Is California's Hospital-Based ED System Eroding?

California HealthCare Foundation

ISSUE BRIEF

Introduction

In recent years there has been significant media attention to the issue of hospital emergency department (ED) closures and growing concern that access to emergency care is eroding. Hospital EDs play two vital roles in our health care system: They provide access to 24-hour outpatient emergency health services and they serve as a critical point of entry into the inpatient hospital setting. Each year Californians average more than 10 million ED visits, resulting in more than 1 million patients being admitted to the hospital. Thus, the availability and proper functioning of EDs are of vital interest to all Californians.

California's hospital emergency services are largely provided within a voluntary and decentralized system, with some coordination at the local level. However, hospitals operate in a rapidly evolving and complex marketplace; they face financial and economic pressure from a variety of sources, including price competition under managed care and cost-containment initiatives by third-party payers. At the same time, population growth and aging of the population are contributing to rising demand for emergency care.

To assess how these pressures are impacting hospital EDs in the state, the California HealthCare Foundation funded the Center for Health Financing, Policy and Management at the University of Southern California to document the supply and demand aspects of hospital emergency care. This issue brief analyzes key trends in the utilization and capacity of California's hospital-based EDs.

Data and Methods

This study combined information from multiple public data sets for various years to create a comprehensive picture of California's hospital-based ED system from 1996 to 2007. Researchers used the following data from the California Office of Statewide Health Planning and Development (OSHPD): annual hospital utilization reports; annual hospital financial pivot tables; patient-level ED discharge abstract files; and hospital inpatient discharge files. Unique data elements were drawn from each of these sources to provide specific measures, and overlapping variables were used to edit and reconcile reporting errors. In addition, a series of statistical algorithms was developed to identify and delete outliers and to use data from the various sources to impute missing data for specific hospitals for certain variables as needed. Edited data were aggregated at the county level based on reporting hospitals in each county.

Statewide Findings

The findings indicate that worsening severity of illness may be a greater factor in the problem of ED overcrowding than the growing volume of patients. Further, while the number of hospital EDs has declined over the past decade, considerable capacity has been added to the state's hospital-based ED system. Growth in ED capacity has exceeded California's population growth and the rise in ED visits in recent years. Following are some details of the findings.

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How Has the Availability of Hospital-Based EDs Changed?

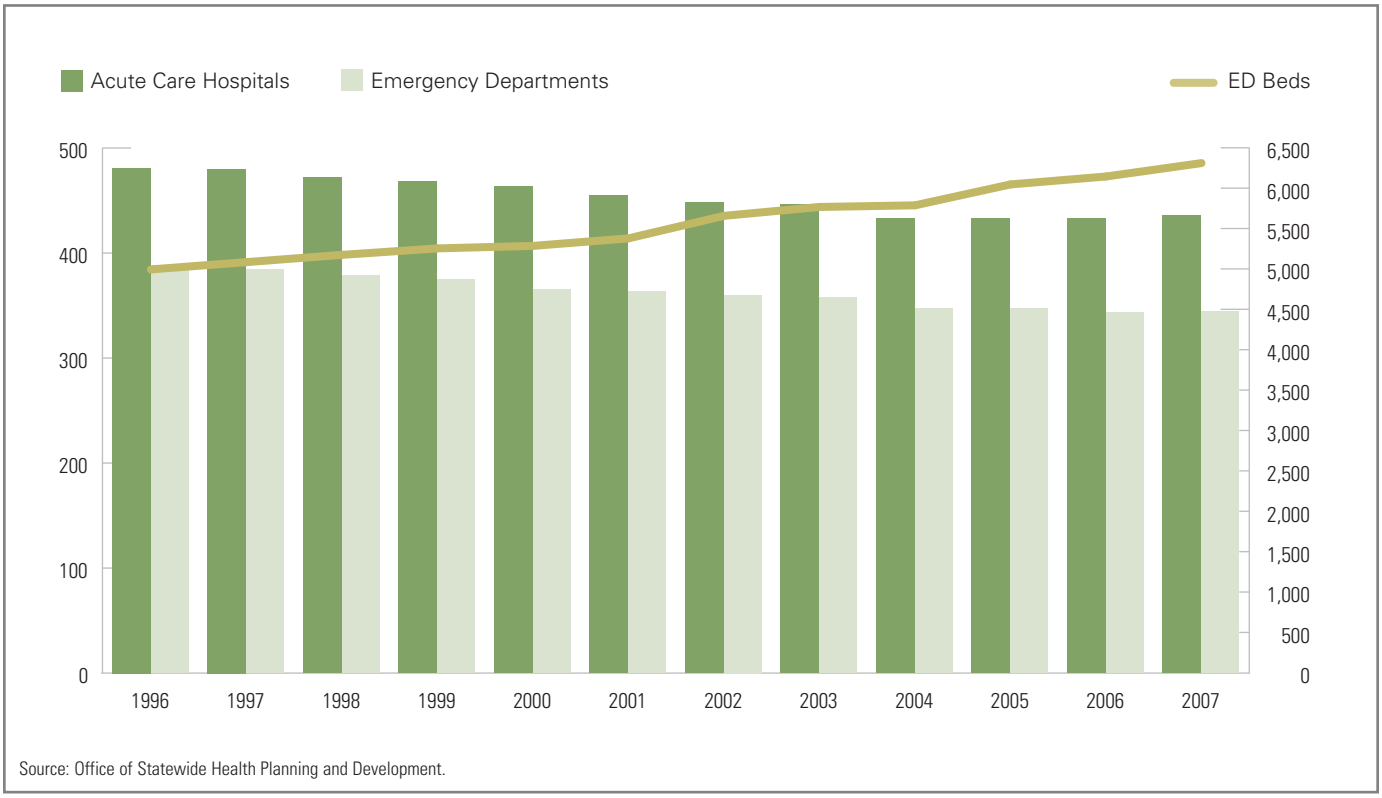
Given concerns that financial pressures are forcing California's hospitals to close their EDs, it is important to examine whether hospitals have in fact reduced the availability of ED services over time, either as a result of closure of entire hospitals or from selective closure of EDs within hospitals. Figure 1 presents trends in the number of licensed EDs in California that reported they were open to receive patients over the period 1996 to 2007. Findings include the following:

- The number of licensed acute care hospitals fell from 481 to 436 over the study period, a reduction of 45 statewide.
- The number of hospital-based EDs in the state followed a similar trend. There were 388 EDs in 1996, 363 in 2001, and 344 in 2007—an overall decline of 44 EDs.
- The proportion of acute care hospitals with an operating ED remained stable throughout the study period. In 1996 and 2007, approximately 80 percent of all California licensed acute care hospitals had an operating emergency department.
- Despite the decline in the number of EDs, the number of ED beds increased consistently throughout the period. There were 4,994 ED beds statewide in 1996, and 6,310 in 2007, a 26-percent increase. During this time the population in California increased 15 percent.

Has ED Capacity Kept Up with Growth in Population and Demand?

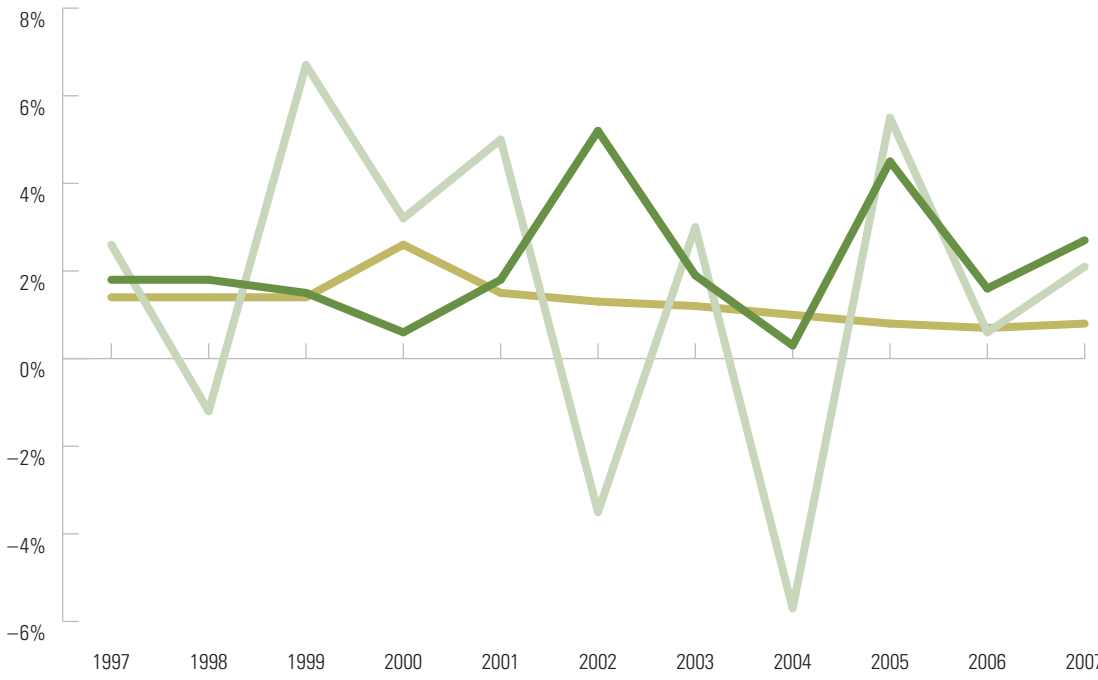
ED capacity in the state is affected by ED-level changes in capacity as well as hospitals entering or exiting the market. Figure 2 presents data summarizing changes in capacity and demand for emergency services over time. ED capacity is measured by the number of

Figure 1. Numbers of Acute Care Hospitals, Emergency Departments, and ED Beds, 1996–2007



Source: Office of Statewide Health Planning and Development.

