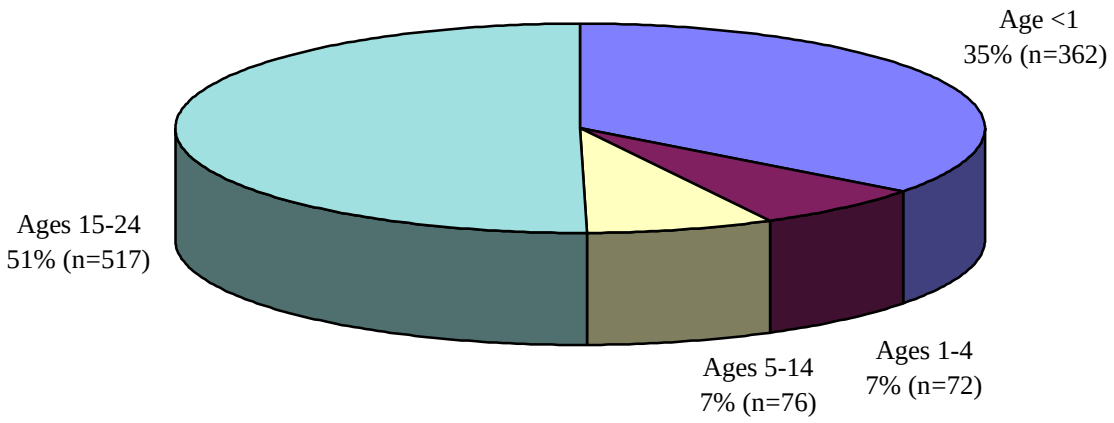
MORTALITY

This section reviews deaths occurring over a six-year period, from 1990 through 1995, among children and youth from birth to age 24. In addition, this section provides data from an additional year, 1996, on infant deaths (less than 1 year old). Because the number of deaths per year among the San Francisco children and youth population is relatively small, reviewing deaths over a multi-year period provides more reliable death rates and also allows for better comparisons by cause of death, age, gender, and race/ethnicity subgroups.

From 1990 to 1995, there were a total of 1,027 deaths of San Francisco children and youth from birth to age 24. About half (51%) of these deaths (517) were in the 15 to 24 age group, and another third (35%) of deaths were among infants (362).

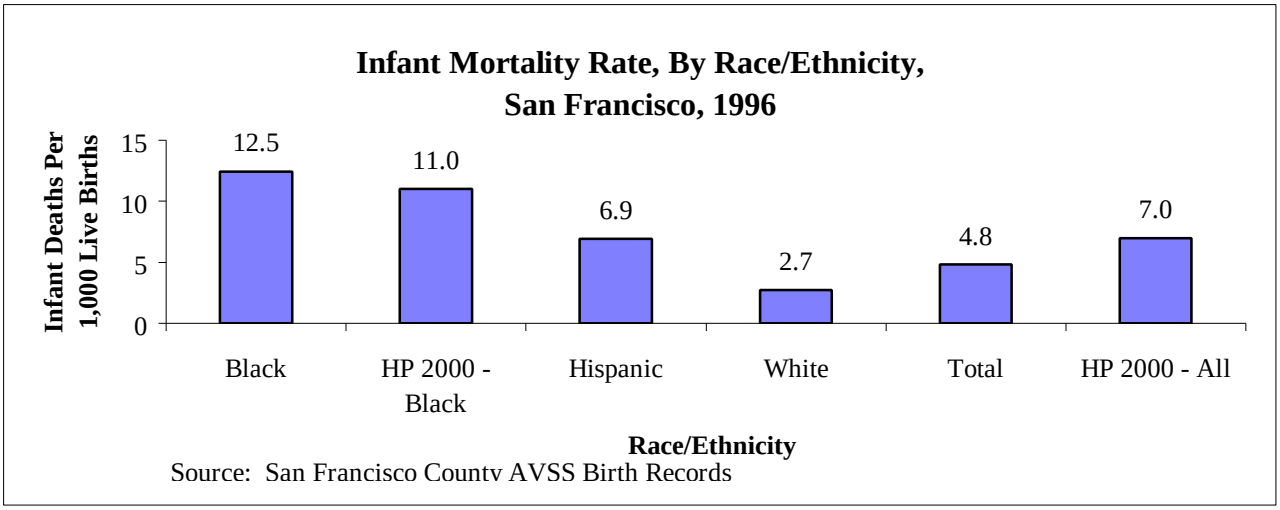
Deaths, Ages 0-24,
San Francisco, 1990-95



