

**San Francisco Department of Public Health  
Adolescent Committee  
Coordinating Council of Children, Youth and Families**

**November 1999**

Prepared By

Harry J. Duh  
Janet Shalwitz, M.D.  
Beth Tsoulos

# Introduction

This report was developed under the auspices of the Adolescent Committee of the San Francisco Department of Public Health Coordinating Council for Children, Youth and Families (CCCYF) as an adjunct to *The Health & Well-Being of Children and Youth in San Francisco* published by the CCCYF 1998. The purpose of this report is to assess the health of the SF youth population by providing a snapshot of key health status indicators for teens and young adults. The report is meant to:

- ♣ Provide basic information for planning of youth-related services or programs.
- ♣ Serve as a general reference document on the health and well-being of youth.
- ♣ Serve as an educational tool for local individuals, organizations, and communities.
- ♣ Serve as a tool for monitoring and evaluating the health status of youth in SF.
- ♣ Provide information to assist in advocating on behalf of the needs and concerns of youth.

## ACKNOWLEDGEMENTS

The Adolescent Committee of the CCCYF was convened in 1998 to develop recommendations to the directors of the Community Health Network (CHN) and Population Health and Prevention (PHP) divisions of the SF DPH regarding the improvement of 1) the health and well-being of adolescents, and 2) adolescent health services and programs. **Many thanks to committee members for their time, energy, dedication and unwavering commitment to adolescents!**

### ADOLESCENT COMMITTEE MEMBERS:

Richard Brown (SFGH Pediatrics)	Jacque McCright (STD Prevention and Control)
Joseph Cecere (AIDS Office)	Thabiti Mtambuzi (Special Programs for Youth)
Harry Duh (Children, Youth & Families Section)	Patricia Perez-Arce (Castro-Mission Health Center)
Lynda Frattaroli (CHN Medical Social Services)	Michael Pile (Silver Avenue Family Health Center)
Jodee Kazemini (Ocean Park Health Center)	Terry Ryan (Community Substance Abuse Services)
Sheila Kerr (Maxine Hall Health Center)	Janet Shalwitz (Children, Youth & Families Section)
Joanne Kimata (Office of Policy and Planning)	Beth Tsoulos (Balboa Teen Health Center)
Judith Klain (CHN Planning and Marketing)	William Shore (SFGH Family/Community Medicine)
Miriam Martinez (SFGH Psychiatry, Childrn/Youth Services)	Dana Van Gorder (Gay and Lesbian Services)
Maureen McCarthy (Balboa Teen Health Center)	Linda Velasquez (Community Mental Health, Transitional Youth Services)
Jacob Moody (former member and major contributor)	Gary Zomalt (Family Mosaic)

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The report may also be downloaded from the SF DPH website: [www.dph.sf.ca.us](http://www.dph.sf.ca.us)

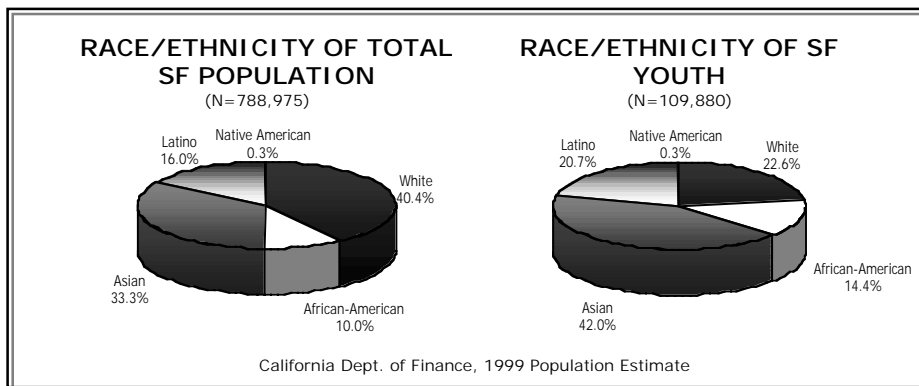
# ADOLESCENT HEALTH IN SAN FRANCISCO

## Demographics



- 109,880 youth ages 10 to 24 reside in San Francisco, representing almost 14% of the total SF population.<sup>1</sup>
  - 35% are ages 10 to 14.
  - 19% are ages 15 to 17.
  - 13% are ages 18 to 19.
  - 33% are ages 20 to 24.
- Youth in SF are 51% male and 49% female.

- Youth in SF are more ethnically diverse than the total population.



- 1/3 of students enrolled in the San Francisco Unified School District (SFUSD) speak limited or no English.<sup>2</sup>
- 70% of school-age children are enrolled in public schools and 30% are in private schools.<sup>3</sup>
- SF's youth population is expected to grow by over 20% from 1999 to 2010.<sup>4</sup>

# Poverty

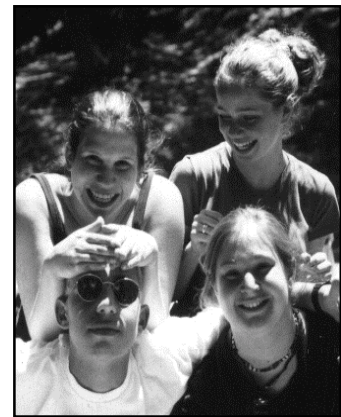
Poverty is the most important factor correlated with adolescent health status and access to health care. Poverty is associated with higher rates of violence, sexually transmitted infections, unintended pregnancy, school grade repetition, and dropping out of school.

