Selected State Profiles

Introduction

This section, the Healthy People 2000 Progress Review on Black Americans State Profiles, examines the progress of ten states in the context of the six health priority areas identified in the President's Race Initiative — coronary heart disease, diabetes, cancer, infant mortality, AIDS, and immunization, and two additional health areas that have a disproportionate impact on Black Americans — homicide and stroke. The states selected to illustrate progress towards the Healthy People 2000 objectives are five with the largest percent of Blacks — the District of Columbia (64.2 percent), Mississippi (35.9 percent), Louisiana (31.6 percent), South Carolina (30.1 percent), and Georgia (27.9 percent) and five with large concentrations of Blacks in urban areas — New York (17.5 percent), Illinois (14.5 percent), Florida (14.5 percent), Texas (12.2 percent), and California (7.7 percent).

Description of Data in Figures and Tables

Figures 1-8 and Tables 1-10 show trend data (except for vaccination coverage rates for which only one year is shown) comparing Blacks with the total population and the Black population in ten states. The data presented in this section were the most current state data (published and unpublished) available when the report was prepared. The six disease areas highlighted in the President's Race Initiative serve as the primary focus for the presentation of the trend data. Included are the age-adjusted

mortality rates per 100,000 population for coronary heart disease, stroke, diabetes, and cancer; mortality rates per 100,000 population for homicide in 15-34 year old men and women; infant mortality per 1,000 live births; AIDS cases reported per 100,000 population; vaccine coverage levels for the combined series of four or more doses of diphtheria, tetanus toxoids, and pertussis vaccine (DTP), three or more doses of polio vaccine, and one or more doses of MCV for children 19-35 months, and for three or more doses of Hepatitis B; and for influenza and pneumococcal vaccination coverage levels among persons $\geq$ (greater than or equal to) 65 years of age.

Mortality rates for coronary heart disease, stroke, diabetes, cancer, infant mortality, and homicide were derived from the National Vital Statistics System. The adult and pediatric reported AIDS cases per 100,000 population were calculated using data by year of report from the Center for Disease Control and Prevention (CDC) HIV/AIDS Surveillance System. Blacks do not include persons of Hispanic origin. The AIDS figure and table do not adjust for the 1993 expansion of the AIDS surveillance case definition or for the lag in reporting cases. The Year 2000 objectives give incidence of cases and reflect cases reported by year of diagnosis. Thus, although similar, they are not the same as the estimates used in this section of the report. The reported case rates are computed as those published in the HIV/AIDS Surveillance Report. The AIDS reported case data are not age adjusted while the mortality data for coronary heart disease, stroke, diabetes, and cancer are age-adjusted. The homicide mortality rates are for ages 15 - 34 and are not age-adjusted and are comparable to the data in the 1997 Healthy People 2000 Progress Review.

The data on vaccine coverage levels for the combined series of four or more

doses of diphtheria, tetanus toxoids, and pertussis vaccine (DTP), three or more doses of polio vaccine, and one or more doses of MCV for children 19-35 months of age, and for three or more doses of Hepatitis B were calculated using the National Immunization Survey (NIS). Blacks may include persons of Hispanic origin in this report. The data on influenza and pneumococcal vaccination coverage levels among persons ≥ 65 years of age is from the Behavioral Risk Factor Surveillance System (BRFSS). Blacks do not include persons of Hispanic origin in this report. Both of these are telephone surveys. The BRFSS did not adjust for non-telephone coverage. The NIS did adjust for non-telephone coverage and nonresponse.

Five percent of all households in the US do not have telephones, however, 13 percent of Black American, 12 percent of Hispanic American, and 23 percent of Native American households are without telephones. Only 4 percent of white American and 2 percent of Asian American households are without telephones. Those households without telephones are more likely to be poor. Thus, if questions about estimates of factors related to poverty, which is true for both adult and childhood immunization, are asked in a survey the estimates will almost certainly be overestimated for Blacks and in general those racial/ethnic groups that are most disadvantaged. This will result in a differential bias that you cannot really adjust for without further household surveys. The sample sizes for Blacks in many states were inadequate to calculate state-specific estimates of vaccination levels from these two surveys. For the childhood coverage rates the ten profile states had sample sizes ranging from 73 in California to 249 for Louisiana. For the data on vaccine coverage levels among persons ≥ 65 years of age, five of the nine states selected had an inadequate sample size (as did most states) to

calculate state-specific estimates. No data were collected on adult immunizations in the BRFSS from persons in the District of Columbia.

When comparing Blacks with white Americans or with total Americans (the Healthy People 2000 objectives were given for the total population) it was found that in some states where Blacks and other minorities were a small proportion of the population the disparities between total population and African Americans were approximately equal to the disparities between the total population and the Black population. However, if the Black population was a higher proportion of the population, this tended to mitigate the difference between the total and Black population in that state. Thus, a state with a higher proportion of a minority group with poorer health outcomes will also show higher mortality rates and/or lower immunization rates compared to other states with a smaller percent of minorities.

Coronary Heart Disease

In 1980, the age-adjusted death rates for coronary heart disease (CHD) were identical for Blacks and whites. Although mortality rates have continued to decline for both, the rate of decline has been slower for Blacks, and therefore by 1994, the CHD death rate was 34 percent higher in Blacks than in whites. A review of data for the ten profile states reflect this trend. (See Figure 1, Table 1.) However, data for Illinois show an increase in the age-adjusted death rate for the state's Black population. The increase represents movement away from the Healthy People 2000 goal for Black Americans. Age-adjusted CHD death rates for New York, Mississippi, and California

are above the rate for US Blacks. The age-adjusted death rates for Georgia, South Carolina, and the District of Columbia are lower than the US age-adjusted rate for Blacks thus reflecting movement towards the Healthy People 2000 target for Black Americans. The decline in CHD deaths has been attributed to lifestyle changes and the rapid translation of promising research into public health programs that are adopted and implemented through public and private partnerships to benefit the public.

Stroke

Cerebrovascular disease (stroke) is the third leading cause of death in the US. It is also the third leading cause of death among Black women and the fifth leading cause of death among Black men. There are several risk factors for stroke, however, hypertension - often referred to as the “silent killer,” is more prevalent in Blacks.

While there were steep declines in stroke mortality in the 1970s and 1980s there was no decline between 1992-1995 in either US Blacks or US total population. The age-adjusted stroke death rates are higher in the southeastern US than in any other area of the country. Age-adjusted stroke death rates are also higher among Blacks in this part of the country. Consequently, the southeastern region of the US has been labeled the Stroke Belt. Several of the states featured in this profile are part of the Stroke Belt. An analysis of the 1992-1995 data presented in Figure 2 and Table 2 indicated that the decline in age-adjusted death rates was minimal for most states, thus lessening the progress toward the Healthy People 2000 target. However, New York not only experienced progress toward the Healthy People 2000 target for Black Americans,

but appears to be moving toward the target set for the US population. But the disparities in the Stroke Belt continue. The age-adjusted death rates for South Carolina and Georgia remain above the age-adjusted death rate for US Blacks. The age-adjusted death rate for Blacks in Mississippi increased between 1992-1995 indicating movement away from the Healthy People 2000 target.

Diabetes

The age-adjusted death rate for diabetes as a cause of death for Blacks was below the national age-adjusted death rates for Blacks in Georgia, Mississippi (with the exception of 1994), Florida, New York, and Texas (with the exception of 1993). In Illinois, the death rate was below the national age-adjusted rate for Blacks for three of the six years profiled, i.e., 1992, 1993, and 1995. In the District of Columbia (except for the base year 1990), South Carolina, and California the rates for Blacks were above the national average. While Louisiana made progress in 1995, its death rates were above the national average for the five years between 1990-1994. The southern states, i.e., the states with the highest proportion of Blacks were as likely to have diabetes mortality rates above the national average as the states with a large concentration of Blacks in urban areas.

Those states where the ratio of Black mortality to total mortality was slightly less were also states with a high proportion of Blacks. Thus, the total population mortality is higher for those states with a higher proportion of Blacks. In all these states the mortality rates for Blacks is approximately twice the mortality rates for whites.

South Carolina is the only state in the profile with an age-adjusted diabetes death

rate for Blacks and state total population that was consistently above the national average both for US total population and for US Blacks. By contrast, Georgia is the only state in the group with the highest proportion of Black population that was consistently below the national averages for both US total population and US Blacks. In 1995, the age-adjusted death rate for Georgia's total population was 40.1 vs. 41.6 for the US total population, and 70.2 for Georgia's Blacks vs. 76.2 for US Blacks. (See Figure 3, Table 3.)

The disparities shown in the state profiles for age-adjusted diabetes deaths indicate a lack of progress towards meeting the Healthy People 2000 objective of 58 deaths per 100,000 for the Black population. Neither do the profiles show progress towards closing the gap between Blacks and total population deaths. It is clear therefore, that unless decisive action is undertaken by federal, state, and local health officials to curtail the human suffering from this chronic and disabling condition, the burden of diabetes on the Black population and the country will continue to increase.

Cancer

Among men, overall cancer incidence rates are highest among Blacks. They also have higher incidence rates for cancers of the prostate, lung, and oral cavity than other groups. The leading cancer sites among Black women are the breast, colon and rectum, lung, corpus uteri, and cervix uteri. Obesity, a major risk factor for cancer, is more prevalent in Black women. During the past 50 years there has been a steady increase in the cancer mortality rate in the US. The age-adjusted rate in 1950 was 158

per 100,000 population. It rose to 172 in 1993. The major cause of this increase has been lung cancer. When lung cancer is excluded, cancer mortality shows a decline of 16 percent between 1950 and 1993.

