

State of Californ







California Department of Health Care Services Medi-Cal Managed Care Division

Adolescent Collaborative Remeasurement Report

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## California Department of Health Services Medi-Cal Managed Care Division

## Adolescent Collaborative Remeasurement Report Medi-Cal Managed Care

## Introduction

In collaboration with the Delamarva Foundation for Medical Care (Delmarva), the Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) studied the extent to which Medi-Cal Managed Care (MCMC) adolescent members, ages 11 to 18 years, reported that they received health-risk screening, counseling, and health education from primary care providers (PCPs).

A modified version of a consumer-based survey for adolescents, developed by the Division of Adolescent Medicine, University of California-San Francisco, was used to collect post-visit information from adolescent participants about the content of their well-visits. Survey questions were designed to assess whether adolescents felt they had received screening, counseling, and health education in specific behavioral healthrisk areas from their PCPs during a routine well-visit.

Three counties piloted the survey in 2004, and all participating counties administered the survey statewide in 2005 to approximately 1,500 adolescent members and the results recorded as the baseline measure. Adolescent health medicine clinical consultants conducted regional train-the-trainer skills-based learning sessions in Oakland, Orange, and Los Angeles in 2005 after completion of the survey baseline measurement. This training was followed by the provision of local plan-sponsored learning sessions for approximately 400 network providers that participated in the project. Administration of the survey was repeated with approximately 1,500 adolescent participants for remeasurement in 2006.

Overall, for the selected health risk areas, the provider screening rate demonstrated a statistically significant increase statewide from 56 percent at baseline to 60.5 percent at survey remeasurement. In all selected health risk areas, the statewide screening rates improved in the survey remeasurement with statistically significant improvement in four areas. Screening rates in specific behavioral risk areas demonstrated statistical significant improvement regardless of adolescent participants' gender, ethnicity, age, or county of residence. Survey results also indicated that quality improvement of appropriate behavioral risk screening, counseling, and health education to adolescents enrolled in MCMC health plans is an on-going process requiring multi-level strategies.

## Background

Adolescence is generally characterized as a period of risk-taking, experimentation, peer influence, emerging independence, and other profound physical, developmental, intellectual, emotional, and social changes. Many adults with debilitating health problems or chronic conditions develop life style behaviors during adolescence that contribute to future serious conditions. Although the majority of adolescents are physically healthy, research shows they face significant physical and mental health conditions that are secondary causes of their individual health risk behaviors—with increased risks to adolescents from low-income families.

The adolescent population in California is increasing dramatically, with most of the growth occurring in economically challenged communities and in families most likely to become eligible for enrollment in the MCMC program. In California, current projected growth rates are largest among ethnic populations, at 61 percent for Latinos, 45 percent for Asians, and 22 percent for African-Americans. In general, ethnically diverse adolescents have poorer health outcomes when compared to white adolescents. Within the MCMC program, providing comprehensive risk assessment for adolescents is imperative because of increasing numbers of adolescent-aged Medi-Cal beneficiaries.

## **Project Objectives**

The statewide Adolescent Health Quality Improvement Project (AHQIP) collaborative supports the provision of quality comprehensive preventive and primary healthcare services for adolescents from economically disadvantaged families enrolled in the MCMC program. The American Academy of Pediatrics, U.S. Maternal and Child Health Bureau, and the American Medical Association recommend annual comprehensive visits for all adolescents that include an assessment of the physical, emotional, and behavioral risks that are unique to adolescents. Routine annual well-visits for adolescents provide regular opportunities for clinicians to assess health status, screen for behavioral risks, provide appropriate health counseling, and make referrals for other needed services. According to the World Health Organization, "health is much more than simply the absence of disease; health involves optimal physical, mental, social and emotional functioning and well-being." 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 statewide AHQIP collaborative was developed in response to the 2005 Health Employer Data Information Set (HEDIS<sup>®</sup>, now Healthcare Effectiveness Data and Information Set)<sup>1</sup> results for the *Adolescent Well-Care Visits* measure. MCMC plans had a statewide HEDIS<sup>®</sup> average of 37 percent for *Adolescent Well-*

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<sup>&</sup>lt;sup>1</sup> HEDIS<sup>®</sup> is a nationally recognized set of health services performance indicators.

*Care Visits* rate. Although adolescents enrolled in the MCMC program have access to primary health care, the 2005 HEDIS<sup>®</sup> results indicated significant underutilization of well-care services by adolescents. Poor utilization of routine primary care services may lead to undiagnosed problems, untreated conditions, and health risk behaviors which can potentially result in serious consquences affecting both individual wellness and public health conditions.

The AHQIP study questions were:

- What is your health plan doing to get enrolled adolescents in to their primary care provider for their annual comprehensive well-care visit?"
- "What happens when the adolescent gets into the primary care provider site?"

The AHQIP included plan-specific interventions for improvement in two priority areas:

- ➢ Increasing the rate of annual adolescent well-visits.
- Providing quality comprehensive health care to adolescents at routine well-care visits.

## **Quality Measures**

## **HEDIS®** Adolescent Well-Visit Measure

The annual HEDIS<sup>®</sup> mean rate for *Adolescent Well-Visits* served as an indicator for health plan performance of adolescent well visits. For several years prior to implementing the AHQIP, the annual HEDIS<sup>®</sup> *Adolescent Well-Visit* mean rate for MCMC health plans in California fell below national HEDIS<sup>®</sup> Medicaid mean rates. Low HEDIS<sup>®</sup> mean rates may have resulted from significant numbers of adolescent enrollees not receiving a comprehensive annual well-visit, inadequate electronic data collection systems, and/or the incomplete medical record documentation of a comprehensive adolescent well-visit. All MCMC health plans used the 2002 HEDIS<sup>®</sup> *Adolescent Well-Visit* mean rate of 28.2 percent as the baseline and subsequent annual HEDIS<sup>®</sup> mean rate for this measure were trended as remeasurement rates.

In 2003, each MCMC health plan initiated phase one of the AHQIP by completing a root cause analysis to determine barriers to adolescent health care and the causes of their low *Adolescent Well-Visit* HEDIS® rates. During the first year of the project, health plan strategies focused on addressing the question: "What is your plan doing to get enrolled adolescents in to their primary care provider for their annual comprehensive well-care visit?" Plan-specific interventions to answer this question varied according to the barriers identified through each plan's individual root cause analysis. Since 2002, *Adolescent Well-Visit* HEDIS® mean rates have increased to 33.9 percent in 2004 and 37 percent in 2005. HEDIS® measures were not conducted in 2003.

#### Adolescent Report of Health Visit Survey Measure

The AHQIP's second measure was a modified version of a consumer-based survey tool developed by the Division of Adolescent Medicine at the University of California, San Francisco, titled the *Adolescent Report of Health Visit Survey* (ARHV Survey). Project strategies for this measure focused on the question, "What happens when the adolescent gets into the primary care provider site?" Adolescents were asked to complete the survey immediately after a routine well-visit or after an episodic visit when the provider determined the adolescent well enough to complete the survey. The ARHV Survey queried adolescents about their experiences during a healthcare visit regarding confidentiality, comprehensive health risk screening, counseling, and health education. The survey utilized eight major indicators for screening and counseling: tobacco use, alcohol use, drug/substance use, sexual behavior, transportation safety, physical activity and nutrition, depression, and positive strength-based youth assets. The survey also included four minor indicators: time alone with clinician, over-exposure from the sun, adolescent immunizations, and violence. AHQIP modified the survey by incorporating four additional questions related to strength-based youth assets, which included important adults in the adolescent's life, school grades and activities, responsibilities at home/school, and activities to help others. All other survey items remained unchanged from the original survey developed by the University of California, San Francisco (Appendix 1).

#### Survey Administration Process and Protocols

Prior to initiating the statewide ARHV Survey baseline measurement period, the DHCS and Delmarva conducted a pilot survey over a nine-week period (August 26 through October 29, 2004). Blue Cross of California, Health Plan of San Joaquin, and Partnership Health Plan volunteered to pilot the after-visit survey. Four PCP sites, including a school-based health clinic, a Planned Parenthood clinic, a public health clinic, and a private practice clinic, were recruited from the provider networks of the volunteer health plans to participate in the pilot. The participating PCP sites collected 110 surveys from adolescent-aged plan members that came in for a well-visit during the pilot period. Delmarva analyzed the survey pilot and the AHQIP workgroup recommended revisions to evaluation tools, survey processes and procedures, and translation of the survey and cover letter into Spanish language. The AHQIP workgroup established the following written procedures for implementing the ARHV Survey baseline measure conducted February 1 through May 31, 2005, and the survey remeasurement conducted February 1 through May 31, 2006:

- At the end of their health visit, PCP/staff will verbally invite adolescents, 11-18 years of age, to assist with improving the healthcare services provided on site by completing a survey. If the adolescent agrees to complete the survey, give brief instructions about survey confidentially, sealing the survey in the envelope and placing it into the collection receptacle.
- Health plan personnel will collect the sealed surveys from PCP sites every two weeks and forward surveys to Delmarva for data entry.

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- An Access database will be used for data entry and subsequent analysis. Delmarva's analytical staff will record and analyze the data. To maintain objectivity, staff assigned to enter the data will have no role in either the study design or pilot phase of the project.
- The Medi-Cal managed care health plans and DHCS will receive a bi-weekly status update of the completed surveys.

All health plans, with the exception of Kern Health Systems in Kern County, distributed and collected surveys from adolescents on PCP sites after the health care visit. Kern Health Systems used a computerized provider billing system to identify adolescents who had completed a routine well-visit during the baseline measurement period. Each adolescent was then assigned a unique survey code stamped on the outside of the envelope. Surveys were sent to the adolescent by mail along with a self-addressed stamped return envelope. Adolescents were sent two movie theater tickets for returning the survey, and the sealed surveys were forwarded to Delmarva every two weeks as outlined for other plans. Kern Health Systems repeated their protocol for the ARHV Survey remeasurement.

## Analytic Plan and Design

Analysis of the baseline and remeasurement survey included eight major indicators for screening and counseling adolescents for health risks: tobacco use, alcohol use, drug use, sexual behavior, transportation safety, physical activity and nutrition, depression, and strength-based youth assets (*e.g.*, school activities), and four minor indicators: time alone with clinician, over-exposure from the sun, adolescent immunizations, and violence. Based on these indicators, eight major and four minor indicator subscales were calculated for each survey. Subscale results were aggregated to determine an Adolescent Well-Visit Content Indicator (AWVCI) score for each survey, which ranged from 0 to 100. The analytic process also established a rating system for all major and minor subscales used to demonstrate the relative contribution of each indicator to the total score. Figure 1 describes the Major and Minor Indicator Subscales and the AWVCI scoring range.

## Figure 1. Adolescent Well-Visit Content Indicator

Major Subscales



Adolescent Well-Visit Content Indicator

Tobacco Indicator + Alcohol Indicator + Drug Use Indicator + Sexual Behavior Indicator+ Transportation Safety Indicator + Physical Activity and Nutrition Indicator + Depression Indicator + Strength-Based Youth Asset Indicator + Time Alone Indicator + Sun Overexposure Indicator + Adolescent Immunization Indicator + Adolescent Immunization Indicator + Violence Indicator = Adolescent Well-Visit Content Indicator

An indicator-to-survey question crosswalk was formulated for scoring survey answers (Appendix 2). The total possible score for a survey is 100, with each major indicator subscale contributing up to 10 points, and each minor indicator subscale contributing up to 5 points. Providers could score seven points for screening and three points for counseling adolescents on tobacco use, alcohol use, drug use, and sexual behavior indicators. Providers could score eight points for screening of transportation safety and an additional two points for providing counseling on that subject. For the physical activity and nutrition indicator, there was an opportunity to score five points for physical activity and five points for nutrition. The highest score possible for the depression indicator was ten points. Each minor indicator was worth five points. The positive strength-based youth assets indicator consisted of four questions -- each worth 2.5 points. An indicator-to-survey question crosswalk and scoring key is displayed in Figure 2—utilizing the Tobacco Use Indicator as the example.



Figure 2. Scoring for Major Subscales (the Tobacco Use Indicator is used here as the example)

The survey design produced a statistically reliable estimate of the Adolescent Well-Visit Content Indicator (AWVCI) at the county region level for target population and sampling. After all surveys were scored, results were reported for each subscale and an overall AWVCI was calculated for various aggregate levels (*e.g.*, county region).

## **Target Population and Sampling**

The ARWV Survey target population was adolescents 11 to 18 years of age, in sixth through twelfth grade, who were enrolled in MCMC plans and visited their PCPs during the survey baseline or remeasurement periods. Adolescents were excluded from the survey if the provider determined that severity of illness or condition at the time of the visit precluded their participation. The AWVCI sample size required 100 qualified surveys per county region to produce a statistically significant estimate<sup>2</sup>. This sample size per county region provided an estimate of the AWVCI with a five percent margin of error. For county regions with more than one health plan, the requirement of 100 qualified surveys was proportional to the percentage of membership enrollment for each plan within that county region. For example, if Plan One had 300 members and Plan Two had 200 members for a total of 500 enrolled members in the county region, Plan One was responsible for collecting 60 of the 100 qualified surveys because they have 60 percent of the enrolled county region target population (300/500 = 60%). Plan Two, with 40 percent of that population (200/500 = 40%), would be required to collect 40 of the 100 qualified surveys.

A qualified survey was defined as one with complete header information (*e.g.*, Medi-Cal box checked, contained health plan and county name), at least four questions answered for major indicators *and* at least two questions answered for minor indicators. Additionally, at least ten percent of a plan's qualified surveys required that a minimum of four questions be answered for major indicators *and* two questions be answered for minor indicators. Delmarva monitored all survey submissions and sent bi-weekly notification to each plan and to the DHCS regarding the total number of surveys received during collection periods, the number of qualified surveys compared to the targeted quota, and the issues related to survey protocol and procedures. Only practitioners or provider groups with at least five surveys collected from their practice sites were included in the analysis.

Jacob Cohen states that a sample size of 100 allows for a 95 percent confidence level so that any observed differences in rates of screening are statistically significant (Figure 3, see below.) Therefore, a 100 sample size was chosen to ensure a 95 percent confidence level for this study. Results from county regions with less than 49 surveys may potentially occur by chance and may not represent a true difference from the statewide mean. Future studies would require increased numbers of participating providers and qualified adolescent surveys to provide meaningful comparisons regarding rates for screening and counseling of adolescents enrolled in the MCMC program.

<sup>&</sup>lt;sup>2</sup> Power analysis was performed with SPSS Inc. Sample Power, Release 1.20, September 24, 1997.

Sample Size	Confidence Level	Interpretation
100	95%	Observations made at this level incur a 95% chance of a real difference versus a chance occurrence.
67	90%	Observations made at this level incur a 90% chance of a real difference versus a chance occurrence.
57	85%	Observations made at this level incur an 85% chance of a real difference versus a chance occurrence.
49	80%	Observations made at this level incur an 80% chance of a real difference versus a chance occurrence.

#### Figure 3. Interpretation of Sample Size and Confidence Level

Cohen, Jacob (1962). The Statistical Power of Social Psychological Research, A Review. Journal of Abnormal and Social Psychology 65(3): 145-153.

The baseline and remeasurement survey results offer information about the rate of comprehensive screening provided to Medi-Cal adolescents. (See Appendix 3 for data summaries collected from the Adolescent Report of Health Visit Survey Responses categorized by county region.) In county regions with small survey submissions, the data cannot be used to make absolute inferences about the rate of comprehensive screening and counseling occurring by providers in a particular county region. Moreover, 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.

## Presentation and Distribution of Data

SAS<sup>®</sup> system software (SAS Institute, Cary, NC), Microsoft<sup>®</sup> Excel spreadsheet software and Microsoft<sup>®</sup> Access data tables were used to develop data graphic displays of survey results. The composite AWVCI score was calculated for both the baseline and remeasurement periods. Delmarva sent detailed information to the health plans about survey response results for participating providers and the status of qualified and nonqualified surveys. Plans could use the provider-specific data to compare the performance of individual network practitioners or provider groups with the overall performance of all participating providers on screening and counseling for the major and minor subscale indicators. The data analyzed in this report is limited to the 1,515 qualified surveys collected during the survey remeasurement period. A comparison of the baseline and remeasurement results for the overall Adolescent Well-Visit Content Indicator rate is also included in this report.

## **Statewide Results**

The statewide results for the behavioral health risk indicators are displayed in Table 1. Results for each indicator are displayed by gender, ethnicity, and age in Tables 2, 3, and 4. Baseline and remeasurement survey results of the major indicators for screening and counseling and the four minor indicators were used to calculate subscales for each survey. Subscales were aggregated to yield an Adolescent Well-Visit Content Indicator (AWVCI) score for each survey, which ranged from 0 to 100. Rates were reported for each subscale, and an overall AWVCI rate was calculated for the state. The indicators with a statistically significant difference at survey remeasurement, at a 95 percent confidence level, are displayed in Tables 1 through 4. Significant difference indicates the change in baseline rate to remeasurement rate is not likely due to chance alone.

Indicator	Baseline Rate% (Surveys)	Remeasurement Rate% (Surveys)	Significant Difference Baseline vs Remeasurement
Tobacco Use	62.3 (1461)	66.0 (1483)	
Alcohol Use	58.8 (1460)	63.2 (1468)	
Drug Use	62.3 (1451)	66.8 (1466)	*
Sexual Behavior	57.6 (1444)	64.2 (1439)	*
Transportation Safety	42.1 (1494)	48.2 (1503)	*
Physical Activity and Nutrition	72.0 (1501)	75.7 (1512)	
Depression	53.5 (1483)	56.7 (1490)	
Strength-based Assets	48.2 (1502)	52.3 (1512)	
Time Alone with Provider	58.4 (1456)	62.8 (1467)	
Sun Overexposure	40.0 (1486)	47.1 (1494)	*
Adolescent Immunizations	63.4 (1485)	65.7 (1484)	
Violence	44.6 (1484)	48.3 (1486)	
Indicator Mean**	55.3 (NA)	59.8 (NA)	
Overall Survey AWVCI	56.0 (1503)	60.5 (1515)	*

Table 1. Statewide Results by Adolescent Well-Visit Content Indicator (AWVCI)

\* 95% confident of a difference between baseline and remeasurement rates.