- In 1995, almost 21% of children and youth under 18 years lived in poverty, compared to 12% of the total SF population.<sup>5</sup>
- In 1997, 29% (39,884) of SF children and youth under 21 years were eligible for Medi-Cal. Youth ages 11 to 15 represented 7% (7985), and youth ages 16 to 20 represented 6% (7,129) of all SF residents eligible for Medi-Cal (113,826).<sup>6</sup>
- In April 1999, 13,218 SF children and youth under age 20 lived in households of parents enrolled in CalWORKS, California's Temporary Assistance for Needy Families (TANF) program. Of these children and youth, 15% (1958) were ages 13 to 15, and 11% (1473) were ages 16 to 19.<sup>7</sup>
- In the 1998/99 school year, 38% of SFUSD students were eligible for free lunches and 12% were eligible for reduced lunches through the School Lunch Program. Eligibility for free or reduced-price lunches is based on family income below 130%; and between 130% and 185% of federal poverty level, respectively.<sup>8</sup>
- In 1997, approximately 10% of SFUSD students lived in public housing. 61% of these students were African Americans; 12% Latino; 4% Samoan; 4% Chinese; 3% white; 1% Filipino; 1% Native American; and 13% other non-whites.<sup>9</sup>

# Perceptions of Health

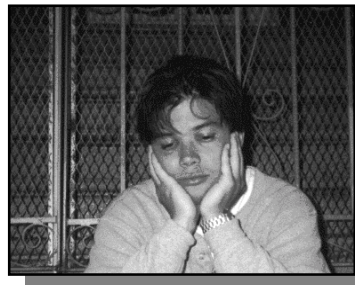
In 1995, 478 SF youth were surveyed about health and health services. Key points identified included the following:<sup>10</sup>

- Youth stated that the top health problems for their peers were drugs/alcohol; followed by sexually transmitted infections; colds, flu, sore throats; HIV/AIDS; violence; and mental health.
- Their top complaints about health care were long waits; rude providers; rushed appointments; not enough information; and not being listened to.
- Youth desired health services that keep their business private; respect them; give them what they need at one location; see them quickly; and have good reputations.
- When asked where they thought they would be in five years, 82% of surveyed youth thought they would be in college or have graduated; 92% thought that they would be working; 12% thought that there was a chance that they would be incarcerated; and 26% thought there was a chance that they could be dead.



# Mental Health

- In 1997, 61% of SFUSD middle school students said that they had felt “sad and depressed” from one to nine days during the previous month. Female students (83%) were more likely than male students (71%) to have felt sad and depressed.<sup>11</sup>
- Youthline , a SF telephone-based service, provides callers with confidential and anonymous counseling. In 1998, Youthline received over 1300 calls for support/counseling from youth, of whom approximately 800 were referred to support/counseling services.<sup>12</sup>
- In 1997, over 24% of SFUSD middle and 20% of high school students said they had seriously thought about ending their lives. Females were more likely to have considered suicide than males in both middle (29% vs. 19%) and high school (25% vs. 15%). 9% of middle school students have ever attempted suicide, and 8% of high school students have attempted suicide in the past year.<sup>13</sup>
- During the 1996-97 school year, the most common reason for patient visits to Mission High School Health Clinic was depression/stress. Nearly 25% of visits were for psychological counseling.<sup>14</sup>
- In 1996, mental health disorders were the second leading cause of hospitalization (following pregnancy) of youth ages 10 to 19 in SF, representing 14% of youth hospitalizations. African Americans had the highest rate of youth hospitalization for mental health disorders (4.8 hospitalizations per 1000 youth), followed by whites (2.5 per 1000), Latinos (1.3 per 1000), and Asian/Pacific Islanders (0.7 per 1000).<sup>15</sup>
- In Fiscal Year (FY) 96/97, there were 3258 youth (ages 10 to 19) served by programs funded through Community Mental Health Services (CMHS) within the SF Dept. of Public Health, representing 17% of all CMHS clients.<sup>16</sup>



# Tobacco Use

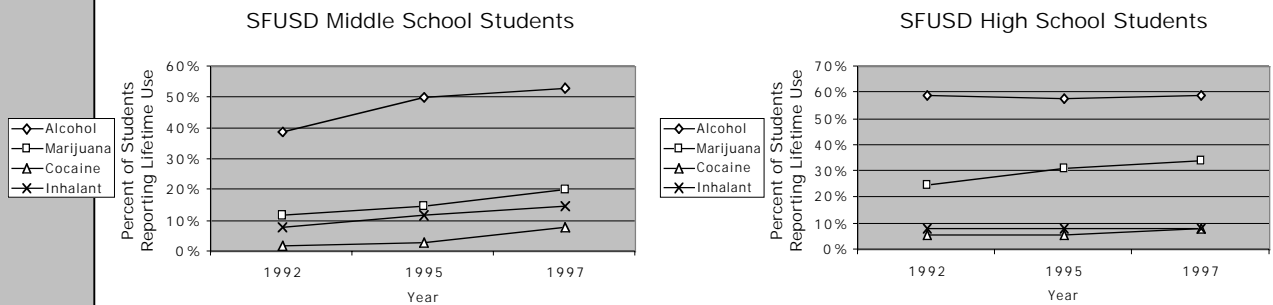


- In 1997, 63% of SFUSD middle school and 41% of high school students reported having never used tobacco products. This figure has remained relatively constant since 1992.
- 13% of SF middle and 19% of high school students smoked cigarettes during the month prior to the survey. Of high school students, 5% smoked daily and 9% smoked cigarettes on school property in the previous month.
- 8.5% of middle school students reported using chewing tobacco or snuff at least once during their lifetime. 2% of high school students used smokeless tobacco during the month prior to the survey.<sup>17</sup>

# Substance Use

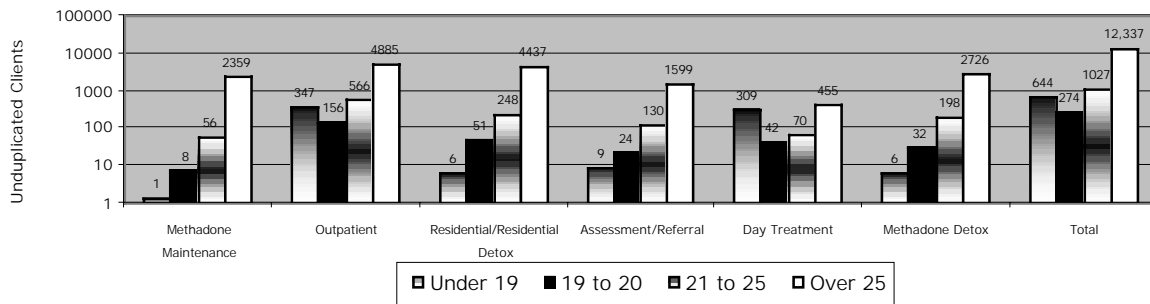
- Alcohol is the most common substance used among SFUSD middle and high school students. In 1997, 53% of middle and 59% of high school students reported having tried alcohol at least once. 21% of middle and 30% of high school students used alcohol in the previous month.
- The second most common substance used among SFUSD students was marijuana, and use is on the rise. In 1997, 20% of middle and 34% of high school students reported having tried marijuana at least once compared to 12% of middle and 25% of high school students in 1992. 18% of high school students used marijuana (up from 14% in 1992) in the previous month.
- In 1997, 5% of middle and 8% of high school students reported using cocaine compared to 2% of middle and 6% of high school students in 1992. 3% used cocaine (up from 2% in 1992) in the previous month.
- Lifetime inhalant (glue, spray paint, chemo, and other chemicals) use for middle school students increased from 8 to 15% between 1992 and 1997, while use for high school students remained constant at 8% over that period.<sup>18</sup>

