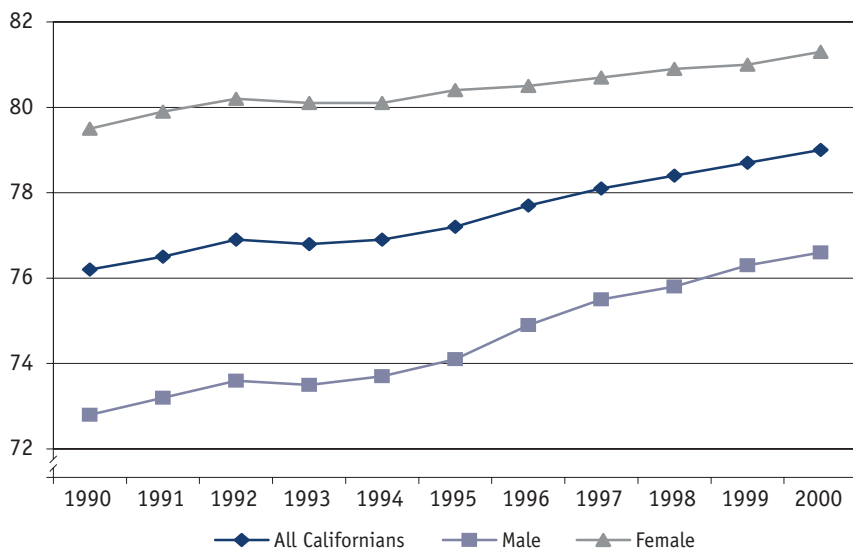




Good health is probably our most valuable possession. While individuals are responsible for their own health, counties can and do play a role in prevention and provision of services that can influence the healthfulness of the state's population in important ways. California counties provide health services to the medically indigent either by operating a public hospital, as sixteen counties do, or by contracting with other agents. Counties also are responsible for providing substance abuse treatment, emergency medical care, health care to those in detention facilities, mental health services, and health insurance for their own county employees. Each year, counties spend more than \$5.3 billion on health related services.

Several key indicators of the healthfulness of Californians follow, as does information regarding the fiscal burden counties face in providing these health services. In 1999-2000, an average of 17.25% of a county's budget was devoted to health expenditures. In addition to statewide trends shown in this special health section, we have expanded the health related county by county data tables in the back of the Fact Book.

