Health and Health Disparities in San Francisco

Equity in Birth Outcomes

This brief report highlights data that identifies health disparities affecting birth outcomes, disproportionately affecting African-American and Latina women and their babies. Comparing ethnic groups allows description of the persistent health disparities during the most vulnerable and critical periods of life, but not the reasons for these differences. The results indicate prevailing social inequities (e.g., housing, education, jobs, income, and neighborhood conditions), preventable health disparities, and the potential for improving health outcomes throughout the life course.

Maternal Conditions

Entering pregnancy:

- Health: African-American women are more likely to be affected by adverse health conditions. Compared to White women, African-American women are 2 or more times as likely to have chronic hypertension, and Type 2 Diabetes, much more likely to have chlamydia and to smoke tobacco prior to pregnancy, and 3 times more likely to be overweight or obese.
- Health care access. African-American women are 8 times more likely to use Medi-Cal for delivery, a proxy for poverty and lack of economic opportunity, and an indicator of not being insured prior to pregnancy.
- Socio-economic conditions. African-American and Latinos are much more likely to be low income. For households with children, 7 of 10 African-American households (72%) and 5 of 10 Latino households (49%) make less than 200% of federal poverty levels, compared to one of 7 White households (14%).

During pregnancy

- Prenatal Care Access: African-American and Latina women are much more likely than White women to not get into prenatal care during first trimester. A large part of these inter-ethnic differences reflect the facts that (a) 90% or more of privately insured women of all ethnicities get timely prenatal care, much higher than the rate for women of all ethnicities on Medi-Cal, and (b) more than half of Black and Latina mothers are on Medi-Cal, compared to only 6% of Whites.
- Health: African-American women are more likely to experience pregnancy-related adverse medical conditions. Compared to White women, African-American women are 3 or more times more likely to have pregnancy-induced hypertension or eclampsia, and many times more likely to have chlamydia. Latinas have higher gestational diabetes rates.
- Socio-economic conditions. Blacks and Latinas are more likely to experience stressful hardships including interpersonal violence, food insecurity, moving, loss of job for them or their partners, having "a lot" of unpaid bills, becoming separated or divorced, and being without practical or emotional social support.

Births and Post-Partum

- Birth outcomes. Compared to Whites, African-American infants are 6 times more likely to be born extremely premature (before 28 weeks), 3 times more likely to be born very premature (before 32 weeks), and twice as likely to be born before 37 weeks (preterm). Compared to Whites, African-American infants are more than twice as likely to be born with low birth weight; and almost twice as likely to be born with very low birth weight.
- Post-partum. Latina and African-American new mothers are more likely to not be able to afford needed medical care for themselves or their baby.
- Infant mortality. The infant mortality rate from 2008-2011 for Black infants was 14.2, over five-times higher than for Whites (2.4) and three-times higher than for Hispanics (4.7).

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Equity in Birth Outcomes-Related Data, San Francisco

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Factor	San Francisco Number	San Francisco %	White Number	White %	Asian Number	Asian %	Latina Number	Latina %	Black Number	Black %	Disparity Hi/Low	Years	Source
All San Francisco resident births													
	8,813	100.0%	3,588	40.7%	2,634	29.9%	1,732	19.7%	433	4.9%		2011	1
Maternal Conditions													
Entering Pregnancy													
Health													
Not good/excellent pre-pregnancy health**	800	4.9 (11.0)		(4.9)		(6.8)		(15.6)		(11.6)	3.2	2010	2
obese	1,610	18.3%	517	14.4%	288	10.9%	541	31.2%	147	33.9%	3.1	2011	1
chronic hypertension	400	1.5%	119	1.1%	114	1.5%	90	1.7%	53	3.8%	3.5	2009-2011	1
type II diabetes	127	0.5%	29	0.3%	31	0.4%	46	0.9%	10	0.7%	2.3	2009-2011	1
chlamydia (15-19 yr.-olds, incidence per 1,000)	487	27.5	29	6.9	48	6.4	83	20.9	220	118.5	18.5	2011	3
smoked 3 months before preg.	124	1.5%	41	1.2%	10	0.4%	17	1.2%	47	11.8%	29.5	2011	
binge drinking**	1,600	18.6 (15.0)%		(20.5%)		(12.0%)		(12.6%)		(10.7%)	0.9	2011	2
Health care access													
Medi-Cal for PNC	2,259	25.6%	231	6.4%	714	27.1%	956	55.2%	259	59.8%	9.3	2011	1
Private insurance	6,087	69.1%	3210	89.5%	1828	69.4%	598	34.5%	145	33.5%	2.7	2011	1
Socio-economic conditions													
Education												2011	
HS or less	2,105	23.9%	159	4.4%	536	20.3%	1064	61.4%	251	58.0%	13.1	2011	1
College degree or more	5,240	59.5%	3,115	86.8%	1530	58.1%	347	20.0%	59	13.6%	6.4	2011	1
Income													
% households w. children 0-19 < fed. Poverty		14%		7%		15%		15%		41%	5.9	2010	4
households w. children 0-19 < 200% fed. Poverty		36%		14%		35%		49%		72%	5.1		4
Births to mothers <25	928	10.6%	74	2.1%	162	6.2%	441	25.5%	183	42.2%	20.1	2011	1
During Pregnancy													
Prenatal care access													
1st trimester care	7,753	88.0%	3,374	94.0%	2,381	90.4%	1,370	79.1%	281	64.9%	5.9	2011	1
w. private insurance	5,802	95.5%	3119	97.2%	1724	94.3%	557	93.1%	130	89.7%	3.6	2011	1
w. Medi-Cal	1660	74%	164	71.0%	598	83.8%	689	72.1%	143	55.2%	1.5	2011	1
Health													
preg.-induced hypertension	1114	4.2%	333	3.1%	184	2.4%	372	7.0%	134	9.7%	3.1	2011	1
eclampsia	45	0.2%	17	0.2%	8	0.1%	10	0.2%	6	0.4%	2.0	2011	1
gestational diabetes	1726	6.5%	341	3.2%	831	10.7%	424	8.0%	58	4.2%	1.3	2011	1
prenatal depression**	800	9.1% (15.0%)		(11.0%)		(12.1%)		(17.5%)		(18.3%)	1.7	2010	

