

SOLID START IMPACT REPORT

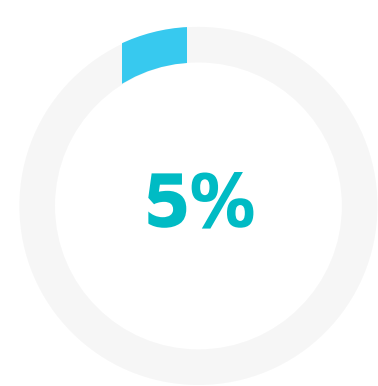
Hurdles to a healthy life start early in San Francisco



2019-2020

SAN FRANCISCO AT A GLANCE

Over-Representation of Black/African Americans among the homeless in SF

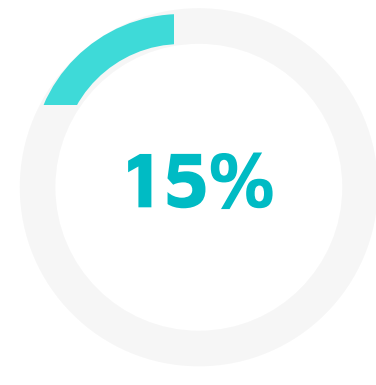
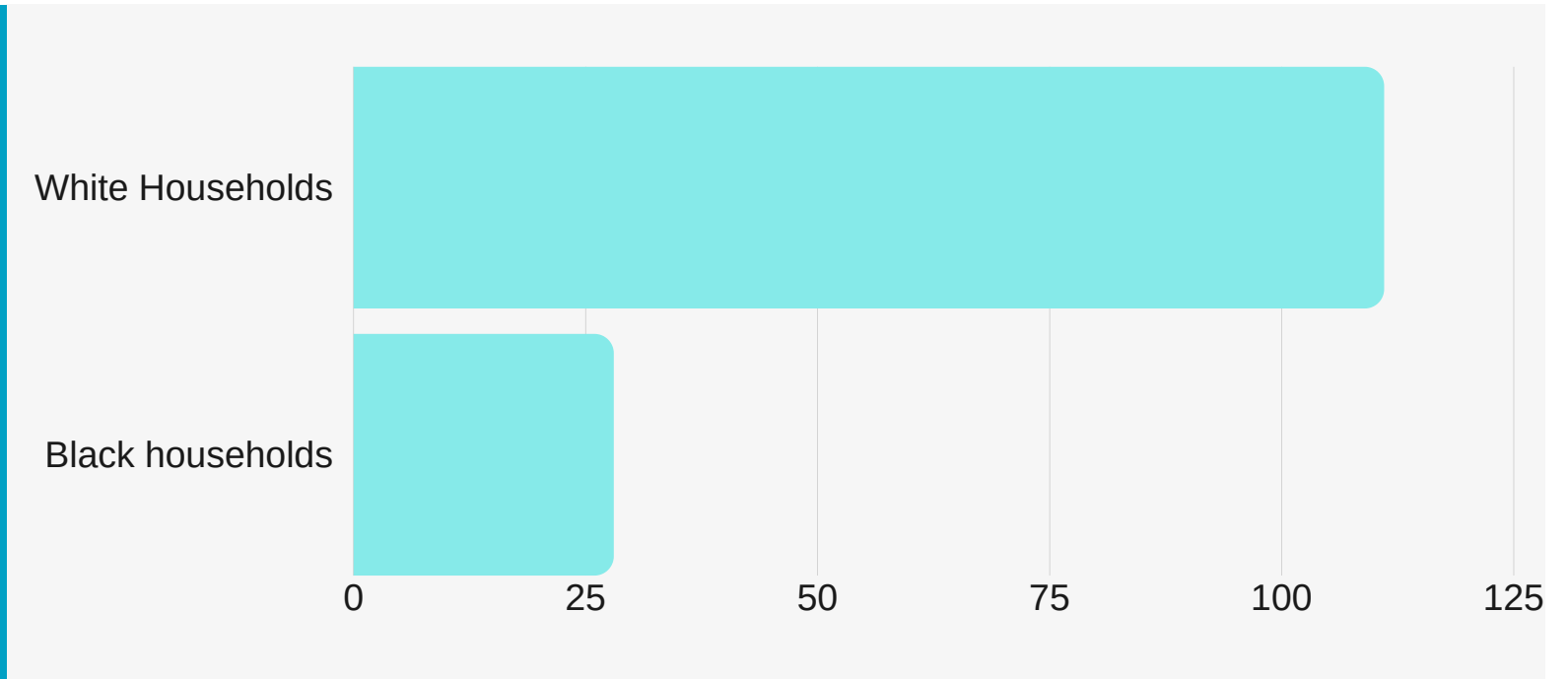