Source: Death Records (Public Health Information System)

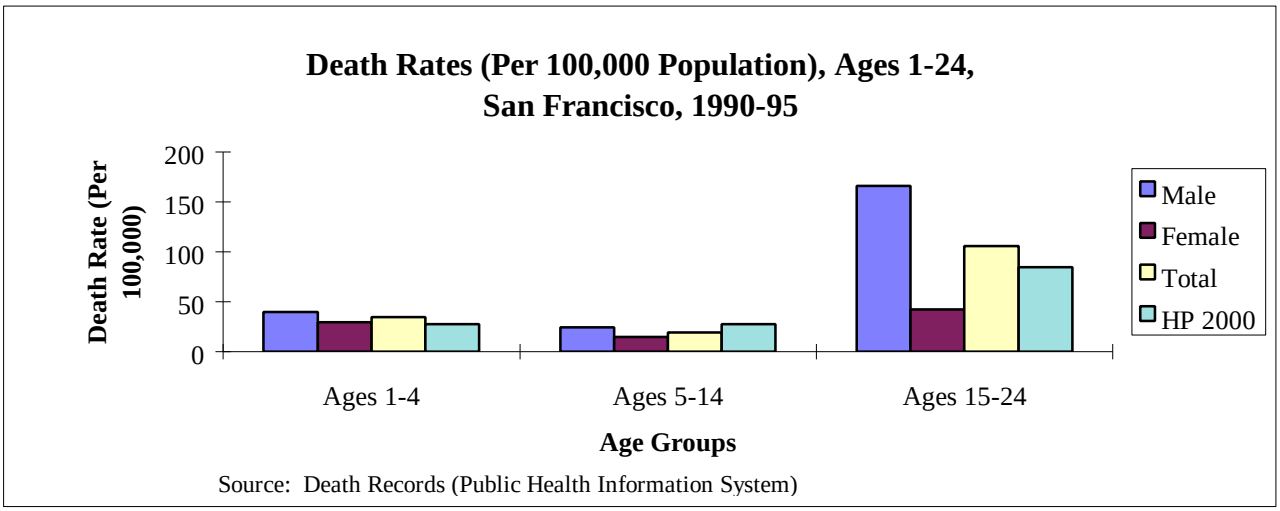
Infant Mortality. Infant mortality is an important measure of a community's health and is a universally recognized indicator of health status of a community. In 1996, there were 40 deaths of infants less than 1 year old in San Francisco, representing an infant mortality rate of 4.8 per 1,000 live births. San Francisco has achieved the Healthy People 2000 goal of reducing the infant mortality rate to no more than 7 per 1,000 live births.

In 1996, there were 11 deaths of infants less than 1 year old, representing a rate of 12.5 per 1,000 live births, the highest rate among all race/ethnic groups in the City. This compares to the Healthy People 2000 goal of reducing the infant mortality rate among Blacks to 11.0 per 1,000 live births, although the difference cannot be considered statistically significant since the number of San Francisco Black infant



deaths for the single year is small. The rate for Hispanics was 6.9 (13 deaths) and the rate for Whites was 2.7 (7 deaths).[1] Rates for other race/ethnic groups were not calculated due to the small number of births and/or deaths occurring during the one-year time period.[2] (Refer to the Appendix for more detailed data.)

Ages 1 to 24. From 1990 to 1995, males comprised 70% (716) of deaths among children and youth ages 1 to 24 (311 deaths in females). Within all age groups, mortality rates were higher for males than females. The differences between males and females was most pronounced in the 15 to 24 age group, with death rates among males nearly four times the rate of females (166.1 vs. 42.6 per 100,000). Youth ages 15 to 24 had the highest death rates, with death rates for females that were triple the rate for females ages 5 to 14 (42.6 vs. 14.6). Death rates for males ages 15 to 24 were six times higher than the rates for males ages 5 to 14 (166.1 vs. 24.2). (Refer to the Appendix for detailed data.)

