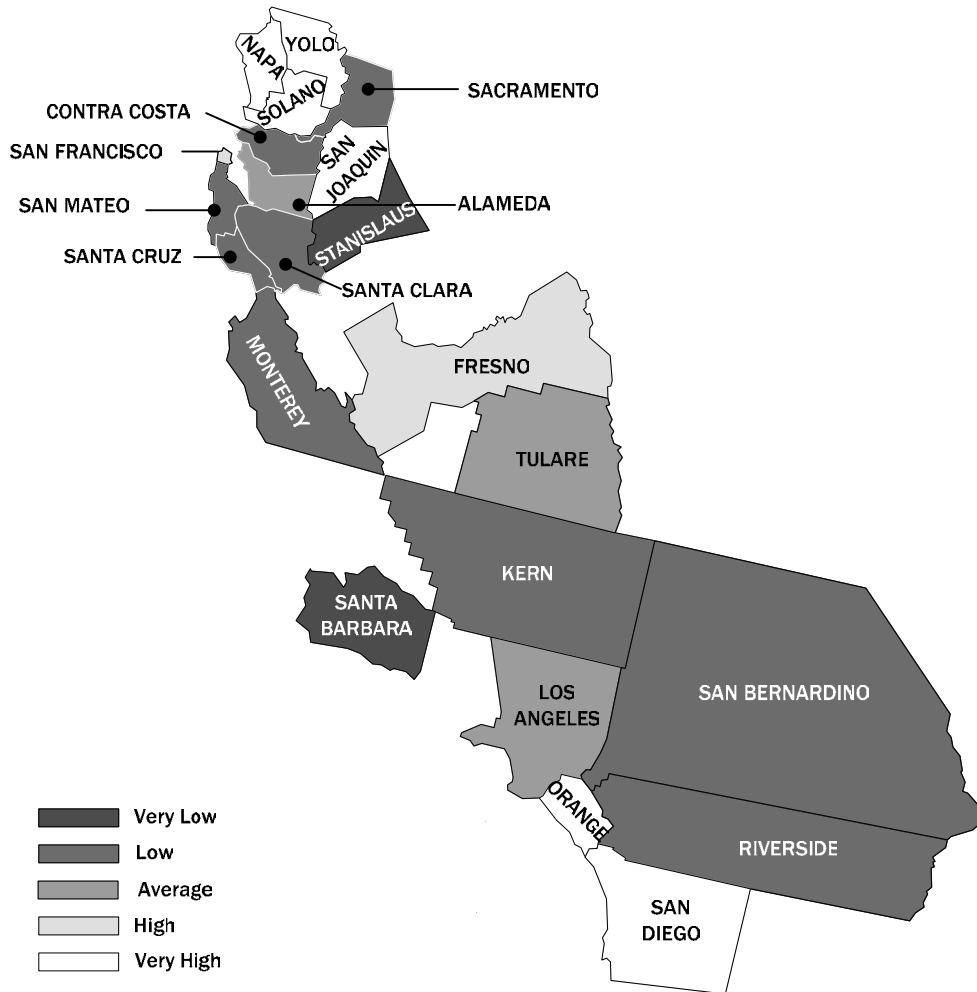
- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 8. Depression



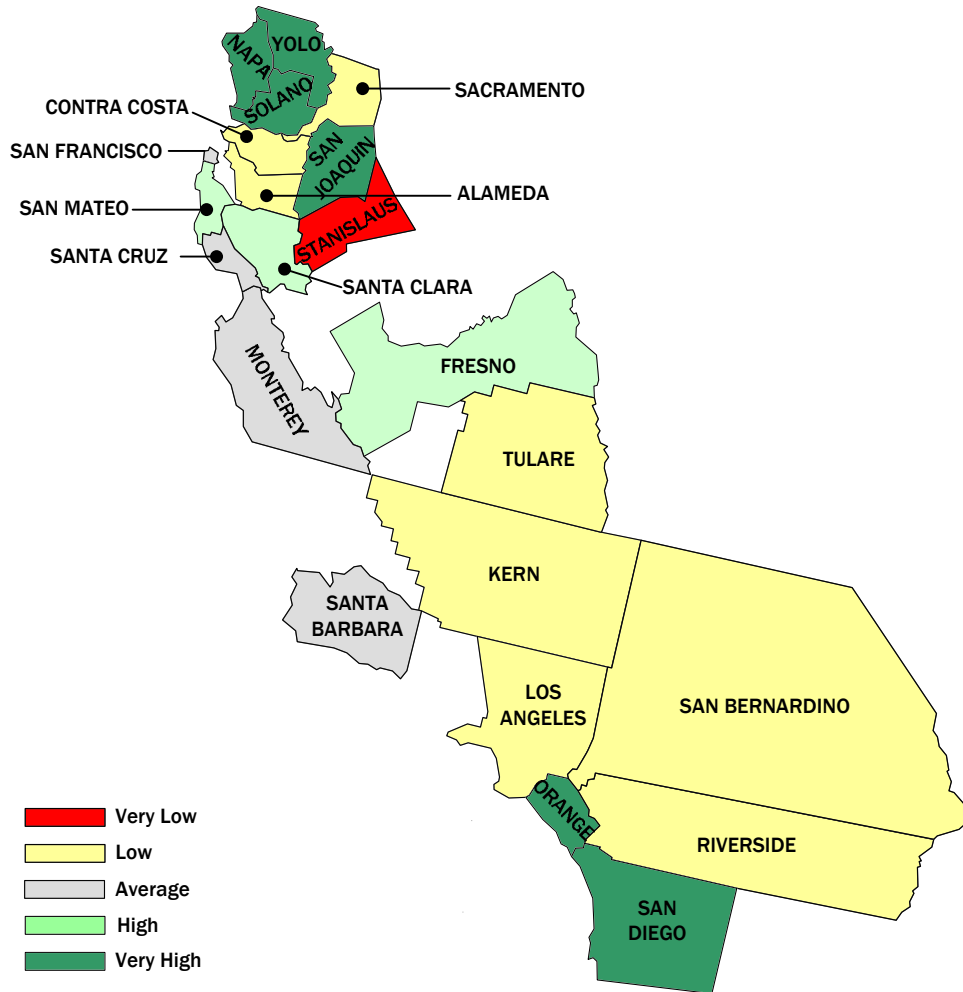
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 8a. Depression



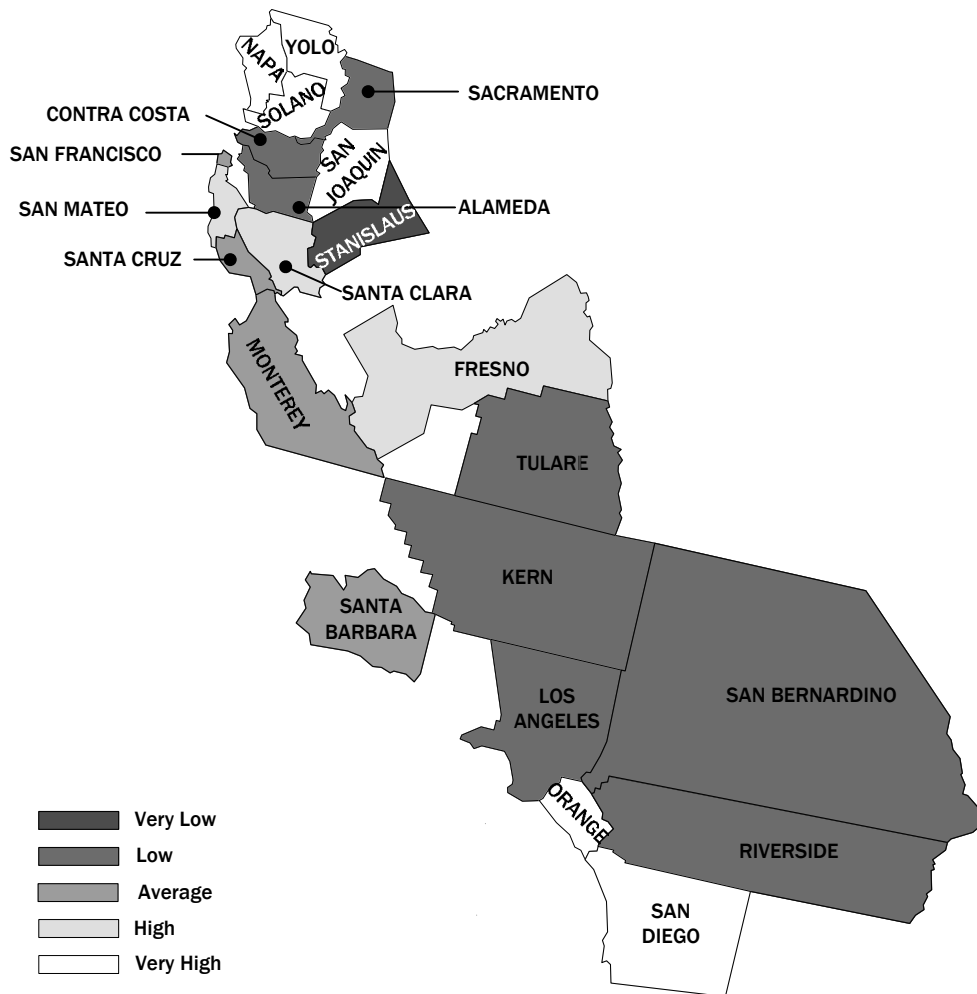
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- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 9. Positive Influences



