

# SECTION 2

## Health Status, Health Risks, and Use of Health Services

This section presents an overview of the health status of the population, including general health status, mortality rates, and rates of diagnosis of specific diseases (high blood pressure, cancer, diabetes, AIDS). Additional information is provided on health risks in the population, such as smoking and obesity. This section also examines the use of health services, looking specifically at the use of preventive care by children, women, and adults as well as the usual source of care for adults and children.

## Exhibit 2.1

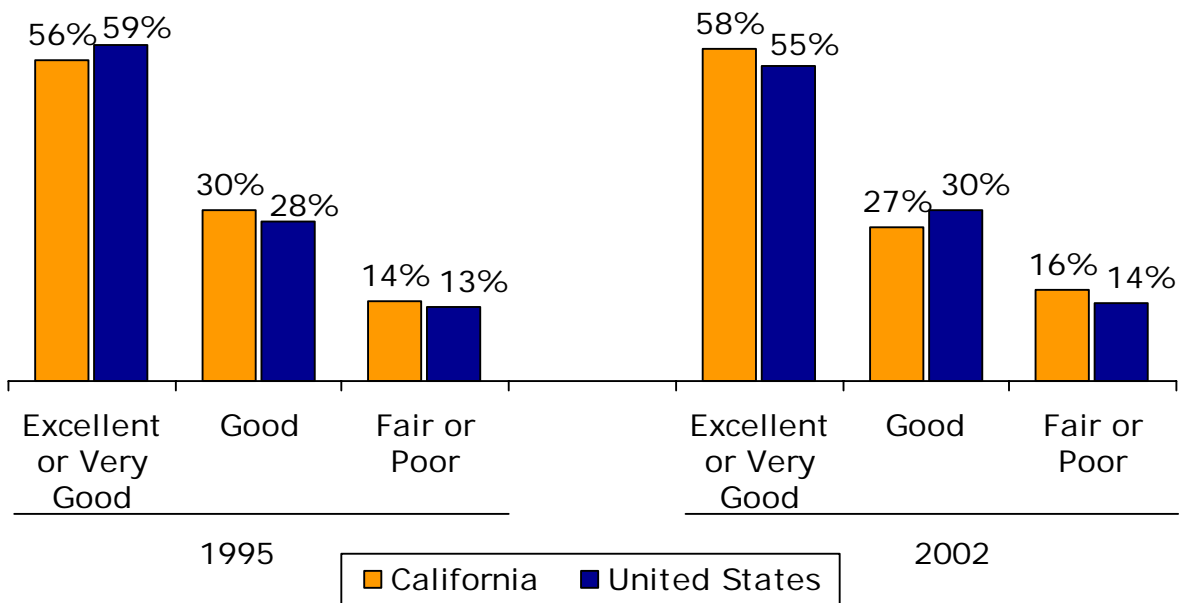
### Self-Reported Health Status

In 2002, the self-reported health status of adults in California and in the United States was similar. Fifty-eight percent of adults in California and 55% in the United States considered themselves to be in excellent or very good health. Additionally, 27% and 30% rated their health as good, and 16% and 14% rated their health as fair to poor, respectively. Compared to 1995 rates, more adults in California and fewer adults in the United States report they are in excellent or very good health. (Exhibit 2.1a)

Although the overall rates of self-reported health status among Californians and in the United States as a whole were similar, a breakdown of the rates of fair to poor health status by race/ethnicity shows major differences for the Hispanic population. Hispanics in California were more likely than those in the United States to report fair or poor health (25% vs. 17%). For all the other race/ethnicity groups, Californians were less likely to report fair or poor health than their counterparts in the United States. (Exhibit 2.1b)

## Exhibit 2.1a

### Self-Reported Health Status Among Adults, California and the United States, 1995 and 2002

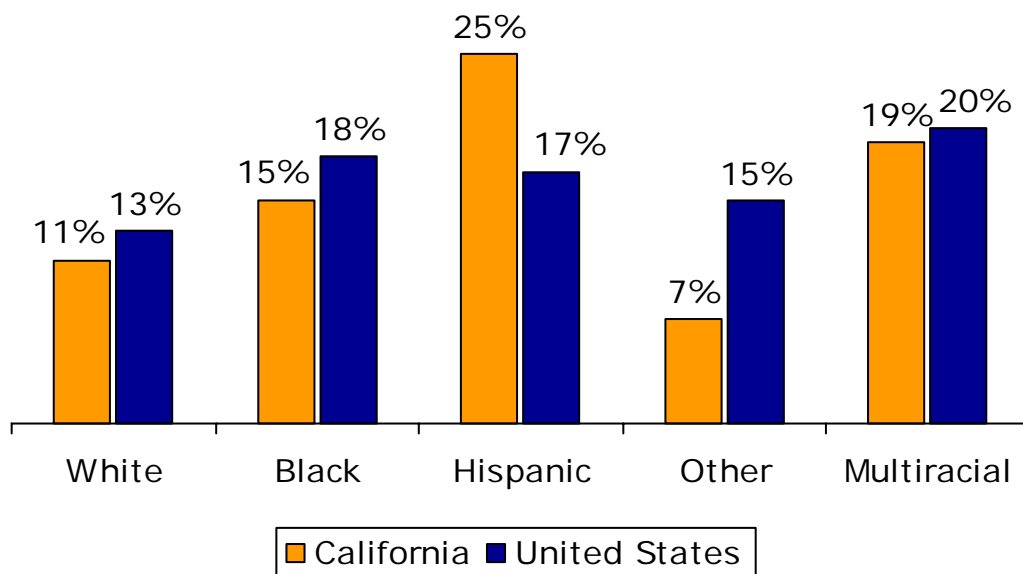


Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Health status was assessed with the question "How is your general health?"

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2002, <http://apps.nccd.cdc.gov/brfss/index.asp>.

## Exhibit 2.1b

### Fair or Poor Self-Reported Health Status Among Adults, by Race/Ethnicity, California and the United States, 2002



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Health status was assessed with the question "How is your general health?" White, Black, Other, and Multiracial categories do not include Hispanics. Persons who report that they are more than one race but do not specify a preferred race are categorized as Multiracial.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2002, <http://apps.nccd.cdc.gov/brfss/index.asp>.

## Exhibit 2.2

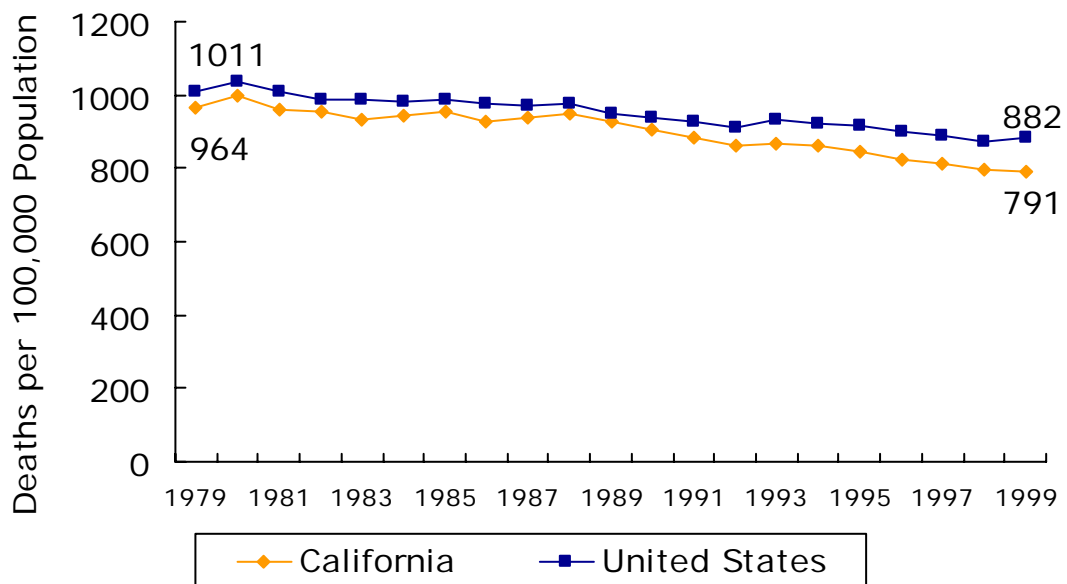
### Mortality Rates

The age-adjusted mortality rate in California has been lower than the rate in the United States since 1979. Both rates have been declining since 1979, dropping from 964 to 791 deaths per 100,000 population in California and from 1,011 to 882 deaths per 100,000 population in the United States. (Exhibit 2.2a)

