



ABUNDANT BIRTH PROJECT

Cash During Pregnancy: A promising approach for reducing inequities in San Francisco

THE PROBLEM

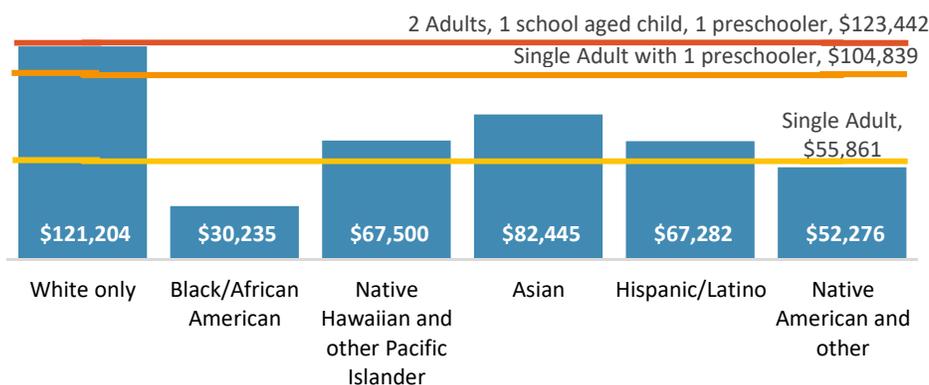
In San Francisco, a Black infant is almost twice as likely to be born prematurely compared to a White infant (13.8% versus 7.3% 2012-2016) and Pacific Islander infants have the second highest preterm birth rate, at 10.4%. Preterm births, those that occur before the 37th week of gestation, carry the highest risk of infant mortality and also long-lasting health and developmental impacts for the baby. Expecting Justice is a Collective Impact effort in San Francisco developing innovative approaches to eliminate this inequity.

Structural racism is an important factor driving this inequity. Well-documented historical and recent discrimination underlie differences in wealth in Black and Pacific Islander communities, making it difficult for families to meet basic needs and resulting in higher stress and a related toll on physical health. San Francisco has one of the greatest degrees of income inequality in the US: The median annual household income for Pacific Islander and Black families in San Francisco is around \$23,000 and \$30,000 respectively, compared with nearly \$90,000 citywide. Black and Pacific Islander women in San Francisco face unique social and environmental risk factors, including substandard housing and housing instability, greater exposure to conditions of concentrated poverty including crime and violence, limited access to quality foods and adequate nutrition, unequal educational opportunities, and poorer-quality employment opportunities.

The strain of ongoing financial insecurity contributes to chronic stress and has a well-documented relationship with premature birth. Although San Francisco has programs to address poor health, the current focus are not enough to close the gaps. The high rates of preterm birth experienced by the Black and Pacific Islander community require a more urgent and upstream intervention.

The doctors told me I had a high risk pregnancy, so I had to take two tests that were \$600 each, and one that was \$1000! I had private insurance but was still not making enough money. I had just gotten out of debt but these bills sent me back on a downward spiral of credit card debt.

2013-2017 Median Income in San Francisco Compared to the Self-Sufficiency Standard by Family Type



INCOME SUPPLEMENT AS A SOLUTION

Pregnancy is a critical period of development, and therefore an untapped opportunity to generate long term health and financial improvements for mothers and families by addressing income volatility. The opportunity for unconditional resources during

pregnancy gives participants control and autonomy to decide how to meet their own needs. Research on cash transfers

indicate that unconditional cash transfers are typically spent on basic needs of the recipient, such as food, education, and health.

There is growing, national momentum behind providing basic income as a solution to persistent poverty and early results from other studies have been promising. A recent quasi-experimental study in Manitoba, Canada found that an approximately 10% increase in income from an unconditional income supplement during pregnancy resulted in reductions of low birth weight and preterm birth of 21% and 17.5% respectively. International evidence from cash transfer programs provide support for the concept of a pregnancy income supplement, showing improvements in preventative care behaviors, child growth, and nutrition. In the US, evidence from natural experiments of income changes following receipt of Earned Income Tax Credits has demonstrated improvement in birthweight and gestational age at birth.

ABUNDANT BIRTH PROJECT PROPOSAL

This first experiment of unconditional income supplementation during pregnancy in the US will target 100 low-income Black and Pacific Islander pregnant women in San Francisco. The program aims to distribute a monthly income supplement of \$1,000-\$1,500 per month for the duration of a woman's pregnancy and then for the first two months of the baby's life, with a goal of eventually implementing a supplement for up to two years post-pregnancy.

Current public assistance programs have complicated eligibility requirements that prevent Black and Pacific Islander pregnant women from reaching financial security. **Providing direct, unconditional cash aid returns the power to the woman to make decisions for herself.**

Preterm Birth Initiative-CA at the University of California, San Francisco will lead the evaluation starting with formative research to structure the program. Subsequent evaluation will assess how families use additional income and examine related health and economic impacts.

This project represents a unique collaboration to ensure success of the pilot and identify a path toward sustainability and scalability. Partners in this work include the San Francisco Department of Public Health, the University of California, San Francisco (UCSF), the Federal Reserve Bank of San Francisco¹, The San Francisco Human Rights Commission, the San Francisco Human Services Agency, the San Francisco Treasurer's office, First 5 San Francisco, the San Francisco Department of Children, Youth, and Families, San Francisco Unified School District, the Bayview YMCA, Office of the District 5 Supervisor, and the National Health Law Program.

I was so stressed about preparing for my pregnancy and had a fear of losing my son. I wanted to give him what he deserves, but that was also stressful. I never got to enjoy my pregnancy so I wanted to enjoy him when he got here, but didn't get to do that because I had to think about how to provide for him.

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¹ The Federal Reserve Bank of San Francisco will be involved in the research, dissemination of findings, and convening. This involvement should not be construed as endorsement and the Federal Reserve Bank of San Francisco will not receive or disburse funds related to this project.