Note: Due to the large number of comparisons tested in this study, any difference reported as significantly different with 95% confidence was required to achieve a probability <=0.01.

Base		Baseline Rate (Surveys)	aseline Rate % (Surveys)		Remeasurement Rate % (Surveys)		
Indicator	Females	Males	Significant Difference Between Genders	Females	Males	Significant Difference Between Genders	
Tobacco Use	64.9 (783)	59.2 (592)		65.3 (802)	65.0 (566)		
Alcohol Use	62.5 (783)	54.3 (590)	*	63.4 (798)	61.1 (551)		
Drug Use	64.0 (779)	59.2 (582)		66.9 (791)	65.3 (556)		
Sexual Behavior	62.4 (777)	50.8 (577)	*	68.6 (789)**	56.6 (536)	*	
Transportation Safety	41.1 (801)	42.2 (601)		47.2 (811)	47.9 (572)		
Physical Activity and Nutrition	72.4 (804)	71.0 (606)		76.3 (816)	73.3 (576)		
Depression	55.6 (797)	49.4 (597)		57.1 (808)	54.9 (563)		
Strength-based Assets	48.5 (805)	46.9 (605)		52.0 (816)	51.3 (576)		
Time Alone with Provider	59.6 (774)	56.8 (592)		63.5 (792)**	62.6 (556)		
Sun Overexposure	40.8 (797)	37.6(598)		47.2 (808)	44.4 (567)		
Adolescent Immunizations	64.3 (798)	60.6 (596)		67.1 (806)	62.3 (559)		
Violence	43.8 (794)	43.3 (598)		48.2 (801)	47.5 (569)		
AWVCI	57.5 (805)	53.2 (606)		60.9 (818)	58.3 (577)		

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Table 2.	Statewide	Indicator	Results	by Gender	

\* 95% confident of a significant difference between genders on this indicator.

**\*\*** 95% confident of a significant difference between gender baseline and remeasurement rates.

Indicator	Baseline Rate %			R	emeasur	ement R	ate %			
		(S	urveys)	-			(Sเ	irveys)		1
	Asian	African American	Hispanic	Caucasian	*	Asian	African American	Hispanic	Caucasian	*
Tobacco Use	59.4 (293)	63.6 (106)	62.4 (874)	67.9 (155)		63.4 (302)	61.9 (128)	68.1 (836) **	63.9 (174)	
Alcohol Use	56 (293)	58.8 (109)	60.4 (872)	58.4 (154)		61.3 (299)	56.5 (127)	66 (828) **	59 (173)	
Drug Use	59 (291)	68.3 (107)	62.4 (868)	65 (154)		64.8 (300)	59.1 (129)	69.5 (824) **	63.7 (174)	
Sexual Behavior	45.5 (289)	69.7 (110)	59.2 (868)	64 (148)	*	61.2 (295) **	63.7 (125)	66.2 (811) **	59.8 (169)	
Transportation Safety	46.2 (298)	43.6 (111)	41.4 (894)	36.6 (159)		52.8 (306)	41 (133)	49.7 (843) **	39.8 (178)	*
Physical Activity and Nutrition	76.9 (301)	69.6 (112)	71.4 (896)	70.5 (161)		78.4 (310)	67.8 (132)	77.1 (848) **	71.8 (179)	*
Depression	53.4 (298)	54.1 (111)	53.5 (882)	54.0 (161)		57.2 (304)	52.3 (128)	57.9 (840)	55.4 (177)	
Strength-based Assets	51.9 (301)	49.3 (112)	47.5 (895)	46 (161)		54 (310)	49.2 (133)	53.7 (847) **	47.2 (179)	
Time Alone with Provider	66.3 (294)	61.8 (110)	56.4 (865)	54.2 (155)		72.4 (297)	55.4 (130)	61.5 (824) **	57.7 (175)	*
Sun Overexposure	50.2 (299)	34.8 (112)	39 (884)	30.4 (161)	*	57.1 (310)	34.4 (131)	47.2 (832) **	38.8 (178)	*
Adolescent Immunizations	60.9 (297)	65.2 (112)	65.2 (883)	58.1 (160)		65.6 (305)	59.4 (133)	67.1 (826)	66.9 (178)	
Violence	46.6 (296)	44.1 (111)	45.6 (883)	37.9 (161)		48.7 (306)	41.2 (131)	50.7 (832)	42.3 (175)	
AWVCI	56.1 (301)	57.9 (112)	56.1 (896)	55.1 (161)		61.5 (311)	54.6 (133)	62.1 (849) **	56.3 (179)	*

## Table 3. Statewide Indicator Results by Ethnicity

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

\*\* 95% confident of a difference between baseline and remeasurement rates for ethnicity category.

Table 4. Statewide Indicator Results by Age Group

Indicator	E	Baseline Rate % (Survevs)			Remeasurement Rate % (Surveys)		
	Ages 11-14	Ages 15-18	Significance Between Age Groups	Ages 11-14	Ages 15-18	Significance Between Age Groups	
Tobacco Use	55.4 (629)	67.5 (822)	*	62.5 (678)	68.8 (801)		
Alcohol Use	53.1 (630)	63.1 (820)	*	59.1 (672)	66.6 (791)	*	
Drug Use	57.4 (627)	65.7 (814)	*	64.1 (676)**	68.9 (786)		
Sexual Behavior	48.6 (617)	64.3 (817)	*	56.5 (659)**	70.7 (776)**	*	
Transportation Safety	42.8 (642)	41.3 (842)		49.2 (694)	47.2 (805)		
Physical Activity and Nutrition	73.6 (643)	70.6 (848)		76.9 (698)	74.8 (809)		
Depression	49.9 (635)	56 (838)		54.2 (688)	58.7 (797)		
Strength-based Assets	50.0 (642)	46.7 (850)		52.4 (699)	52.1 (808)		
Time Alone with Provider	46.7 (623)	67.2 (823)	*	53.3 (677)	70.9 (786)	*	
Sun Overexposure	39.6 (632)	40.4 (844)		48.8 (688)**	45.4 (801)		
Adolescent Immunizations	62.4 (636)	63.9 (839)		63.5 (677)	67.7 (802)		
Violence	41.7 (633)	46.8 (841)		46.6 (686)	49.8 (795)		
AWVCI	52.6 (643)	58.4 (850)	*	58.1 (700)	62.4 (810)	*	

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

## Summary of Statewide Results

### Statewide Behavioral Risk Screening Indicator Rates

Screening rates improved for all behavioral risk indicators at survey remeasurement. Statewide rates are the aggregate total for each indicator at the state level. A statistically significant increase occurred in the overall AWVCI rate from 56 percent at the baseline survey to 60.5 percent at survey remeasurement (Table 1). Four other indicators that had statistically significant improvement in statewide rates at survey remeasurement were drug use (from 62% to 68%), sexual behavior (from 58% to 64%), transportation safety (from 42% to 48%), and sun overexposure (from 40% to 47%). Physical activity and nutrition was the indicator most screened by providers at baseline and remeasurement (72% and 76%, respectively). Sun overexposure was the indicator least screened by providers at both baseline and remeasurement (40% and 47%, respectively). Behavioral risk screening and counseling indicators were compared by gender, ethnicity, age, and county region demographics of the adolescent participants in this analysis, but were not compared by provider type, practice setting, or other provider attributes.

#### **Screening Indicator Rates by Gender**

The statewide screening rates for all behavioral risk indicators reported by gender improved at survey remeasurement (Table 2). Female adolescents reported statistically significant increased rates in screening for sexual behavior (62% to 69%) and allowing time alone with provider (60% to 64%). Survey results also demonstrated a significant difference in reported screening rates and counseling for sexual behavior between male (57%) and female (69%) adolescents. The importance of screening adolescent males as well as females for sexual behavior has been well established by research.

For example, according to the 2005 California Health Interview Survey (CHIS), 52 percent of adolescent males between 15 and 17 years of age reported engaging in sexual intercourse compared to 46 percent of adolescent females of the same age group. The CHIS findings also revealed that adolescent females were significantly more likely to have never engaged in sexual intercourse compared to adolescent males and to have waited until 15 years of age before becoming sexually active. Survey remeasurement results indicate that providing a comprehensive assessment during routine well-care visits that includes sexual risk behaviors is important regardless of gender.

#### Screening Indicator Rates by Ethnicity

Adolescent participants reported differences in screening rates for the behavioral risk indicators provided during their healthcare visit based on ethnicity (Table 3). Screening rates reported by African-American and Caucasian adolescents were the lowest for sun overexposure and transportation safety compared to other ethnic groups. Hispanic adolescents reported statistically significant increases in all screening indicators except for depression, immunizations, and violence. African-American adolescents reported decreased

screening rates in all indicators. The reasons for the decrease in screenings among one ethnic group to another are unknown and beyond the scope of this report.

#### Screening Indicator Rates by Age

In the baseline survey, adolescents in the 15- to 18-year old age group reported higher rates of screening and counseling compared to adolescents in the 11- to 14-year old age group for all health risks except transportation safety, physical activity and nutrition, and strength-based assets (Table 4). At survey remeasurement, older adolescent participants again reported lower screening rates for transportation safety, physical activity and strength-based assets in addition to sun overexposure. Statistically significant increases in screening for alcohol use (66.6%), sexual behavior (70.7%), time alone with provider (70.9%), and AWVCI indicators were reported by the 15- to 18-year old age group. The 11- to 14-year old age group reported statistically significant increases at survey remeasurement in screening for drug use (57.4% to 64.1%), sexual behavior (48.6% to 56.5%), and sun overexposure (39.6% to 48.8%) screening.

#### California Adolescent Health Survey Composite Indicator

A composite indicator, adapted from the Vermont Department of Health and Human Services, was used to determine the correlation between the number of behavioral risk indicators reported by adolescents as being addressed by the provider during the adolescent health care visit to the total number of indicators selected for the project. The seven behavioral risks analyzed from the survey remeasurement data included in the composite indicator are: tobacco use, alcohol use, drug/substance use, transportation safety (use of a helmet or seatbelt or ride with drunk driver), sexual behavior, physical activity or nutrition, and depression. The four strength-based youth assets analyzed included important adults in the adolescent's life, academic grades and school activities, responsibilities at home/school/work, and activities to help others. Composite indicators for behavioral risks (*e.g.*, 7 of 7 or 6 of 7) demonstrated an increase in the survey remeasurement compared to the baseline measure (Figure 4a). All composite indicators for youth assets/strengths (*e.g.*, 4 of 4 or 3 of 4) demonstrated an increase from the baseline survey at survey remeasurement (Figure 4b).

Figure 4a. Ratios of Major Risks Screened by Providers (tobacco use; alcohol use; drugs/substances use; sexual behavior; transportation safety; physical activity and nutrition; depression)



Figure 4b. Ratios of Positive Youth Assets Screened by Providers



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## **Survey Results by County Regions**

Only qualified surveys were included for analysis in this report (Table 5). Survey results of the major and minor indicators for screening and counseling were used to calculate subscale scores for each county region (Table 6). Subscales were aggregated to yield an AWVCI score from 0 to 100 for each survey, and after all surveys were scored, an overall AWVCI total was calculated for each county region (Tables 7 to 18). Only the Riverside/San Bernardino county region met the 95 percent confidence level, by submitting its quota of qualified surveys for both the baseline and remeasurement periods.

County Region	Survey Quotas 2005 and 2006	Qualified Surveys 2005 (Baseline)	Qualified Surveys 2006 (Remeasurement)
Alameda	100	67	40
Contra Costa	100	33	83
Fresno	100	84	103*
Kern	100	97	163*
Los Angeles	100	94	113*
Monterey / Santa Cruz	100	82	54
Napa / Yolo / Solano	100	18	16
Orange	100	86	45
Riverside / San Bernardino	200/100	213*	108*
Sacramento	100	62	112*
San Diego	100	90	81
San Francisco	100	87	132*
San Joaquin	100	98	111*
San Mateo	100	51	54
Santa Barbara	100	95	80
Santa Clara	100	129*	88
Stanislaus	100/82**	19	49
Tulare	100	108*	83
Total	1900/1782	1513	1515

Table 5	<b>Qualified Surveys at</b>	Baseline and	Remeasurement h	v County Region
Table 0.	Quannea Surveys at	Duschine unu	Refficuourement t	y county region

\* County regions that met their quota and therefore have reached the intended 95% confidence level. \*\* Only one plan participated in the remeasurement in the Stanislaus county region; quantity of surveys reduced to match that plan's membership percentage in the county.

Table 6.	AWVCI	Results	bv	County	Region
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County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	60.2 (67)	67.5 (40)
Contra Costa	51.3 (33)	52.8 (83)
Fresno	63.3 (84)	69.9 (103)
Kern	57.1 (87)	63.5 (163)
Los Angeles	58.2 (94)	62.9 (113)
Monterey / Santa Cruz	49.6 (82)	46.5 (54)
Napa / Yolo / Solano	72.6 (18)	52.8 (16)
Orange	72.4 (86)	68.3 (45)
Riverside / San Bernardino	46.8 (213)	58.6 (108)
Sacramento	57.6 (62)	48 (112)
San Diego	66.2 (90)	74.3 (81)
San Francisco	53.4 (87)	48.7 (132)
San Joaquin	66.8 (98)	81.3 (111)
San Mateo	62.8 (51)	80.7 (54)
Santa Barbara	48.2 (95)	47.1 (80)
Santa Clara	48.3 (129)	57.7 (88)
Stanislaus	36.8 (19)	48.9 (49)
Tulare	51.9 (108)	54.6 (83)
Statewide	56 (1503)	60.5 (1515)*

Table 7. Tobacco Use Screening

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	69.7 (64)	86.2 (39)
Contra Costa	68.5 (33)	65.1 (83)
Fresno	70.1 (83)	76 (101)
Kern	74 (85)	78 (160)
Los Angeles	61.8 (92)	66 (112)
Monterey / Santa Cruz	51.8 (80)	51.7 (52)
Napa / Yolo / Solano	76.7 (18)	75 (16)
Orange	80.8 (84)	78.4 (43)
Riverside / San Bernardino	50.5 (206)	62.6 (108)
Sacramento	76.1 (56)	55 (107)
San Diego	63.4 (89)	73 (81)
San Francisco	58.9 (82)	46.7 (125)
San Joaquin	65.8 (96)	80.5 (111)
San Mateo	68.4 (51)	81.3 (53)
Santa Barbara	58.1 (91)	47.7 (74)
Santa Clara	49.7 (125)	64.4 (88)
Stanislaus	58.4 (19)	56.6 (47)
Tulare	62.5 (107)	57.1 (83)
Statewide	62.3 (1461)	66 (1483)

Note: There were no significant differences between county region baseline and remeasurement rates for the indicator, tobacco use.

 Table 8. Alcohol Use Screening

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)	
Alameda	70.3 (66)	76.5 (40)	
Contra Costa	48.4 (32)	52.9 (83)	
Fresno	64.8 (84)	70.9 (100)	
Kern	66.9 (86)	73.5 (159)	
Los Angeles	64 (92)	64.6 (110)	
Monterey / Santa Cruz	47.5 (80)	51 (50)	
Napa Yolo / Solano	78.3 (18)	60.6 (16)	
Orange	74.9 (82)	74.5 (42)	
Riverside / San Bernardino	48.5 (208)	63.7 (108)*	
Sacramento	61.8 (57)	49.4 (105)	
San Diego	61.7 (89)	70.3 (77)	
San Francisco	54.3 (82)	48 (124)	
San Joaquin	67.1 (96)	84.7 (108)	
San Mateo	67.7 (48)	83.5 (54)	
Santa Barbara	50.4 (94)	51.8 (77)	
Santa Clara	48.1 (125)	58.9 (87)	
Stanislaus	46.3 (19)	46 (48)	
Tulare	62.5 (102)	55.3 (80)	
Statewide	58.8 (1460)	63.3 (1468)*	

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)	
Alameda	71.4 (65)	80.5 (37)	
Contra Costa	54.2 (31)	63.7 (83)	
Fresno	67.7 (82)	74.6 (100)	
Kern	72 (87)	75.6 (162)	
Los Angeles	64.6 (94)	68.6 (109)	
Monterey / Santa Cruz	52.2 (79)	50.6 (54)	
Napa / Yolo / Solano	80 (18)	62.7 (15)	
Orange	85.7 (84)	75.2 (44)	
Riverside / San Bernardino	49.2 (207)	60.8 (105)*	
Sacramento	73.7 (57)	57 (105)	
San Diego	68.1 (86)	75.9 (78)	
San Francisco	51.1 (80)	49.8 (125)	
San Joaquin	70 (93)	88.8 (106)*	
San Mateo	77.3 (48)	83.7 (54)	
Santa Barbara	52.8 (92)	55.6 (79)	
Santa Clara	52.4 (125)	63 (86)	
Stanislaus	51.6 (19)	57.6 (46)	
Tulare	61.9 (104)	58.3 (78)	
Statewide	62.3 (1451)	66.8 (1466)*	

