A Snapshot of Women's Health in San Francisco

The #1 killer of women in San Francisco is ischemic heart disease which accounts for 12% of all deaths.

Of the top 10 causes of death are chronic diseases:
Chronic diseases in the top 10 causes of death among women are: cardiovascular diseases (CVD, stroke, hypertensive heart disease), certain cancers (lung, tracheal and bronchial, breast, colorectal), Alzheimer's and other dementias, and diabetes.

Death rates due to the leading chronic diseases have been decreasing.

Death rates for the top causes of death are significantly higher among Black women:
Black women are more likely to die of Ischemic Heart Disease than Asian women who have the lowest risk.

More than 1/3 of women are overweight or obese:

Low income women are twice as likely to be overweight or obese:
Women living in households earning less than 300% of the Federal Poverty Level (FPL) are more likely to be overweight (32%) or obese (15%) than those in households earning more than 300% of the FPL (17% and 8% respectively).

Women of different racial and ethnic backgrounds are unequally affected by overweight and obesity:
Latinas (47.2%) are more likely to be overweight than White (25.6%) or Asian women (12.3%). While estimates of obesity among all races/ethnicities of women and of overweight among Black women are statistically unstable they suggest higher rates of obesity and overweight among Latinas and Black women.

Low educational attainment, income insecurity and workplace conditions are interrelated and important to the health and well-being of women and their families:
One of four women giving birth had a high school education or less. In high poverty areas (>15% below poverty) 40% of mothers have a high school education or less.

Most Latinas and Blacks have a high school education or less at the time of first pregnancy:
62% of Latinas and 58% of Blacks have a high school education or less at the time of giving birth.

Job and income insecurity are prevalent among new mothers:
One of 6 birth mothers experienced a lost job to themselves or their partners during their pregnancy and one of 10 SF birth mothers (10.2%) experienced cut back pay or hours to themselves or their partners during their pregnancy.
Lower income women (10%) and Latinas (28%) are more likely to lose a job during pregnancy.
One in 10 women reported food insecurity during pregnancy. Thirty percent of low income pregnant women reported food insecurity.

Almost 1 in 4 women in San Francisco reported needing help for emotional/mental health problems or use of alcohol and drugs:
Seventeen percent of women saw a healthcare provider for emotional-mental and or alcohol and drug issues in the past year and 11% of women reported taking prescription medicines for emotional/mental health issues in the two weeks prior to the survey.

6.9% of adult women in San Francisco self-reported serious psychological distress:
About 1.5%, 0.79%, and 0.15% of women ages 15-44 were hospitalized with a mental illness diagnosis, mood disorder diagnosis, and self-inflicted injuries, respectively, in 2011; these rates all increased recently.
African American women are more likely to be hospitalized due to a mental illness, mood disorder, or self-inflicted injury.

While 90% of women of all ethnicities get timely prenatal care, women covered by Medi-Cal were less likely to receive appropriate prenatal care:
Only 63% of women covered for pregnancy by Medi-Cal had a regular source of pre-pregnancy healthcare, 69% of privately insured women had a regular source of pre-pregnancy healthcare.
26% of Medi-Cal covered women and 4% of privately insured women who gave birth did not receive timely (first trimester) prenatal care.

Overall, women underutilize medical care services: about 1 in 7 women 18-44 delayed or didn't get medical care:
Only 7% Medi-Cal managed care enrolled women 20-29 years old in the SF Health Plan had a well-woman visit in the past year.
About 50% of Black women delayed or didn't get medical care.

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