The age-adjusted cancer death rate for Blacks are higher than the US population cancer death rate. The data in Figure 4 and Table 4 suggest movement toward the Healthy People 2000 target for Blacks. The age-adjusted death rate for Blacks in Mississippi and South Carolina were similar to the rate for US Blacks, but higher than the rates for their respective states or the US total population. Blacks in the District of Columbia, Louisiana, and Illinois experienced excess mortality compared to their respective states or the US total population. The rates were also higher than the national rate for US Blacks. The age-adjusted death rate for Blacks in New York were lower than the rate for Blacks nationally.

Infant Mortality

The rate of infant mortality is a major indicator of the health status of a population. It is related to socio-demographic and physiologic variables. It has been documented that infant mortality is affected by high risk behaviors of mothers, prenatal care, preterm delivery, and nutritional risk factors such as pre-pregnancy weight, gestational weight gain, and alcohol consumption.

The US infant mortality rate was examined for the period 1984 to 1996. The infant mortality rate for the Black population for selected states was compared to the total US population and the total Black population. (See Figure 5, Table 5.) Infant

mortality rates show a steady decline for both the U.S. (10.6 vs. 7.6) and for the Black population (19.0 vs. 15.2), but continues to be a serious public health problem. The US Black population infant mortality rate is still twice that of the total US population, except for a few states such as Texas (16.4 - 12.0), New York (17.1 - 13.6), and Florida (18.6 - 13.4). The infant mortality trends for Blacks in the District of Columbia (24.2 - 19.5) and Illinois (22.7 - 18.6) lag behind that of the US Black population. Infant mortality rates for Blacks in Mississippi (18.3 - 14.7), Louisiana (17.3 - 14.7), South Carolina (20.3 - 14.1), Georgia (18.9 - 15.4), and California (18.4 - 14.5) are comparable to the US Black population. For every state in the profile, the Black infant mortality rate is double (Mississippi and Texas) or more than double the white infant mortality rate.

The disparity in the infant death rates between Blacks and total US population is partially accounted for by the higher rate of preterm delivery. Other factors that may explain the disparity are quality of prenatal care, stress, education, socioeconomic status, environmental contaminants, and lack of access to quality health care.

AIDS

The September 17, 1997, MMWR reported that AIDS incidence (as measured by the number of cases diagnosed with AIDS using the 1993 definition criteria after adjustments for reporting delays) declined for the total US population. There was also a continued decline in AIDS deaths. The 1997 HIV/AIDS Surveillance Report indicate that most states and metropolitan statistical areas reported a decrease in the number of AIDS cases for 1997 compared to the number reported in 1996. The report also

describes the decline in AIDS incidence and in the continued decline of AIDS deaths and illustrates the distorting effect of the change in the case definition on AIDS incidence and deaths trends. These trends are no longer affected by the change in the disease definition but they are affected by HIV treatments. This same Surveillance Report also shows a decline in the AIDS cases reported in 1997 compared to 1996. The report states that the findings indicate that HIV therapies are having an impact on the rate of HIV disease progression in the US.

Figure 6 and Table 6 show similar distortions of the 1993 case definition in the adult and pediatric reported AIDS cases per 100,000 population. There are considerable variations in the reported AIDS cases per 100,000 population between states for both the state total population and state Blacks. For example, the rates for the total population in the District of Columbia and New York are more than three times greater than in Illinois for all years shown. The reported case rates for both total population and Blacks in the selected states are highest in the District of Columbia followed by New York, Florida, and California. The lowest rates were found in Mississippi, South Carolina, and Louisiana.

There are huge differences between the total state population and the Black population in every state thereby mirroring the national pattern. These differences are increasing and indicate a need for more targeted outreach and more effective prevention strategies in the Black community. Thus, while there has been success in slowing the rise in incidence of disease, no progress has been made in closing the huge disparities between the Black case rate and the total case rate. It is clear that the changing distribution and characteristics of the affected populations indicate the need to

monitor and detect changes in geographic, demographic, and risk trends. In addition to a need for resources to describe the changing epidemic, resources need to be allocated to target the Black population with prevention programs and for medical and other services for infected persons. These medical and other services will be especially important as more HIV therapies become available.

Homicide

Homicide is an epidemic that is destroying communities across the US at higher rates than in any other developed country in the world. Originally considered to be a problem for the criminal justice system, more recently homicide is being investigated by the public health sector as a cause of mortality that demands effective preventive measures. Homicide not only places a financial burden on the nation, it is claiming many of our youth and endangering the future of the nation. The national homicide death rate in 1995 was three times higher among Black women than among the total female population and four times higher among Black men than among the total male population. It is the leading cause of death for Black men age 15-34 years of age.

Among the ten states profiled in this report by gender, the trends vary. The 1995 rates for Black men in South Carolina (52) and Georgia (70.4) meet the Year 2000 goal (72.4). (See Figure 7, Table 7.) The rates for Black women in South Carolina (12.5), Florida (13.9) and New York (12.8) are below the Year 2000 goal (16.0) for U.S. Black women. (See Figure 8, Table 8.) While most other groups are moving toward the Year 2000 goal, the District of Columbia men and Illinois women are moving away from their

respective goals. Of the groups that are moving toward the Year 2000 objectives, only Mississippi men and women, Texas men and women, Georgia women, New York men, and Florida men either have reached or are moving at a rate that should enable them to meet the Year 2000 goal. Even among these groups, trends have been inconsistent between 1991 and 1995.

In comparison to the national trends for homicide death rates among Black women, South Carolina, Florida, New York, and Texas appear to have had lower rates and have shown greater improvement between 1993 and 1995. During that same period Black men in Georgia, Mississippi, South Carolina, Florida, and Texas have had homicide rates lower than the national rate for Black men. New York and Texas homicide rates for Black men are declining faster than the national rate for Black men.

Homicide is a very complex public health issue because the factors that contribute to it are diverse. Its roots are embedded in many of the dysfunctions in our broader society (ie. poverty, inferior community services, poorer quality education, unemployment, racism, discrimination, and hopelessness) as well as other psychological, environmental, and lifestyle problems.

Immunizations

The data on vaccine coverage levels for the combined series of four or more doses of diphtheria, tetanus toxoids, and pertussis vaccine (DTP), three or more doses of polio vaccine, and one or more doses of MCV for children 19-35 months of age and for children receiving 3 or more doses of Hepatitis B (Table 9) indicate that progress is

being made toward reaching the goal of 90 percent immunization coverage by the Year 2000. Coverage rates have increased or remained stable for all racial and ethnic groups. There are, however still large differences between vaccine coverage for those at or above the poverty level and those below the poverty level for every racial/ethnic group. Some states, those with the highest proportion of Blacks (Georgia, Louisiana, Mississippi, and South Carolina) show similar vaccine coverage levels in their state for Blacks and the total population as did California. Immunization rates for Hepatitis B especially are quite high, although some states still show somewhat lower rates of coverage in Blacks than for the total population, e.g. Illinois, New York, and Texas.

While much progress has also been made for immunization of older persons, there are significant differences between Blacks and the total population in every state for which data were available and for the total US. (See Table 10.) Again many factors, poverty, lack of access to health providers, and differences in quality of health care provided to minority patients are related to these differences in vaccination coverage between Blacks and the total populations.

To ensure that all population groups receive the benefits of vaccination, we will need to have adequate sample sizes on vaccination coverage for each racial/ethnic group in each state because states vary not only in total state coverage rates but also in the coverage rates between nonminority and minority groups. At a minimum these data need to be shown for each state and then resources need to be made available to eliminate the disparities in vaccination coverage between minorities and nonminorities.

Healthy People 2000 Progress Review for Black Americans

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TABLE 13.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR EVER SMOKED*

DENOMINATOR EXLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	450	31.5	2.8	(26.0	36.9)
ARKANSAS	210	32.5	4.4	(23.9	41.1)
CALIFORNIA	210	45.7	3.8	(38.2	53.2)
COLORADO	50	48.1	7.8	(32.7	63.4)
CONNECTICUT	128	47.9	4.6	(39.0	56.9)
DELAWARE	411	42.4	2.9	(36.7	48.1)
DISTRICT OF CO	983	32.6	1.8	(29.2	36.1)
FLORIDA	370	28.1	2.7	(22.8	33.4)
GEORGIA	590	25.4	2.1	(21.2	29.5)
ILLINOIS	334	44.8	3.1	(38.8	50.8)
INDIANA	143	46	4.9	(36.4	55.5)
KANSAS	118	33.2	4.9	(23.6	42.8)
KENTUCKY	251	49.3	4	(41.6	57.0)
LOUISIANA	406	33.4	2.7	(28.1	38.7)
MARYLAND	852	38.9	2	(35.0	42.9)
MASSACHUSETTS	72	37.8	7.8	(22.5	53.1)
MICHIGAN	298	44	3.3	(37.6	50.5)
MINNESOTA	116	40.7	5	(30.8	50.5)
MISSISSIPPI	472	33	2.7	(27.7	38.3)
MISSOURI	225	51.5	4.5	(42.7	60.3)
NEBRASKA	188	39.9	4.4	(31.2	48.6)
NEVADA	90	50.3	9.3	(32.0	68.5)