Black/African American Population in SF

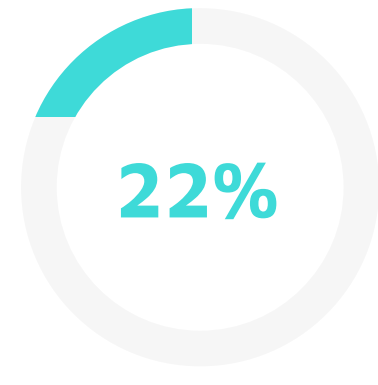


Black/African American Homeless Population in SF

MEDIAN HOUSEHOLD INCOME

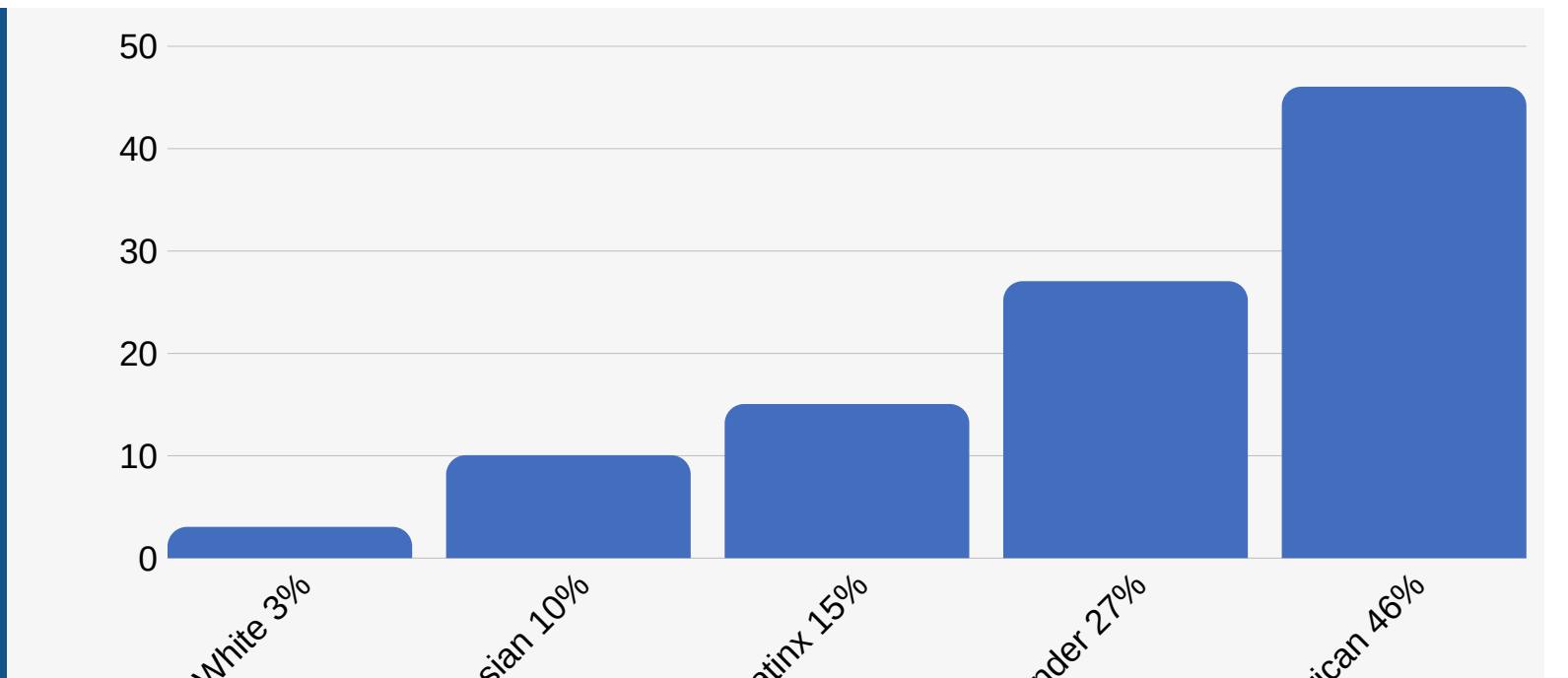


Latinx Population in SF



Latinx Homeless Population in SF

CHILDREN 0-18 LIVING IN POVERTY



Pregnancy in San Francisco

In SF, pregnant people and families of color have less access to resources and experience large disparities.