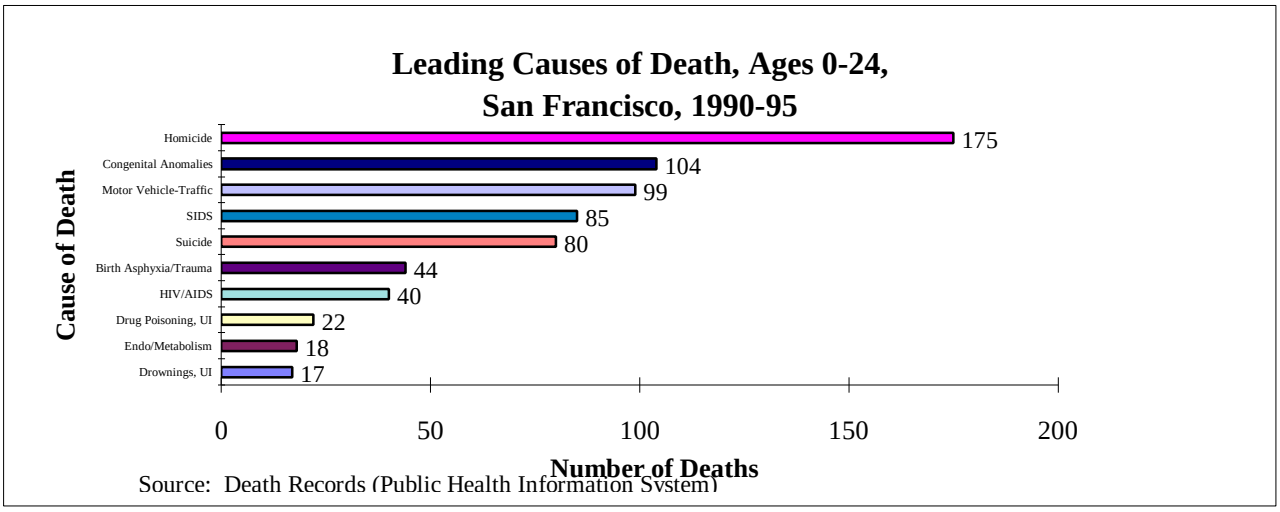


[1] There are no Healthy People 2000 objectives for infant mortality for additional race/ethnic groups other than American Indians/Alaska Natives (8.5 infant deaths per 1,000 live births) and Puerto Ricans (8.0 infant deaths per 1,000 live births).
[2] These are the race/ethnic categories designated by the AVSS Birth Records system (for infant mortality data) and the U.S. Department of Health and Human Services (for Healthy People 2000 goals).

San Francisco's rate of 19.5 per 100,000 for children met the Healthy People 2000 mortality goal of 28 for children ages 5 to 14. San Francisco's rate of 34.6 falls short of reaching the same goal of 28 for children from ages 1 to 4. San Francisco's rate of 106.2 is far short of reaching the Healthy People 2000 goal of reducing the death rate among youth ages 15 to 24 to 85 per 100,000. (Refer to the Appendix for detailed data.)

Leading Causes of Death

From 1990 to 1995, the ten leading causes of death among the San Francisco children and youth population ages 0 to 24 account for two-thirds (67%) of all deaths in this age group. (Refer to the Appendix for detailed data.) Many of the leading causes of death result from injuries, and most injuries are due to factors that are largely controllable in a child's immediate environment or by his or her actions.