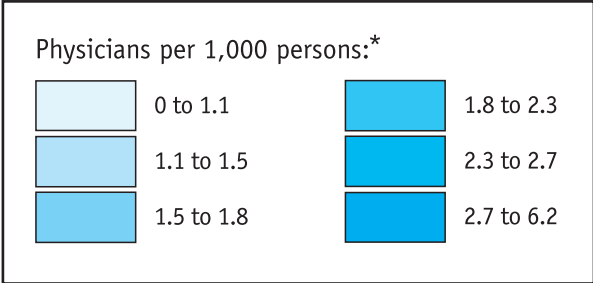
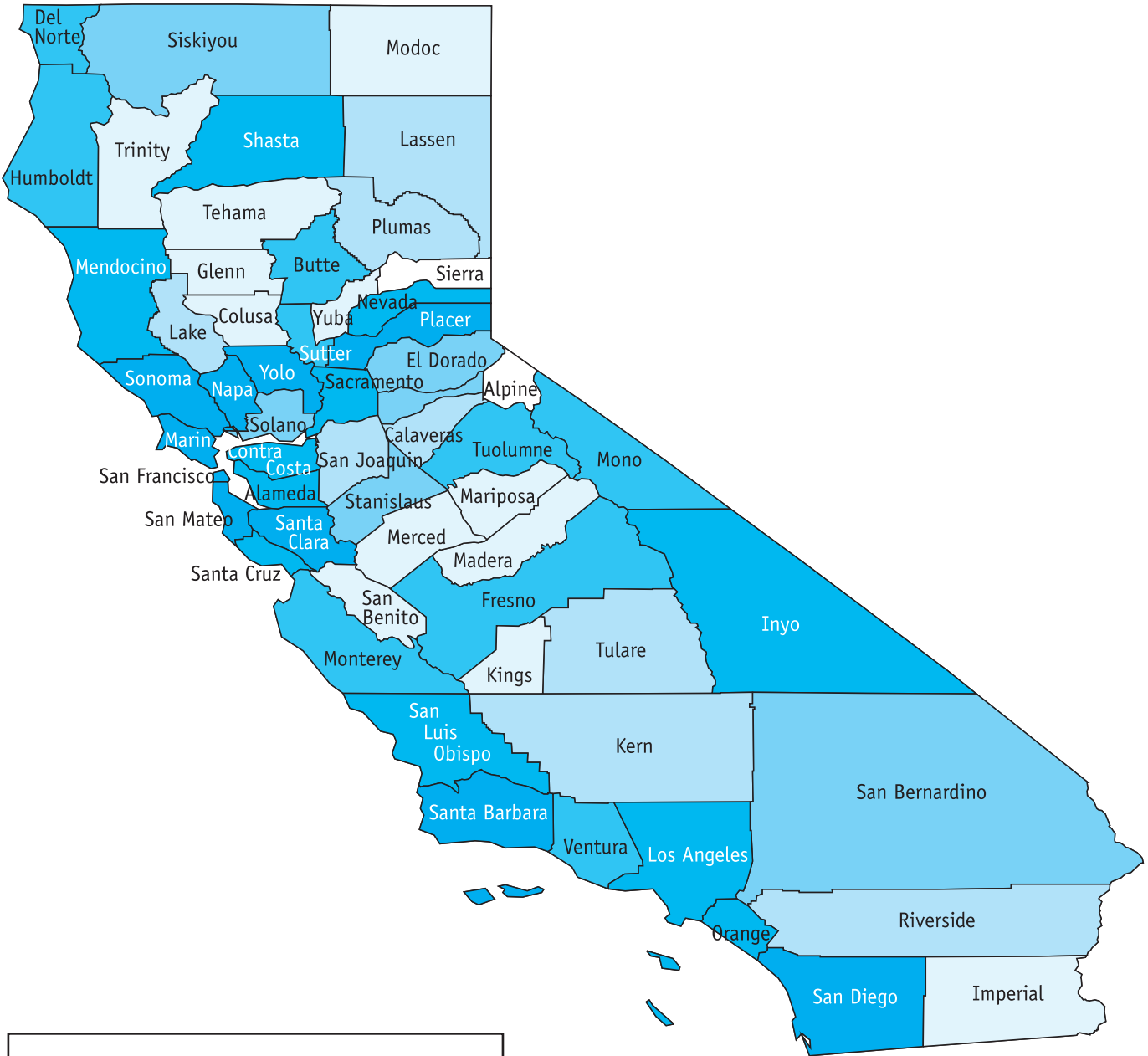
**LIFE EXPECTANCY OF CALIFORNIANS
(YEARS AT BIRTH)**



Source: California Department of Health Services, Birth and Death Records

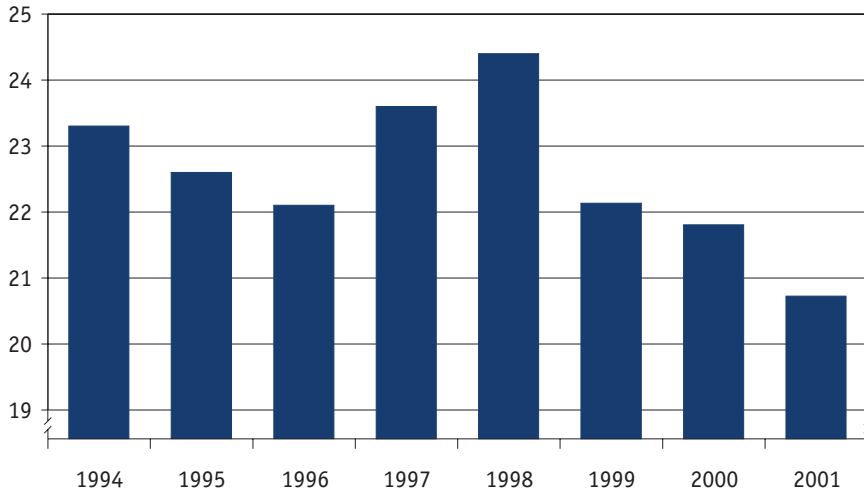
Californians are living longer than ever before. Women born in 2000 were expected to live an average of 81 years and men an average of 76 years. Longer life expectancy is a sign of increasing healthfulness, but it also results in a larger population of older residents who often have more health care needs.