NEW JERSEY	269	39.2	3.4	(32.4	45.9)
NEW YORK	459	38.3	2.7	(33.0	43.6)
NORTH CAROLINA	753	39.2	2.2	(34.9	43.4)
OHIO	436	42.5	3	(36.7	48.3)
OKLAHOMA	115	41.7	5.3	(31.3	52.0)
PENNSYLVANIA	288	42.2	3.5	(35.4	49.0)
RHODE ISLAND	60	42.3	8	(26.7	58.0)
SOUTH CAROLINA	570	33.8	2.3	(29.3	38.3)
TENNESSEE	436	30.3	2.8	(24.8	35.8)
TEXAS	233	33.9	3.6	(26.8	40.9)
VIRGINIA	576	39.2	2.8	(33.8	44.7)
WASHINGTON	75	49	11.6	(26.2	71.8)
WEST VIRGINIA	53	39.7	7.3	(25.5	54.0)
WISCONSIN	62	40.4	8.5	(23.8	57.1)
PUERTO RICO	170	33.4	4	(25.5	41.3)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 37 MEDIAN = 39.7 RANGE = 25.4-51.5

* SMOKED AT LEAST 100 CIGARETTES IN LIFETIME September 29, 1998

TABLE 14.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR CURRENT SMOKERS*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	450	16.1	2.2	(11.9	20.4)
ARKANSAS	210	19.8	4.1	(11.8	27.8)
CALIFORNIA	210	26.3	3.4	(19.6	32.9)
COLORADO	50	23.2	6.5	(10.4	35.9)
CONNECTICUT	128	36.3	4.2	(28.1	44.6)
DELAWARE	411	24.9	2.7	(19.5	30.2)
DISTRICT OF CO	982	20.1	1.5	(17.1	23.0)
FLORIDA	370	17.3	2.3	(12.8	21.8)
GEORGIA	590	17.4	1.8	(13.9	20.9)
ILLINOIS	334	24.2	2.7	(19.0	29.4)
INDIANA	143	26.8	4.2	(18.6	34.9)
KANSAS	118	21.9	4.4	(13.4	30.5)
KENTUCKY	251	33	3.6	(25.8	40.1)
LOUISIANA	406	19.8	2.5	(14.9	24.6)
MARYLAND	852	20.6	1.6	(17.4	23.8)
MASSACHUSETTS	70	15.4	4.2	(7.2	23.8)
MICHIGAN	298	24.4	2.8	(18.9	29.9)
MINNESOTA	116	28.6	4.6	(19.6	37.6)
MISSISSIPPI	472	17.6	2.1	(13.5	21.8)
MISSOURI	225	38.4	4.3	(30.0	46.8)
NEBRASKA	188	26.2	3.9	(18.5	33.9)
NEVADA	90	25.6	8.5	(8.9,	42.3)
NEW JERSEY	269	23.5	2.9	(17.9	29.1)

NEW YORK	459	22.9	2.3	(18.3	27.4)
NORTH CAROLINA	753	26.3	2	(22.3	30.3)
OHIO	436	25.7	2.5	(20.8	30.6)
OKLAHOMA	115	24.5	4.6	(15.5	33.5)
PENNSYLVANIA	288	32.8	3.3	(26.3	39.3)
RHODE ISLAND	60	29.1	8.1	(13.1	45.0)
SOUTH CAROLINA	570	19.4	2	(15.5	23.4)
TENNESSEE	436	20.3	2.5	(15.4	25.3)
TEXAS	233	25.2	3.4	(18.5	31.8)
VIRGINIA	576	21.9	2.1	(17.8	26.0)
WASHINGTON	75	33.4	12.4	(9.0	57.8)
WEST VIRGINIA	53	19.6	5.8	(8.1	31.0)
WISCONSIN	62	17.5	5.1	(7.5	27.4)
PUERTO RICO	170	17.8	3.5	(11.0	24.6)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 37 MEDIAN = 23.5 RANGE = 15.4-38.4 YEAR 2000 OBJ. 3.4

* A CURRENT SMOKER (EVERYDAY OR SOME DAYS) September 29, 1998

TABLE 23.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR FLU SHOT*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	88	54.8	6.7	(41.8	67.9)
DELAWARE	54	61.8	7.3	(47.5	76.1)
DISTRICT OF COL	183	49.2	4.2	(41.0	57.4)
GEORGIA	60	38.1	6.6	(25.2	51.1)
LOUISIANA	57	55.6	6.9	(42.0	69.2)
MARYLAND	101	46.2	6.2	(34.0	58.4)
MISSISSIPPI	86	44.2	6.3	(32.0	56.5)
NORTH CAROLINA	124	44.5	5.1	(34.4	54.5)
OHIO	104	58.4	6.5	(45.8	71.1)
SOUTH CAROLINA	104	71.5	4.6	(62.4	80.5)
TENNESSEE	61	46.6	7.5	(31.9	61.2)
VIRGINIA	67	43.3	8.2	(27.3	59.4)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 12 MEDIAN = 47.9 RANGE = 38.1-71.5 YEAR 2000 OBJ. 20.11

* HAD FLU SHOT WITHIN PAST 12 MONTHS, AGE 65 AND OVER September 29, 1998

TABLE 41.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR MAMMOGRAM - FEMALES*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	191	82.4	3.2	(76.1	88.6)
ARKANSAS	88	56.7	6.1	(44.7	68.6)
DELAWARE	151	91.1	2.5	(86.1	96.0)
DISTRICT OF CO	368	86.6	1.8	(83.1	90.1)
FLORIDA	115	90.3	2.8	(84.8	95.8)
GEORGIA	180	78.9	3.6	(71.8	85.9)
ILLINOIS	116	88.3	3.2	(82.0	94.6)
KENTUCKY	87	71.3	5	(61.6	81.0)
LOUISIANA	132	80.7	3.9	(73.0	88.4)
MARYLAND	282	85.6	2.7	(80.2	91.0)
MICHIGAN	104	81.4	4.4	(72.7	90.0)
MISSISSIPPI	189	66.7	3.9	(59.1	74.3)
MISSOURI	82	88.5	4.4	(80.0	97.1)
NEBRASKA	67	86	4.6	(76.9	95.1)
NEW JERSEY	84	83.9	4.3	(75.6	92.2)
NEW YORK	156	90	2.2	(85.7	94.4)
NORTH CAROLINA	279	84.6	2.6	(79.5	89.8)
OHIO	171	84.3	4.6	(75.3	93.3)
PENNSYLVANIA	94	89.6	3.2	(83.3	95.8)
SOUTH CAROLINA	217	84.7	2.7	(79.4	90.0)
TENNESSEE	143	71.6	4.6	(62.6	80.7)
TEXAS	76	81	5.4	(70.3	91.6)

VIRGINIA	211	88.7	2.4	(84.0 93.3)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 23 MEDIAN = 84.6 RANGE = 56.7-91.1

* EVER HAD A MAMMOGRAM, FEMALES AGE 40 AND OLDER September 30, 1998

TABLE 42.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR MAMMOGRAM - FEMALES*

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL
ALABAMA	188	65.6	4	(57.8 73.5)
ARKANSAS	86	46.1	6.2	(33.9 58.3)
DELAWARE	150	78.3	3.7	(71.1 85.6)
DISTRICT OF CO	366	77.3	2.3	(72.8 81.8)
FLORIDA	113	78.9	4.1	(70.8 87.0)
GEORGIA	179	63.9	4.2	(55.7 72.1)
ILLINOIS	116	71.1	4.8	(61.7 80.4)
KENTUCKY	87	64.9	5.3	(54.6 75.3)
LOUISIANA	129	72.2	4.6	(63.2 81.1)
MARYLAND	278	78.9	3	(73 84.8)
MICHIGAN	103	74.7	4.8	(65.3 84.1)
MISSISSIPPI	187	56.9	4	(49.2 64.7)
MISSOURI	80	76.8	5.9	(65.2 88.3)
NEBRASKA	67	74	6.2	(61.9 86.1)
NEW JERSEY	83	73.2	5.5	(62.3 84.0)
NEW YORK	156	81.4	3.2	(75.1 87.7)
NORTH CAROLINA	276	75.5	3	(69.7 81.3)
OHIO	171	75.1	5.1	(65 85.2)
PENNSYLVANIA	92	85.7	3.6	(78.7 92.8)
SOUTH CAROLINA	214	70.3	3.5	(63.5 77.1)
TENNESSEE	142	60.8	4.8	(51.5 70.2)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 23 MEDIAN = 74.0 RANGE = 46.1-85.7

* HAD A MAMMOGRAM WITHIN TWO YEARS AGE 40 AND OVER October 1, 1998

TABLE 44.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR BREAST EXAM - FEMALES*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	190	83	3	(77.1	88.9)
ARKANSAS	86	74.4	5.1	(64.5	84.4)
CALIFORNIA	62	96.1	2	(91.6	100)
DELAWARE	151	96.3	1.9	(92.7	99.9)
DISTRICT OF CO	368	93.7	1.3	(91.1	96.3)
FLORIDA	115	86.3	3.1	(80.2	92.4)
GEORGIA	179	88.8	2.7	(83.6	94.0)
ILLINOIS	116	91.6	2.5	(86.7	96.6)
KENTUCKY	87	89.4	3.3	(82.9	95.9)
LOUISIANA	132	84	3.8	(76.7	91.4)
MARYLAND	281	96.3	1.2	(94.0	98.7)
MICHIGAN	104	89.6	3.4	(82.9	96.4)
MISSISSIPPI	188	80.8	3.1	(74.6	86.9)
MISSOURI	82	92.5	3.4	(85.8	99.1)
NEBRASKA	68	89	4	(81.1	96.8)
NEW JERSEY	83	88.4	4.1	(80.5	96.4)
NEW YORK	155	91.9	2.7	(86.5	97.3)
NORTH CAROLINA	280	92.8	1.7	(89.5	96.1)
OHIO	170	92.5	2.2	(88.2	96.9)
PENNSYLVANIA	94	81.3	5	(71.5	91.1)
SOUTH CAROLINA	217	91.3	2.2	(86.9	95.6)
TENNESSEE	143	87.2	3.2	(81.0	93.4)