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 9a. Positive Influences



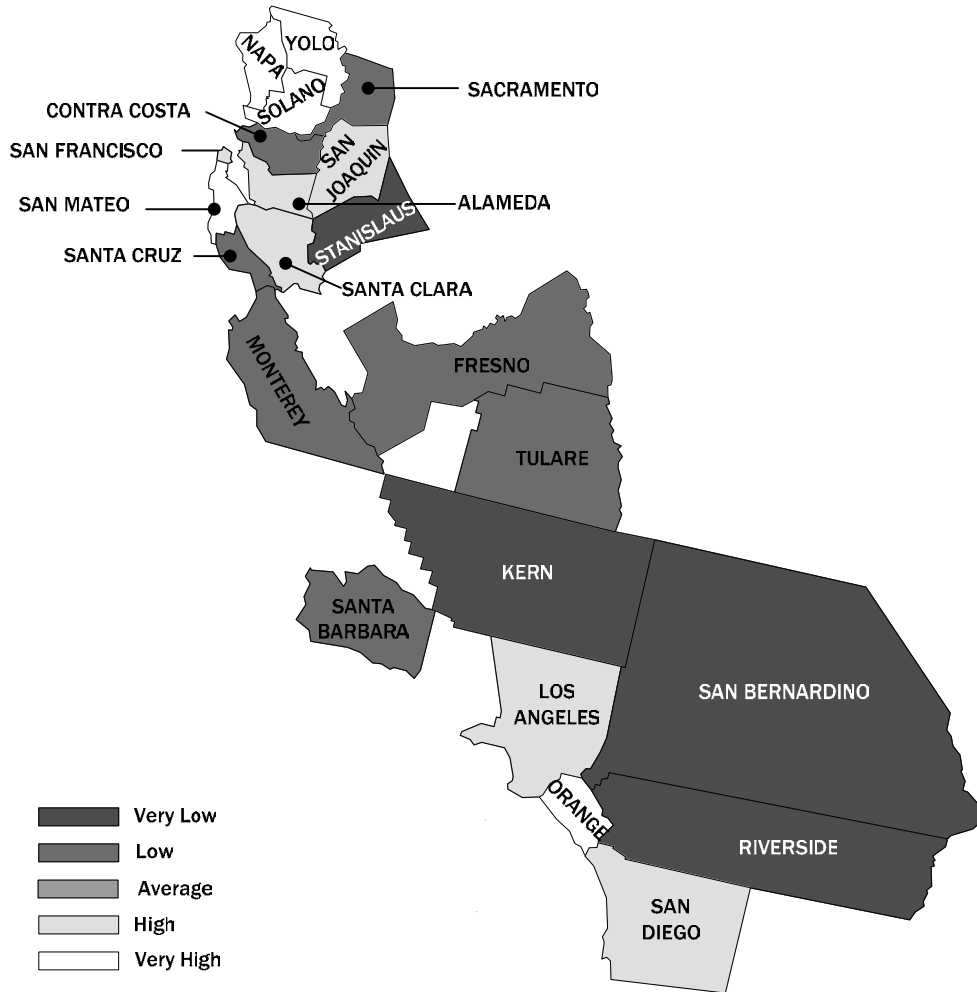
- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

Map 10. Time Alone With Provider



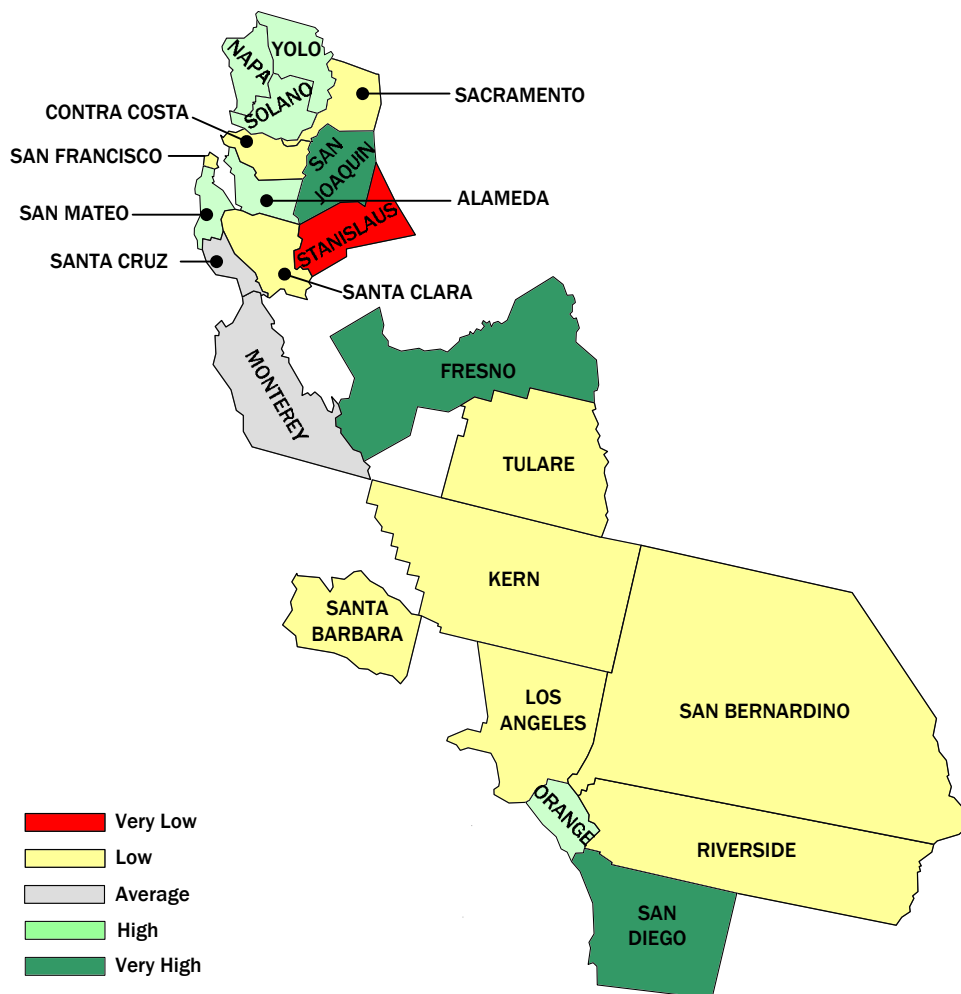
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 10a. Time Alone With Provider



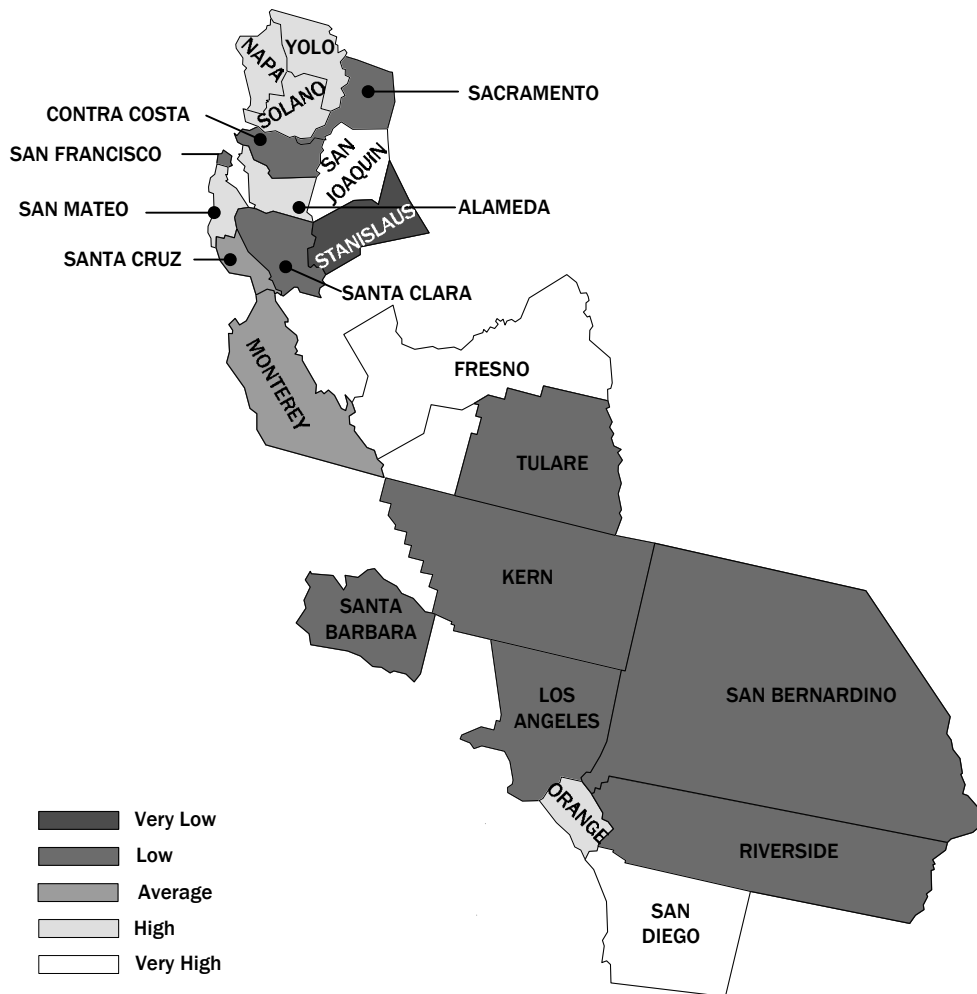
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 11. Sun Overexposure



