

Health Collaborative



*Bexar County's **Community** Health Leadership*

2013

Bexar County

Community Health Assessment

Report

2013 Bexar County Community Health Assessment Data Committee

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Bexar County's Community Health Leadership



ACKNOWLEDGEMENT LETTER

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2013 Bexar County Community Health Assessment

Executive Summary

Introduction

Improving the health of a community is critical not only to enhancing residents' quality of life but also in supporting its future prosperity. To this end, The Health Collaborative of Bexar County—a collaborative of citizens, community organizations, and businesses—is leading a comprehensive community health assessment and planning effort to measurably improve the health of Bexar County residents. This effort comprises two major phases: 1) a community health assessment (CHA) to identify health-related needs and strengths of Bexar County and 2) a community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across Bexar County. This report provides an overview of the key findings of the community health assessment, which explores a range of social and economic issues, health behaviors, conditions, and outcomes, health care access, and gaps and strengths of existing resources.

Methods

This community health assessment utilized a participatory, collaborative approach to look at health in its broadest sense. The geographic area of focus for this CHA is Bexar County, Texas. Because of the large size of Bexar County and a need for smaller geographic areas to facilitate future planning, previous CHA studies have used a set of six subsectors drawn from Census tract lines within Bexar County. For the 2013 CHA, the delineation of subsectors was revised to improve clarity and geographic understanding. Instead of Census tracts, eight new subsectors were delineated using zip code boundaries and median household income.

The assessment process included synthesizing existing quantitative data on social, economic, and health indicators for the county. Quantitative data was compiled and analyzed from a number of sources, including the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, Texas Department of State Health Services, San Antonio Metropolitan Health District, and NOWData. Types of data included public health disease surveillance data, hospitalization records, vital statistics based on birth and death data, and self-reports of health behaviors from large, population-based surveys, such as the Behavioral Risk Factor Surveillance Survey and Youth Risk Behavior Survey. When possible, data was provided down to the subsector level to provide relevant information for more granular geographic areas within Bexar County. To compliment these quantitative data, qualitative information was collected from 14 focus groups, 19 interviews, and 4 community dialogues. Focus groups and interviews were conducted with people from across Bexar County, and with a range of individuals representing different audiences, including residents, faith communities, social service providers, hospital administrators, County and local government officials, and public health leaders. Ultimately, the qualitative research engaged over 280 individuals.

Key Findings

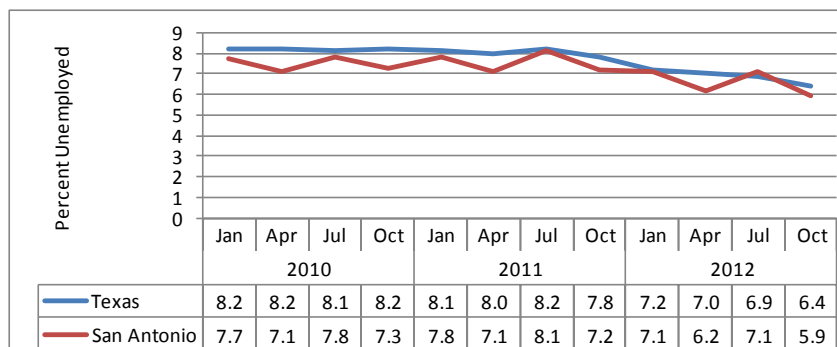
Demographic, Social and Physical Environment

Bexar County comprises the urban center of San Antonio, Texas's second largest city, as well as several surrounding more rural communities.

- **Overall Population:** Bexar County has experienced consistent growth in the past several decades, although the rate of growth is slowing. The 2010 population was approximately 1.7 million people, and is expected to grow by 7-10% in the next two decades.
- **Gender Composition:** Women slightly outnumber men in all but one subsector (Southwest) of Bexar County.
- **Age Distribution:** Although young people make up the largest percent of the population, the older adult population in Bexar County is increasing. Residents largely described their communities as multi-generational and many reported long historical ties to the community.
- **Racial and Ethnic Diversity:** With 58% of residents identifying as Hispanic, Bexar County is considerably more diverse than Texas overall. Assessment participants cited diversity as a strength of Bexar County, although levels of diversity varied across subsectors.
- **Educational Attainment:** While Bexar County is undertaking new efforts to improve education, educational quality and opportunity vary across the county, as do levels of educational attainment. Approximately 44% of Bexar County residents have a high school degree or less.
- **Income, Poverty, and Employment:** Even though Texas was not as hard hit by the economic downturn as the rest of the country, economic prosperity varies across Bexar County. Rates of poverty have increased

among families with children and single female-headed households, and wide disparities in income exist between subsectors. Unemployment rates in San Antonio have remained below those of Texas and the U.S. (see Figure 1).

Figure 1: Unemployment rates (%), Texas & San Antonio, 2010-2012



Source: U.S. Bureau of Labor Statistics, 2010-2012

- **Housing:** Housing stock in Bexar County is relatively new; the majority of housing stock was built after 1970. Bexar County has suffered higher foreclosure rates (1 in every 1,272 households) than Texas (1 in every 1,754 households) but lower than the U.S. overall (1 in every 869 households).
- **Transportation:** The vast majority of Bexar County residents travel to and from work by car, and do not carpool. Transportation is a major concern among residents in more rural parts of Bexar County and those with limited mobility and transportation opportunities. Transportation resources were described as “limited” especially in rural areas where buses were reported to come infrequently.
- **Urbanicity:** Bexar County is primarily urban with over 95% of residents living in urban areas, although southern subsectors are more rural.
- **Air and Water Quality:** Days with poor air quality due to fine particulate matter have decreased since 2005, while the days with poor air quality due to ozone have increased. Data about drinking water safety indicate that no one in Bexar County obtained their water from a public water system with health-based violations, compared to 6% of the population of Texas who obtained their drinking water through such sources.

Community Strengths and Assets

Focus group participants and interviewees were asked to identify their communities’ strengths and assets.

- **Diversity:** A large Hispanic population and recent influx of immigrant groups has contributed to making Bexar County a “melting pot”, which stakeholders viewed as a strength. Many people expressed that the county’s rich culture and diversity helped create a strong, cohesive community.
- **Community Cohesion:** Stakeholders repeatedly cited the strong social capital and cohesion in the Bexar County community. A strong family orientation and culture as well as the faith community were seen as playing a significant role in fostering connections between community members.
- **Physical Activity Environment:** According to many assessment participants, Bexar County has made significant improvements in the physical activity environment. People cited the growing number of recreational facilities, such as Greenway Trails and bike rentals, in addition to county-sponsored events, such as Siclovía and Fitness in the Park.
- **Health Care Services:** Bexar County has increasingly become known for its high-quality health care facilities and services, including expanded children’s healthcare facilities and an effective group of community health workers.

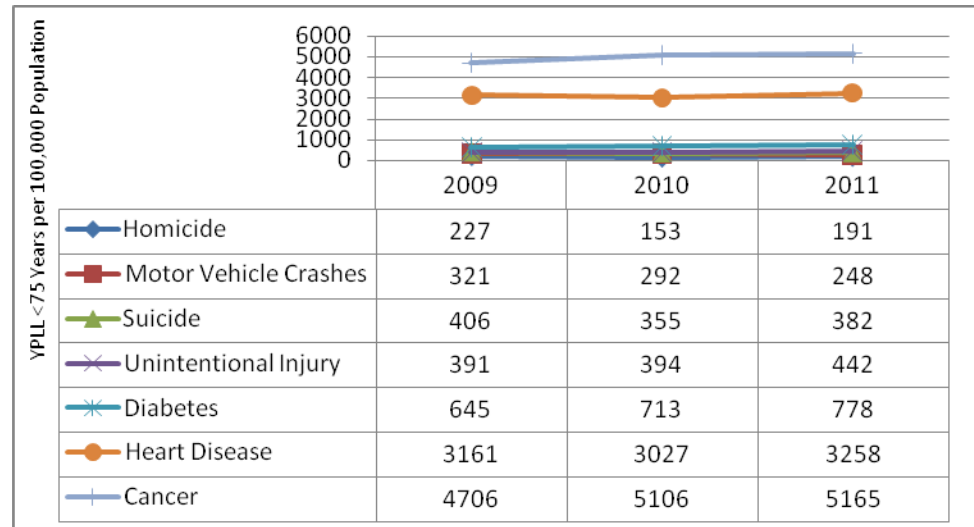
“I have seen changes in attitude and activity; I see more people that are out and about exercising, jogging, and biking.”
 – public health professional

Health Outcomes- Hospitalizations and Mortality

This section provides a quantitative overview of self-reported health status as well as leading causes of hospitalization and mortality among Bexar County residents.

- **Self-Reported Physical and Mental Health Status:** Bexar County has experienced decreases in good or better self-reported health status accompanied by increases in poor mental and physical health. In 2012, 77% of adults reported that their health status was good or better and approximately 22% of adults reported that they had five or more days of poor physical or mental health in the past month.

Figure 2: Years of Potential Life Lost (per 100,000 population), by cause of death, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA

- **Overall Leading Causes of Hospitalization:** Hospitalization rates for Bexar County (111 per 1,000 people in 2011) have remained stable in recent years. Mental disorders and injury/poisoning accounted for the largest proportion of hospitalizations.
- **Overall Leading Causes of Death:** Mortality rates vary geographically and demographically across Bexar County. The Near Eastside and Southeast subsectors experience the highest mortality rates in the county- 7.4 per 1,000 people and 6.1 per 1,000 respectively in 2011. Black and White residents are also disproportionately affected with mortality rates of 6.0 per

1,000 people and 5 per 1,000 people respectively in 2011. Across populations, cancer and heart disease account for the largest number of deaths in Bexar County.

Healthy Eating and Active Living

This section of the report examines the physical environment, health behaviors, and outcomes related to healthy eating and active living.

- **Healthy Eating:** Limited access to healthy foods, an abundance of fast food establishments, and an unhealthy food culture make healthy eating difficult for Bexar County residents. Recent surveys showed that just one in five Bexar County adults ate more than three vegetables per day and only one in ten ate more than 3 fruits per day. Two out of ten youth in Bexar County consumed five or more fruits and vegetables per day, and nearly one in four youth drank at least one soda per day in 2013.
- **Active Living:** Although the physical activity environment and attitudes are beginning to improve, levels of physical activity have declined in recent years. Numerous stakeholders mentioned the increase in opportunities for physical activity in Bexar County, citing new Greenway Trails and community events, such as Fitness in the Park. However, only 72% of adults reported engaging in some type of activity for exercise in 2012. Rates of physical activity among youth have been stable in the past few years, although regular participation in physical education in schools has declined from 55% in 2010 to 47% in 2013.
- **Obesity:** While population obesity rates have started to decrease in adults and youth, obesity and related chronic diseases are still primary concerns among the Bexar County community.

Healthy Child and Family Development

This section provides a quantitative picture of pregnancy, birth, and childhood health outcomes.

- **Birth Rates:** Teen birth rates are declining across Bexar County, from 5.7% in 2003 to 3.9% in 2011. However, births to single mothers are on the rise, increasing from 37.3% in 2003 to 44.0% in 2011.
- **Prenatal Care:** the proportion of Bexar County mother receiving late or no prenatal care doubled from 14% in 2003 to 29% in 2011.
- **Birth Outcomes:** While negative birth outcomes have remained stable overall, Black women disproportionately experience preterm and low-birth-weight births.
- **Infant and Child Mortality:** The leading causes of death for infants and children are conditions originating in the perinatal period, which include birth trauma and infections. Infant and child mortality have decreased slightly, although Black residents still experience worse outcomes than the population overall. The Near Westside of Bexar County has consistently experienced higher infant mortality rates than most other subsectors.

"In San Antonio, the teen pregnancy issue is huge, if you look at the number of kids being raised by grandparents." – public health professional

"A lot of young people are having babies. I call them babies raising babies." – health care provider

Safe Communities

This section of the report discusses residents' behaviors, environment, and outcomes related to crime, safety, violence, and injury.

- **Social Support and Cohesion:** A strong sense of community and a small town feel give many Bexar County residents a sense of social support and cohesion among their community. Quantitative data indicate that, in 2010, 78% of Bexar County adults felt they had social or emotional support.

- **Crime/Sense of Safety:** Residents across Bexar County mentioned crime and violence as issues of concern, despite both violent and property crime rates having declined in the past few years.
- **Safety and Injury:** Injury and poisoning is the second leading cause of hospitalizations in Bexar County, and rates are particularly high in the Near Eastside, Southeast, and Near Westside subsectors. Quantitative data indicate that 92% of Bexar County youth rarely or never wear a bike helmet, 14.4% carry a weapon, and 16.2% are bullied at school in 2013. White residents of Bexar County experienced the highest premature mortality rate due to unintentional injuries (578 years of potential life lost per 100,000 people) while Black residents experienced the highest premature mortality rate due to homicide (623 years of potential life lost per 100,000 people) in 2011.

Behavioral and Mental Well-being

This section gives an overview of mental health and substance abuse behaviors and outcomes.

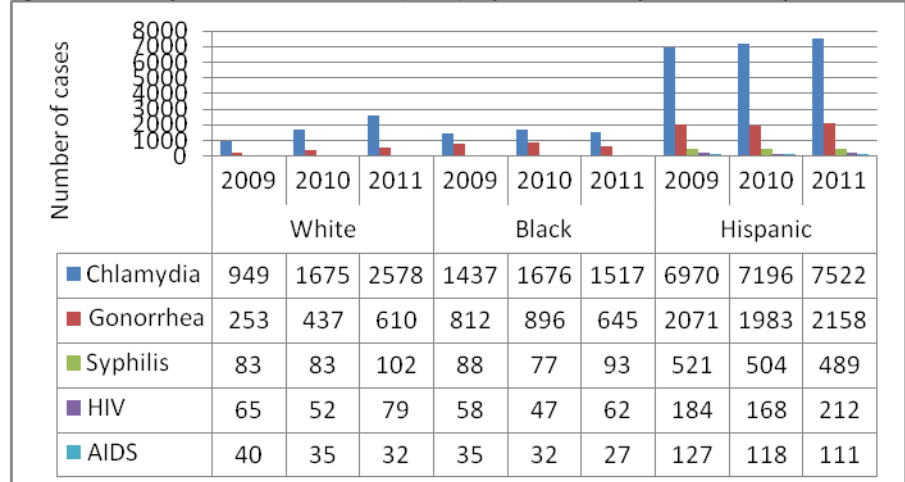
- **Mental Health:** County leaders and residents view mental health as a critical issue in Bexar County. Economic stress on adults and academic and social pressures on youth were mentioned as contributors to increased hospitalizations for mental disorders, particularly on the Near Eastside, and increased attempted and completed suicides. Almost nine percent of Bexar County youth attempted suicide in 2013, and the adult suicide rate was 12.5 per 100,000 people in 2011.
- **Substance Abuse:** Substance abuse was also noted as a concerning public health issue; while tobacco use has declined in Bexar County, alcohol and prescription drug use were viewed as on the rise. In 2012, 22% of Bexar County adults reported binge drinking, particularly men, young adults 18-29, and people with household incomes greater than \$50,000. Two-thirds of youth reported that they had ever drunk alcohol and slightly more than one-third of youth reported being current drinkers in 2013. Among youth, use of all other drugs has declined from 2010 to 2013.

Sexual Health

This section of the report presents health behavior and health outcome data regarding teen pregnancy and sexually transmitted diseases.

- **Teen Pregnancy:** Limited sex education in schools and cultural acceptability were mentioned as having led to high teen birth rates, although rates are decreasing among all racial and ethnic groups in Bexar County. The birth rate to teens ages 15 to 19 declined between 2009 to 2011, from 61.8 births per 1,000 women to 45.2 births per 1,000 women.
- **Youth Sexual Behavior:** Youth sexual behaviors have fluctuated- while slightly fewer youth in 2013 (45.6%) than in 2010 (47.4%) report that they have ever had sex, more youth report that they are currently sexually active (41.3% in 2013 vs. 35.0% in 2010). In 2013, of those youth who are sexually active, 22% report that they used no form of birth control.

Figure 3: Sexually transmitted diseases (cases), by race/ethnicity, Bexar County, 2009-2011



Source: San Antonio Metropolitan Health District, 2009-2011

- Sexually Transmitted Diseases: Sexually transmitted diseases, most notably Chlamydia, have increased over the past decade and are mainly prevalent among women and Hispanics (see figure 3).

Communicable Disease

This section provides a quantitative picture of reportable communicable diseases. The most commonly reported communicable disease in Bexar County is Salmonellosis, which has shown a slight upward trend over the past few years while other communicable diseases have fluctuated. Vaccination for influenza is common, although primarily among older adults.

Older Adult Health

This section of the report highlights quantitative and qualitative data regarding older adult morbidity and mortality as well as access to services.