## TEEN LIFETIME SUBSTANCE USE THROUGH THE 1990'S.



- From 1990 to 1996, there was an average of 106 heroin/opioid-related hospital admissions per year in SF among persons up to 24 years old. Young adults ages 18 to 24 accounted for 90% of these admissions. Admissions among youth under age 18 rose 47% from 1990 to 1996.
- From 1994 to 1996, a total of 24 persons under 24 years were killed in alcohol-involved collisions in SF. These included drivers, passengers, and pedestrians.<sup>19</sup>
- In FY 98/99, 351 SF County-funded treatment slots were allotted to SF youth (ages 12 to 25), representing less than 3% of the 13,406 total SF treatment slots.<sup>20</sup>
- In FY 98/99, 1,445 youth ages 12 to 25 received direct treatment from SF County-funded substance abuse programs. Of these youth, 33% (644) were under 19 years of age. Of all county-funded substance abuse program clients, 53% first used substances when they were under 19 years of age, and 79% under 26 years of age.<sup>21</sup>

### SF COUNTY-FUNDED SUBSTANCE ABUSE TREATMENT SERVICES CLIENTS, BY AGE GROUP AND MODALITY, FY 1998-99.



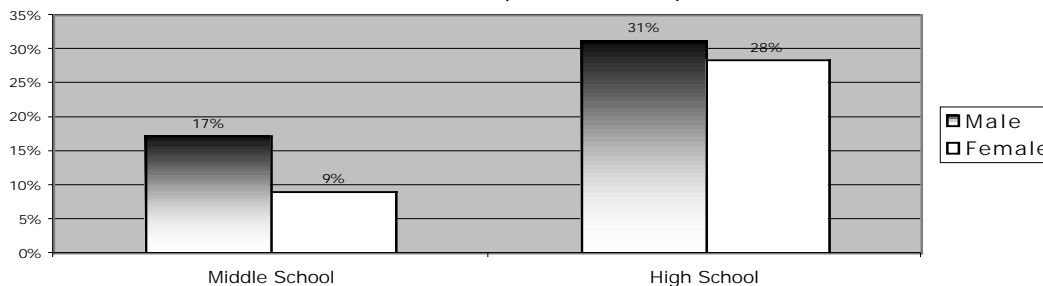
Note: Clients may be represented under more than one modality category.

## Sexual Behavior

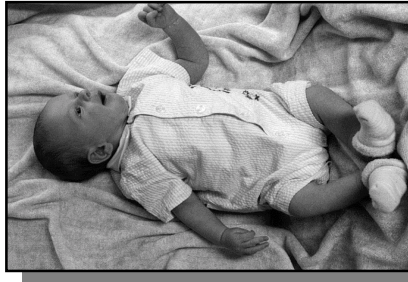
- In 1997, 87% of middle and 68% of high school students said they had never engaged in sexual intercourse.
- 45% of sexually active middle school students have had at least three partners, and 61% used condoms at last intercourse.
- 27% of sexually active high school students had four or more lifetime partners, and 60% used a condom at last intercourse.
- In 1997, 31% of middle and 15% of high school students who were sexually active said they used alcohol or drugs before their last intercourse.<sup>22</sup>
- An estimated 9% of males and 5% of females ages 13 to 26 have sex with members of the same gender.<sup>23</sup>
- Males were more likely than females in both middle and high school to have engaged in sexual intercourse.<sup>24</sup>