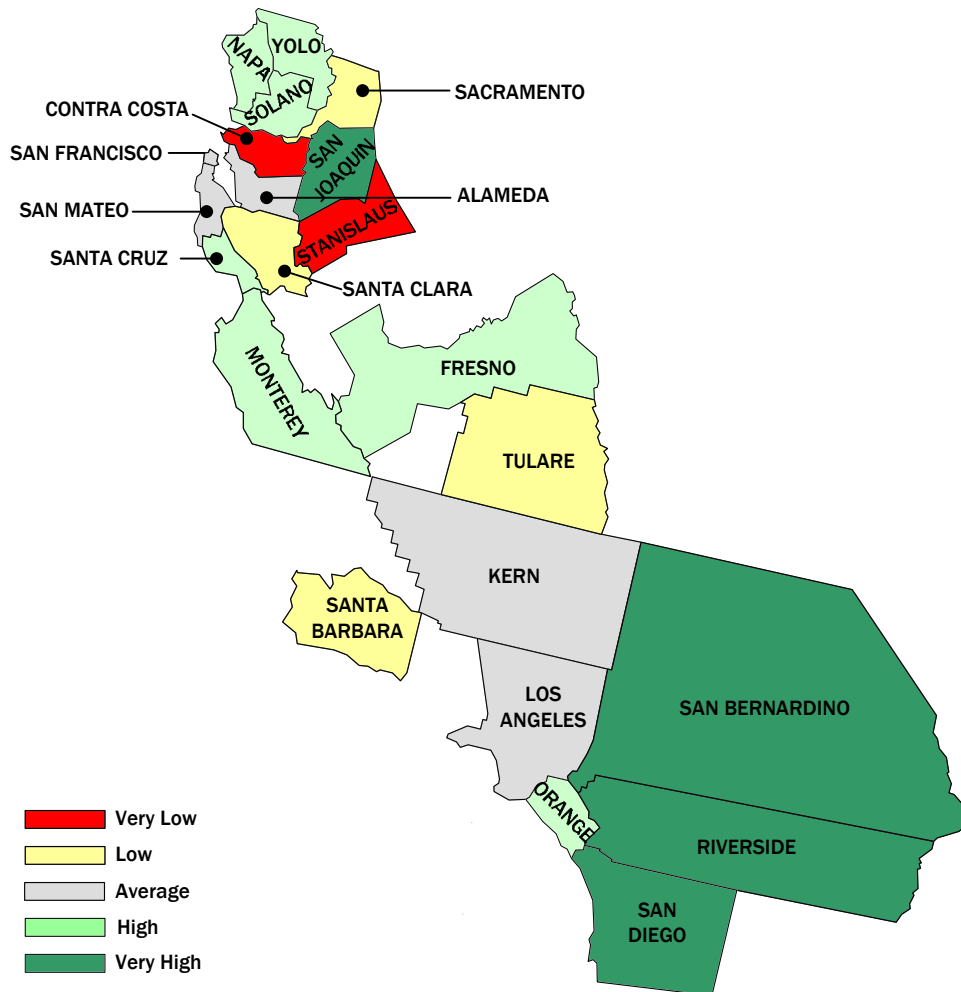
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 11a. Sun Overexposure



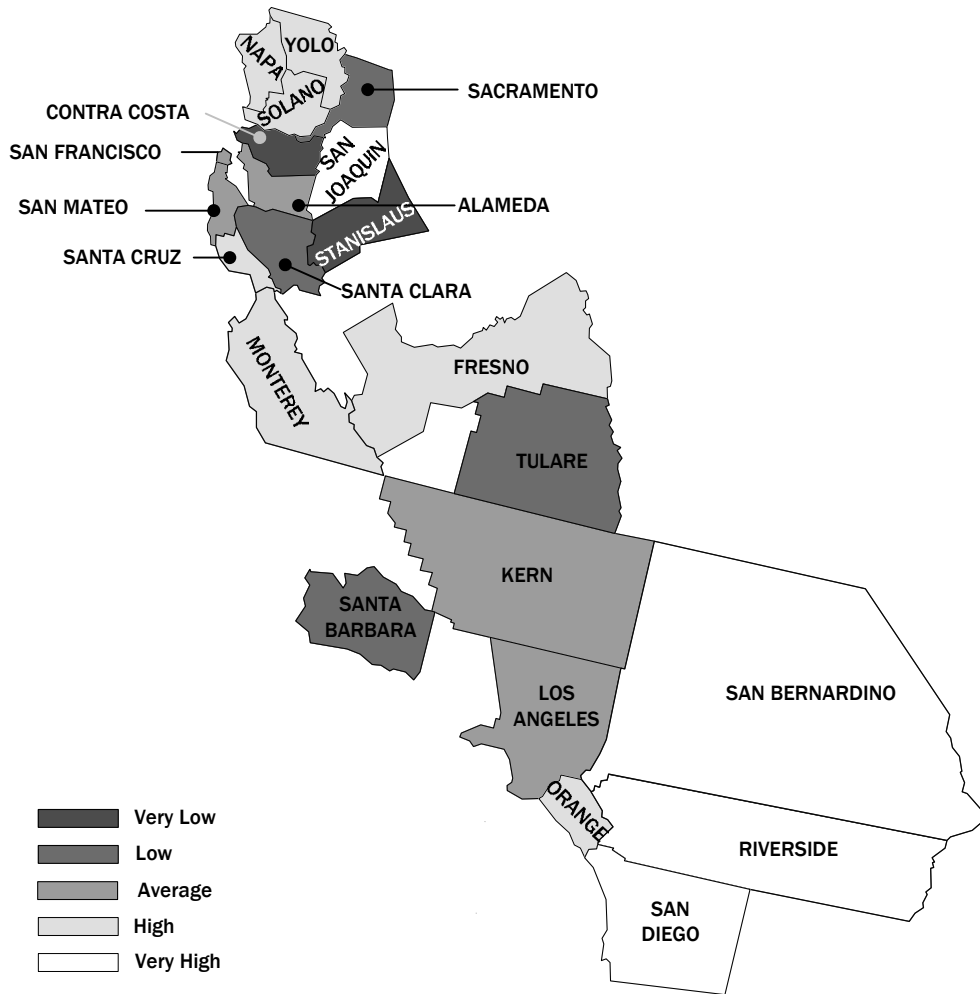
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 12. Adolescent Immunizations



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 12a. Adolescent Immunizations



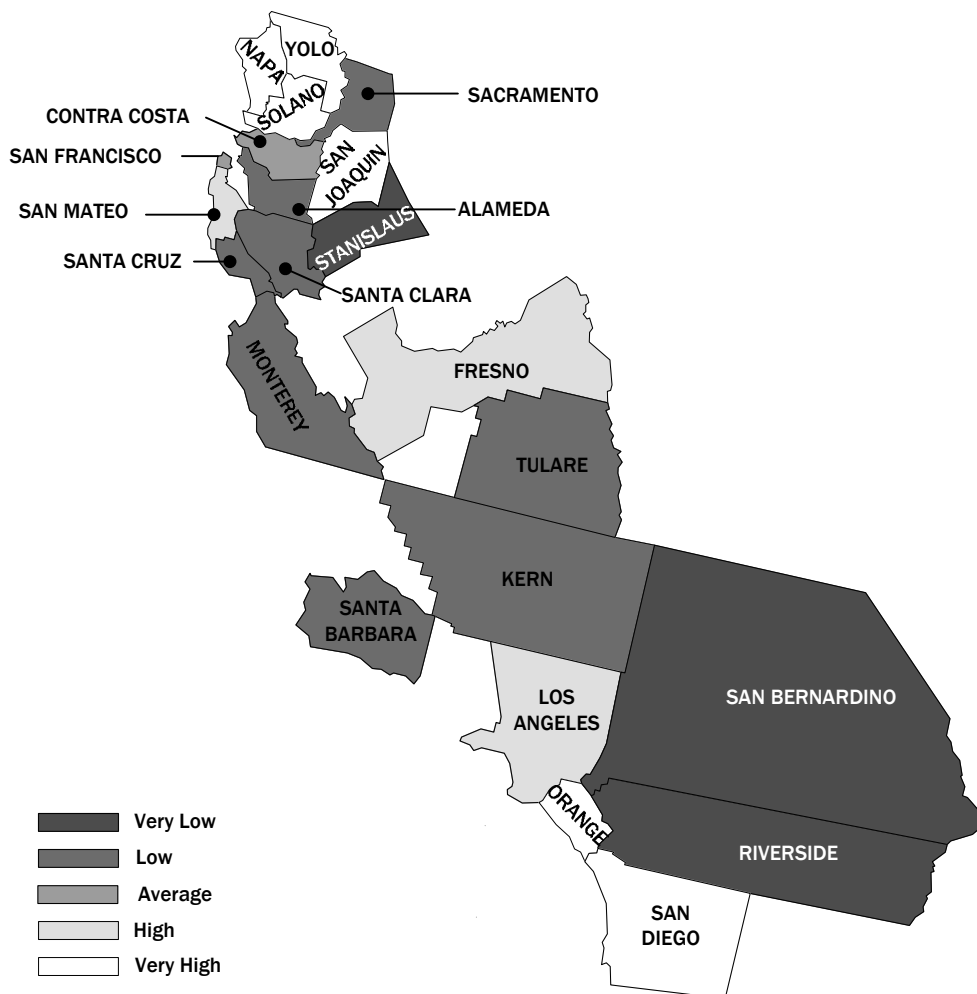
- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 13. Violence



- Very Low: One or more standard deviations below the county mean
- Low: Below the interval surrounding county mean (see average definition)
- Average: Within the interval defined by [county mean ± (county mean × 2.5%)]
- High: Above the interval surrounding county mean (see average definition)
- Very High: One or more standard deviations above the county mean

Map 13a. Violence



- Very Low:** One or more standard deviations below the county mean
- Low:** Below the interval surrounding county mean (see average definition)
- Average:** Within the interval defined by [county mean ± (county mean × 2.5%)]
- High:** Above the interval surrounding county mean (see average definition)
- Very High:** One or more standard deviations above the county mean

## Appendix A4

### ARHV Question and Responses by County (Qualified Surveys Only)

#### Language of the Survey

County	English		Spanish		Total
	Count	%	Count	%	
Alameda	60	89.6	7	10.4	67
Contra Costa	33	100.0	0	0.0	33
Fresno	71	84.5	13	15.5	84
Kern	86	98.9	1	1.1	87
Los Angeles	86	91.5	8	8.5	94
Monterey and Santa Cruz	44	53.7	38	46.3	82
Napa, Yolo, and Solano	17	94.4	1	5.6	18
Orange	84	97.7	2	2.3	86
Riverside and San Bernardino	208	97.7	5	2.3	213
Sacramento	61	98.4	1	1.6	62
San Diego	47	52.2	43	47.8	90
San Francisco	83	95.4	4	4.6	87
San Joaquin	96	98.0	2	2.0	98
San Mateo	46	90.2	5	9.8	51
Santa Barbara	47	49.5	48	50.5	95
Santa Clara	126	97.7	3	2.3	129
Stanislaus	19	100.0	0	0.0	19
Tulare	89	82.4	19	17.6	108
<b>Statewide</b>	<b>1,303</b>	<b>86.7%</b>	<b>200</b>	<b>13.3%</b>	<b>1,503</b>