Between 1990 and 2001, the infant mortality rate declined considerably both in California and the nation as a whole, although the California rate was lower than the United States rate over the entire period. In 2001, the infant mortality rate in California was 5.4 deaths per 1,000 live births, compared to 6.8 deaths per 1,000 live births in the United States. (Exhibit 2.2b)

## Exhibit 2.2a

### Age-Adjusted Mortality Rate, California and the United States, 1979-1999

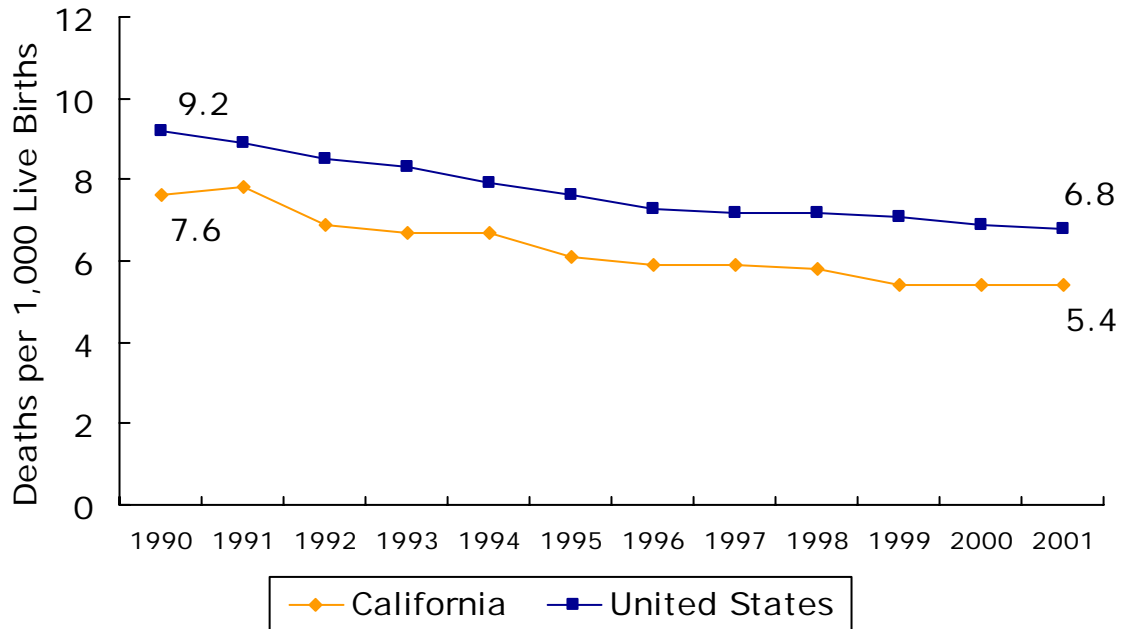


Notes: These figures are age-adjusted to the total U.S. population in 2000.

Source: Centers for Disease Control and Prevention, WONDER Compressed Mortality File, 1979-1999, <http://wonder.cdc.gov/mortSQL.shtml>.

## Exhibit 2.2b

### Infant Mortality Rate, California and the United States, 1990-2001



Notes: Infant mortality rate is calculated as the deaths of those under one year of age per 1,000 live births.

Source: Centers for Disease Control and Prevention, *National Vital Statistics Reports* (1996-2001 data), *Monthly Vital Statistics Reports* (1990-1995 data). See Detailed Notes and Sources at the end of Section 2 for exact references.

### Exhibit 2.3

## The Top Ten Leading Causes of Death, California and the United States, 2000

California and the United States had the same eight leading causes of death in 2000. In both California and the United States, nearly two-thirds of all deaths were due to heart disease, cancer, or stroke.

	California	United States
Heart Disease	29.8%	29.6%
Malignant Neoplasms	23.2%	23.0%
Cerebrovascular	7.9%	7.0%
Chronic Lower Respiratory Disease	5.6%	5.1%
Unintentional Injury	3.7%	4.1%
Diabetes Mellitus	2.7%	2.9%
Influenza & Pneumonia	3.6%	2.7%
Alzheimer's Disease	1.9%	2.1%
Liver Disease	1.6%	‡
Suicide	1.3%	‡
Nephritis	‡	1.5%
Septicemia	‡	1.3%
All Others	18.7%	20.8%
Total	100%	100%

Notes: ‡ indicates that this is not a leading cause of death. Injury statistics are calculated using ICD 10 criteria rather than ICD 9 criteria. Categories may not total to 100% due to rounding.

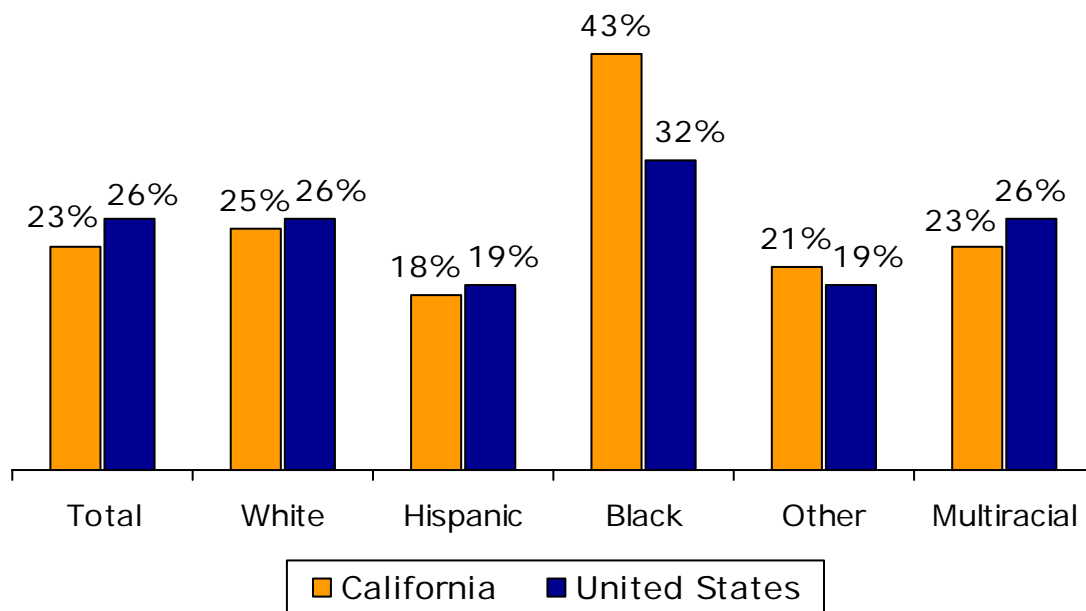
Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "WISQARS Leading Causes of Death Reports, 1999-2000," <http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html>.



## Exhibit 2.4

### Percentage of Adults Ever Diagnosed with High Blood Pressure, by Race/Ethnicity, California and the United States, 2001

The percentage of adults ever diagnosed with high blood pressure was similar in California (23%) and the United States as a whole (26%) in 2001. Blacks had much higher rates of hypertension compared to other racial/ethnic groups in California and the United States, though the rate for Black Californians at 43% was significantly higher than the national rate (32%). Hispanics, on the other hand, had lower rates of high blood pressure compared to Blacks, Whites, and Multiracial individuals.



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. These data are derived from the question "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?" White, Black, Other, and Multiracial categories do not include Hispanics. Persons who report that they are of more than one race but do not specify a preferred race are categorized as Multiracial.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2001, <http://apps.nccd.cdc.gov/brfss/index.asp>.

## Exhibit 2.5

### Estimated Distribution of New Cancer Cases by Site, California and the United States, 2003

In 2003, there will be an estimated 125,000 new cases of cancer in California and 1,334,100 new cases across the United States. Four types of cancer make up more than half of the cancer cases in both California and the United States: female breast cancer, prostate cancer, cancer of the lung and bronchus, and colon and rectum cancer.