TEXAS	75	93.1	3.5	(86.3	99.9)
VIRGINIA	209	85.2	3	(79.3	91.0)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 24 MEDIAN = 89.5 RANGE = 74.4-96.3

* EVER HAD A BREAST EXAM BY A DOCTOR, FEMALES AGE 40 AND OLDER September 30, 1998

TABLE 45.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR BREAST EXAM - FEMALES*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	118	73	4.2	(64.7	81.3)
ARKANSAS	50	57.6	7.8	(42.2	73.0)
DELAWARE	98	84.3	4.1	(76.2	92.4)
DISTRICT OF CO	240	82.2	2.7	(76.9	87.4)
FLORIDA	64	76.6	5.3	(66.1	87.0)
GEORGIA	97	78.7	4.3	(70.2	87.1)
ILLINOIS	73	79.5	4.8	(70.2	88.8)
KENTUCKY	56	73.2	6.4	(60.7	85.7)
LOUISIANA	74	72.6	6.2	(60.4	84.7)
MARYLAND	153	83.9	3.7	(76.6	91.1)
MICHIGAN	50	71.8	6.9	(58.3	85.4)
MISSISSIPPI	122	59.4	5.3	(49.1	69.7)
MISSOURI	52	79.2	7	(65.5	92.9)
NEW YORK	80	90.4	4.1	(82.3	98.4)
NORTH CAROLINA	174	82.2	3.4	(75.7	88.8)
OHIO	131	87.5	3.3	(81.1	93.9)
PENNSYLVANIA	63	78.6	6.5	(65.8	91.4)
SOUTH CAROLINA	137	75.7	4	(67.8	83.6)
TENNESSEE	86	79.3	5	(69.6	89.0)
VIRGINIA	127	71.7	4.8	(62.2	81.2)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 20 MEDIAN = 78.6 RANGE = 57.6-90.4

* HAD A BREAST EXAM WITHIN TWO YEARS, AGE 50 AND OVER

September 30,1998

TABLE 48.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR PAP SMEAR*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	322	98.5	0.7	(97.1	99.8)
ARKANSAS	134	93.2	2.3	(88.7	97.7)
CONNECTICUT	86	84.4	1.3	(81.8	86.9)
DELAWARE	270	97.1	1.6	(93.9	100)
DISTRICT OF CO	654	96.4	0.8	(94.7	98.0)
FLORIDA	242	95.1	1.5	(92.1	98.0)
GEORGIA	378	96.7	1	(94.7	98.8)
ILLINOIS	222	96.4	1.4	(93.8	99.1)
INDIANA	87	97	2.4	(92.3	100)
KANSAS	70	99.1	0.9	(97.4	100)
KENTUCKY	166	95.7	1.6	(92.6	98.8)
LOUISIANA	277	95.1	1.4	(92.3	97.8)
MARYLAND	535	95.7	0.9	(93.9	97.6)
MICHIGAN	203	94.1	2.1	(89.9	98.2)
MINNESOTA	56	93	3.6	(86.0	99.9)
MISSISSIPPI	336	96	1	(94.0	97.9)
MISSOURI	152	95.1	2.6	(90.0	100)
NEBRASKA	124	95.1	2.6	(90.1	100)
NEW JERSEY	179	90.4	2.4	(85.6	95.2)
NEW YORK	307	96.1	1.1	(94.0	98.2)
NORTH CAROLINA	500	94.5	1.3	(91.9	97.1)
OHIO	282	95.3	1.3	(92.7	97.9)

OKLAHOMA	68	97.5	2.1	(93.4	100)
PENNSYLVANIA	185	94.3	2	(90.4	98.2)
SOUTH CAROLINA	392	97.7	0.8	(96.1	99.3)
TENNESSEE	306	95	1.5	(92.1	97.9)
TEXAS	155	96.4	2.1	(92.4	100)
VIRGINIA	395	97.4	1.1	(95.3	99.6)
PUERTO RICO	75	81.1	6	(69.3	92.8)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 29 MEDIAN = 95.7 RANGE = 81.1-99.1 YEAR 2000 OBJ 16.11

* EVER HAD A PAP SMEAR, AGE 18 AND OLDER September 30, 1998

TABLE 50.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR LAST PAP SMEAR*

WITH UTERINE CERVIX

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	219	91	1.9	(87.2	94.7)
ARKANSAS	100	83.7	4.1	(75.7	91.7)
CONNECTICUT	70	69.9	4.7	(60.8	79.0)
DELAWARE	208	91.7	2.4	(87.0	96.5)
DISTRICT OF CO	558	91.9	1.3	(89.5	94.4)
FLORIDA	196	88.7	2.4	(83.9	93.5)
GEORGIA	303	94.4	1.4	(91.8	97.1)
ILLINOIS	178	91.3	2.2	(86.9	95.6)
INDIANA	67	97	3	(91.2	100)
KANSAS	58	96.4	2.7	(91.1	100)
KENTUCKY	123	90.1	2.8	(84.7	95.5)
LOUISIANA	208	91.3	2.1	(87.2	95.5)
MARYLAND	432	93.3	1.2	(91.0	95.7)
MICHIGAN	163	88.9	2.9	(83.2	94.6)
MISSISSIPPI	251	87.3	2.1	(83.3	91.4)
MISSOURI	119	87.8	4.2	(79.5	96.2)
NEBRASKA	90	86.3	4.4	(77.5	95.0)
NEW JERSEY	149	83.7	3.6	(76.7	90.7)
NEW YORK	266	92.6	1.9	(88.9	96.2)
NORTH CAROLINA	368	87.6	2	(83.7	91.6)
OHIO	205	91.2	2.3	(86.6	95.8)
PENNSYLVANIA	151	92.9	1.9	(89.2	96.6)

SOUTH CAROLINA	302	93	1.7	(89.7	96.3)
TENNESSEE	237	89.4	2.3	(84.9	93.9)
TEXAS	123	88.1	3.6	(81.1	95.2)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 27 MEDIAN = 91.0 RANGE = 69.9-97.0

* LAST PAP SMEAR WITHIN LAST 3 YEARS, AGE 18 AND OLDER October 1, 1998

TABLE 57.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS

FOR BMI GREATER THAN / EQUAL TO "25.0" BODY MASS INDEX*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	427	69.9	2.7	(64.7	75.1)
ARKANSAS	196	60	4.3	(51.5	68.5)
CALIFORNIA	209	60.7	3.7	(53.4	68.1)
CONNECTICUT	119	66.3	6.3	(53.9	78.6)
DELAWARE	394	63.3	2.8	(57.9	68.7)
DISTRICT OF CO	973	63.9	1.8	(60.3	67.5)
FLORIDA	360	60.4	3	(54.6	66.2)
GEORGIA	570	66.3	2.5	(61.4	71.3)
ILLINOIS	321	65.9	3.1	(59.8	72.1)
INDIANA	140	67.1	5	(57.3	76.9)
KANSAS	104	58.4	5.3	(47.9	68.9)
KENTUCKY	245	67.9	3.4	(61.2	74.5)
LOUISIANA	388	64.3	2.9	(58.6	70.1)
MARYLAND	800	63.5	2.1	(59.4	67.6)
MASSACHUSETTS	68	59.2	8	(43.6	74.8)
MICHIGAN	289	67.2	3.1	(61.1	73.3)
MINNESOTA	114	62.5	4.9	(52.9	72.2)
MISSISSIPPI	442	72	2.6	(66.8	77.1)
MISSOURI	217	61.7	4.3	(53.4	70.0)
NEBRASKA	178	68.1	4.6	(59.1	77.2)
NEVADA	88	45.6	9.6	(26.8	64.3)

NEW JERSEY	255	71.6	3.3	(65.1	78.1)
NEW YORK	441	60.5	2.8	(55.0	66.0)
NORTH CAROLINA	687	65.1	2.2	(60.8	69.3)
OHIO	415	69.6	2.8	(64.1	75.0)
OKLAHOMA	109	48.5	5.1	(38.6	58.4)
PENNSYLVANIA	278	62.2	3.4	(55.6	68.8)
RHODE ISLAND	56	67.2	8.2	(51.1	83.3)
SOUTH CAROLINA	548	66.8	2.4	(62.0	71.5)
TENNESSEE	411	60.9	3	(55.1	66.8)
TEXAS	224	59	3.7	(51.8	66.3)
VIRGINIA	547	70.3	2.7	(65.1	75.6)
WASHINGTON	69	71.1	5.5	(60.3	81.8)
WEST VIRGINIA	51	72.3	7.2	(58.2	86.4)
WISCONSIN	62	75	6.3	(62.6	87.3)
PUERTO RICO	163	63	4.2	(54.7	71.3)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 36 MEDIAN = 64.7 RANGE = 45.6-75.0 YEAR 2000 OBJ. 2.3

* BODY MASS INDEX GE 25.0 FOR MALES AND FEMALES

TABLE 6.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR NO HEALTH INSURANCE*