Table 10. Sexual Behavior Screenii	ng
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County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)	
Alameda	57.3 (62)	74.4 (36)	
Contra Costa	51 (31)	56.8 (81)	
Fresno	58.6 (74)	71.3 (98)	
Kern	67.9 (86)	67.9 (159)	
Los Angeles	69 (94)	73.9 (110)	
Monterey / Santa Cruz	51.9 (80)	36 (52)	
Napa / Yolo / Solano	86.5 (17)	66.9 (13)	
Orange	91.2 (81)	72.3 (44)	
Riverside / San Bernardino	44.6 (210)	66.5 (108)*	
Sacramento	63.4 (58)	54.7 (107)	
San Diego	62.7 (89)	76.5 (78)	
San Francisco	43.6 (87)	44.5 (122)	
San Joaquin	65.3 (93)	82.5 (108)*	
San Mateo	69.2 (49)	93.4 (53)	
Santa Barbara	44.8 (91)	56.7 (72)	
Santa Clara	44.2 (119)	57.7 (84)	
Stanislaus	45 (18)	49 (41)	
Tulare	60.1 (105)	54.9 (73)	
Statewide	57.6 (1444)	64.2 (1439)*	

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	53.3 (67)	64.9 (39)
Contra Costa	30.9 (32)	29.8 (83)
Fresno	63.4 (83)	63.6 (101)
Kern	39.3 (87)	48.8 (163)
Los Angeles	41.8 (94)	47.6 (113)
Monterey / Santa Cruz	37.7 (81)	37.7 (53)
Napa / Yolo / Solano	61.7 (18)	31.9 (16)
Orange	55.8 (86)	58.2 (45)
Riverside / San Bernardino	27.4 (213)	42.9 (108)*
Sacramento	45.7 (61)	37.5 (112)
San Diego	54.6 (90)	60.3 (80)
San Francisco	36.2 (85)	34.4 (130)
San Joaquin	63.6 (97)	77 (109)
San Mateo	49.8 (51)	83.3 (54)
Santa Barbara	37.1 (95)	32.1 (80)
Santa Clara	27.1 (127)	44.9 (87)
Stanislaus	20.5 (19)	35.7 (47)
Tulare	37.6 (108)	40.7 (83)
Statewide	42.1 (1494)	48.2 (1503)*

 Table 11. Transportation Safety Screening

County Region	Baseline Rate % (Surveys) Remeasuremen Rate % (Surveys)	
Alameda	78.4 (67)	72.5 (40)
Contra Costa	78.8 (33)	74.7 (83)
Fresno	72.6 (84)	75.2 (103)
Kern	75.9 (87)	79.8 (163)
Los Angeles	70.2 (94)	74.3 (113)
Monterey / Santa Cruz	58.5 (82)	66.7 (54)
Napa / Yolo / Solano	83.3 (18)	68.8 (16)
Orange	75 (86)	84.4 (45)
Riverside / San Bernardino	74.2 (213)	83.3 (108)
Sacramento	67.2 (61)	61.3 (111)
San Diego	84.4 (90)	88.9 (81)
San Francisco	77.9 (86)	74 (131)
San Joaquin	76 (98)	86.5 (111)
San Mateo	75.5 (51)	88 (54)
Santa Barbara	64.2 (95)	60.1 (79)
Santa Clara	72.5 (129)	73.9 (88)
Stanislaus	50 (19)	73.5 (49)
Tulare	57.9 (108)	69.3 (83)
Statewide	72 (1501)	75.7 (1512)

Table 12.	Physical Activity and Nutrition Screening

Note: There were no significant differences between county region baseline and remeasurement rates for this indicator.

Table 13.	Depression	Screening
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County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)	
Alameda	53.7 (67)	53.8 (39)	
Contra Costa	51.5 (33)	49.4 (83)	
Fresno	60.7 (84)	69.9 (103)	
Kern	46 (87)	50 (162)	
Los Angeles	54.8 (93)	64.6 (113)	
Monterey / Santa Cruz	50.6 (79)	43.4 (53)	
Napa / Yolo / Solano	72.2 (18)	37.5 (16)	
Orange	69.8 (86)	55.6 (45)	
Riverside / San Bernardino	46.2 (212)	56.6 (106)	
Sacramento	48.4 (62)	37.7 (106)	
San Diego	69 (87)	77.8 (81)	
San Francisco	59.3 (86)	48.4 (128)	
San Joaquin	65.6 (96)	80 (110)*	
San Mateo	51 (51)	74.1 (54)	
Santa Barbara	41.1 (95)	47.4 (78)	
Santa Clara	44.9 (127)	50.6 (85)	
Stanislaus	36.8 (19)	42.6 (47)	
Tulare	53.5 (101)	60.5 (81)	
Statewide	53.5 (1483)	56.7 (1490)	

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)	
Alameda	36.9 (67)	41 (39)	
Contra Costa	37.9 (33)	41.6 (83)	
Fresno	58 (84)	61.7 (103)	
Kern	43.7 (87)	53.1 (163)	
Los Angeles	45.2 (94)	57.3 (113)	
Monterey / Santa Cruz	48.2 (82)	44.4 (54)	
Napa / Yolo / Solano	61.1 (18)	45.3 (16)	
Orange	61.3 (86)	55.1 (44)	
Riverside / San Bernardino	42.8 (212)	45.1 (108)	
Sacramento	46 (62)	39.1 (112)	
San Diego	67.5 (90)	75.3 (81)	
San Francisco	46.8 (87)	47.2 (132)	
San Joaquin	60.2 (98)	71.6 (110)	
San Mateo	49 (51)	62.5 (54)	
Santa Barbara	46.3 (95)	43.4 (80)	
Santa Clara	48.8 (129)	54.8 (88)	
Stanislaus	17.1 (19)	44.9 (49)	
Tulare	36.8 (108)	44 (83)	
Statewide	48.2 (1502)	52.3 (1512)	

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Table 14.	Positive Strength-based	Youth Assets	Screening

Note: There were no significant differences between county region baseline and remeasurement rates for this indicator.

Table 15.	Time	Alone	With	Provider

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	68.3 (63)	89.2 (37)
Contra Costa	54.5 (33)	57 (79)
Fresno	45.6 (79)	63.7 (102)
Kern	36.5 (85)	45.6 (160)
Los Angeles	73.3 (90)	62.7 (110)
Monterey / Santa Cruz	51.9 (81)	43.4 (53)
Napa / Yolo / Solano	77.8 (18)	73.3 (15)
Orange	92.4 (79)	83.7 (43)
Riverside / San Bernardino	37.5 (208)	68.2 (107)*
Sacramento	57.6 (59)	51.9 (104)
San Diego	62.5 (88)	78.2 (78)
San Francisco	70.9 (86)	62.6 (123)
San Joaquin	68.8 (96)	80.9 (110)
San Mateo	84 (50)	90.7 (54)
Santa Barbara	50 (94)	59 (78)
Santa Clara	65.6 (125)	61.6 (86)
Stanislaus	27.8 (18)	37.5 (48)
Tulare	55.8 (104)	57.5 (80)
Statewide	58.4 (1456)	62.8 (1467)

Table 16.	Sun	Overexposure	Screening
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County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	52.2 (67)	60 (40)
Contra Costa	33.3 (33)	33.7 (83)
Fresno	60.2 (83)	73.5 (102)
Kern	36.8 (87)	45.3 (161)
Los Angeles	36.6 (93)	49.1 (112)
Monterey / Santa Cruz	40.2 (82)	26.4 (53)
Napa / Yolo / Solano	44.4 (18)	21.4 (14)
Orange	42.4 (85)	44.4 (45)
Riverside / San Bernardino	30.1 (209)	34.6 (107)
Sacramento	37.7 (61)	37 (108)
San Diego	55.7 (88)	58.8 (80)
San Francisco	32.6 (86)	37.4 (131)
San Joaquin	63.5 (96)	80.2 (111)*
San Mateo	47.1 (51)	77.8 (54)
Santa Barbara	30.1 (93)	19.7 (76)
Santa Clara	34.4 (128)	47.1 (85)
Stanislaus	15.8 (19)	34.7 (49)
Tulare	29.9 (107)	43.4 (83)
Statewide	40 (1486)	47.2 (1494)*

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	60 (65)	53.8 (39)
Contra Costa	48.5 (33)	58.5 (82)
Fresno	70.2 (84)	69.3 (101)
Kern	60.9 (87)	79 (162)*
Los Angeles	61.3 (93)	59.3 (113)
Monterey / Santa Cruz	64.6 (82)	63 (54)
Napa / Yolo / Solano	66.7 (18)	43.8 (16)
Orange	65.1 (86)	67.4 (43)
Riverside / San Bernardino	71.8 (209)	74.1 (108)
Sacramento	55.7 (61)	55.5 (110)
San Diego	77.3 (88)	81.8 (77)
San Francisco	62.1 (87)	54.8 (126)
San Joaquin	72.2 (97)	84.5 (110)
San Mateo	62 (50)	71.2 (52)
Santa Barbara	58.9 (95)	37.3 (75)
Santa Clara	57.1 (126)	65.9 (88)
Stanislaus	31.6 (19)	59.6 (47)
Tulare	52.4 (105)	66.7 (81)
Statewide	63.4 (1485)	65.7 (1484)

Table 17.	Adolescent Immunizations Screening	5

Table 18. Violence Screening

County Region	Baseline Rate % (Surveys)	Remeasurement Rate % (Surveys)
Alameda	43.9 (66)	50 (40)
Contra Costa	45.5 (33)	40.2 (82)
Fresno	57.1 (84)	64.7 (102)
Kern	37.2 (86)	47.5 (162)
Los Angeles	<b>51.1</b> (94)	53.1 (113)
Monterey / Santa Cruz	38.3 (81)	32.7 (52)
Napa / Yolo, / Solano	64.7 (17)	25 (16)
Orange	63.5 (85)	64.4 (45)
Riverside / San Bernardino	30.8 (211)	32.1 (106)
Sacramento	42.6 (61)	33.6 (110)
San Diego	66.3 (89)	72 (75)
San Francisco	46.5 (86)	33.8 (130)
San Joaquin	64.6 (96)	78 (109)
San Mateo	50 (50)	75.5 (53)
Santa Barbara	36.2 (94)	38 (79)
Santa Clara	33.3 (129)	42.4 (85)
Stanislaus	10.5 (19)	34 (47)
Tulare	36.9 (103)	45 (80)
Statewide	44.6 (1484)	48.4 (1486)

Note: There were no significant differences between county region baseline and remeasurement rates for this indicator.

## Summary of Survey Results by County Region

Twelve of the eighteen county regions had improved overall AWVCI screening rates from baseline to remeasurement (Table 6). Of these, Fresno (69.9%), Alameda (67.5%), Orange (68.3%), San Diego (74.3%), San Joaquin (81.3%), San Mateo (80.7%), Kern (63.5%), and Los Angeles (62.9%) had AWVCI screening rates that were above the overall state average of 60.5 percent at survey remeasurement. The two plans in San Joaquin County had the largest increase in the AWVCI rate of all county regions, going from 66.8 percent in the baseline to 81.3 percent at survey remeasurement. None of the AWVCI screening rate increases was statistically significantly different at the 95 percent confidence level.<sup>3</sup>

Statistically significant increases in rates from baseline to remeasurement were demonstrated in the Riverside/San Bernardino county region for these indicators: alcohol use, drug use, transportation, and time alone with provider. Statistically significant increases in rates were demonstrated in the San Joaquin county region for the drug use, depression, and sun overexposure indicators, and in the Kern county region for the adolescent immunization indicator. Rankings of county regions are shown on geographic maps in the categories of (1) overall performance at the time of remeasurement and (2) overall improvement from baseline to remeasurement (Appendixes 4-1 and 4-2, respectively).

<sup>&</sup>lt;sup>3</sup> Statistically significant difference indicates the change in baseline rate to remeasurement rate is not likely due to chance alone. See Figure 3 in the subsection "Target Population and Sampling", for further explanation.

## Summary of Survey Results by AWVCI Indicator

Adolescent health "champions" and participating providers attended skills-based learning sessions in 2005 after completion of the 2004 survey baseline measure. The intent of these skills-based learning sessions was to present opportunities for adolescent medicine clinical experts to demonstrate and facilitate practice sessions for primary care providers on current techniques for providing comprehensive adolescent-friendly health care. Didactic curriculum included confidentiality and minor consent based on California law, interactive interviewing, health education brief messaging, and using individual strength-based youth assets strategies in counseling adolescents. One problem that occurred with project implementation timelines was that there was the very short time period between completion of the skills-based training for providers and survey remeasurement (February 2006)—it provided very little time for providers to adopt the new skills prior to the remeasurement. However, adolescents did report increased incidence of screening by providers for the selected risk behavior indicators in the survey.

#### **Major Indicators**

#### **Tobacco Use**

#### **Survey Questions:**

- "Did your doctor ask if you smoke or chew tobacco?"
- "Did your doctor express concern that you use tobacco?"
- "Did your doctor encourage you to remain a non-smoker or non-tobacco user?"
- "Did your doctor ask whether you plan on starting to use tobacco in the next year?"

The statewide rate reported by adolescents for screening of tobacco use was 66 percent at remeasurement. That rate is not a statistically significant increase over baseline (Table 1). Similarly, screening results of tobacco use by gender, age group, and county regions provided no statistically significant changes from baseline to remeasurement (Tables 2, 4, 7, respectively). There was a statistically significant increase in the screening rates reported by Hispanic adolescents (62.4% to 68.1%) (Table 3). Although screening results of tobacco use by county region provided no statistically significant changes from baseline to remeasurement, the screening rates were over 80% for Alameda, San Joaquin, and San Mateo county regions at survey remeasurement were reported by adolescents in San Francisco and Santa Barbara county regions—each below 50% (Table 7).

The importance of providing routine screening and health counseling on smoking and tobacco use to adolescents has been well supported in research. In 2000, the U.S. Department of Health and Human Services estimated health care costs related to tobacco use were at least \$50 billion a year. Additionally, tobacco use contributes to approximately 430,000 deaths annually and is considered the single most

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preventable cause of death in the United States. In 2001, the CDC estimated that more than 6.4 million children would die from a tobacco-related disease. In 2005, the Youth Risk Behavior Surveillance Study (YRBSS) revealed that nationally, 28 percent of youth reported current tobacco use and 16 percent reported smoking for the first time before age thirteen. However, the 22 percent smoking rate for adolescents in California is less than a national rate reported for high school students in grades 9 through 12 (MMWR, April 1, 2005 / 54(12); 297-301). The 2005 CHIS results further indicated that only one percent of California adolescents, 12 to 14 years of age, considered themselves regular smokers compared to 10% of adolescents, 15 to 17 years of age. Although the CDC reports that "frequent" use of tobacco among all teens decreased significantly from 16.7 percent in 1997 to 13.8 percent in 2001, efforts to increase screening of all adolescents including females and younger adolescents for tobacco use is a key preventive healthcare strategy for adolescents enrolled in the Medi-Cal managed care program.

## Alcohol Use

#### Survey Questions:

- "Did your doctor ask if you drink alcohol?"
- "Did your doctor ask you how much you drink?"
- "Did your doctor express concern that you drink alcohol?"
- "Did your doctor encourage you not to start using alcohol?"
- "Did your doctor ask whether you plan on starting to use alcohol in the next year?"

The statewide rate reported by adolescents for screening of alcohol use was 63.2 percent at remeasurement. That rate is not a statistically significant increase over baseline (Table 1). Adolescents in Alameda, Fresno, Kern, Orange, San Diego, San Joaquin, and San Mateo county regions reported a remeasurement screening rate of over 80 percent. Riverside/San Bernardino was the only county region to yield a statistically significant increase from the baseline to remeasurement (49% to 64 % --slightly above the statewide average 63% percent for this indicator) (Table 1).

Screening rates by Gender and Age Group did not increase enough to be considered statistically significant (Tables 2 and 4). There were statistically significant differences between survey baseline and remeasurement rates based on ethnicity in screening for alcohol use for Hispanic only (60.4% to 66%) (Table 3).

Screening and health counseling for alcohol use is an important component in preventive health care services provided to adolescents. The 2005 YRBSS results revealed that 46 percent of Caucasian, 31 percent of African-American and 47 percent of Hispanic adolescents reported using alcohol at greater than one drink per day within the preceding 30 days. Additionally, 11 percent of Caucasian, 4.9 percent of African-American, and 11 percent of Hispanic adolescents reported driving after drinking, and that Hispanic adolescents were more likely to ride in a car being driven by a drunk driver. Although adolescents reported increased screening rates for alcohol use screening by their providers in the *Adolescent Report of Health Visit* 

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survey remeasurement, evidence is clear that ongoing efforts by primary care providers in providing routine screening and counseling to adolescents about alcohol use is important to individual health and public safety.

## **Drug Use**

### **Survey Questions:**

- "Did your doctor ask if you have ever used drugs?"
- "Did your doctor ask you how often you have used drugs?"
- "Did your doctor express concern that you've used drugs?"
- "Did your doctor encourage you to not start using drugs?"
- "Did your doctor ask whether you plan on starting to use drugs in the next year?"

The statewide screening rate reported by adolescents for drug use had a statistically significant increase from 62.3 percent at baseline to 66.8 percent at remeasurement (Table 1). Neither females nor males reported statistically significant increased rates of screening for drug use. The only ethnic group of adolescents to report a statistically significant increase in screening for drug use at survey remeasurement was Hispanics (62.4% to 69.5%) (Table 3). Screening rates reported by 11-to 14-year old adolescents had a statistically significant increase from 63.1 percent at baseline to 66.6 percent at survey remeasurement, but the minor increase reported by 15-to 18-year old adolescents was not statistically significant. The only county regions to report statistically significant increases from the baseline to remeasurement were Riverside/San Bernardino (49.2% to 60.8%) and San Joaquin (70% to 88.8%) county regions.

During adolescence, experimentation and participation in high-risk behavior such as drug use are common, including peers involved in drug use and involvement with drug use to cope with emotional changes and difficult situations. Nine percent of the high school students that participated in the 2005 YRBSS reported use of marijuana at 13 years of age or younger. Of these, 20 percent of Caucasian, 20 percent of African-American, and 23 percent of Hispanic participants reported current marijuana use at the time of the YRBSS survey. Annual well-visits provide regular opportunities for primary care providers to screen for actual and potential drug use, provide health education "messages" to the adolescents and to make referrals for appropriate counseling. One key strategy in this project was to provide participating providers with a list of local referral resources specific to adolescents including drug and alcohol counseling services.