Site of Cancer	California	United States
Female Breast	17%	16%
Prostate	16%	17%
Lung & Bronchus	12%	13%
Colon & Rectum	10%	11%
Urinary Bladder	4%	4%
Melanoma	4%	4%
Non-Hodgkin's Lymphoma	4%	4%
Uterine Corpus	3%	3%
Leukemia	2%	2%
Uterine Cervix	1%	1%
All Other Sites	26%	25%
Total New Cancers	100%	100%

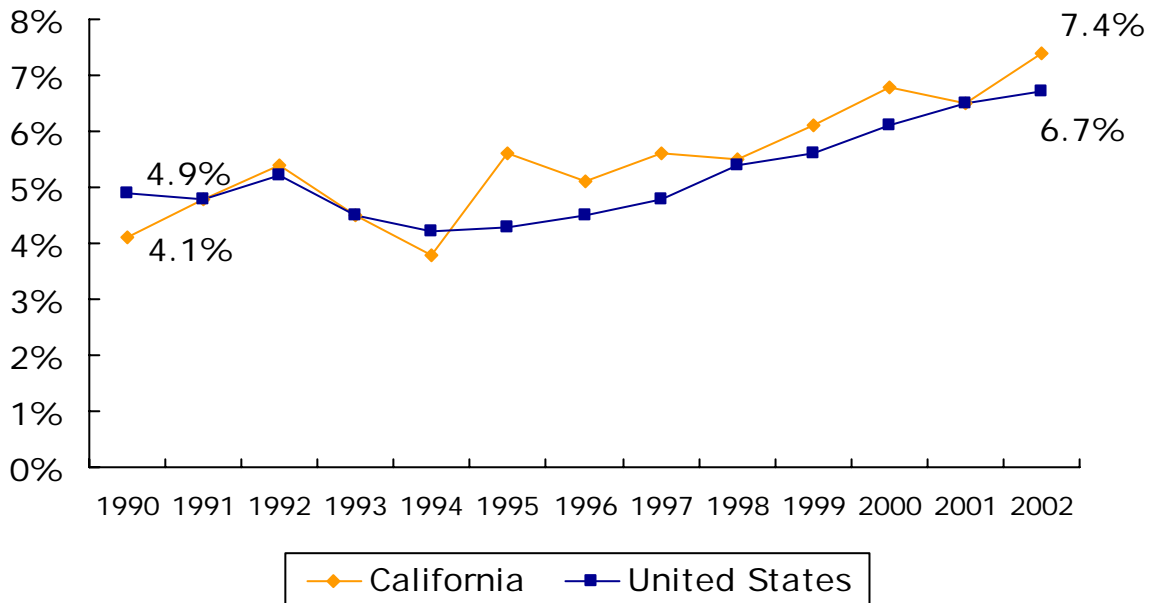
Notes: Excludes basal and squamous cell skin cancers and *in situ* carcinomas except urinary bladder. These estimates are calculated according to the distribution of estimated cancer deaths in 2003 by state. Categories may not total to 100% due to rounding.

Source: American Cancer Society, *Cancer Facts and Figures 2003*, New York, NY, 2003.

## Exhibit 2.6

### Percentage of Adults Who Have Been Diagnosed with Diabetes, California and the United States, 1990-2002

Between 1990 and 2002, the percentage of adults diagnosed with diabetes fluctuated, but overall rose in both California (from 4.1% to 7.4%) and the United States (from 4.9% to 6.7%).



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 years and older.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1990-2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

## Exhibit 2.7

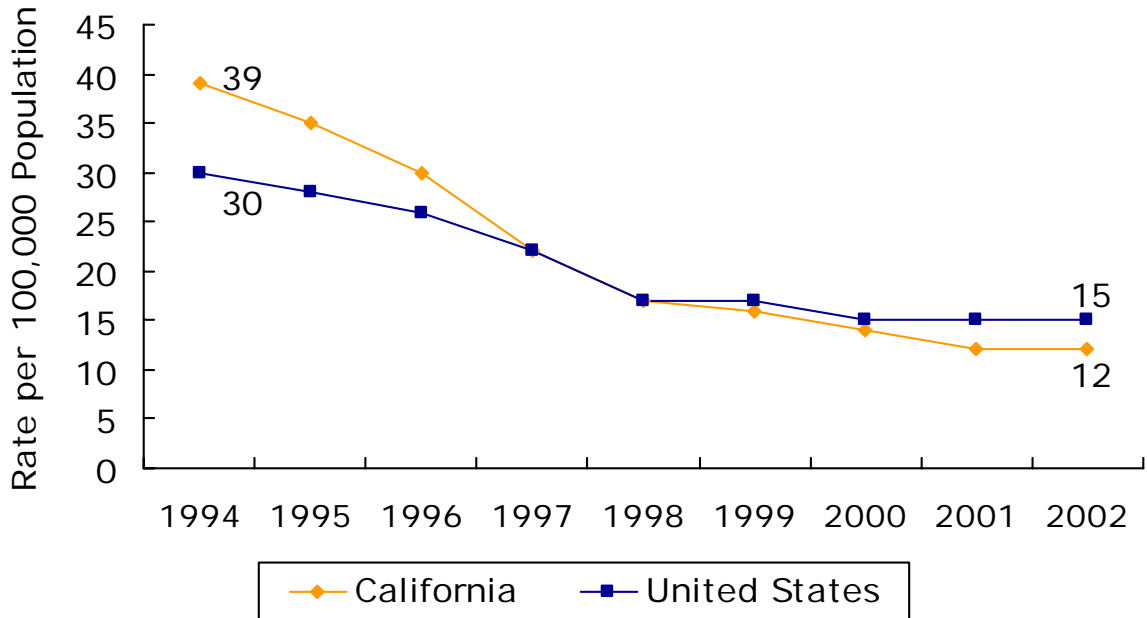
### AIDS

Since 1994, the rate of new AIDS cases in both California and the United States has been declining. Between 1994 and 2002, rates of new AIDS cases fell by two-thirds in California (from 39 to 12 cases per 100,000 population) and by one-half in the United States (from 30 to 15 cases per 100,000 population). (Exhibit 2.7a) There were 52,716 Californians estimated to be living with AIDS at the end of 2002, approximately 14 percent of people estimated to be living with AIDS in the United States (384,906 persons).

Although the overall rates of new AIDS cases were similar for California and the United States in 2002, with a slightly lower rate in California, a breakdown of these rates by gender and race/ethnicity illuminates some differences. For example, although rates of new AIDS cases among males were essentially the same in California and the United States in 2001 (27 and 28 cases per 100,000 population, respectively), the rate of new AIDS cases among females was much lower in California compared to the United States (4 vs. 9 cases per 100,000 population). The 2000 new AIDS case rate reported among Whites in California was higher than the rate among Whites in the United States (14 vs. 8 cases per 100,000 population), while rates among Hispanics and Blacks in California were lower than those in the United States. (Exhibit 2.7b).

## Exhibit 2.7a

### New AIDS Cases per 100,000 Population, California and the United States, 1994-2001

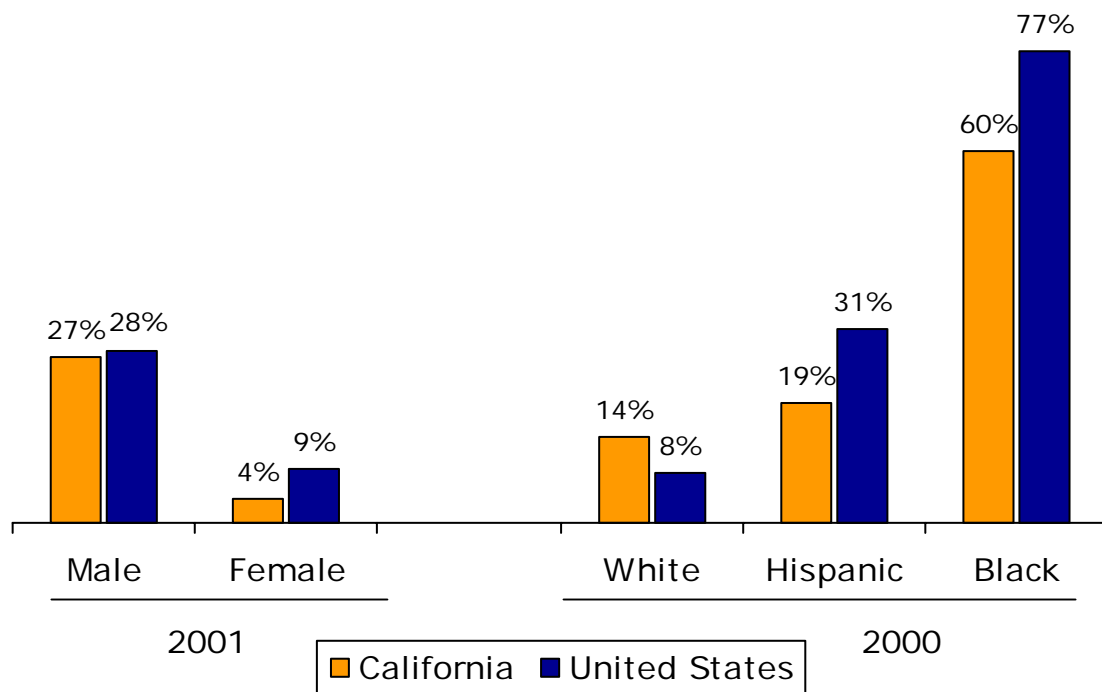


Notes: AIDS: Acquired immunodeficiency syndrome. Data reflect the year cases were reported.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Year-end Surveillance Reports, 1995-2002*, [www.cdc.gov/hiv/stats/hasrlink.htm](http://www.cdc.gov/hiv/stats/hasrlink.htm). See Detailed Notes and Sources at the end of Section 2 for exact references.