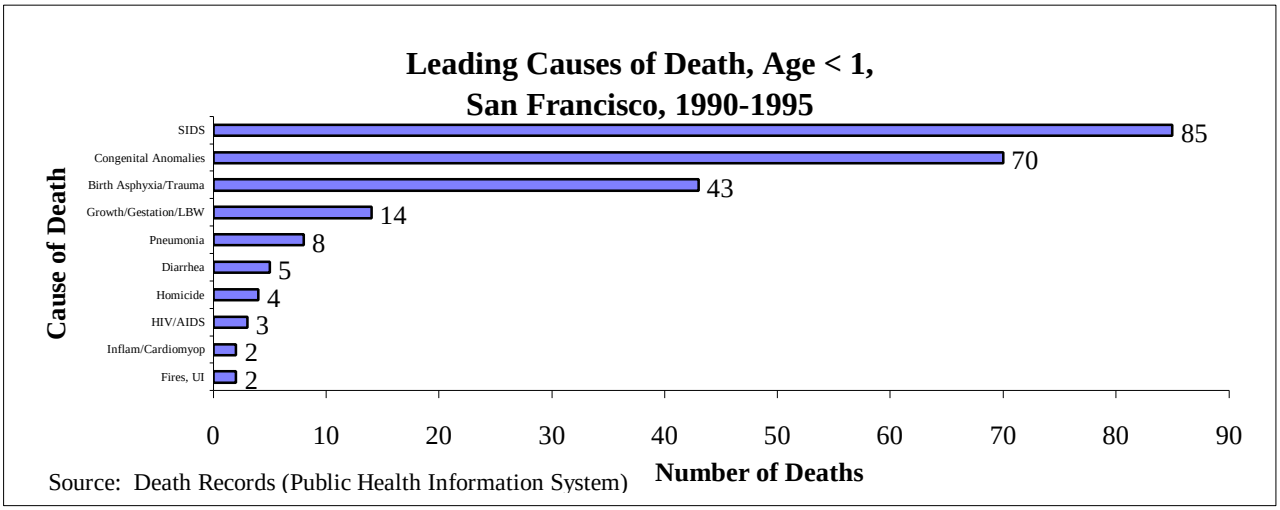


Source: Death Records (Public Health Information System)

Homicide was the leading cause (175 deaths) of death for the entire 0 to 24 year old population, with 82% of homicides (143) occurring among youth ages 15 to 24. Congenital anomalies was the second leading cause of death and was most prominent among infants (70) and children ages 1 to 4 (16).

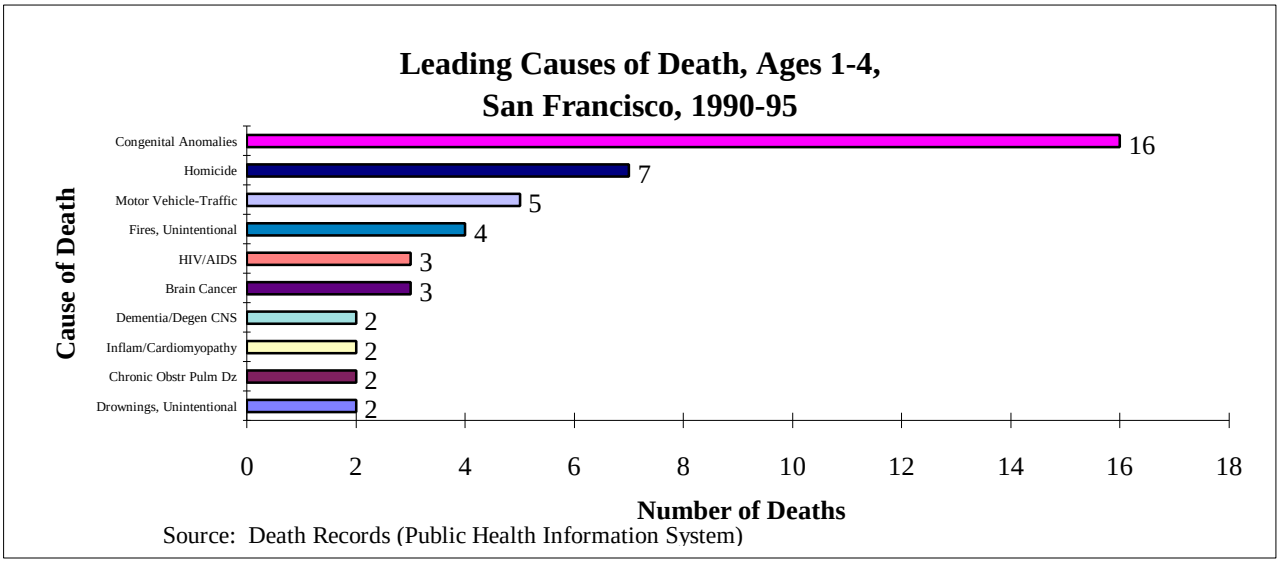
Congenital anomalies, homicide and HIV/AIDS were among the ten leading causes of death for all age groups. HIV/AIDS was most prominent (30 deaths) in the 15 to 24 age group.