DENOMINATOR IS PERSONS AGE 18-64 YEARS

DENOMINATOR EXCLUDES MISSING DON'T KNOW AND REFUSED

BLACK POPULATION ONLY

PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL	
ALABAMA	357	28.1	2.7	(22.9	33.3)
ARKANSAS	171	28	4.3	(19.6	36.4)
CALIFORNIA	187	13	2.8	(7.6	18.4)
CONNECTICUT	114	18.4	3.9	(10.8	26.1)
DELAWARE	356	22.7	2.9	(17.0	28.3)
DISTRICT OF CO	795	14.3	1.6	(11.3	17.4)
FLORIDA	325	24.3	2.8	(18.7	29.9)
GEORGIA	527	16	2.2	(11.7	20.3)
ILLINOIS	289	17.2	2.5	(12.4	22.0)
INDIANA	126	19.4	3.9	(11.8	27.0)
KANSAS	100	6.8	2.9	(1.2	12.4)
KENTUCKY	212	18.1	3.4	(11.6	24.7)
LOUISIANA	343	38.9	3.2	(32.7	45.1)
MARYLAND	742	17.8	1.8	(14.3	21.2)
MASSACHUSETTS	65	15.9	4.9	(6.3	25.4)
MICHIGAN	259	16.1	2.9	(10.4	21.8)
MINNESOTA	109	10.9	3.2	(4.7	17.2)
MISSISSIPPI	380	24.8	2.7	(19.6	30.0)
MISSOURI	192	23.6	3.7	(16.3	30.9)
NEBRASKA	153	16.2	3.4	(9.4	22.9)
NEVADA	81	6.7	3.9	(0	14.3)

NEW JERSEY	238	15.8	2.6	(10.7	21.0)
NEW YORK	413	23.7	2.6	(18.7	28.7)
NORTH CAROLINA	625	22.4	2.1	(18.2	26.6)
OHIO	331	14.9	2.6	(9.8	20.1)
OKLAHOMA	94	19	4.9	(9.5	28.6)
PENNSYLVANIA	244	17.5	2.8	(12.0	23.0)
SOUTH CAROLINA	458	26.5	2.7	(21.2	31.8)
TENNESSEE	367	15.8	2.5	(10.9	20.7)
TEXAS	211	25.1	3.5	(18.3	31.8)
VIRGINIA	506	18.9	2.7	(13.7	24.1)
WASHINGTON	67	11.1	3.7	(3.8	18.3)
WISCONSIN	59	39.3	9.2	(21.3	57.3)
PUERTO RICO	143	16.1	3.7	(8.8	23.3)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 34 MEDIAN = 18.0 RANGE = 6.7-39.3 YEAR 2000 OBJECTIVE 21.4

* HAVING NO HEALTH CARE PLAN

September 29, 1998

TABLE 1.1 1997 BEHAVIORAL RISK FACTOR SURVEILLANCE DATA

ESTIMATED PREVALENCE AND RELEVANT STATISTICS FOR SELF REPORTED HEALTH STATUS*

DENOMINATOR EXCLUDES MISSING, DON'T KNOW, AND REFUSED

BLACK POPULATION ONLY

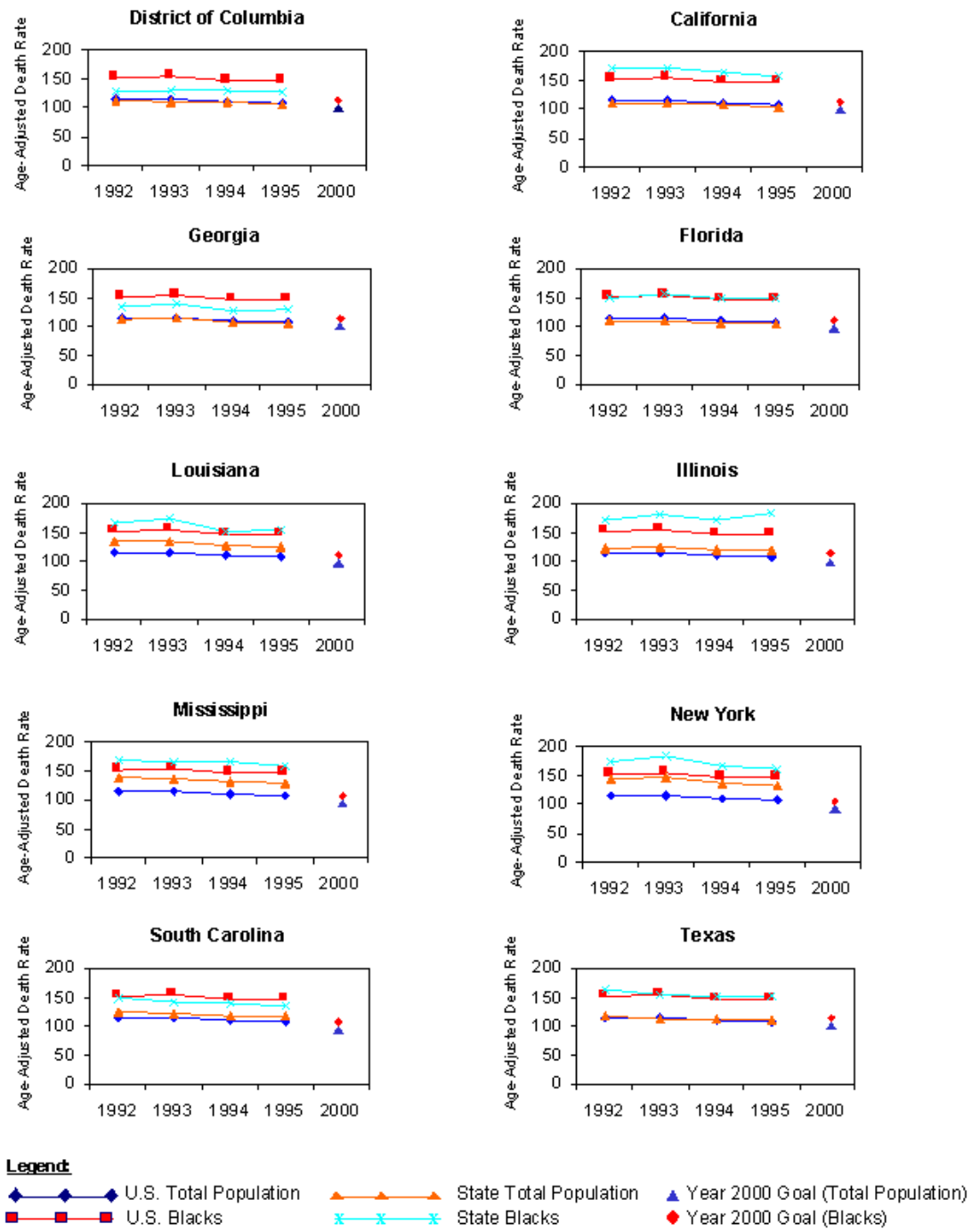
PARTICIPANT	SAMPLE SIZE	PERCENT	STANDARD ERROR	95% CONFIDENCE INTERVAL
ALABAMA	448	25.2	2.6	(20.1, 30.2)
ARKANSAS	209	30.5	4.5	(21.8, 39.2)
CALIFORNIA	210	19.2	3.1	(13.2, 25.1)
COLORADO	51	16.6	5.8	(5.3, 27.8)
CONNECTICUT	129	10.6	3.2	(4.4, 16.8)
DELAWARE	408	22	2.8	(16.5, 27.4)
DISTRICT OF CO	981	13.4	1.3	(10.8 15.9)
FLORIDA	368	26	2.6	(20.9 31.1)
GEORGIA	589	12.4	1.7	(9.1 15.8)
ILLINOIS	332	15.2	2.2	(10.9 19.4)
KANSAS	118	9.9	2.8	(4.4 15.3)
KENTUCKY	253	4.3	2.9	(18.5 30.1)
LOUISIANA	405	20.5	2.2	(16.2 24.8)
MARYLAND	853	13.5	1.4	(10.8 16.1)
MASSACHUSETTS	71	13.8	4.2	(5.6 22.0)
MICHIGAN	297	23.2	2.8	(17.7 28.7)
MINNESOTA	116	11.8	3.1	(5.8 17.8)
MISSISSIPPI	473	28.4	2.4	(23.6 33.1)
MISSOURI	225	20	3.3	(13.6 26.5)
NEBRASKA	190	20	3.4	(13.3 26.7)
NEVADA	90	18.6	6.5	(5.8 31.3)

NEW JERSEY	269	23.9	3.1	(17.9 30.0)
NEW YORK	461	19.8	2.1	(15.7 24.0)
NORTH CAROLINA	759	19.7	1.6	(16.5 22.8)
OHIO	436	18.9	2.6	(13.9 23.9)
OKLAHOMA	115	15.6	3.4	(8.9 22.3)
PENNSYLVANIA	288	17.9	2.7	(12.6 23.1)
RHODE ISLAND	60	18.8	5	(9.1 28.5)
SOUTH CAROLINA	571	21.1	2.2	(16.9 25.4)
TENNESSEE	434	20.6	2.2	(16.3 24.8)
TEXAS	235	18.5	2.8	(13 23.9)
VIRGINIA	573	17.6	2	(13.7 21.5)
WASHINGTON	75	13.5	4	(5.7 21.3)
WEST VIRGINIA	53	26	6.9	(12.5 39.5)
WISCONSIN	63	14.2	4.5	(5.3 23.1)
PUERTO RICO	170	30.1	3.8	(22.7 37.6)