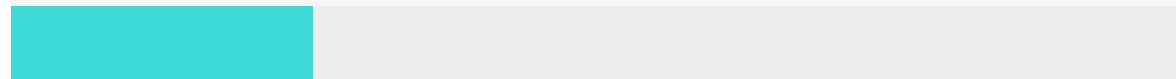
26.5%

Percentage of Latinx pregnant people who are food insecure



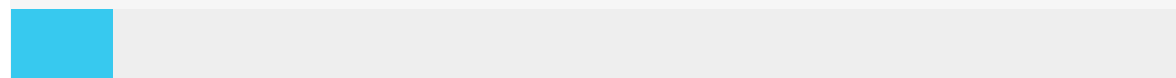
19.5%

Percentage of African American people who are food insecure

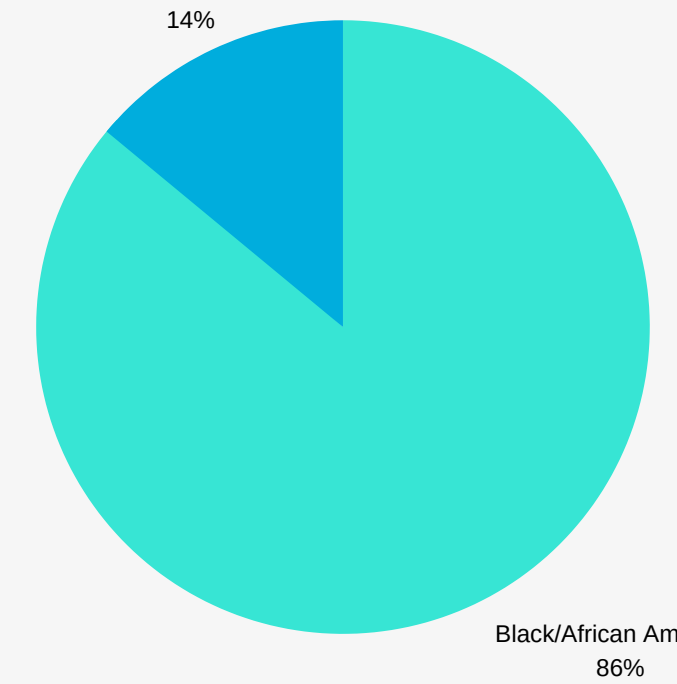
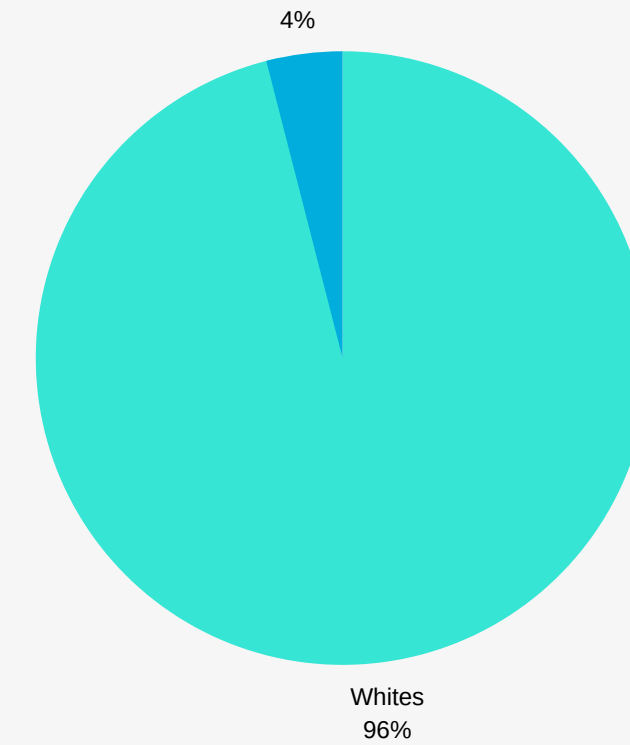