Figure 2. Growth in ED Capacity, Visits, and Population, 1997–2007



Sources: Office of Statewide Health Planning and Development; U.S. Census Bureau.

treatment stations, defined as a separate area within the ED designed to treat one patient. (Treatment stations are referred to as "beds" throughout this publication.) Holding areas and observation beds are not counted as part of an ED's total bed capacity. Specific findings include the following:

- The year-to-year growth in California's ED visits and the number of hospital ED beds between 1997 and 2007 are shown in Figure 2. ED beds increased in every year, while visits rose in all but three of the years. During the same period, population and ED visits grew by 15 percent and 19 percent respectively, while ED beds increased 26 percent.
- ED demand is lower in California than the national average. On average, there were almost three ED visits for 10 Californians (29 visits for every 100 people) in 2007 compared to four out of 10 nationally.[1] Visit trends in California break into two distinct periods. From 1996 to 2001, total ED visits per population grew faster than ED beds per population. But from 2001 to 2007 the trend reversed and the growth in beds per population exceeded the growth in visits per population.
- From 2001 to 2007, 45 percent of hospitals that had an ED added to their existing ED bed capacity while 39 percent kept their capacity constant.

Twenty-seven hospitals with EDs closed, yet capacity in the remaining EDs rapidly expanded. Overall, there was an 8-percent rise in ED beds between 1996 and 2001, and a 17-percent rise between 2001 and 2007. Very few hospitals that remained open added or eliminated an ED during the study period. The percentage of hospitals in California with an ED has remained stable at 80 percent. This stability suggests that EDs are considered an essential service and that most hospitals have been able to manage external pressures in order to continue to offer ED

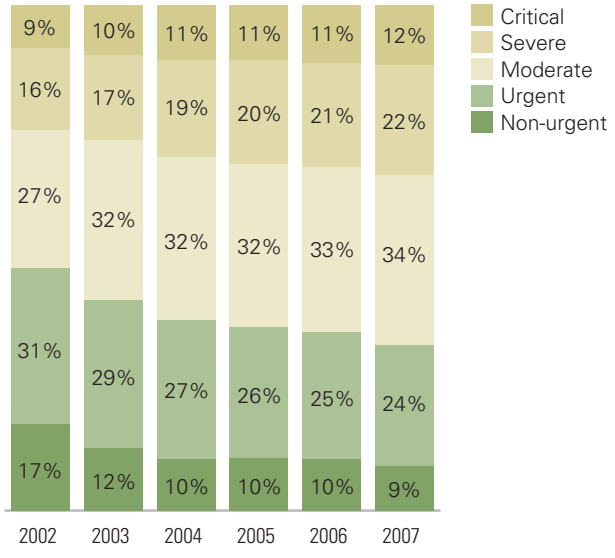
services. ED closures in a service area may provide an impetus for capacity expansion in neighboring hospitals, as institutions move to address community needs and local gaps in access.

Higher Severity and More ED-Based Admissions

An important factor impacting hospital ED operation is the mix of patients in terms of the types and severity of medical problems they present and whether they need to be admitted as inpatients. Specific findings include the following:

- Trends in ED visits by level of severity between 2002 and 2007 are shown in Figure 3. At the beginning of the period, the two lowest-severity categories (non-urgent and urgent) accounted for almost half of all visits (48 percent), but by 2007 they represented only one-third of ED visits. In contrast, by 2007 the two highest-severity groups (severe and critical) grew to 34 percent of all visits, up from 25 percent in 2002.

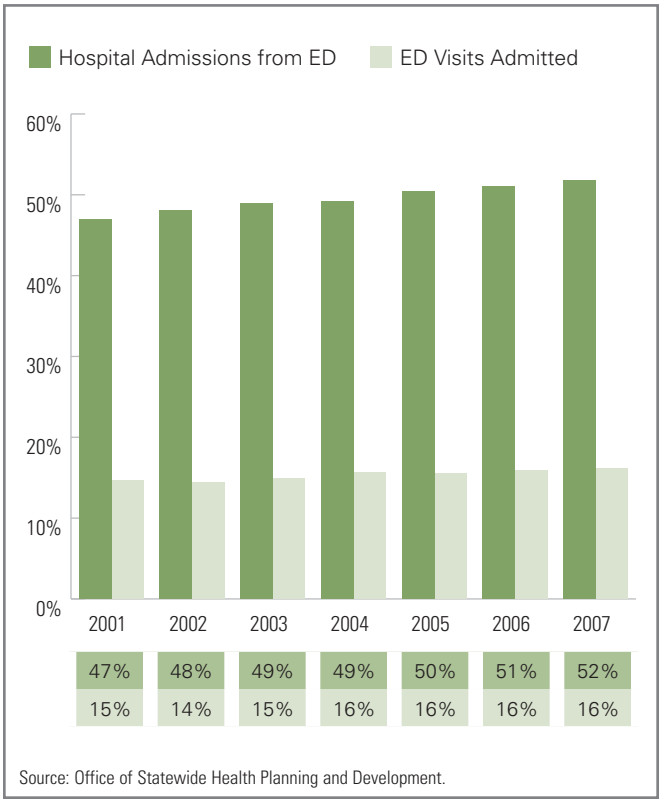
Figure 3. Distribution of ED Visits by Level of Severity, 2002–2007



Source: Office of Statewide Health Planning and Development.