Age Less Than 1. From 1990 to 1995, Sudden Infant Death Syndrome (SIDS) was the leading cause of death for children less than one year of age, accounting for 85 deaths, or 23% of all deaths for this age group. The second and third leading causes of death were congenital anomalies (70 deaths) and birth asphyxia and trauma (43). The three leading causes of death combined accounted for over half (54%) all deaths for this age group.



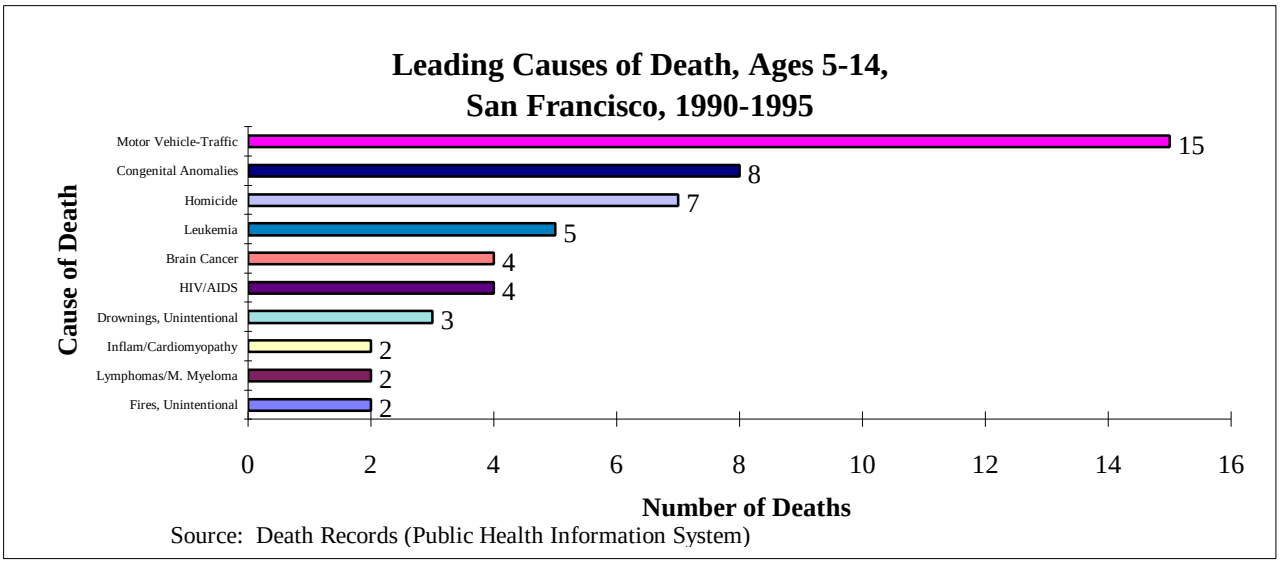
Source: Death Records (Public Health Information System)

Ages 1 to 4. An average of 12 deaths per year occurred among children ages 1 to 4 during the six-year period, with congenital anomalies accounting for 22% (16) of all deaths in this age group.



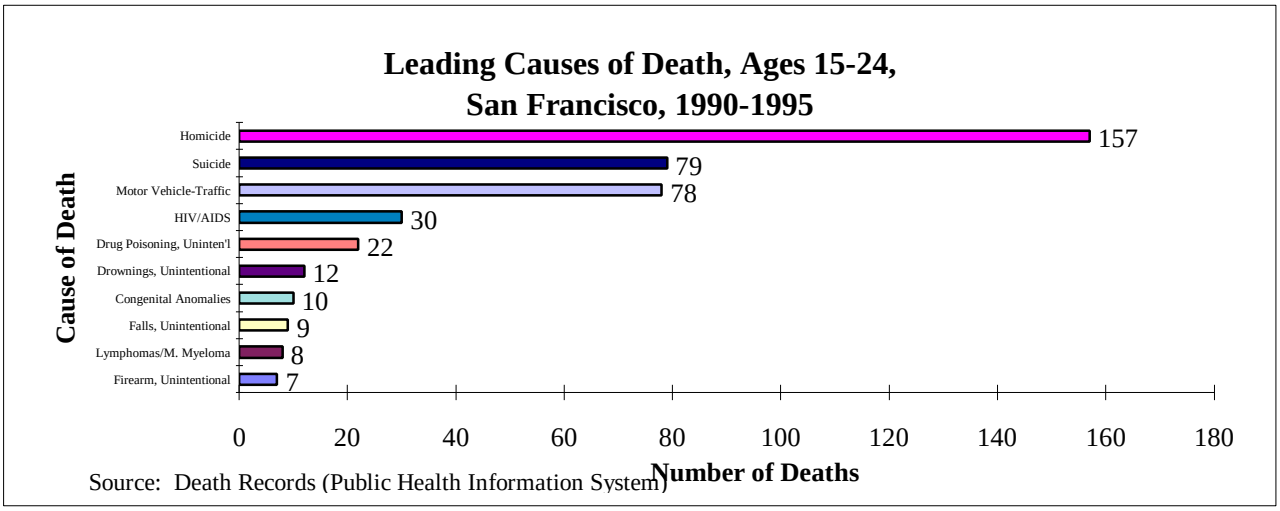
Source: Death Records (Public Health Information System)