PHYSICIANS PER 1,000 PERSONS 2001



* Data was not available for Alpine and Sierra Counties.
Source: California Department of Consumer Affairs

PERCENT OF UNINSURED IN CALIFORNIA
(0-65 YEARS OLD)

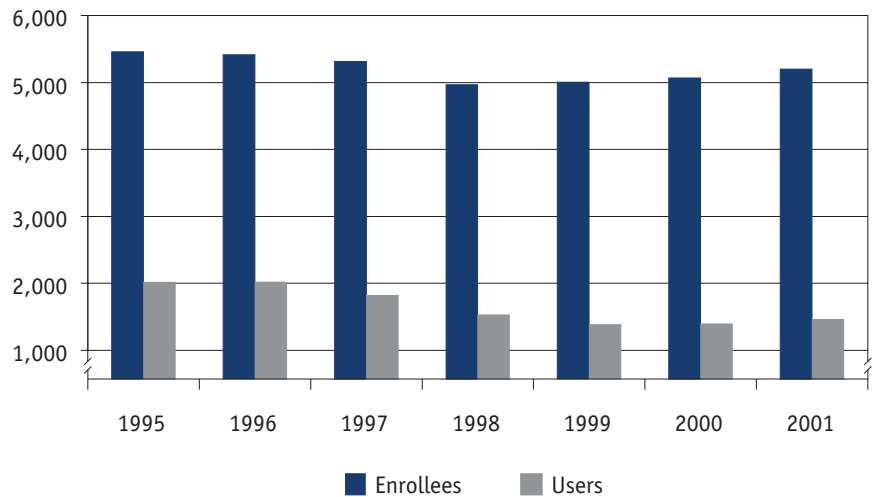


Sources: Todd Gilmer, Ph.D., and Rick Kronick, Ph.D., Department of Family and Preventative Medicine, UCSD, Analysis of the Current Population Survey, March Annual Demographic Files, 1995-2000; The California Endowment and the UCLA Center for Health Policy Research.

The number of uninsured persons in California has been on the decline over the past couple of years. Because coverage increased during a time of economic prosperity when people were increasingly insured through an employer offered health care plan, it is possible that the number of uninsured Californians will increase because of the recent economic downturn.

During the late 1990s, both the number of persons enrolled in and the number of users of Medi-Cal were on the decline. However, in the past couple of years, there has been a reverse in the trend. Both persons enrolled and users are on the rise.

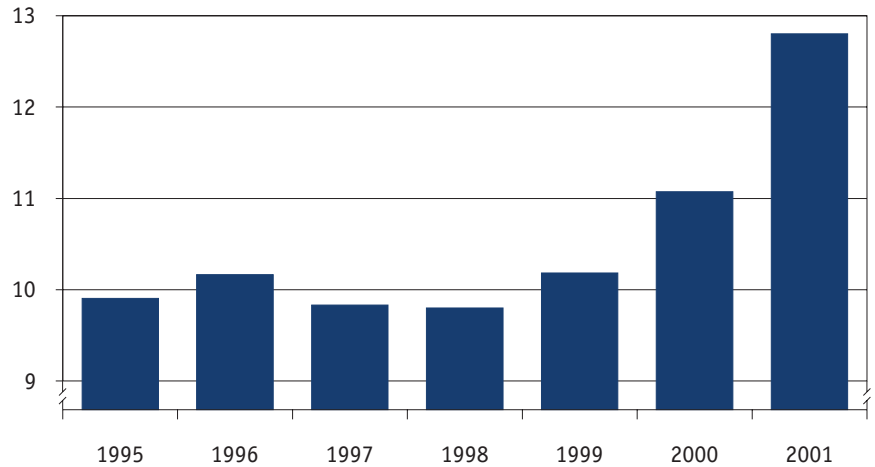
NUMBER OF PERSONS ENROLLED IN MEDI-CAL
AND NUMBER OF USERS (IN THOUSANDS)



Source: California Department of Health Services

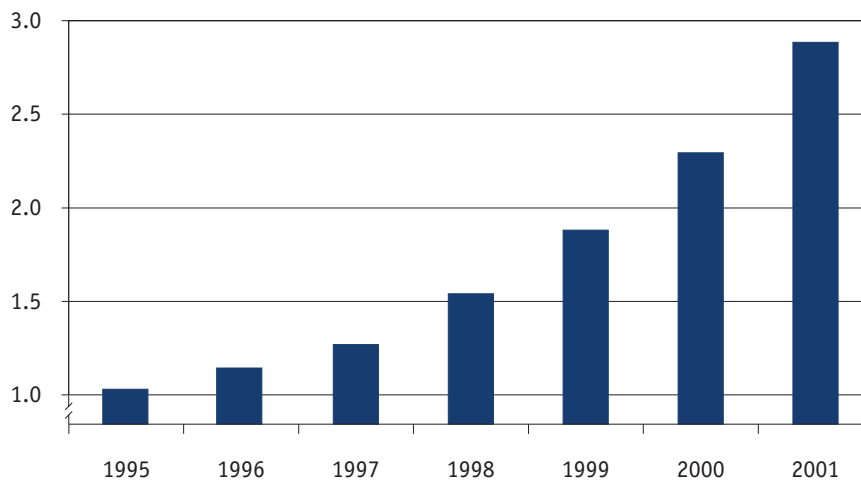
Partly as a result of the increase in the number of persons using Medi-Cal, statewide Medi-Cal expenditures have increased nearly 30 percent since 1995. Independent of the rise in users, medical services are becoming more costly. In 2001, the state spent \$12,800,755,000 on Medi-Cal.