- The growing role of the ED as the front door to inpatient care is displayed in Figure 4. The number of ED visits resulting in admission increased from 1.5 million patients in 2001 to 1.7 million in 2007 (or from 15 percent to 16 percent of all ED visits). At the same time, the percentage of total inpatient admissions that came through hospital EDs increased from 47 percent in 2001 to 52 percent in 2007.

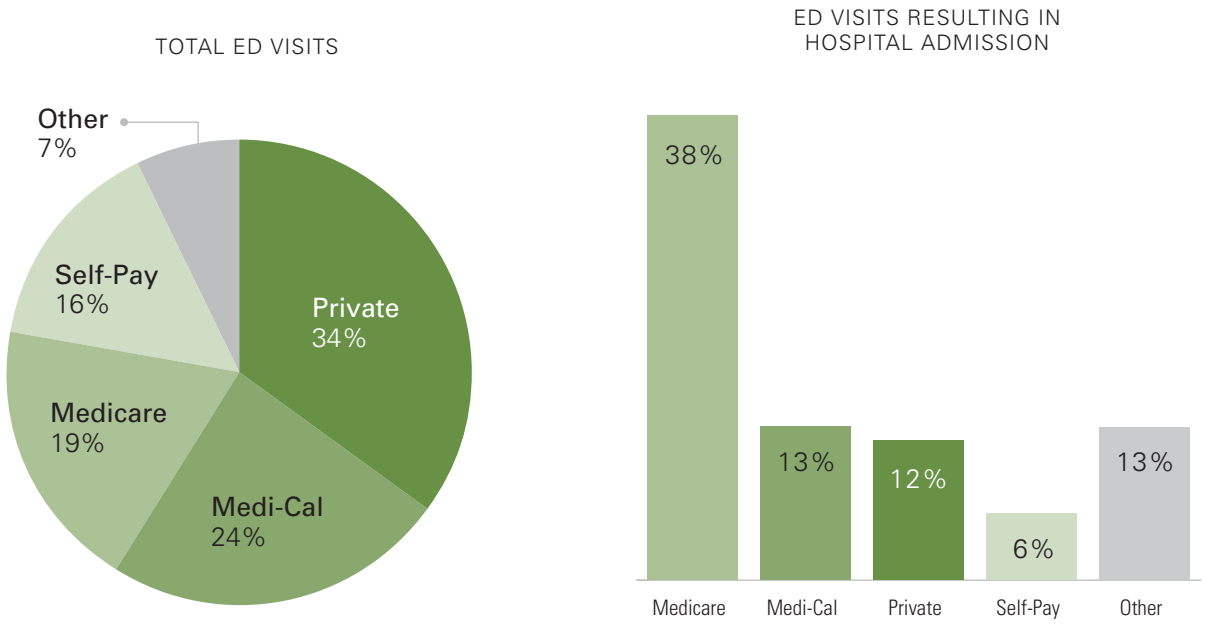
Figure 4. ED Visit Admission Rates, 2001–2007



Source: Office of Statewide Health Planning and Development.

- The distribution of ED visits in 2007 by the patient's source of payment is examined in Figure 5. Private-pay patients used EDs the most. Thirty-four percent of all ED visits were by privately insured patients; Medi-Cal accounted for 24 percent of visits;[2] and Medicare 19 percent. Self-pay patients used the smallest proportion of ED visits in the state (16 percent).

Figure 5. Total ED Visits and Those Resulting in Hospital Admission, by Payer, 2007



Source: Office of Statewide Health Planning and Development.

- Medicare ED patients had the highest rate of admission, with 38 percent of all Medicare ED visits resulting in admission.
- Non-emergency ED visits rose by more than 50 percent between 2002 and 2007, from 578,000 to 891,000. At the same time the number of patients who registered in the ED but left before being seen increased from 266,000 in 2002 to 371,000 by 2007.

A higher percentage of admissions came through the ED every year, and the probability of an ED patient being admitted increased slightly. Patients who visited California's EDs in recent years were more severely ill, which may help explain these trends. Severely ill ED patients, especially those who are admitted, require more resources and time to treat and may take up more ED bed capacity than a "treat and discharge" patient.

A partial explanation for ED overcrowding and ambulance diversion is a lack of available ED beds to accommodate ED patients waiting—sometimes for long periods—to be admitted. Another factor is that hospital EDs are becoming a source of primary care for a growing share of the population, leading to an increase in non-emergency ED visits from 578,000 in 2002 to 891,000 by 2007. More ED patients are leaving without treatment—often after long waits—despite increases in ED bed capacity.

Trends for Medicare patients have particularly important implications because California's 65+ population is projected to double by 2030. Medicare patients represent 19 percent of ED visits, and 38 percent of those visits resulted in admission.[3]

Have Hospital and ED Closures Reduced Access to Emergency Care?