## Exhibit 2.7b

### New AIDS Cases per 100,000 Population, by Gender and Race/Ethnicity, California and the United States, 2001/2000



Notes: AIDS: Acquired immunodeficiency syndrome. New AIDS cases by gender are presented for 2001, while new AIDS cases by race/ethnicity are presented for 2000. White and Black categories do not include Hispanics.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 13, No.2 (2001), [www.cdc.gov/hiv/stats/hasrlink.htm](http://www.cdc.gov/hiv/stats/hasrlink.htm) (gender data); State Health Facts Online, [www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&categoryHIV%2fAIDS&subcategory=Annual+AIDS+Case+Rate&topic=Adult%2fAdolescent+by+Race%2fEthnicity](http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&categoryHIV%2fAIDS&subcategory=Annual+AIDS+Case+Rate&topic=Adult%2fAdolescent+by+Race%2fEthnicity), using data from Centers for Disease Control and Prevention, HIV/AIDS Slide Set (race/ethnicity data).

## Exhibit 2.8

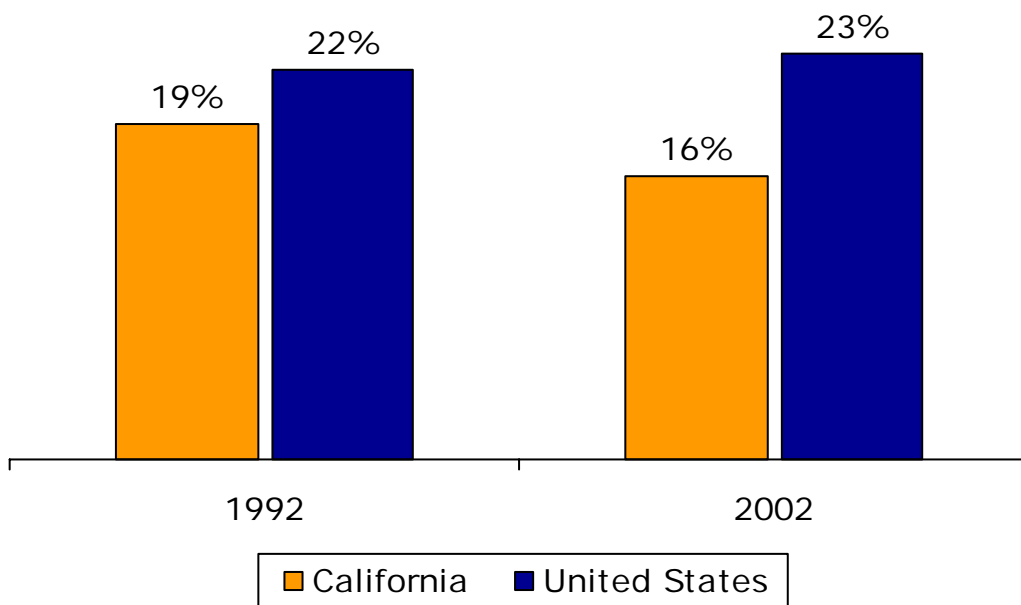
### Smoking Rates

Smoking rates in California have remained lower than those in the United States over the last decade. Smoking rates among California adults declined from 19% to 16% between 1992 and 2002, while smoking rates in the United States as a whole rose from 22% to 23%. (Exhibit 2.8a)

In both California and the United States, males have higher smoking rates compared to females. For example, in California, the 2002 smoking rate among males was 20% compared to 13% among females. The rates in California were lower for both males (20% vs. 26%) and females (13% vs. 21%) compared to the United States overall. (Exhibit 2.8b)

## Exhibit 2.8a

### Percentage of Adults Who Are Current Smokers, California and the United States, 1992 and 2002



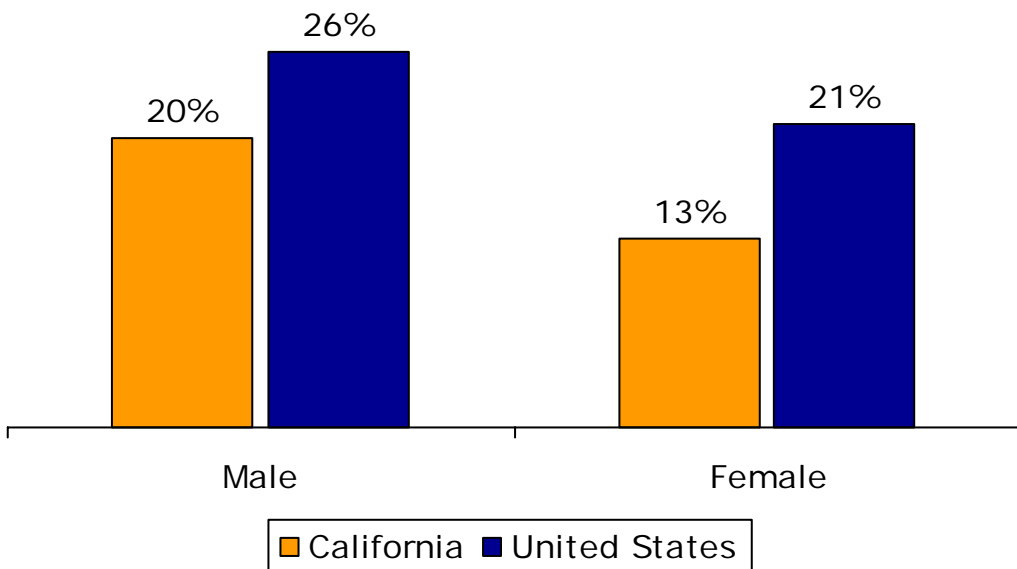
Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Current smokers are defined as those who have smoked 100 cigarettes in their lifetime and reported smoking every day or some days.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1990-2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.



## Exhibit 2.8b

### Percentage of Males and Females Who Are Current Smokers, California and the United States, 2002



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Current smokers are defined as those who have smoked 100 cigarettes in their lifetime and reported smoking every day or some days.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

## Exhibit 2.9

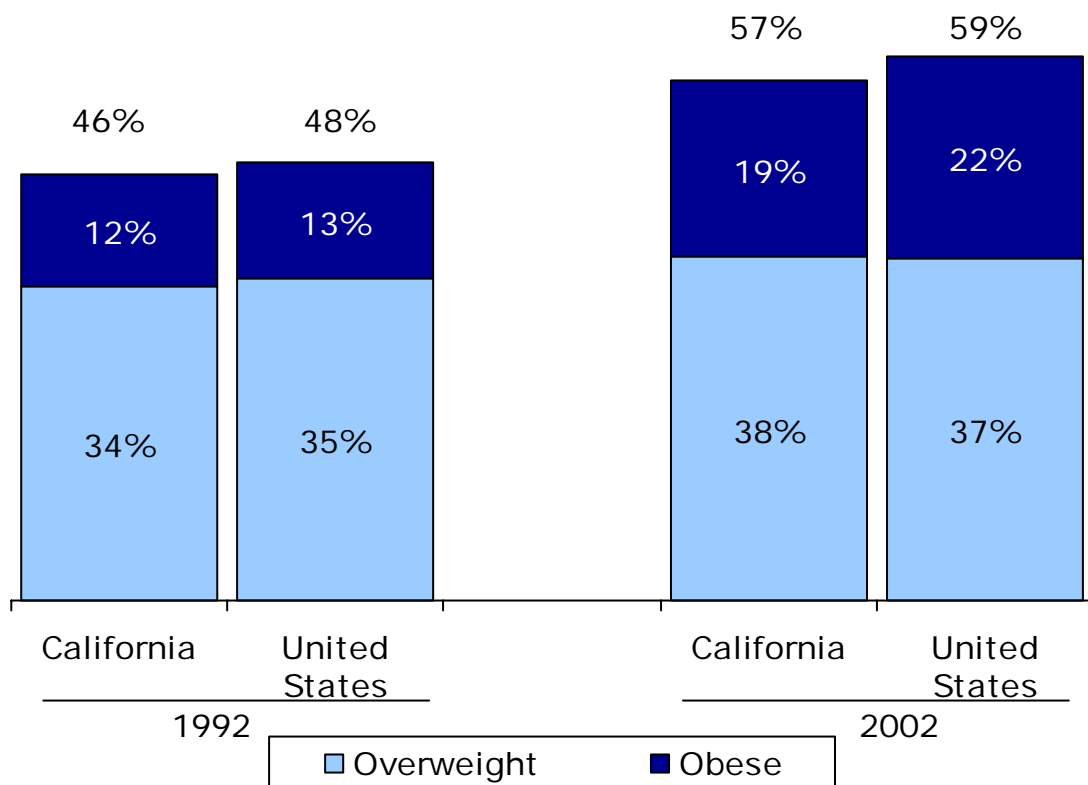
### Overweight/Obesity and Exercise

In 2002, more than half of the population in both California and the U.S. were either overweight or obese. Rates of overweight and obesity in the adult population increased in both California and United States between 1992 and 2002, from approximately 46% to 59%. Rates of being overweight increased slightly in both California and the United States, while rates of obesity rose by more than one-half in California (from 12% to 19%) and the nation as a whole (from 13% to 22%). (Exhibit 2.9a)