6.6%

Percentage of Asian and Pacific Islander Women who are food insecure

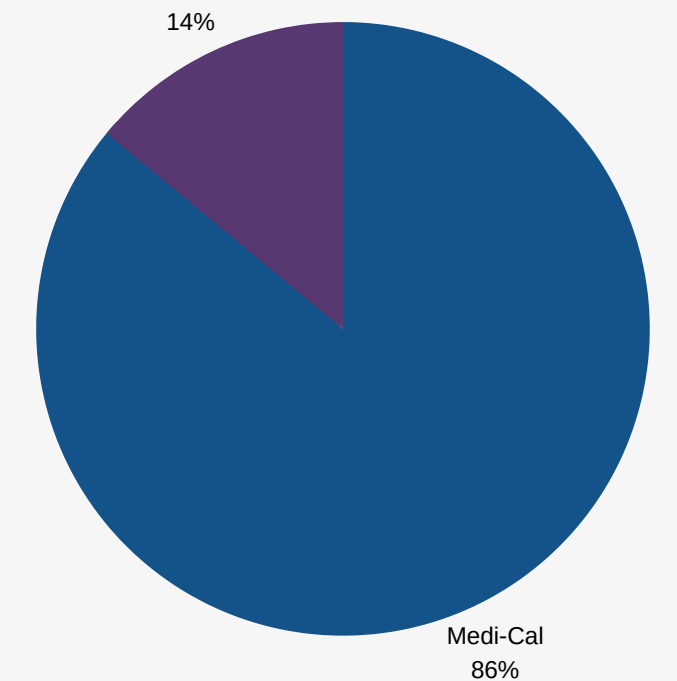
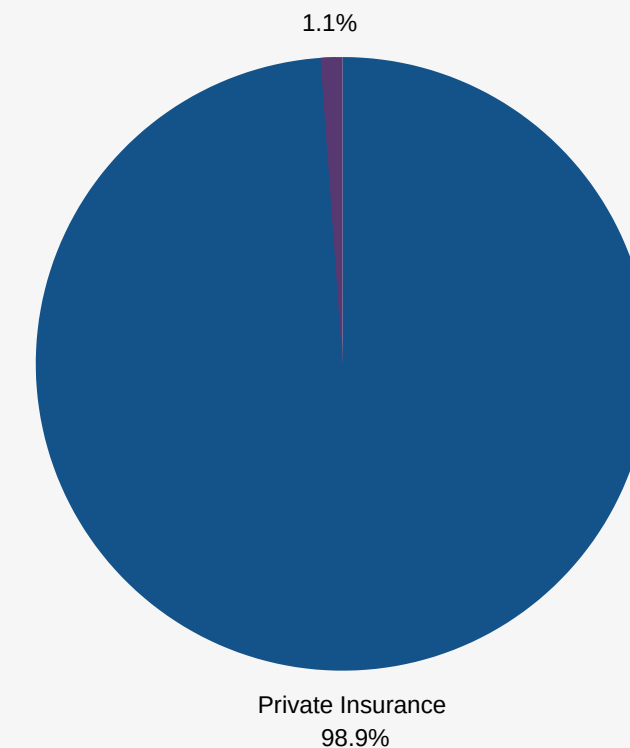


FULL TERM BIRTH



Full term birth more likely for Whites (93%) than Black/African Americans (86%)

DIFFERENT LEVELS OF PRENATAL CARE



99% of mothers with private insurance receive prenatal care in the first trimester. Only 86% of those with Medi-Cal receive early prenatal care.

NEIGHBORHOOD DISPARITIES

In the United States, zip codes are a fundamental determinant of one's health. Women who lived in the southeast neighborhoods of San Francisco had among the highest:

94134 Visitacion
Valley/Portola

94124 Bayview

93112 Excelsior/Ocean
View/Ingleside

94110 Mission/Bernal
Heights

1. Number of births

Accounting for nearly a third of all births in San Francisco.

2. Obesity

Rates of being obese or overweight when they got pregnant.

3. Missed Prenatal Care

Rates of missing first trimester prenatal care.

4. Premature birth rates

Rates of infants born before the 37th week of pregnancy.

5. Low-birth weight rates

Rates of infants born weighing less than 5 pounds, 8 ounces.