Ultimately, consumers and the hospital industry are concerned with how all these changes—when combined—will affect access to emergency services. The findings include the following:

- Between 2001 and 2007 a total of 27 EDs closed in California. Twenty-two were in hospitals that closed entirely and five were in hospitals that remained open but closed their ED. The closures resulted in a loss of 243 ED beds. In 2001 these EDs provided an estimated 378,000 visits.
- The majority of the closures occurred in urban areas. Forty-one percent of all displaced visits could be handled at an ED less than two miles from home, and 88 percent could be handled within five miles from home. Thirteen percent of displaced visits would have required traveling more than five miles to the closest ED. No one would have had to travel more than 35 miles.
- Geographic access to ED care across the state changed little between 2001 and 2007. In 2001 half of all ED patients that were admitted to the hospital traveled 4.1 miles or less from their home. In 2007 the median distance increased slightly to 4.4 miles. There was a larger increase in travel distance at the extreme end, with 10 percent of patients traveling 14.9 miles or more in 2001 and 16 or more miles in 2007.

Since 2001 the average travel distance to the nearest ED across the state has changed little, despite the closure of 27 EDs.

Detailed Profiles of Selected Counties

The statewide trends described above are analyzed in greater detail in this section in order to illuminate the wide variations across counties on several measures. Following are details on 10 of the largest California counties. They are grouped into three categories based on the similarity of their overall ED supply and demand conditions: four counties in which ED capacity growth outpaced ED demand growth; three counties in which ED capacity growth kept up with moderate ED demand growth; and three counties in which ED demand growth outpaced increases in ED capacity. See Appendix A for detailed data tables.

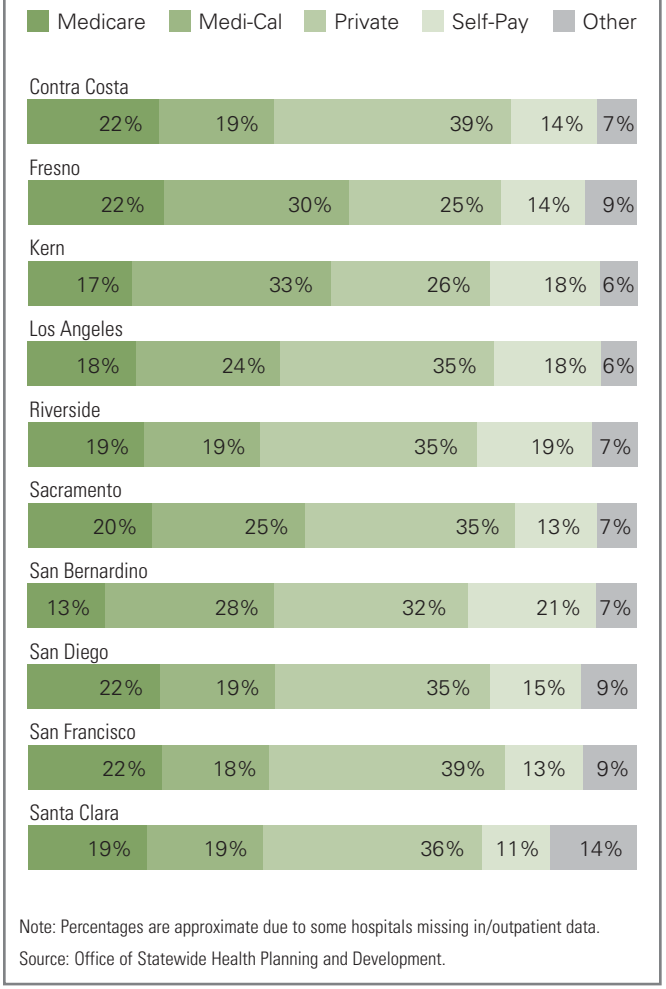
ED Capacity Growth Outpaced ED Demand Growth: SAN FRANCISCO, FRESNO, SANTA CLARA, AND CONTRA COSTA COUNTIES

- **Population and ED visit growth.** The population in two of the four counties grew faster than the statewide growth rate of 15 percent, while one county had much slower growth. San Francisco's population increased by only 5 percent, while Fresno, Contra Costa, and Santa Clara counties rose by 25 percent, 20 percent, and 14 percent, respectively. Growth in total ED visits among all four counties was far below the statewide average of 19 percent, and in San Francisco and Santa Clara counties growth in ED visits declined.
- **Total ED capacity.** While the total number of EDs remained relatively stable among the four counties from 1996 to 2007, three had substantial increases in ED beds. In Fresno County the number of EDs remained unchanged but the number of ED beds grew by 51 percent (from 136 to 205). San Francisco and Contra Costa counties each had one less ED, but San Francisco increased ED beds during the period by 25 percent and Contra Costa hospitals increased ED beds by 74 percent. Santa Clara County had two fewer EDs in 2007 compared to 1996 and expanded the total number of ED beds by 2 percent.
- **Supply relative to demand.** Three of the four counties (San Francisco, Fresno, and Contra Costa) had substantial increases in the supply of ED beds relative to population. The ratio of ED beds per 100,000 population grew by 45 percent in Contra Costa, and by 20 percent in San Francisco and Fresno counties. Santa Clara County's ED beds per 100,000 population declined 10 percent. At the same time, the ratio of visits per 100 population saw negative growth in all four counties: Santa Clara (–22 percent); Fresno (–18 percent); Contra Costa (–12 percent); and San Francisco (–6 percent). Analysis of the bed-to-visit ratio (ED beds per 100,000 visits) revealed improvement in all four counties. Santa Clara had the