### **Sexual Behavior**

## **Survey Questions:**

- "Did your doctor ask if you have ever had sex?"
- "Did your doctor ask if you or your partner always use condoms when you have sex?"
- "Did your doctor ask if you or your partner always use some method to prevent pregnancy when you have sex?"

- "Did your doctor encourage you to always use (or your partner to always use) condoms when you have sex?"
- "Did your doctor encourage you to always use (or your partner to always use) some method to prevent pregnancy when you have sex?"
- "Did your doctor encourage you to wait longer before you started to have sex?"
- "Did your doctor ask whether you plan on starting to have sex in the next year?"
- "Did your doctor discuss the prevention of sexually transmitted diseases (STDs) or HIV with you?"

The statewide rate reported by adolescents for screening sexual behavior had a statistically significant increase from 57.6 percent at baseline to 64.2 percent at survey remeasurement (Table 1). Although a statistically significant increase in the screening rate was recorded at survey remeasurement (62.4% to 68.6%) for females, the increase in screening rate for males was not statistically significant (Table 2). Screening rates for Hispanic (59.2% to 66.2%) and Asian (45.5% to 61.2%) adolescents had statistically significant increases, while screening rates for African-American and Caucasian adolescents did not (Table 3). Screening for sexual behavior had a statistically significant increase at survey remeasurement for both 11-to 14-year old (48.6% to 56.5%) and 15-to 18-year old (64.3% to 70.7%) adolescents.

Adolescent members in Alameda, Fresno, Kern, Los Angeles, Napa/Yolo/Solano, Orange, Riverside/San Bernardino, San Diego, San Joaquin, and San Mateo county regions reported screening for sexual behavior above the statewide average rate of 64.2 percent. Screening rates in Alameda, Fresno, Los Angeles, Orange, San Joaquin, and San Mateo county regions were reported above 70 percent (Table 10). The Riverside/San Bernardino (44.6% to 66.5%) and San Joaquin (65.3% to 82.5%) county regions had statistically significant increases at survey remeasurement. Surveyed adolescents in Napa/Yolo/Solano, Orange, Sacramento, Tulare, and Monterey/Santa Cruz county regions reported lower incidence of screening for sexual behavior at survey remeasurement compared to the survey baseline rates. Adolescents in Monterey/Santa Cruz, San Francisco and Stanislaus county regions reported screening rates below 50 percent. In most county regions, participants in the *Adolescent Report of Health Visit* survey remeasurement reported a high level of screening for sexual behavior by providers, which is reflected by the statistically significant increases that occurred when analyzed by gender, ethnicity, age groups, and county. However, in some county regions adolescents reported a screening rate of less than 50 percent, which may indicate issues such as cultural sensitivity of the populations served and provider comfort in addressing sexual behaviors.

Reports made by adolescents provide strong evidence that screening for sexual behavior by healthcare providers is appropriate. In the 2005 YRBSS, 47 percent of high school students reported having had sexual intercourse, with 34 percent of ninth-grade students reporting having had intercourse. Results of the YRBSS study indicated that 43 percent of Caucasian, 68 percent of African-American, and 51 percent of Hispanic adolescents reported having engaged in sexual intercourse. Of the adolescents reporting sexual activity, four percent of Caucasian, 17 percent of African-American, and seven percent of Hispanic adolescents reported

engaging in sexual intercourse at 13 years of age or younger. The importance of routine screening and counseling by clinicians, including the assessment of sexual history, current sexual behavior, and need for appropriate health education and counseling, are integral components of the comprehensive adolescent health visit. In general, adolescents view their primary care providers as important resources for information about sex (Blyth, 2000). Adolescents expect healthcare clinicians to discuss sensitive subjects and other relevant health topics with them. According to one study, two-thirds of adolescents wanted information about pregnancy prevention and sexually transmitted infections from their primary care providers, although these discussions did not occur for many within a clinical setting (Kapphahn, 1999). Most health care providers acknowledge the importance of becoming informed about current adolescent health issues, being competent in screening and assessing adolescents, feeling confident discussing sensitive information with adolescents and playing a role in establishing an adolescent-friendly healthcare environment (Killebrew, 2002). Health plans and providers have unique opportunities to implement innovative quality improvement strategies in providing adolescent-friendly sensitive services.

# **Transportation Safety**

# **Survey Questions:**

- "Did your doctor ask if you use a helmet when using a bicycle, skateboard, or rollerblades?"
- > "Did your doctor encourage you to use a helmet when using a bicycle, skateboard, or rollerblades?"
- "Did your doctor ask if you use a seatbelt when riding in a car?"
- "Did your doctor encourage you to use a seatbelt when riding in a car?"
- "Did your doctor ask you if you ever ride in a car with a driver who has been drinking or who has taken drugs?"

The AWVCI indicator least reported by adolescents in the baseline survey was screening for transportation safety, with a rate of 42.1 percent. However, a statistically significant increase to a statewide rate of 48.2 percent was reported by adolescents at survey remeasurement (Table 1). Screening rates reported by Hispanic adolescents had a statistically significant increase at survey remeasurement (41.4% to 49.7%), with non-statistically significant rate increases reported by Asian, African American, and Caucasian adolescents (Table 3).

Alameda, Fresno, Orange, San Diego, San Joaquin, and San Mateo county regions had screening rates over 50 percent at survey remeasurement. Adolescents in Contra Costa, Los Angeles, Monterey/Santa Cruz, Napa/Yolo/Solano, Riverside/San Bernardino, Sacramento, San Francisco, Santa Barbara, Santa Clara, Stanislaus, and Tulare county regions reported screening rates below the statewide rate of 48 percent. However, only the Riverside/San Bernardino county region reported statistically significant rate increases (27.4% to 42.9%) regarding transportation safety screening (Table 11).

Adolescents participating in the *Adolescent Report of Health Visit* survey remeasurement reported relatively low incidence of screening for transportation safety by primary care providers during routine healthcare visits. However, adolescents in the 2005 YRBSS demonstrated the need for addressing transportation safety issues when 10 percent of the survey participants reported not using a seatbelt, 68 percent reported not use a helmet when bicycle riding and 29 percent reported having ridden in a car when the driver was drunk. Adolescent healthcare visits frequently become missed opportunities for providing screening and counseling about current or potential health risk behaviors. One of the key strategies of this collaborative project was to promote the completion of an annual comprehensive physical and risk assessment, along with appropriate health education and counseling as part of the routine adolescent well-visit.

## **Physical Activity and Nutrition**

## **Survey Questions:**

- "Did your doctor talk to you about: How much physical activity you do?"
- "Did your doctor talk to you about: Eating nutritionally balanced meals?"

Physical activity and nutrition was the most frequently screened AWVCI indicator reported by adolescents in the survey baseline (72%) and at survey remeasurement (75.7%) (Table 1). Screening rates by Gender and Age Group did not increase enough to be considered statistically significant (Tables 2 and 4). There were statistically significant differences between survey baseline and remeasurement rates based on ethnicity in screening for physical activity and nutrition for Hispanic adolescents only at survey remeasurement (71.4% to 77.1%) (Table 3). Adolescents reported no statistically significant increase in the rates of screening for physical activity and nutrition by county regions.

The 2005 YRBSS reported that 13 percent of adolescents were overweight and 16 percent are at risk for obesity. Of these, 12 percent of Caucasian, 16 percent of African-American and 17 percent of Hispanic adolescents were considered obese. Ten percent of the adolescent participants in the YRBSS reported having no vigorous or moderate physical activity, and of these, 8 percent of Caucasian, 14 percent of African-American and 11 percent of Hispanic adolescents reported having no vigorous or moderate physical activity, and of these, 8 percent of Caucasian, 14 percent of African-American and 11 percent of Hispanic adolescents reported having no vigorous or moderate physical activity. Obesity is one of the most serious public health problems, today, and is currently considered a national epidemic. According to recent reports, over 25 percent of California adolescents, aged 12 to 17 years, are atrisk for overweight or are already obese, with the highest obesity rates among African-American and Latino adolescents (National Academy for State Health Policy, 2004). The Centers for Disease Control, American Academy of Pediatrics and U.S. Maternal and Child Health Bureau uniformly recommend routine screening of all children for overweight and obesity. In the *Adolescent Report of Health Visit* remeasurement survey, adolescents reported high rates of screening by providers for physical activity and nutrition during routine health visits. Although assessment for physical activity and nutrition behaviors was one of the focus areas included in the provider skills-based training, some providers do not address these topics with all adolescents.

## Depression

### **Survey Question:**

"Did your doctor talk to you about: Getting help if you feel sad or depressed?"

In both the *Adolescent Report of Health Visit* baseline and remeasurement survey, adolescents reported that screening for depression was one of the indicators least screened by providers during the health care visit (Table 1). The screening rate for depression increased slightly for males at survey remeasurement (49.4% to 54.9%) compared to females (55.6% to 57.1%), although increase were not statistically significant. Slight increases in screening for depression were reported at survey remeasurement by Asian (53.4% to 57.2%), Caucasian (54% to 55.4%) and Hispanic (53.5% to 57.9%) adolescents, and a slight decrease in screening rate was reported by African-American (54.1% to 52.3%) adolescents (Table 3). Screening rates increased slightly at survey remeasurement for the 11 to 14 year old group (49.9% to 54.2%) and the 15-to 18-year old group (56% to 58.7%).

Slight to moderate increases in screening rates for depression were reported in Alameda, Fresno, Kern, Los Angeles, Riverside/San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Stanislaus, and Tulare county regions. The only statistically significant rate increase in the survey remeasurement occurred in San Joaquin County (65.6% to 80%) (Table 13). However, adolescents in Contra Costa, Monterey/Santa Cruz, Napa/Yolo/Solano, Sacramento, and San Francisco reported less incidence of provider screening for depression at survey remeasurement compared to their baseline survey rates.

The prevalence of depressive symptoms among adolescents has been widely acknowledged. For example, according to the 2005 YRBSS results, 26 percent of Caucasian, 28 percent of African-American, and 36 percent of Hispanic adolescents reported feeling "sad or hopeless." Similarly, results of the 2001 California Health Interview Survey (CHIS) indicated that clinicians included counseling for emotions in 32 percent of visits with 12 to 14 year-old adolescents and in 31 percent of visits with 15- to 17-year old adolescents. The methods used to determine the CHIS rates and the AWVCI rate, however, cannot be directly compared. CHIS rates are reported by different age groups (younger than 12, 12-17 years, and 18 years and older), included insured and uninsured Californians, and the response rates were weighed. The AWVCI survey analysis included only qualified surveys completed by Medi-Cal members between 11 and 18 years of age. The responses were scored and rolled up into the overall AWVCI rate; there was no weighting of the response rate. Please see the analytic plan under the "Analytical Plan and Design" section of this report for further explanation.

The American Academy of Pediatrics, American Medical Association, American Association of Family Physicians, U.S. Maternal and Child Health Bureau, and the U.S. Preventive Services Task Force recommend addressing a broad range of medical, psychosocial, developmental and environmental assessments in encounters with adolescents (Park, M, 2001). Proposed recommendations for adolescent assessments involve

de-emphasis on screening for biomedical problems that are generally uncommon to adolescents and emphasis on providing education and counseling for health damaging behaviors. Many providers have recognized the importance of providing comprehensive care to adolescents and commonly request adolescent-specific resources and strategies to use in daily practice for screening behavioral risks and providing appropriate counseling. Based on current recommendations, key strategies for this quality improvement project included emphasis on routine screening for conditions and risk behaviors that are common to adolescence, sponsoring skills-based education and training for providers and establishing a list of local and plan-sponsored adolescent-specific referral resources for participating providers.

## **Strength-based Assets**

### **Survey Questions:**

- "Did your doctor ask you about the important adults in your life?"
- "Did your doctor ask you about your school grades and activities?"
- "Did your doctor ask you about your responsibilities at home/school?"
- "Did your doctor ask you about your activities that help others?"

The framework for strength-based developmental assets was developed by the Search Institute and identifies 40 critical factors for young people's growth and development. Developmental assets are divided into two categories. External assets focus on positive experiences that young people receive from people and institutions in their lives, and internal assets are those qualities that guide choices and create a sense of individual purpose and focus. Four strength-based developmental assets were selected for addition to the *Adolescent Report of Health Visit* survey, which included important adults in the adolescent's life, school grades and activities, responsibilities at home/school, and activities the adolescent is involved in to help others. These four questions were the only additions to the original *Adolescent Report of Health Visit* survey developed by the University of California, San Francisco.

The four selected positive assets were combined in the survey analysis in a single aggregated rate, which increased slightly from 48.2 percent in the baseline survey to 52.3 percent at survey remeasurement (Table 1). The screening rate for positive assets increased for both males (46.9% to 51.3%) and females (48.5% to 52%) at survey remeasurement, although neither increase was statistically significant (Table 2). A statistically significant increase in the screening rate for positive assets was reported by Hispanic adolescents at survey remeasurement (47.5% to 53.7%), with non-statistically significant increases reported by Asian (51.9% to 54%) and Caucasian (46% to 47.2%) adolescents (Table 3). The screening rates of 49.2 percent reported by African-American adolescents at survey remeasurement remained essentially unchanged from the baseline of 49.2 percent. Screening rates increased for both 11-to 14-year old (50% to 52.4%) and 15-to 18-year old (46.7% to 52.1%) adolescents. Adolescents reported a slight increase in screening for strength-based assets in Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside/San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Stanislaus, and Tulare county regions at survey

remeasurement and decreased screening by providers in Monterey/Santa Cruz, Napa/Yolo/Solano, Sacramento, and Santa Barbara county regions (Table 14). The statewide screening rate for strength-based assets was 52.3 percent at survey remeasurement, and in most county regions reported screening rates by gender, ethnicity, and age ranged between 40 and 60 percent.

Considering the adolescent's strength-based assets acknowledges the vital roles that families, schools, and individuals in communities play in positively influencing and shaping the adolescent's life. In 2001, CHIS findings indicated that adolescents are less likely to engage in risky behaviors if good relationships with adults are established, and that adolescents who reported less adult contact were more likely to try risky behaviors. The 20 external assets focus on the presence of positive experiences that adolescents receive from the people and institutions in their lives, and the 20 internal assets focus on the presence of qualities that guide individual choices and create in the adolescent an internal sense of centeredness, purpose, and focus (Search Institute). Strength-based assets offer a set of benchmarks for positive child and adolescent development, and are therefore relevant for routine health screening of adolescents by primary care providers.

## **Minor Indicators**

## **Time Alone With Provider**

### Survey Question:

"Did you have some time with your doctor without your parent?"

The statewide screening rate reported for time alone with a provider increased from 58.4 percent at survey baseline to 62.8% at survey remeasurement, although the increase was not statistically significant (Table 1). Screening rates for "time alone with a provider" were statistically significant for female (59.6% to 63.5%) and Hispanic (56.4% to 61.5%) adolescents (Tables 2 and 3). Screening rates increased in Alameda, Contra Costa, Fresno, Kern, Riverside/San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, Stanislaus, and Tulare county regions, with statistically significant increases reported in the Riverside San Bernardino county region (Table 14). Over 80 percent of the adolescent participants in Alameda, Orange, San Joaquin, and San Mateo county regions reported they had time alone with their provider. Adolescents in Los Angeles, Monterey/Santa Cruz, Napa/Yolo/Solano, Orange, Sacramento, San Francisco, and Santa Clara county regions reported a decreased rate at survey remeasurement for time alone with provider.

Concerns about confidentiality have been identified by providers and adolescents as a significant barrier to accessing health care for adolescents (AAP Policy Statement RE9151). Adolescents have been known to forgo health care to prevent their parents from finding out, even when they had the legal right to consent to care for medically emancipated conditions (Ford, *et al.*, 1997). Additionally, studies have found that a high proportion of providers feel uncomfortable with providing services for medically emancipated conditions

and/or providing confidential care to adolescents (Fisher, *et al.*, 1996). The American Academy of Pediatrics urges providers to establish an independent relationship with adolescents as patients and to inform both parents and adolescents about the elements of that relationship including the opportunity for the adolescent to have time alone with the provider for examination and counseling apart from the parent. In general, adolescents are more willing to seek care from and communicate with physicians who assure confidentiality. Since the opportunity for time alone with the provider is directly related to confidentiality, this indicator will continue to be emphasized as a major component of quality health care provided to adolescents in the MCMC program.

#### Sun Overexposure

#### Survey Question:

"Did your doctor talk to you about: Preventing over-exposure to the sun?"

The statewide screening rate for sun overexposure had a statistically significant increase from 40 percent at survey baseline to 47.1 percent at survey remeasurement; however, this indicator was reported by adolescents as least screened of all the AWVCI indicators (Table 1). Increases in screening rates for sun overexposure were reported by both females (40.8% to 47.2%) and males (37.6% to 44.4%) at survey remeasurement (Table 2). Hispanic adolescents reported a statistically significant increase in screening for sun overexposure (39% to 47.2%), and non-statistically significant rates were reported by Asian (50.2% to 57.1%) and Caucasian (30.4% to 38.8%) adolescents (Table 3). The statewide screening average decreased slightly for African-American adolescents at survey remeasurement (34.8% to 34.4%). A statistically significant increase in reported screening rates for sun overexposure occurred for 11- to 14-year old adolescents (39.6% to 48.8%) but not for 15- to 18-year old adolescents (40.4% to 45.4%) (Table 4).

Sun overexposure was reported as one of the least screened indicators in all county regions at both survey baseline and remeasurement (Table 16). Screening rates increased Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside/San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Stanislaus, and Tulare county regions, with a statistically significant increase in San Joaquin County (63.5% to 80.2%). The screening rates in Contra Costa, Kern, Monterey/Santa Cruz, Napa/Yolo/Solano, Orange, Riverside/San Bernardino, San Francisco, Santa Barbara, Stanislaus, and Tulare county regions were below the statewide average rate of 47.1 percent. Decreases in screening rates occurred in Monterey/Santa Cruz, Napa/Yolo/Solano, Sacramento, and Santa Barbara county regions at remeasurement.

