

Who We Serve

This chapter explores the demographics of both the county’s overall population and of the clientele of the major programs and services offered by the Department.

SAN FRANCISCO'S DEMOGRAPHICS

San Francisco’s demographics include a various characteristics of the county’s population, such as age, sex, ethnicity, language, and household structure. Since there are notable differences in health and conditions relevant to health based on the distribution of ethnicity, sex, and age, it is important to understand the composition of the San Francisco population whose health it is the Department's mission to protect and promote.

Population: Age and ethnicity/race

With a population of 776,733, San Francisco has the eleventh largest population among California counties according to the 2000 U.S. Census. Since 1990 San Francisco’s population has increased 7.3 percent in contrast to a statewide increase of 13.9 percent. As is shown in Figure 2-1, San Francisco’s ethnic makeup is unique when compared to the rest of the State with a significantly larger proportion of Asian/Pacific Islanders (31.3% vs. 11.2%), and smaller proportions of Latinos (14.1% vs. 32.4%) and whites (43.6% vs. 46.6%). Among the non-white groups, Chinese make up the largest single ethnicity in San Francisco.

Figure 2-1.

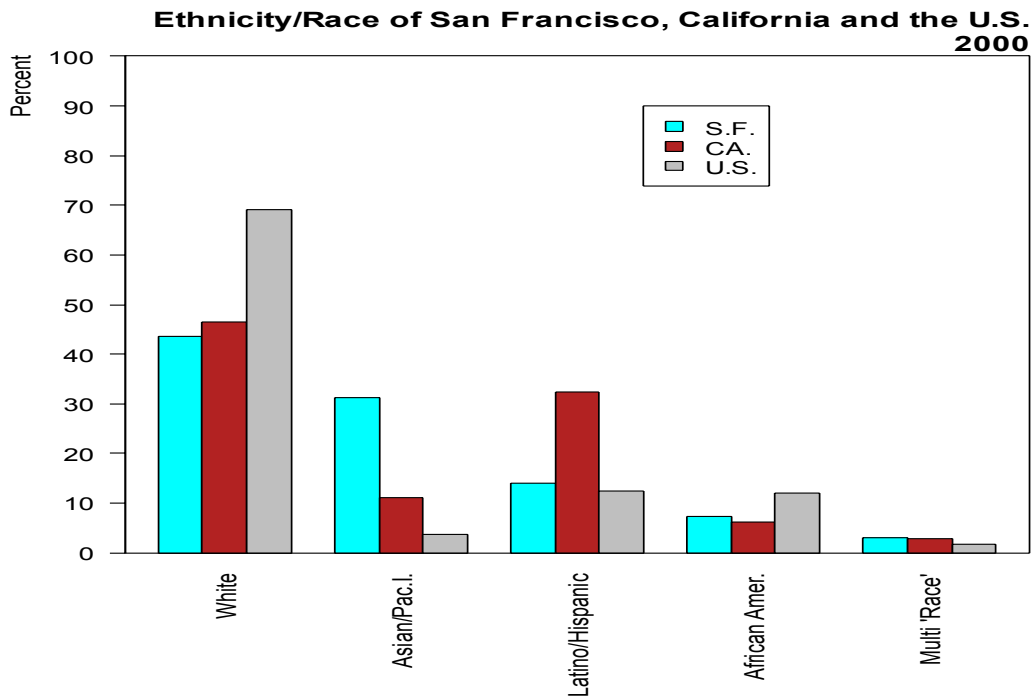
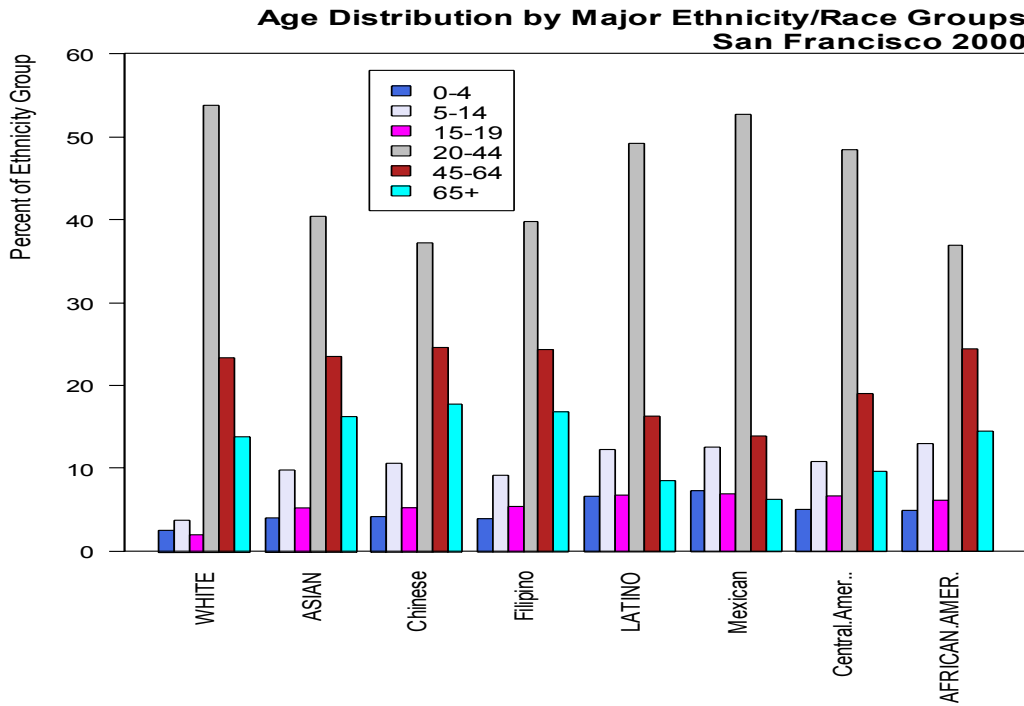


Figure 2-2 shows the age distribution by ethnicity. Whites have the lowest proportion of children and youth, and Latinos (especially from Mexico) the highest; Chinese and Filipinos have the highest proportion of people over age 65, while Latinos have the lowest.

Figure 2-2.