SUMMARY STATISTICS: NO. OF PARTICIPANTS = 37 MEDIAN = 19.2 RANGE = 9.9-30.5

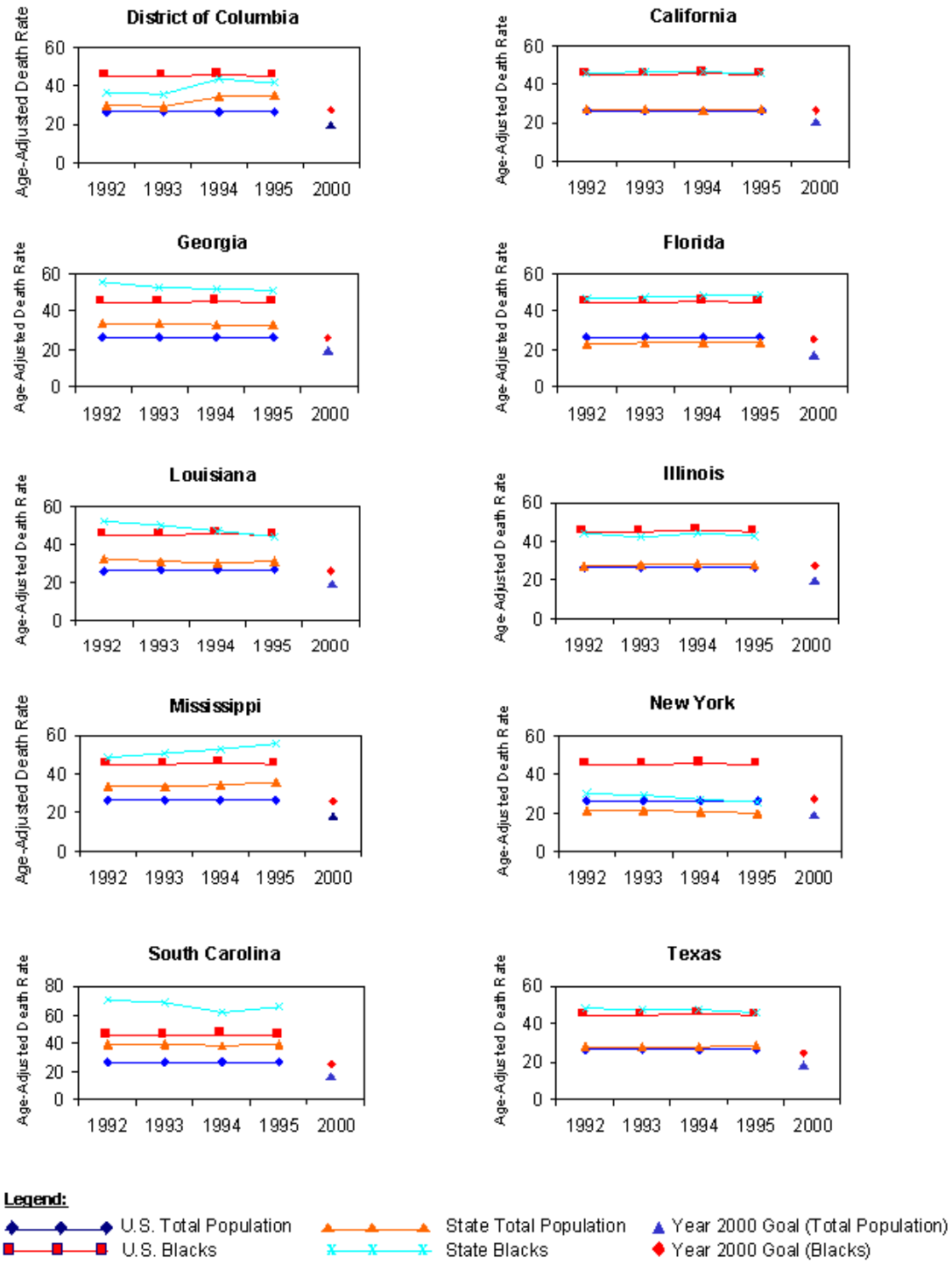
* HEALTH STATUS IS FAIR OR POOR September 29, 1998

Fig. 1. Age-Adjusted Death Rate per 100,000 Population for Coronary Heart Disease, U.S. and Selected States



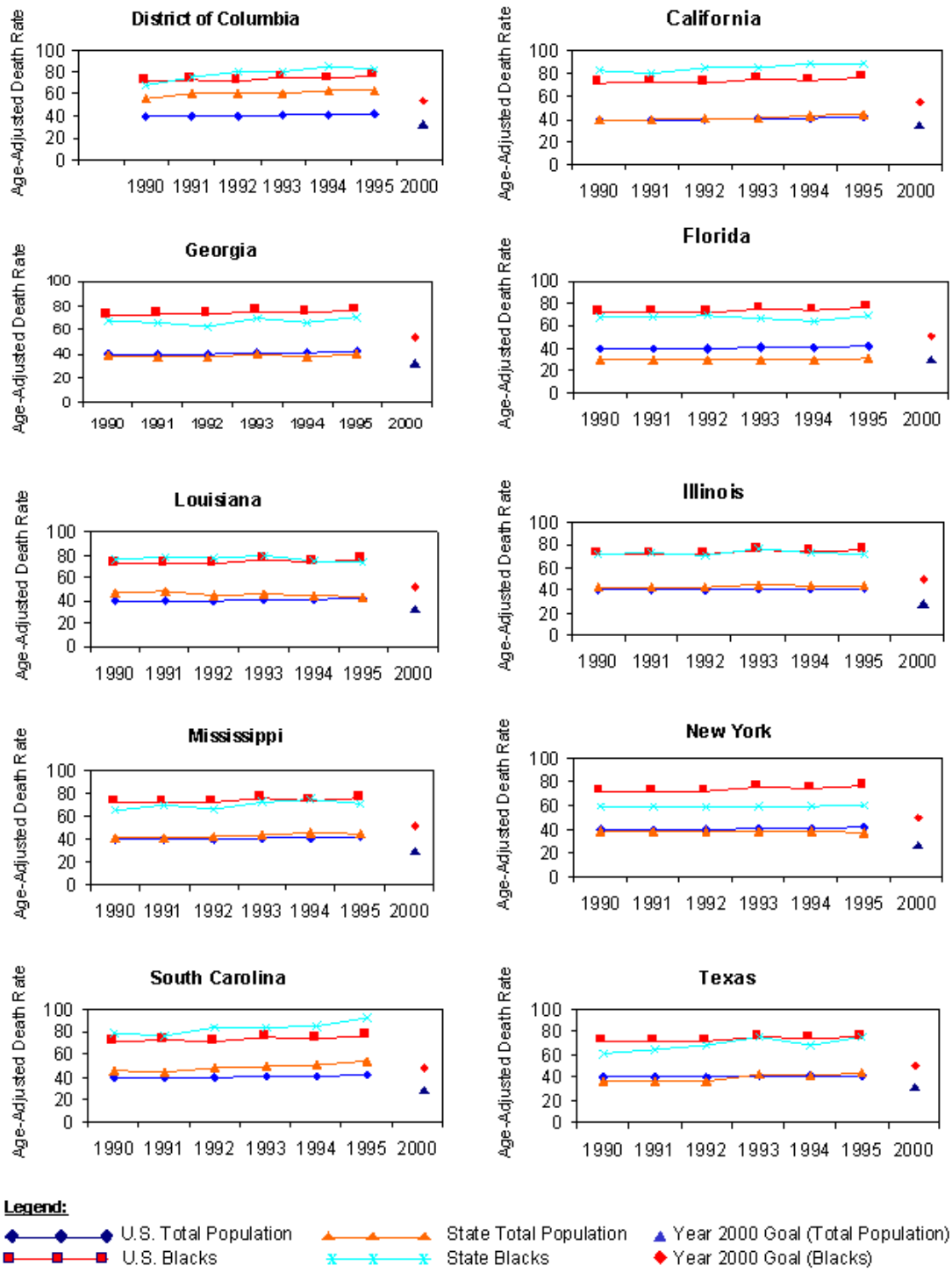
Source: CDC/NCHS, National Vital Statistics System, Data computed by Division of Health Promotion Statistics

Fig. 2. Age-Adjusted Death Rate per 100,000 Population for Stoke, U.S. and Selected States