### PERCENTAGE OF SFUSD STUDENTS WHO REPORTED HAVING HAD SEXUAL INTERCOURSE, BY GENDER, 1997

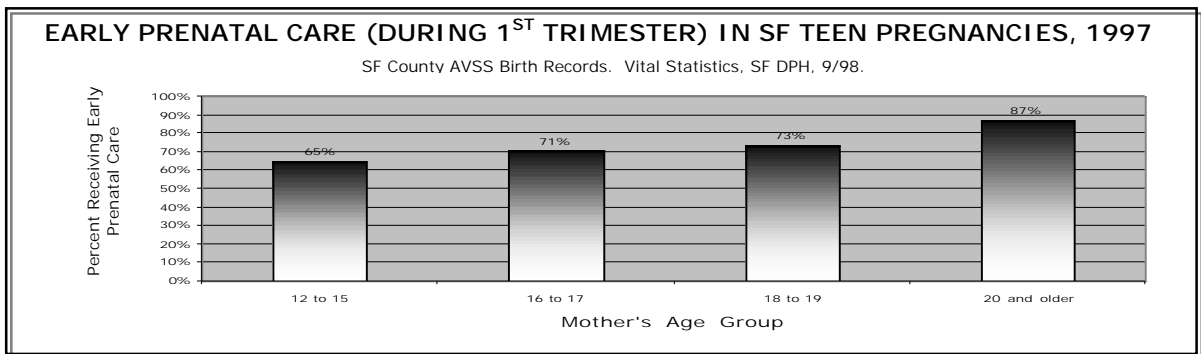


# Teen Births

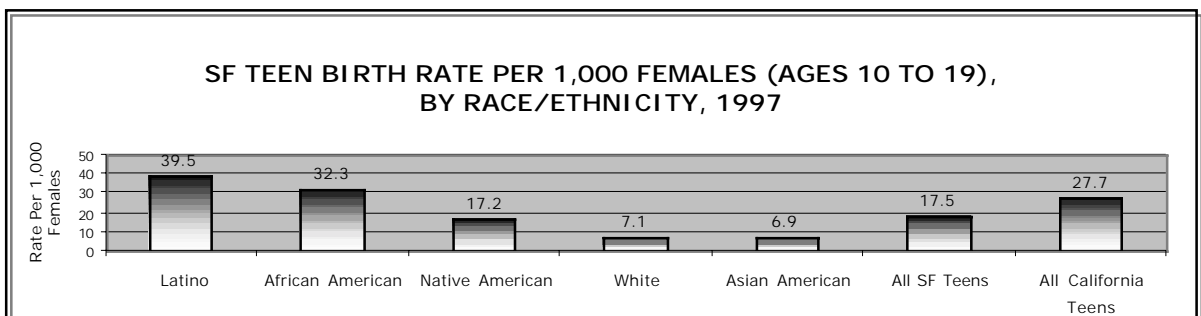
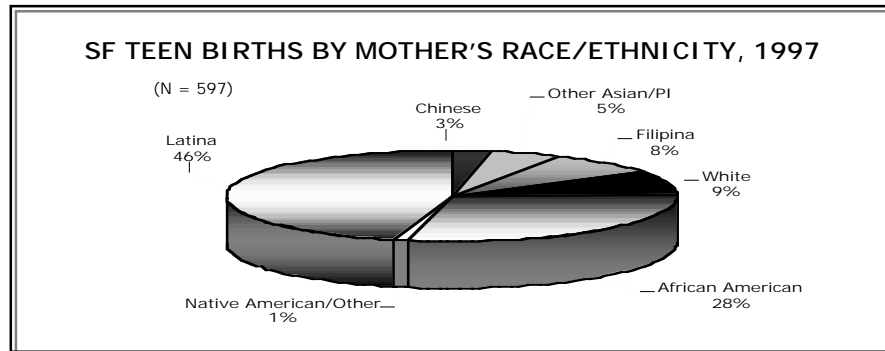


- In 1997, 6% of all SFUSD high school students (approximately 16% of sexually active students) reported having been pregnant or having gotten someone pregnant.<sup>25</sup>
- In 1997, there were 597 births to adolescents ages 12 to 19, representing 7.3% of all SF births (8191). This rate was notably lower than the 1995 statewide rate of 12%.

- Pregnant adolescents are more likely than older women to receive later or no prenatal care.<sup>26</sup>



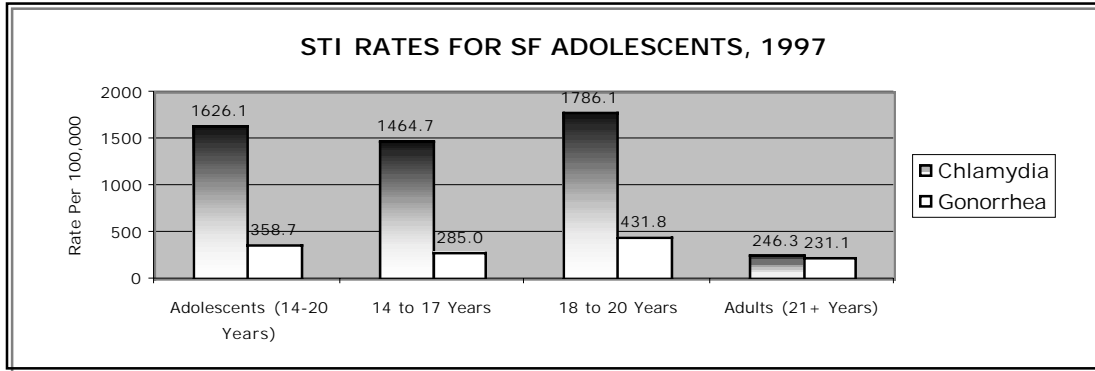
- In 1997, more than 90% of teen births in SF were to women of color. Highest teen birth rates were among Latina and African American females.<sup>27-28</sup>



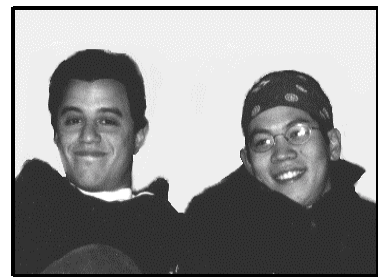
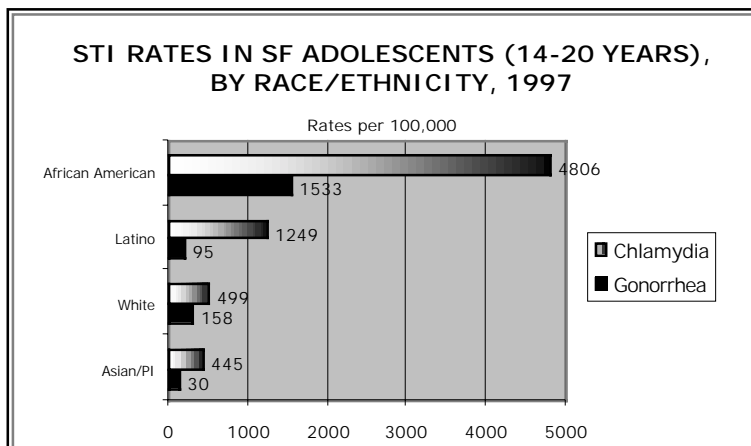
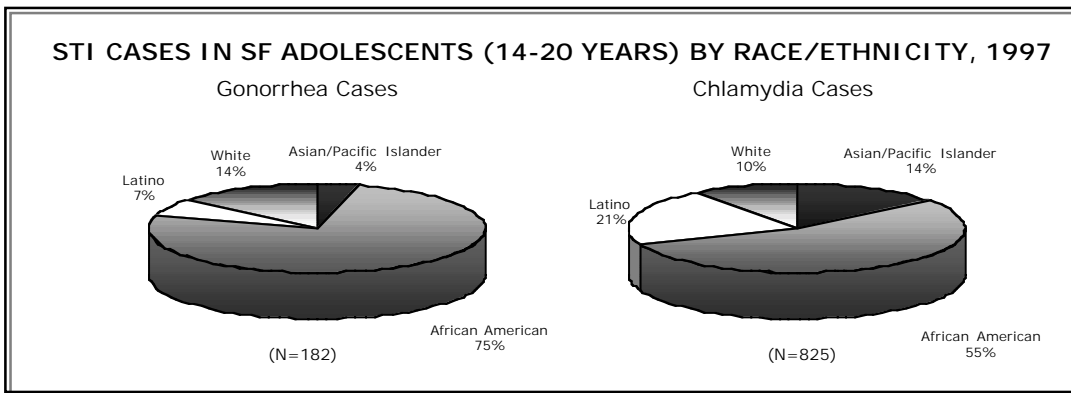