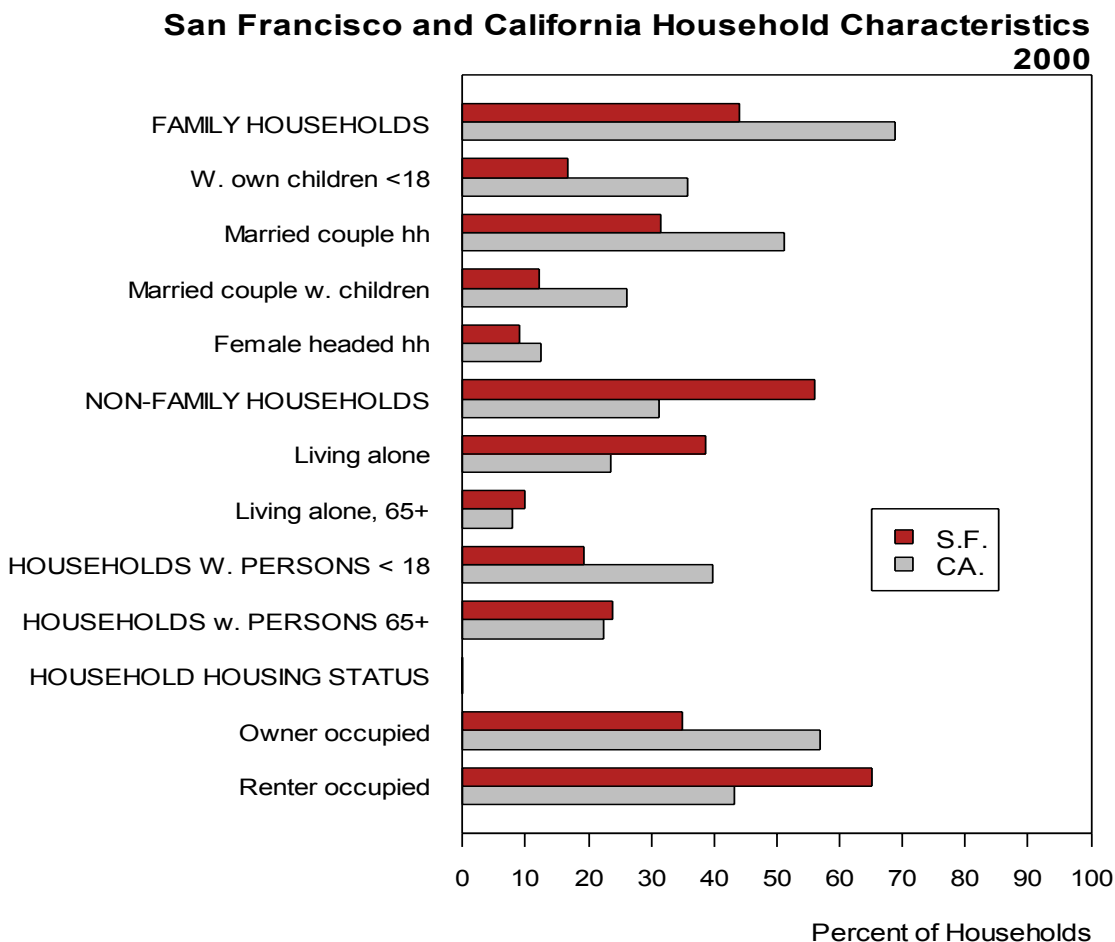
Household composition

The composition of San Francisco households reflects the City’s large proportion of non-elderly adults, individuals living alone and residents in other non-family households. Figure 2-3 shows that when compared to California as a whole, San Francisco has:

- ◆ almost twice the proportion of non-family households;
- ◆ larger proportions of men and women living alone; and
- ◆ less than half of the proportion of households with children under age 18.

San Francisco has 127,000 single-person households (40% of all households), split evenly between men and women. However, a third of single person households of women are over 65, while only a sixth of those of men are over 65. Less than half of San Francisco’s households are families (defined as having related persons living together). Even among married-couple families, only 40 percent have children under 18 in the household. About two-thirds of San Francisco’s households are renting their housing, compared to 43 percent statewide.

Figure 2-3.



Immigration and language

The composition of San Francisco’s population continues to be affected by the many immigrants coming into the City; two out of five San Francisco residents were born in foreign countries. They are split fairly evenly among those arriving here over each of the last three decades. Slightly more than half of these immigrants have become naturalized citizens. A smaller proportion of Latinos than Asians have become naturalized citizens; larger proportions of Latinos are U.S. born and non-citizens than among Asians.

Among the estimated 293,000 San Franciscans living in households where English is not the only language spoken, half of non-citizens (about 48,000 people) do not speak English well or at all, compared to about 38 percent of naturalized citizens (47,000 people) and only 1 percent of U.S.-born. San Francisco’s households are characterized by considerable linguistic diversity. Almost half as many households speak any of the Asian languages (primarily Cantonese) as speak English, and about half that number speak Spanish.

A linguistically isolated household is one in which no member 14 years old or over (1) speaks only English or (2) speaks a non-English language and speaks English very well. In other words, all household members 14 years old and over have at least some difficulty with English.

Table 2-1. Linguistic Isolation of San Francisco Households and People by Ethnicity and Age.

	%	% of Population of Age... in Linguistically Isolated Households		
		5-17	18-64	65+
All SF	13.3	19.2	11.9	25.1
White (NH)	3.7	5.2	2.2	10.7
Asian (NH)	36.4	34.6	28.0	48.2
Chinese	43.5	40.8	34.0	56.5
Filipino	15.0	14.0	9.2	19.7
Vietnamese	43.8	35.9	41.3	40.6
Japanese	26.6	21.4	16.6	29.8
Pacific Islander (NH)	8.7	5.0	4.6	19.0
Latino (Hispanic)	22.6	20.6	19.6	26.0
Mexican American	21.6	22.8	20.9	24.8
Central American	27.0	21.5	22.7	26.3
African American (NH)	0.8	0.3	0.7	0.2
Native American (NH)	4.4	5.3	4.3	0.0
Other Race Alone (NH)	9.4	7.0	8.0	19.1
Multiple Race (NH)	8.6	4.6	5.7	18.6

(NH) = Non-Hispanic

Table 2-1 shows the percent of households that are linguistically isolated by ethnicity, as well as the proportion of that ethnicity in each age group that live in linguistically isolated households.

Chinese and Vietnamese have the highest proportion of linguistically isolated households, and the highest proportion of people in each age group living in such households.

THE DEPARTMENT'S CLIENTS

The Department's programs and services are available for all residents and visitors. Many services, however, are relied upon by particular groups within the larger community.



Community Health Network

The Community Health Network (CHN) was developed and continues to evolve to meet the challenges of a rapidly evolving health care environment. Established as the division of the Department that encompasses all personal health care services, the CHN has the unique role of addressing the broad health needs of all San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations. CHN's mission is to deliver humanistic, cost-effective and culturally competent care for the City and County of San Francisco. The CHN encompasses a wide array of services, maintaining the City's only Level I Trauma Center at SFGH. Major service components include primary care, specialty care, acute care, home care, long-term care, and emergency care.

The data provided in this section include the services provided at the Department's Primary Care Clinics and at San Francisco General Hospital Medical Center (SFGHMC). (Laguna Honda Hospital, though considered part of CHN, is summarized independently in the following section.) The Primary Care Clinics provide ongoing care to communities throughout San Francisco while SFGH makes a unique contribution to the City in a number of clinical, academic, and research areas: comprehensive emergency services, trauma care, AIDS care, mental health and substance abuse, forensics, medical education and medical research.