## Question 1. Your age?

County or Combined Counties	Age 11-14		Age 15-18		Missing		Total
	Count	%	Count	%	Count	%	
Alameda	20	29.9	47	70.1	0	0.0	67
Contra Costa	13	39.4	19	57.6	1	3.0	33
Fresno	59	70.2	25	29.8	0	0.0	84
Kern	47	54.0	38	43.7	2	2.3	87
Los Angeles	18	19.1	76	80.9	0	0.0	94
Monterey and Santa Cruz	28	34.1	54	65.9	0	0.0	82
Napa, Yolo, and Solano	9	50.0	9	50.0	0	0.0	18
Orange	21	24.4	65	75.6	0	0.0	86
Riverside/San Bernardino	106	49.8	106	49.8	1	0.5	213
Sacramento	29	46.8	31	50.0	2	3.2	62
San Diego	49	54.4	40	44.4	1	1.1	90
San Francisco	31	35.6	56	64.4	0	0.0	87
San Joaquin	41	41.8	57	58.2	0	0.0	98
San Mateo	26	51.0	25	49.0	0	0.0	51
Santa Barbara	43	45.3	50	52.6	2	2.1	95
Santa Clara	53	41.1	76	58.9	0	0.0	129
Stanislaus	8	42.1	11	57.9	0	0.0	19
Tulare	42	38.9	65	60.2	1	0.9	108
<b>Statewide</b>	<b>643</b>	<b>42.8%</b>	<b>850</b>	<b>56.6%</b>	<b>10</b>	<b>0.7%</b>	<b>1,503</b>

## Question 2. Your grade?

County	Grades 6-9		Grades 10-12		Missing		Total
	Count	%	Count	%	Count	%	
Alameda	22	32.8	36	53.7	9	13.4	67
Contra Costa	18	54.5	12	36.4	3	9.1	33
Fresno	55	65.5	20	23.8	9	10.7	84
Kern	55	63.2	29	33.3	3	3.4	87
Los Angeles	24	25.5	60	63.8	10	10.6	94
Monterey and Santa Cruz	32	39.0	44	53.7	6	7.3	82
Napa, Yolo, and Solano	10	55.6	6	33.3	2	11.1	18
Orange	28	32.6	50	58.1	8	9.3	86
Riverside/San Bernardino	100	46.9	78	36.6	35	16.4	213
Sacramento	27	43.5	22	35.5	13	21.0	62
San Diego	48	53.3	34	37.8	8	8.9	90
San Francisco	38	43.7	42	48.3	7	8.0	87
San Joaquin	42	42.9	51	52.0	5	5.1	98
San Mateo	26	51.0	17	33.3	8	15.7	51
Santa Barbara	50	52.6	33	34.7	12	12.6	95
Santa Clara	49	38.0	60	46.5	20	15.5	129
Stanislaus	8	42.1	10	52.6	1	5.3	19
Tulare	45	41.7	51	47.2	12	11.1	108
<b>Total</b>	<b>677</b>	<b>45.0%</b>	<b>655</b>	<b>43.6%</b>	<b>171</b>	<b>11.4%</b>	<b>1,503</b>

## 3. Your sex?

County	Female		Male		Unknown		Total
	Count	%	Count	%	Count	%	
Alameda	36	53.7	26	38.8	5	7.5	67
Contra Costa	17	51.5	16	48.5	0	0.0	33
Fresno	50	59.5	32	38.1	2	2.4	84
Kern	46	52.9	35	40.2	6	6.9	87
Los Angeles	51	54.3	35	37.2	8	8.5	94
Monterey and Santa Cruz	29	35.4	45	54.9	8	9.8	82
Napa, Yolo, and Solano	10	55.6	6	33.3	2	11.1	18
Orange	49	57.0	35	40.7	2	2.3	86
Riverside/San Bernardino	118	55.4	83	39.0	12	5.6	213
Sacramento	29	46.8	26	41.9	7	11.3	62
San Diego	46	51.1	31	34.4	13	14.4	90
San Francisco	49	56.3	36	41.4	2	2.3	87
San Joaquin	54	55.1	42	42.9	2	2.0	98
San Mateo	17	33.3	29	56.9	5	9.8	51
Santa Barbara	55	57.9	35	36.8	5	5.3	95
Santa Clara	76	58.9	48	37.2	5	3.9	129
Stanislaus	13	68.4	6	31.6	0	0.0	19
Tulare	60	55.6	40	37.0	8	7.4	108
<b>Statewide</b>	<b>805</b>	<b>53.6%</b>	<b>606</b>	<b>40.3%</b>	<b>92</b>	<b>6.1%</b>	<b>1,503</b>

## 4. Your Ethnicity

County	African American		Hispanic		Asian		Caucasian		Other		Total
	#	%	#	%	#	%	#	%	#	%	
Alameda	6	9.0	23	34.3	37	55.2	0	0.0	1	1.5	67
Contra Costa	8	24.2	13	39.4	2	6.1	8	24.2	2	6.1	33
Fresno	5	6.0	72	85.7	1	1.2	5	6.0	1	1.2	84
Kern	8	9.2	57	65.5	0	0.0	18	20.7	4	4.6	87
Los Angeles	15	16.0	66	70.2	12	12.8	0	0.0	1	1.1	94
Monterey and Santa Cruz	6	7.3	72	87.8	3	3.7	0	0.0	1	1.2	82
Napa, Yolo, and Solano	4	22.2	7	38.9	2	11.1	4	22.2	1	5.6	18
Orange	5	5.8	70	81.4%	1	1.2	9	10.5	1	1.2	86
Riverside and San Bernardino	21	9.9	151	70.9	5	2.3	33	15.5	3	1.4	213
Sacramento	17	27.4	12	19.4	6	9.7	23	37.1	4	6.5	62
San Diego	3	3.3	76	84.4	2	2.2	9	10.0	0	0.0	90
San Francisco	4	4.6	4	4.6	69	79.3	7	8.0	3	3.4	87
San Joaquin	1	1.0	19	19.4	73	74.5	4	4.1	1	1.0	98
San Mateo	1	2.0	26	51.0	15	29.4	5	9.8	4	7.8	51
Santa Barbara	4	4.2	77	81.1	2	2.1	10	10.5	2	2.1	95
Santa Clara	2	1.6	56	43.4	67	51.9	4	3.1	0	0.0	129
Stanislaus	1	5.3	7	36.8	1	5.3	9	47.4	1	5.3	19
Tulare	1	0.9	88	81.5	3	2.8	13	12.0	3	2.8	108
<b>Statewide</b>	<b>112</b>	<b>7.5%</b>	<b>896</b>	<b>59.6%</b>	<b>301</b>	<b>20.0%</b>	<b>161</b>	<b>10.7%</b>	<b>33</b>	<b>2.2%</b>	<b>1,503</b>

5. When you checked in for your visit at the clinic or doctor's office today, did you receive a health questionnaire to fill out?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	77
Contra Costa	33	48
Fresno	80	89
Kern	85	68
Los Angeles	92	73
Monterey and Santa Cruz	71	75
Napa, Yolo, and Solano	18	61
Orange	85	66
Riverside and San Bernardino	208	68
Sacramento	58	78
San Diego	89	82
San Francisco	81	60
San Joaquin	98	82
San Mateo	46	59
Santa Barbara	94	78
Santa Clara	126	63
Stanislaus	19	68
Tulare	102	73
<b>Statewide</b>	<b>1,451</b>	<b>72%</b>

6. Did you have enough time to complete the health questionnaire before your doctor started your visit today?

County	Surveys With a Response	Yes Responses (%)
Alameda	51	88
Contra Costa	17	88
Fresno	74	96
Kern	57	95
Los Angeles	69	83
Monterey and Santa Cruz	71	69
Napa, Yolo, and Solano	11	64
Orange	61	90
Riverside and San Bernardino	179	73
Sacramento	48	85
San Diego	72	93
San Francisco	56	84
San Joaquin	82	98
San Mateo	31	87
Santa Barbara	72	90
Santa Clara	90	84
Stanislaus	13	100
Tulare	81	89
<b>Statewide</b>	<b>1,135</b>	<b>86%</b>

7. Were you able to fill out the health questionnaire privately so that no one (other patients, parents, or anyone else) could see your answers while you were filling it out?