STATEWIDE MEDI-CAL EXPENDITURES
(IN BILLIONS OF DOLLARS)



Source: California Department of Health Services

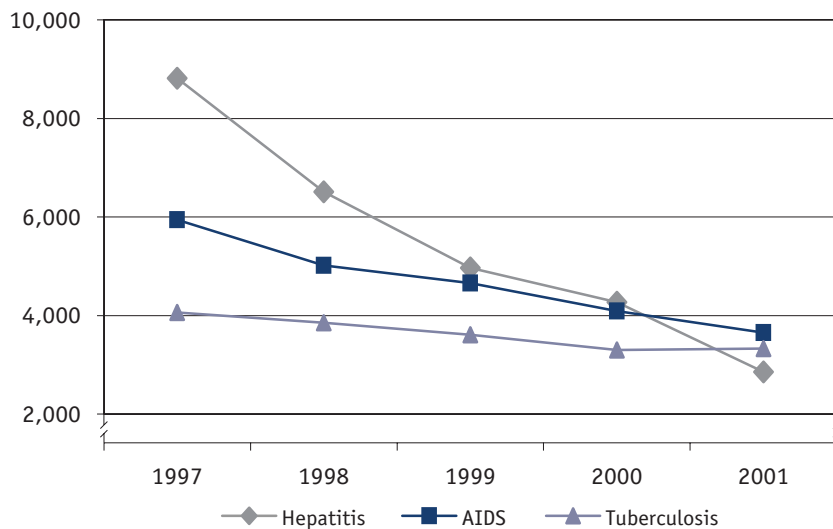
STATEWIDE EXPENDITURES FOR MEDI-CAL
PRESCRIPTIONS (IN BILLIONS OF DOLLARS)



Source: California Department of Health Services

The rise in medical costs is particularly acute when it comes to prescription drug costs. The amount spent by the state on prescriptions for Medi-Cal has nearly tripled since 1995. The increases in state expenditures for Medi-Cal prescriptions has increased much faster than the increase in the number of users of the state's health care system.

COMMUNICABLE DISEASES TRENDS IN CALIFORNIA (REPORTED CASES)



Source: California Department of Health Services, Division of Communicable Disease Control; California Department of Health Service, Office of AIDS

Transmission and incidence of communicable diseases are on the decline.

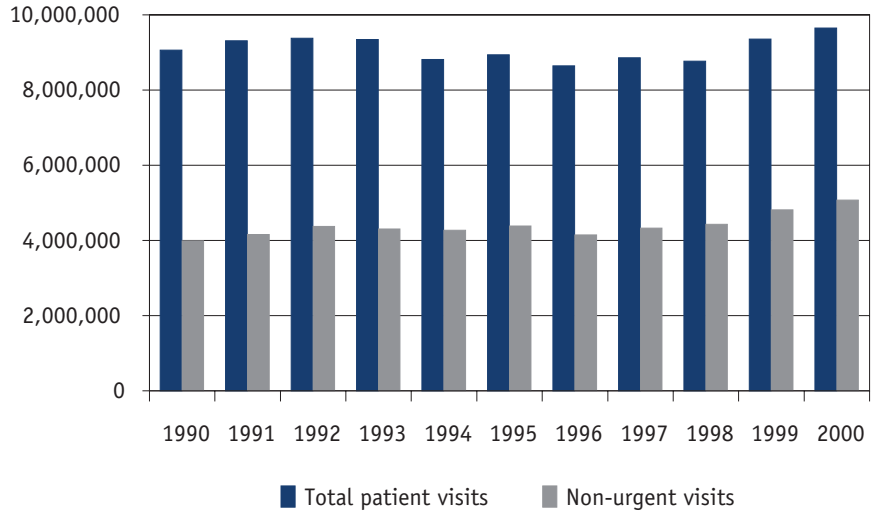
In 2001, 3,650 new cases of AIDS were reported, down almost 40% from the 5,943 new cases reported in 1997. However, AIDS remains a serious health issue. As of December 31, 2000, a cumulative total of 119,900 AIDS cases had been reported in California with a case fatality rate of 61.4%.