In Fiscal Year (FY) 2002-2003, the CHN provided health care services to 118,028 unduplicated clients. Throughout the system, the top diagnoses in order were:

Emergency Department	Acute Inpatient Care	Primary Care Clinics
◆ Abdominal pain	◆ Psychosis	◆ Hypertension
◆ Alcohol abuse	◆ Hypertension	◆ Diabetes
◆ Depressive disorder	◆ Normal delivery	◆ HIV disease
◆ Hypertension	◆ HIV disease	◆ Hyperlipidemia
◆ Acute Upper Respiratory Infection	◆ Pneumonia	◆ Depressive disorder

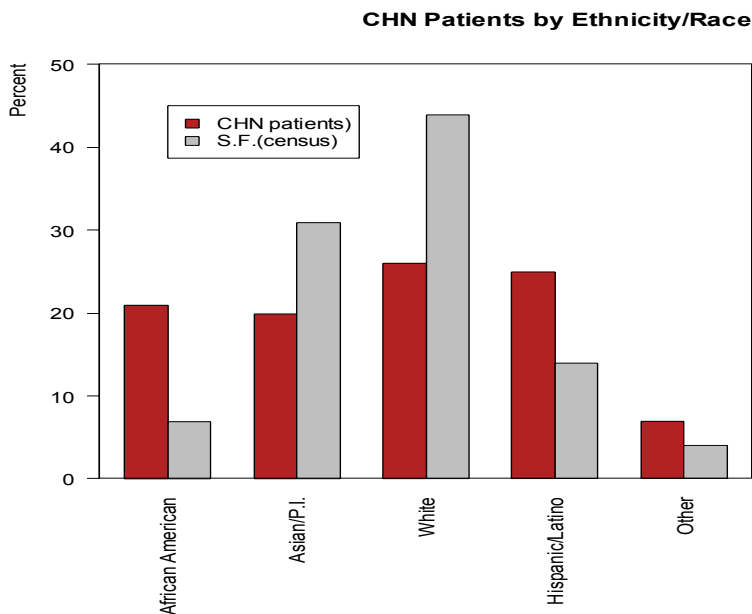
CHN Provided the following services	
<u>In FY 2001-2002</u>	<u>In FY 2002-2003</u>
◆ 336,036 Primary Care Visits	◆ 323,552 Primary Care Visits
◆ 180,741 Specialty Visits	◆ 195,521 Specialty Visits
◆ 9,571 Dental Visits	◆ 9,377 Dental Visits
◆ 10,662 Urgent Visits	◆ 11,112 Urgent Visits
◆ 63,224 Emergency Visits	◆ 63,310 Emergency Visits
◆ 56,769 Medical Emergencies 14.7% Admitted	◆ 56,486 Medical Emergencies 15.1% Admitted
◆ 6,475 Psych Emergencies 33.5% Admitted	◆ 6,824 Psych Emergencies 35.9% Admitted
◆ 3,296 Patients Requiring Level 1 Trauma Center Services	◆ 3,300 Patients Requiring Level 1 Trauma Center Services
◆ 102,274 Acute Inpatient Days	◆ 100,695 Acute Inpatient Days
◆ 19,801 Home Health Care Visits	◆ 21,110 Home Health Care Visits
◆ 9,835 SFGH Skilled Nursing Days	◆ 10,016 SFGH Skilled Nursing Days
◆ 50,726 MHRF Skilled Nursing Days	◆ 43,232 MHRF Skilled Nursing Days

CHN patients by race and ethnicity

The CHN’s patient population continues to have a high percentage of ethnic minorities. The hospital and Primary Care Clinics are a major health resource for culturally diverse populations, including new immigrants, and can accommodate patients who speak many languages other than English.

Figure 2-4.

The City’s African-American and Hispanic/Latino populations rely on the CHN’s services in significantly higher proportions relative to the City’s population than do White and Asian/Pacific Islander patients as Figure 2-4 illustrates.

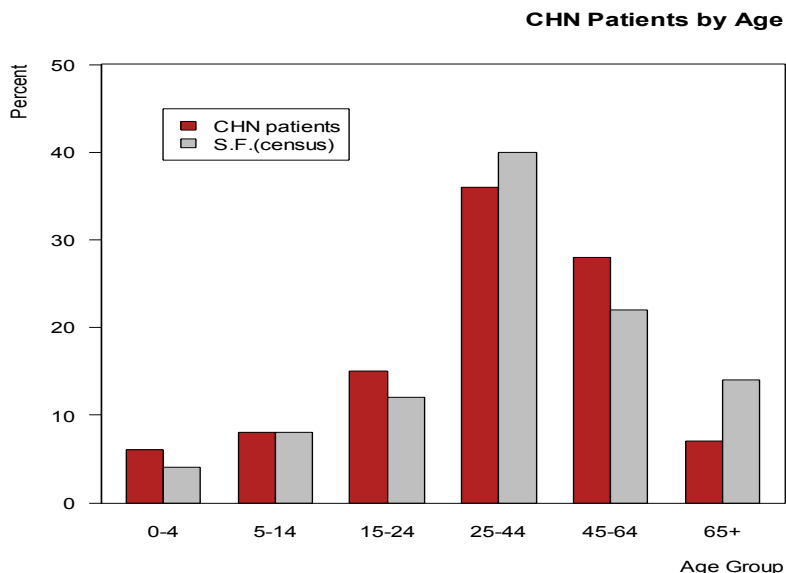


CHN patients by age

The age distribution of the CHN patients is similar to the age distribution in the City as a whole though adults ages 25 to 64 are represented in higher proportions, while fewer senior patients are served. Adults in this age group make up 64 percent of the patient population, while seniors make up only 7 percent and children and adolescents make up 29 percent.

Figure 2-5.

Figure 2-5 shows the ages seen in FY 2002-2003 at SFGH and the Primary Care Clinics.

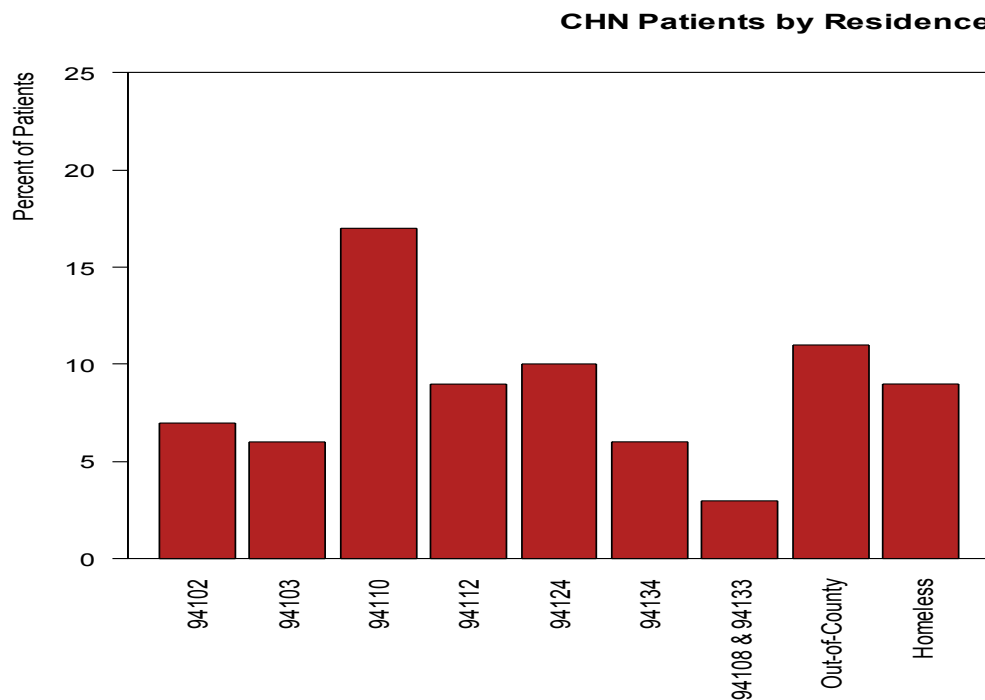


CHN patients by neighborhood of residence

The Department’s Strategic Plan identifies seven target neighborhoods, with the goal of improving health care and improving health outcomes and eliminating health disparities among neighborhoods. These seven target neighborhoods represent 56 percent of the patients seen at the CHN in FY 2002-2003.