lowest increase, from 54.2 in 1996 to 62.7 in 2007. Contra Costa started the study period (1996) with a bed-to-visit ratio of 41.3 (compared to a statewide average of 55.1), which grew to 49.2 by 2001 and to 68.3 by 2007—one of the highest ratios in the state. San Francisco County's bed-to-visit ratio improved from 56.5 in 1996 to 71.8 in 2007, while Fresno's grew from 51.5 to 75.8.

- **Patient acuity and admissions from ED.** In 2002 (the first year data are available) hospitals located in San Francisco and Contra Costa counties had relatively high percentages of ED patients in the two highest-acuity categories (44 percent and 39 percent, respectively) compared to the statewide average of 25 percent. Twenty-six percent of Santa Clara's ED patients and 23 percent of Fresno's were in the two highest-acuity categories. By 2007, reported acuity levels had fallen in both San Francisco (40 percent) and Contra Costa (35 percent), but had increased in Fresno (35 percent) and Santa Clara (38 percent). The percent of ED visits that resulted in admission rose about 3 percent in Santa Clara and Contra Costa counties between 2001 and 2007, while remaining relatively stable in San Francisco and Fresno counties.
- **Payer mix.** In 2007, privately insured patients made up the largest percent of ED visits in Contra Costa (39 percent), San Francisco (39 percent), and Santa Clara (36 percent) counties; while in Fresno 25 percent of all ED visits were covered by private insurance. Fresno had the highest proportion of ED visits by Medi-Cal patients (30 percent) among the four counties. The details on payer mix for all 10 studied counties are found in Figure 6.

Figure 6. ED Visits by Payer, Selected Counties, 2007



Note: Percentages are approximate due to some hospitals missing in/outpatient data.
Source: Office of Statewide Health Planning and Development.

ED Capacity Growth Keeps Up with Moderate ED Demand Growth: SACRAMENTO, LOS ANGELES, AND KERN COUNTIES

- **Population and ED visit growth.** Sacramento and Kern counties added population faster than the 15-percent statewide average (at 24 percent and 32 percent, respectively), while Los Angeles saw relatively slow growth (9 percent) from 1996 to 2007. Growth in ED visits varied substantially among the counties: Sacramento experienced the highest growth (31 percent), while Kern and Los Angeles saw 17 percent and 14 percent growth in visits.
- **Total ED capacity.** The number of EDs remained relatively stable in Kern and Sacramento counties between 1996 and 2007; Kern gained one, while Sacramento lost one. Among all counties in the study, Los Angeles saw the biggest change in supply of EDs; the total fell from 97 to 79—a net decline of 18. At the same time, all three counties experienced substantial increases in ED beds. Sacramento

hospitals expanded the number of ED beds by 38 percent (from 168 to 231); Kern expanded the number of beds by 51 percent (from 108 to 139); and Los Angeles expanded beds by 23 percent (from 1,308 to 1,604).

- **Supply relative to demand.** Related in part to differing rates of population growth between 1996 and 2007, the supply of ED beds per 100,000 population also varied. Sacramento and Los Angeles counties had positive growth in ED beds relative to the population (11 percent and 13 percent respectively), while Kern's ratio fell (–3 percent). At the same time, the ratio of visits per 100 population increased in Sacramento (5 percent) and Los Angeles (6 percent), while declining by 12 percent in Kern County. All three counties experienced positive growth in the ratio of beds to visits (Los Angeles, 7 percent; Sacramento, 5 percent; and Kern, 10 percent).

- **Patient acuity and admissions from ED.** In 2002 hospitals in all three counties reported that their proportion of ED patients in the two highest-acuity categories was at or below the statewide average of 25 percent. However, by 2007, one-third of ED patients were in these categories. Los Angeles and Sacramento counties saw an increase in the percentage of ED visits that resulted in admission, while Kern had a slight decline.

- **Payer mix.** In 2007, privately insured patients made up 35 percent of ED visits in Los Angeles and Sacramento counties, while in Kern County, the privately insured share (26 percent) was far below the 34 percent statewide average. In Kern, Medi-Cal accounted for the largest share of ED visits (33 percent).

ED Demand Growth Outpaces Increases in ED Capacity: SAN BERNARDINO, RIVERSIDE, AND SAN DIEGO COUNTIES

- **Population and ED visit growth.** All three counties have seen their population grow during the study period. Two grew at a faster rate than the state as a whole. San Bernardino and Riverside were among the fastest-growing counties in California (30 percent and 57 percent, respectively). San Diego County's population rose 14 percent. All three counties also experienced rapid growth in total ED visits. San Bernardino and Riverside had 55 percent and 51 percent growth in ED visits, respectively. San Diego County's total ED visits rose by 24 percent.