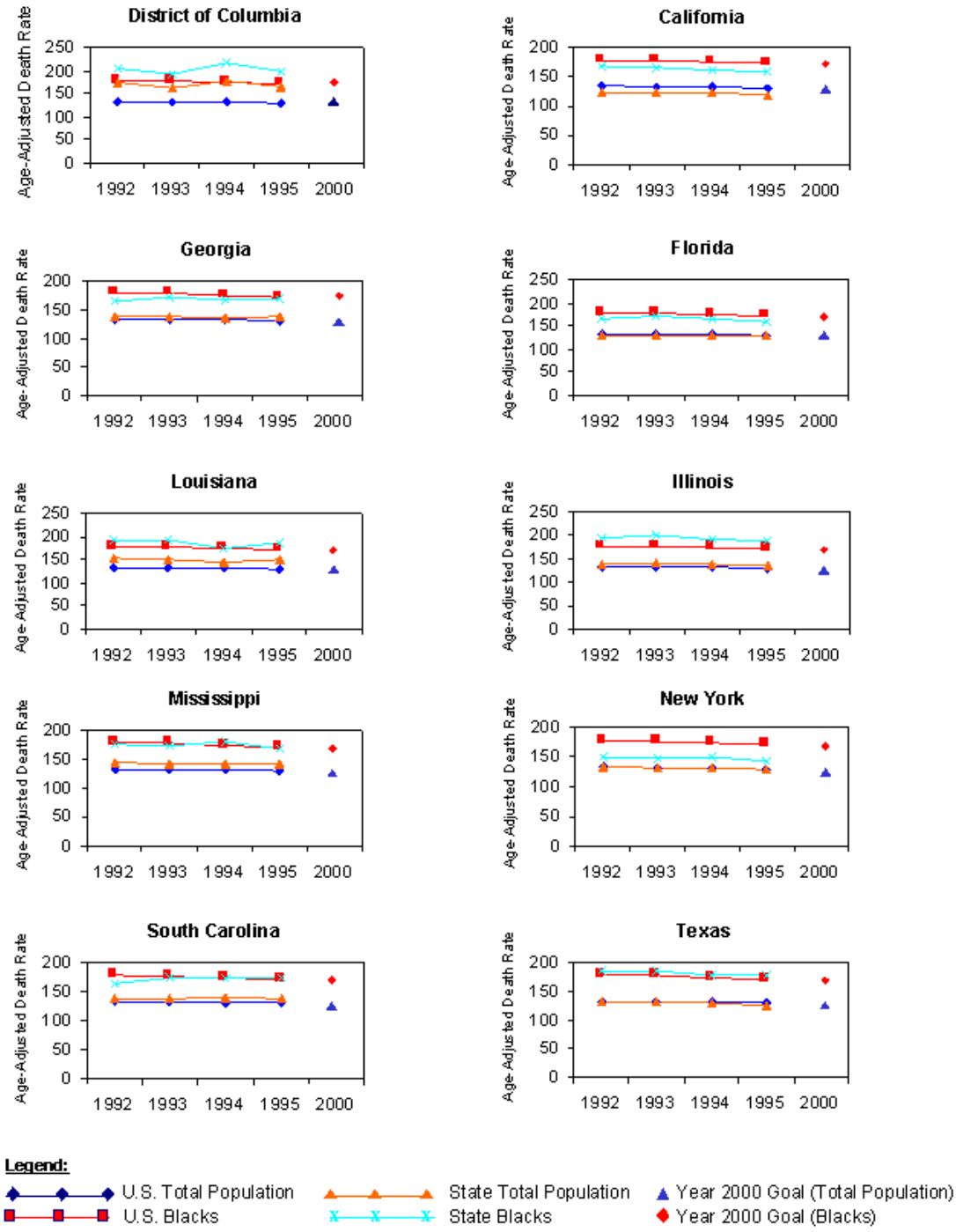
Source: CDC/NCHS, National Vital Statistics System, Data computed by Division of Health Promotion Statistics

Fig. 3. Age-Adjusted Death Rate per 100,000 Population for Diabetes, U.S. and Selected States



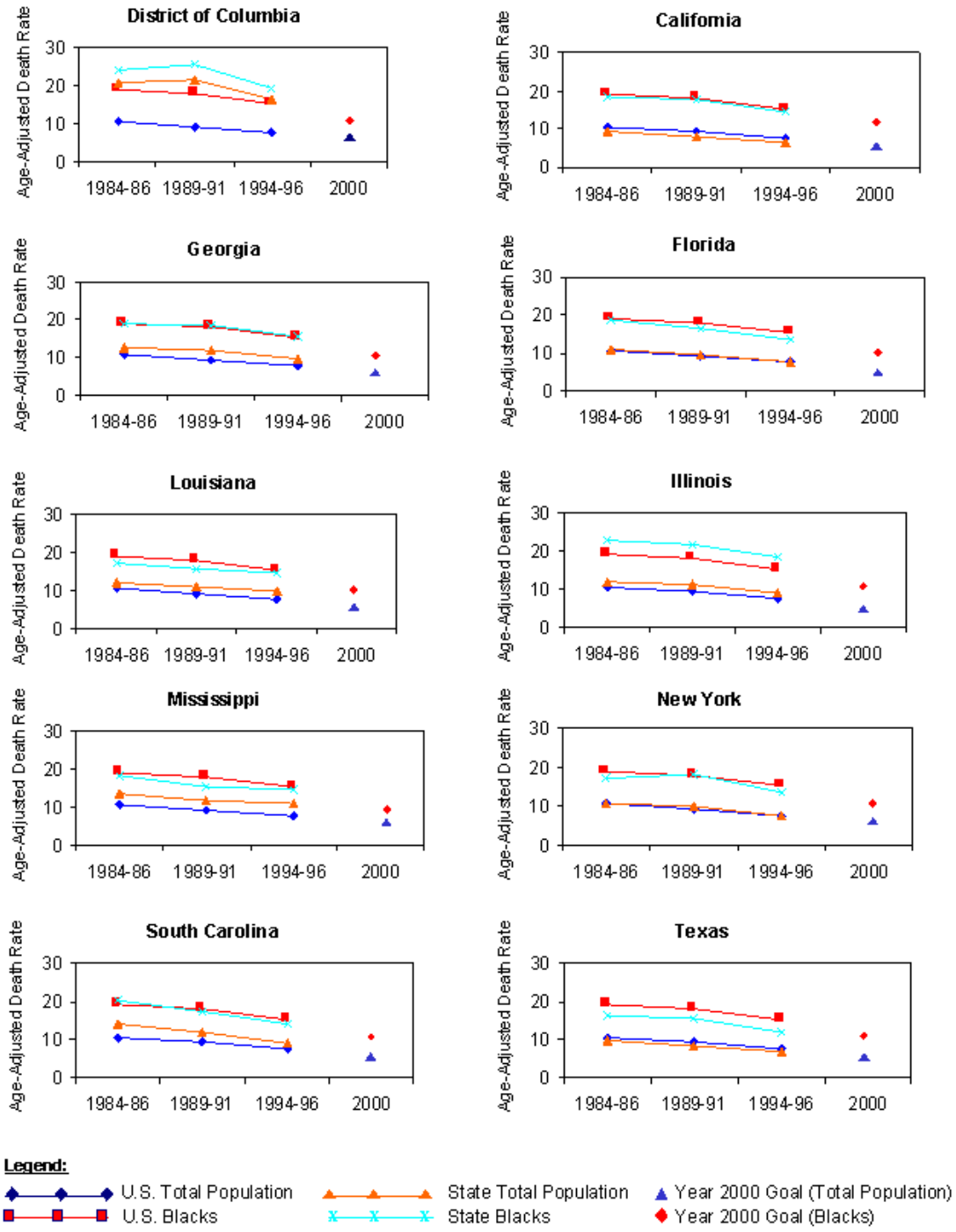
Source: CDC/NCCDPHP, Division of Diabetes Translation, Surveillance Section

Fig. 4. Age-Adjusted Death Rate per 100,000 Population for Cancer, U.S. and Selected States



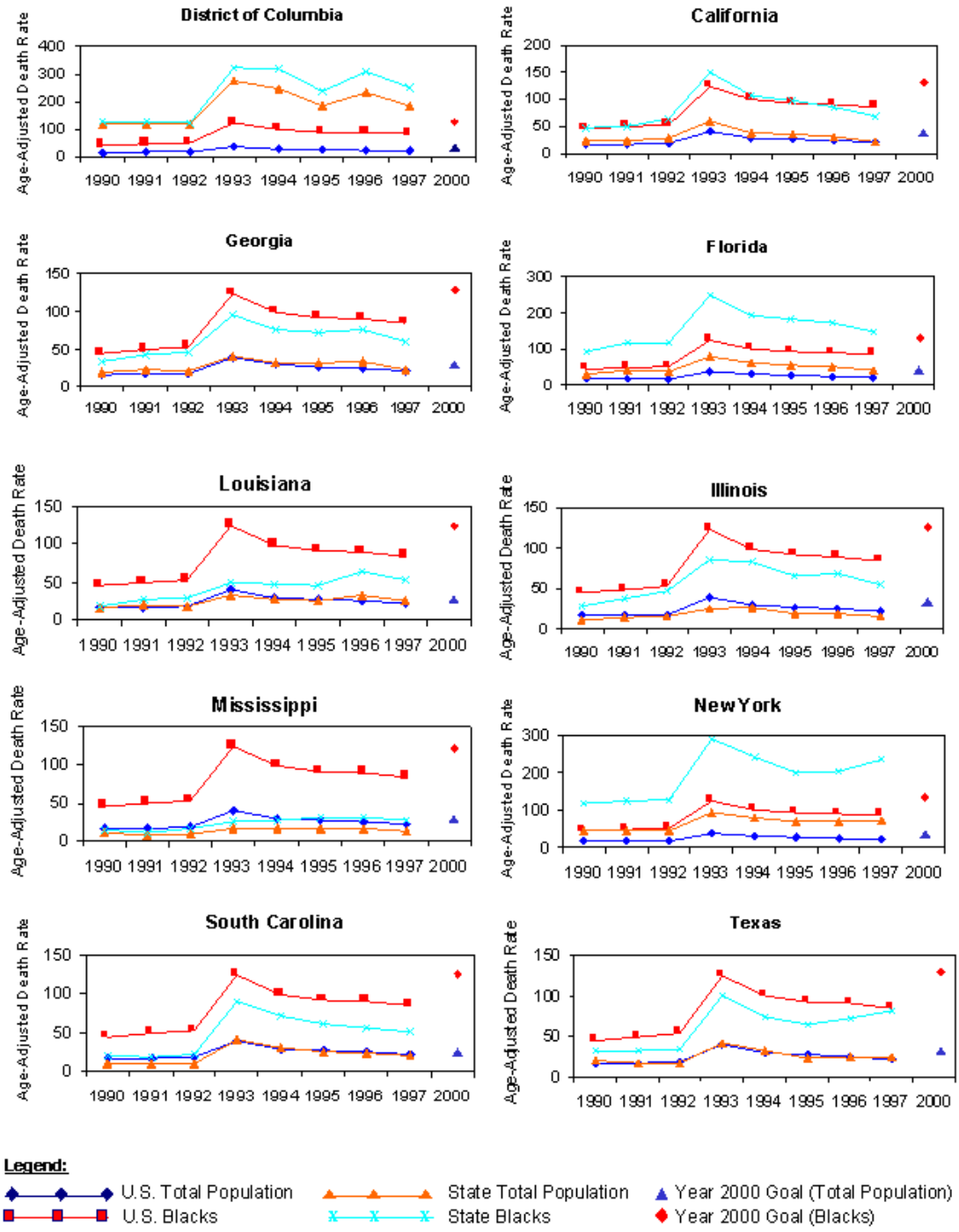
Source: CDC/NCHS, National Vital Statistics System, Data computed by Division of Health Promotion Statistics