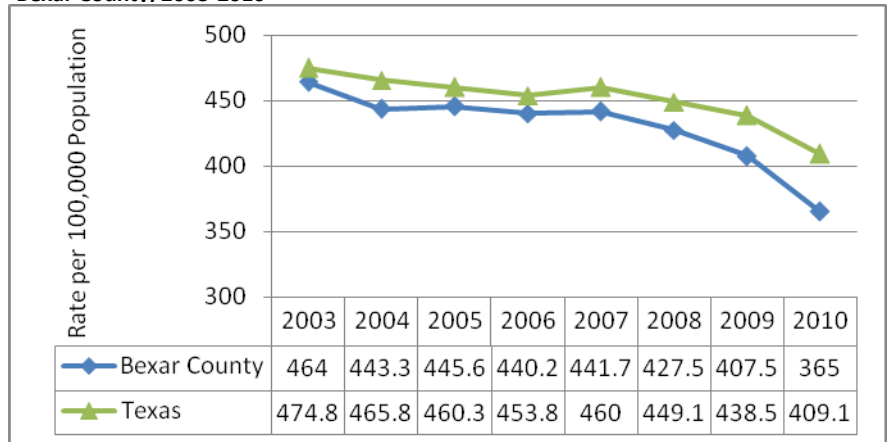
- Older Adult Morbidity and Mortality: Bexar County’s population is aging and largely experiencing morbidity and mortality from heart disease and stroke. Overall mortality rates among older adults have remained steady in recent years, and are highest in the Near Eastside and Far Northwest subsectors and among older White residents. In 2012, nearly one quarter (23%) of adults ages 65 and older reported that they had cardiovascular disease and nearly one third (31%) reported that they had diabetes. An additional one third of seniors reported fair or poor health status in 2012.
- Older Adult Access to Services: Expanded mental health and chronic disease management services are of primary concern to seniors and social service providers. Seniors also expressed several barriers to accessing care, including transportation to health and social services, availability of providers who accept Medicare patients, and the high cost of medication.

Chronic Disease Outcomes

This section provides a quantitative overview of the primary chronic disease outcomes, including heart conditions, asthma, diabetes, and cancer, among Bexar County residents. For many stakeholders, high rates of chronic disease were linked to a lack of a focus on prevention in Bexar County.

- Heart Health: Heart disease is the leading cause of death in the U.S. and is a concern in Bexar County as well. In 2012, six percent of adults reported that they had heart disease and nearly seven percent reported that they had cardiovascular disease. Hospitalization rates for heart diseases were highest in the Near Eastside and Southeast subsectors and among the Black and White populations.
- Asthma: Approximately six percent of Bexar County adults reported that they had asthma in 2012.
- Diabetes: In 2012, over one in ten Bexar County adults reported that they had been diagnosed with diabetes. Nearly twice as many female residents (14.8%) than male residents (7.8%) reported being diagnosed with diabetes. Hospitalizations and premature mortality due to diabetes increased in

Figure 4: Age-adjusted all-cancer incidence rates (per 100,000 people), Texas and Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010

recent years, with the Near Eastside subsector and Black population being disproportionately affected.

- Cancer: All-cancer incidence rates decreased (as seen in Figure 4), as did all-cancer mortality rates, over the eight-year timeframe both in Bexar County and the state. Men in Bexar County experienced higher incidence and mortality rates than women, and Blacks and Whites experienced higher rates of both compared to Hispanics, though the gaps are narrowing. Cancer is the leading cause of premature death across Bexar County.

Access to Health Care

This section of the report details existing health care resources, residents' use of resources and services, challenges to accessing services, and quality of health care.

- Resources and Use of Health Care Services: Bexar County's health resources are growing- from children's hospitals to worksite wellness programs to community health workers. Although these resources are seen as high quality, they are not equally distributed across the county. Some residents reported that many health care facilities are located away from communities that could most benefit from them.
- Challenges to Accessing Health Care Services: Stakeholders cited insurance, cost, and provider availability as barriers to care. Twenty-seven percent of Bexar County adults, primarily people with lower educational attainment and lower household income, reported that they were uninsured in 2012. Residents also mentioned the difficulty of paying for insurance, health services, and medications as well as the growing number of physicians who will not accept patients with Medicaid or Medicare. In 2012, 19% of adults in Bexar County reported that they delayed medical care because of cost and 31% reported that they had no regular source of care.
- Quality of Care: Stakeholders noted several issues related to quality of care, including differences in care based on what insurance a person has and lack of coordination between health and social service providers.

Community Vision for the Future

Focus group respondents and interviewees were asked about their visions and hopes for the future of Bexar County in 3-5 years. The following themes emerged.

- Enhanced Environments to Support Health: While residents reported progress in the areas of healthy eating and physical activity, they believed more needed to be done across the county. Improvements to roads, street lights, and sidewalks were mentioned as needed improvements in many neighborhoods. Reinstating physical activity in schools was also a vision for the future.
- Support Services for Youth, Elderly, and Other Vulnerable Populations: Residents frequently cited the need for more activities and services especially for teens and seniors. Teens specifically asked for activities that focus on preventing substance use, bullying, and teen pregnancy. The needs of seniors focused on more comprehensive services at senior centers as well as outreach and programming for home-bound seniors.
- More Health Education: A consistent theme across assessment participants was the need to publicly disseminate more health information about different health topics and how to navigate the health system. Residents suggested outreach and communication through churches, neighborhood associations, and community health workers.
- Focus on Prevention: Stakeholders envisioned a greater emphasis on prevention in the future. As one interviewee stated, "we don't focus enough on a prevention and wellness model. Our focus needs to be on keeping people healthy." Stakeholders wished for a unified approach and consistent messaging from the community and county leadership.

- Greater Community Engagement: Several residents shared the vision of a more engaged community that informs leadership of its needs and desires. This requires that community members become more involved and advocate for themselves. As one health care provider stated, *“I think getting the community members involved, they are the resources, get them involved and then we will see change.”* Another provider noted, *“We need more facilitators, conveners, organizers to assist communities.”*

Key Overarching Themes and Conclusions

Several overarching themes emerged from this synthesis of the data, including:

- Bexar County strongly values its residents and the social capital they represent.
- As in previous assessments, data on morbidity and mortality distribution consistently follow social and economic patterns.
- Improvements in the physical activity environment have had positive impacts on obesity, but physical activity and nutrition are considered major health concerns.
- Early intervention can help alter the health trajectory of young children.
- With high rates of teen pregnancy and increasing rates of sexually transmitted diseases, sexual health is of growing importance to the community.
- Mental health is viewed as a critical and growing issue with a need for more resources to impact change.
- Changes in the health care system, through new programs, hospital facilities, and policy, are working to improve access.
- Community members envision a healthier Bexar County that is built on collaborative efforts.

I. Introduction

Background

The Health Collaborative (THC) of Bexar County, Texas, began informally in 1997 when San Antonio's major healthcare organizations agreed to put aside their competitive business practices to conduct a comprehensive health needs assessment. Now, as an incorporated entity, THC has developed into a network of citizens, community organizations and businesses working together to improve the health status of the Bexar County community. Partners include Our Lady of the Lake University, Bexar County Department of Community Resources, Methodist Healthcare System, WellMed Medical Management, San Antonio Metropolitan Health District, Baptist Health System, Community First Health Plans, Methodist Healthcare Ministries, CHRISTUS Santa Rosa Health System, the Young Men's Christian Association (YMCA) of Greater San Antonio, University Health System, University of Texas (UT) Health Science Center Department of Family and Community Medicine, and Appddiction Studio. These partners work collaboratively to consider strategic, long-range solutions in a variety of health areas. As part of its mission, THC undertakes a periodic county-wide community health assessment (CHA) study to guide the community health strategic planning process.

Overview of the Community Assessment Process

The 2013 CHA is the fourth assessment conducted for THC. For the 2010 and 2013 assessments, THC contracted Health Resources in Action (HRiA), a non-profit public health consultancy organization, to collaborate on the CHA process. The current CHA study aimed to achieve multiple goals, including the following:

1. To examine the current health status across the communities of Bexar County and compare these to state, county, and county subsector rates as well as to national goals.
2. To explore the current health priorities – as well as new and emerging health concerns – among Bexar County residents within the social context of their communities
3. To understand the shifting patterns of these health issues over time in Bexar County, with particular focus on vulnerable populations and geographic variations
4. To fulfill the CHA requirements of the Texas State Department of Health Services; the Affordable Care Act as outlined by Internal Revenue Service in Notice 2011-52 for non-profit hospitals; and, as a pre-requisite for health department accreditation as put forth by the Public Health Accreditation Board (PHAB).
5. To enable THC to use the quantitative and qualitative data gathered to engage its members and partners in an action planning process
6. To enable THC to use the quantitative and qualitative data gathered to engage the community in an action planning process

To accomplish these goals, THC and HRiA undertook this effort using a multi-stage approach. This included careful review of the social, economic, and epidemiological data of the area while

also identifying current knowledge gaps and opportunities for qualitative data to provide a more comprehensive portrait of community perceptions, health attitudes, behaviors, and perceived needs and assets of the area. This year-long effort also allowed time for active community engagement and relationship-building that was so crucial to this process. The CHA was comprised of two phases with the following focus areas:

- *Phase I: Health behaviors, outcomes and conditions* – Phase I provided an overview of the social, economic, and epidemiological landscape of Bexar County and identified the key elements to explore in further research. Analysis identified social and economic profiles of Bexar County residents, the leading causes of morbidity and mortality among residents, and the risk factors and behaviors that are associated with these health outcomes. Phase I served as the initial building block for the assessment.
- *Phase II: In-depth community health perceptions* – Phase II built on the previous phase to identify areas where further exploration and community context were needed. This phase focused on a number of areas: understanding residents’ life experiences, their successes in and challenges to living healthy lives, and their perceptions of the needs and assets in the community. Phase II provided greater context to the data gathered in Phase I.

HRiA believes that understanding these factors is critical to any effort to move beyond the traditional community health profile based on outcomes and towards improving the community’s health status. A social determinants of health model guided each phase of this CHA process. The application of the model to the assessment can be understood in the following way: the factors that influence morbidity and mortality are sought upstream in the health behaviors and risk factors. Further upstream and the subject of Phase II are social environmental factors of the community and its neighborhoods that influence the occurrence of the health behaviors and risk factors. By isolating the behavioral factors from contextual factors in this way, we hope that we have created an opportunity for improved community health through better targeting of community-based programs and public policy.

Importantly, the assessment process utilized a participatory approach to data collection throughout. Community members engaged in the assessment not only as participants but also as research partners. HRiA and the members of THC’s Data Committee, which includes San Antonio Metropolitan Health District, Methodist Healthcare Ministries, Bexar County Department of Community Resources, and chaired by Steve Blanchard, Ph.D., worked collaboratively on the study design, data collection, and discussion of research findings. A full list of Data Committee members may be found in Appendix A. Additionally, HRiA and the Data Committee specifically partnered with the San Antonio Metropolitan Health District and CI:Now’s NOWData to access and analyze secondary data and CI:Now’s NOWCastSA to engage a cross-section of the community through in-person and online community dialogues. Throughout the year-long, multi-stage effort, a range of organizations and community members participated in several community meetings and focus groups to discuss current data and residents’ perceptions of the community’s needs and assets. This dialogue helped forge important relationships among community organizations and residents, which helped support the CHA process as well as refine the research for this study.

The final assessment report serves as a living document that will guide future community discussions and strategic planning for THC and its partners. Findings from this process will be used to develop recommendations for future services and programming that will help address the identified needs of the Bexar County region. Both the process and content of this report align with previous community health assessments and the 2012 CHIP conducted by THC. Through a data-driven, collaborative planning process, THC engaged in a CHIP process in 2011-2012 that resulted in five health priority areas:

- Healthy Eating & Active Living
- Healthy Child and Family Development
- Safe Communities
- Behavioral and Mental Well-being
- Sexual Health

More information about the CHIP prioritization process can be found in Appendix B. This 2013 CHA report is organized into topical sections that include the CHIP priority areas as well as several other areas to provide a comprehensive picture of the health status of Bexar County residents. Figures in this report indicate when they align with a CHIP indicator.

Methods

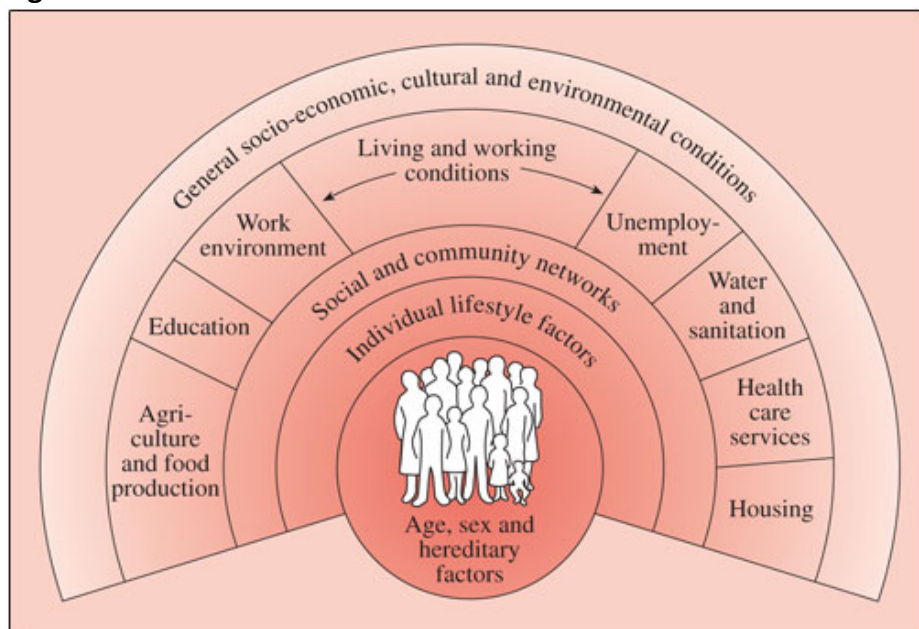
The following section details how the data for the CHA were compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the CHA defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality)—which have an impact on health across the lifespan. The beginning discussion of this section describes the larger social determinants of health framework which helped guide this overarching process.

Social Determinants of Health Framework

It is important to recognize that multiple factors affect health and there is a dynamic relationship between people and their environments. Where and how we live, work, play, and learn are interconnected factors that are critical to consider. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing stock. The social determinants of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications. While the data to which we have access are often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment utilizes data to discuss who is healthiest and least healthy in the community as well as to examine the larger social and economic factors associated with good and ill health.

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities (Figure 1). This report provides information on many of these factors and reviews key health outcomes among the people of Bexar County.

Figure 1. Social Determinants of Health Framework

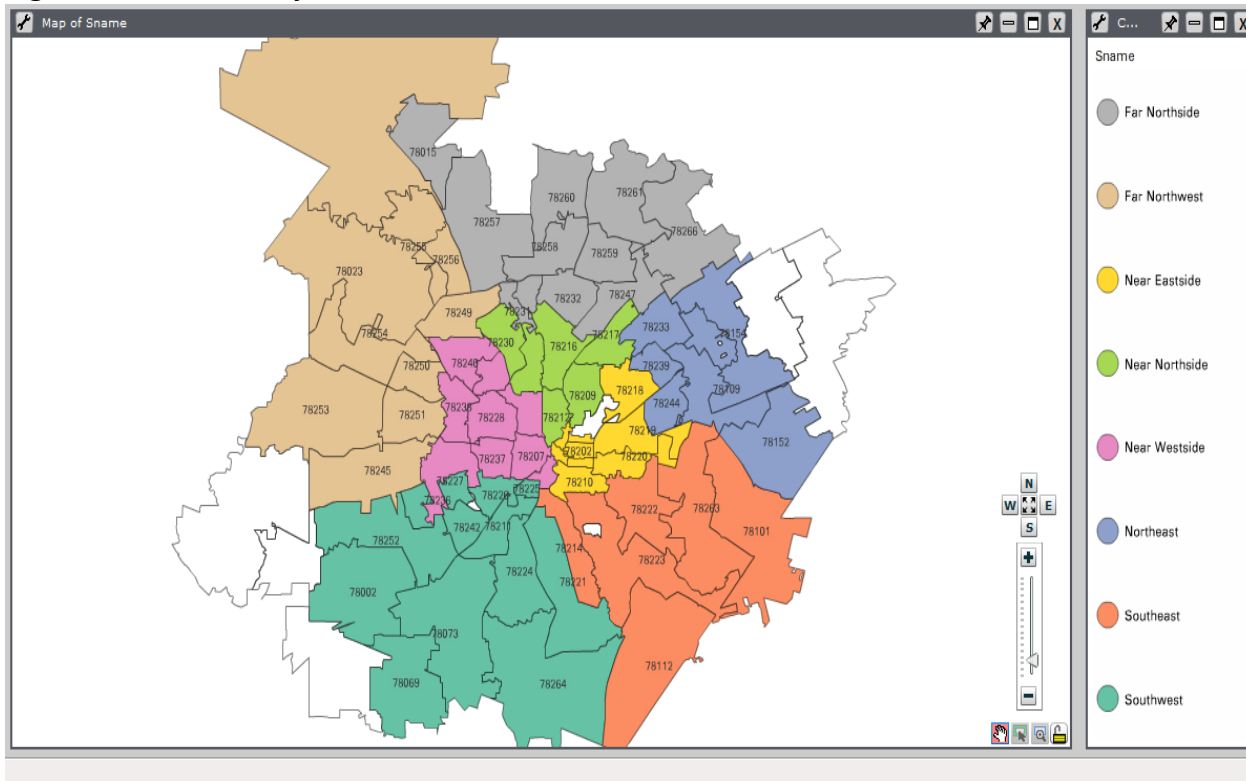


Source: World Health Organization, Commission on Social Determinants of Health. (2005)

Geographic Area of Focus

The geographic area of focus for this CHA is Bexar County, Texas. Because of the large size of Bexar County and a need for smaller geographic areas to facilitate future planning, previous CHA studies have used a set of six subsectors drawn from Census tract lines within Bexar County. For the 2013 CHA, the delineation of subsectors was revised to improve clarity and geographic understanding. Instead of Census tracts, eight new subsectors were delineated using zip code boundaries and median household income. A list of these subsectors defined by zip codes can be found in Appendix C. For Phase I, data were compiled and analyzed to provide a comprehensive portrait of Bexar County, its subsectors and Texas. Figure 2 provides a map of the delineations of the eight subsectors discussed in this report: Far Northside, Far Northwest, Near Eastside, Near Northside, Near Westside, Northeast, Southwest, and Southeast.