In 2000, more than three-quarters of the adult populations in both California and the United States lacked regular and sustained physical activity, which may put them at risk for health problems. Hispanics had the highest rates of physical inactivity in California, while Blacks had the highest rates in the United States as a whole. (Exhibit 2.9b)

## Exhibit 2.9a

### Percentage of Adults Who Are Overweight or Obese, California and the United States, 1992 and 2002

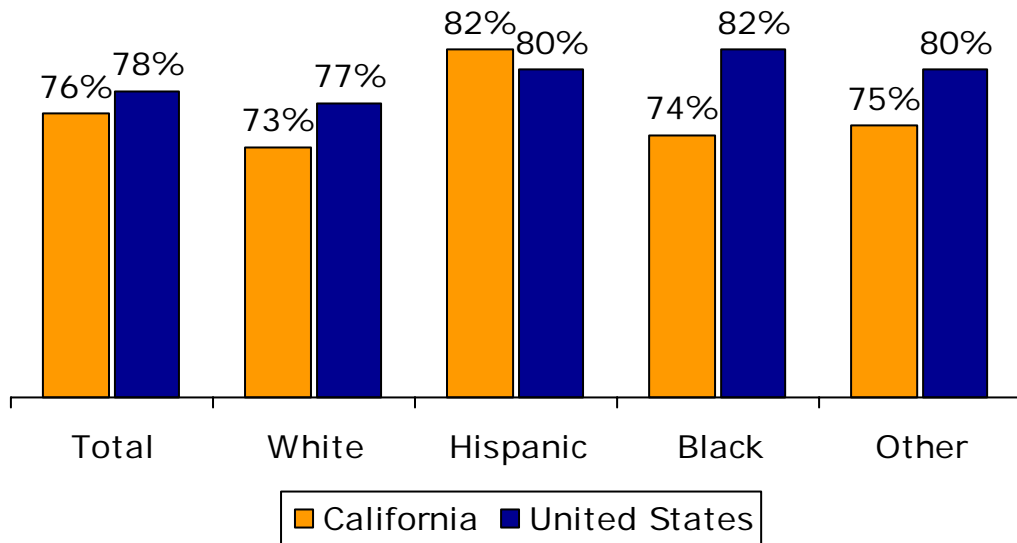


Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Obesity is classified as Body Mass Index (BMI) greater than or equal to 30; overweight is classified as BMI between 25 and 29.9.  $BMI = \text{weight} / (\text{height squared})$ , where weight is in kilograms and height is in meters. The percentages for overweight and obese may not add to the totals due to rounding.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1990-2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

## Exhibit 2.9b

### Percentage of Adults Lacking Regular and Sustained Physical Activity, by Race/Ethnicity, California and the United States, 2000



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older. Regular and sustained physical activity is defined as participating in physical activity for at least 30 minutes, five or more times per week. White, Black, and Other categories do not include Hispanics.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2000, <http://apps.nccd.cdc.gov/brfss/index.asp>.

## Exhibit 2.10

### Preventive Care, Infants and Children

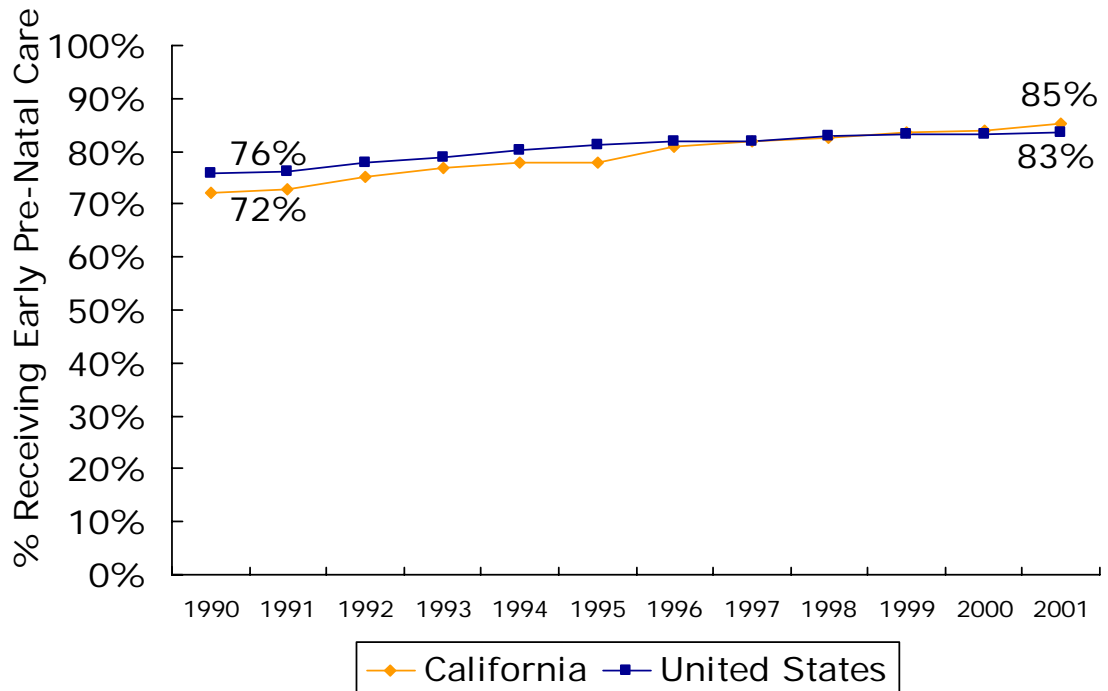
Prenatal care and immunizations are key preventive services for infants and children. One indicator of the level of preventive care for infants is early prenatal care received by pregnant women. In both California and the United States, the percent of live births for which the mother received early prenatal care (care in the first trimester) rose between 1990 and 2001. In California, the rates grew from 72% to 85%, while the rates across the United States grew from 76% to 83%. (Exhibit 2.10a)

Early and timely prenatal care is associated with a decreased incidence of low birthweight babies. The rate of births of low birthweight babies increased slightly from 1990 to 2001 in both California (from 5.8% to 6.3%) and the United States (from 7.0% to 7.7%). The rate of low birthweight has consistently been lower in California compared to the nation as a whole. (Exhibit 2.10b)

The percentage of children between 19 and 35 months old who had up-to-date immunizations increased between 1995 and 2002 in both California and the United States, from 58% to 73% in California, and from 55% to 75% in the United States. (Exhibit 2.10c)