SFGH is the primary community hospital for residents living in the southeast and northeast sections of the City. Figure 2-6 shows that the greatest proportion of patients seen at the hospital and clinics in FY 2002-2003 lived in the Mission, near the SFGH campus. A significant percentage of patients (11%) were from out-of-county, a slight decrease from last year (13%). The percentage of homeless patients (9%) is unchanged from last year.

Figure 2-6.



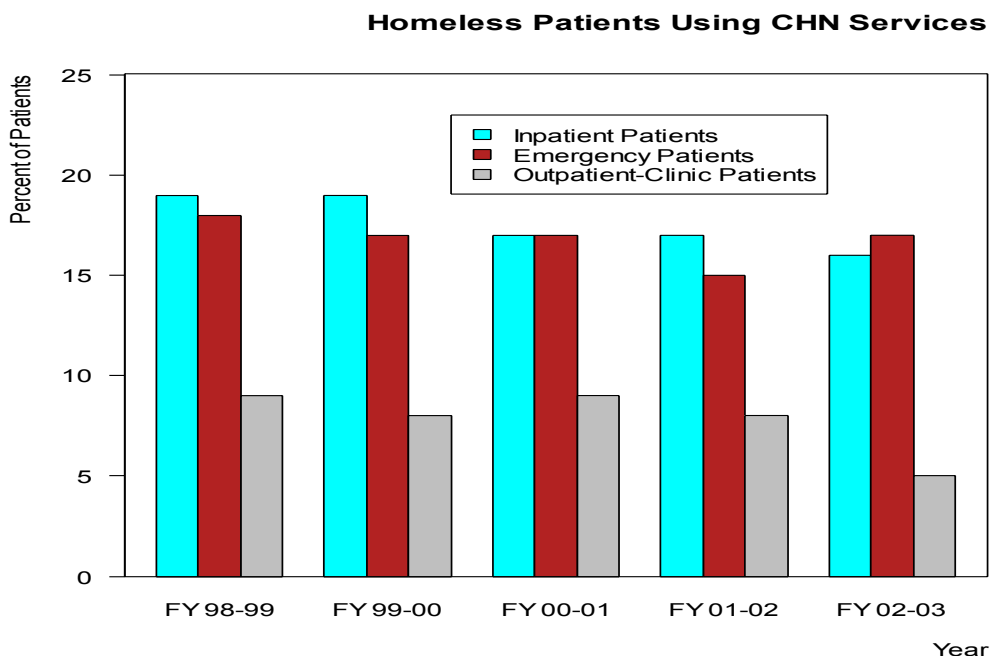
- 94102: North of Market, Tenderloin
- 94103: South of Market
- 94110: Inner Mission, Bernal Heights
- 94112: Outer Mission
- 94124: Bayview-Hunters Point
- 94134: Visitacion Valley, Sunnydale
- 94108 & 94133: Chinatown

CHN utilization by homeless patients

When a patient is seen at the hospital or a clinic, the Department’s Registration Clerk requests a home address. If an individual does not provide a home address, or notes that he or she is living on the street, the patient is categorized as homeless. The accepted Citywide definition of homelessness is much broader than living on the street. It also includes individuals or families in shelters, staying with friends or extended family members, living in single room occupancy (SRO) hotels without tenancy rights, and more. Therefore, the data collected by the CHN represent a subset of the homeless population in San Francisco.

In FY 2002-2003, nine percent of the CHN’s patients were classified in the registration system as homeless at the time of at least one visit. Overall, 24 percent of inpatient days, 24 percent of emergency care visits, and seven percent of clinic visits are by homeless patients. The percentage of homeless patients (an unduplicated count) for FY 2002-2003 was 16 percent for inpatient care, 17 percent for emergency care, and five percent for outpatient care. Figure 2.7 illustrates the percentage of homeless patients, registered without an address, seen at the CHN since Fiscal Year 1998-1999. Figure 2-7 shows a decrease in inpatients and outpatients, but an increase from last year in emergency room homeless patients. In all settings, however, fewer homeless are utilizing services than in previous years, 1998-1999 and 1999-2000.

Figure 2-7.



Laguna Honda Hospital and Rehabilitation Center

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) provides high quality long-term care and rehabilitative inpatient services. Services for City residents have been provided at Laguna Honda since 1866, when "The Almshouse" was established as a shelter for the homeless. The hospital quickly evolved when it was hastily called upon to treat smallpox patients during the 1868 epidemic. Later, in 1906, "The Relief Home" was called upon to provide care and emergency housing for victims of the earthquake and fire.

Shortly after, a hospital section for the chronically ill opened. In 1926, the first units of the main building were completed with the last units coming into service in 1940. Until the 1950's, there was no clear distinction between the respective services of Laguna Honda and SFGH; residents and interns rotated between the facilities and major surgery was performed at Laguna Honda. The rehabilitation center was state licensed in 1962. In 1963, Laguna Honda was accredited as a hospital.

LHH provided the following services:	
<u>In FY 2001-2002</u>	<u>In FY 2002-2003</u>
◆ 386,286 Skilled Nursing Days	◆ 378,412 Skilled Nursing Facility (SNF) days
◆ 2,668 Acute Days	◆ 1,385 Acute Days
◆ Served 1,662 residents	◆ Served 1,707 residents
◆ 1,059 = Average Daily Census	◆ 1,041.8 = Average Daily Census
◆ 10.5 days = Average Length of Stay in LHH Acute Units	◆ 9.5 days = Average Length of Stay in LHH Acute Units
◆ 393.2 days = Average Length of Stay in Laguna Honda Skilled Nursing Facility Units	◆ 408.9 days = Average Length of Stay in Laguna Honda Skilled Nursing Facility Units

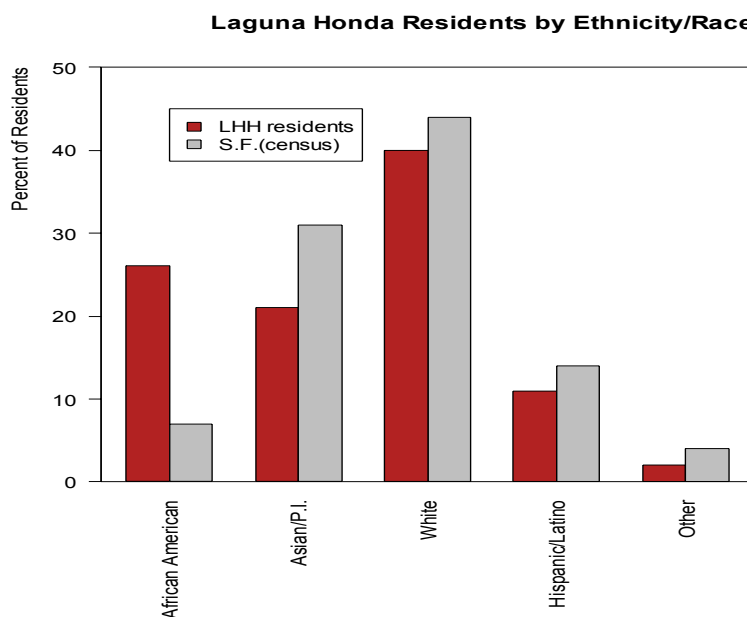


Laguna Honda residents by race and ethnicity

Figure 2-8 compares the percentage of Laguna Honda patients in five racial and ethnic categories with the corresponding percentages for the City as a whole. These differences are consistent with the same comparisons for the CHN, with one exception. Utilization rates for the City's Hispanic/ Latino population are more than twice as high for all the CHN services than for Laguna Honda services (25% of all the CHN services vs. 10.5% of Laguna Honda services).