Prevention of sun overexposure has been associated with lower incidences of skin cancer. Overexposure to ultraviolet radiation causes 65-90 percent of all skin cancers, as well as sunburns, premature aging, cataracts, and a weakened immune system (CDHS, 2006; CDC, 2002). In the 2005 YRBSS, only 9 percent of all students reported wearing sunscreen most of the time and only 18 percent said they practiced sun safety. Sun safety was defined as staying in the shade, wearing long pants and a long-sleeved shirt, and a hat when out in

the sun for more than one hour. Sun damage and skin cancer are of particular concern for Californians. About one in four Californians are at risk of developing skin cancer, which is higher than the national average of one in five (Gladstone, 2005). Provision of risk behavior screening and health counseling to adolescents about the risks of sun overexposure is an important public health strategy.

### Adolescent Immunizations

#### Survey Question:

"Did your doctor talk to you about: Completing your teen immunizations?"

Adolescent immunizations were one of the most highly screened indicators on the survey. The statewide screening rate for adolescent immunizations increased from 63.4 percent at survey baseline to 65.7 percent at remeasurement (Table 1). The statewide screening rate increased for both females (64.3% to 67.1%) and males (60.6% to 62.3%) at survey remeasurement (Table 2). Screening rates increased for Asian (60.9% to 65.6%), Caucasian (58.1% to 66.9%), and Hispanic (65.2% to 67.1%) adolescents at remeasurement, but decreased for African-American (65.2% to 59.4%) adolescents (Table 3). Screening rates increased for both 11- to 14-year old (62.4% to 63.5%) and 15- to 18-year old (63.9% to 67.7%) adolescents.

San Diego and San Joaquin county regions had screening rates over 80 percent. Only Napa/Yolo/Solano, and Santa Barbara county regions fell below 50 percent. Kern was the only county region to report a statistically significant increase of the screening rate for adolescent immunizations (60.9% to 79%) (Table 17).

Adolescent vaccination is receiving increased attention with new or improved vaccines being targeted beyond the childhood series toward the adolescent age group. It has been projected that in the next ten years approval of additional new vaccines are expected, such as herpes simplex, cytomegalovirus, Chlamydia, and group B streptococcus, and will be targeted to adolescents and young adults (CDC, 2006). Decreasing barriers to preventive health care also includes informing adolescents, parents and providers about current and new adolescent vaccines and the rationale for their use.

### Violence

#### Survey Question:

"Did your doctor talk to you about: Violence?"

The statewide screening rate by providers for violence was 48.3 percent at survey remeasurement, which represented no statistically significant change from the baseline (Table 1). The screening rate at remeasurement for violence was 48.2 percent for females and 47.5 percent for males (Table 2). The statewide screening rates for violence at remeasurement placed Hispanics highest (50.7%) and African American adolescent screenings lowest (41.2%). Nevertheless, the differences between those screening rates of ethnic groups were not identified as statistically significant, nor were the differences between baseline and

remeasurement screening rates of ethnic groups (Table 3). The remeasurement screening rates for violence was higher for the 15- to 18-year old group versus the 11- to 14-year old group—49.8% and 46.6%, respectively (Table 4). However, the difference in screening rates between the two age groups do not yield statistical significance.

Alameda, Fresno, Kern, Los Angeles, Orange, Riverside/San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Stanislaus, and Tulare county regions had increases in screening rates for violence at survey remeasurement, although none were statistically significant (Table 18). Contra Costa, Monterey/Santa Cruz, Napa/Yolo/Solano, Sacramento, and San Francisco county regions experienced decreases in screening for violence at survey remeasurement. Contra Costa, Kern, Monterey/Santa Cruz, Napa/Yolo/Solano, Riverside/San Bernardino, Sacramento, San Francisco, Santa Barbara, Santa Clara, Stanislaus, and Tulare fell below the statewide survey remeasurement average of 48.3%.

Violence among children and adolescents is a well-recognized national issue. One urban study reported that 88 percent of urban adolescents and 57 percent of suburban adolescents had witnessed an assault, shooting, stabbing, robbery, or murder (Campbell, 1996). In the 2005 YBRSS, 36 percent of the participating students reported having been in a physical fight, nine percent had been victims of date violence, and eight percent reported being threatened or injured with a weapon on school property. One major barrier is that providers generally lack knowledge and comfort in addressing violence prevention issues (Ginsburg, 1998). Although adolescent violence is a complex problem, providers have regular opportunities to address sensitive topics confidentially at routine health visits. Providers have unique opportunities to address violence prevention by assessing adolescents for violence exposure, anger threshold, and use of weapons and by providing anticipatory guidance to parents and young people about discipline, media exposure, and firearm safety (Johnson, *et al.*, 1999).

# Conclusion

Several study limitations were identified related to implementing and analyzing the survey process. First, when calculating and analyzing individual county rates, the number of survey responses varied for each indicator. This resulted in a smaller number of responses for some indicators; when the number of responses becomes smaller, the reliability decreases.

The second limitation is that 357 of the surveys were determined to be unqualified and could not be used for data analysis because critical information on the survey was not completed. A qualified survey was defined as one that included complete header information (*e.g.*, Medi-Cal box checked, plan name and county identified) *and* contained answers to at least four major indicator questions *and* at least two minor indicator questions. Of the 357 unqualified surveys, 127 were completed by adolescents who were not covered by a Medi-Cal

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plan. As in the baseline study, health plans were notified on a bi-weekly basis of the number of qualified and unqualified surveys collected during the remeasurement period. Delmarva worked with the health plan and provider office contacts to help qualify a survey. If there was insufficient information available, the survey remained unqualified. The total number of surveys received in the remeasurement was 1872. However, the total number of qualified surveys was 1515, or 81 percent of the total received for inclusion in the remeasurement analysis.

A third limitation was lack of complete identifying information for the participating practice sites and the inability of Delmarva data entry staff to match some surveys with practice site information. Some plans added practice sites after the provider training as an attempt to increase the number of qualified surveys. Some of the surveys included only the practitioner's name, and in some cases, the data entry staff was unable to match the practitioner information with the practice site. Without proper practitioner identification, the survey could not be included in response rates by practitioner.

Indicators in this study were consistent with those recommended in the California Adolescent Strategic Plan (Clayton, *et al.*, 2000). Although all adolescents enrolled in the Medi-Cal Managed Care (MCMC) program are expected to receive a comprehensive assessment at their routine healthcare visits, results of the survey remeasurement revealed that adolescents reported an average rate of approximately 61 percent for the provision of comprehensive risk screening (Table 1).

The Individual Health Education Behavioral Staying Healthy Assessment (IHEBA) is a behavioral risk assessment that is used as part of the initial health assessment and routine comprehensive assessment visits, and periodically thereafter. Many Medi-Cal Managed Care providers use the *Staying Healthy* form to complete the IHEBA, which also addresses the indicators included in the survey with the exception of the strength-based assets indicators. The *Staying Healthy* form is a self-reported assessment that includes behavioral risks that are similar to those included on the Adolescent Report of Health Visit (ARHV) survey (Table 21). Group I includes indicator questions that had a similar question on the *Staying Healthy* form and Group II included questions that appeared on the ARHV survey only (Table 21).

Surveys with responses for all the above questions were included in the analysis. All the "yes" responses for each group of questions were aggregated and a mean calculated for both groups. The mean for Group I was 61.7% and the mean for Group II was 57.6%. A significance test conducted at a 95% confidence interval, between Group I and Group II found no significant difference. Therefore, there was no significant difference between the survey questions included on the IHEBA (Group I) and those not included on the IHEBA (Group II).

Question Content Comparison			
ARHV Questions	Corresponding Staying Healthy Assessment		
(Question number in parentheses)	INEBA QUESTIONS		
Did your doctor ask if you smoke or chew tobacco? (12)	Do you ever smoke cigarettes or cigars or chew tobacco? (16)		
Did your doctor ask if you drink alcohol? (16)	Do you ever drink alcohol such as beer, wine, wine coolers, or liquor? (17)		
Did your doctor ask if you ever used drugs? (21)	Do you ever use drugs such as marijuana, cocaine, crack, crank, or ecstasy? (19)		
Did your doctor ask if you use a helmet when using a bicycle, skateboard or rollerblades? (26)	Do you always wear a helmet when riding a bike or skateboard? (12)		
Did your doctor ask if you use a seatbelt when riding in a car? (28)	Do you always wear a seat belt when riding in a car? (11)		
Did your doctor ask if you ever ride in a car with a driver who has been drinking or who has taken drugs? (30)	Do you ever drive a car or after drinking or ride in a car by someone who has been drinking? (18)		
Did your doctor ask if you have ever had sex? (31)	Have you ever had sex? (20)		
Did your doctor talk to you about how much physical activity you do? (39b)	Do you exercise or play an active sport 5 days a week? (8)		
Did your doctor talk to you about eating nutritionally balanced meals? (39c)	Do you: • drink milk or eat yogurt or cheese at least 3 times each day? (5) • eat at least 5 servings of fruits or vegetables each day? (6) • try to limit the amount of fried or fast foods that you eat? (7)		
Did your doctor talk to you about getting help if you feel sad or depressed? (39d)	Do you often feel sad, down, or hopeless? (10)		
Did your doctor talk to you about preventing overexposure to the sun? (39a)	Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt? (15)		
Did your doctor talk to you about violence? (39f)	Do you spend time in a home where a gun is kept? (13) Have you ever: • been forced or pressured to have sex? (26) • been hit, slapped, kicked, or physically hurt by someone? (27) • carried a gun, knife, club, or other weapon? (28)		
Did you have some time with your doctor without your parent? (9)			
Did your doctor talk to you about completing your teen immunizations? (39e)			
Did your doctor ask you about the important adults in your life? (40)			
Did your doctor ask about your school grades and activities? (41)			
Did your doctor ask you about your responsibilities at home/school? (42)			
Did your doctor ask you about activities that help others? (43)			

Table 21. Comparison of Questions on ARHV survey and Staying Healthy forms (question number in parenthesis).

Although the screening rates documented in this study may not be a true representation of the degree of screening that actually occurs, this project provided some insight into the assessments and counseling that adolescents felt they received from their provider at a health visit. According to the California Education and Human Services Consortium, many providers typically concentrate on services they are comfortable providing themselves. As a result, providers may not assess critical health risk behaviors that are common to adolescents or make referrals to other agencies that provide needed services (Clayton, *et al.*, 2000).

The California Department of Healthcare Services sponsored the four-year statewide Adolescent Health Quality Improvement Project to determine the extent to which primary care providers in the Medi-Cal managed care health plan provider networks perform comprehensive risk behavior screening during routine adolescent well-care visits. One key aim of the MCMC program in implementing this collaborative is to ensure the availability of adolescent-friendly services provided by practitioners that are knowledgeable about adolescent health issues and skilled in working with adolescents and their families. The California Department of Healthcare Services strongly encourages health plans to continue implementing strategies that improve services provided to adolescents, such as promoting comprehensive, high-quality health care; ensuring an adequate supply of adolescent-specific services and skilled adolescent-friendly providers; and involving adolescents in planning and evaluating the delivery of health services.

# Appendix 1

# Adolescent Report of Health Visit 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.



California Department of Health Services Medi-Cal Managed Care

Adolescent Report of Health Visit

Со	THIS SURVEY IS CO	NFID	ENTIAL AND ANON	YMOUS
Pro	ovider Site Name:			
Do	ctor/Nurse Practitioner Name:			
То	day's Date:			
1.	Your Age:			
2.	Your Grade as of today (if it is summer vaca	tion, list t	he grade you will be in this fal	l):
3.	Your sex (circle one): Male Femal	le		
4.	How do you describe your ethnic background	d? (Circl	e all that apply to you)	
	<ul> <li>a. White-not Hispanic</li> <li>b. African American or Black</li> <li>c. Mexican or Mexican American</li> <li>d. Central American</li> <li>e. South American</li> <li>f. Cuban</li> <li>g. Puerto Rican</li> <li>h. Asian Indian</li> <li>i. Chinese</li> </ul>	j. k. I. n. o. p. q. r.	Japanese Filipino Vietnamese Cambodian Laotian Korean Native American or Alaskan Hawaiian or Pacific Islander Other (describe)	Native
5.	When you checked in for your visit at the clin today, did you receive a health questionnaire	nic or doo e to fill o	ctor's office ut? □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 c patients, parents, or anyone else) could see your answers while you we out?	ne (other re filling it □Yes	□No
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?	Yes	<b>□</b> No
12.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you u Question #14.</li> </ul>	<b>Yes</b> se tobacco, pleas	<b>No</b> e skip to
12.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you use Question #14.</li> <li>If you <u>do</u> use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco #13.</li> </ul>	<b>Yes</b> se tobacco, pleas pacco, please con	<b>No</b> e skip to tinue with
12.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you u Question #14.</li> <li>If you <u>do</u> use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>section #13</u>.</li> </ul>	<b>Yes</b> se tobacco, pleas pacco, please con <b>v</b> .	■ No e skip to tinue with
12. Thi: 13.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you use Question #14.</li> <li>If you <u>do</u> use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>who</u> use tobacco and <u>who</u> let their doctor know that you use tobacco.</li> <li>Did your doctor express concern that you use tobacco?</li> </ul>	Yes se tobacco, pleas oacco, please con v.     Yes	■ No e skip to tinue with
12. Thi: 13. Pla	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you use use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>who let their doctor know</u>.</li> <li>Section is only for teens who use tobacco and who let their doctor know.</li> <li>Did your doctor express concern that you use tobacco?</li> <li>Ease skip Questions #14-15 and continue with Question #16.</li> </ul>	<b>Yes</b> se tobacco, pleas bacco, please con w. <b>∏Yes</b>	■ No e skip to tinue with
12. This 13. Pla 14.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>who let their doctor know</u>.</li> <li>s section is only for teens who use tobacco and who let their doctor know.</li> <li>Did your doctor express concern that you use tobacco?</li> <li>ease skip Questions #14-15 and continue with Question #16.</li> <li>Did your doctor encourage you to remain a non-smoker or non-tobacco</li> </ul>	Yes se tobacco, pleas oacco, please con v.     Yes user? □Yes	■ No e skip to tinue with ■ No ■ No
12. This 13. Pla 14.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you u Question #14.</li> <li>If you <u>do</u> use tobacco and <u>did</u> let your doctor know that you use tob Question #13.</li> <li>s section is only for teens who use tobacco and who let their doctor know. Did your doctor express concern that you use tobacco?</li> <li>ease skip Questions #14-15 and continue with Question #16.</li> <li>Did your doctor encourage you to remain a non-smoker or non-tobacco</li> <li>Did your doctor ask whether you plan on starting to use tobacco in the</li> </ul>	Yes se tobacco, pleas oacco, please con w.     Yes user? □Yes next year? □Yes	■ No e skip to tinue with ■ No ■ No
12. This 13. Ple 14. 15.	<ul> <li>Did your doctor ask if you smoke or chew tobacco?</li> <li>If you <u>do not</u> use tobacco, or <u>did not</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>did</u> let your doctor know that you use tobacco and <u>who let their doctor know</u>. Section is only for teens who use tobacco and who let their doctor know. Did your doctor express concern that you use tobacco?</li> <li>Ease skip Questions #14-15 and continue with Question #16.</li> <li>Did your doctor encourage you to remain a non-smoker or non-tobacco.</li> <li>Did your doctor ask whether you plan on starting to use tobacco in the teens answer this question.</li> </ul>	Yes se tobacco, pleas oacco, please con v.     Yes user? □Yes next year? □Yes	■ No e skip to tinue with ■ No ■ No es ■ 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 <u>do</u> use alcohol and <u>did</u> 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 t	he next page.	
19. Did your doctor encourage you not to start using alcohol?	Yes	No
		- <b>D</b> N.
20. Did your doctor ask whether you plan on starting to use alconol in the	next year?	S LINO

Please continue onto the next page...

# All teens answer this question

21. [	Did your doctor ask if you have ever used drugs?	Yes	ΠNο
•	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 ne	ext 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	□No	
29. Did your doctor encourage you to use a seatbelt when riding in a car?	□Yes	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?	□Yes	□No	

All teens answer this question.			
31. Did your doctor ask if you have ever had sex?	□Yes	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 yo	ou	
have sex?	∐Yes	□No
33. Did your doctor ask if you or your partner always use some method to		
prevent pregnancy when you have sex?	Yes	□No
34. Did your doctor encourage you to always use (or your partner to always	s use)	
condoms when you have sex?	Yes	□No
35. Did your doctor encourage you to always use (or your partner to always	s 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		

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

<ul> <li>38. Did your doctor discuss the prevention of sexually transmitted diseases (STDs) and HIV with you?</li> <li>20. Did your doctor talk to you shout.</li> </ul>			
39a.	Preventing over-exposure to the sun?	Yes	No
39b.	How much physical activity you do?	Yes	No
<b>39</b> c.	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?	Yes	No
40. Did your do	ctor ask you about the important adults in your life?	□Yes	□No
41. Did your do	ctor ask you about your school grades and activities?	Yes	□No
42. Did your doctor ask you about your responsibilities at home/school?		□No	
43. Did your do	ctor ask you about your activities that help others?	Yes	□No
44. Would you	44. Would you want to see this doctor again to discuss health issues?		
45. Is there anything else you would like to tell us regarding your provider?			