## Exhibit 2.10a

### Percent of Live Births Where Mothers Received Early Prenatal Care, California and the United States, 1990-2001

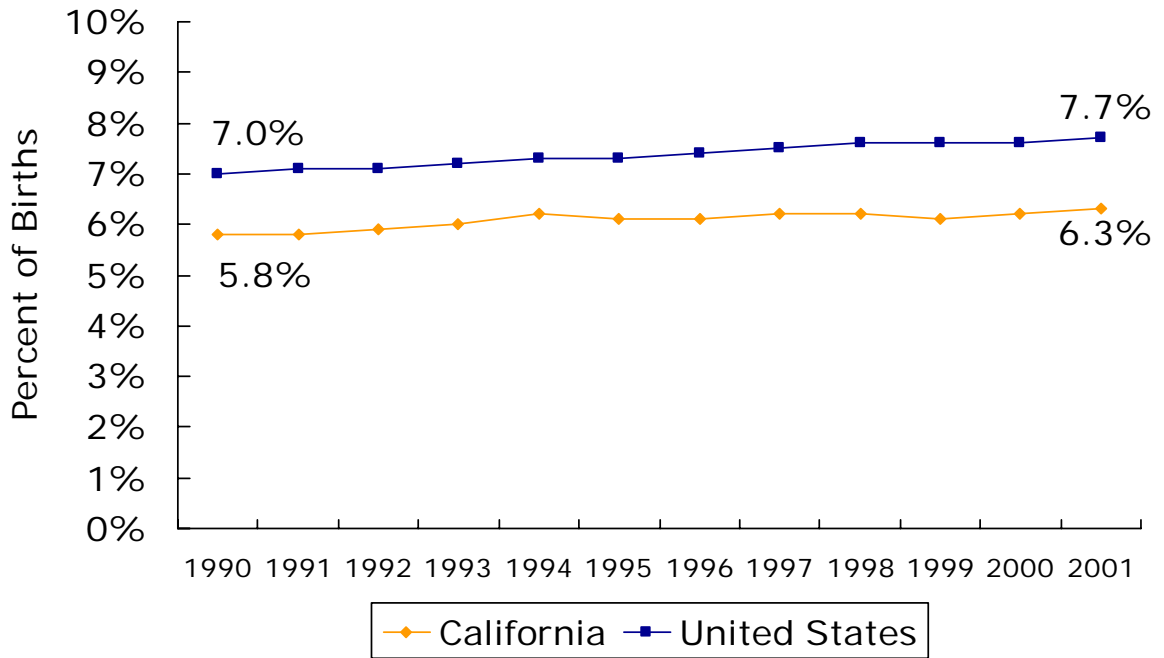


Notes: Early prenatal care is defined as pregnancy-related care beginning in the first trimester of pregnancy.

Source: The March of Dimes, PeriStats, <http://peristats.modimes.org/>.

## Exhibit 2.10b

### Births of Low Birthweight Babies, California and the United States, 1990-2001

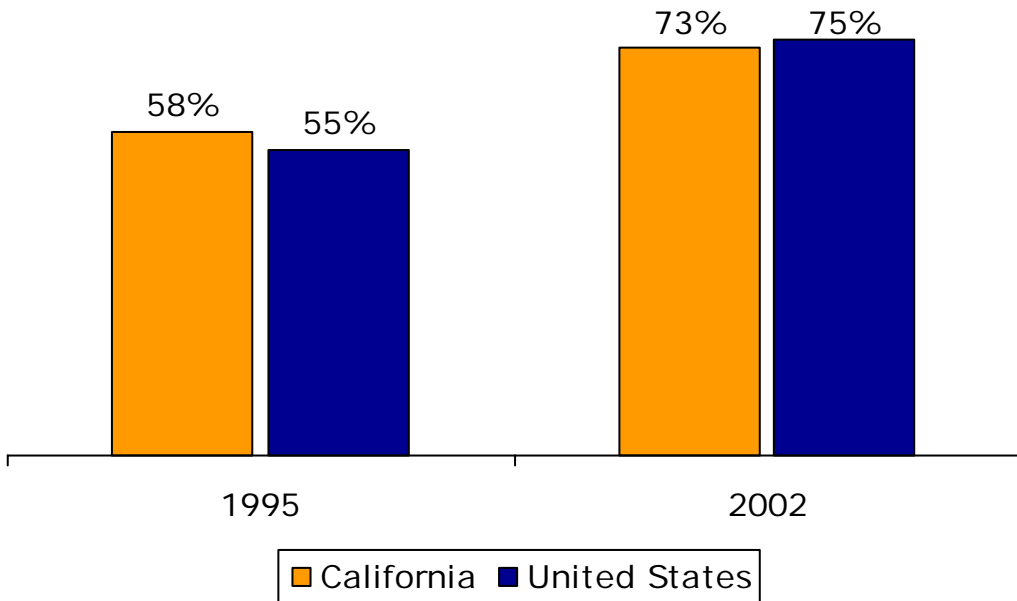


Notes: Low birthweight is defined as under 2,500 grams (5 lbs. 8 oz).

Source: The March of Dimes, PeriStats, <http://peristats.modimes.org/>.

## Exhibit 2.10c

### Percent of Children, Ages 19-35 Months, Who Have Up-to-Date Immunizations, California and the United States, 1995 and 2002



Notes: Up-to-date immunizations are defined as 4 or more doses of diphtheria, tetanus, and pertussis vaccine; 3 or more doses of poliovirus vaccine; 1 or more doses of any measles containing vaccine; 3 or more doses of haemophilus influenza type B vaccine; and 3 or more doses of hepatitis B vaccine.

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, [www.cdc.gov/nip/coverage/#NIS](http://www.cdc.gov/nip/coverage/#NIS).



## Exhibit 2.11

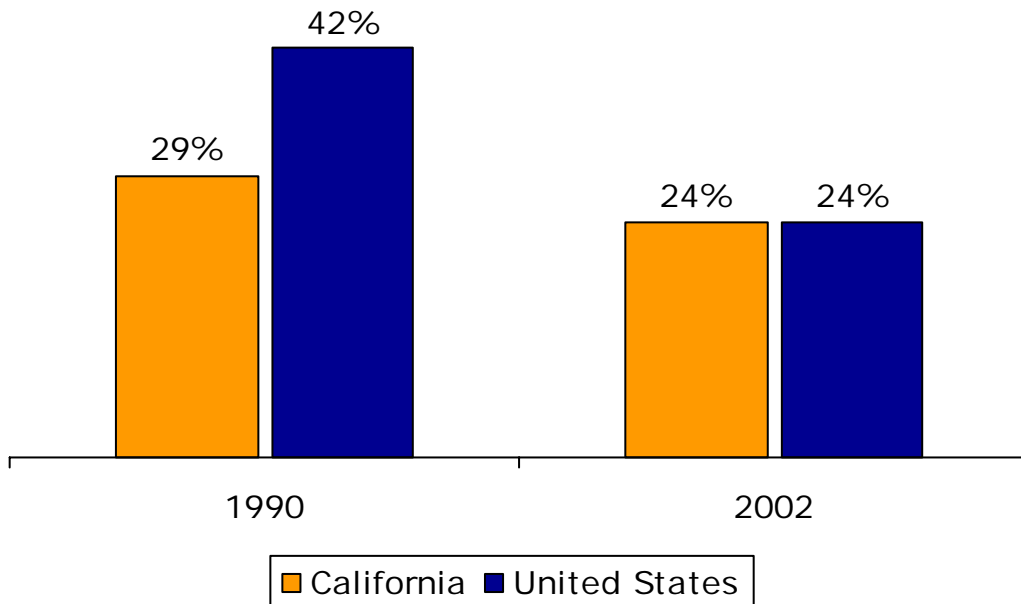
### Preventive Care, Women

Mammograms and Pap smears are critical preventive services for women. The rates of women aged 40 and older who have not had mammograms in the past two years declined in both California and the United States from 1990 to 2002. Although, a decade ago, women ages 40 and older in California were much more likely to have preventive care for breast cancer compared to women nationwide, this gap had disappeared by 2002, with women in California and the United States reporting the same rate of not having a mammogram in the past two years (24%). (Exhibit 2.11a)

The percentage of women 18 and older who reported not having had a Pap smear within the last three years fluctuated from 1992 to 2002 in California while declining slightly in the United States. The share of women who did not receive Pap smears remained the same in California (16%) in 1992 as in 2002, compared to a decline in the United States from 16% to 14%. (Exhibit 2.11b)

## Exhibit 2.11a

### Percentage of Women 40 and Older Who Have Not Had a Mammogram in the Last Two Years, California and the United States, 1990 and 2002

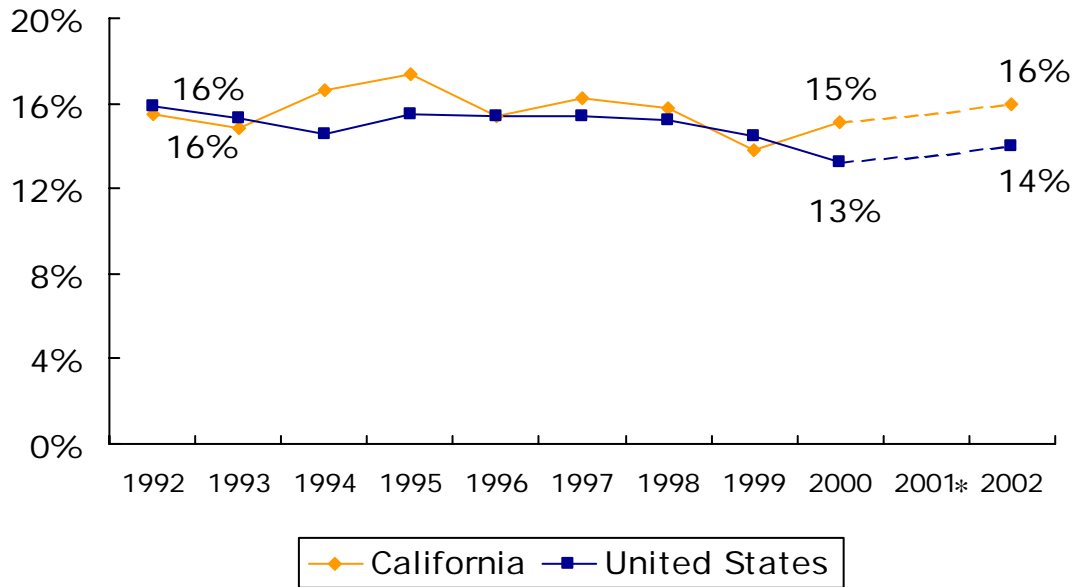


Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1990-2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