Figure 2. Bexar County Subsectors



Data Sources and Analyses for Phase I: Health Outcomes, Conditions and Behaviors

To develop a social, economic, and health portrait of Bexar County, through a social determinants of health framework, existing data were drawn from federal, state, county, and local sources. Data sources included, but were not limited to, the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, Texas Department of State Health Services (TDSHS), San Antonio Metropolitan Health District (SAMHD), and NOWData. Types of data included public health disease surveillance data, hospitalization records, vital statistics based on birth and death records, and self-reports of health behaviors from large, population-based surveys such as the Behavioral Risk Surveillance System (BRFSS), a telephone survey of Bexar County adult residents, and the Youth Risk Behavioral Surveillance System (YRBSS), a survey of high school students.

Both HRiA and SAMHD calculated health statistics used in this report including hospitalization rates, age-adjusted mortality rates, and years of potential life lost (YPLL) from specific health conditions. As is standard for these types of calculations, all rates were determined using 2010 U.S. Census population data for Bexar County and the subsectors as the denominator.

As categorized in the datasets provided, hospitalization rates were conducted using pre-determined categories from the ICD-9 codes (International Statistical Classification of Diseases and Related Health Problems, Ninth Revision), while calculations of leading causes of mortality were based on a re-categorization of ICD-10 codes into 113 groups. This is consistent with standard practice in reporting leading causes of death (World Health Organization). YPLL, an

indicator of premature mortality, was calculated using the age of 75 as the base (YPLL before age 75).¹

Health behavior and health risk factor data in this report were drawn heavily from the 2010 and 2012 BRFSS for Bexar County with analyses completed by the Centers for Disease Control and the TDSHS.² In 2010 and 2012 San Antonio Metropolitan Health Department conducted the Communities Putting Prevention to Work (CPPW) survey, an instrument similar to BRFSS. CPPW surveys focused on healthy eating, active living, and tobacco use. In this report, BRFSS was used as the standard or default source and CPPW indicators were used for questions that were not in the BRFSS.

In addition, birth, mortality, incidence, health resources, and disease indicator data were drawn from TDSHS, Texas Cancer Registry (TCR), and the U.S. Department of Health and Human Services (HHS). Data were compiled to provide a comprehensive portrait of Bexar County and its subsectors (when available).

Data Sources and Analyses for Phase II: In-depth Community Health Perceptions

Focus groups, interviews, and community meetings were conducted with a number of stakeholders and community residents. The goal of this qualitative research was to provide insight into Bexar County residents' perceptions of the health needs and assets in their community and to give suggestions for community health improvement.

Most of the qualitative research occurred during two week-long visits to Bexar County in March and April 2013; however, several interviews were also conducted by telephone throughout the year-long period. During these two trips, three community dialogue meetings were held, one in March 2013 on San Antonio's Eastside at St. Patrick's Church and three in April 2013, one each on the Westside at The Neighborhood Place, the Northside at the YMCA, and the Southside at El Carmen. Approximately 121 community residents and organizational partners in total attended these events, where participants discussed their perceptions and experiences on a variety of health related topics and made suggestions for moving forward. Discussions were held in both English and Spanish.

In addition to the community dialogues, 19 interviews and 14 focus groups were conducted from March to June 2013 with a total of 161 individuals. A list of all participants can be found in Appendix D. Interview participants included hospital administrators, County and local government officials, and public health leaders. Focus groups included a broad range of population groups, including youth, parents, elderly, elder health workers, faith communities, youth service providers, and health care providers.

¹ Previous Bexar County community health assessments utilized the age of 65 when calculating years of potential life lost. The change of 65 to 75 was done to align with statistics on the national level and increasing life expectancy.

² Due to changes in sample size, administration methodology, and weighting of results, BRFSS findings after for 2012 cannot be compared to BRFSS findings for previous years.

Each interview lasted approximately 30-60 minutes, while each of the focus groups lasted 45-75 minutes. At the beginning of the discussions, all interview and focus group participants were provided an explanation of the purpose of the research and told that their individual responses would remain confidential. Several focus groups and interviews were conducted in Spanish. Moderators of the interviews and focus groups used semi-structured interview and focus group guides.

Detailed notes were taken during each of the interviews and focus groups. The notes were then coded and analyzed for key themes that emerged among the audiences. For purposes of confidentiality, any sensitive information that could be connected directly to a specific individual was not included in reporting. A list of participants in the community dialogues, focus groups and interviews may be found in Appendix B.

Limitations

As with all research efforts, there are several limitations related to the data presented in this report that should be acknowledged. A number of secondary data sources were drawn upon for quantitative data in creating this report. Although all the sources used for this purpose (e.g., BRFSS, TDSHS) are considered highly credible, sources may use different methods and assumptions when collecting data on specific racial/ethnic groups and across different subsectors. Specifically, how sources segment by geographic area varies. Some sources provide data by census tract, which is how the eight subsectors are defined. However, other data sources delineate health data by zip code or by a larger geographic region, such as metropolitan statistical area (MSA) or county. Therefore, various data sources are not consistent in their respective geographic segmentation methods. Geographic areas are noted throughout this report.

Because of time needed for data collection and analyses, some of the quantitative information that is publicly available is not always the most current. For example, the most recent demographic and economic data available by subsector is from the 2010 U.S. Census. Similarly, many of the most recent health statistics publicly available are from 2010. Therefore, interpretation of these data should take into consideration this time lag and that the most recent shifts in health and demographics may not be captured in this report.

In the BRFSS and YRBSS, respondents were asked to answer questions about their behaviors, such as their fruit and vegetable consumption and physical activity levels. Like all self-reported data collected via questionnaires, these responses may not accurately portray reality due to issues related to social desirability and memory. While independent observation or requiring participants to keep journals or activity logs may yield more accurate responses, these methods typically are only feasible for studies with much smaller sample sizes. Specifically for BRFSS, it should be noted that in 2011 changes were made to the modules selected for administration, sample size, data collection methods, and weighting of results. These changes limit the comparability of results in 2012 to previous years.

Qualitative methods, such as those used in Phase II, also have their limitations. While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations, and participants were those individuals already involved in community programming. Because of this, it is possible that the responses received provide only one perspective of the issues discussed. In addition, organizations did not exclude participants who did not live in the neighborhood targeted by community programs. Therefore, participants in a specific community's focus group may not necessarily live in that area, although they did spend time there through the organization. Lastly, it is important to note that data were collected at one point in time and therefore findings, while directional and descriptive, should not be interpreted as definitive.

FINDINGS

II. Demographics and Social Environment: Who Lives in Bexar County?

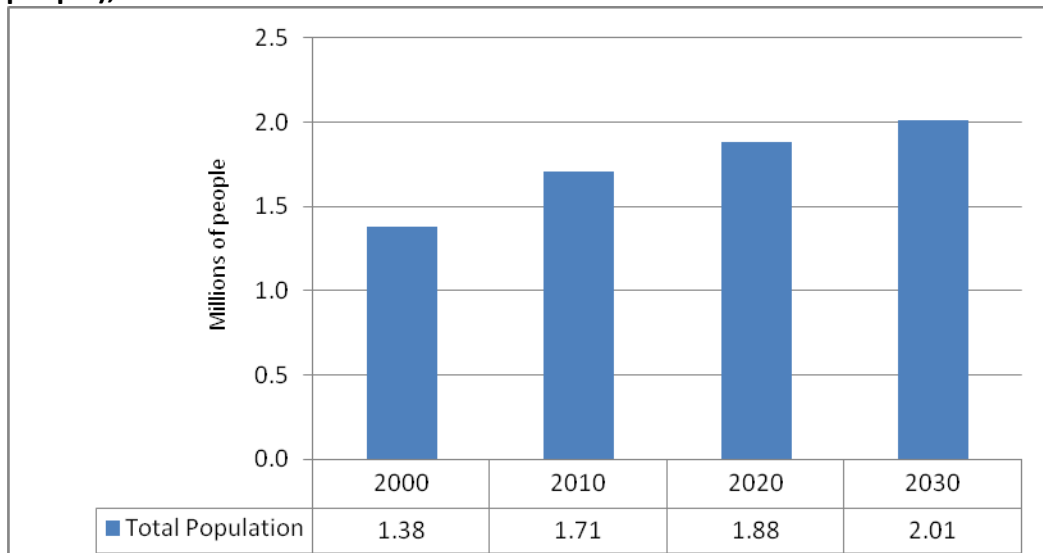
Bexar County has experienced consistent growth in the past several decades, though the rate of growth is slowing. Although young people make up the largest percent of the population, the older adult population is also increasing. While Bexar County is undertaking new efforts to improve education, educational quality and opportunity vary across the county, as do levels of educational attainment. Economically, Texas was not as hard hit as the rest of the U.S. by the recent downturn, although economic prosperity varies across Bexar County. Unemployment rates in Bexar County have remained below those of Texas and the U.S. Transportation is a major concern among people in more rural parts of Bexar County and those with limited mobility and transportation opportunities.

The health of a community is associated with numerous factors including what resources and services are available as well as who lives in the community. The section below provides an overview of the population of Bexar County, Texas. The social profile of a community is significantly related to the health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual's health, the distribution of these characteristics in a community may affect the number and type of services and resources available.

Total Population

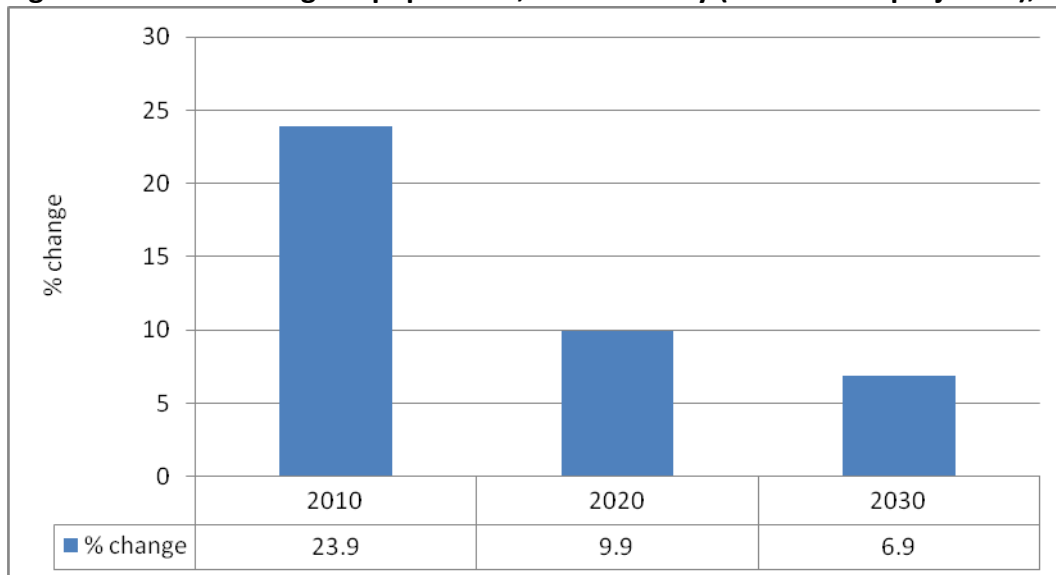
Bexar County comprises the urban center of San Antonio, Texas's second largest city, as well as several surrounding more rural communities. In 2010, the population of Bexar County was estimated to be 1.7 million, up nearly 25% from 2000. (Figure 3) Bexar County's population is predicted to continue to grow over the coming decades, although at a lower rate than over the past ten years. (Figure 4) The number of Bexar County residents is predicted to rise by 10% from 2010 to 2020 and by 7% from 2020 to 2030, reaching over 2 million by 2030.

Figure 3. Current and Projected Population Growth, Bexar County, Texas, (millions of people), 2000-2030



Source: U.S. Census Bureau, 2010 Census, and 2020 and 2030 projections

Figure 4. Percent change in population, Bexar County (current and projected), 2010-2030

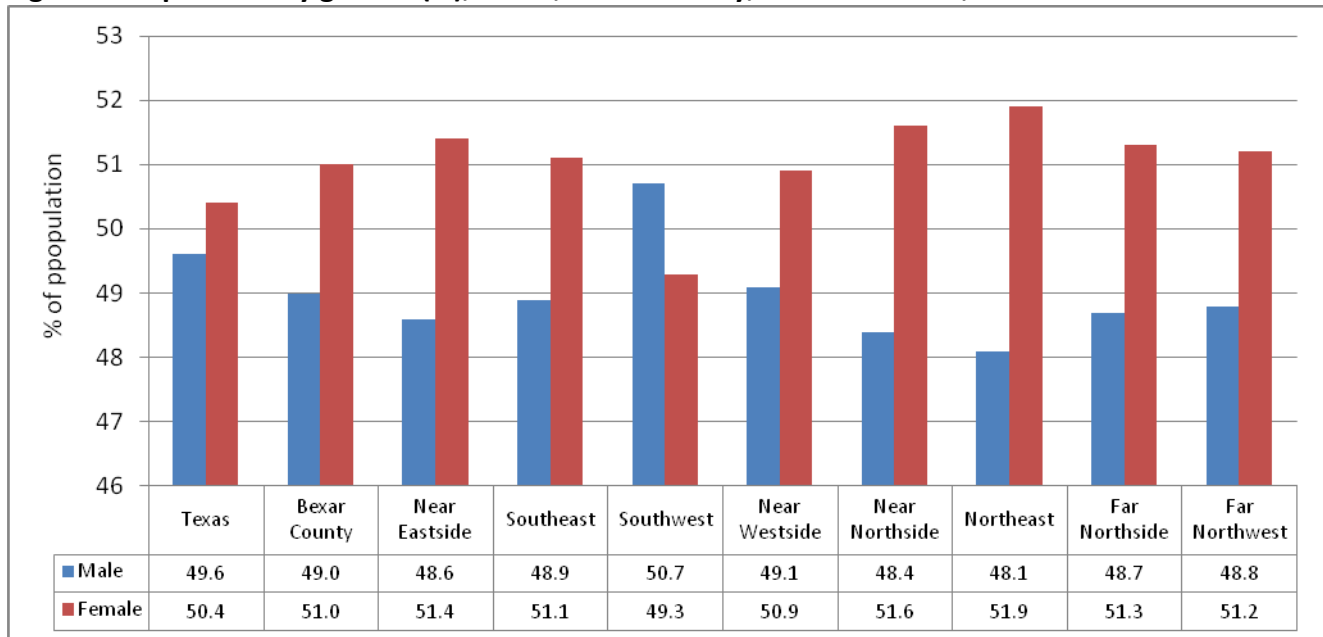


Source: U.S. Census Bureau, 2010 Census, and 2020 and 2030 projections

Gender

There were slightly more women in Bexar County than men in 2010 (51% vs. 49%) which mirrors the gender distribution in Texas overall. (Figure 5) This distribution was similar across the Bexar County subsectors with the exception of the Southwest subsector where there were a higher proportion of men than women (51% vs. 49%).