# Appendix 2

# Indicator–Survey Question Crosswalk with Adolescent Well-Visit Content Indicator Point Values

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

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

Table 20.	Survey Question Crosswalk with AWVCI Point Values
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# Appendix 3

# Adolescent Report of Health Visit Survey Responses by County Region - Qualified Surveys Only

Language

	Baseline					Remeasurement				
County Region	En	glish	Spa	Spanish		En	glish	Spa	nish	Total
	Count	%	Count	%	Total	Count	%	Count	%	Total
Alameda	60	89.6%	7	10.4%	67	35	87.5%	5	12.5%	40
Contra Costa	33	100.0%	0	0.0%	33	83	100.0%	0	0.0%	83
Fresno	71	84.5%	13	15.5%	84	97	94.2%	6	5.8%	103
Kern	86	98.9%	1	1.1%	87	97	59.5%	66	40.5%	163
Los Angeles	86	91.5%	8	8.5%	94	100	88.5%	13	11.5%	113
Monterey/Santa Cruz	44	53.7%	38	46.3%	82	35	64.8%	19	35.2%	54
Napa/Yolo/Solano	17	94.4%	1	5.6%	18	13	81.3%	3	18.8%	16
Orange	84	97.7%	2	2.3%	86	43	95.6%	2	4.4%	45
Riverside/San Bernardino	208	97.7%	5	2.3%	213	97	89.8%	11	10.2%	108
Sacramento	61	98.4%	1	1.6%	62	108	96.4%	4	3.6%	112
San Diego	47	52.2%	43	47.8%	90	49	60.5%	32	39.5%	81
San Francisco	83	95.4%	4	4.6%	87	131	99.2%	1	0.8%	132
San Joaquin	96	98.0%	2	2.0%	98	110	99.1%	1	0.9%	111
San Mateo	46	90.2%	5	9.8%	51	42	77.8%	12	22.2%	54
Santa Barbara	47	49.5%	48	50.5%	95	51	63.8%	29	36.3%	80
Santa Clara	126	97.7%	3	2.3%	129	83	94.3%	5	5.7%	88
Stanislaus	19	100.0%	0	0.0%	19	42	85.7%	7	14.3%	49
Tulare	89	82.4%	19	17.6%	108	69	83.1%	14	16.9%	83
Statewide	1303	86.7%	200	13.3%	1503	1285	84.8%	230	15.2%	1515

# 1. Age

# Baseline

County Pogion	Age 11-14		Age	15-18	Unk	Total	
	Count	%	Count	%	Count	%	Total
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/Santa Cruz	28	34.1%	54	65.9%	0	0.0%	82
Napa/Yolo/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
Statewide	643	42.8%	850	56.6%	10	0.7%	1503

# Remeasurement

County Region	Age 11-14		Age	15-18	Unł	Total	
County Region	Count	%	Count	%	Count	%	TOLAI
Alameda	17	42.5%	23	57.5%	0	0.0%	40
Contra Costa	37	44.6%	46	55.4%	0	0.0%	83
Fresno	54	52.4%	48	46.6%	1	1.0%	103
Kern	106	65.0%	56	34.4%	1	0.6%	163
Los Angeles	30	26.5%	83	73.5%	0	0.0%	113
Monterey/Santa Cruz	26	48.1%	28	51.9%	0	0.0%	54
Napa/Yolo/Solano	9	56.3%	7	43.8%	0	0.0%	16
Orange	22	48.9%	22	48.9%	1	2.2%	45
Riverside/San Bernardino	45	41.7%	63	58.3%	0	0.0%	108
Sacramento	57	50.9%	55	49.1%	0	0.0%	112
San Diego	34	42.0%	47	58.0%	0	0.0%	81
San Francisco	59	44.7%	72	54.5%	1	0.8%	132
San Joaquin	37	33.3%	74	66.7%	0	0.0%	111
San Mateo	23	42.6%	30	55.6%	1	1.9%	54
Santa Barbara	43	53.8%	37	46.3%	0	0.0%	80
Santa Clara	44	50.0%	44	50.0%	0	0.0%	88
Stanislaus	27	55.1%	22	44.9%	0	0.0%	49
Tulare	30	36.1%	53	63.9%	0	0.0%	83
Statewide	700	46.2%	810	53.5%	5	0.3%	1515

# 2. School Grade

# Baseline

County Region	Grad	les 6-8	Grad	es 9-12	Unk	Total	
	Count	%	Count	%	Count	%	i o con
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/Santa Cruz	32	39.0%	44	53.7%	6	7.3%	82
Napa/Yolo/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
Total	677	45.0%	655	43.6%	171	11.4%	1503

### Remeasurement

County Region	Grades 6-9		Grade	es 10-12	Unk	Total	
	Count	%	Count	%	Count	%	
Alameda	15	37.5%	15	37.5%	10	25.0%	40
Contra Costa	39	47.0%	38	45.8%	6	7.2%	83
Fresno	48	46.6%	43	41.7%	12	11.7%	103
Kern	103	63.2%	46	28.2%	14	8.6%	163
Los Angeles	36	31.9%	69	61.1%	8	7.1%	113
Monterey/Santa Cruz	30	55.6%	17	31.5%	7	13.0%	54
Napa/Yolo/Solano	11	68.8%	3	18.8%	2	12.5%	16
Orange	21	46.7%	21	46.7%	3	6.7%	45
Riverside/San Bernardino	45	41.7%	36	33.3%	27	25.0%	108
Sacramento	55	49.1%	40	35.7%	17	15.2%	112
San Diego	37	45.7%	37	45.7%	7	8.6%	81
San Francisco	60	45.5%	55	41.7%	17	12.9%	132
San Joaquin	42	37.8%	62	55.9%	7	6.3%	111
San Mateo	20	37.0%	24	44.4%	10	18.5%	54
Santa Barbara	43	53.8%	23	28.8%	14	17.5%	80
Santa Clara	48	54.5%	31	35.2%	9	10.2%	88
Stanislaus	30	61.2%	15	30.6%	4	8.2%	49
Tulare	35	42.2%	42	50.6%	6	7.2%	83
Total	718	47.4%	617	40.7%	180	11.9%	1515

# 3. Gender

## Baseline

County Region	Female		N	lale	Unk	Total	
county region	Count	%	Count	%	Count	%	Total
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/Santa Cruz	29	35.4%	45	54.9%	8	9.8%	82
Napa/Yolo/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
Statewide	805	53.6%	606	40.3%	92	6.1%	1503

## Remeasurement

County Region	Female		N	lale	Unk	Total	
	Count	%	Count	%	Count	%	
Alameda	24	60.0%	14	35.0%	2	5.0%	40
Contra Costa	48	57.8%	28	33.7%	7	8.4%	83
Fresno	57	55.3%	43	41.7%	3	2.9%	103
Kern	74	45.4%	69	42.3%	20	12.3%	163
Los Angeles	68	60.2%	34	30.1%	11	9.7%	113
Monterey/Santa Cruz	33	61.1%	14	25.9%	7	13.0%	54
Napa/Yolo/Solano	10	62.5%	5	31.3%	1	6.3%	16
Orange	25	55.6%	17	37.8%	3	6.7%	45
Riverside/San Bernardino	52	48.1%	43	39.8%	13	12.0%	108
Sacramento	59	52.7%	45	40.2%	8	7.1%	112
San Diego	38	46.9%	36	44.4%	7	8.6%	81
San Francisco	76	57.6%	53	40.2%	3	2.3%	132
San Joaquin	62	55.9%	45	40.5%	4	3.6%	111
San Mateo	27	50.0%	20	37.0%	7	13.0%	54
Santa Barbara	34	42.5%	38	47.5%	8	10.0%	80
Santa Clara	55	62.5%	24	27.3%	9	10.2%	88
Stanislaus	24	49.0%	23	46.9%	2	4.1%	49
Tulare	52	62.7%	26	31.3%	5	6.0%	83
Statewide	818	54.0%	577	38.1%	120	7.9%	1515

# 4. Ethnicity

# Baseline

County Region	Afr Ame	ican- erican	His	panic	A	sian	Cau	casian	0	ther	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/ Santa Cruz	6	7.3%	72	87.8%	3	3.7%	0	0.0%	1	1.2%	82
Napa/Yolo/ 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/ 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
Statewide	112	7.5%	896	59.6%	301	20.0%	161	10.7%	33	2.2%	1503

### Remeasurement

County Region	Afr Am	'ican- erican	His	panic	A	sian	Cau	casian	0	ther	Total
	#	%	#	%	#	%	#	%	#	%	
Alameda	0	0.0%	14	35.0%	24	60.0%	0	0.0%	2	5.0%	40
Contra Costa	20	24.1%	18	21.7%	9	10.8%	31	37.3%	5	6.0%	83
Fresno	10	9.7%	77	74.8%	9	8.7%	5	4.9%	2	1.9%	103
Kern	12	7.4%	124	76.1%	7	4.3%	17	10.4%	3	1.8%	163
Los Angeles	23	20.4%	82	72.6%	3	2.7%	5	4.4%	0	0.0%	113
Monterey/ Santa Cruz	6	11.1%	42	77.8%	1	1.9%	4	7.4%	1	1.9%	54
Napa/Yolo/ Solano	4	25.0%	8	50.0%	1	6.3%	1	6.3%	2	12.5%	16
Orange	0	0.0%	39	86.7%	1	2.2%	5	11.1%	0	0.0%	45
Riverside/ San Bernardino	8	7.4%	61	56.5%	2	1.9%	36	33.3%	1	0.9%	108
Sacramento	23	20.5%	47	42.0%	13	11.6%	25	22.3%	4	3.6%	112
San Diego	4	4.9%	64	79.0%	2	2.5%	7	8.6%	4	4.9%	81
San Francisco	0	0.0%	5	3.8%	125	94.7%	2	1.5%	0	0.0%	132
San Joaquin	6	5.4%	16	14.4%	81	73.0%	6	5.4%	2	1.8%	111
San Mateo	3	5.6%	32	59.3%	8	14.8%	5	9.3%	6	11.1%	54
Santa Barbara	4	5.0%	66	82.5%	2	2.5%	4	5.0%	4	5.0%	80
Santa Clara	1	1.1%	62	70.5%	21	23.9%	2	2.3%	2	2.3%	88
Stanislaus	3	6.1%	32	65.3%	0	0.0%	12	24.5%	2	4.1%	49
Tulare	6	7.2%	60	72.3%	2	2.4%	12	14.5%	3	3.6%	83
Statewide	133	8.8%	849	56.0%	311	20.5%	179	11.8%	43	2.8%	1515

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?"

	Base	eline	Remeasurement			
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)		
Alameda	66	77%	39	92.3%		
Contra Costa	33	48%	82	41.5%		
Fresno	80	89%	100	79.0%		
Kern	85	68%	159	58.5%		
Los Angeles	92	73%	112	75.9%		
Monterey/Santa Cruz	71	75%	49	67.3%		
Napa/Yolo/Solano	18	61%	14	50.0%		
Orange	85	66%	45	77.8%		
Riverside/San Bernardino	208	68%	108	78.7%		
Sacramento	58	78%	110	74.5%		
San Diego	89	82%	80	82.5%		
San Francisco	81	60%	124	67.7%		
San Joaquin	98	82%	110	96.4%		
San Mateo	46	59%	52	78.8%		
Santa Barbara	94	78%	80	87.5%		
Santa Clara	126	63%	87	75.9%		
Stanislaus	19	68%	44	61.4%		
Tulare	102	73%	81	64.2%		
Statewide	1451	72%	1476	73.2%		

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

	Base	eline	Remeasurement			
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)		
Alameda	51	88%	37	94.6%		
Contra Costa	17	88%	37	89.2%		
Fresno	74	96%	93	88.2%		
Kern	57	95%	100	92.0%		
Los Angeles	69	83%	90	86.7%		
Monterey/Santa Cruz	71	69%	41	82.9%		
Napa/Yolo/Solano	11	64%	7	100.0%		
Orange	61	90%	36	88.9%		
Riverside/San Bernardino	179	73%	86	81.4%		
Sacramento	48	85%	94	86.2%		
San Diego	72	93%	67	97.0%		
San Francisco	56	84%	89	88.8%		
San Joaquin	82	98%	102	97.1%		
San Mateo	31	87%	43	90.7%		
Santa Barbara	72	90%	71	81.7%		
Santa Clara	90	84%	69	94.2%		
Stanislaus	13	100%	27	85.2%		
Tulare	81	89%	62	79.0%		
Statewide	1135	86%	1151	88.7%		

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?"

	Basel	ine	Remeasurement			
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)		
Alameda	50	96%	37	89.2%		
Contra Costa	18	83%	37	78.4%		
Fresno	71	92%	93	81.7%		
Kern	58	71%	100	89.0%		
Los Angeles	70	90%	89	83.1%		
Monterey/Santa Cruz	72	72%	41	82.9%		
Napa/Yolo/Solano	11	91%	7	85.7%		
Orange	62	90%	36	83.3%		
Riverside/San Bernardino	180	70%	86	69.8%		
Sacramento	49	94%	95	81.1%		
San Diego	74	95%	65	93.8%		
San Francisco	56	82%	86	83.7%		
San Joaquin	84	90%	105	94.3%		
San Mateo	31	77%	43	83.7%		
Santa Barbara	73	84%	71	77.5%		
Santa Clara	88	81%	70	90.0%		
Stanislaus	13	92%	26	69.2%		
Tulare	76	79%	60	90.0%		
Statewide	1136	83%	1147	84.2%		

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	45	69%	25	72.0%
Contra Costa	15	40%	35	71.4%
Fresno	64	75%	92	62.0%
Kern	55	67%	101	69.3%
Los Angeles	70	63%	84	66.7%
Monterey/Santa Cruz	71	49%	41	31.7%
Napa/Yolo/Solano	11	73%	5	60.0%
Orange	61	72%	36	72.2%
Riverside/San Bernardino	173	51%	90	86.7%
Sacramento	46	67%	76	59.2%
San Diego	71	73%	64	82.8%
San Francisco	57	54%	83	57.8%
San Joaquin	73	67%	100	84.0%
San Mateo	32	59%	40	72.5%
Santa Barbara	73	64%	63	60.3%
Santa Clara	74	55%	67	67.2%
Stanislaus	10	40%	27	48.1%
Tulare	79	61%	59	62.7%
Statewide	1080	61%	1088	67.8%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	63	68%	37	89.2%
Contra Costa	33	55%	79	57.0%
Fresno	79	46%	102	63.7%
Kern	85	36%	160	45.6%
Los Angeles	90	73%	110	62.7%
Monterey/Santa Cruz	81	52%	53	43.4%
Napa/Yolo/Solano	18	78%	15	73.3%
Orange	79	92%	43	83.7%
Riverside/San Bernardino	208	38%	107	68.2%
Sacramento	59	58%	104	51.9%
San Diego	88	63%	78	78.2%
San Francisco	86	71%	123	62.6%
San Joaquin	96	69%	110	80.9%
San Mateo	50	84%	54	90.7%
Santa Barbara	94	50%	78	59.0%
Santa Clara	125	66%	86	61.6%
Stanislaus	18	28%	48	37.5%
Tulare	104	56%	80	57.5%
Statewide	1456	58%	1467	62.8%

10. "Did your doctor explain to you that there were certain things that s/he would not tell your parents about?"

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	65	35%	39	53.8%
Contra Costa	32	34%	80	37.5%
Fresno	80	53%	101	61.4%
Kern	84	17%	159	32.7%
Los Angeles	89	58%	112	62.5%
Monterey/Santa Cruz	81	42%	53	34.0%
Napa/Yolo/Solano	17	71%	16	31.3%
Orange	80	80%	44	61.4%
Riverside/San Bernardino	207	28%	105	56.2%
Sacramento	55	40%	107	34.6%
San Diego	86	55%	79	69.6%
San Francisco	87	37%	126	30.2%
San Joaquin	97	62%	108	74.1%
San Mateo	50	54%	53	75.5%
Santa Barbara	94	49%	77	41.6%
Santa Clara	126	38%	87	51.7%
Stanislaus	19	37%	48	27.1%
Tulare	104	43%	80	53.8%
Statewide	1453	44%	1474	49.3%

**11.** "Did your doctor explain to you that there were certain things that s/he would tell your parents about?"

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	66	41%	38	65.8%
Contra Costa	31	32%	76	38.2%
Fresno	81	56%	99	52.5%
Kern	84	35%	157	44.6%
Los Angeles	90	52%	112	45.5%
Monterey/Santa Cruz	82	52%	53	32.1%
Napa/Yolo/Solano	18	50%	15	40.0%
Orange	79	63%	42	42.9%
Riverside/San Bernardino	209	30%	106	55.7%
Sacramento	54	43%	107	39.3%
San Diego	86	65%	77	83.1%
San Francisco	85	45%	124	41.1%
San Joaquin	98	60%	108	75.0%
San Mateo	50	52%	53	66.0%
Santa Barbara	92	58%	78	46.2%
Santa Clara	125	47%	86	55.8%
Stanislaus	19	47%	47	48.9%
Tulare	102	45%	80	58.8%
Statewide	1451	48%	1458	51.7%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	64	73%	39	92.3%
Contra Costa	33	76%	83	72.3%
Fresno	83	72%	101	77.2%
Kern	85	80%	160	84.4%
Los Angeles	92	67%	112	70.5%
Monterey/Santa Cruz	80	56%	52	55.8%
Napa/Yolo/Solano	18	83%	16	75.0%
Orange	84	87%	43	86.0%
Riverside/San Bernardino	206	54%	108	67.6%
Sacramento	56	80%	107	59.8%
San Diego	89	67%	81	77.8%
San Francisco	82	62%	125	49.6%
San Joaquin	96	68%	111	82.9%
San Mateo	51	78%	53	88.7%
Santa Barbara	91	64%	74	51.4%
Santa Clara	125	53%	88	68.2%
Stanislaus	19	63%	47	61.7%
Tulare	107	67%	83	61.4%
Statewide	1461	67%	1483	70.5%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	12	58%	7	42.9%
Contra Costa	12	67%	10	40.0%
Fresno	39	77%	49	57.1%
Kern	13	38%	39	66.7%
Los Angeles	30	53%	30	36.7%
Monterey/Santa Cruz	45	38%	19	26.3%
Napa/Yolo/Solano	3	67%	4	25.0%
Orange	27	56%	5	60.0%
Riverside/San Bernardino	39	62%	19	31.6%
Sacramento	19	53%	35	40.0%
San Diego	34	56%	19	68.4%
San Francisco	16	75%	16	37.5%
San Joaquin	15	33%	18	44.4%
San Mateo	9	56%	12	83.3%
Santa Barbara	31	48%	25	24.0%
Santa Clara	30	63%	20	60.0%
Stanislaus	8	38%	14	28.6%
Tulare	22	59%	13	38.5%
Statewide	404	56%	354	46.6%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	57	77%	35	71.4%
Contra Costa	26	73%	66	63.6%
Fresno	69	75%	93	80.6%
Kern	72	76%	134	74.6%
Los Angeles	78	71%	98	69.4%
Monterey/Santa Cruz	75	59%	45	57.8%
Napa/Yolo/Solano	12	83%	16	75.0%
Orange	67	84%	37	81.1%
Riverside/San Bernardino	194	48%	96	55.2%
Sacramento	52	83%	83	62.7%
San Diego	72	67%	62	82.3%
San Francisco	67	72%	106	67.9%
San Joaquin	88	73%	94	89.4%
San Mateo	34	74%	42	76.2%
Santa Barbara	74	59%	64	60.9%
Santa Clara	101	72%	69	72.5%
Stanislaus	13	69%	37	67.6%
Tulare	89	63%	67	59.7%
Statewide	1240	68%	1244	70.4%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	59	47%	34	35.3%
Contra Costa	25	20%	69	21.7%
Fresno	71	54%	96	50.0%
Kern	77	23%	142	33.8%
Los Angeles	80	23%	98	31.6%
Monterey/Santa Cruz	71	25%	46	19.6%
Napa/Yolo/Solano	12	33%	16	25.0%
Orange	69	29%	37	35.1%
Riverside/San Bernardino	198	26%	98	41.8%
Sacramento	50	26%	86	29.1%
San Diego	74	47%	60	56.7%
San Francisco	68	26%	109	15.6%
San Joaquin	89	48%	98	71.4%
San Mateo	38	21%	47	34.0%
Santa Barbara	83	19%	68	25.0%
Santa Clara	106	15%	73	32.9%
Stanislaus	14	7%	39	23.1%
Tulare	91	26%	67	20.9%
Statewide	1275	29%	1283	34.8%
#### 16. "Did your doctor ask if you drink alcohol?"