As is seen in other care settings of the Department, the African-American population is represents a larger proportion of LHH residents than of the City as a whole.

Figure 2-8.

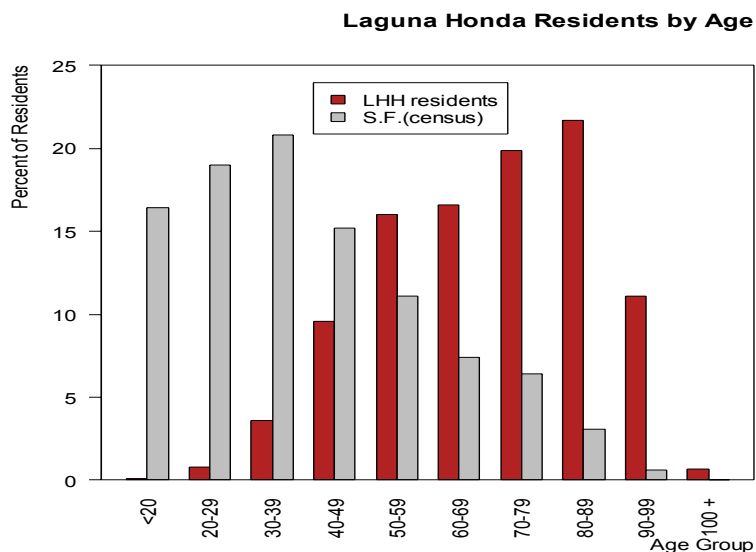


Laguna Honda residents by age

Laguna Honda residents are, on average, considerably older than other City residents. This characteristic is consistent with Laguna Honda's mission to serve the City's frail elderly and disabled, and also consistent with the Department's Strategic Plan goal to emphasize services to its target populations. Although seniors aged 65 and over-represented only 7 percent of the CHN patient population, they represented 64 percent of the population served by Laguna Honda during FY 2002-2003.

Figure 2-9.

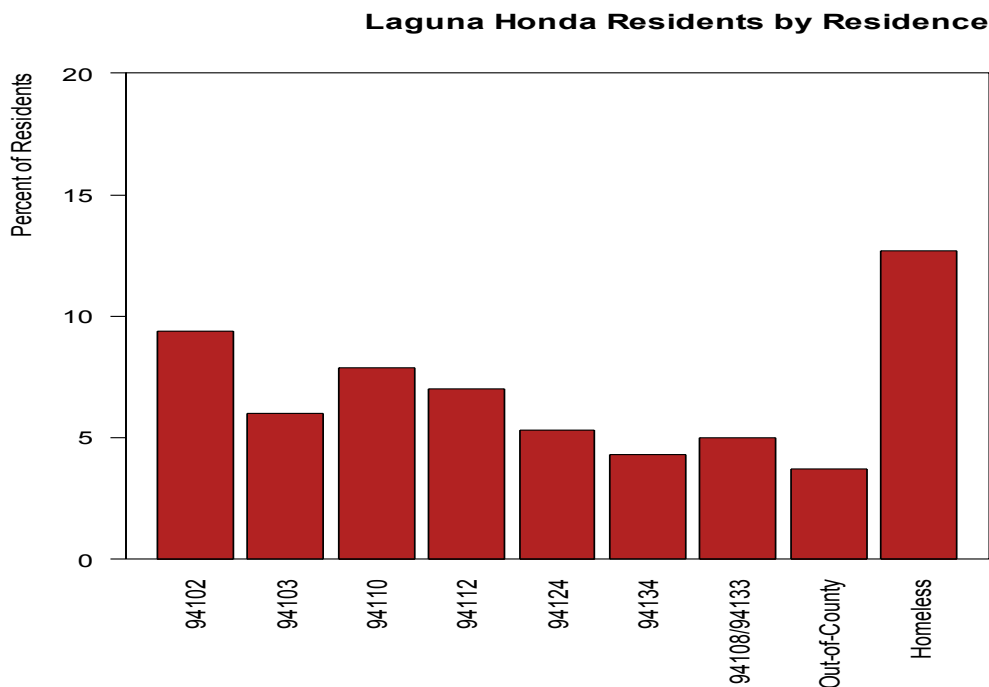
However, as can be seen in Figure 2-9, the entire age spectrum is represented at Laguna Honda. The largest difference from the previous year was in ages 21 through 54. Some 22 percent of the residents treated at Laguna Honda in FY 2002-2003 were in this category, as compared with 19 percent in this category at the end of FY 2001-2002.



Laguna Honda residents by neighborhood of residence

The Department's Strategic Plan has targeted seven neighborhoods where health outcomes should be improved and health disparities must be minimized. Figure 2-10 shows that about 45 percent of the individuals who received care at Laguna Honda Hospital during FY 2002-2003 came from these target neighborhoods. The homeless are another principal population targeted by the Department. About 13 percent of the individuals who received care at Laguna Honda Hospital during FY 2002-2003 were designated at admission as homeless, as compared with about 9 percent of all individuals who received care at any CHN site.

Figure 2-10.



- 94102: North of Market, Tenderloin
- 94103: South of Market
- 94110: Inner Mission, Bernal Heights
- 94112: Outer Mission
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- 94134: Visitacion Valley, Sunnydale
- 94108 & 94133: Chinatown

Laguna Honda Hospital admissions and discharges

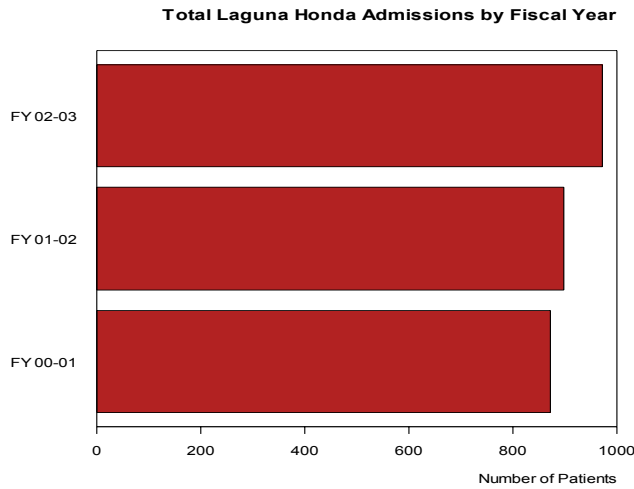


Figure 2-11.

The total number of admissions to Laguna Honda from all sources increased by 8 percent from 899 in FY 01-02 to 973 in FY 2002-2003.

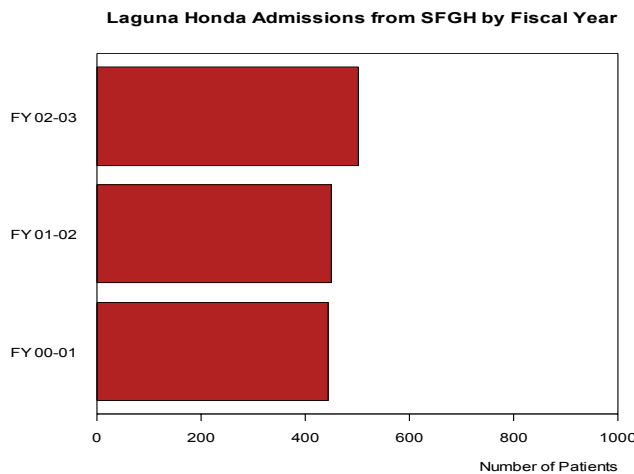


Figure 2-12.