Figure 5. Population by gender (%), Texas, Bexar County, and subsectors, 2010



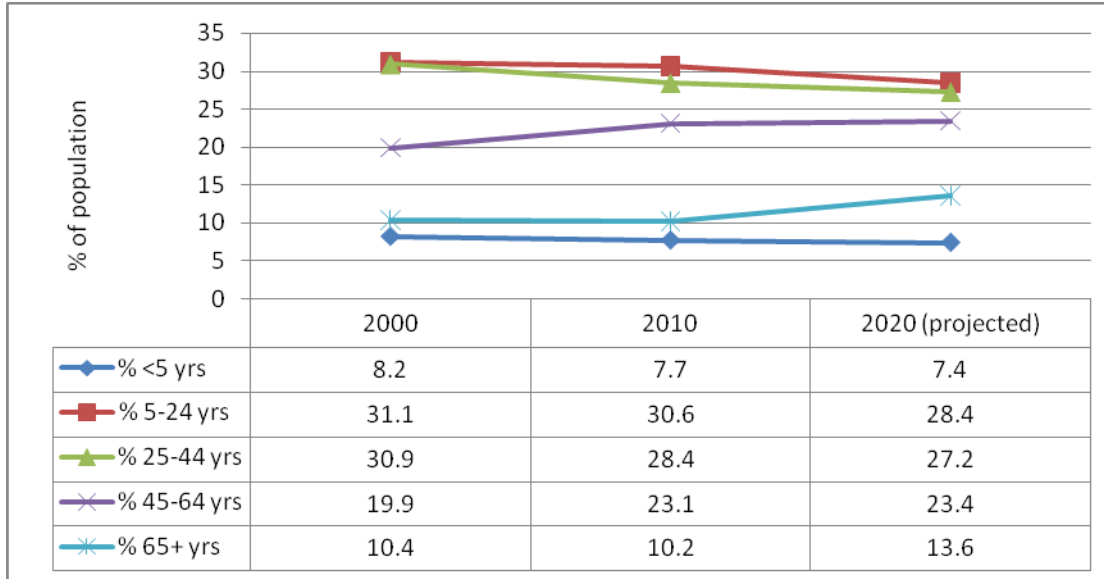
Source: U.S. Census Bureau, 2010 Census

Age

Bexar County residents participating in focus groups and interviews largely described their communities as multi-generational and many reported long historical ties to the community. Residents noted that the senior population in the region is growing. As one social service provider observed, *“San Antonio has a lot of people who come back and retire here.”*

Quantitative data show that those under the age of 24 comprised the largest proportion of Bexar County’s population, about 38%, in 2010. (Figure 6) Ten percent of the population was age 65 years or older. A look at trends over time reveals that the Bexar County population has been aging since 2000 and this trend is predicted to continue. The population under 44 years old decreased from 2000 to 2010, while the proportion of the population age 45 years and older increased. This trend is projected to continue—by 2020, the population age 65 or older is expected to be nearly 14%, compared to 10% in 2010.

Figure 6. Projected population by age (%), Bexar County, 2000-2020



Source: U.S. Census Bureau, 2000 and 2010 Census, and 2020 projection

Race and Ethnicity

“We have a lot of different people, very diverse.” – community resident

“The culture, it presents a great strength.” – social service provider

“Cultures are all mixed together.” – health care provider

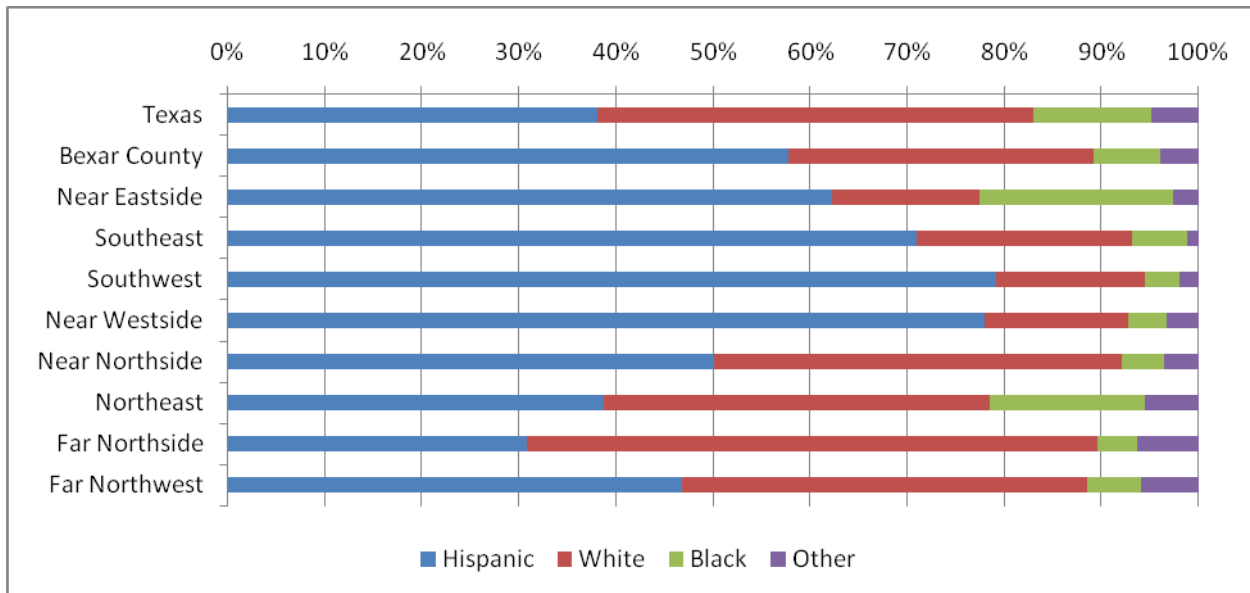
Focus group members and interviewees described Bexar County as a “melting pot” of diverse cultures and histories. Hispanics represent the largest population group and residents noted the strong presence of Hispanic culture, fiestas, cultural events, and food. Residents also said that a growing number of people from other population groups, notably refugees from the Pacific Islands and Africa, are moving into the area.

Respondents generally viewed diversity as a substantial strength contributing to a “vibrancy” in the region. Focus group members and interviewees, particularly those working in social service agencies, remarked, however, that some groups face challenges including language isolation and lack of understanding about how to access health and social services. Undocumented persons were singled out as facing substantial challenges in accessing services.

Quantitative data confirm that Bexar County is far more diverse than Texas as a whole. (Figure 7) In 2010, 58% of the County’s population was Hispanic, compared to 38% of the population of Texas. Bexar County had a smaller proportion of Whites, Blacks, and people of Other race than Texas. Less than one third of Bexar County’s population was White in 2010, compared to nearly 45% of Texas’ population.

The subsectors of Bexar County vary in their diversity. In 2010, nearly 80% of the population of Southwest and the Near Westside was Hispanic while the proportion of Hispanics in the northern subsectors was much smaller. The proportion of Whites was much higher in the Northeast, Far Northside, and Far Northwest than in other subsectors. Blacks made up nearly 20% of population of the Near Eastside and about 16% of residents in the Northeast but a lower proportion of the population in other subsectors.

Figure 7. Population by race/ethnicity (%), Texas, Bexar County, and subsectors 2007-2011



Source: U.S. Census Bureau, 2010 Census and 2007-2011 American Community Survey

Educational Attainment

“[We have] good schools compared to the rest of the country.” – health care provider
 “Parents want to feel secure about their kid’s education because nowadays that’s everything. If you don’t have education, you have nothing.” – community resident
 “Education is not as good as it should be all over the city.” – public official

Focus group members and interviewees reported that educational quality and opportunity varied across Bexar County. Some commented that schools were good while others expressed concerns about high drop-out rates and low literacy rates. Many reported that the region had good universities. Educational quality was seen as critical to obtaining good jobs as well as to maintaining good health. As a local physician observed, *“poor quality education has led to low health literacy and lack of health seeking behaviors.”*

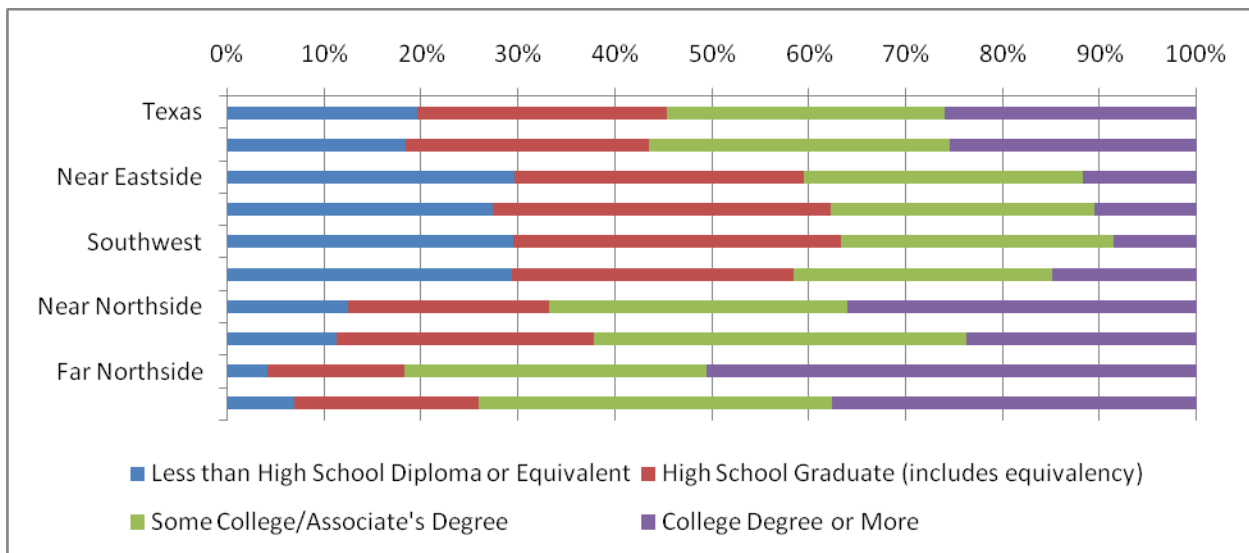
Some residents described new efforts in the area of education. The recent passage of a bond initiative to fund pre-Kindergarten was mentioned by several respondents as a substantial positive development. In addition, an interviewee noted that San Antonio received a 2012 All America City Award for its work to develop a comprehensive education master plan that

includes multiple initiatives designed to increase school readiness, attendance, and grade-level reading performance.³

Rates of educational attainment of individuals over age 25 in Bexar County were similar to those for the state overall. (Figure 8) About one quarter of Bexar County adults had a college degree or more and nearly one third have some college or an associate’s degree. About 18% had less than a high school diploma or equivalent.

Educational attainment data for the different Bexar subsectors confirm the perceptions shared in focus groups and interviews. College attainment rates were lowest in Southwest, Southeast, and Near Eastside and highest in the Far Northside. Over half of adults over age 25 in the Far Northside had a college degree or higher compared to less than ten percent in the Southwest. Over one quarter of adults over 25 in the Near Eastside, Near Westside, Southeast, and Southwest did not have a high school diploma or equivalent compared to less than 5% in the Far Northside.

Figure 8. Educational attainment of individuals over 25 years old (%), Texas, Bexar County,



and subsectors, 2007-2011

Source: U.S. Census Bureau, 2007-2011 American Community Survey

Income, Poverty, and Employment

“The economy is stronger here than a lot of the country.” – social service provider
 “It is booming economically and there is a lot of growth and change going on because of that.” – public health professional

³ <http://www.allamericacityaward.com/the-2012-all-america-cities/>

“How can you have a vibrant community if people don’t have what they need to survive?” – public official

“Where I live, it’s not so bad. And we live on a dirt road. And then there are people down that dirt road, and two of them have wells, but others have no source of water.” – community resident

Perspectives on economic prosperity and poverty in Bexar County varied across respondents. Residents pointed to low unemployment rates and a reasonable cost of living as positive aspects of the local economy. They reported that Bexar County has suffered less in the recent economic downturn than elsewhere, making it attractive to people from other parts of the country. As one elderly resident commented, *“people from California and all other areas are sneaking here because it is so reasonable.”*

Although residents reported that the region has weathered recent economic challenges better than other places, they also expressed concern about disparities in income and opportunities in the region. Acknowledging growth, one public official noted that *“progress has been made mostly inside San Antonio.”* Another interviewee reported, *“[there are] communities in a marginal state.”* The Southside and the Eastside were singled out as areas with higher rates of poverty while the Northeast was reported to be resource-rich. Focus group residents from the Southside, for example, reported that their area lacks the basics: there-- is no grocery, bank, library, pharmacy, or fire department. As one Southside resident commented, *“many homes don’t have electricity and running water.”*

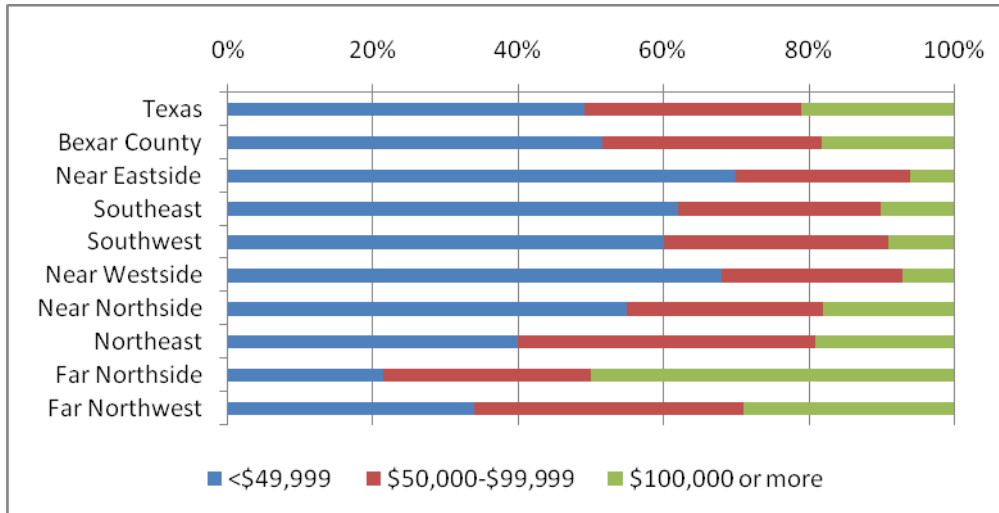
Income

Quantitative data indicate that income distribution in Bexar County was largely similar to that for Texas as a whole in 2011. (Figure 9) Approximately one quarter of Bexar County households earned less than \$25,000 annually in income and benefits while about 18% earned incomes of \$100,000 or more.

Income distribution varied by subsector. Over one third of households in the Near Westside, Southeast, and Near Eastside had household income of less than \$25,000 annually while half of households in the Far Northside had incomes over \$100,000. This variation in income is confirmed by

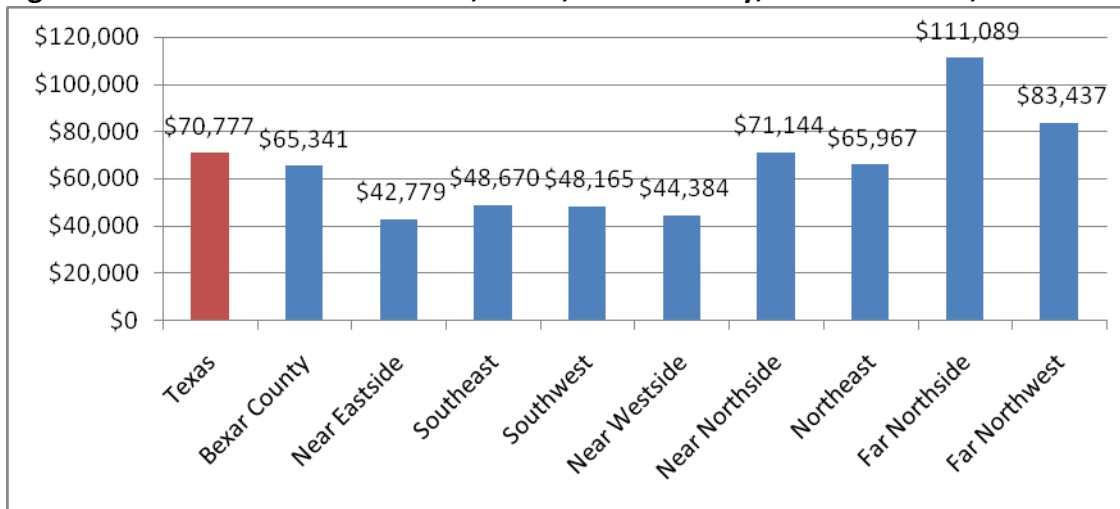
Figure 10 which shows mean household income in 2011 across Bexar’s subsectors. The mean household income ranged across Bexar County’s subsectors, from \$42,779 annually in the Near Eastside to over \$111,000 in the Far Northside.

Figure 9. Household income and benefits (%), Texas, Bexar County, and subsectors, 2007-2011



Source: U.S. Census Bureau, 2007-2011 American Community Survey

Figure 10. Mean household income, Texas, Bexar County, and subsectors, 2007-2011



Source: U.S. Census Bureau, 2007-2011 American Community Survey

Poverty

The proportion of families with children under the age of 18 living in poverty in Bexar County was 19% in 2007-2011, up slightly from 18% in 2000. (Figure 11) While the proportion of Bexar County families living in poverty was similar to that for the state as a whole, there was substantial variation in poverty rates across the subsectors with the Near Eastside and the Near Westside experiencing the highest rates of family poverty (nearly one third of households) among the subsectors. By contrast, poverty rates in the Far Northside and the Far Northwest were substantially lower than 10%.