# Sexually Transmitted Infections

- Although the number of cases of chlamydia and gonorrhea has decreased steadily from 1994 to 1997, adolescents ages 14 to 20 have higher rates of both chlamydia and gonorrhea than any other age group in SF. In 1997 there were 825 cases of chlamydia and 182 cases of gonorrhea reported in 14 to 20 year olds.



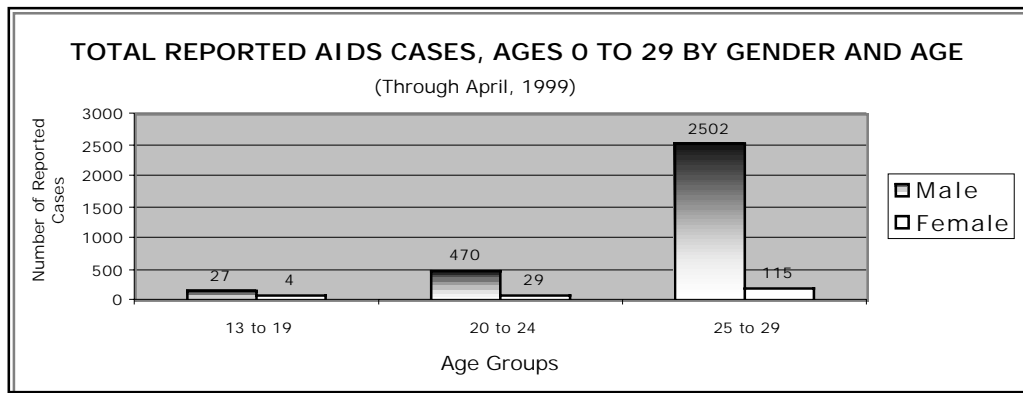
- Gonorrhea rates are 1.3 times higher and chlamydia rates are 3 times higher among adolescent females than males.
- African American adolescents have the highest STI rates, followed by Native Americans, Latinos, whites, and Asian/Pacific Islanders. STI cases among adolescents are highest in the Bayview and West Hunter's Point neighborhoods.<sup>29</sup>



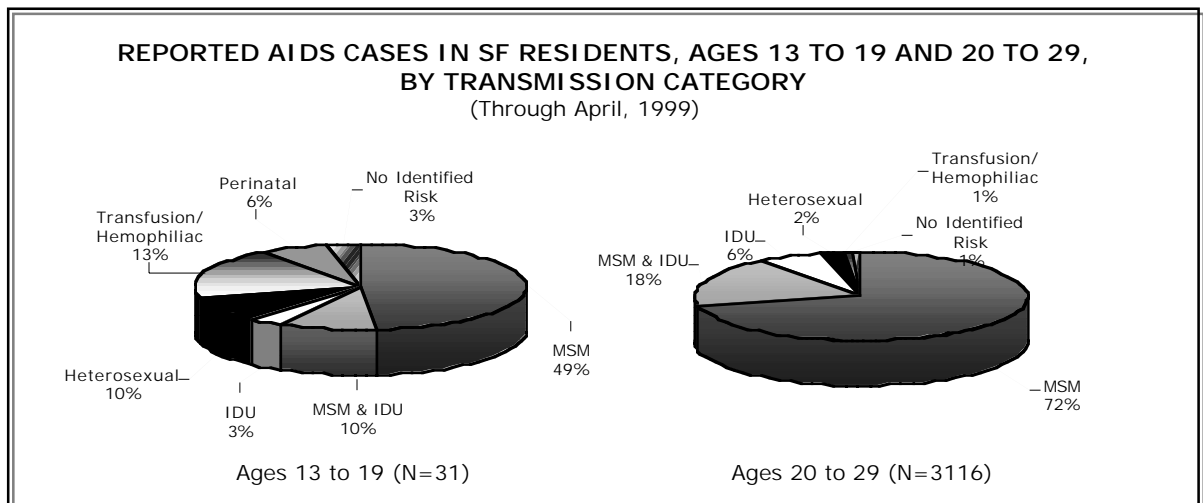
# HIV/AIDS

The delay between HIV infection and the development of symptoms of AIDS can be 10 years or longer; therefore, the majority of people diagnosed with AIDS between 20 to 29 years were likely to have been infected as teenagers.

- In 1997, an estimated 15% of SF men age 29 and under who had sex with men and did not inject drugs (MSM) were estimated to be infected with HIV.<sup>30</sup> Approximately 5% of the SF male population age 29 and under are MSM.<sup>31</sup>
- In 1998, the proportion of youth (ages 12 to 24) testing positive for HIV at the SFDPH City STD Clinic was 1% (9 of 907) of all youth, 0.3% (1 of 391) of heterosexual males, 0% (0 of 376) of females, 5.7% (7 of 122) of MSM, and 20% (1 of 5) of MSM who injected drugs.<sup>32</sup>
- As of May 1999, 3147 youth and young adults ages 13 to 29 in SF have been reported to have AIDS.<sup>33</sup> Of these cases, 82% (2617 cases) are concentrated in the 25 to 29 age group, and males account for 95% (2999) of cases. These cases represent 12% of all AIDS cases in the city, and 1.2% of the SF population under the age of 30.<sup>34</sup> As with all age groups, the number of AIDS cases in the 0 to 29 age group is declining, most notably in the 20 to 24 and 25 to 29 age groups.<sup>35</sup>



- Of the reported AIDS cases for ages 0 to 29, MSM represent 72% of the cases. Injection drug users (IDU) who are not MSM represent 7% of cases.<sup>36</sup>