	Baseline		Remeasurement	
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	66	76%	40	82.5%
Contra Costa	32	53%	83	59.0%
Fresno	84	65%	100	73.0%
Kern	86	72%	159	78.6%
Los Angeles	92	70%	110	68.2%
Monterey/Santa Cruz	80	51%	50	54.0%
Napa/Yolo/Solano	18	83%	16	62.5%
Orange	82	79%	42	81.0%
Riverside/San Bernardino	208	51%	108	67.6%
Sacramento	57	65%	105	51.4%
San Diego	89	64%	77	75.3%
San Francisco	82	60%	124	51.6%
San Joaquin	96	68%	108	86.1%
San Mateo	48	77%	54	90.7%
Santa Barbara	94	54%	77	54.5%
Santa Clara	125	51%	87	60.9%
Stanislaus	19	53%	48	47.9%
Tulare	102	66%	80	57.5%
Statewide	1460	62%	1468	66.8%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	7	71%	10	40.0%
Contra Costa	6	33%	7	57.1%
Fresno	42	71%	44	59.1%
Kern	8	38%	34	32.4%
Los Angeles	32	47%	27	48.1%
Monterey/Santa Cruz	46	43%	16	37.5%
Napa/Yolo/Solano	4	75%	4	0.0%
Orange	34	56%	10	50.0%
Riverside/San Bernardino	44	36%	20	60.0%
Sacramento	23	61%	31	22.6%
San Diego	32	50%	24	66.7%
San Francisco	12	83%	20	35.0%
San Joaquin	17	24%	14	42.9%
San Mateo	10	40%	10	80.0%
Santa Barbara	31	29%	26	26.9%
Santa Clara	23	65%	18	22.2%
Stanislaus	6	33%	13	30.8%
Tulare	18	28%	13	15.4%
Statewide	395	49%	341	41.6%

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

County Region	Base	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	6	83%	8	62.5%	
Contra Costa	6	50%	6	50.0%	
Fresno	38	76%	44	59.1%	
Kern	8	50%	34	38.2%	
Los Angeles	32	56%	24	37.5%	
Monterey/Santa Cruz	45	42%	16	37.5%	
Napa/Yolo/Solano	4	75%	4	25.0%	
Orange	33	67%	9	44.4%	
Riverside/San Bernardino	41	41%	18	50.0%	
Sacramento	20	50%	29	34.5%	
San Diego	31	58%	25	76.0%	
San Francisco	13	69%	18	44.4%	
San Joaquin	16	31%	13	46.2%	
San Mateo	9	56%	11	63.6%	
Santa Barbara	30	40%	21	28.6%	
Santa Clara	21	52%	20	25.0%	
Stanislaus	6	33%	10	50.0%	
Tulare	18	28%	12	25.0%	
Statewide	377	52%	322	45.0%	

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

County Region	Base	eline Remeas		urement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	58	69%	35	74.3%	
Contra Costa	28	57%	76	42.1%	
Fresno	76	75%	90	72.2%	
Kern	79	72%	151	66.2%	
Los Angeles	79	63%	102	60.8%	
Monterey/Santa Cruz	75	47%	43	53.5%	
Napa/Yolo/Solano	15	80%	15	46.7%	
Orange	73	68%	35	71.4%	
Riverside/San Bernardino	199	43%	101	53.5%	
Sacramento	51	55%	93	54.8%	
San Diego	80	65%	69	65.2%	
San Francisco	71	58%	109	56.9%	
San Joaquin	94	74%	106	84.0%	
San Mateo	36	58%	47	70.2%	
Santa Barbara	84	50%	69	56.5%	
Santa Clara	112	54%	80	62.5%	
Stanislaus	17	41%	42	59.5%	
Tulare	95	58%	76	63.2%	
Statewide	1322	59%	1339	62.4%	

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

	Base	eline Remeasur		urement
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	59	42%	35	42.9%
Contra Costa	28	18%	77	22.1%
Fresno	75	52%	89	50.6%
Kern	81	31%	150	32.7%
Los Angeles	81	27%	102	36.3%
Monterey/Santa Cruz	69	30%	47	25.5%
Napa/Yolo/Solano	15	40%	15	20.0%
Orange	72	32%	34	32.4%
Riverside/San Bernardino	200	32%	101	41.6%
Sacramento	50	20%	95	27.4%
San Diego	79	44%	68	47.1%
San Francisco	73	23%	110	20.0%
San Joaquin	93	52%	106	67.9%
San Mateo	37	22%	50	40.0%
Santa Barbara	84	19%	72	26.4%
Santa Clara	117	19%	82	35.4%
Stanislaus	17	24%	39	17.9%
Tulare	94	29%	72	25.0%
Statewide	1324	31%	1344	35.4%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	65	77%	37	83.8%
Contra Costa	31	58%	83	69.9%
Fresno	82	70%	100	77.0%
Kern	87	78%	162	81.5%
Los Angeles	94	71%	109	72.5%
Monterey/Santa Cruz	79	54%	54	55.6%
Napa/Yolo/Solano	18	83%	15	66.7%
Orange	84	89%	44	84.1%
Riverside/San Bernardino	207	51%	105	64.8%
Sacramento	57	79%	105	61.0%
San Diego	86	71%	78	82.1%
San Francisco	80	54%	125	54.4%
San Joaquin	93	71%	106	89.6%
San Mateo	48	85%	54	92.6%
Santa Barbara	92	55%	79	58.2%
Santa Clara	125	56%	86	65.1%
Stanislaus	19	58%	46	67.4%
Tulare	104	65%	78	60.3%
Statewide	1451	66%	1466	71.1%

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

County Region	Base	eline	Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	9	56%	6	50.0%
Contra Costa	8	63%	6	50.0%
Fresno	40	70%	43	55.8%
Kern	9	22%	33	39.4%
Los Angeles	31	52%	34	61.8%
Monterey/Santa Cruz	47	43%	18	33.3%
Napa/Yolo/Solano	4	100%	5	40.0%
Orange	37	84%	7	57.1%
Riverside/San Bernardino	46	50%	16	31.3%
Sacramento	16	50%	33	27.3%
San Diego	28	61%	18	50.0%
San Francisco	10	70%	12	41.7%
San Joaquin	12	17%	11	36.4%
San Mateo	9	78%	8	75.0%
Santa Barbara	31	29%	21	23.8%
Santa Clara	27	48%	17	29.4%
Stanislaus	5	20%	12	41.7%
Tulare	21	43%	13	46.2%
Statewide	390	53%	313	43.1%

# 23. "Did your doctor express concern that you've used drugs?"

County Region	Base	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	8	50%	6	33.3%	
Contra Costa	8	75%	6	16.7%	
Fresno	40	70%	42	50.0%	
Kern	9	22%	32	40.6%	
Los Angeles	30	60%	30	50.0%	
Monterey/Santa Cruz	44	43%	17	35.3%	
Napa/Yolo/Solano	4	75%	5	20.0%	
Orange	36	72%	6	33.3%	
Riverside/San Bernardino	42	50%	16	37.5%	
Sacramento	15	53%	31	29.0%	
San Diego	28	61%	18	55.6%	
San Francisco	11	73%	11	45.5%	
San Joaquin	12	42%	11	36.4%	
San Mateo	8	63%	8	62.5%	
Santa Barbara	30	47%	21	19.0%	
Santa Clara	25	52%	17	23.5%	
Stanislaus	5	0%	12	33.3%	
Tulare	22	36%	13	38.5%	
Statewide	377	54%	302	38.7%	

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

County Region	Base	eline	Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	57	72%	36	75.0%
Contra Costa	24	63%	75	57.3%
Fresno	75	73%	89	75.3%
Kern	76	66%	144	69.4%
Los Angeles	77	62%	107	62.6%
Monterey/Santa Cruz	74	53%	47	51.1%
Napa/Yolo/Solano	15	80%	15	60.0%
Orange	72	82%	35	71.4%
Riverside/San Bernardino	199	46%	101	53.5%
Sacramento	48	67%	90	53.3%
San Diego	80	68%	67	71.6%
San Francisco	71	72%	113	54.9%
San Joaquin	96	73%	105	90.5%
San Mateo	41	66%	47	72.3%
Santa Barbara	80	58%	67	59.7%
Santa Clara	109	57%	77	70.1%
Stanislaus	15	60%	39	46.2%
Tulare	97	61%	73	56.2%
Statewide	1306	63%	1327	64.5%

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

County Region	Base	eline	Remeasureme	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	60	47%	38	47.4%
Contra Costa	23	26%	76	25.0%
Fresno	74	57%	90	54.4%
Kern	79	34%	141	34.0%
Los Angeles	78	33%	107	33.6%
Monterey/Santa Cruz	71	39%	49	26.5%
Napa/Yolo/Solano	14	50%	16	25.0%
Orange	69	41%	36	27.8%
Riverside/San Bernardino	201	28%	102	40.2%
Sacramento	50	36%	93	33.3%
San Diego	78	51%	64	50.0%
San Francisco	75	21%	112	19.6%
San Joaquin	93	51%	104	68.3%
San Mateo	42	24%	48	43.8%
Santa Barbara	84	26%	63	31.7%
Santa Clara	113	22%	78	39.7%
Stanislaus	17	18%	42	19.0%
Tulare	95	28%	74	33.8%
Statewide	1316	35%	1333	37.4%

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

County Region	Base	eline Remeasu		urement
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	67	64%	39	71.8%
Contra Costa	31	32%	81	32.1%
Fresno	81	62%	101	64.4%
Kern	87	40%	162	52.5%
Los Angeles	94	41%	113	50.4%
Monterey/Santa Cruz	81	40%	53	43.4%
Napa/Yolo/Solano	18	67%	16	31.3%
Orange	85	59%	45	64.4%
Riverside/San Bernardino	213	27%	108	32.4%
Sacramento	61	43%	110	40.9%
San Diego	89	56%	80	61.3%
San Francisco	84	36%	129	38.8%
San Joaquin	97	64%	109	80.7%
San Mateo	51	53%	54	85.2%
Santa Barbara	94	34%	79	32.9%
Santa Clara	127	25%	87	44.8%
Stanislaus	19	11%	47	36.2%
Tulare	108	34%	83	38.6%
Statewide	1487	42%	1496	49.8%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	66	64%	39	74.4%
Contra Costa	31	35%	82	34.1%
Fresno	83	65%	100	68.0%
Kern	87	40%	163	48.5%
Los Angeles	94	46%	111	55.9%
Monterey/Santa Cruz	80	41%	53	45.3%
Napa/Yolo/Solano	18	61%	16	31.3%
Orange	85	59%	45	66.7%
Riverside/San Bernardino	213	26%	107	37.4%
Sacramento	60	52%	109	42.2%
San Diego	87	55%	79	65.8%
San Francisco	84	45%	128	46.9%
San Joaquin	97	71%	109	83.5%
San Mateo	50	52%	54	85.2%
Santa Barbara	90	34%	77	35.1%
Santa Clara	123	32%	86	50.0%
Stanislaus	18	22%	46	37.0%
Tulare	107	39%	83	43.4%
Statewide	1473	45%	1487	52.7%

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

County Region	Base	eline	Remeas	Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	67	40%	39	76.9%	
Contra Costa	32	63%	83	36.1%	
Fresno	83	29%	101	75.2%	
Kern	87	55%	163	58.9%	
Los Angeles	94	49%	113	56.6%	
Monterey/Santa Cruz	80	51%	53	43.4%	
Napa/Yolo/Solano	18	22%	16	43.8%	
Orange	86	36%	45	64.4%	
Riverside/San Bernardino	213	66%	108	57.4%	
Sacramento	61	44%	112	43.8%	
San Diego	87	43%	79	68.4%	
San Francisco	84	50%	129	44.2%	
San Joaquin	97	29%	109	81.7%	
San Mateo	51	39%	54	88.9%	
Santa Barbara	93	49%	80	40.0%	
Santa Clara	127	64%	87	54.0%	
Stanislaus	19	68%	47	51.1%	
Tulare	108	56%	83	47.0%	
Statewide	1487	49%	1501	57.0%	

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	65	62%	39	76.9%
Contra Costa	32	38%	83	36.1%
Fresno	82	73%	100	74.0%
Kern	86	47%	162	54.3%
Los Angeles	94	53%	112	59.8%
Monterey/Santa Cruz	77	44%	53	45.3%
Napa/Yolo/Solano	18	72%	15	40.0%
Orange	85	64%	45	66.7%
Riverside/San Bernardino	211	31%	108	54.6%
Sacramento	60	60%	111	45.0%
San Diego	90	58%	78	67.9%
San Francisco	83	57%	129	50.4%
San Joaquin	96	76%	109	84.4%
San Mateo	51	59%	54	85.2%
Santa Barbara	92	48%	76	44.7%
Santa Clara	124	39%	87	56.3%
Stanislaus	18	33%	45	44.4%
Tulare	107	47%	83	47.0%
Statewide	1471	51%	1489	57.5%

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 Region	Base	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	66	36%	39	43.6%	
Contra Costa	30	23%	81	21.0%	
Fresno	83	57%	100	50.0%	
Kern	86	33%	160	36.9%	
Los Angeles	93	31%	111	34.2%	
Monterey/Santa Cruz	80	28%	53	24.5%	
Napa/Yolo/Solano	18	39%	16	18.8%	
Orange	84	46%	44	45.5%	
Riverside/San Bernardino	210	22%	105	38.1%	
Sacramento	61	36%	107	30.8%	
San Diego	89	54%	74	54.1%	
San Francisco	83	20%	124	19.4%	
San Joaquin	95	55%	102	71.6%	
San Mateo	51	35%	51	80.4%	
Santa Barbara	93	29%	75	26.7%	
Santa Clara	126	19%	84	35.7%	
Stanislaus	19	16%	41	22.0%	
Tulare	106	33%	82	36.6%	
Statewide	1473	34%	1449	38.4%	

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

County Region	Base	eline Remeasureme		urement
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	62	60%	36	77.8%
Contra Costa	31	55%	81	60.5%
Fresno	74	59%	98	73.5%
Kern	86	72%	159	73.0%
Los Angeles	94	71%	110	76.4%
Monterey/Santa Cruz	80	54%	52	36.5%
Napa/Yolo/Solano	17	88%	13	69.2%
Orange	81	94%	44	75.0%
Riverside/San Bernardino	210	47%	108	67.6%
Sacramento	58	66%	107	56.1%
San Diego	89	64%	78	76.9%
San Francisco	87	46%	122	46.7%
San Joaquin	93	66%	108	83.3%
San Mateo	49	73%	53	96.2%
Santa Barbara	91	46%	72	58.3%
Santa Clara	119	46%	84	59.5%
Stanislaus	18	50%	41	51.2%
Tulare	105	61%	73	56.2%
Statewide	1444	60%	1439	66.4%