County	Surveys With a Response	Yes Responses (%)
Alameda	50	96
Contra Costa	18	83
Fresno	71	92
Kern	58	71
Los Angeles	70	90
Monterey and Santa Cruz	72	72
Napa, Yolo, and Solano	11	91
Orange	62	90
Riverside and San Bernardino	180	70
Sacramento	49	94
San Diego	74	95
San Francisco	56	82
San Joaquin	84	90
San Mateo	31	77
Santa Barbara	73	84
Santa Clara	88	81
Stanislaus	13	92
Tulare	76	79
<b>Statewide</b>	<b>1,136</b>	<b>83%</b>

8. During your doctor visit, did your doctor ask you about information that you put on your health questionnaire?

County	Surveys With a Response	Yes Responses (%)
Alameda	45	69
Contra Costa	15	40
Fresno	64	75
Kern	55	67
Los Angeles	70	63
Monterey and Santa Cruz	71	49
Napa, Yolo, and Solano	11	73
Orange	61	72
Riverside and San Bernardino	173	51
Sacramento	46	67
San Diego	71	73
San Francisco	57	54
San Joaquin	73	67
San Mateo	32	59
Santa Barbara	73	64
Santa Clara	74	55
Stanislaus	10	40
Tulare	79	61
<b>Statewide</b>	<b>1,080</b>	<b>61%</b>

## 9. Did you have some time with your doctor without your parent?

County	Surveys With a Response	Yes Responses (%)
Alameda	63	68
Contra Costa	33	55
Fresno	79	46
Kern	85	36
Los Angeles	90	73
Monterey and Santa Cruz	81	52
Napa, Yolo, and Solano	18	78
Orange	79	92
Riverside and San Bernardino	208	38
Sacramento	59	58
San Diego	88	63
San Francisco	86	71
San Joaquin	96	69
San Mateo	50	84
Santa Barbara	94	50
Santa Clara	125	66
Stanislaus	18	28
Tulare	104	56
<b>Statewide</b>	<b>1,456</b>	<b>58%</b>

## 10. Did your doctor explain to you that there were certain things that he or she would not tell your parents about?

County	Surveys With a Response	Yes Responses (%)
Alameda	65	35
Contra Costa	32	34
Fresno	80	53
Kern	84	17
Los Angeles	89	58
Monterey and Santa Cruz	81	42
Napa, Yolo, and Solano	17	71
Orange	80	80
Riverside and San Bernardino	207	28
Sacramento	55	40
San Diego	86	55
San Francisco	87	37
San Joaquin	97	62
San Mateo	50	54
Santa Barbara	94	49
Santa Clara	126	38
Stanislaus	19	37
Tulare	104	43
<b>Statewide</b>	<b>1,453</b>	<b>44%</b>

11. Did your doctor explain to you that there were certain things that he or she would tell your parents about?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	41
Contra Costa	31	32
Fresno	81	56
Kern	84	35
Los Angeles	90	52
Monterey and Santa Cruz	82	52
Napa, Yolo, and Solano	18	50
Orange	79	63
Riverside and San Bernardino	209	30
Sacramento	54	43
San Diego	86	65
San Francisco	85	45
San Joaquin	98	60
San Mateo	50	52
Santa Barbara	92	58
Santa Clara	125	47
Stanislaus	19	47
Tulare	102	45
<b>Statewide</b>	<b>1,451</b>	<b>48%</b>

12. Did your doctor ask if you smoke or chew tobacco?

County	Surveys With a Response	Yes Responses (%)
Alameda	64	73
Contra Costa	33	76
Fresno	83	72
Kern	85	80
Los Angeles	92	67
Monterey and Santa Cruz	80	56
Napa, Yolo, and Solano	18	83
Orange	84	87
Riverside and San Bernardino	206	54
Sacramento	56	80
San Diego	89	67
San Francisco	82	62
San Joaquin	96	68
San Mateo	51	78
Santa Barbara	91	64
Santa Clara	125	53
Stanislaus	19	63
Tulare	107	67
<b>Statewide</b>	<b>1,461</b>	<b>67%</b>

## 13. Did your doctor express concern that you use tobacco?

County	Surveys With a Response	Yes Responses (%)
Alameda	12	58
Contra Costa	12	67
Fresno	39	77
Kern	13	38
Los Angeles	30	53
Monterey and Santa Cruz	45	38
Napa, Yolo, and Solano	3	67
Orange	27	56
Riverside and San Bernardino	39	62
Sacramento	19	53
San Diego	34	56
San Francisco	16	75
San Joaquin	15	33
San Mateo	9	56
Santa Barbara	31	48
Santa Clara	30	63
Stanislaus	8	38
Tulare	22	59
<b>Statewide</b>	<b>404</b>	<b>56%</b>

## 14. Did your doctor encourage you to remain a nonsmoker or non-tobacco user?

County	Surveys With a Response	Yes Responses (%)
Alameda	57	77
Contra Costa	26	73
Fresno	69	75
Kern	72	76
Los Angeles	78	71
Monterey and Santa Cruz	75	59
Napa, Yolo, and Solano	12	83
Orange	67	84
Riverside and San Bernardino	194	48
Sacramento	52	83
San Diego	72	67
San Francisco	67	72
San Joaquin	88	73
San Mateo	34	74
Santa Barbara	74	59
Santa Clara	101	72
Stanislaus	13	69
Tulare	89	63
<b>Statewide</b>	<b>1,240</b>	<b>68%</b>

## 15. Did your doctor ask whether you plan on starting to use tobacco in the next year?

County	Surveys With a Response	Yes Responses (%)
Alameda	59	47
Contra Costa	25	20
Fresno	71	54
Kern	77	23
Los Angeles	80	23
Monterey and Santa Cruz	71	25
Napa, Yolo, and Solano	12	33
Orange	69	29
Riverside and San Bernardino	198	26
Sacramento	50	26
San Diego	74	47
San Francisco	68	26
San Joaquin	89	48
San Mateo	38	21
Santa Barbara	83	19
Santa Clara	106	15
Stanislaus	14	7
Tulare	91	26
<b>Statewide</b>	<b>1,275</b>	<b>29%</b>

## 16. Did your doctor ask if you drink alcohol?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	76
Contra Costa	32	53
Fresno	84	65
Kern	86	72
Los Angeles	92	70
Monterey and Santa Cruz	80	51
Napa, Yolo, and Solano	18	83
Orange	82	79
Riverside and San Bernardino	208	51
Sacramento	57	65
San Diego	89	64
San Francisco	82	60
San Joaquin	96	68
San Mateo	48	77
Santa Barbara	94	54
Santa Clara	125	51
Stanislaus	19	53
Tulare	102	66
<b>Statewide</b>	<b>1,460</b>	<b>62%</b>

## 17. Did your doctor ask you how much you drink?

County	Surveys with a Response	Yes Responses (%)
Alameda	7	71
Contra Costa	6	33
Fresno	42	71
Kern	8	38
Los Angeles	32	47
Monterey and Santa Cruz	46	43
Napa, Yolo, and Solano	4	75
Orange	34	56
Riverside and San Bernardino	44	36
Sacramento	23	61
San Diego	32	50
San Francisco	12	83
San Joaquin	17	24
San Mateo	10	40
Santa Barbara	31	29
Santa Clara	23	65
Stanislaus	6	33
Tulare	18	28
<b>Statewide</b>	<b>395</b>	<b>49%</b>

## 18. Did your doctor express concern that you drink alcohol?

County	Surveys with a Response	Yes Responses (%)
Alameda	6	83
Contra Costa	6	50
Fresno	38	76
Kern	8	50
Los Angeles	32	56
Monterey and Santa Cruz	45	42
Napa, Yolo, and Solano	4	75
Orange	33	67
Riverside and San Bernardino	41	41
Sacramento	20	50
San Diego	31	58
San Francisco	13	69
San Joaquin	16	31
San Mateo	9	56
Santa Barbara	30	40
Santa Clara	21	52
Stanislaus	6	33
Tulare	18	28
<b>Statewide</b>	<b>377</b>	<b>52%</b>

## 19. Did your doctor encourage you not to start using alcohol?

County	Surveys with a Response	Yes Responses (%)
Alameda	58	69
Contra Costa	28	57
Fresno	76	75
Kern	79	72
Los Angeles	79	63
Monterey and Santa Cruz	75	47
Napa, Yolo, and Solano	15	80
Orange	73	68
Riverside and San Bernardino	199	43
Sacramento	51	55
San Diego	80	65
San Francisco	71	58
San Joaquin	94	74
San Mateo	36	58
Santa Barbara	84	50
Santa Clara	112	54
Stanislaus	17	41
Tulare	95	58
<b>Statewide</b>	<b>1,322</b>	<b>59%</b>

## 20. Did your doctor ask whether you plan on starting to use alcohol in the next year?

County	Surveys With a Response	Yes Responses (%)
Alameda	59	42
Contra Costa	28	18
Fresno	75	52
Kern	81	31
Los Angeles	81	27
Monterey and Santa Cruz	69	30
Napa, Yolo, and Solano	15	40
Orange	72	32
Riverside and San Bernardino	200	32
Sacramento	50	20
San Diego	79	44
San Francisco	73	23
San Joaquin	93	52
San Mateo	37	22
Santa Barbara	84	19
Santa Clara	117	19
Stanislaus	17	24
Tulare	94	29
<b>Statewide</b>	<b>1,324</b>	<b>31%</b>

## 21. Did your doctor ask if you have ever used drugs?

County	Surveys With a Response	Yes Responses (%)
Alameda	65	77
Contra Costa	31	58
Fresno	82	70
Kern	87	78
Los Angeles	94	71
Monterey and Santa Cruz	79	54
Napa, Yolo, and Solano	18	83
Orange	84	89
Riverside and San Bernardino	207	51
Sacramento	57	79
San Diego	86	71
San Francisco	80	54
San Joaquin	93	71
San Mateo	48	85
Santa Barbara	92	55
Santa Clara	125	56
Stanislaus	19	58
Tulare	104	65
<b>Statewide</b>	<b>1,451</b>	<b>66%</b>

## 22. Did your doctor ask you how often you have used drugs?

County	Surveys With a Response	Yes Responses (%)
Alameda	9	56
Contra Costa	8	63
Fresno	40	70
Kern	9	22
Los Angeles	31	52
Monterey and Santa Cruz	47	43
Napa, Yolo, and Solano	4	100
Orange	37	84
Riverside and San Bernardino	46	50
Sacramento	16	50
San Diego	28	61
San Francisco	10	70
San Joaquin	12	17
San Mateo	9	78
Santa Barbara	31	29
Santa Clara	27	48
Stanislaus	5	20
Tulare	21	43
<b>Statewide</b>	<b>390</b>	<b>53%</b>