SOLID START AT ZUCKERBERG SAN FRANCISCO GENERAL

In addition to issues related to social determinants of health and health equity, fragmented care is an important part of the reason for the high costs and often poor outcomes associated with health care. Care coordination models that focus on the patient experience and coordination of care across medical silos are an important part of the solution.

That's why in 2015, we launched the Solid Start initiative at Zuckerberg San Francisco Hospital and Trauma Center (ZSFG) - a multi-disciplinary collaboration with a mission to promote health and health equity by integrating social, behavioral and medical care for pregnant women and families with children 0-3 across multiple hospital settings.

Women's Health Center

645

Number of Prenatal Patients

Children's Health Center

1736

0-3 Primary Care

736

0-3 Behavioral Consults

1,188
ZSFG
BIRTHS

OB-Psychiatry

136

Prenatal/Postpartum Patients

Family Health Center

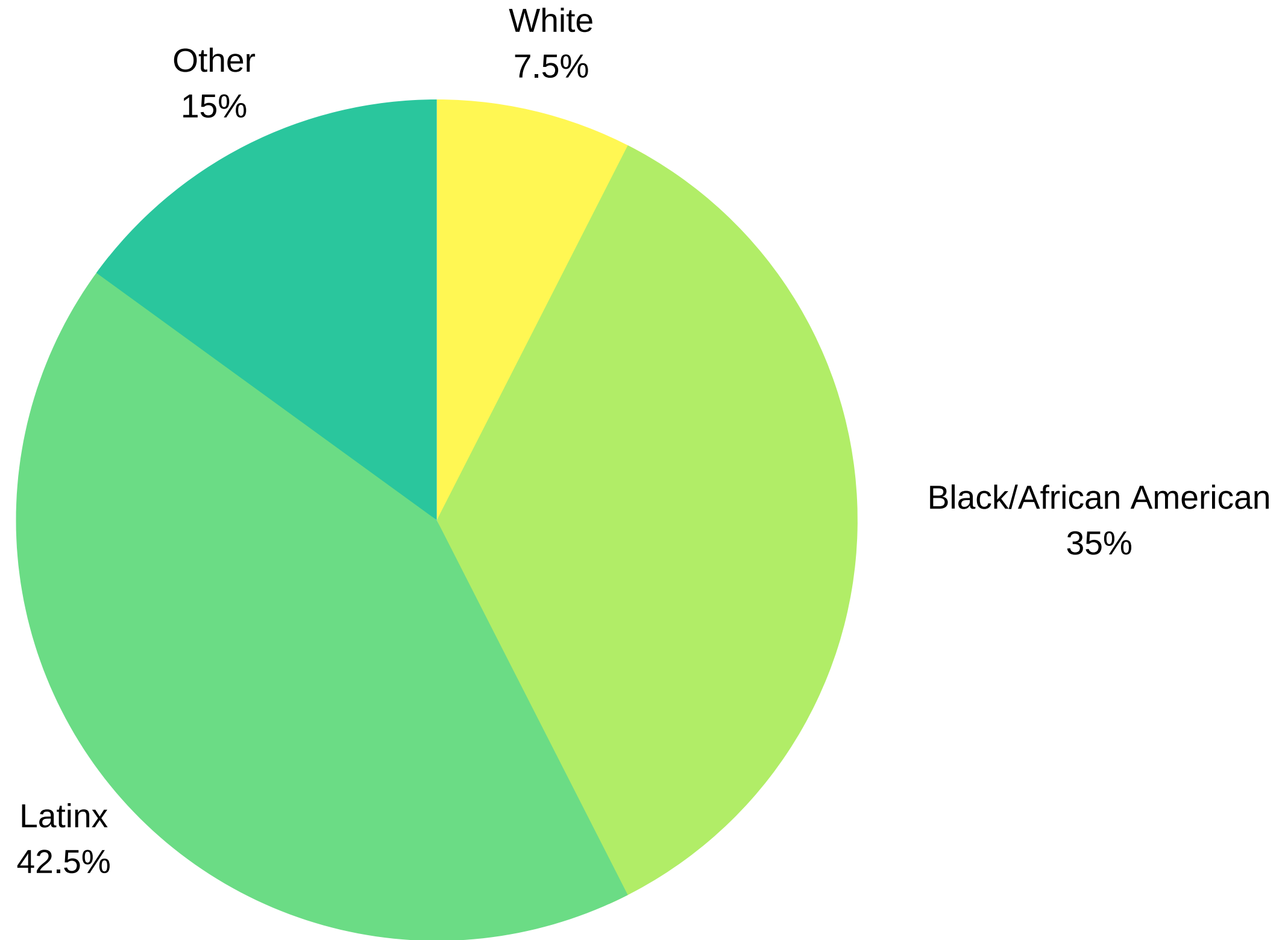
408

0-3 Primary Care Patients

89

Prenatal Patients

RACE AND ETHNICITY DISTRIBUTION OF SOLID START FAMILIES

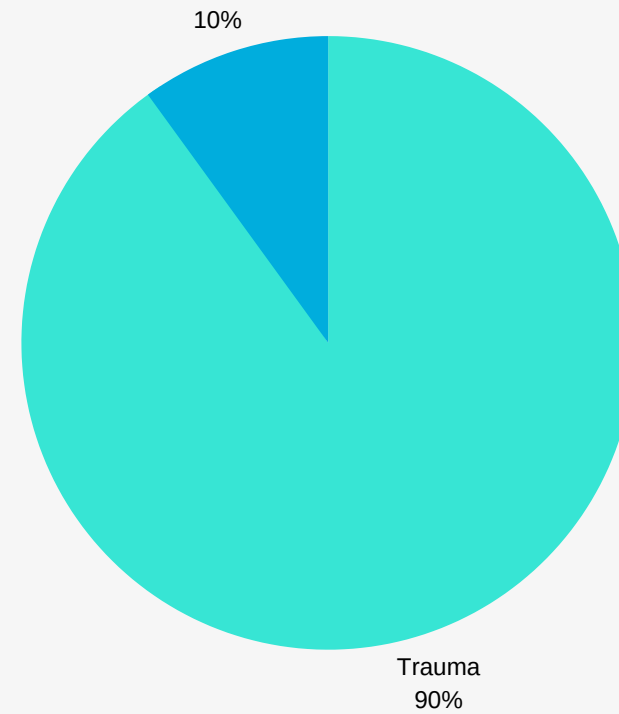


Solid Start Community Health Worker Integration Pilot at ZSFG

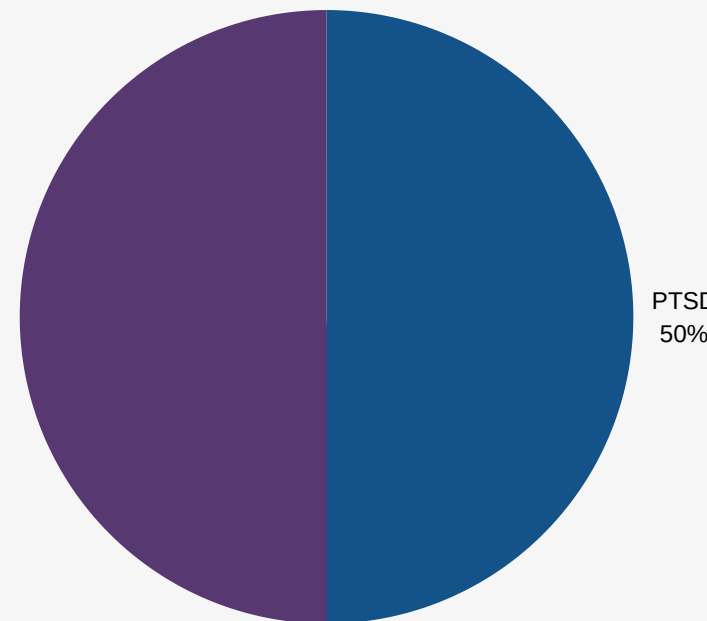
In a first of its kind collaboration between Homeless Prenatal Program and ZSFG, Solid Start placed Community Health Workers onsite at ZSFG in order to coordinate care for families, enhance the patient experience and improve care transitions.