In 2000 there were 3,297 tuberculosis cases reported. This was the eighth consecutive year of decline since the number of cases peaked in 1992 and was down nearly 20% relative to 1997. However, in 2001 the number of tuberculosis cases increased slightly to 3,332.

Declines in hepatitis cases have been most dramatic. Over the five-year period ending in 2001, the number of reported cases declined nearly 70% from 8,814 cases to 2,851 cases.

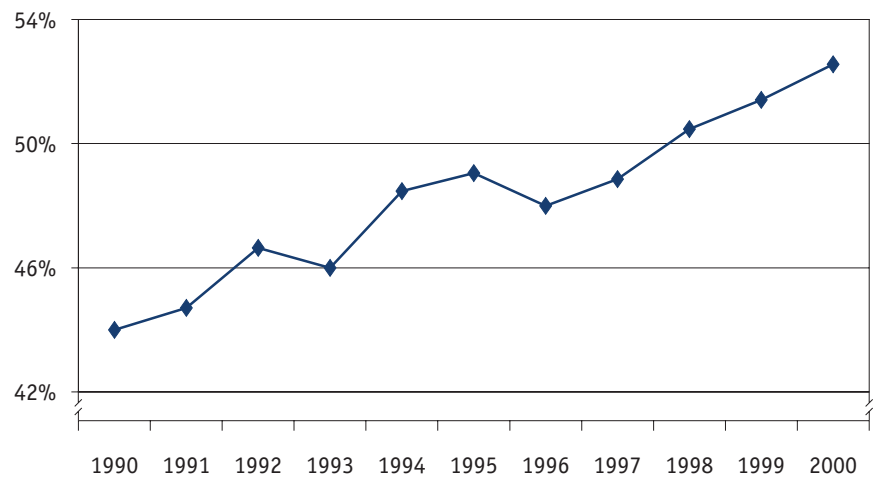
Non-urgent visits make up approximately half of all visits to California's emergency rooms. More and more people are using the ER for non-emergency services. Over the past decade the ratio of non-urgent visits to total visits to California's emergency rooms has risen from 44 to 53 percent. Many uninsured people use hospital emergency rooms for non-urgent care, where they must be treated whether they can pay or not. The National Health Policy Forum shows that nationally about 75 percent of all ER visits that do not result in admissions are for non-emergencies that should be treated elsewhere. The increase in non-urgent visits can lead to longer delays for treatment of urgent visits and to higher costs.

NUMBER OF VISITS TO HOSPITAL EMERGENCY ROOMS



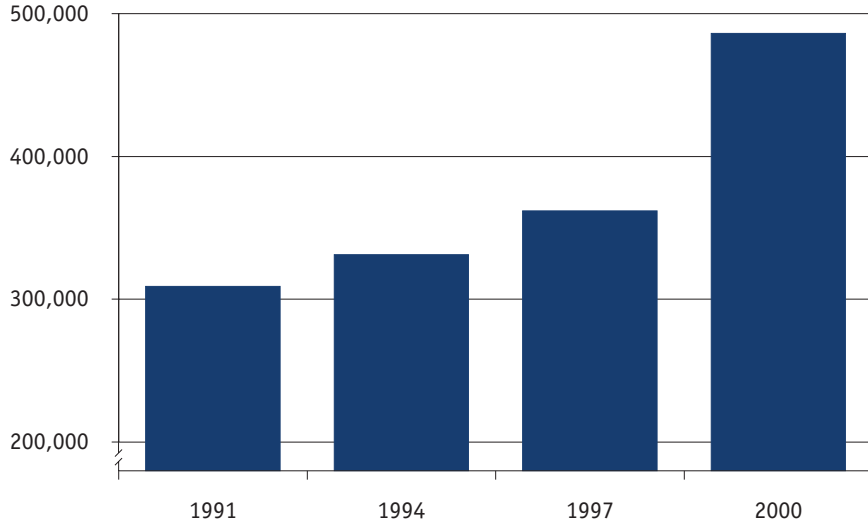
Source: Office of Statewide Health Planning and Development, as provided by RAND California

NON-URGENT VISITS AS A PERCENT OF TOTAL EMERGENCY ROOM VISITS



Source: Office of Statewide Health Planning and Development, as provided by RAND California

