

San Francisco County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	833,827
Total Population, African American	46,464
Total Population, American Indian/ Alaskan Natives	1,906
Total Population, Asian/Pacific Islander	280,883
Total Population, Hispanic	129,828
Total Population, White	347,469
Total Live Births ²	8,807

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	89.1%
% of births covered by Medi-Cal ²	21.1%
% of women ages 18-64 without health insurance ³	12.4%
% of women giving birth to a second child within 24 months of a previous pregnancy *	41.4%
% live births less than 37 weeks' gestation ²	8.6%
Gestational diabetes per 1,000 females age 15-44	10.4
% of female population 18-64 living in poverty (0-200% FPL) ³	28.3%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	22.6
Unemployment Rate ⁴	5.4

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	10.2
Motor vehicle injury hospitalizations per 100,000 children age 0-146	11.0
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	31.7%
Mental health hospitalizations per 100,000 age 15-24*	1,622.9
Children in Foster Care per 1,000 children ⁵	8.5
Substance abuse hospitalization per 100,000 aged 15-24*	809.5

Data sources: ¹ CA Dept. of Finance population estimates for Year 2015, January 2013; ² CA Birth Statistical Master Files 2011-2013 Annual Average, 3 year average; ³ California Health Interview Survey, 2014; ⁴ [State of California, Employment Development Department, February 2017](#); ⁵ [Data from CA Child Welfare Indicators Project, UC Berkeley Point in Time Jul 2015](#); ⁶ [California Department of Public Health, Safe and Active Communities Branch](#); *Data carried over from the Community Profile 2015-2016. Not updated.

About Our Community – Health Starts Where We Live, Learn, Work, and Play

Geography: At 46.9 square miles, occupying the northern end of the San Francisco Peninsula and bounded by the Pacific Ocean and San Francisco Bay, San Francisco is the smallest county in the state and the second most densely populated city in the U.S. Built on a grid over terrain ranging from sea level landfill to hills nearly 1,000 feet high, the city enjoys a climate similar to the northern Mediterranean.

Major Industries and Employers: San Francisco's major industries include global business, banks/financial institutions, tourism, technology, biotechnology, and medical science or pharmaceutical products. San Francisco experienced a 6.1 percent increase in employment from 2011 to 2012 (triple the national growth rate of 2 percent). All major industries grew at rates that outpaced the rest of the state and country (SPUR, 2014). The growth was driven by the tech sector.

Walkability, Recreational Areas: Compact and densely populated, with tree lined streets and a lively retail sector, San Francisco is a highly walkable town for all undaunted by hills. In 2016, San Francisco ranked second among US cities for walkability, with a walk score of 85.7 (walkscore.com). Public transit is multi-modal including bus, underground, trolleys, cable cars, and BART. Bike sharing is a growing mode of transport, and dedicated bike lanes are increasing. Militating against walkability is the large volume of auto traffic, though the city is engaged in a major campaign to reduce pedestrian accidents resulting from automobiles. San Francisco has dozens of federal, state, and municipal parks, chief among them the Federal Golden Gate National Recreation Area and the municipal Golden Gate Park.

Sources: Wikipedia, SF Chamber of Commerce, SF Controller's Office; <http://www.spur.org/news/2014-02-27/forecasting-san-francisco-s-economic-fortunes>

Health System – Health and Human Services for the MCAH Population

Maternal/Women's Health: Family Friendly Workplace policies and programs. Increased access to preconception and prenatal care.

Perinatal/Infant Health: Reduce the incidence of pre-term birth through data analysis and improved monitoring to identify and characterize at-risk groups; Black Infant Health and our growing home visiting programs; and collaboration with Preterm Birth Initiative partners to develop collective impact intervention strategies.

Child Health: Reduce the incidence of dental caries in low income children through the MCAH-led Oral Health Collaborative, a multi-agency initiative to provide regular dental screenings, oral health education, fluoride varnish and dental sealant application to the county's children. Improve early childhood education and care environments through the Child Care Health Program, which includes health screening and the "Health Apple Award".

Adolescent Health: Family Planning programs including life planning and LARC curricula for all 9th graders in the school district.

Children with Special Health Care Needs: Reduce the stressors for parents of children and youth with special health care needs (CYSHCN) by developing an assessment tool to measure parental stress; identify affected families; provide recreational and social opportunities in conjunction with partner agencies; develop improved child care, peer counselling, and mental health options; and promote flexible work hours.

Cross cutting or life course issues: Reduce the impact of racism on healthcare access and outcomes by documenting the problem; develop a curriculum with interventions for community-based forums (e.g. Oasis Sister Circle); and developing the internal capacity to engage through workforce development and training.

Reduce the impact of housing insecurity on health care access and outcomes by employing community-based participatory research to document housing insecurity; and increasing the capacity of health programs to assist families with housing problems.

Health Status and Disparities for the MCAH Population

Preterm birth: In SF, in 2014, 16% of Black infants were born preterm vs. 7% of White infants (CDPH Birth Statistical Master File).

Child maltreatment: In SF, in 2016, the incidence of substantiated maltreatment was 38.5 per 1,000 in Black children (ages 0-17) vs 2.5 per 1,000 in White children (UCB University of California at Berkeley California Child Welfare Indicators Project).

Caries experience: In SF, in 2015-2016, 37-47% of Asian, Latino, and Black Kindergarteners had caries experience versus 15% of White Kindergarteners (SFUSD-SFDPH Kindergarten screening program).

Childhood overweight/obesity: Although citywide rates of childhood overweight and obesity have decreased, rates have remained stable among low income children, widening obesity disparities. In 2015-2016, 41% of Black 5th graders in SF public schools had a body composition that met "Healthy Fitness Zone" standards, vs 75% of White 5th graders (CDE Fitnessgram). In SF, in 2014, 38% of Black women were obese before pregnancy vs 5% of White women (CDPH Birth Statistical Master File).

Perinatal depression: In SF, in 2010-2011, 21% of postpartum women with Medi-Cal coverage were depressed before pregnancy vs 3% of postpartum women with private health insurance (MIHA Survey).

Smoking: In SF, in 2014, 9% of Black women smoked before pregnancy vs <2% of White, Hispanic and Asian women (CDPH Birth Statistical Master File).

Health care access: In SF, in 2014, 67% of Black women accessed prenatal care in the first trimester, compared to 94% of White women (CDPH Birth Statistical Master File).

Exclusive breastfeeding: While Citywide, 42% of mothers exclusively breastfeed up to 3 months postpartum, only 18% of low income Black mothers and 9% of low income Asian mothers exclusively breastfeed up to 2 months (SF WIC program data).

Socio-economic factors: Low income/ poverty is disproportionately distributed across ethnic groups. In 2006-2010, 27% of Black or African American residents in SF lived below the poverty threshold, compared to 9% of White residents.

Outcomes: MCAH, health and human services buffer the health of low income and other vulnerable families, yet the trend of health outcomes for San Francisco overall has largely remained unchanged in the past 5 years