## 23. Did your doctor express concern that you have used drugs?

County	Surveys With a Response	Yes Responses (%)
Alameda	8	50
Contra Costa	8	75
Fresno	40	70
Kern	9	22
Los Angeles	30	60
Monterey and Santa Cruz	44	43
Napa, Yolo, and Solano	4	75
Orange	36	72
Riverside and San Bernardino	42	50
Sacramento	15	53
San Diego	28	61
San Francisco	11	73
San Joaquin	12	42
San Mateo	8	63
Santa Barbara	30	47
Santa Clara	25	52
Stanislaus	5	0
Tulare	22	36
<b>Statewide</b>	<b>377</b>	<b>54%</b>

## 24. Did your doctor encourage you not to start using drugs?

County	Surveys With a Response	Yes Responses (%)
Alameda	57	72
Contra Costa	24	63
Fresno	75	73
Kern	76	66
Los Angeles	77	62
Monterey and Santa Cruz	74	53
Napa, Yolo, and Solano	15	80
Orange	72	82
Riverside and San Bernardino	199	46
Sacramento	48	67
San Diego	80	68
San Francisco	71	72
San Joaquin	96	73
San Mateo	41	66
Santa Barbara	80	58
Santa Clara	109	57
Stanislaus	15	60
Tulare	97	61
<b>Statewide</b>	<b>1,306</b>	<b>63%</b>

## 25. Did your doctor ask whether you plan on starting to use drugs in the next year?

County	Surveys With a Response	Yes Responses (%)
Alameda	60	47
Contra Costa	23	26
Fresno	74	57
Kern	79	34
Los Angeles	78	33
Monterey and Santa Cruz	71	39
Napa, Yolo, and Solano	14	50
Orange	69	41
Riverside and San Bernardino	201	28
Sacramento	50	36
San Diego	78	51
San Francisco	75	21
San Joaquin	93	51
San Mateo	42	24
Santa Barbara	84	26
Santa Clara	113	22
Stanislaus	17	18
Tulare	95	28
<b>Statewide</b>	<b>1,316</b>	<b>35%</b>

## 26. Did your doctor ask if you use a helmet when using a bicycle, skateboard, or rollerblades?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	64
Contra Costa	31	32
Fresno	81	62
Kern	87	40
Los Angeles	94	41
Monterey and Santa Cruz	81	40
Napa, Yolo, and Solano	18	67
Orange	85	59
Riverside and San Bernardino	213	27
Sacramento	61	43
San Diego	89	56
San Francisco	84	36
San Joaquin	97	64
San Mateo	51	53
Santa Barbara	94	34
Santa Clara	127	25
Stanislaus	19	11
Tulare	108	34
<b>Statewide</b>	<b>1,487</b>	<b>42%</b>

27. Did your doctor encourage you to use a helmet when using a bicycle, skateboard, or rollerblades?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	64
Contra Costa	31	35
Fresno	83	65
Kern	87	40
Los Angeles	94	46
Monterey and Santa Cruz	80	41
Napa, Yolo, and Solano	18	61
Orange	85	59
Riverside and San Bernardino	213	26
Sacramento	60	52
San Diego	87	55
San Francisco	84	45
San Joaquin	97	71
San Mateo	50	52
Santa Barbara	90	34
Santa Clara	123	32
Stanislaus	18	22
Tulare	107	39
<b>Statewide</b>	<b>1,473</b>	<b>45%</b>

28. Did your doctor ask if you use a seatbelt when riding in a car?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	40
Contra Costa	32	63
Fresno	83	29
Kern	87	55
Los Angeles	94	49
Monterey and Santa Cruz	80	51
Napa, Yolo, and Solano	18	22
Orange	86	36
Riverside and San Bernardino	213	66
Sacramento	61	44
San Diego	87	43
San Francisco	84	50
San Joaquin	97	29
San Mateo	51	39
Santa Barbara	93	49
Santa Clara	127	64
Stanislaus	19	68
Tulare	108	56
<b>Statewide</b>	<b>1,487</b>	<b>49%</b>

## 29. Did your doctor encourage you to use a seatbelt when riding in a car?

County	Surveys With a Response	Yes Responses (%)
Alameda	65	62
Contra Costa	32	38
Fresno	82	73
Kern	86	47
Los Angeles	94	53
Monterey and Santa Cruz	77	44
Napa, Yolo, and Solano	18	72
Orange	85	64
Riverside and San Bernardino	211	31
Sacramento	60	60
San Diego	90	58
San Francisco	83	57
San Joaquin	96	76
San Mateo	51	59
Santa Barbara	92	48
Santa Clara	124	39
Stanislaus	18	33
Tulare	107	47
<b>Statewide</b>	<b>1,471</b>	<b>51%</b>

## 30. Did your doctor ask you if you ever ride in a car with a driver who has been drinking or who has taken drugs?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	36
Contra Costa	30	23
Fresno	83	57
Kern	86	33
Los Angeles	93	31
Monterey and Santa Cruz	80	28
Napa, Yolo, and Solano	18	39
Orange	84	46
Riverside and San Bernardino	210	22
Sacramento	61	36
San Diego	89	54
San Francisco	83	20
San Joaquin	95	55
San Mateo	51	35
Santa Barbara	93	29
Santa Clara	126	19
Stanislaus	19	16
Tulare	106	33
<b>Statewide</b>	<b>1,473</b>	<b>34%</b>

## 31. Did your doctor ask if you have ever had sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	62	60
Contra Costa	31	55
Fresno	74	59
Kern	86	72
Los Angeles	94	71
Monterey and Santa Cruz	80	54
Napa, Yolo, and Solano	17	88
Orange	81	94
Riverside and San Bernardino	210	47
Sacramento	58	66
San Diego	89	64
San Francisco	87	46
San Joaquin	93	66
San Mateo	49	73
Santa Barbara	91	46
Santa Clara	119	46
Stanislaus	18	50
Tulare	105	61
<b>Statewide</b>	<b>1,444</b>	<b>60%</b>

## 32. Did your doctor ask if you or your partner always use condoms when you have sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	28	71
Contra Costa	13	69
Fresno	47	70
Kern	19	53
Los Angeles	60	68
Monterey and Santa Cruz	57	51
Napa, Yolo, and Solano	8	100
Orange	58	84
Riverside and San Bernardino	80	35
Sacramento	29	66
San Diego	37	59
San Francisco	17	59
San Joaquin	23	61
San Mateo	12	58
Santa Barbara	44	36
Santa Clara	40	73
Stanislaus	10	60
Tulare	51	73
<b>Statewide</b>	<b>633</b>	<b>61%</b>

33. Did your doctor ask if you or your partner always use some method to prevent pregnancy when you have sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	28	75
Contra Costa	12	67
Fresno	49	71
Kern	20	50
Los Angeles	61	72
Monterey and Santa Cruz	57	53
Napa, Yolo, and Solano	8	100
Orange	59	78
Riverside and San Bernardino	79	33
Sacramento	29	59
San Diego	35	60
San Francisco	17	65
San Joaquin	23	52
San Mateo	11	36
Santa Barbara	44	43
Santa Clara	41	56
Stanislaus	10	60
Tulare	52	69
<b>Statewide</b>	<b>635</b>	<b>59%</b>

34. Did your doctor encourage you to always use (or your partner to always use) condoms when you have sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	28	75
Contra Costa	12	75
Fresno	48	71
Kern	20	55
Los Angeles	61	74
Monterey and Santa Cruz	58	55
Napa, Yolo, and Solano	8	100
Orange	58	84
Riverside and San Bernardino	79	35
Sacramento	29	66
San Diego	38	61
San Francisco	17	65
San Joaquin	22	64
San Mateo	11	64
Santa Barbara	44	55
Santa Clara	41	71
Stanislaus	10	70
Tulare	52	67
<b>Statewide</b>	<b>636</b>	<b>64%</b>

35. Did your doctor encourage you to always use (or your partner to always use) some method to prevent pregnancy when you have sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	28	71
Contra Costa	12	75
Fresno	49	71
Kern	19	58
Los Angeles	61	75
Monterey and Santa Cruz	57	58
Napa, Yolo, and Solano	8	100
Orange	58	83
Riverside and San Bernardino	79	37
Sacramento	29	66
San Diego	36	58
San Francisco	17	65
San Joaquin	24	58
San Mateo	11	55
Santa Barbara	43	51
Santa Clara	39	64
Stanislaus	10	60
Tulare	51	67
<b>Statewide</b>	<b>631</b>	<b>63%</b>

36. Did your doctor encourage you to wait longer before you start to have sex?

County	Surveys With a Response	Yes Responses (%)
Alameda	52	54
Contra Costa	25	24
Fresno	75	67
Kern	77	61
Los Angeles	61	39
Monterey and Santa Cruz	70	43
Napa, Yolo, and Solano	12	58
Orange	60	62
Riverside and San Bernardino	192	36
Sacramento	53	60
San Diego	75	60
San Francisco	72	40
San Joaquin	87	63
San Mateo	39	49
Santa Barbara	72	42
Santa Clara	105	37
Stanislaus	15	40
Tulare	79	47
<b>Statewide</b>	<b>1,221</b>	<b>48%</b>

## 37. Did your doctor ask if you plan on starting to have sex in the next year?

County	Surveys With a Response	Yes Responses (%)
Alameda	54	31
Contra Costa	25	16
Fresno	74	53
Kern	80	31
Los Angeles	62	21
Monterey and Santa Cruz	71	35
Napa, Yolo, and Solano	12	58
Orange	59	41
Riverside and San Bernardino	195	26
Sacramento	52	31
San Diego	77	44
San Francisco	71	17
San Joaquin	85	45
San Mateo	39	15
Santa Barbara	74	22
Santa Clara	109	19
Stanislaus	16	19
Tulare	77	23
<b>Statewide</b>	<b>1,232</b>	<b>30%</b>

## 38. Did your doctor discuss the prevention of sexually transmitted diseases (STDs) and HIV with you?

County	Surveys With a Response	Yes Responses (%)
Alameda	65	49
Contra Costa	33	33
Fresno	82	50
Kern	86	42
Los Angeles	94	62
Monterey and Santa Cruz	80	53
Napa, Yolo, and Solano	17	76
Orange	83	75
Riverside and San Bernardino	213	38
Sacramento	61	56
San Diego	88	63
San Francisco	85	39
San Joaquin	94	65
San Mateo	51	45
Santa Barbara	94	45
Santa Clara	128	39
Stanislaus	19	37
Tulare	105	65
<b>Statewide</b>	<b>1,478</b>	<b>51%</b>