On average, the poverty rate was far higher among single female-headed households with children under age 18, approximately 39% in Bexar County in 2007-2011. About half of single female-headed households with children in the Near Eastside, Southeast, and Near Westside were living in poverty.

Figure 11. Families living below the Federal Poverty Level (FPL) (%), Texas, Bexar County, and subsectors, 2000 and 2007-2011

	Families with Children Under 18 Years Living Below FPL		Single Female-Headed Households with Children Under 18 Living Below FPL	
	2000	2007-2011	2000	2007-2011
Texas	16.6	19.5	36.2	40.8
Bexar County	18	19.2	37.8	38.8
Near Eastside		32.7		47.5
Southeast		26.0		47.6
Southwest		25.1		44.6
Near Westside		31.6		49.4
Near Northside		18.4		35.0
Northeast		13.7		30.3
Far Northside		3.9		14.3
Far Northwest		7.7		22.9

Source: U.S. Census Bureau, 2000 Census, 2007-2011 American Community Survey

Employment

“I mean, we want to provide for our families, but we can’t do that because we don’t have jobs.” – community resident

“We have typically been seen as a low wage community and we want to move away from that.” – public official

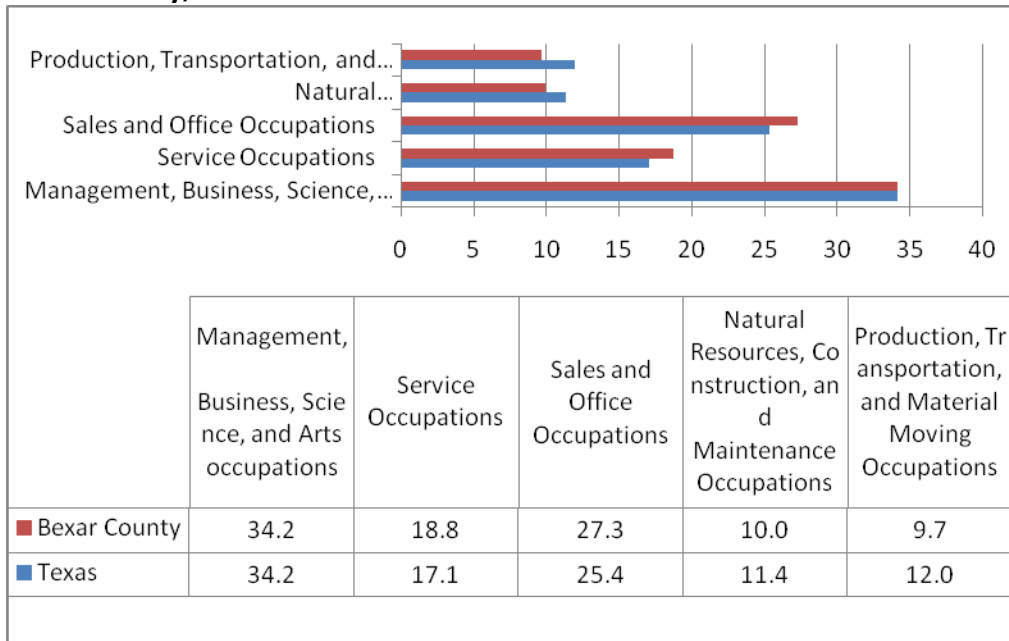
“The rate of unemployment has not been as significant as in other areas of the county.” – health care provider

While some respondents reported that Bexar County and the state of Texas have enjoyed lower unemployment rates than other parts of the country, others reported challenges to obtaining employment. A few reported that they had been told they were overqualified for jobs while others mentioned that lack of affordable child care was a barrier to obtaining employment. Still others reported that low education was a barrier to employment. As one public health professional stated “*[there is a] large proportion of the population that has minimal education and lacks basic skills.*” Some described an economic base that largely relies on small business and tourism as economic drivers, which often mean lower wages than other economic sectors.

According to the U.S. Census, between 2007 and 2011, over one-third of the Bexar County civilian workforce was employed in management, business, science and arts occupations,

similar to the state. (Figure 12) The smallest proportion of the adult civilian workforce (9.7%) was employed in the production, transportation, and materials moving sector.

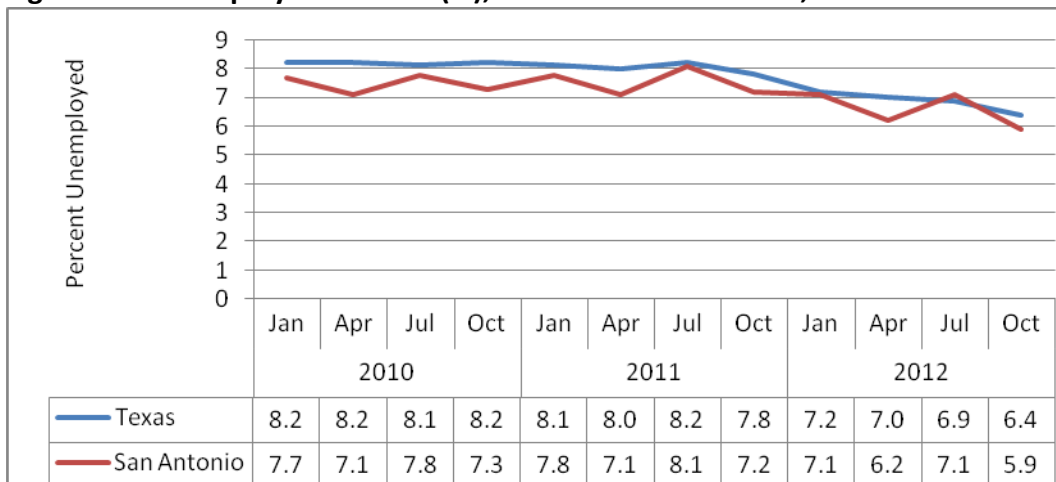
Figure 12. Occupation of civilian employed population 16 years and older (%), Texas and Bexar County, 2007-2011



Source: U.S. Census Bureau, 2007-2011 American Community Survey

Employment data from the U.S. Bureau of Labor Statistics indicates that the unemployment rate in San Antonio between 2010 and 2012 was lower than for the state of Texas overall. (Figure 13) In addition, the unemployment rate has been on an overall downward trend since July 2011 and as of October 2012 stood at about 6%.

Figure 13. Unemployment rates (%), Texas and San Antonio, 2010-2012



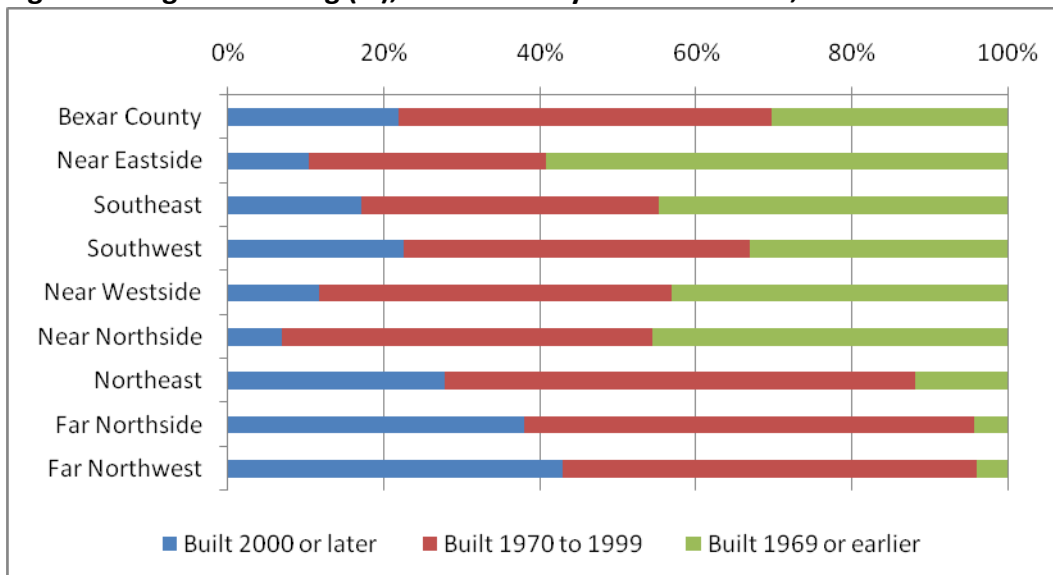
Source: U.S. Bureau of Labor Statistics, 2010-2012

Note: Bureau of Labor statistics are available only for the area of San Antonio-New Braunfels

Housing

The majority of housing stock in Bexar County was built after 1970. (Figure 14) The Near Eastside, Southeast, Near Westside, and Near Northside have the oldest housing stock of subsectors in the county while the Far Northside and Far Northwest have a higher proportion of newer housing. In 2012, the foreclosure rate in Bexar County, 1 in every 1,272, was higher than for Texas (1 in every 1,754) but far lower than for the U.S. overall (1 in every 869).⁴

Figure 14. Age of housing (%), Bexar County and subsectors, 2007-2011



Source: U.S. Census Bureau, 2010 Census and 2007-2011 American Community Survey

Transportation

“We only have one bus that comes every 4 to 6 hours.” – community resident

“Transportation is huge—it’s been a concern for a long time.” – senior service provider

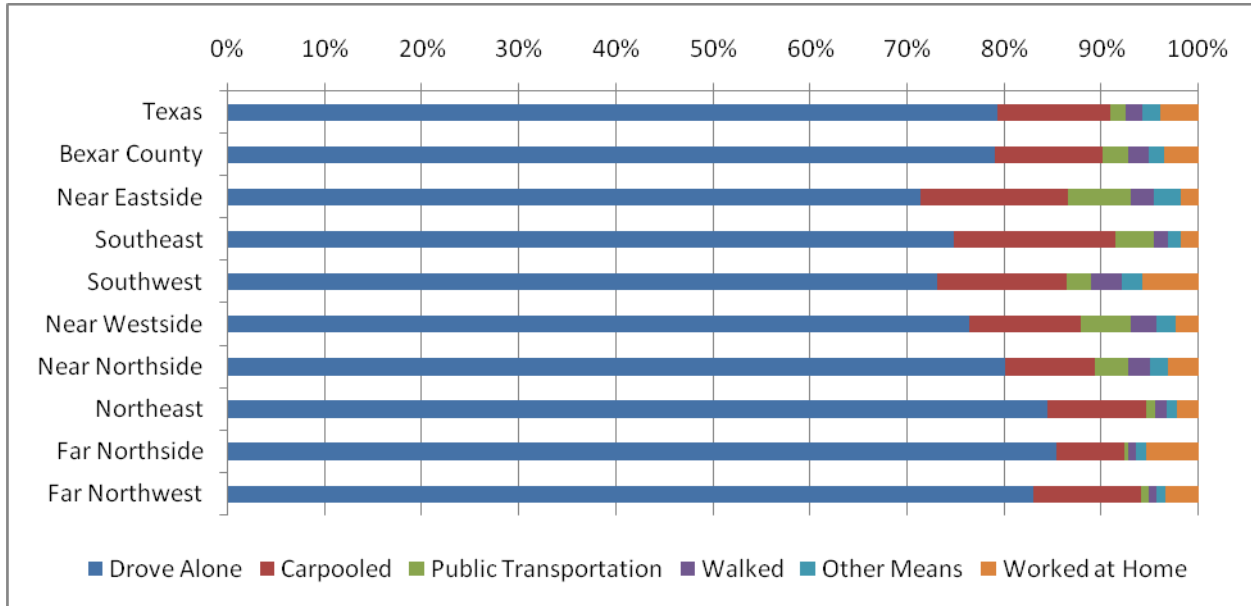
“You need a car to live in my neighborhood.” – community resident

Transportation was identified as a key concern for many in the region, particularly seniors, youth, and those living in the surrounding rural areas. Transportation resources were described as “limited” especially in rural areas where buses were reported to come infrequently. Quantitative data indicate that from 2007 to 2011, the majority of Bexar County residents traveled to and from work by car and alone, similar to the state overall. (Figure 15) The proportion using a carpool ranged from 7% in the Far Northside to 17% in the Southeast. A

⁴ RealtyTrac Foreclosure Trends, January 2013. <http://www.realtytrac.com/statsandtrends/foreclosuretrends/>

slightly higher proportion of Bexar County residents (3%) reported using public transportation compared to the state overall (2%).

Figure 15. Mode of transportation to/from work for population 16+ (%), Texas, Bexar County, and subsectors, 2007-2011



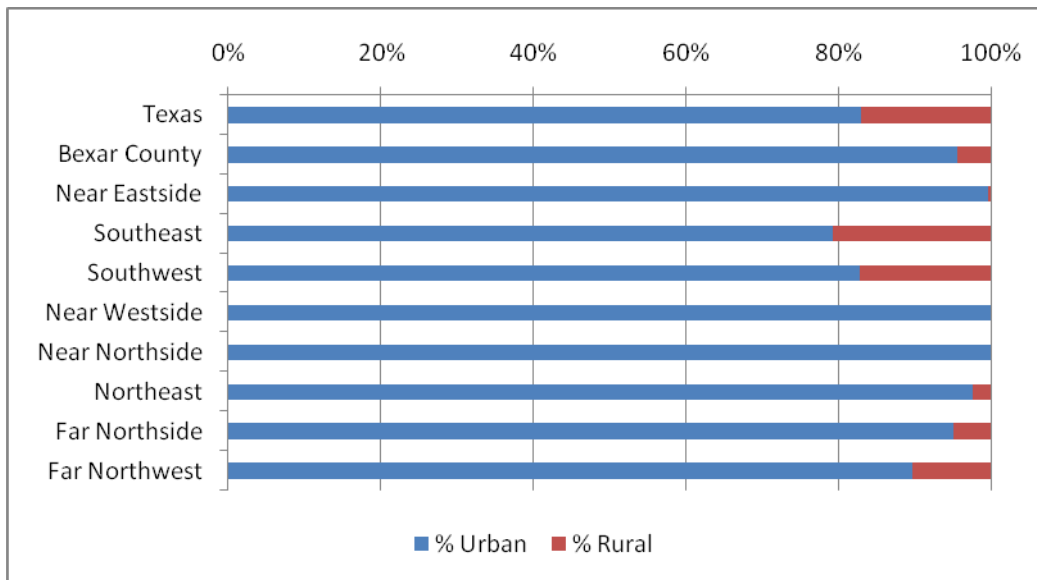
Source: U.S. Census Bureau, American Community Survey 2007-2011

Note: this indicator is both a CHIP and an SA2020 indicator

Urbanicity

The vast majority of Bexar residents live in urban rather than rural areas. (Figure 16) Overall, Bexar County is less rural than the state as a whole. The largest proportion of residents living in rural areas are in the southern subsectors where approximately 20% live in rural areas.

Figure 16. Urbanicity (%), Texas, Bexar County, and subsectors, 2010



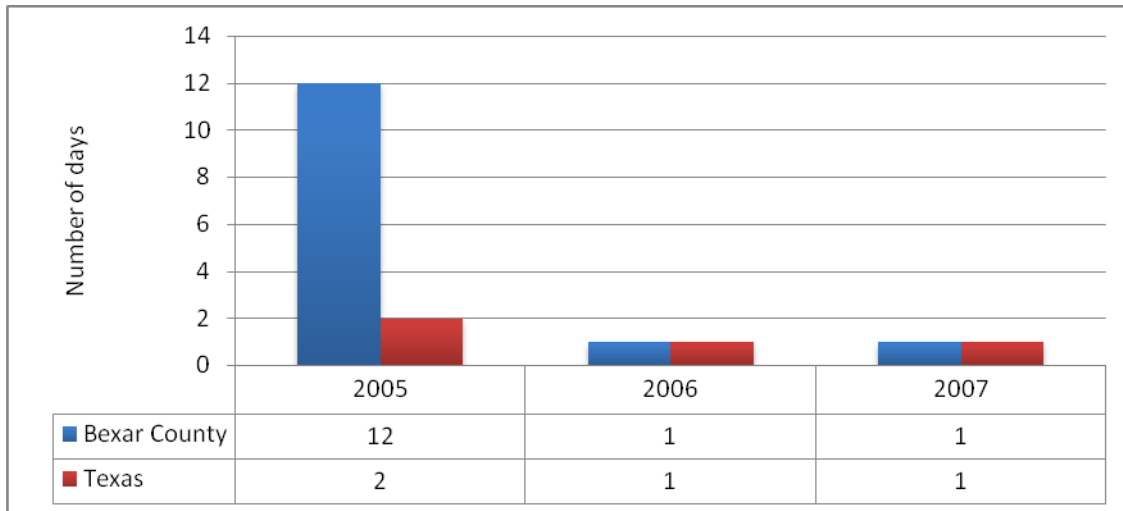
Source: U.S. Census Bureau, 2010 Census

Air and Water Quality

Elevated air pollution (fine particulate matter and ozone) has been associated with compromised health including decreased lung function, chronic bronchitis, and asthma. While the number of particulate matter days (the average daily measure of fine particulate matter, i.e. air pollutants, in micrograms per cubic meter) in Bexar County far exceeded those in Texas in 2005, since then, the number of poor air days in Bexar has declined. (Figure 17) In 2007 both Bexar County and Texas had one day of poor air quality due to fine particulate matter. The daily fine air particulate matter in Bexar County was 9.1 micrograms per cubic meter in 2008, a lower rate than 10.2 for Texas overall.⁵ Both rates are higher than the national benchmark of 8.8 micrograms per cubic meter.