The number of admissions from SFGH to Laguna Honda increased by 11 percent from 451 in FY 01-02 to 502 in FY 2002-2003.

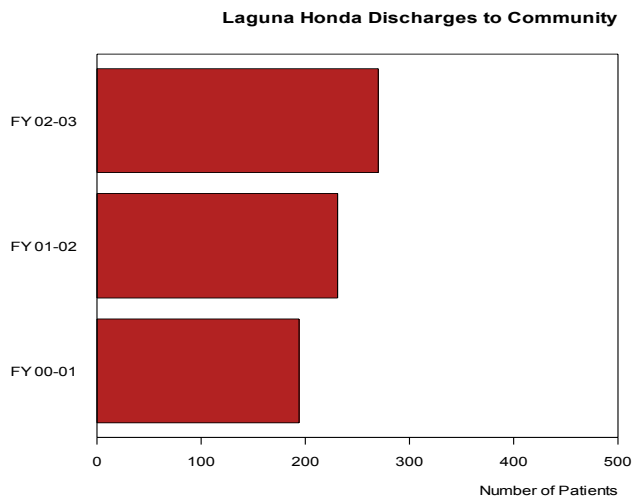


Figure 2-13.

Total Laguna Honda discharges to the community increased by 17 percent from 231 in FY 01-02 to 270 in FY 2002-2003. Discharges to the community are important because they increase access to beds for others in need of long-term care and because they reflect the success of LHH in the area of rehabilitation and reintegration into the community.

Community Mental Health Services

Outpatient mental health services are the mainstay of the Department’s Community Mental Health Services (CMHS) delivery system. The Department partners with many community-based organizations and local governmental agencies in order to meet the needs of children, youth and adults in need of mental health services. Outpatient services include assessment, medication monitoring, and individual, couple and family therapy. These services are provided in many different locations, including Primary Care Clinics, in-home, at school, in supportive housing sites, and more.

The Department recognized the common overlap of patients receiving services from both CMHS and Community Substance Abuse Services (CSAS). In response, CMHS and CSAS began merging services. Though the merger will not be entirely complete until 2005, the programs were folded together under the rubric of Community Behavioral Health Services (CBHS) in June 2003. For most of FY 2002-2003, CMHS and CSAS tracked data separately and are reported independently in this Annual Report.

In FY 2002-2003, CMHS served a total of 22,887 unduplicated clients, including 18,195 adult and 4,692 children and youth. CMHS has seen a steady increase of unduplicated clients served over the past few years, even as funding has become more difficult to secure. Table 2-2 shows the increase of clients over the past three years.

Table 2-2.

Fiscal Year	Clients Served
2000-2001	20,422
2001-2002	21,535
2002-2003	22,887

In the past year, CMHS has increased the number of clients served and program capacity in a number of key areas, illustrated in Table 2-3.

Table 2-3.

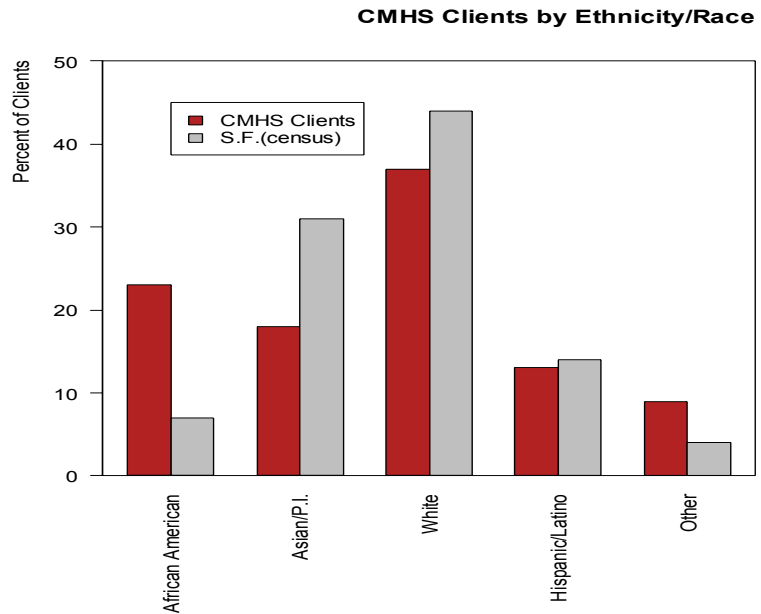
CMHS Program Type	2001-2002	2002-2003
Adult Crisis Services	5,307 served	5,447 served
Adult Transitional Residential Treatment	140 beds	160 beds
Adult Co-op and Supportive Housing	590 beds	668 beds
Adult Day Treatment	744 served	904 served
Adult Outpatient Services	14,431 served	17,120 served
Children/Youth/Family Outpatient Services	2,356 served	2,689 served
Children/Youth/Family Intensive Case Management	364 served	474 served

CMHS clients by race and ethnicity

It can be seen in Figure 2-14 that African Americans represent a larger proportion of CMHS clients than of the City population as whole. In FY 2002-2003, 5,230 clients served were African American (23%).

The 7,772 white clients comprised the largest ethnic group served. The ethnic mix of CMHS clients is virtually unchanged from last year.

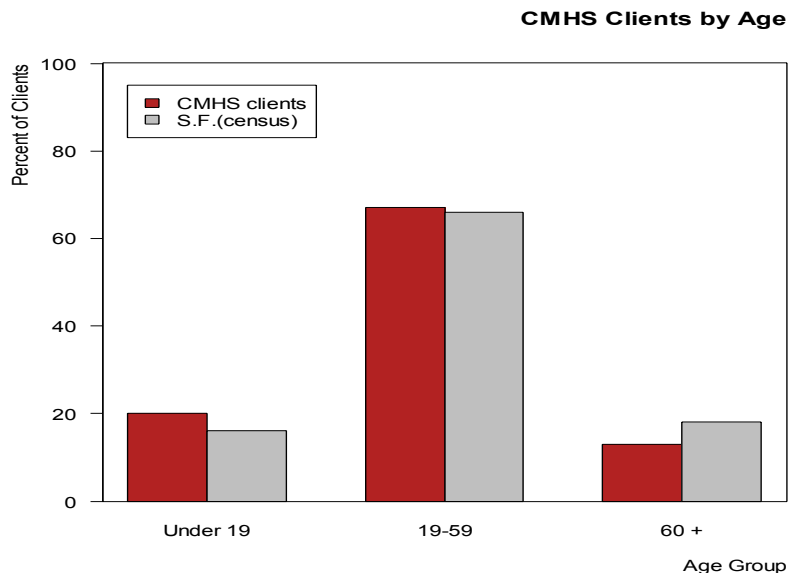
Figure 2-14.



CMHS clients by age

The age ranges of CMHS clients are relatively the same as the City’s population as a whole. However, children are somewhat over-represented while seniors are somewhat under-represented. Figure 2-15 shows the percentage of children and youth, adults and seniors who received CHMS services in FY 2002-2003 as compared to the City’s population.