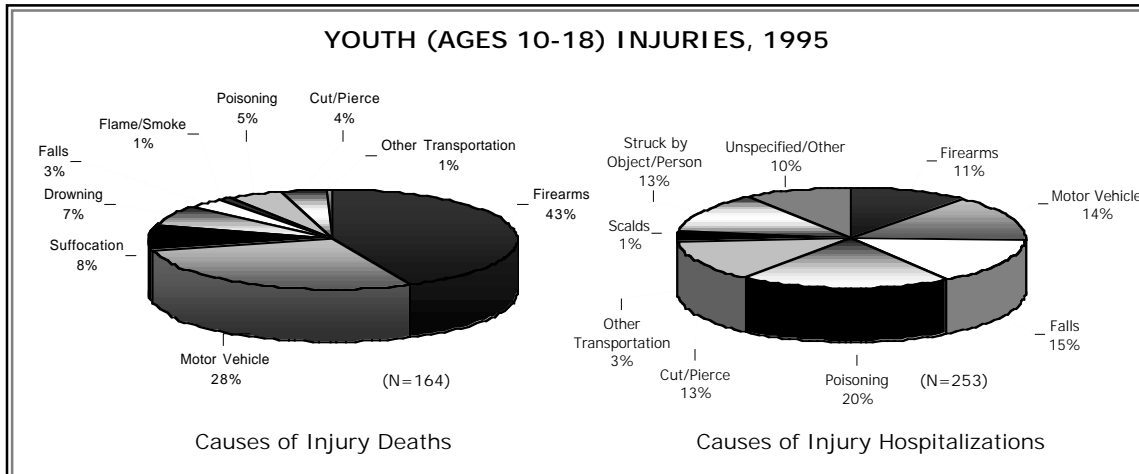


# Injuries

- In 1997, 23% of middle school students carried a knife, 10% carried a club, and 12% carried a gun as a weapon. 11% of high school students carried a knife, 3% carried a gun, and 6% carried a club as a weapon in the previous month.



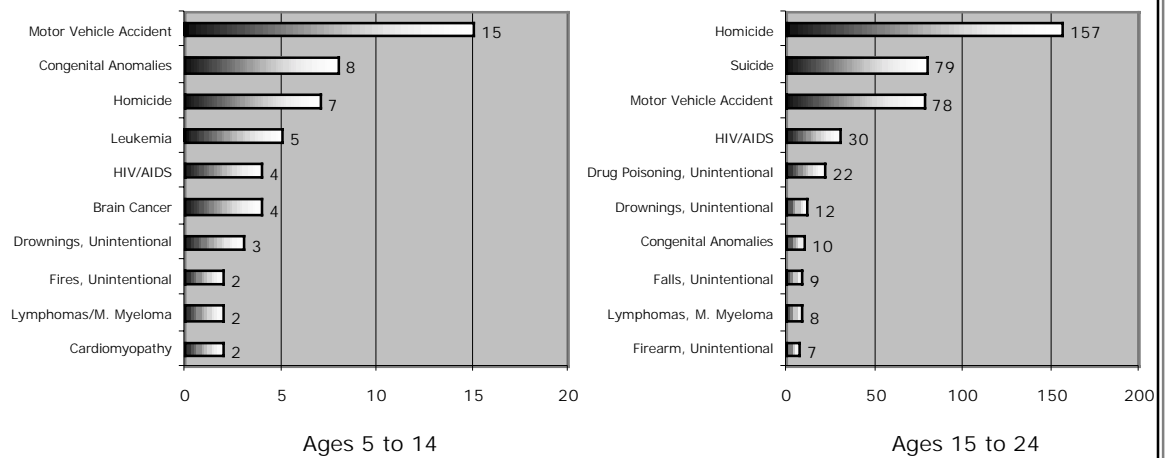
- In 1997, 9% of high school students were threatened or injured by someone with a weapon, such as a gun, knife, or club on school property in the previous month.<sup>37</sup>
- In 1995, the leading cause of injury death for youth ages 10 to 18 was firearms (42%), followed by motor vehicle (28%), and suffocation (8%). 46% of all injury deaths in SF youth were unintentional.
- From 1987 to 1996, SF youth between 15 and 24 years had the highest firearm death rates for every racial/ethnic group. Rates were highest among African American youth.
- In 1995, the leading cause of injury hospitalizations for SF youth ages 10 to 18 was poisoning (20%), followed by falls (15%), and motor vehicle (14%). 70% of injury hospitalizations in SF youth were unintentional.<sup>38</sup>



# Youth Mortality

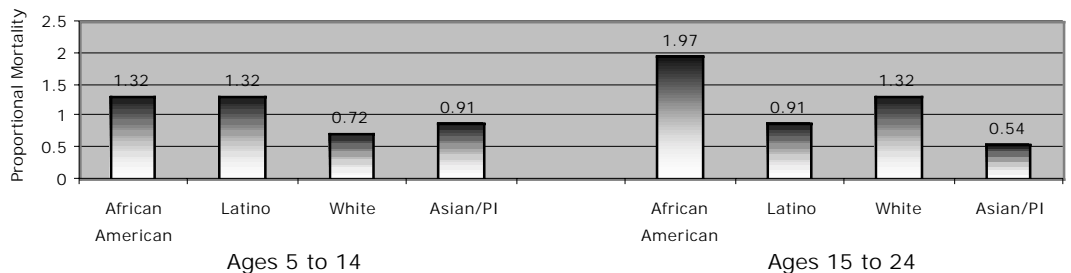
- From 1990 to 1995, there were 593 deaths of SF children and youth ages 5 to 24 years. Of these deaths, 13% (76) were in the 5 to 14 age group, and 87% (517) were in the 15 to 24 age group. Males comprised 78% (465) of the deaths.
- The top three causes of death among SF children ages 5 to 14 were motor vehicle accidents (19.7%), congenital anomalies (10.5%), and homicide (9.2%). The top three causes of death among SF youth ages 15 to 24 were homicide (30.4%), suicide (15.3%), and motor vehicle accidents (15.1%).<sup>39</sup>

LEADING CAUSES OF DEATH AMONG SF YOUTH, 1990-1995



- From 1990 to 1995, the proportional mortality<sup>40</sup> of African American youth was higher than that of youth in other racial/ethnic groups.