LOCAL MENTAL HEALTH PROGRAMS
CLIENTS SERVED



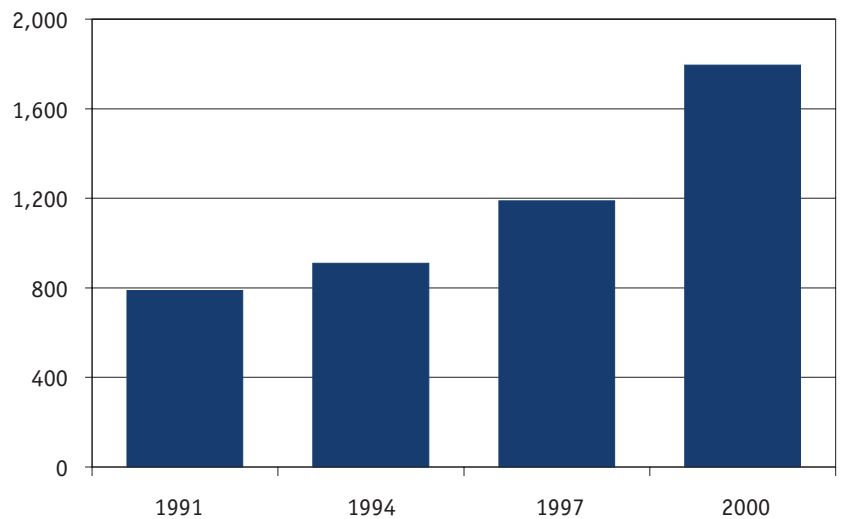
Source: California Department of Mental Health, Statistics and Data Analysis

County mental health departments served nearly 500,000 mental health clients in 2000 at a cost of approximately \$1.8 billion.

Over the last decade there has been a 52% increase in the number of mental health clients served.

County mental health costs include both in- and out-patient services. The per client cost in 2000 was approximately \$3,700 up from \$3,110 in 1991 (adjusted for inflation).

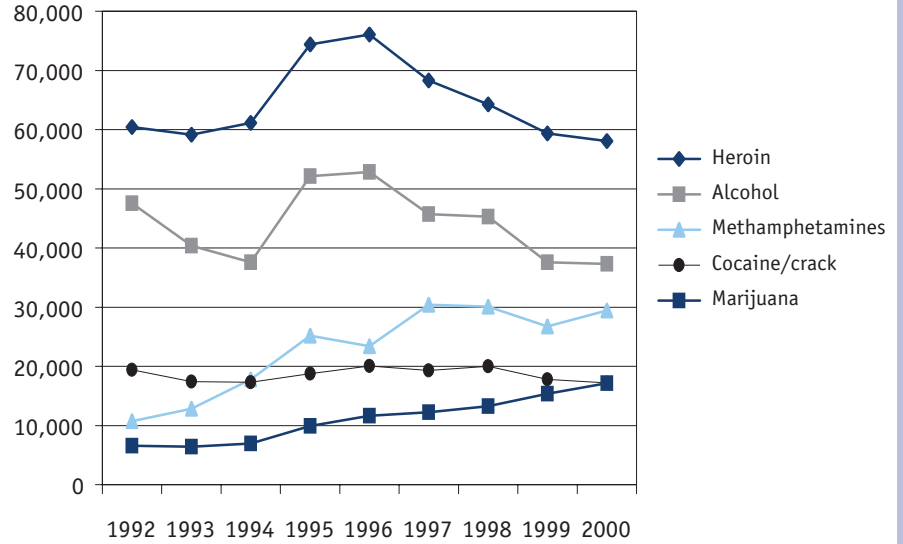
COUNTY MENTAL HEALTH ESTIMATED COSTS
(IN MILLIONS OF DOLLARS)



Source: California Department of Mental Health, Statistics and Data Analysis

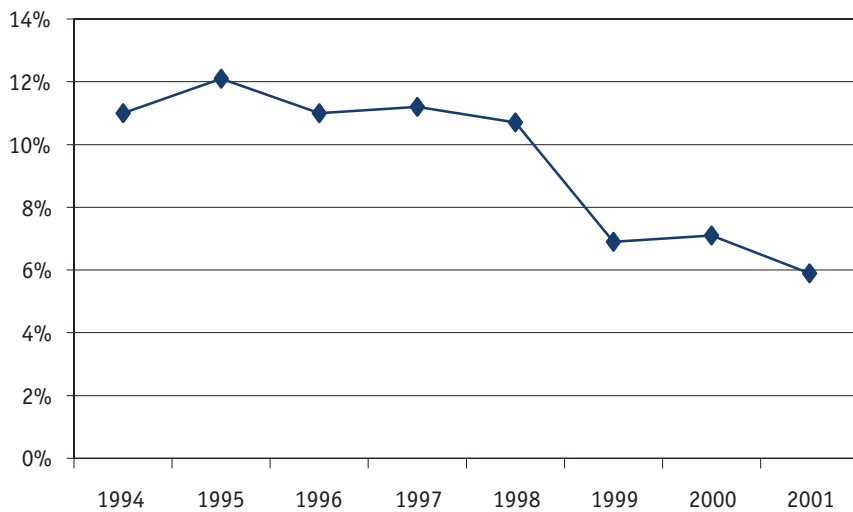
After peaking in the mid-1990s, hospital admissions for alcohol and heroin are on the decline. Methamphetamine and marijuana admissions are on the rise. Admissions for cocaine/crack have held fairly steady over the past eight years. Total admissions for these five substances saw a substantial increase between 1994 and 1995 and then declined until 2000, when there was a very slight rebound in admissions.