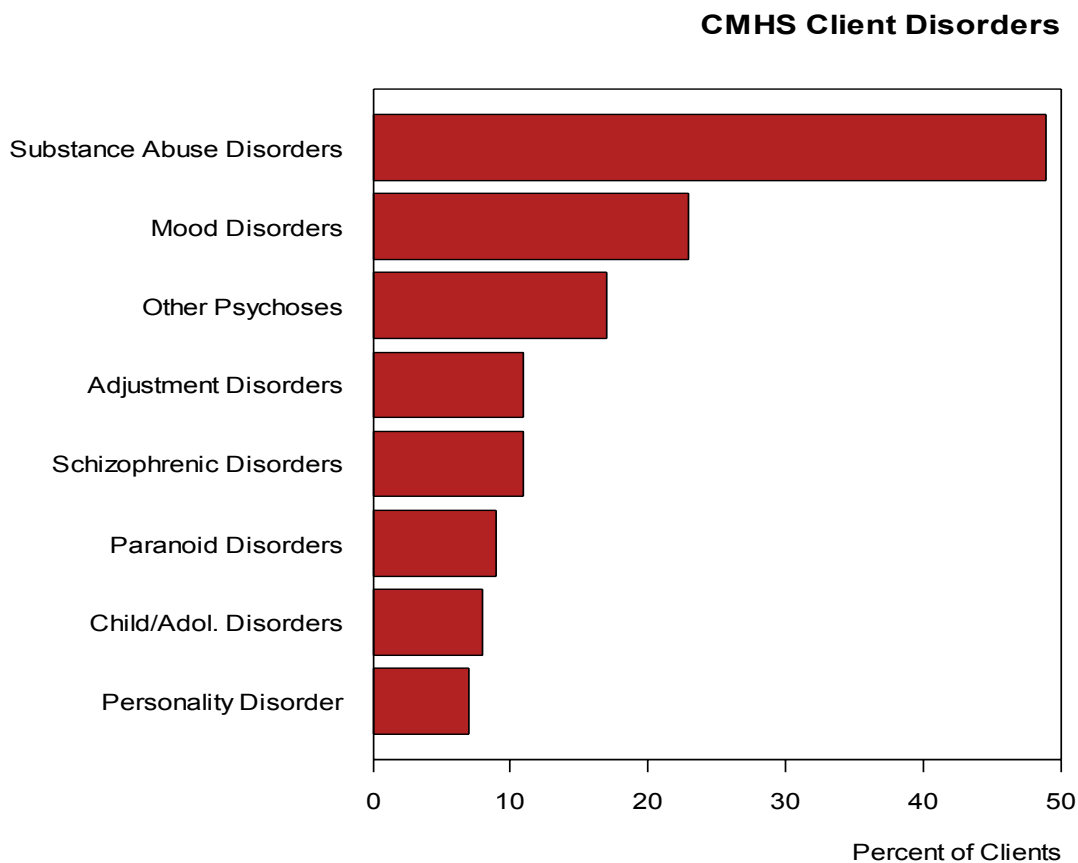
Figure 2-15.



CMHS client disorders

CMHS tracks patient disorders based on the diagnosis given at the time of their most recent episode of care. Many clients suffer from more than one diagnosis. Substance abuse is the most common co-existing diagnosis and exacerbates existing mental health disorders. Nearly 49 percent of all CMHS clients were diagnosed as substance abusers. Though not an exhaustive list, Figure 2-16 shows the most common diagnostic categories for the clients seen by CMHS in FY 2002-2003.

Figure 2-16.



Housing and Urban Health

The Department's Housing and Urban Health (HUH) section's main goal is to provide community-based housing and innovative healthcare services to homeless and disabled persons. HUH's work in the housing arena focuses on developing effective community-based housing that provides healthy and supportive environments for people who have been living on the streets, in shelters, and/or rotating through institutional settings.

The total number of beds provided through HUH programs increased from 1,453 in FY 2001-2002 to 1,730 in FY 2002-2003. This increase of 277 beds was primarily due to the opening of the Star and Camelot hotels which offer permanent housing for chronically homeless people with a particular emphasis on services for individuals with mental illness and/or HIV/AIDS. During this same time period there was also an expansion in the number of emergency hotel rooms.

Community Substance Abuse Services

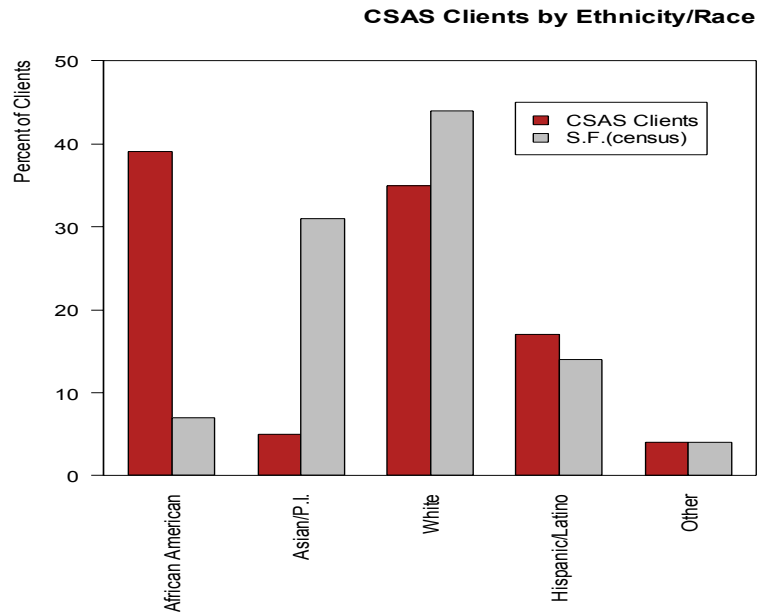
The Department's Community Substance Abuse Services (CSAS) is guided by two principles which are used in the development and management of a wide variety of community programs. The first is harm reduction, a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence. The second is treatment on demand, which aims to reduce the harm associated with alcohol and drugs by creating enough services to meet the demand. In FY 2002-2003, CSAS served a total of 11,750 unduplicated clients in outpatient programs, with 13,109 served in all programs including residential. (*Figures 2-17 through 2-19 are based on outpatient clients only.*)

CSAS clients by race and ethnicity

Figure 2-17 shows that two of the Department’s targeted minority populations (African Americans and Hispanics) have relatively high CSAS utilization rates. On the other hand, African Americans are over-represented in the CSAS programs and Asian/Pacific Islanders are under-represented. In fact, it is in the Department’s substance abuse services that this is seen most dramatically.

Though 7 percent of the City’s residents are African-American, 39 percent (4,859) of CSAS clients are African-American. In a reverse trend, 31 percent of the City’s residents are Asian-American, while only 5 percent (600) of CSAS clients are of Asian descent.

Figure 2-17.