Ages 5 to 14. Very few deaths (76) occurred in the 5 to 14 age group. Motor vehicle-traffic deaths were the leading cause of deaths among children ages 5 to 14, accounting for 20% (15) of deaths in this age group.



Source: Death Records (Public Health Information System)

Ages 15 to 24. From 1990 to 1995, homicide was the leading cause of death (157) for San Francisco youth ages 15 to 24, an average of over 26 San Francisco youth murdered per year or about 30% of all deaths in this age group. Homicide among youth resulted in as many deaths as the next two leading causes combined, suicide (79) and motor vehicle traffic accidents (78). These three causes accounted for 60% of all deaths in this age group.

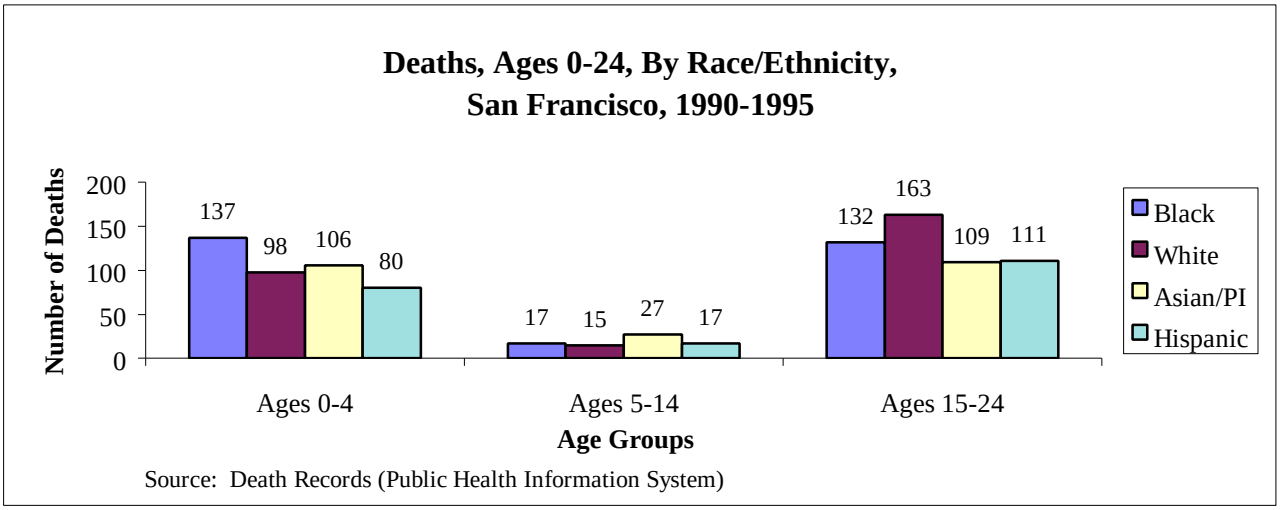


Source: Death Records (Public Health Information System)

Mortality by Race/Ethnicity

Among children and youth from birth to age 24, the greatest proportion (28%) of deaths were to Blacks (286 deaths), followed by Whites (26%; 276), Asian/Pacific Islanders (24%; 242), and Hispanics (20%; 208). Compared to the proportion of youth in San Francisco by race/ethnicity, Black youths are over represented among these dying, and Asian/Pacific Islander youth are under represented. Blacks

had the most deaths in the birth to age 4 group (137), Asian/Pacific Islanders in the age 5 to 14 group (27) and Whites in the age 15 to 24 group (163).