PROPORTIONAL MORTALITY OF SF YOUTH, BY RACE/ETHNICITY, 1990-1995



# Youth in Service



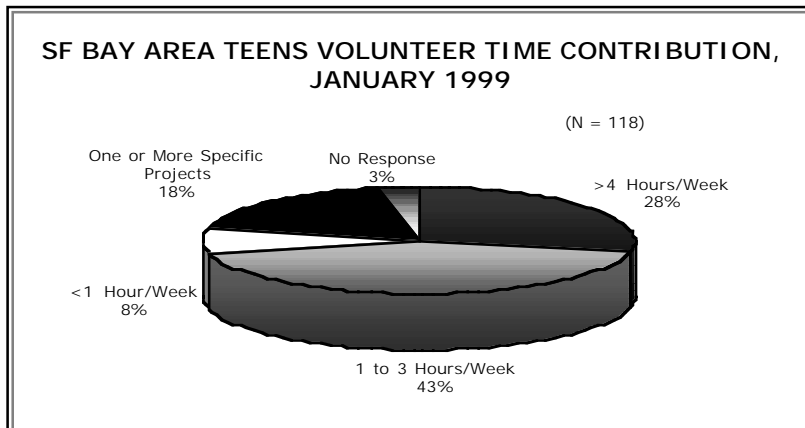
- In 1998, 700 youths called Youthline, a SF telephone-based service for youth, looking for employment or volunteer opportunities.<sup>41</sup>
- In 1998, nearly 5000 SF high school students participated in Youth VOTE, a survey polling youth opinions on a variety of social, political, and health issues. 44% of voters expressed interest in serving on city commissions or boards that deal with youth issues.<sup>42</sup>

In January 1999, 767 Bay Area residents, including 118 teens were surveyed via telephone interviews<sup>43</sup> about their personal involvement with volunteering and service. Key point identified included the following:<sup>44</sup>

- 51% of teens surveyed reported that they had volunteered in the past year, compared to 42% of older adults surveyed.
- Teens learned about volunteer activities primarily through school (48%), or by being told by someone or asked to participate (35%).



- Of those teens who volunteered, 71% did so for at least one hour every week.



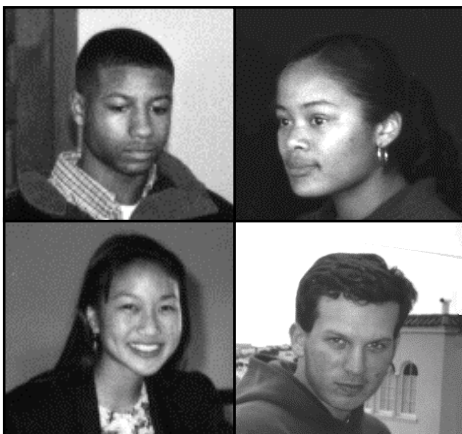
- Volunteer activities for teens were most likely to be involved with education/schools (30%), environmental/animal services organizations (18%), religious organizations (17%), and health/human services agencies (15%).

# Youth in High Risk Situations



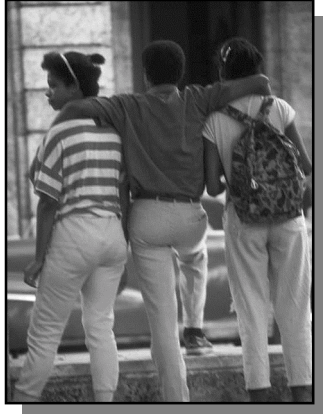
- In 1996, there were 1297 SF children ages 6 to 12 and 835 adolescents ages 13 to 17 were in foster care. Children and youth ages 6 to 12 (28.2 per 1000) and ages 13 to 17 (24.8 per 1000) had higher foster care placement rates than children of younger ages. The numbers of males vs. females in foster homes were approximately equal.
- 6.4% of SFUSD high school students dropped out by the end of the 1997/98 school year.<sup>45</sup>
- In 1998, there were 3813 arrests of youth ages 10 to 17, representing 7.3% of all arrests in SF. Of those arrested, 72% were males. Violent felony arrests (homicide, rape, robbery, aggravated assault, and kidnapping) accounted for 17% of all juvenile arrests. Violent felony arrests among juveniles have decreased 37% since 1996, and arrests for homicides have declined from a decade-high of 34 in 1993 to 3 arrests in 1998.<sup>46</sup>
- In 1998, there were 5222 referrals to the SF Juvenile Probation Department for law violations. Males accounted for 72.1% of the referrals. 51.2% of the referrals were for African American, 17.7% for Latino, 13.0% for Asian/Pacific Islander, 12.0% for White, 6.0% for other/unknown, and 1.3% for Native American youths.<sup>47</sup>
- On any given night, an estimated 2000 youth are living on the streets of SF, with 95% currently using drugs.<sup>48</sup> Of these youth, an estimated 38% are runaways and 62% are homeless.<sup>49</sup>
- Huckleberry House serves as SF's central receiving facility for youth who are considered "beyond parental control," truant, or runaways. In FY 97/98, Huckleberry House served 537 clients, of whom half (264) were provided with emergency shelter. Of these youth, 324 (60%) were referred by law enforcement, police, or probation officials.<sup>50</sup>

# Youth Need Our Support!!!



Adolescents are vulnerable to many serious health risks and problems. This snapshot indicates the glaring need for increased attention to adolescent health issues and access to youth-appropriate health and social services. We know that many of the health problems experienced during adolescence are related to preventable risk-taking behaviors. By creating and promoting programs and policies that address healthy youth growth and development and family support and education, San Francisco can begin to build a healthier community.