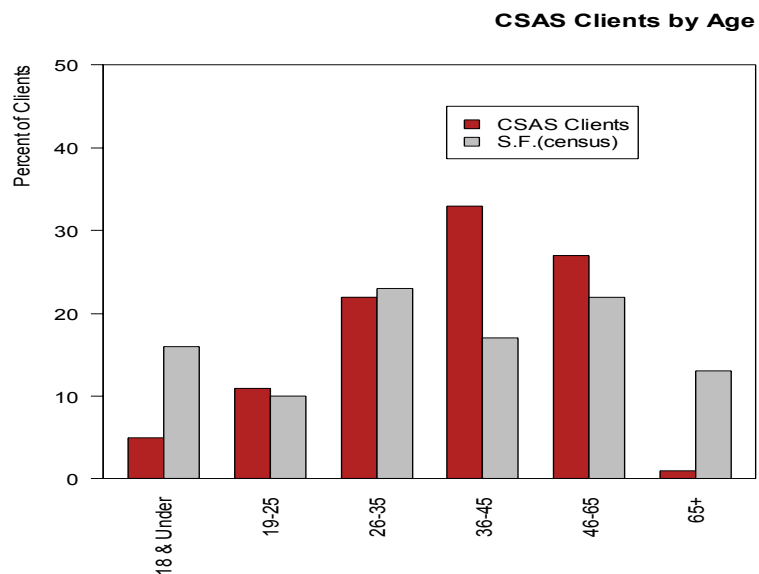


CSAS clients by age

The largest grouping of CSAS clients (4,038 clients) is between the ages of 36 and 45. This population is represented in higher proportions than in the City population at large (32% compared to 17%).

Individuals under the age of 19 and those over the age of 65 are much less likely to seek drug treatment through the Department’s programs than are people of other age groups, as is demonstrated in Figure 2-18.

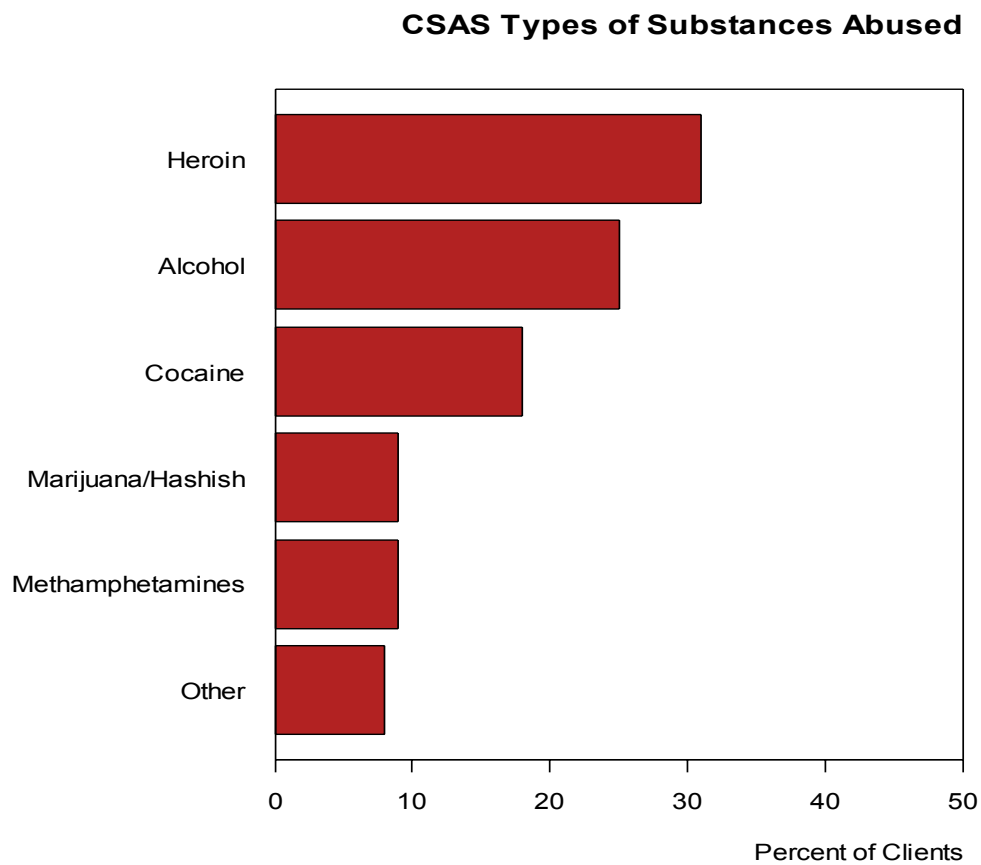
Figure 2-18.



CSAS client substance abuse problems

CSAS tracks the substances that clients identify as the main substance they abuse. Heroin is the most commonly used drug for which 31 percent of clients seek treatment. However, this is down nine percentage points from the previous year (FY 2001-2002), when 40 percent of clients sought treatment for heroin addiction. Since last year there have been increases in alcohol (25 percent this year compared to 23 percent last year) and methamphetamine use (9 percent this year compared to 8 percent last year). Figure 2-19 shows the most common drugs abused by CSAS clientele in FY 2002-2003.

Figure 2-19.



San Francisco City Clinic

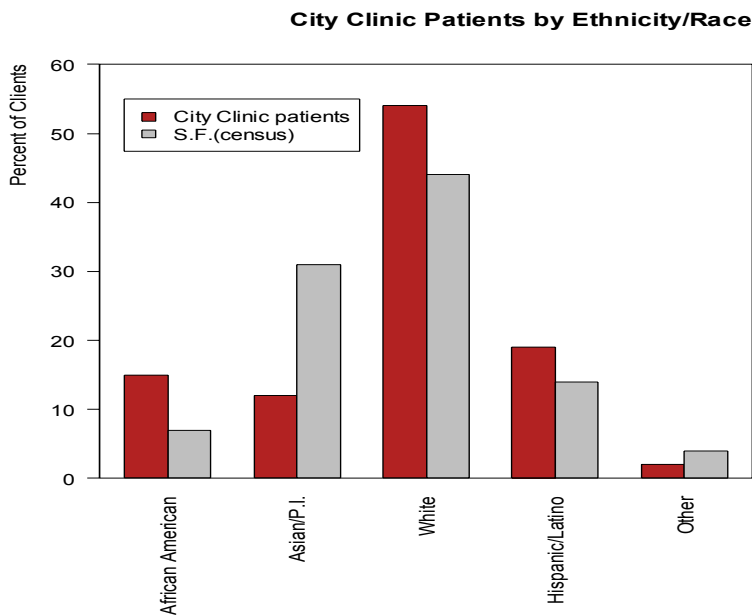
The Department’s City Clinic is a drop-in clinic providing free and low-cost diagnosis and treatment of sexually transmitted diseases. City Clinic is San Francisco's only municipal STD Clinic and provides confidential, low cost, convenient drop-in services to all people over the age of 12, regardless of their ability to pay.

The following information reflects City Clinic’s clientele from FY 2002-2003. In this time period there were 20,855 patient visits.

City Clinic patients by race and ethnicity

Whites make up the majority (53%) of City Clinic patients. Figure 2-20 shows that African Americans, whites and Hispanic/Latino visitors are represented at City Clinic in higher proportions than they are in the City’s population. Asian/Pacific Islanders are under-represented.

Figure 2-20.



City Clinic patients by age

Most patients seen at the City Clinic are between the ages of 25 and 44. As can be seen in Figure 2-21, 68 percent of all patients are in this age range, much higher than in the overall population, which already has a high representation in San Francisco (40%). Patients in the 15 to 24 age range make up the next highest proportion of patients at 19 percent.

Figure 2-21.