## 39. Did your doctor talk to you about:

## 39a. Preventing overexposure to the sun?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	52
Contra Costa	33	33
Fresno	83	60
Kern	87	37
Los Angeles	93	37
Monterey and Santa Cruz	82	40
Napa, Yolo, and Solano	18	44
Orange	85	42
Riverside and San Bernardino	209	30
Sacramento	61	38
San Diego	88	56
San Francisco	86	33
San Joaquin	96	64
San Mateo	51	47
Santa Barbara	93	30
Santa Clara	128	34
Stanislaus	19	16
Tulare	107	30
<b>Statewide</b>	<b>1,486</b>	<b>40%</b>

## 39b. (Did your doctor talk to you about:) How much physical activity you do?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	70
Contra Costa	33	79
Fresno	84	69
Kern	87	77
Los Angeles	93	65
Monterey and Santa Cruz	81	58
Napa, Yolo, and Solano	18	83
Orange	85	76
Riverside and San Bernardino	211	75
Sacramento	61	62
San Diego	90	81
San Francisco	86	74
San Joaquin	96	75
San Mateo	49	76
Santa Barbara	94	65
Santa Clara	129	71
Stanislaus	19	53
Tulare	107	55
<b>Statewide</b>	<b>1,489</b>	<b>70%</b>

## 39c. (Did your doctor talk to you about:) Eating nutritionally balanced meals?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	88
Contra Costa	33	79
Fresno	83	77
Kern	86	76
Los Angeles	93	77
Monterey and Santa Cruz	81	60
Napa, Yolo, and Solano	18	83
Orange	86	74
Riverside and San Bernardino	213	74
Sacramento	60	73
San Diego	90	88
San Francisco	86	81
San Joaquin	98	79
San Mateo	51	78
Santa Barbara	95	64
Santa Clara	128	75
Stanislaus	19	47
Tulare	106	62
<b>Statewide</b>	<b>1,493</b>	<b>75%</b>

## 39d. (Did your doctor talk to you about:) Getting help if you feel sad or depressed?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	54
Contra Costa	33	52
Fresno	84	61
Kern	87	46
Los Angeles	93	55
Monterey and Santa Cruz	79	51
Napa, Yolo, and Solano	18	72
Orange	86	70
Riverside and San Bernardino	212	46
Sacramento	62	48
San Diego	87	69
San Francisco	86	59
San Joaquin	96	66
San Mateo	51	51
Santa Barbara	95	41
Santa Clara	127	45
Stanislaus	19	37
Tulare	101	54
<b>Statewide</b>	<b>1,483</b>	<b>53.5%</b>

## 39e. (Did your doctor talk to you about:) Completing your teen immunizations?

County	Surveys With a Response	Yes Responses (%)
Alameda	65	60
Contra Costa	33	48
Fresno	84	70
Kern	87	61
Los Angeles	93	61
Monterey and Santa Cruz	82	65
Napa, Yolo, and Solano	18	67
Orange	86	65
Riverside and San Bernardino	209	72
Sacramento	61	56
San Diego	88	77
San Francisco	87	62
San Joaquin	97	72
San Mateo	50	62
Santa Barbara	95	59
Santa Clara	126	57
Stanislaus	19	32
Tulare	105	52
<b>Statewide</b>	<b>1,485</b>	<b>63%</b>

## 39f. (Did your doctor talk to you about:) Violence?

County	Surveys With a Response	Yes Responses (%)
Alameda	66	44
Contra Costa	33	45
Fresno	84	57
Kern	86	37
Los Angeles	94	51
Monterey and Santa Cruz	81	38
Napa, Yolo, and Solano	17	65
Orange	85	64
Riverside and San Bernardino	211	31
Sacramento	61	43
San Diego	89	66
San Francisco	86	47
San Joaquin	96	65
San Mateo	50	50
Santa Barbara	94	36
Santa Clara	129	33
Stanislaus	19	11
Tulare	103	37
<b>Statewide</b>	<b>1,484</b>	<b>45%</b>

## 40. Did your doctor ask you about the important adults in your life?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	37
Contra Costa	33	30
Fresno	83	55
Kern	87	37
Los Angeles	94	46
Monterey and Santa Cruz	82	49
Napa, Yolo, and Solano	18	56
Orange	86	56
Riverside and San Bernardino	210	36
Sacramento	62	42
San Diego	88	63
San Francisco	87	29
San Joaquin	98	56
San Mateo	51	41
Santa Barbara	94	34
Santa Clara	128	38
Stanislaus	19	11
Tulare	106	36
<b>Statewide</b>	<b>1,493</b>	<b>42%</b>

## 41. Did your doctor ask you about your school grades and activities?

County	Surveys With a Response	Yes Responses (%)
Alameda	67	49
Contra Costa	33	61
Fresno	83	70
Kern	87	60
Los Angeles	92	59
Monterey and Santa Cruz	82	55
Napa, Yolo, and Solano	18	89
Orange	86	84
Riverside and San Bernardino	210	70
Sacramento	61	67
San Diego	89	80
San Francisco	86	81
San Joaquin	98	72
San Mateo	51	76
Santa Barbara	92	64
Santa Clara	128	72
Stanislaus	18	44
Tulare	108	43
<b>Statewide</b>	<b>1,489</b>	<b>67%</b>

## 42. Did your doctor ask you about your responsibilities at home and school?

County	Surveys With a Response	Yes Responses (%)
Alameda	55	36
Contra Costa	31	42
Fresno	72	69
Kern	86	44
Los Angeles	92	45
Monterey and Santa Cruz	80	53
Napa, Yolo, and Solano	18	56
Orange	83	66
Riverside and San Bernardino	209	39
Sacramento	60	47
San Diego	90	73
San Francisco	87	43
San Joaquin	91	64
San Mateo	49	51
Santa Barbara	95	51
Santa Clara	125	53
Stanislaus	15	20
Tulare	102	42
<b>Statewide</b>	<b>1,440</b>	<b>50%</b>

## 43. Did your doctor ask you about your activities that help others?

County	Surveys With a Response	Yes Responses (%)
Alameda	62	34
Contra Costa	33	21
Fresno	77	53
Kern	87	34
Los Angeles	90	36
Monterey and Santa Cruz	81	38
Napa, Yolo, and Solano	17	47
Orange	83	43
Riverside and San Bernardino	210	28
Sacramento	61	31
San Diego	89	57
San Francisco	87	36
San Joaquin	93	56
San Mateo	47	32
Santa Barbara	94	39
Santa Clara	127	35
Stanislaus	15	0
Tulare	103	31
<b>Statewide</b>	<b>1,456</b>	<b>38%</b>


## 44. Would you want to see this doctor again to discuss health issues?

County	Surveys With Responses	Definitely (1)	Probably (2)	Probably Not (3)	Definitely Not (4)
Alameda	65	69%	25%	3%	3%
Contra Costa	33	55%	39%	6%	0%
Fresno	79	34%	52%	6%	8%
Kern	86	47%	37%	15%	1%
Los Angeles	91	53%	38%	4%	4%
Monterey and Santa Cruz	72	33%	47%	8%	11%
Napa, Yolo, and Solano	18	72%	22%	6%	0%
Orange	83	73%	23%	1%	2%
Riverside/San Bernardino	203	65%	26%	8%	2%
Sacramento	57	44%	35%	12%	9%
San Diego	88	78%	15%	1%	6%
San Francisco	84	45%	42%	12%	1%
San Joaquin	91	66%	27%	5%	1%
San Mateo	47	32%	60%	6%	2%
Santa Barbara	94	68%	16%	5%	11%
Santa Clara	126	53%	36%	9%	2%
Stanislaus	14	43%	21%	29%	7%
Tulare	98	60%	23%	7%	9%
<b>Statewide</b>	<b>1,429</b>	<b>57%</b>	<b>32%</b>	<b>7%</b>	<b>4%</b>

## Appendix A5

### Indicator Tables in Grayscale

Table 1a. State-Level Indicators

	At or near the indicator mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

Indicator	Qualified Surveys	Baseline Rate
Tobacco use	1,461	62.3
Alcohol use	1,460	58.8
Drug use	1,451	62.3
Sexual behavior	1,444	57.6
Transportation	1,494	42.1
Physical activity and nutrition	1,501	72.0
Depression	1,483	53.5
Positive influences	1,502	48.2
Time alone with provider	1,456	58.4
Sun overexposure	1,486	40.0
Adolescent immunizations	1,485	63.4
Violence	1,484	44.6
Indicator mean	NA	55.3
Overall survey AWVCI	1,503	56.0

\*Within the interval defined by [indicator mean  $\pm$  (indicator mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [State-Level Indicators](#)

Table 6a. AWVCI by County

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	60.2
Contra Costa	33	51.3
Fresno	84	63.3
Kern	87	57.1
Los Angeles	94	58.2
Monterey and Santa Cruz	82	49.6
Napa, Yolo, and Solano	18	72.6
Orange	86	72.4
Riverside and San Bernardino	213	46.8
Sacramento	62	57.6
San Diego	90	66.2
San Francisco	87	53.4
San Joaquin	98	66.8
San Mateo	51	62.8
Santa Barbara	95	48.2
Santa Clara	129	48.3
Stanislaus	19	36.8
Tulare	108	51.9
County Mean	NA	56.9
Statewide	1,503	56.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return the color table: [AWVCI by County](#)