CALIFORNIA DRUG AND ALCOHOL HOSPITAL ADMISSIONS BY TYPE OF ABUSE



Source: California Department of Alcohol and Drug Programs, as provided by RAND California

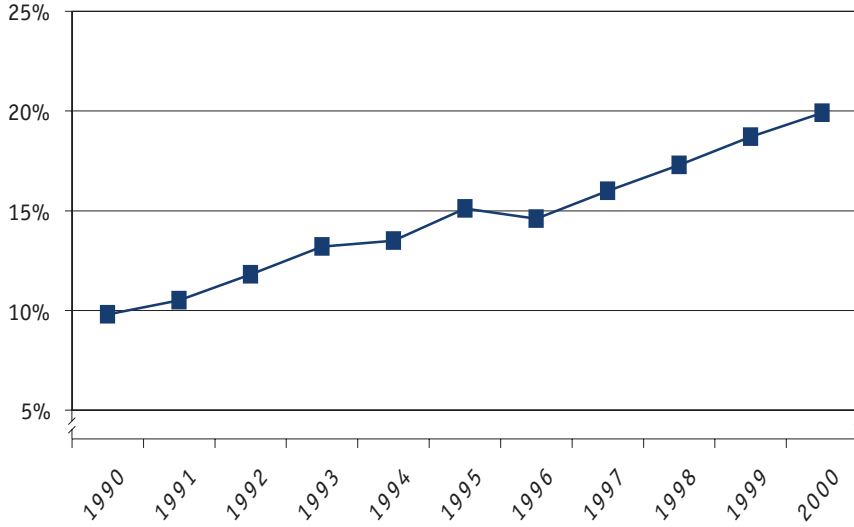
30-DAY SMOKING PREVALENCE CA YOUTH (12-17 YEARS)



Source: California Department of Health Services, Tobacco Control Section

There has been a marked decline in reported usage of tobacco by California's youth population. Overall, from 1994 to 2001, youth smoking prevalence declined by 46% in California from more than 10% in 1994 to just 6% in 2001. Smoking rates did not differ significantly by gender.

**OBESITY TREND FOR CALIFORNIA ADULTS
(PERCENT OF ALL ADULTS)**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

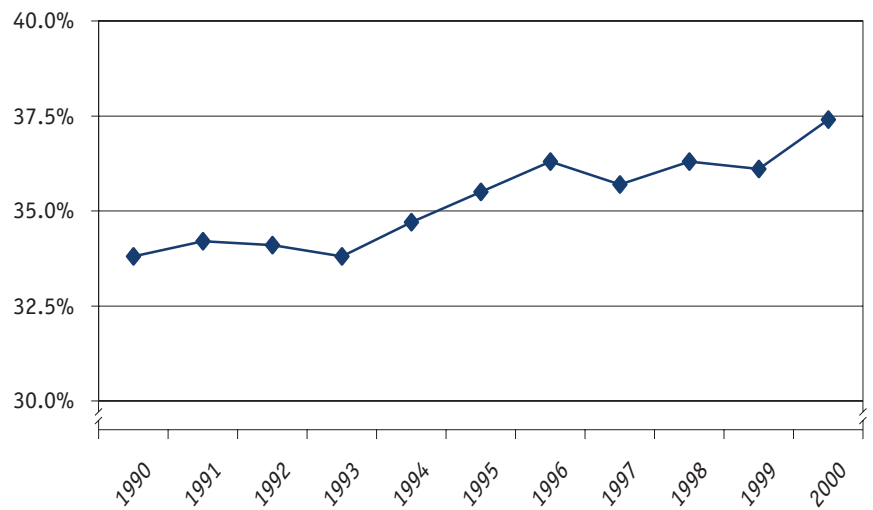
During the past decade, the number of obese Californians has doubled.