## Exhibit 2.11b

### Percentage of Adult Women Who Have Not Had a Pap Smear Within the Last Three Years, California and the United States, 1992-2002



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. This question was asked of females with a uterine cervix, ages 18 and older. \*No data available for 2001.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1992-2002, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

## Exhibit 2.12

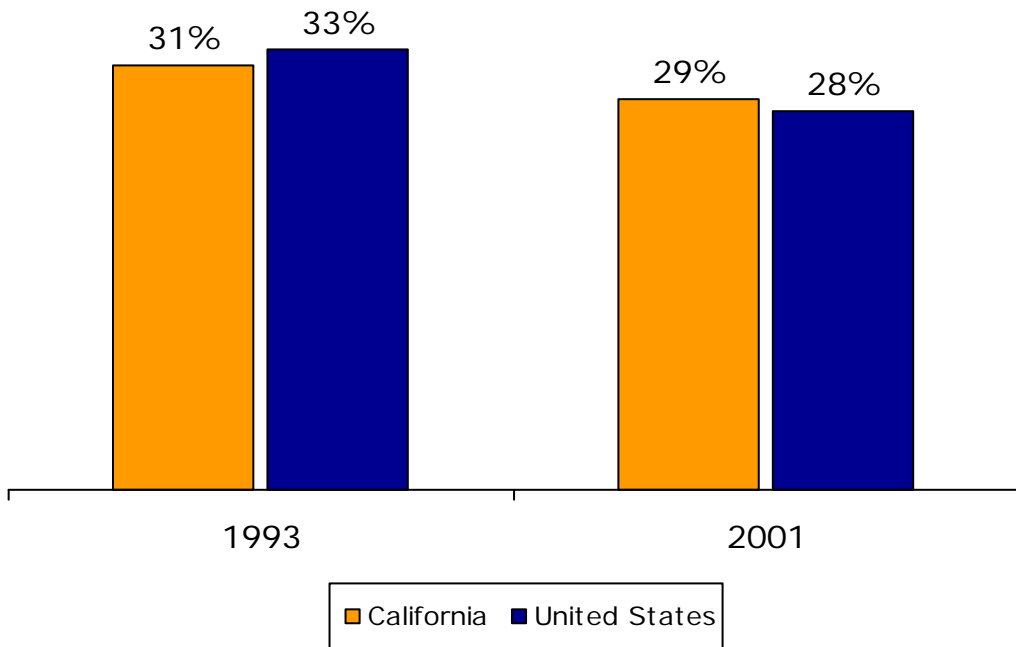
### Preventive Care, Adults

In 1993, one third of adults in the U.S. had not had their cholesterol checked over the past five years, while the rate in California was slightly lower at 31%. There was a small increase in cholesterol screening among Californians in 2001, bringing the rate to 29%, and a more substantial increase across the United States as a whole, bringing the national rate to 28%. (Exhibit 2.12a)

In 2001, fewer than half of adults age 50 and older in California (42%) and the United States (41%) reported having a sigmoidoscopy or colonoscopy exam (screening services for colon cancer) in the last 10 years. These rates were similar for men and women both in California and the United States. (Exhibit 2.12b)

## Exhibit 2.12a

### Percentage of Adults Who Have Not Had Their Cholesterol Checked in the Past Five Years, California and the United States, 1993 and 2001

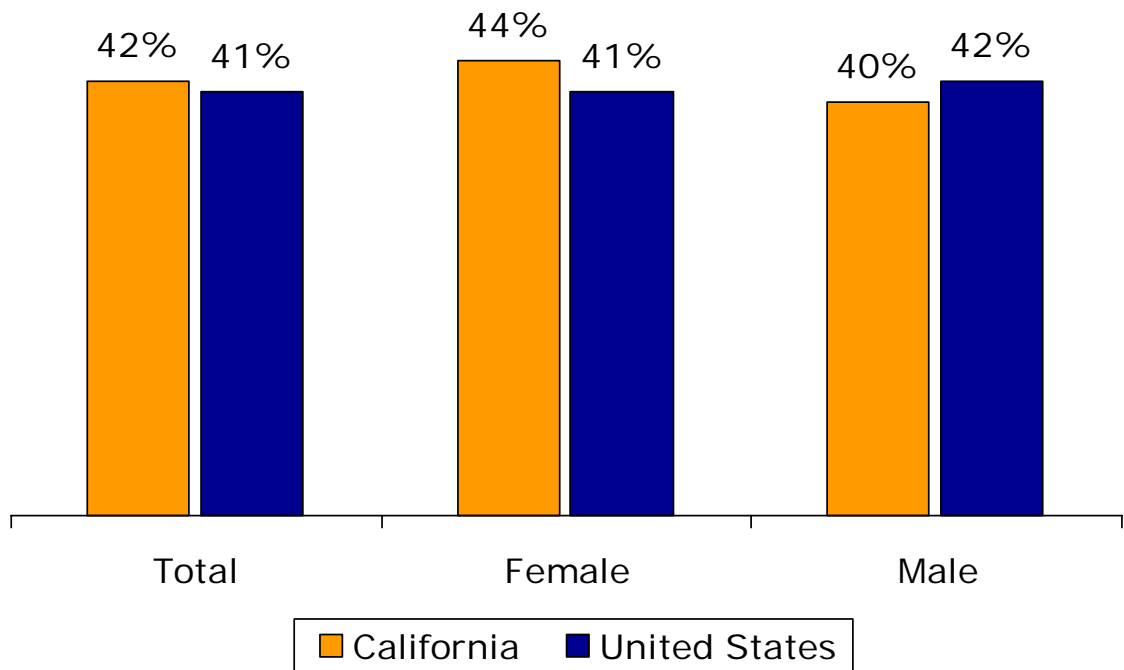


Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Trend Data 1993-2001, <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>.

Exhibit 2.12b

Percentage of Adults Ages 50 and Older Who Have Had a Sigmoidoscopy or Colonoscopy Exam in the Past 10 Years, California and the United States, 2001



Notes: Percentages are weighted to reflect population characteristics.

Source: UC Berkeley analysis of the 2001 *Behavioral Risk Factor Surveillance System* survey data, Centers for Disease Control and Prevention, [www.cdc.gov/brfss/ti-surveydata2001.htm](http://www.cdc.gov/brfss/ti-surveydata2001.htm).

## Exhibit 2.13

### Health Care Access and Use

Adult Californians who were most likely to use a doctor's office or HMO as their usual source of care were those with job-based health insurance (82%) or privately purchased insurance (77%). Only 26% of the uninsured, 54% of those enrolled in Medi-Cal or Healthy Families, and 29% of those with other public coverage reported using a doctor's office or HMO as their usual source of care. Uninsured adults were the most likely to report that they had no usual source of care (46%). (Exhibit 2.13a)

Rates for a usual source of care were similar among children. Children covered by job-based health insurance (85%) or privately purchased health insurance (81%) had the highest rates of using a doctor's office or HMO as their usual source of care. Children with public forms of health insurance, like Medi-Cal and Healthy Families (55%), were more likely to utilize a doctor's office or HMO as their usual source of care, compared to uninsured children (31%) or those with other forms of public coverage (33%). Uninsured children were most likely to use a clinic or community-based hospital (40%), as well as being the most likely to report no usual source of care (26%). (Exhibit 2.13b)

The percentage of adults reporting that they did not visit a doctor in the past year because of the cost was slightly higher in California in 1995 compared to the United States as a whole (14% vs. 11%). The California rate remained higher in 2000 when 13% of Californians and 10% of Americans reported that they had not visited a doctor in the past year because of cost. (Exhibit 2.13c)

## Exhibit 2.13a

### Usual Source of Care by Insurance Type, Ages 18-64, California, 2001

	Doctor's Office/HMO	Clinic/ Community- Based Hospital	Emergency Room	No Usual Source of Care	Total
Uninsured	26%	25%	3%	46%	100%
Medi-Cal/ Healthy Families	54%	28%	3%	15%	100%
Job-Based Insurance	82%	8%	1%	9%	100%
Privately Purchased Insurance	77%	9%	1%	14%	100%
Other Public Coverage	29%	58%	3%	10%	100%

Notes: Categories may not total to 100% due to rounding.