Figure 17. Annual number of poor air quality days due to fine particulate matter, Texas and Bexar County, 2005-2007

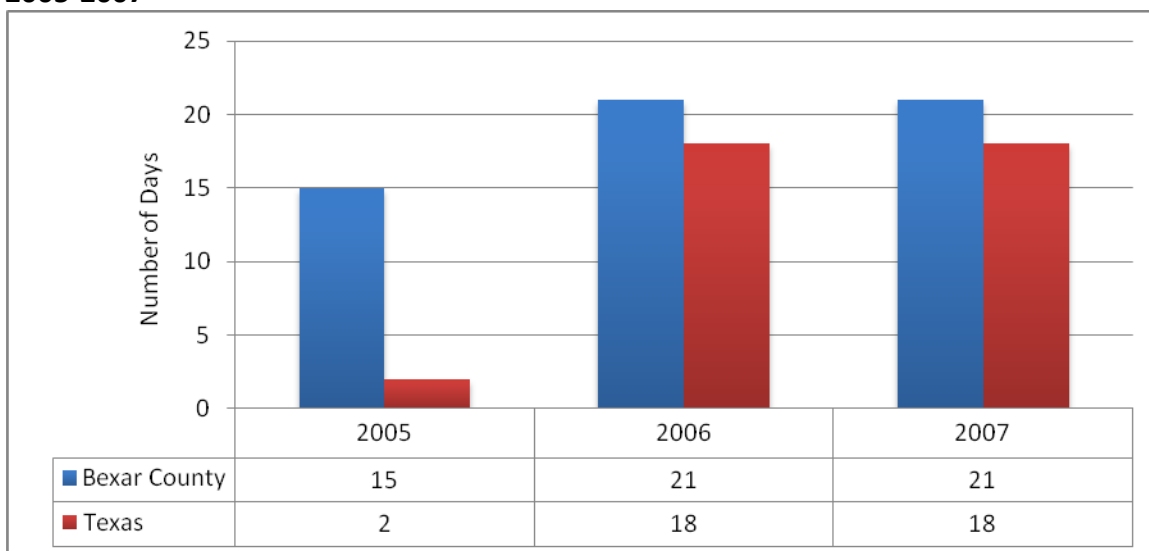
⁵ CDC Wonder Environmental Data, 2008.



Source: County Health Rankings, 2010-2012

In Bexar County, the number of unhealthy days due to ozone have increased from 15 in 2005 to 21 in 2007. (Figure 18) The number of unhealthy days due to ozone also increased for the state of Texas over this time period. However, the number of ozone days in Bexar was higher than for Texas in each of the three years. In 2007, Texas had 18 unhealthy days due to ozone while Bexar had 21.

Figure 18. Annual number of poor air quality days due to ozone, Texas and Bexar County, 2005-2007



Source: County Health Rankings, 2010-2012

Data about drinking water safety indicate that no one in Bexar County obtained their water from a public water system with health-based violations, compared to 6% of the population of Texas who obtained their drinking water through such sources.⁶

⁶ Source: Safe Drinking Water Information System, 2012, via County Health Rankings 2013. Note: National benchmark is 0%.

III. Community Strengths and Assets

Participants in focus groups and interviews were asked to identify their communities' strengths and assets. Several themes emerged as discussed throughout this report. This section briefly highlights some of the key community strengths which focus group and interview participants mentioned.

Diversity

Qualitative and quantitative data indicate the diversity of people in Bexar County, with Hispanics comprising the largest ethnic group and bringing a strong presence of Hispanic culture, fiestas, cultural events, and food. Stakeholders describe the county as a "melting pot," which most saw as a great strength. More recently, the county has seen an influx of immigrant groups from non-Hispanic areas, such as the Pacific Islands and Africa. Many people expressed that the county's rich culture and diversity led to greater community cohesion.

Community Cohesion

Focus group participants and interviewees frequently mentioned the strong social capital and cohesion in the community. Residents described Bexar County as "friendly," "close-knit," and "engaged". One Southside resident noted, *"all in all, we have a helping community, one that is good at pitching in when the need is there."* Bexar County's strong family orientation and culture were cited as contributing to community cohesion. Stakeholders also suggested that the faith community played a significant role in fostering connections among people. Residents and providers also noted that the church is often a source of information about services and supports for community members.

Physical Activity Environment

Focus group members and interviewees in general spoke positively about their surroundings, citing the growing number of recreational facilities, Greenway Trails, bike rentals, and sports parks. Events such as Cyclovía and Fitness in the Park have helped raise the visibility of physical activity and shown the County's commitment to improving health. One public health professional described the addition of physical activity opportunities as follows: *"I have seen changes in attitude and activity, [I] see more people that are out and about exercising, jogging, and biking."* While many people praised the increased energy and funding that has improved the physical activity environment, it should be noted that this sentiment was largely held by residents in the more affluent areas, and less so in outlying communities that are still without basic physical environment features, such as sidewalks.

Health Care Services

As will be discussed in the final section of this report, Bexar County has increasingly become an area known for its high-quality health care facilities. The region is home to several prestigious health care institutions, including four acute care hospitals, and a wide range of specialty and

tertiary providers. Respondents spoke positively about the community's emergence as a major medical and health research center, as one social service provider described, "a lot of hospitals are innovative and doing great things." Bexar County has recently seen the expansion of children's health care facilities and increased the use of promotoras or community health workers, seen as a critical link to reaching people in their communities and connecting them to health education and health resources. However, focus group and interview participants recognized that there were challenges related to access to care with insurance and unequal distribution of health care facilities across the county.

IV. Health Outcomes- Why are individuals in Bexar County being hospitalized and what are they dying from?

Bexar County has experienced decreases in good or better self-reported health status accompanied by reported increases in poor mental and physical health. Hospitalization rates have remained stable in recent years. Mortality rates vary geographically and demographically across Bexar County- Near Eastside and Southeast subsectors along with Black and White populations experience the highest rates of mortality. Overall cancer and heart disease account for the bulk of mortality in the county.

This section focuses on specific health issues for Bexar County. It provides a portrait of self-reported health status and examines the leading causes for hospitalization and death for infants, children, adults, and the elderly. Using the social determinants of health framework described earlier, this section discusses the differential distribution of rates of illness and death over time and across groups in Bexar County. The overall impact of various causes of illness and death are examined using epidemiologic evidence regarding hospitalization rates, mortality rates, and premature mortality rates (years of potential life lost, YPLL), as they vary among groups of residents.

Based on the available data, the ability to draw strong conclusions about the major causes of morbidity and hospitalization in Bexar County is limited by disease classification systems currently in use. Hospitals in Bexar County use the ICD to document and code the reasons for hospitalization at their facilities. These codes are then grouped into major disease classifications utilized for the display of public access data. Unfortunately, for every age group, the most commonly reported reasons for hospitalization are not very specific: “Factors Influencing Health Status and Contact with Health Services” (ICD9 V01-V86), “Symptoms, Signs, and Ill-Defined Conditions” (ICD9 780-799), and a catch-all “Other” category. One notable exception is among 18-64 year old women, pregnancy complications are commonly reported. It is acknowledged that because these categories are broad and contain wide-ranging symptoms, much information about the true cause of illness is lost. This inexactness greatly increases the possibility that there are major public health issues in Bexar County that are going unnoticed in this report. While rates of mortality and hospitalization are still reported below, researchers for this project will continue working to identify more specific health issues related to hospitalization.

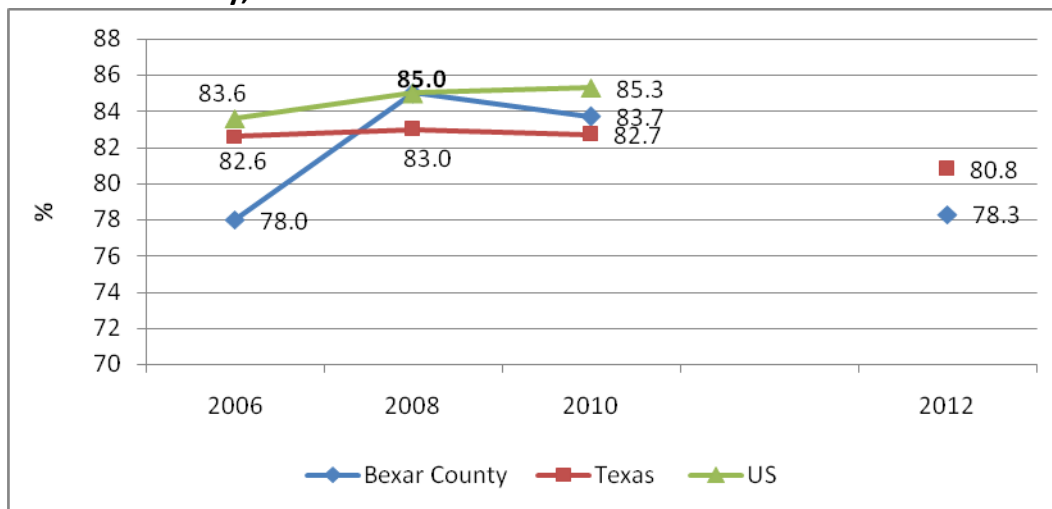
Self-Reported Physical and Mental Health Status

This section discusses Bexar County residents’ perceptions of their own overall health status. While this measure is subjective because it is self-reported, research has found people’s rating of their own health status to be a valid measure of health and a strong predictor of subsequent morbidity and mortality.

To assess self-reported health status, the BRFSS survey included questions related to respondents' overall health status, how many days of poor physical and mental health they had in the past month, and how many days in the past month their health kept them from doing usual activities. It should be noted that the BRFSS used a different methodology and weighting system in 2012 than in previous years, and thus recent data cannot be directly compared to results from 2010 or earlier.

As Figure 19 shows, 77% of Bexar County adults reported that their health status was good or better in 2012, a lower rate than that for Texas adults overall (81%). (Figure 20) A slightly lower proportion of men than women reported good or better health status (77% vs. 80%, respectively). (Figure 20) A higher proportion of Whites (87%) than Hispanics (74%) reported good or better health in 2012 and a higher proportion (93%) of young adult respondents (18- to 29-year-olds) reported this than older adults (65 years and older) (68%). The percentage of respondents who reported good or better health increased with annual household income level: those with annual household incomes of less than \$25,000 were less likely to report that their health status was good or better than those with annual household incomes greater than \$50,000 (67% vs. 86%, respectively). A higher proportion of college graduates (85%) in Bexar County were likely to report good or better health status than those who had not graduated from high school (64%).

Figure 19. Population with good or better self-reported health status (%), U.S., Texas, and Bexar County, 2006-2012



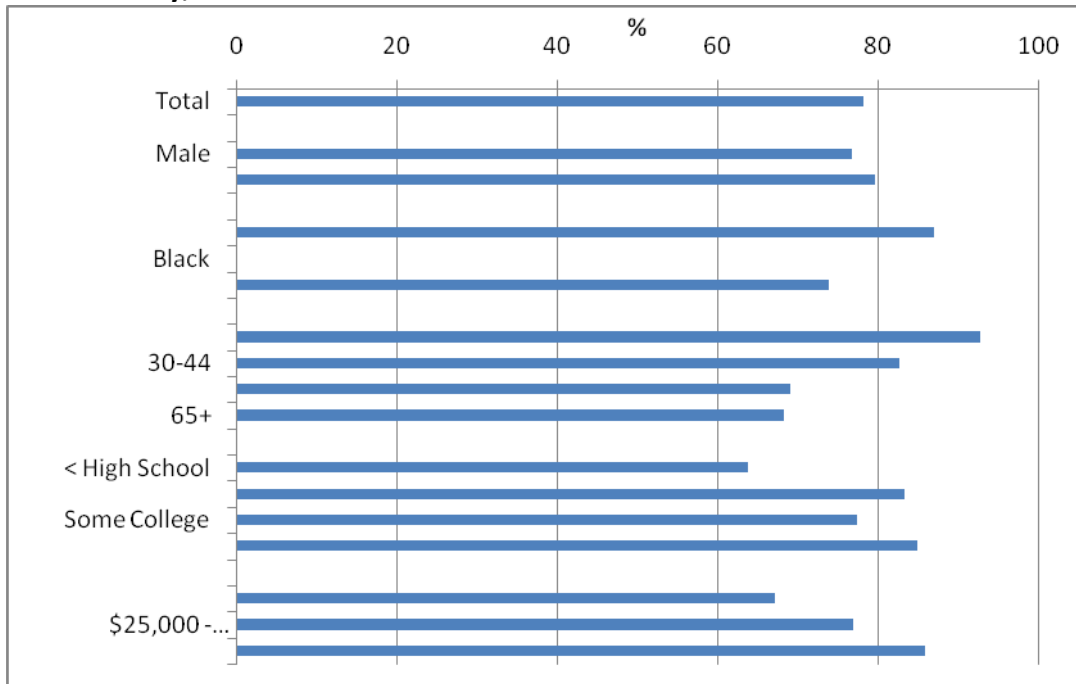
Source: Texas Department of State Health Services, BRFSS 2006-2012;

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Figure 20. Population with good or better self-reported health status (%), by demographics, Bexar County, 2012

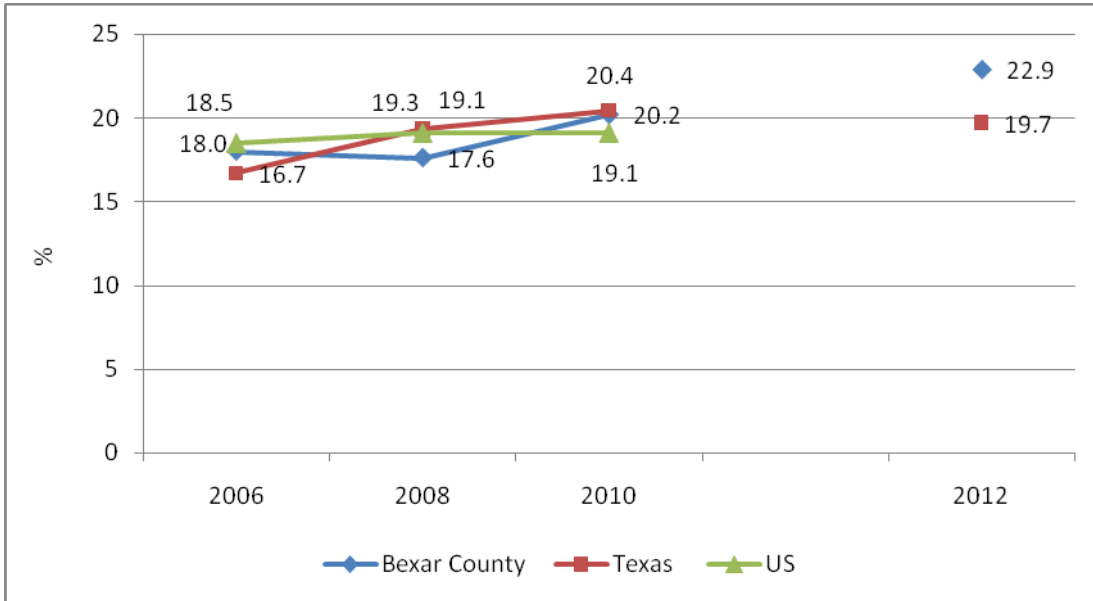


Source: Texas Department of State Health Services, BRFSS 2012

Note: no data for a subcategory indicates a sample size too small to report

In 2012 slightly more Bexar County adults (23%) than Texas adults (20%) reported that they experienced five or more days of poor physical health in the past 30 days. (Figure 21) Poor physical health varied by demographic factors. (Figure 22) Slightly more women in Bexar County than men reported five or more days of poor physical health (24% vs. 22%, respectively) while Hispanics reported a higher percentage of five or more days of poor physical health compared to Whites (27% vs. 18%, respectively). Those over the age of 45 were far more likely to report poor health days than those younger. Across annual household income levels, more respondents with household incomes below \$25,000 reported poor health days than respondents with household incomes above \$50,000 (29% vs. 16%, respectively). Finally, 40% of those with less than a high school education reported five or more days of poor physical health, a rate substantially higher than those with a college education (13%).