**NOW IT'S UP TO YOU!**



## Citations

- <sup>1</sup> *Race/Ethnic Population with Age and Sex Detail, 1970-2040, Data for San Francisco 1999 Population*. State of California, Department of Finance.
- <sup>2</sup> *SFUSD School Profiles 1998-99*. San Francisco Unified School District, 1999.
- <sup>3</sup> *Private School Affidavits*. District and School Support Program Unit, CA Dept of Education, 1998-99.
- <sup>4</sup> *County Population Projection With Age, Sex, Race/Ethnicity Detail*. State of CA, Dept. of Finance, December 1998.
- <sup>5</sup> *County Estimates for People Under Age 18 in Poverty for California: 1995*. U.S. Census Bureau.
- <sup>6</sup> *The Health and Well-Being of Children and Youth in SF, 1998*. San Francisco Department of Public Health/CCCYF
- <sup>7</sup> *April 1999 San Francisco CalWORKS Snapshot Quarterly Report: Single-Parent and 2-Parent Households*. San Francisco Department of Human Services.
- <sup>8</sup> San Francisco Unified School District. Student Nutrition Services, 1998-99 data.
- <sup>9</sup> Data prepared by Hoover Liddell, San Francisco Unified School District.
- <sup>10</sup> *Youth Health Report*. Adolescent Health Project, San Francisco Department of Public Health, 1995.
- <sup>11</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997.
- <sup>12</sup> Youthline 1998 data. Prepared by Joanne Kramer, CHALK, 1999.
- <sup>13</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997.
- <sup>14</sup> Mission High School Health Center Data Report, 1995-1996, 1996-1997.
- <sup>15</sup> Family Health Outcomes Project, Epi HOSP Data Set, 1996.
- <sup>16</sup> *The Health and Well-Being of Children and Youth in SF, 1998*.
- <sup>17</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997.
- <sup>18</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997, 1995, and 1992.
- <sup>19</sup> *The Health and Well-Being of Children and Youth in SF, 1998*.
- <sup>20</sup> Community Substance Abuse Services Funding Utilization and Contracts, Fiscal Year 1998-99. SFDPH.
- <sup>21</sup> Data prepared by Al Abramowitz, SF Department of Public Health, Community Substance Abuse Services, 1999.
- <sup>22</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997.
- <sup>23</sup> *San Francisco HIV Prevention Plan*. HIV Prevention Planning Council/SF DPH AIDS Office, December 1996.
- <sup>24</sup> *The Health and Well-Being of Children and Youth in San Francisco, 1998*.
- <sup>25</sup> San Francisco Unified School District Youth Risk Behavior Survey, 1997.
- <sup>26</sup> SF County AVSS Birth Records. Vital Statistics, SF Department of Public Health, 9/98.
- <sup>27</sup> *Teenage Live Births and Birth Rates by Race/Ethnicity and Age Range Within County, California 1997*. California Department of Health Services, Maternal and Child Health, Epidemiology Section, 4/99.
- <sup>28</sup> Denominator for birth rates taken from California Department of Finance population estimates for 1997.
- <sup>29</sup> *San Francisco Sexually Transmitted Disease Annual Summary, 1997*. SF Department of Public Health, Public Health Division, Sexually Transmitted Disease Control Section, June 1998.
- <sup>30</sup> *1997 HIV Consensus Report on HIV Prevalence and Incidence in San Francisco*. San Francisco Department of Public Health, HIV Seroepidemiology Unit.
- <sup>31</sup> Based on *1997 HIV Consensus Report on HIV Prevalence and Incidence in San Francisco*, the number of males age 29 and under who have sex with men is approximately 6300. The total SF population of males is 128,471 based on the California Department of Finance 1997 estimates for San Francisco.
- <sup>32</sup> *HIV Seroprevalence Among STD Clients < 25 Years, City Clinic, San Francisco 1989 to 1998*. HIV Seroepidemiology Unit, SF DPH, May 1999.
- <sup>33</sup> San Francisco Department of Public Health, AIDS Office, Seroepidemiology and Surveillance Branch, May 1999.
- <sup>34</sup> Based on the California Dept. of Finance estimates for San Francisco, the under age 30 population is estimated to be 252,239.
- <sup>35</sup> Annual AIDS Surveillance Report 1998. SF DPH, HIV Seroepidemiology and Surveillance Section/Aids Surveillance Unit.
- <sup>36</sup> San Francisco Department of Public Health, AIDS Office, Seroepidemiology and Surveillance Branch, Special Report, April 1998.
- <sup>37</sup> *The Health and Well-Being of Children and Youth in San Francisco, 1998*.
- <sup>38</sup> *Profile of Injury in San Francisco*. The San Francisco Injury Center, San Francisco Department of Public Health, December 1998.
- <sup>39</sup> *The Health and Well-Being of Children and Youth in SF, 1998*.
- <sup>40</sup> Proportional mortality allows comparison of relative proportions of deaths by race/ethnicity to the proportion of the population in each age and racial/ethnic group. Proportional mortality is only useful for exploring the relative distribution of mortality across subgroups of a given population, regardless of whether the mortality of that whole population is high or low in comparison to any given standard. The relatively small number of deaths among the SF youth population is insufficient to reliably calculate mortality rate per unit population.
- <sup>41</sup> Youthline 1998 data. Prepared by Joanne Kramer, CHALK, 1999.
- <sup>42</sup> *1998 Election: San Francisco Youth Vote Election Results*. Prepared by Coleman Advocates for Children and Youth, Youth Making a Change (Y-MAC), San Francisco Youth Commission, and San Francisco Peer Resources, 1998.
- <sup>43</sup> Quota sampling was used to ensure that key segments of the population were adequately represented, although all interviews were conducted in English.
- <sup>44</sup> *Volunteering in the San Francisco Bay Area*. The Volunteerism Project and The Volunteer Centers of the Bay Area. January 1999.
- <sup>45</sup> *The Health and Well-Being of Children and Youth in San Francisco, 1998*.
- <sup>46</sup> *Bureau of Criminal Information and Analysis, Criminal Justice Statistics Center*. California Department of Justice, 7/99.
- <sup>47</sup> *Juvenile Probation Department: 1997 and 1998 Combined Annual Reports*. City and County of San Francisco.
- <sup>48</sup> Larkin Street Youth Center. 1994/95 Annual Report. Michael Kennedy, Director of Services.
- <sup>49</sup> *Description of the Homeless Population in San Francisco*. San Francisco City and County Mayor's Office on Homelessness, 1996.
- <sup>50</sup> Data provided by Huckleberry Youth Programs, Administrative Office, 5/99.