- **Total ED capacity.** Despite the large growth in all three counties, the total number of operating EDs remained relatively stable in two of the counties (San Bernardino and Riverside) and declined in the third (San Diego). In San Bernardino County the number of total EDs declined by one while in Riverside the number of EDs remained unchanged between 1996 and 2007. The total number of operating EDs in San Diego declined substantially (from 23 to 17) during this period. All three counties experienced increases in their overall ED bed capacity. San Bernardino and Riverside counties' ED bed capacity increased by 38 percent and 55 percent, respectively. San Diego County hospitals increased their ED bed capacity from 369 to 431, an increase of 17 percent.

- **Supply relative to demand.** Despite increases in ED bed capacity in all three counties, the supply of ED beds barely kept pace with population growth in San Bernardino and San Diego counties. In Riverside, the population grew slightly faster than ED bed capacity. The ratio of ED beds per 100,000 population grew in San Bernardino (6 percent) and San Diego (2 percent), and declined in Riverside (–1 percent). Further, because of rapid ED visit

growth, the ratio of visits per 100 population increased in San Bernardino (19 percent) and San Diego (9 percent), while falling in Riverside by 4 percent. In San Bernardino and San Diego counties, ED bed growth failed to keep pace with increased visit demand. The ratio of ED beds per 100,000 visits declined in San Bernardino (–11 percent) and San Diego (–6 percent), and grew slightly in Riverside County (3 percent). By 2007, San Diego County had one of the highest bed-to-visit ratios (62.7), while Riverside County had a relatively low ratio (51.7).

- **Patient acuity and admissions from ED.** In 2002, the proportion of ED patients in the two highest-acuity categories was at or slightly above the 25 percent state average for the three counties. By 2007, San Diego saw an increase from 26 to 42 percent, and Riverside went from 24 percent to 39 percent in those categories. San Bernardino's percent of ED patients in the highest-acuity categories declined slightly, from 29 percent to 26 percent. In terms of ED-generated hospital admissions, the three counties showed only small percentage increases. The percentage of all inpatient admissions that originated in the ED rose from 2001 to 2007 in these three counties. San Diego and Riverside counties had similar increases in the share of all admissions that came through the ED (42 percent to 45 percent, and 46 percent to 49 percent, respectively), while San Bernardino County's share had a higher increase (43 percent to 49 percent).
- **Payer mix.** In all three counties, privately insured patients accounted for about one-third of ED visits: San Bernardino (32 percent), San Diego (35 percent), and Riverside County (35 percent). Slightly more than one-fourth of San Bernardino's ED visits were for Medi-Cal patients, compared to 19 percent in San Diego and Riverside counties.

Conclusions

This analysis underscores the complexity of the health care marketplace across California and the need to look at multiple factors in combination to capture a full picture. While the number of hospital-based EDs continues to fall over time, since 2001 almost half of all hospitals with EDs expanded their ED bed capacity. The supply of ED beds grew by 17 percent while population rose by 6 percent and the number of ED visits increased 2 percent. ED beds per capita and per visit have risen to their highest levels in over a decade.

However, California's EDs are facing a changing patient mix that may be putting pressure on their resources. The percentage of ED patients in the highest-severity categories has increased, a trend that is likely to affect ED throughput as well as the level of ED and inpatient resources needed to treat these patients. In addition, more ED patients are presenting with conditions that require them to be admitted. By being admitted on an emergency basis, these patients receive services outside of the normal care management process, which generally includes the patient's primary care physician who is familiar with their medical history. This raises questions about the continuity of care provided to an increasing percentage of inpatients.

Simultaneously, the percent of ED visits that are considered non-emergency has also grown over time, yet almost 400,000 patients register and then leave California EDs each year before they are treated.

From a policy standpoint, the expansion of ED bed capacity statewide serves as an indicator that the system overall is not eroding. However, total capacity does not address possible operational constraints within individual EDs nor potential disparities in the distribution of capacity within specific communities or segments of the population. Comparison of trends in ED demand and capacity across counties demonstrates that there is substantial variation, making each county's ED system unique.

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About the Foundation

The California HealthCare Foundation is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, our goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford. For more information, visit **www.chcf.org**.

Endnotes

1. National Health Statistics Reports, Number 7, August 6, 2008.

2. This includes those with existing and retroactive Medi-Cal.

3. Joynt, Jennifer, *Beds for Boomers: Will Hospitals Have Enough?* California HealthCare Foundation. Oakland, CA. 2008 (**www.chcf.org/topics/hospitals/index.cfm?itemID=133749**.)