Figure 21. Population with poor self-reported physical health (≥ 5 days) (%), U.S., Texas, and Bexar County, 2006-2012



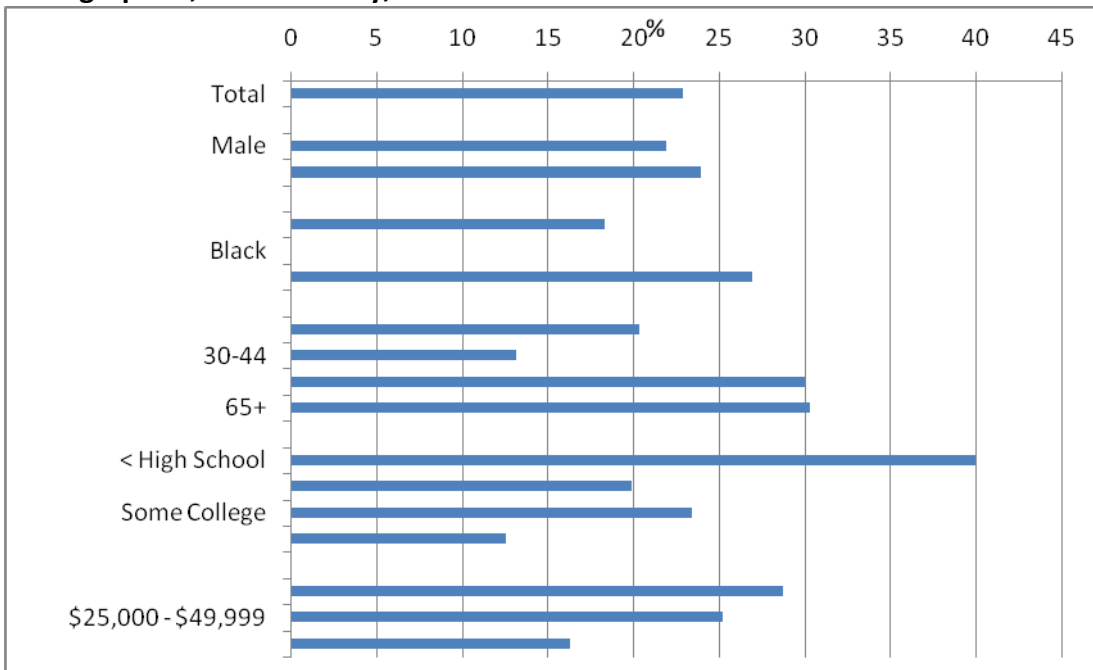
Source: Texas Department of State Health Services, BRFSS 2006-2012.

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Figure 22. Population with poor self-reported physical health (≥ 5 days) (%), by demographics, Bexar County, 2012

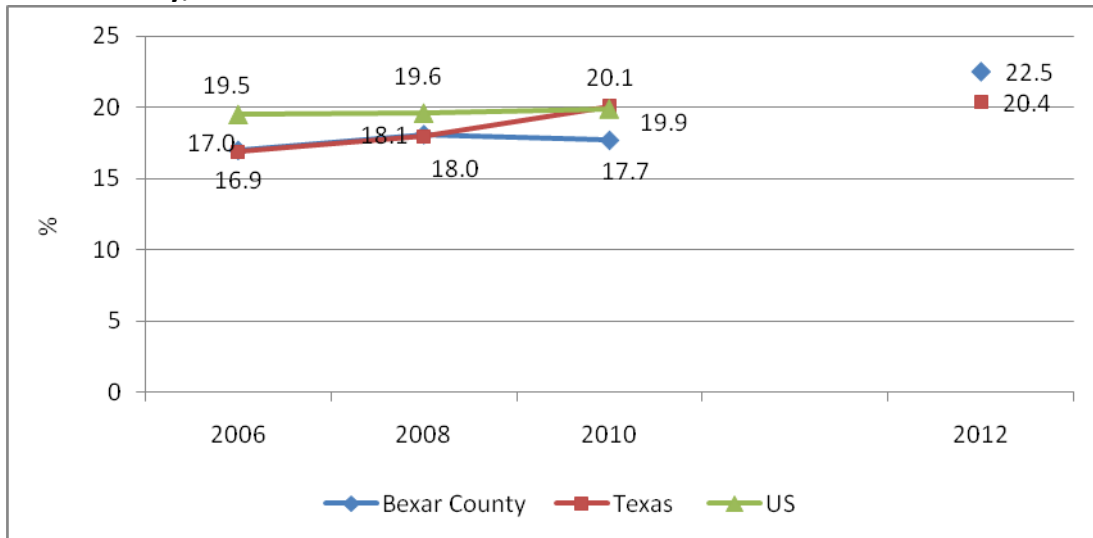


Source: Texas Department of State Health Services, BRFSS 2012

Note: no data for a subcategory indicates a sample size too small to report

Figure 23 presents BRFSS data related to self-reported mental health status. 2012 data indicate that a slightly higher proportion of Bexar County adults (23%) than Texas adults overall (20%) reported that they experienced five or more days of poor mental health (including stress, depression, or emotional problems) in the past 30 days. More women than men reported five or more days of poor mental health (25% vs. 20%, respectively) while Whites reported a higher percentage of five or more days of poor mental health compared to Hispanics (28% vs. 20%, respectively). (Figure 24) Those age 65 or older (16%) were less likely to report poor mental health days than those younger. In comparison to the proportion of respondents who reported annual household incomes more than \$50,000 annually, a slightly higher proportion of those who reported household incomes than \$50,000 per year reported five or more days of poor mental health in the past month. Finally, over twice as many people with less than a high school education (38%) reported five or more days of poor mental health in the past month than those who were high school graduates (16%).

Figure 23. Population with poor self-reported mental health (>= 5 days) (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

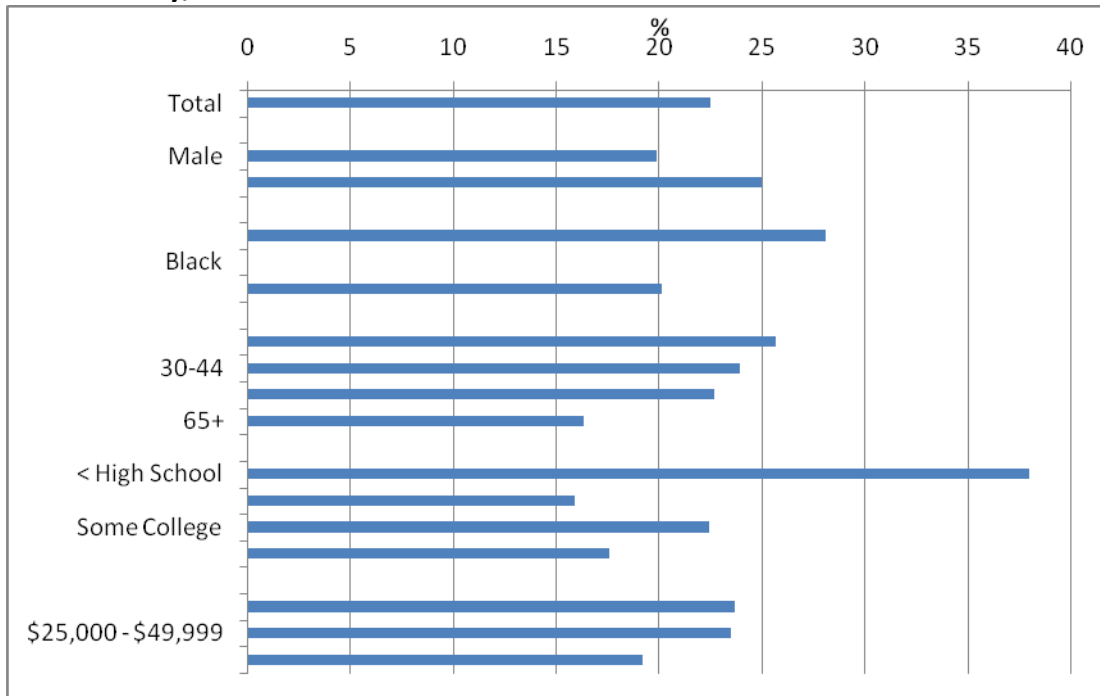
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Note: this indicator is a CHIP indicator

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 24. Population with poor self-reported mental health (≥ 5 days) (%), by demographics, Bexar County, 2012

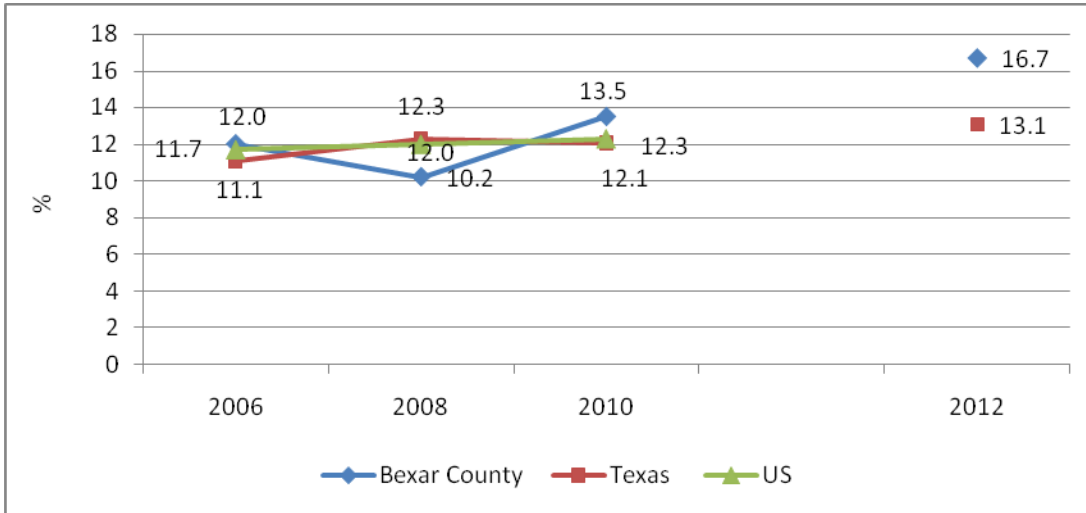


Source: Texas Department of State Health Services, BRFSS 2012

Note: no data for a subcategory indicates a sample size too small to report

As Figure 25 shows, in 2012 17% of Bexar County residents reported that they were kept from their usual activities, such as self-care, work or recreation, for one or more days due to poor physical or mental health. This percentage is higher than for the state of Texas (13%). A similar proportion of men and women reported five or more days of limited activities due to poor physical or mental health (18% and 16%, respectively). (Figure 26) Slightly more Hispanics (19%) than Whites (15%) reported limited activities. Over twice as many respondents with an annual household income below \$25,000 reported limited activity for five or more days than those whose household income was more than \$50,000 (21% vs. 10%, respectively). The largest difference in activity levels due to poor physical or mental health is related to education. Four times as many Bexar residents with less than a high school education reported five or more days of limited activity due to poor physical or mental health compared to those with a college degree (32% vs. 8%, respectively).

Figure 25. Usual activities limited by poor mental or physical health (%), U.S., Texas, and Bexar County, 2006-2012



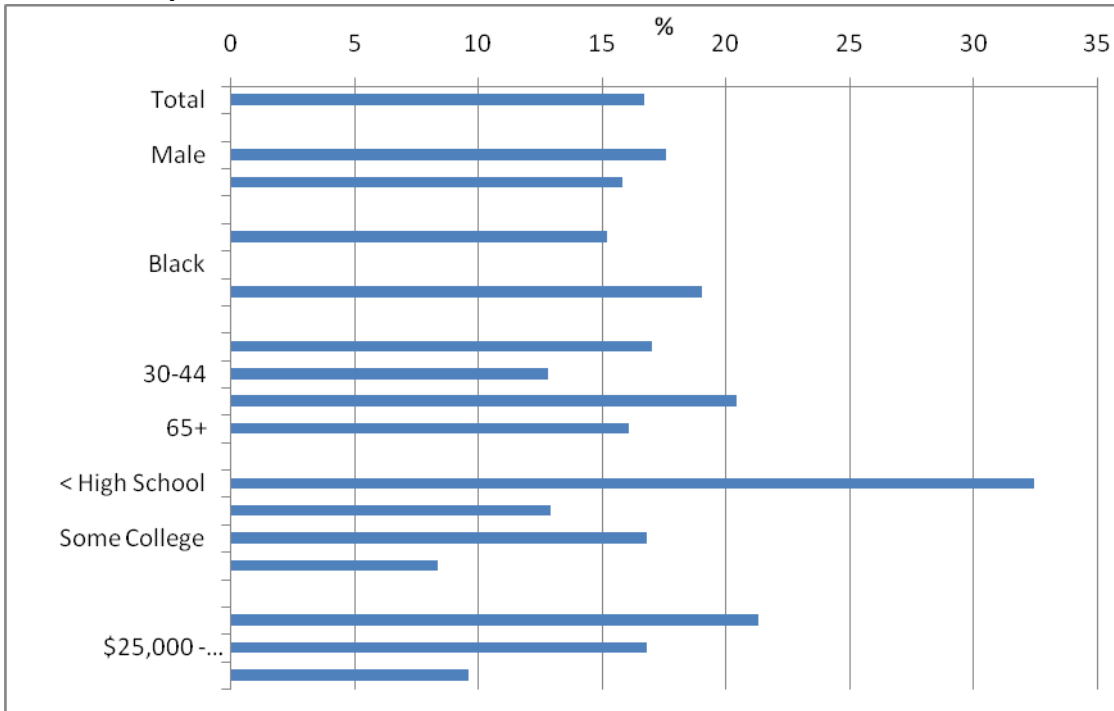
Source: Texas Department of State Health Services, BRFSS 2006-2012.

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Figure 26. Usual activities limited by poor mental or physical health (%), by demographics, Bexar County, 2012



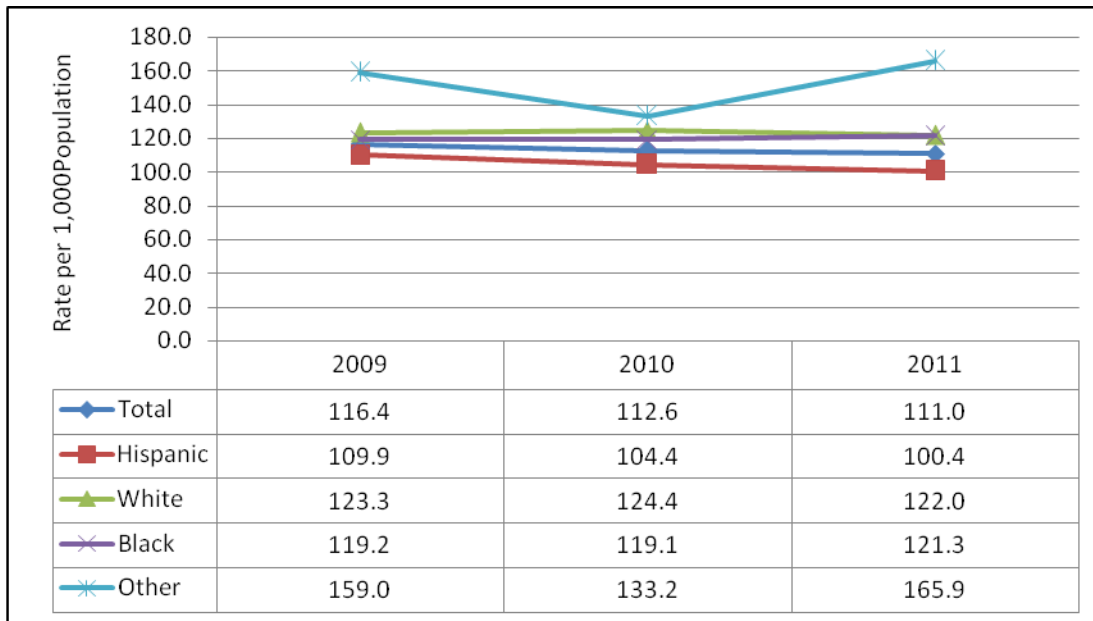
Source: Texas Department of State Health Services, BRFSS 2012

Note: no data for a subcategory indicates a sample size too small to report

Overall Hospitalization Rates

Figure 27 shows that about 111 in every 1,000 people was hospitalized in Bexar County in 2011 and that this rate decreased slightly from 116 in 2009. Hospitalization rates were relatively similar across racial and ethnic groups in Bexar County from 2009 to 2011. The rate is highest among people of Other race and this rate increased substantially from 2010 to 2011 after dropping between 2009 and 2010 although it should be noted that the number of people sampled from this population is low and thus interpretation of these data should be conducted with caution. Among other racial groups, hospitalization rates were higher in 2011 for Blacks (121 per 1,000 people) and Whites (122 per 1,000 people) than for Hispanics (100 per 1,000 people).