Severe obesity is a well-established risk factor for development of coronary artery disease, type II diabetes, dyslipidemia, gallbladder disease, hypertension, and certain malignancies.

During this same period, the number of overweight Californians has increased by 11%.

The Centers for Disease Control define obese as anyone with a Body Mass Index (ratio of weight in kilograms to size in square meters) of 30 or more. Anyone with a BMI of 25 or more is considered overweight.

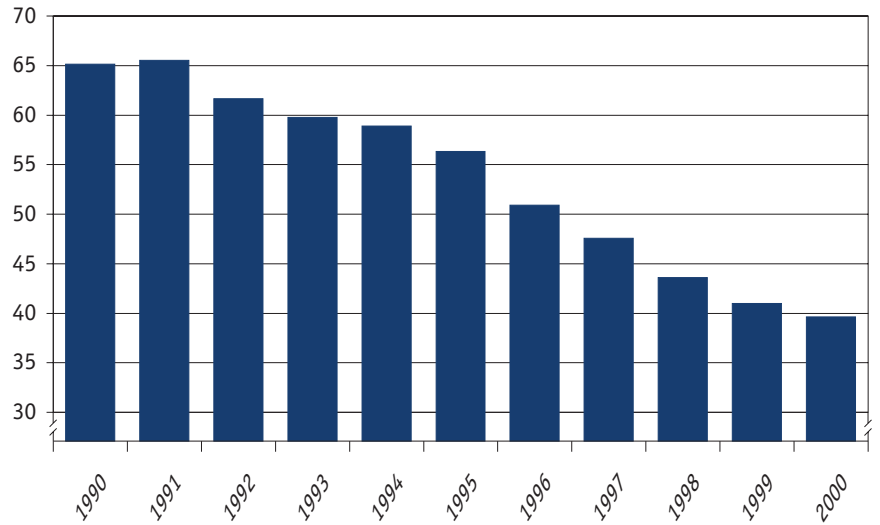
**OVERWEIGHT TREND FOR CALIFORNIA ADULTS
(PERCENT OF ALL ADULTS)**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

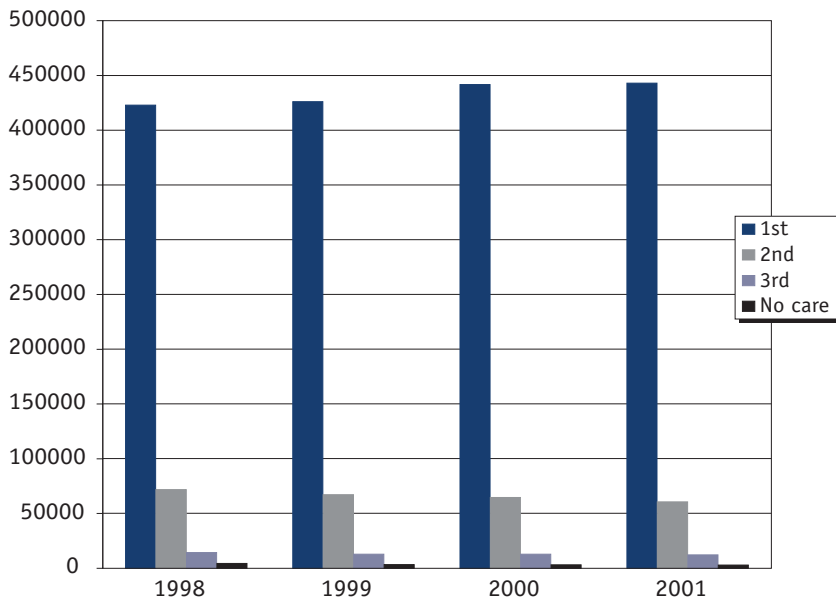
The number of teen pregnancies has consistently declined since 1991, and is now at an all-time low of 41.6 pregnancies per 1,000 female teenagers.

CALIFORNIA TEEN BIRTH RATE
(PER 1,000 FEMALES AGED 15-19)



Source: University of California, San Francisco California Maternal and Child Health Data Book May 2002

CALIFORNIA LIVE BIRTHS BY TRIMESTER
PRENATAL CARE BEGAN



Source: California Department of Health Services

For all women, prenatal care is overwhelmingly begun in the first trimester, which is important to both the mothers' and infants' health. The percent of mothers receiving late or no prenatal care has diminished each of the last four years. In 1998 2.8 percent of women received care only in the last trimester and 0.8 percent received no prenatal care at all. In 2001 2.4 percent received care in the last trimester and 0.6 percent received no prenatal care at all.