Appendix A: Data Tables for 10 Selected California Counties

	1996				2001				2007			
	POPULATION	EDs	ED BEDS	ED VISITS	POPULATION	EDs	ED BEDS	ED VISITS	POPULATION	EDs	ED BEDS	ED VISITS
Totals												
California	31,146,023	388	4,994	8,806,452	34,524,727	363	5,378	10,329,098	36,552,070	344	6,310	10,491,174
10 Counties	20,095,197	213	3,016	5,481,048	22,102,585	197	3,259	6,546,113	23,545,101	185	3,872	6,484,257
% of California	65%	55%	60%	62%	64%	54%	61%	63%	64%	54%	61%	62%
10 Selected Counties												
San Bernardino	1,545,508	18	252	425,129	1,762,968	18	306	539,152	2,007,800	17	348	658,670
San Diego	2,609,266	23	369	588,492	2,870,023	19	341	678,224	2,974,859	18	431	732,218
Riverside	1,321,304	15	193	373,535	1,616,415	16	275	533,074	2,073,571	15	300	562,409
Sacramento	1,119,353	10	168	293,086	1,266,756	9	190	377,135	1,386,667	9	231	384,111
Los Angeles	9,064,197	97	1308	2,388,159	9,652,964	87	1385	2,987,036	9,878,554	79	1604	2,730,073
Kern	597,880	9	108	196,060	674,591	10	109	171,590	790,710	10	139	229,321
Santa Clara	1,539,465	12	224	413,101	1,693,965	11	211	452,976	1,748,976	10	228	363,842
San Francisco	729,746	10	130	230,060	778,258	9	143	227,225	764,976	9	163	226,942
Fresno	717,746	9	136	263,862	814,015	9	142	260,330	899,348	9	205	270,357
Contra Costa	850,732	10	128	309,564	972,630	9	157	319,371	1,019,640	9	223	326,314

	CHANGE 1996–2007				CHANGE 1996–2001				CHANGE 2001–2007			
	POPULATION	EDs	ED BEDS	ED VISITS	POPULATION	EDs	ED BEDS	ED VISITS	POPULATION	EDs	ED BEDS	ED VISITS
San Bernardino	30%	–6%	38%	55%	14%	0%	21%	27%	14%	–6%	14%	22%
San Diego	14%	–22%	17%	24%	10%	–17%	–8%	15%	4%	–5%	26%	8%
Riverside	57%	0%	55%	51%	22%	7%	42%	43%	28%	–6%	9%	6%
Sacramento	24%	–10%	38%	31%	13%	–10%	13%	29%	9%	0%	22%	2%
Los Angeles	9%	–19%	23%	14%	6%	–10%	6%	25%	2%	–9%	16%	–9%
Kern	32%	11%	29%	17%	13%	11%	1%	–12%	17%	0%	28%	34%
Santa Clara	14%	–17%	2%	–12%	10%	–8%	–6%	10%	3%	–9%	8%	–20%
San Francisco	5%	–10%	25%	–1%	7%	–10%	10%	–1%	–2%	0%	14%	0%
Fresno	25%	0%	51%	2%	13%	0%	4%	–1%	10%	0%	44%	4%
Contra Costa	20%	–10%	74%	5%	14%	–10%	23%	3%	5%	0%	42%	2%

	1996 RATIOS			2001 RATIOS			2007 RATIOS		
	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS
San Bernardino	16.3	27.5	59.3	17.4	30.6	56.8	17.3	32.8	52.8
San Diego	14.1	22.6	62.7	11.9	23.6	50.3	14.5	24.6	58.9
Riverside	14.6	28.3	51.7	17.0	33.0	51.6	14.5	27.1	53.3
Sacramento	15.0	26.2	57.3	15.0	29.8	50.4	16.7	27.7	60.1
Los Angeles	14.4	26.3	54.8	14.3	30.9	46.4	16.2	27.6	58.8
Kern	18.1	32.8	55.1	16.2	25.4	63.5	17.6	29.0	60.6
Santa Clara	14.6	26.8	54.2	12.5	26.7	46.6	13.0	20.8	62.7
San Francisco	17.8	31.5	56.5	18.4	29.2	62.9	21.3	29.7	71.8
Fresno	18.9	36.8	51.5	17.4	32.0	54.5	22.8	30.1	75.8
Contra Costa	15.0	36.4	41.3	16.1	32.8	49.2	21.9	32.0	68.3

	CHANGE 1996–2007			CHANGE 1996–2001			CHANGE 2001–2007		
	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS	BEDS PER 100,000 POPULATION	VISITS PER 100 POPULATION	BEDS PER 100,000 VISITS
San Bernardino	6%	19%	–11%	6%	11%	–4%	0%	7%	–7%
San Diego	2%	9%	–6%	–16%	5%	–20%	22%	4%	17%
Riverside	–1%	–4%	3%	16%	17%	0%	–15%	–18%	3%
Sacramento	11%	6%	5%	0%	14%	–12%	11%	–7%	19%
Los Angeles	13%	5%	7%	–1%	17%	–15%	13%	–11%	27%
Kern	–3%	–12%	10%	–11%	–22%	15%	9%	14%	–5%
Santa Clara	–10%	–22%	16%	–14%	0%	–14%	5%	–22%	35%
San Francisco	20%	–6%	27%	3%	–7%	11%	16%	2%	14%
Fresno	20%	–18%	47%	–8%	–13%	6%	31%	–6%	39%
Contra Costa	45%	–12%	65%	7%	–10%	19%	35%	–3%	39%

Sources: Office of Statewide Health Planning and Development; U.S. Census Bureau.