Fig. 5. Infant Mortality per 1000 Live Births, U.S. and Selected States



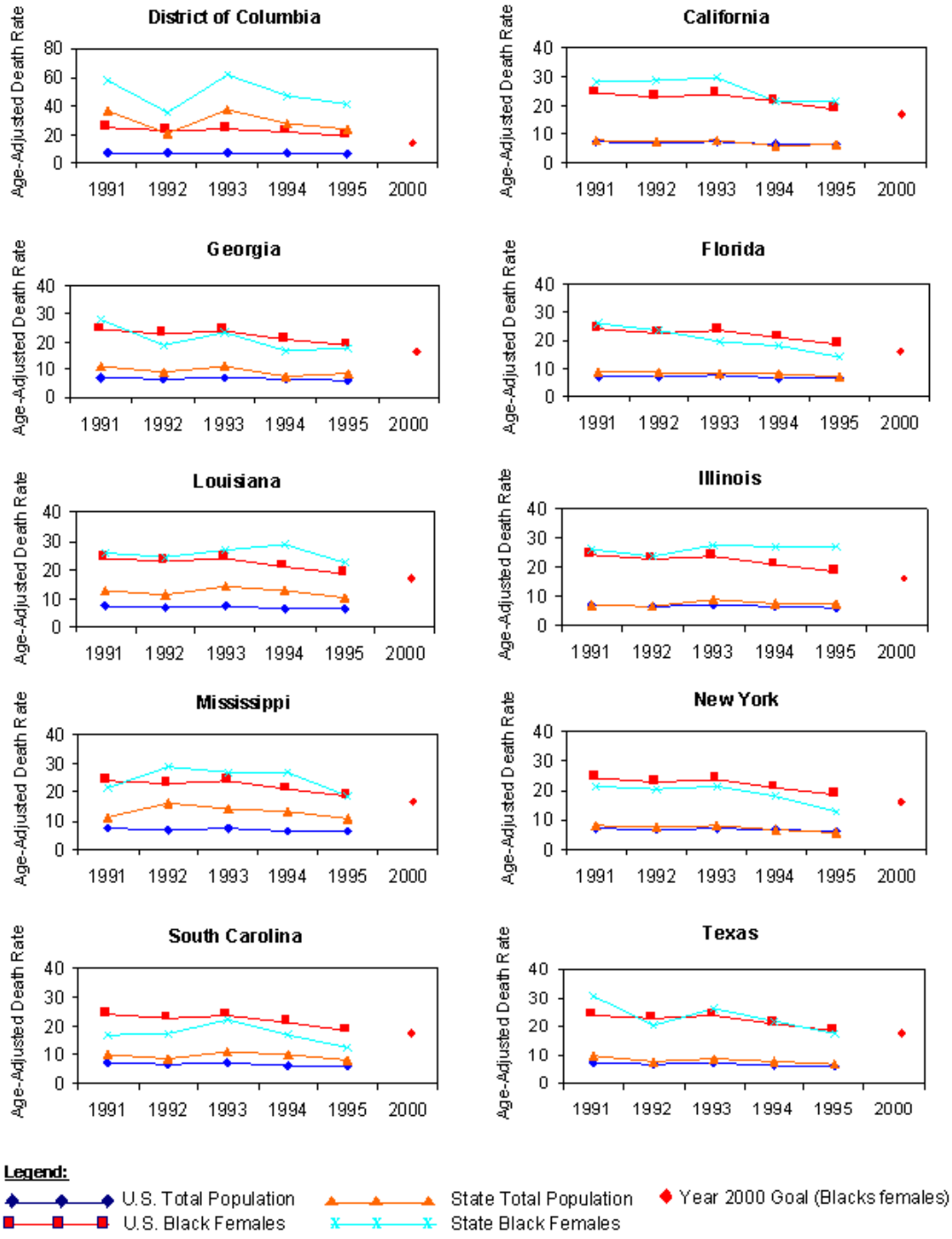
Source: CDC/NCHS, National Vital Statistics System, Data computed by Division of Health Promotion Statistics

Fig. 6. Adult and Pediatric Reported AIDS Cases per 100,00 population, U.S. and Selected States



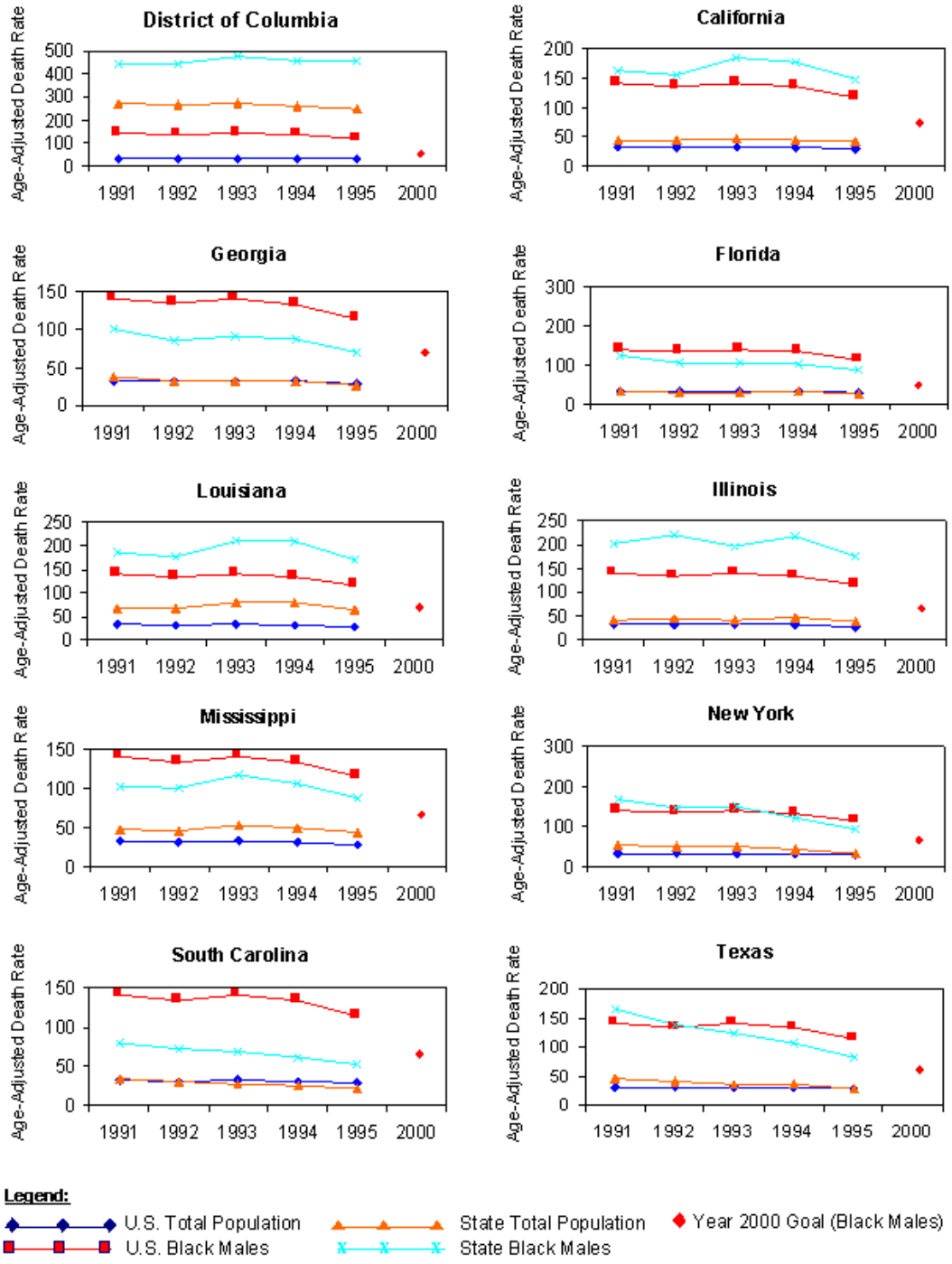
Source: CDC/NCHSTP, Division of HIV/AIDS Prevention

Fig.7. Death Rate per 100,00 population for Homicide--Females Ages 15-34, U.S. and Selected States



Source: CDC/NCIPC/OSP, Mortality data from the NCHS National Vital Statistics System

Fig.7. Death Rate per 100,00 population for Homicide--Males Ages 15-34, U.S. and Selected States



Source: CDC/NCIPC/OSP, Mortality data from the NCHS National Vital Statistics System