Source: E.R. Brown, N. Ponce, T. Rice, and S.A. Lavarreda, *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*, Exhibit 29 (Los Angeles, CA: UCLA Center for Health Policy Research, 2002), [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu) .



## Exhibit 2.13b

### Usual Source of Care by Insurance Type, Ages 0-17, California, 2001

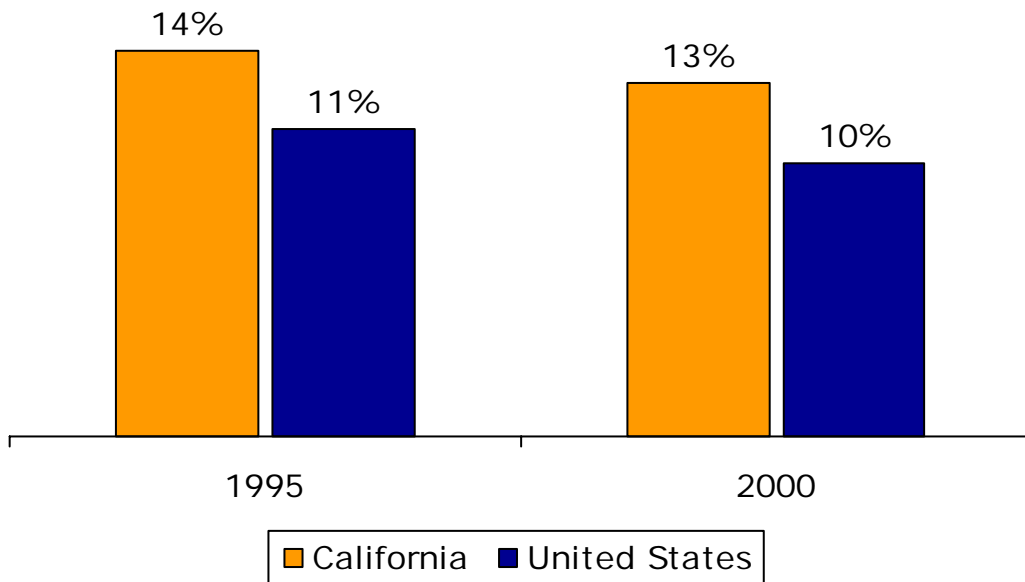
	Doctor's Office/HMO	Clinic/ Community- Based Hospital	Emergency Room	Other	No Usual Source of Care	Total
Uninsured	31%	40%	1%	1%	26%	100%
Medi-Cal/ Healthy Families	55%	38%	1%	<1%	6%	100%
Job-Based Insurance	85%	10%	<1%	<1%	4%	100%
Privately Purchased Insurance	81%	11%	<1%	1%	7%	100%
Other Public Coverage	33%	48%	<1%	2%	17%	100%

Notes: Categories may not total to 100% due to rounding.

Source: E.R. Brown, N. Ponce, T. Rice, and S.A. Lavarreda, *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*, Exhibit 31 (Los Angeles, CA: UCLA Center for Health Policy Research, 2002), [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu) .

### Exhibit 2.13c

## Percentage of Adults Who Did Not Visit a Doctor at Least Once in the Past Year Because of the Cost, California and the United States, 1995 and 2000



Notes: Percentages are weighted to reflect population characteristics. U.S. total represents the median of states' averages. Adults are defined as persons ages 18 and older.

Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 1995-2000, <http://apps.nccd.cdc.gov/brfss/index.asp>.

## Detailed Notes and Sources for Section 2

### Exhibit 2.2b

Monthly Vital Statistics Reports (1990-1995 data),  
[www.cdc.gov/nchs/about/major/dvs/mortdata.htm](http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm).

#### *1990 CA Data*

National Center for Health Statistics, "Births, Marriages, Divorces, and Deaths for 1991," *Monthly Vital Statistics Report* 40, No.12 (Hyattsville, Maryland: Public Health Service, April 1992), Table 4, p.10.

#### *1991 CA Data*

National Center for Health Statistics, "Births, Marriages, Divorces, and Deaths for 1992," *Monthly Vital Statistics Report* 41, No 13 ( Hyattsville, Maryland: Public Health Service, May 1993), Table 4, p.14.

#### *1990-1991 US, 1992 CA Data*

National Center for Health Statistics, "Annual Summary of Births, Marriages, Divorces, and Deaths United States, 1993," *Monthly Vital Statistics Report* 42, No.13 (Hyattsville, Maryland: Public Health Service, Oct 1994), Table 3, p.13 (CA Data), Table A, p.2 (US Data).

#### *1993 CA and US, 1992 US Data*

National Center for Health Statistics, "Births, Marriages, Divorces, and Deaths for 1994," *Monthly Vital Statistics Report* 43, No.12 (Hyattsville, Maryland: Public Health Service, June 1995), Table 4, p.13 (CA Data), p.1 (US Data).

#### *1994 Data*

National Center for Health Statistics, "Births, Marriages, Divorces, and Deaths for 1995," *Monthly Vital Statistics Report* 44, No.12 (Hyattsville, Maryland: Public Health Service, July 1996), Table 4, p.9 (CA Data), p.1 (US Data).

#### *1995 Data*

National Center for Health Statistics, "Births, Marriages, Divorces, and Deaths for 1996," *Monthly Vital Statistics Report* 42, No.13 (Hyattsville, Maryland: Public Health Service, July 1997), Table 4, p.9 (CA Data), p.1 (US Data).

## Exhibit 2.2b (Continued)

Centers for Disease Control and Prevention, National Vital Statistics Reports (1996-2000 data),

[www.cdc.gov/nchs/about/major/dvs/mortdata.htm](http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm)

### *1996 Data*

K.D. Peters, K.D. Kochanek, and S.L. Murphy, "Deaths: Final Data for 1996," *National Vital Statistics Reports* 47, No.9 (Hyattsville, Maryland: National Center for Health Statistics, 1998), Table 31, p.87.

### *1997 Data*

D.L. Hoyert, K.D. Kochanek, and S.L. Murphy, "Deaths: Final Data for 1997," *National Vital Statistics Reports* 47, No.19 (Hyattsville, Maryland: National Center for Health Statistics, June 1999), Table 31, p.93.

### *1998 Data*

S.L. Murphy, "Deaths: Final Data for 1998," *National Vital Statistics Reports* 48, No. 11 (Hyattsville, Maryland: National Center for Health Statistics, July 2000), Table 31, p.94.

### *1999 Data*

D.L. Hoyert, E. Arias, B.L. Smith, S.L. Murphy, and K.D.Kochanek, "Deaths: Final Data for 1999," *National Vital Statistics Reports* 49, No.8 (Hyattsville, Maryland: National Center for Health Statistics, Sept 2001), Table 29, p.88.

### *2000 Data*

A.M. Minino, E. Arias, K.D. Kochanek, S.L. Murphy, and B.L. Smith, "Deaths: Final data for 2000," *National Vital Statistics Reports* 50, No.15 (Hyattsville, Maryland: National Center for Health Statistics, Sept 2002), Table 36, p.105.

### *2001 Data*

E. Arias, R.N. Anderson, H-C. Kung, S.L. Murphy, K.D. Kochanek, "Deaths: Final Data for 2001," *National Vital Statistics Reports* 52, No.3 (Hyattsville, Maryland: National Center for Health Statistics, Sept 2003), Table 33, p.97.

## **Exhibit 2.7a**

### 1994 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 1995," *HIV/AIDS Surveillance Report*, No.2, 1995, Table 1.

### 1995 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 1996," *HIV/AIDS Surveillance Report*, No.2, 1996, Table 1.

### 1996 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 1997," *HIV/AIDS Surveillance Report*, 1997, Table 1.

### 1997 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 1998," *HIV/AIDS Surveillance Report*, 1998, Table 2.

### 1998 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 1999," *HIV/AIDS Surveillance Report*, 1999, Table 2.

### 1999 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 2000," *HIV/AIDS Surveillance Report*, 2000, Table 2.

### 2000, 2001 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 2001," *HIV/AIDS Surveillance Report*, 2001, Table 2.

### 2002 Data

Centers for Disease Control and Prevention, "U.S. HIV and AIDS cases reported through December 2002," *HIV/AIDS Surveillance Report*, 2001, Table 14.