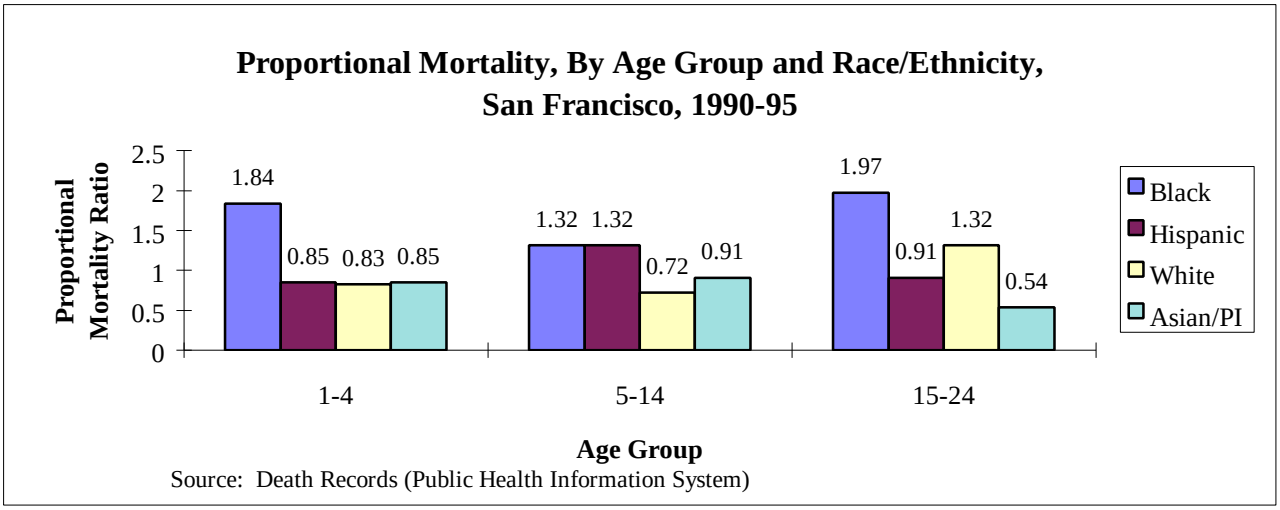


Source: Death Records (Public Health Information System)

Proportional Mortality. The relatively small number of deaths among the children and youth population do not allow for reliable comparisons by the usual method of comparing rates, in occurrence of and event per 100,000 population. We can, however, compare the relative proportions of deaths by race/ethnicity to the proportion of the population in each age and race/ethnicity group. If all race/ethnicity groups had the same mortality rate, their proportional mortality would all be 1.0; in other words, groups with lower scores have a smaller share of the deaths in that age group than would be expected based on their share of the population, while groups with scores above 1.0 have more than their expected share of deaths.[3]

From 1990 to 1995, proportional mortality of Black children and youth for all age groups was disproportionately high compared to children and youth in other race/ethnic groups. This discrepancy was greatest among Black youth ages 15 to 24, who comprised 13% of San Francisco's 15 to 24 year olds, but represented 26% of the deaths in that age group.

[3] Note that proportional mortality is only useful for exploring the relative distribution of mortality across subgroups of a given population, regardless of whether the mortality of that whole population is high or low in comparison to any given standard. In that regard, San Francisco's overall rates for ages 1 to 14 are slightly below Healthy People 2000 objectives, while mortality for 15 to 24-year-olds is substantially above the objective. The age group rates can be taken as the "standard" in relation to which the age-specific proportional mortality is calculated. Thus the high proportional mortality for Black youth, and to a lesser extent White youth, are relative to an already high level of overall mortality for this age group.



Black deaths were also disproportionately high within the 1 to 4 age group and were proportionally equal to Hispanic deaths in the 5 to 14 age group. Asians/Pacific Islanders had a lower share of deaths within all age groups. The proportion of deaths among Whites was slightly lower than expected in the 1 to 4 and 5 to 14 age groups, but higher than expected in the 15 to 24 age group.