Table 7a. Tobacco Use








	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	64	69.7
Contra Costa	33	68.5
Fresno	83	70.1
Kern	85	74.0
Los Angeles	92	61.8
Monterey and Santa Cruz	80	51.8
Napa, Yolo, and Solano	18	76.7
Orange	84	80.8
Riverside and San Bernardino	206	50.5
Sacramento	56	76.1
San Diego	89	63.4
San Francisco	82	58.9
San Joaquin	96	65.8
San Mateo	51	68.4
Santa Barbara	91	58.1
Santa Clara	125	49.7
Stanislaus	19	58.4
Tulare	107	62.5
County Mean	NA	64.7
Statewide	1,461	62.3

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Tobacco Use](#)

Table 8a. Alcohol Use

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	66	70.3
Contra Costa	32	48.4
Fresno	84	64.8
Kern	86	66.9
Los Angeles	92	64.0
Monterey and Santa Cruz	80	47.5
Napa, Yolo, and Solano	18	78.3
Orange	82	74.9
Riverside and San Bernardino	208	48.5
Sacramento	57	61.8
San Diego	89	61.7
San Francisco	82	54.3
San Joaquin	96	67.1
San Mateo	48	67.7
Santa Barbara	94	50.4
Santa Clara	125	48.1
Stanislaus	19	46.3
Tulare	102	62.5
County Mean	NA	60.2
Statewide	1,460	58.8

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Alcohol Use](#)

Table 9a. Drug Use

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	65	71.4
Contra Costa	31	54.2
Fresno	82	67.7
Kern	87	72.0
Los Angeles	94	64.6
Monterey and Santa Cruz	79	52.2
Napa, Yolo, and Solano	18	80.0
Orange	84	85.7
Riverside and San Bernardino	207	49.2
Sacramento	57	73.7
San Diego	86	68.1
San Francisco	80	51.1
San Joaquin	93	70.0
San Mateo	48	77.3
Santa Barbara	92	52.8
Santa Clara	125	52.4
Stanislaus	19	51.6
Tulare	104	61.9
County Mean	NA	64.2
Statewide	1,451	62.3

\*Within the interval defined by  $[\text{county mean} \pm (\text{county mean} \times 2.5\%)]$ .

Click here (or control+click) to return to the color table: [Drug Use](#)

Table 10a. Sexual Behavior

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	62	57.3
Contra Costa	31	51.0
Fresno	74	58.6
Kern	86	67.9
Los Angeles	94	69.0
Monterey and Santa Cruz	80	51.9
Napa, Yolo, and Solano	17	86.5
Orange	81	91.2
Riverside and San Bernardino	210	44.6
Sacramento	58	63.4
San Diego	89	62.7
San Francisco	87	43.6
San Joaquin	93	65.3
San Mateo	49	69.2
Santa Barbara	91	44.8
Santa Clara	119	44.2
Stanislaus	18	45.0
Tulare	105	60.1
County Mean	NA	59.8
Statewide	1,444	57.6

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Sexual Behavior](#)

Table 11a. Transportation Safety

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	53.3
Contra Costa	32	30.9
Fresno	83	63.4
Kern	87	39.3
Los Angeles	94	41.8
Monterey and Santa Cruz	81	37.7
Napa, Yolo, and Solano	18	61.7
Orange	86	55.8
Riverside and San Bernardino	213	27.4
Sacramento	61	45.7
San Diego	90	54.6
San Francisco	85	36.2
San Joaquin	97	63.6
San Mateo	51	49.8
Santa Barbara	95	37.1
Santa Clara	127	27.1
Stanislaus	19	20.5
Tulare	108	37.6
County Mean	NA	43.5
Statewide	1,494	42.1

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Transportation Safety](#)

Table 12a. Physical Activity and Nutrition

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	78.4
Contra Costa	33	78.8
Fresno	84	72.6
Kern	87	75.9
Los Angeles	94	70.2
Monterey and Santa Cruz	82	58.5
Napa, Yolo, and Solano	18	83.3
Orange	86	75.0
Riverside and San Bernardino	213	74.2
Sacramento	61	67.2
San Diego	90	84.4
San Francisco	86	77.9
San Joaquin	98	76.0
San Mateo	51	75.5
Santa Barbara	95	64.2
Santa Clara	129	72.5
Stanislaus	19	50.0
Tulare	108	57.9
County Mean	NA	71.8
Statewide	1,501	72.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Physical Activity and Nutrition](#)

Table 13a. Depression

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	53.7
Contra Costa	33	51.5
Fresno	84	60.7
Kern	87	46.0
Los Angeles	93	54.8
Monterey and Santa Cruz	79	50.6
Napa, Yolo, and Solano	18	72.2
Orange	86	69.8
Riverside and San Bernardino	212	46.2
Sacramento	62	48.4
San Diego	87	69.0
San Francisco	86	59.3
San Joaquin	96	65.6
San Mateo	51	51.0
Santa Barbara	95	41.1
Santa Clara	127	44.9
Stanislaus	19	36.8
Tulare	101	53.5
County Mean	NA	54.2
Statewide	1,483	53.5

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Depression](#)

Table 14a. Positive Influences

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	36.9
Contra Costa	33	37.9
Fresno	84	58.0
Kern	87	43.7
Los Angeles	94	45.2
Monterey and Santa Cruz	82	48.2
Napa, Yolo, and Solano	18	61.1
Orange	86	61.3
Riverside and San Bernardino	212	42.8
Sacramento	62	46.0
San Diego	90	67.5
San Francisco	87	46.8
San Joaquin	98	60.2
San Mateo	51	49.0
Santa Barbara	95	46.3
Santa Clara	129	48.8
Stanislaus	19	17.1
Tulare	108	36.8
County Mean	NA	47.4
Statewide	1,502	48.2

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Positive Influences](#)

Table 15a. Time Alone With Provider

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	63	68.3
Contra Costa	33	54.5
Fresno	79	45.6
Kern	85	36.5
Los Angeles	90	73.3
Monterey and Santa Cruz	81	51.9
Napa, Yolo, and Solano	18	77.8
Orange	79	92.4
Riverside and San Bernardino	208	37.5
Sacramento	59	57.6
San Diego	88	62.5
San Francisco	86	70.9
San Joaquin	96	68.8
San Mateo	50	84.0
Santa Barbara	94	50.0
Santa Clara	125	65.6
Stanislaus	18	27.8
Tulare	104	55.8
County Mean	NA	60.0
Statewide	1,456	58.4

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Time Alone With Provider](#)

Table 16a. Sun Overexposure

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	67	52.2
Contra Costa	33	33.3
Fresno	83	60.2
Kern	87	36.8
Los Angeles	93	36.6
Monterey and Santa Cruz	82	40.2
Napa, Yolo, and Solano	18	44.4
Orange	85	42.4
Riverside and San Bernardino	209	30.1
Sacramento	61	37.7
San Diego	88	55.7
San Francisco	86	32.6
San Joaquin	96	63.5
San Mateo	51	47.1
Santa Barbara	93	30.1
Santa Clara	128	34.4
Stanislaus	19	15.8
Tulare	107	29.9
County Mean	NA	40.2
Statewide	1,486	40.0

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Sun Overexposure](#)

Table 17a. Adolescent Immunizations

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	65	60.0
Contra Costa	33	48.5
Fresno	84	70.2
Kern	87	60.9
Los Angeles	93	61.3
Monterey and Santa Cruz	82	64.6
Napa, Yolo, and Solano	18	66.7
Orange	86	65.1
Riverside and San Bernardino	209	71.8
Sacramento	61	55.7
San Diego	88	77.3
San Francisco	87	62.1
San Joaquin	97	72.2
San Mateo	50	62.0
Santa Barbara	95	58.9
Santa Clara	126	57.1
Stanislaus	19	31.6
Tulare	105	52.4
County Mean	NA	61.0
Statewide	1,485	63.4

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Adolescent Immunizations](#)

Table 18a. Violence

	At or near the county mean*		Below the mean
	Above the mean		1 or more SDs below the mean
	1 or more SDs above the mean		2 or more SDs below the mean
	2 or more SDs above the mean		

County	Qualified Surveys	Baseline Rate
Alameda	66	43.9
Contra Costa	33	45.5
Fresno	84	57.1
Kern	86	37.2
Los Angeles	94	51.1
Monterey and Santa Cruz	81	38.3
Napa, Yolo, and Solano	17	64.7
Orange	85	63.5
Riverside and San Bernardino	211	30.8
Sacramento	61	42.6
San Diego	89	66.3
San Francisco	86	46.5
San Joaquin	96	64.6
San Mateo	50	50.0
Santa Barbara	94	36.2
Santa Clara	129	33.3
Stanislaus	19	10.5
Tulare	103	36.9
County Mean	NA	45.5
Statewide	1,484	44.6

\*Within the interval defined by [county mean  $\pm$  (county mean  $\times$  2.5%)].

Click here (or control+click) to return to the color table: [Violence](#)

## Appendix A6

### References

- Brindis, C., et al. (2004). *Health profile of California's adolescents: Findings from the 2001 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research. (Available from [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu))
- California Department of Health Services, STD Control Branch. (2004). *Chlamydia: Reported cases and rates by gender and age group and selected city health jurisdictions*. Sacramento, CA: Author.
- Clayton, S., et al. (2002). *Investing in adolescent health: A social imperative for California's future*. San Francisco: University of California and National Adolescent Health Information Center.
- County Alcohol and Drug Program Administrators Association of California. (2004). *California alcohol and drug impact report: Scope of the problems—alcohol & drug impacts—alcohol & drug treatment response*. Sacramento, CA: Author. (Available from [www.cadpaac.org](http://www.cadpaac.org))
- Holtby, S., et al. (2004). *Health of California's adults, adolescents, and children: Findings from CHIS 2001*. California: Author.
- Saraiya, M., et al. (2004). Interventions to prevent skin cancer by reducing exposure to ultraviolet radiation. *American Journal of Preventive Medicine*, 27, 422–466.
- Shelomenseff, D. (2000). *Nutrition and physical activity guidelines for adolescents*. California.
- Society of Adolescent Medicine. (2004). *Confidential health care for adolescents: Position paper of the Society for*