**COMMUNITY HEALTH
WORKER
INTEGRATION
PILOT
DEMONSTRATION
PROJECT**

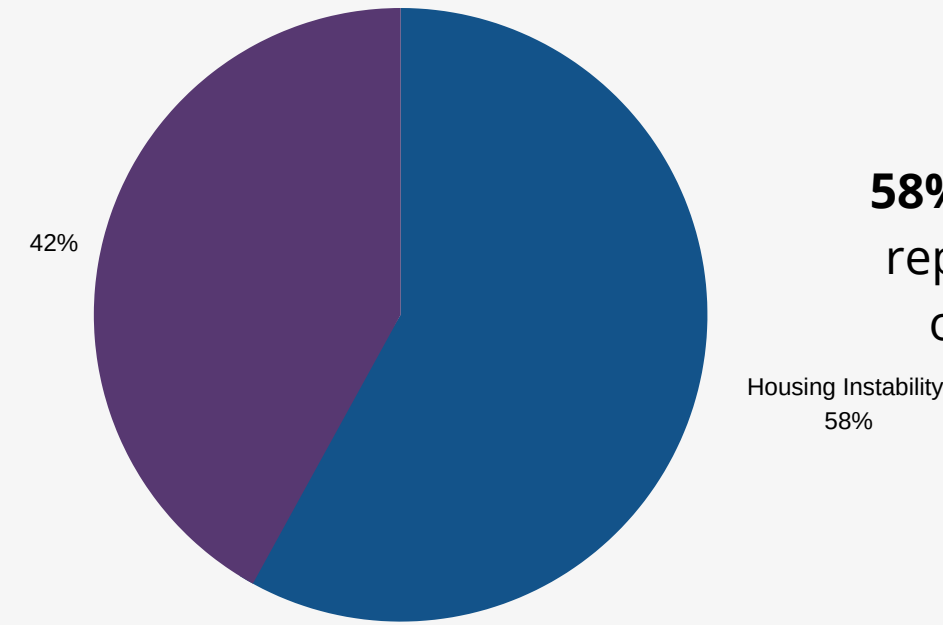
90% of cohort participants reported history of and on-going trauma



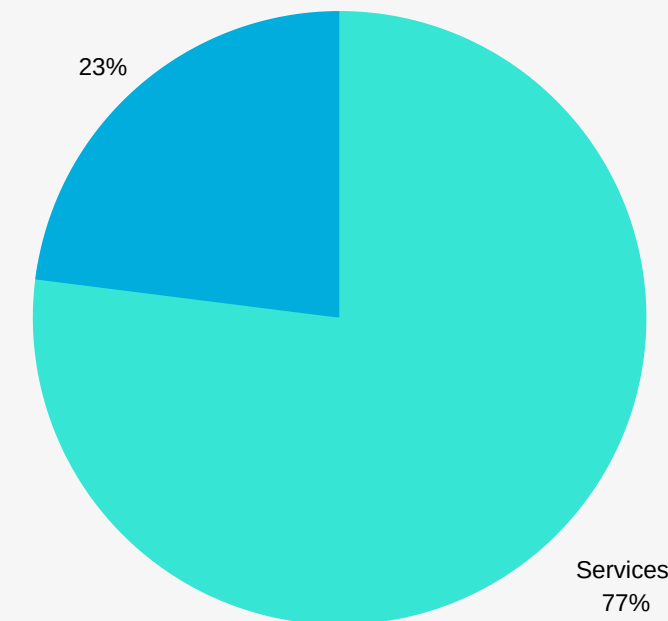
50% of cohort participants reported history of current primary diagnosis of Post Traumatic Stress Disorder



58% of cohort participants reported being homeless or marginally housed



77% of cohort participants were connected to direct services at community based organizations



SOLID START IMPACT STORIES

The Burden of Inadequate Systems of Care Falls on Individuals and Families

During my pregnancy, I struggled with major depressive disorder and homelessness. I moved from one shelter to another, living in the streets and was a victim of domestic violence. I have also struggled with a long history of substance use disorder. I never trusted county systems because people didn't seem to listen or follow through with what they promised. They asked me the same questions over and over again. I also didn't have health insurance. I was scared and had no idea how to get help. That's when I was connected with a community health worker at the hospital.

I remember I was sleeping in my friends car. It was pouring rain and cold when the community health worker came to meet me. I couldn't believe it. She was also wet and cold. I was feeling helpless and desperate. She immediately got in touch with the housing case manager at Catholic Charities and was able to get us a temporary two room apartment while they worked towards long term housing. She also helped me access Medi-Cal and prenatal care at the hospital. My baby was born healthy and I finally got housing subsidy. I am now working part-time and also going to school. While I still have very down days, I feel like my life and my future is on track again .