Factor	San Francisco Number	San Francisco %	White Number	White %	Asian Number	Asian %	Latina Number	Latina %	Black Number	Black %	Disparity Hi/Low	Years	Source
Socio-economic conditions													
Income													
had "a lot" of unpaid bills**	700	8.7 (21.5)		(18.9)		(12.9)		(23.8)		(31.9)	2.5	2010	2
woman or partner lost job**	1,600	18.7 (19.7)		(14.8)		(13.7)		(24.1)		(21.8)	1.8	2010	2
food insecurity**	800	9.6 (18.8)		(9.1)		(14.7)		(25.0)		(23.1)	2.7	2010	2
Other hardships													2
became separatd or divorced**	300	3.4 (8.1)		(4.9)		(3.1)		(9.8)		(19.4)	6.3	2010	2
hysical or pyscholog. Interpersonal violence**		(7.3)		(5.3)		(4.7)		(8.7)		(12.2)	2.6	2010	2
no practical or emotional social support**	500	5.7 (5.8)		(1.6)		(5.9)		(8.1)		(5.9)	5.1	2010	2
moved**	1,800	20.6 (28.8)		(28.1)		(21.0)		(30.5)		(36.9)	1.8	2010	2
teen <18	74	0.8%	2	0.1%	3	0.1%	49	2.8%	15	3.5%	62.1		1
Birth and Post-Partum													
Birth Outcomes													
Low birth weight (<2,500 g.)	620	7.0%	218	6.1%	191	7.3%	98	5.7%	76	17.6%	2.9	2011	1
Very low birth wt.	91	1.0%	30	0.8%	18	0.7%	18	1.0%	6	1.4%	1.7	2011	1
Preterm births (<37 wksGA)	752	8.5%	221	6.2%	199	7.6%	157	9.1%	63	14.5%	2.4	2011	1
Post-Partum													
Postpartum depression**	500	5.6 (13.4)%		(11.1%)		(11.1%)		(15.3)		(12.2)	1.4	2010	2
Needed but couldn't afford postpartum care (mom or infant)**	500	5.7 (14.0)%		(10.0)		(8.9)		(17.5)		(13.9)	2.0		2
Infant Death Rate		Rate		Rate		Rate		Rate		Rate			
Infant mortality rate (per 1,000 live births)	129	3.7	34	2.4	22	2.1	34	4.7	28	14.4	6.9	2008-2011	5

Source no. Source

1 Ca. birth statistical master files for SF. Analyzed by SFDPH MCAH epidemiology.

2 ** MIHA 2010 state and county profiles. California data shown in (parentheses). SF data by ethnicity expected to be available by next year.

3 SFDPH STD Control Section. San Francisco *Sexually Transmitted Disease Annual Summary, 2011*

4 American Community Survey, 2010 SF POMS sample. Analyzed by SFDPH MCAH epidemiology.

5 Ca. birth and death statistical master files for SF. Analyzed by SFDPH MCAH epidemiology.

% = column % or % of column ethnicity

Low Birth Weight= <2,500 g. or 5.5 lb.

Very Low Birth Weight= <1,500 g. or 3.3 lb.

Preterm= <37 weeks completed gestational age