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

County Region	Base	eline Remeasuremen		urement
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	28	71%	16	81.3%
Contra Costa	13	69%	11	72.7%
Fresno	47	70%	54	68.5%
Kern	19	53%	29	37.9%
Los Angeles	60	68%	53	88.7%
Monterey/Santa Cruz	57	51%	22	40.9%
Napa/Yolo/Solano	8	100%	8	50.0%
Orange	58	84%	8	100.0%
Riverside/San Bernardino	80	35%	23	78.3%
Sacramento	29	66%	49	57.1%
San Diego	37	59%	32	78.1%
San Francisco	17	59%	18	55.6%
San Joaquin	23	61%	24	75.0%
San Mateo	12	58%	16	68.8%
Santa Barbara	44	36%	28	42.9%
Santa Clara	40	73%	18	50.0%
Stanislaus	10	60%	12	58.3%
Tulare	51	73%	27	66.7%
Statewide	633	61%	448	65.4%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	28	75%	16	75.0%
Contra Costa	12	67%	12	66.7%
Fresno	49	71%	52	57.7%
Kern	20	50%	29	41.4%
Los Angeles	61	72%	51	80.4%
Monterey/Santa Cruz	57	53%	21	23.8%
Napa/Yolo/Solano	8	100%	8	50.0%
Orange	59	78%	8	87.5%
Riverside/San Bernardino	79	33%	23	73.9%
Sacramento	29	59%	48	60.4%
San Diego	35	60%	30	90.0%
San Francisco	17	65%	18	61.1%
San Joaquin	23	52%	22	77.3%
San Mateo	11	36%	16	68.8%
Santa Barbara	44	43%	27	33.3%
Santa Clara	41	56%	19	47.4%
Stanislaus	10	60%	12	66.7%
Tulare	52	69%	27	63.0%
Statewide	635	59%	439	62.4%

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

County Region	Baseline		Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	28	75%	16	81.3%
Contra Costa	12	75%	12	66.7%
Fresno	48	71%	54	61.1%
Kern	20	55%	29	44.8%
Los Angeles	61	74%	52	88.5%
Monterey/Santa Cruz	58	55%	21	47.6%
Napa/Yolo/Solano	8	100%	8	62.5%
Orange	58	84%	7	100.0%
Riverside/San Bernardino	79	35%	23	82.6%
Sacramento	29	66%	48	66.7%
San Diego	38	61%	31	87.1%
San Francisco	17	65%	17	58.8%
San Joaquin	22	64%	22	81.8%
San Mateo	11	64%	16	81.3%
Santa Barbara	44	55%	25	48.0%
Santa Clara	41	71%	19	52.6%
Stanislaus	10	70%	12	66.7%
Tulare	52	67%	27	70.4%
Statewide	636	64%	439	69.0%

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 Region	Base	eline	Remeas	Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	28	71%	16	75.0%	
Contra Costa	12	75%	12	66.7%	
Fresno	49	71%	54	66.7%	
Kern	19	58%	28	42.9%	
Los Angeles	61	75%	51	86.3%	
Monterey/Santa Cruz	57	58%	21	38.1%	
Napa/Yolo/Solano	8	100%	8	75.0%	
Orange	58	83%	8	87.5%	
Riverside/San Bernardino	79	37%	23	78.3%	
Sacramento	29	66%	47	59.6%	
San Diego	36	58%	32	78.1%	
San Francisco	17	65%	17	52.9%	
San Joaquin	24	58%	22	77.3%	
San Mateo	11	55%	16	81.3%	
Santa Barbara	43	51%	26	46.2%	
Santa Clara	39	64%	19	52.6%	
Stanislaus	10	60%	12	66.7%	
Tulare	51	67%	27	74.1%	
Statewide	631	63%	439	66.7%	

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

	Baseline		Remeasurement	
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	52	54%	34	47.1%
Contra Costa	25	24%	71	42.3%
Fresno	75	67%	95	68.4%
Kern	77	61%	147	55.8%
Los Angeles	61	39%	83	48.2%
Monterey/Santa Cruz	70	43%	46	32.6%
Napa/Yolo/Solano	12	58%	14	50.0%
Orange	60	62%	34	52.9%
Riverside/San Bernardino	192	36%	98	54.1%
Sacramento	53	60%	91	45.1%
San Diego	75	60%	70	65.7%
San Francisco	72	40%	109	42.2%
San Joaquin	87	63%	95	84.2%
San Mateo	39	49%	45	55.6%
Santa Barbara	72	42%	58	55.2%
Santa Clara	105	37%	75	52.0%
Stanislaus	15	40%	43	51.2%
Tulare	79	47%	68	50.0%
Statewide	1221	48%	1276	54.2%

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

Occurto Dector	Base	Baseline		Remeasurement	
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	54	31%	34	29.4%	
Contra Costa	25	16%	74	27.0%	
Fresno	74	53%	92	51.1%	
Kern	80	31%	145	34.5%	
Los Angeles	62	21%	83	31.3%	
Monterey/Santa Cruz	71	35%	48	16.7%	
Napa/Yolo/Solano	12	58%	15	20.0%	
Orange	59	41%	36	36.1%	
Riverside/San Bernardino	195	26%	98	44.9%	
Sacramento	52	31%	88	27.3%	
San Diego	77	44%	69	50.7%	
San Francisco	71	17%	113	17.7%	
San Joaquin	85	45%	96	66.7%	
San Mateo	39	15%	47	42.6%	
Santa Barbara	74	22%	57	24.6%	
Santa Clara	109	19%	76	32.9%	
Stanislaus	16	19%	42	28.6%	
Tulare	77	23%	69	27.5%	
Statewide	1232	30%	1282	35.4%	

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

County Region	Base	eline	Remeasurement	
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	65	49%	39	51.3%
Contra Costa	33	33%	83	43.4%
Fresno	82	50%	101	60.4%
Kern	86	42%	161	41.6%
Los Angeles	94	62%	112	64.3%
Monterey/Santa Cruz	80	53%	53	47.2%
Napa/Yolo/Solano	17	76%	16	37.5%
Orange	83	75%	45	68.9%
Riverside/San Bernardino	213	38%	105	43.8%
Sacramento	61	56%	108	50.0%
San Diego	88	63%	80	82.5%
San Francisco	85	39%	122	30.3%
San Joaquin	94	65%	110	77.3%
San Mateo	51	45%	54	81.5%
Santa Barbara	94	45%	74	43.2%
Santa Clara	128	39%	86	54.7%
Stanislaus	19	37%	45	44.4%
Tulare	105	65%	76	51.3%
Statewide	1478	51%	1470	53.6%

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

# 39 a. "(Did your doctor talk to you about:) Preventing over-exposure to the sun?"

County Region	Base	eline Remeas		urement
	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)
Alameda	67	52%	40	60.0%
Contra Costa	33	33%	83	33.7%
Fresno	83	60%	102	73.5%
Kern	87	37%	161	45.3%
Los Angeles	93	37%	112	49.1%
Monterey/Santa Cruz	82	40%	53	26.4%
Napa/Yolo/Solano	18	44%	14	21.4%
Orange	85	42%	45	44.4%
Riverside/San Bernardino	209	30%	107	34.6%
Sacramento	61	38%	108	37.0%
San Diego	88	56%	80	58.8%
San Francisco	86	33%	131	37.4%
San Joaquin	96	64%	111	80.2%
San Mateo	51	47%	54	77.8%
Santa Barbara	93	30%	76	19.7%
Santa Clara	128	34%	85	47.1%
Stanislaus	19	16%	49	34.7%
Tulare	107	30%	83	43.4%
Statewide	1486	40%	1494	47.1%

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

	Baseline		Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	66	70%	40	62.5%	
Contra Costa	33	79%	82	74.4%	
Fresno	84	69%	103	72.8%	
Kern	87	77%	160	79.4%	
Los Angeles	93	65%	113	71.7%	
Monterey/Santa Cruz	81	58%	53	60.4%	
Napa/Yolo/Solano	18	83%	16	68.8%	
Orange	85	76%	45	82.2%	
Riverside/San Bernardino	211	75%	108	84.3%	
Sacramento	61	62%	109	56.9%	
San Diego	90	81%	80	87.5%	
San Francisco	86	74%	131	72.5%	
San Joaquin	96	75%	111	84.7%	
San Mateo	49	76%	54	87.0%	
Santa Barbara	94	65%	79	60.8%	
Santa Clara	129	71%	88	71.6%	
Stanislaus	19	53%	47	78.7%	
Tulare	107	55%	81	66.7%	
Statewide	1489	70%	1500	74.0%	

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

	Base	eline	Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	67	88%	40	82.5%	
Contra Costa	33	79%	83	75.9%	
Fresno	83	77%	103	77.7%	
Kern	86	76%	162	82.1%	
Los Angeles	93	77%	113	77.0%	
Monterey/Santa Cruz	81	60%	53	75.5%	
Napa/Yolo/Solano	18	83%	16	68.8%	
Orange	86	74%	45	86.7%	
Riverside/San Bernardino	213	74%	107	83.2%	
Sacramento	60	73%	111	66.7%	
San Diego	90	88%	81	91.4%	
San Francisco	86	81%	130	76.2%	
San Joaquin	98	79%	110	89.1%	
San Mateo	51	78%	54	88.9%	
Santa Barbara	95	64%	79	59.5%	
Santa Clara	128	75%	87	77.0%	
Stanislaus	19	47%	49	71.4%	
Tulare	106	62%	83	73.5%	
Statewide	1493	75%	1506	78.2%	

39 d.	"(Did your doctor talk to you about	:) Getting help if you feel	sad or depressed?"
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	Baseline		Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	67	53.7%	39	53.8%	
Contra Costa	33	51.5%	83	49.4%	
Fresno	84	60.7%	103	69.9%	
Kern	87	46.0%	162	50.0%	
Los Angeles	93	54.8%	113	64.6%	
Monterey/Santa Cruz	79	50.6%	53	43.4%	
Napa/Yolo/Solano	18	72.2%	16	37.5%	
Orange	86	69.8%	45	55.6%	
Riverside/San Bernardino	212	46.2%	106	56.6%	
Sacramento	62	48.4%	106	37.7%	
San Diego	87	69.0%	81	77.8%	
San Francisco	86	59.3%	128	48.4%	
San Joaquin	96	65.6%	110	80.0%	
San Mateo	51	51.0%	54	74.1%	
Santa Barbara	95	41.1%	78	47.4%	
Santa Clara	127	44.9%	85	50.6%	
Stanislaus	19	36.8%	47	42.6%	
Tulare	101	53.5%	81	60.5%	
Statewide	1483	53.5%	1490	56.6%	

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

	Base	eline	Remeasurement		
County Region	Total Responses	Yes Responses (%) Total Respons		Yes Responses (%)	
Alameda	65	60%	39	53.8%	
Contra Costa	33	48%	82	58.5%	
Fresno	84	70%	101	69.3%	
Kern	87	61%	162	79.0%	
Los Angeles	93	61%	113	59.3%	
Monterey/Santa Cruz	82	65%	54	63.0%	
Napa/Yolo/Solano	18	67%	16	43.8%	
Orange	86	65%	43	67.4%	
Riverside/San Bernardino	209	72%	108	74.1%	
Sacramento	61	56%	110	55.5%	
San Diego	88	77%	77	81.8%	
San Francisco	87	62%	126	54.8%	
San Joaquin	97	72%	110	84.5%	
San Mateo	50	62%	52	71.2%	
Santa Barbara	95	59%	75	37.3%	
Santa Clara	126	57%	88	65.9%	
Stanislaus	19	32%	47	59.6%	
Tulare	105	52%	81	66.7%	
Statewide	1485	63%	1484	65.7%	

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

	Base	eline	Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	66	44%	40	50.0%	
Contra Costa	33	45%	82	40.2%	
Fresno	84	57%	102	64.7%	
Kern	86	37%	162	47.5%	
Los Angeles	94	51%	113	53.1%	
Monterey/Santa Cruz	81	38%	52	32.7%	
Napa/Yolo/Solano	17	65%	16	25.0%	
Orange	85	64%	45	64.4%	
Riverside/San Bernardino	211	31%	106	32.1%	
Sacramento	61	43%	110	33.6%	
San Diego	89	66%	75	72.0%	
San Francisco	86	47%	130	33.8%	
San Joaquin	96	65%	109	78.0%	
San Mateo	50	50%	53	75.5%	
Santa Barbara	94	36%	79	38.0%	
Santa Clara	129	33%	85	42.4%	
Stanislaus	19	11%	47	34.0%	
Tulare	103	37%	80	45.0%	
Statewide	1484	45%	1486	48.3%	

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

	Baseline		Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	67	37%	39	35.9%	
Contra Costa	33	30%	82	35.4%	
Fresno	83	55%	103	54.4%	
Kern	87	37%	160	46.3%	
Los Angeles	94	46%	113	49.6%	
Monterey/Santa Cruz	82	49%	54	37.0%	
Napa/Yolo/Solano	18	56%	15	40.0%	
Orange	86	56%	43	44.2%	
Riverside/San Bernardino	210	36%	108	33.3%	
Sacramento	62	42%	109	40.4%	
San Diego	88	63%	80	76.3%	
San Francisco	87	29%	131	36.6%	
San Joaquin	98	56%	108	73.1%	
San Mateo	51	41%	54	59.3%	
Santa Barbara	94	34%	80	32.5%	
Santa Clara	128	38%	88	40.9%	
Stanislaus	19	11%	49	28.6%	
Tulare	106	36%	82	34.1%	
Statewide	1493	42%	1498	45.3%	

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

	Base	eline	Remeasurement		
County Region	Total Responses	Yes Responses (%) Total Responses		Yes Responses (%)	
Alameda	67	49%	39	61.5%	
Contra Costa	33	61%	83	67.5%	
Fresno	83	70%	103	70.9%	
Kern	87	60%	163	74.2%	
Los Angeles	92	59%	112	81.3%	
Monterey/Santa Cruz	82	55%	54	66.7%	
Napa/Yolo/Solano	18	89%	16	81.3%	
Orange	86	84%	43	81.4%	
Riverside/San Bernardino	210	70%	108	53.7%	
Sacramento	61	67%	110	56.4%	
San Diego	89	80%	79	87.3%	
San Francisco	86	81%	132	74.2%	
San Joaquin	98	72%	109	80.7%	
San Mateo	51	76%	54	96.3%	
Santa Barbara	92	64%	80	66.3%	
Santa Clara	128	72%	88	78.4%	
Stanislaus	18	44%	49	77.6%	
Tulare	108	43%	82	56.1%	
Statewide	1489	67%	1504	71.9%	

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

	Base	eline	Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	55	36%	30	46.7%	
Contra Costa	31	42%	83	43.4%	
Fresno	72	69%	98	64.3%	
Kern	86	44%	163	52.1%	
Los Angeles	92	45%	108	60.2%	
Monterey/Santa Cruz	80	53%	51	49.0%	
Napa/Yolo/Solano	18	56%	15	46.7%	
Orange	83	66%	43	65.1%	
Riverside/San Bernardino	209	39%	107	51.4%	
Sacramento	60	47%	104	35.6%	
San Diego	90	73%	77	76.6%	
San Francisco	87	43%	127	48.0%	
San Joaquin	91	64%	106	73.6%	
San Mateo	49	51%	53	56.6%	
Santa Barbara	95	51%	76	47.4%	
Santa Clara	125	53%	86	59.3%	
Stanislaus	15	20%	46	47.8%	
Tulare	102	42%	77	50.6%	
Statewide	1440	50%	1450	54.6%	

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

	Baseline		Remeasurement		
County Region	Total Responses	Yes Responses (%)	Total Responses	Yes Responses (%)	
Alameda	62	34%	33	36.4%	
Contra Costa	33	21%	83	20.5%	
Fresno	77	53%	101	61.4%	
Kern	87	34%	163	40.5%	
Los Angeles	90	36%	110	42.7%	
Monterey/Santa Cruz	81	38%	52	28.8%	
Napa/Yolo/Solano	17	47%	15	20.0%	
Orange	83	43%	42	35.7%	
Riverside/San Bernardino	210	28%	107	43.0%	
Sacramento	61	31%	106	30.2%	
San Diego	89	57%	76	72.4%	
San Francisco	87	36%	123	34.1%	
San Joaquin	93	56%	107	65.4%	
San Mateo	47	32%	52	40.4%	
Santa Barbara	94	39%	76	31.6%	
Santa Clara	127	35%	87	42.5%	
Stanislaus	15	0%	45	31.1%	
Tulare	103	31%	82	40.2%	
Statewide	1456	38%	1460	41.8%	

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

Baseline
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County Region	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/Santa Cruz	72	33%	47%	8%	11%
Napa/Yolo/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%
Statewide	1429	57%	32%	7%	4%

County Region	Surveys with Responses	Definitely (1)	Probably (2)	Probably Not (3)	Definitely Not (4)
Alameda	37	83.8%	13.5%	2.7%	0.0%
Contra Costa	83	42.2%	38.6%	14.5%	4.8%
Fresno	98	55.1%	35.7%	7.1%	2.0%
Kern	158	41.8%	41.1%	10.8%	6.3%
Los Angeles	112	59.8%	25.0%	10.7%	4.5%
Monterey/Santa Cruz	45	31.1%	48.9%	13.3%	6.7%
Napa/Yolo/Solano	14	42.9%	42.9%	7.1%	7.1%
Orange	43	39.5%	51.2%	9.3%	0.0%
Riverside/San Bernardino	97	55.7%	35.1%	8.2%	1.0%
Sacramento	97	45.4%	38.1%	9.3%	7.2%
San Diego	78	79.5%	11.5%	5.1%	3.8%
San Francisco	124	39.5%	50.0%	7.3%	3.2%
San Joaquin	102	85.3%	10.8%	2.0%	2.0%
San Mateo	51	60.8%	29.4%	9.8%	0.0%
Santa Barbara	76	53.9%	18.4%	17.1%	10.5%
Santa Clara	87	51.7%	40.2%	5.7%	2.3%
Stanislaus	46	54.3%	39.1%	2.2%	4.3%
Tulare	75	52.0%	37.3%	8.0%	2.7%
Statewide	1423	53.9%	33.6%	8.6%	3.9%

#### Remeasurement

# Appendix 4

# **County Regions Maps**

Map 1. Ranking by County Regions of Overall Performance at Remeasurement.



Note: California county regions shaded above represent only MCMC county regions that participated in the Adolescent Collaborative Well-Visit study.


## Map 2. Ranking by County Region of Overall Improvement.

Note: California county regions shaded above represent only MCMC county regions that participated in the Adolescent Collaborative Well-Visit study.

## **Appendix 5**

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