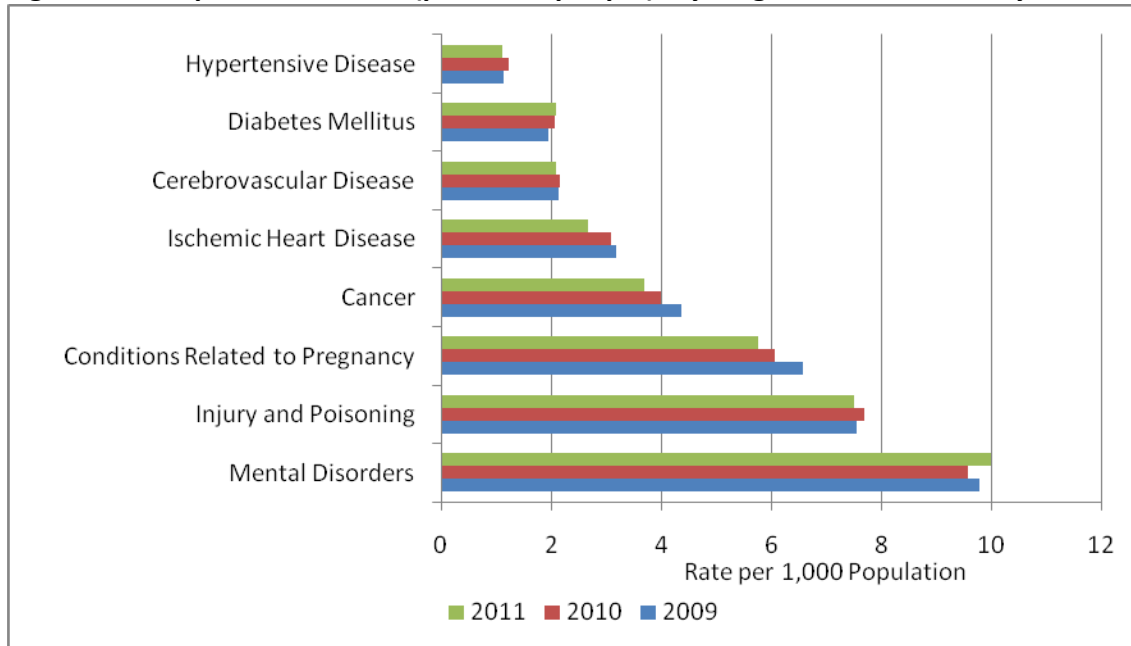
Figure 27. Hospitalization rate (per 1,000 people), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Mental disorders accounted for the highest proportion of hospitalizations in Bexar County from 2009 to 2011, about 10 per 1,000 people in 2011. (Figure 28) Injury and poisoning accounted for the second highest number of hospitalizations (7 per 1,000 in 2011), followed by complications related to pregnancy (6 per 1,000 in 2011).

Figure 28. Hospitalization rate (per 1,000 people), by diagnosis, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Mortality

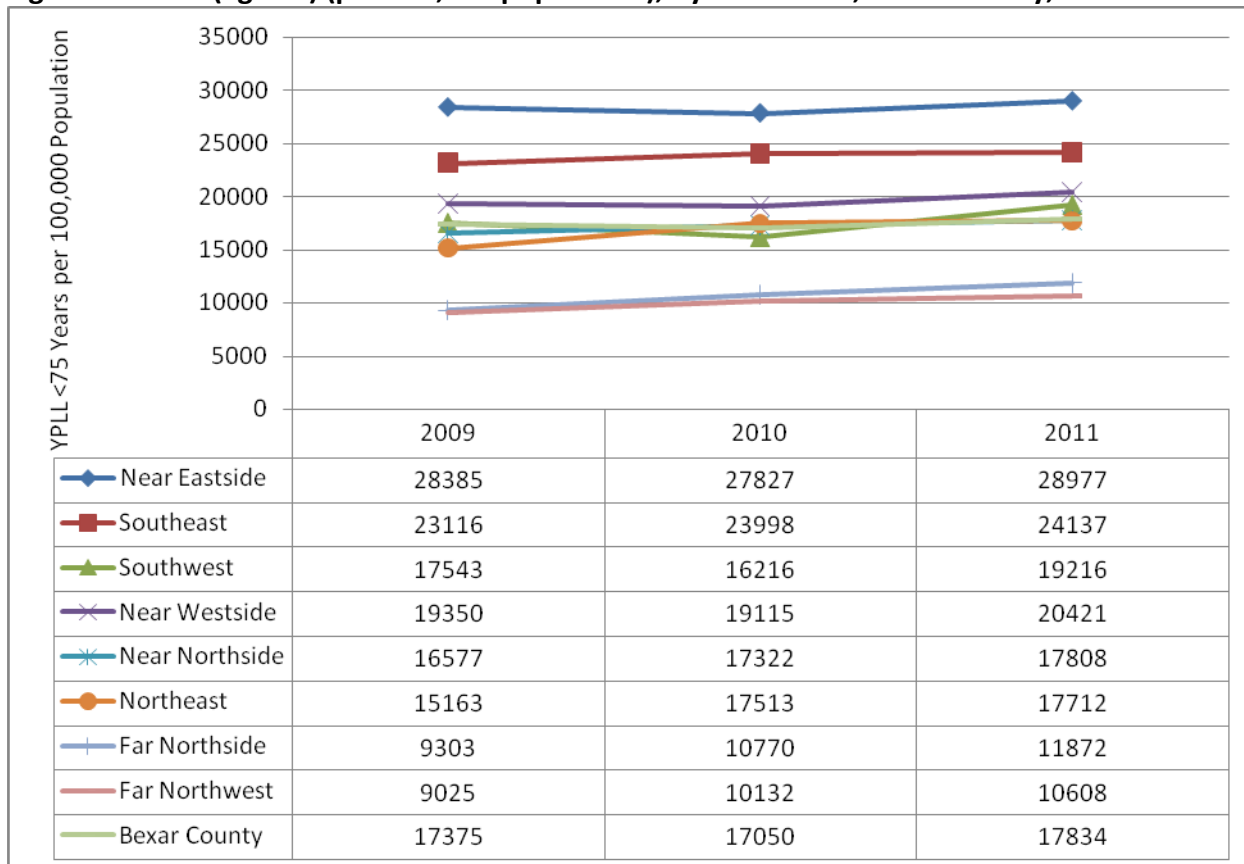
This section describes overall mortality rates in Bexar County. This CHA presents two mortality measures. The first, age-adjusted mortality rates, show what proportion of people died of a certain condition in a given year, adjusted for the age of the population relative to a standard comparison population. These rates are helpful in comparing the number of deaths caused by different conditions, examining changes over time, and comparing different population groups. Adult mortality rates are presented here, while infant and child mortality and older adult mortality are reported in the sections devoted to those age groups.

The second mortality measure, years of potential life lost (YPLL), describes the general mortality or economic impact of different diseases on sectors of society based on how much earlier people die than expected. YPLL is calculated by subtracting the age of death for people dying of various causes from some reference age – either 75 years, for calculating life lost based on average life expectancy, or 65 years, for calculating life lost in workers before the average retirement age. In this report, 75 years is used as the base age for calculations. The YPLL rate is a calculation used to standardize these numbers across populations for purposes of comparison per 100,000 people in a population. It should be noted that the age of 65 was used for YPLL in previous Bexar County CHAs, but age 75 is now the standard given the increased life expectancy in the United States.

In Bexar County, the subsectors with the YPLL rates in 2011 were in the Near Eastside and the Southeast. (Figure 29) These rates are over twice as high as YPLL rates for the Far Northwest

and Far Northside subsectors. YPLL rates rose in all Bexar County subsectors between 2009 and 2011.

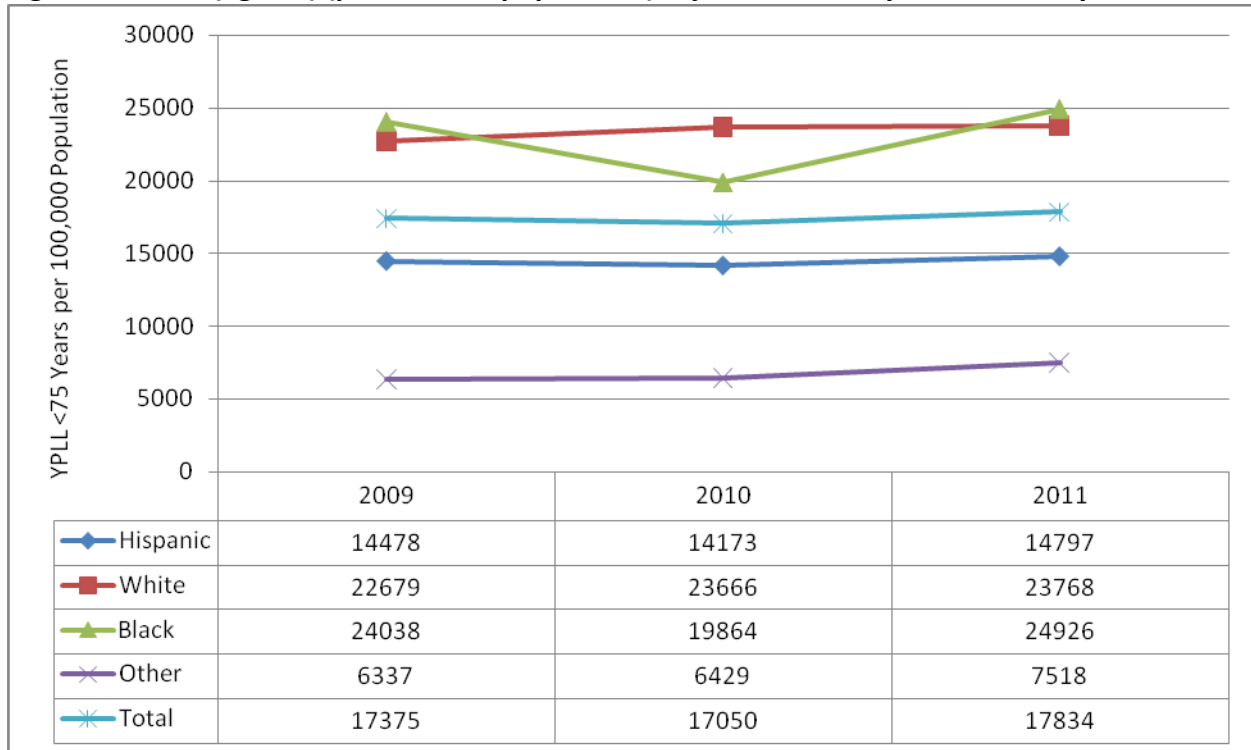
Figure 29. YPLL (age 75) (per 100,000 population), by subsectors, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

YPLL calculated by race and ethnicity shows that Blacks and Whites suffered YPLL from age 75 than Hispanics. (Figure 30) Whites and Blacks lost more than one and a half times the years of life than Hispanics in 2011. Those identifying as Other race experienced the lowest YPLL from 2009 through 2011, although it should be noted that the number of people sampled from this population is low and thus interpretation of these data should be conducted with caution. YPLL rates have increased between 2009 and 2011 for each racial/ethnic group. While Blacks an overall increase in the rate between 2009 and 2011, the rate in this population dropped in 2010 and increased in 2011.

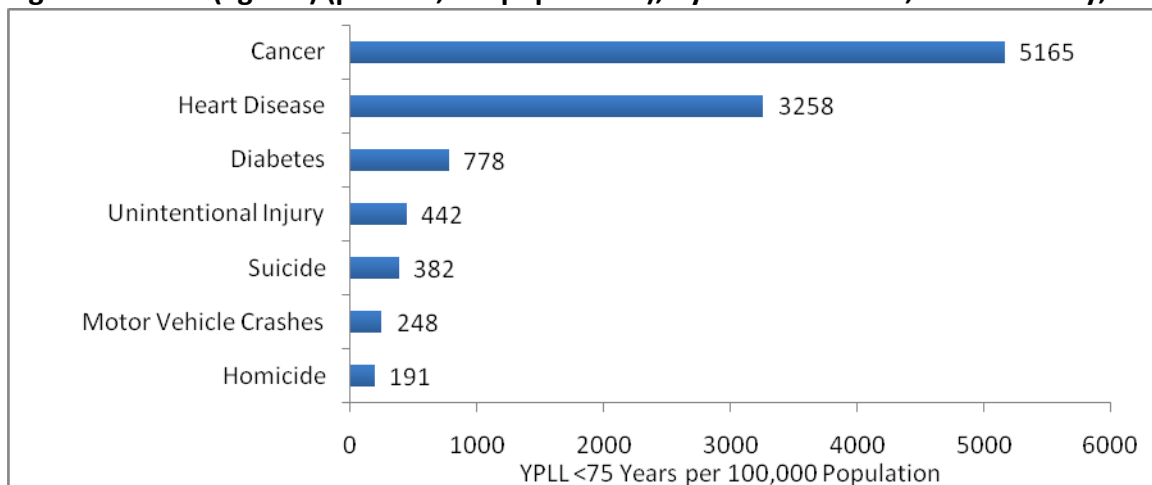
Figure 30. YPLL (age 75) (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Figure 31 presents YPLL data by cause of death. In 2011, cancer and heart disease were the causes for the largest number of YPLL in Bexar County. Premature death from cancer accounted for 5,165 YPLL per 100,000 people in Bexar County while premature death from heart disease accounted for 3,258 YPLL per 100,000 people. Non-disease causes such as motor vehicle crashes and homicide accounted for far fewer YPLL for this age group calculation.

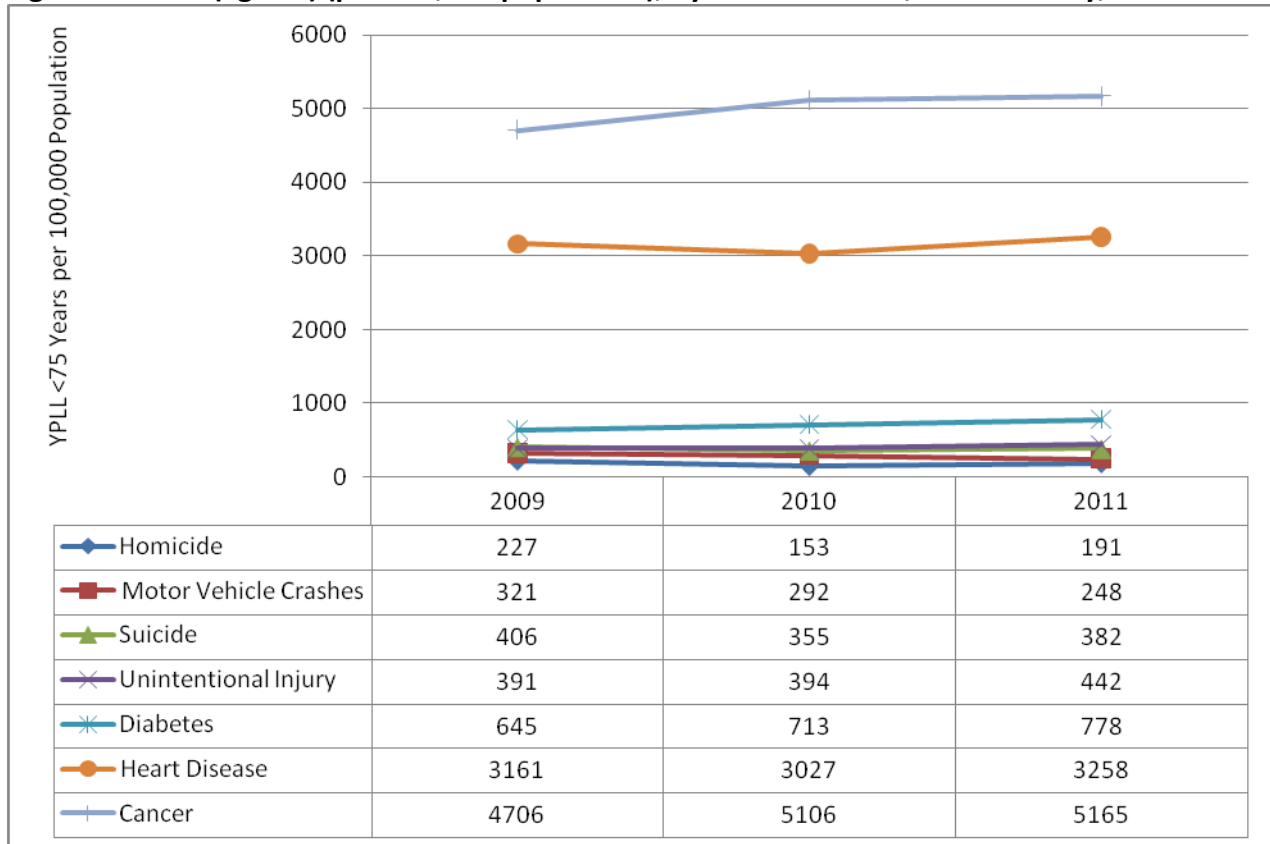
Figure 31. YPLL (age 75) (per 100,000 population), by cause of death, Bexar County, 2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

The YPLL rates due to cancer, heart disease, diabetes, and unintentional injury in Bexar County rose slightly between 2009 and 2011. (Figure 32) YPLL rates due to homicide, motor vehicle crashes, and suicide declined slightly over this time period.

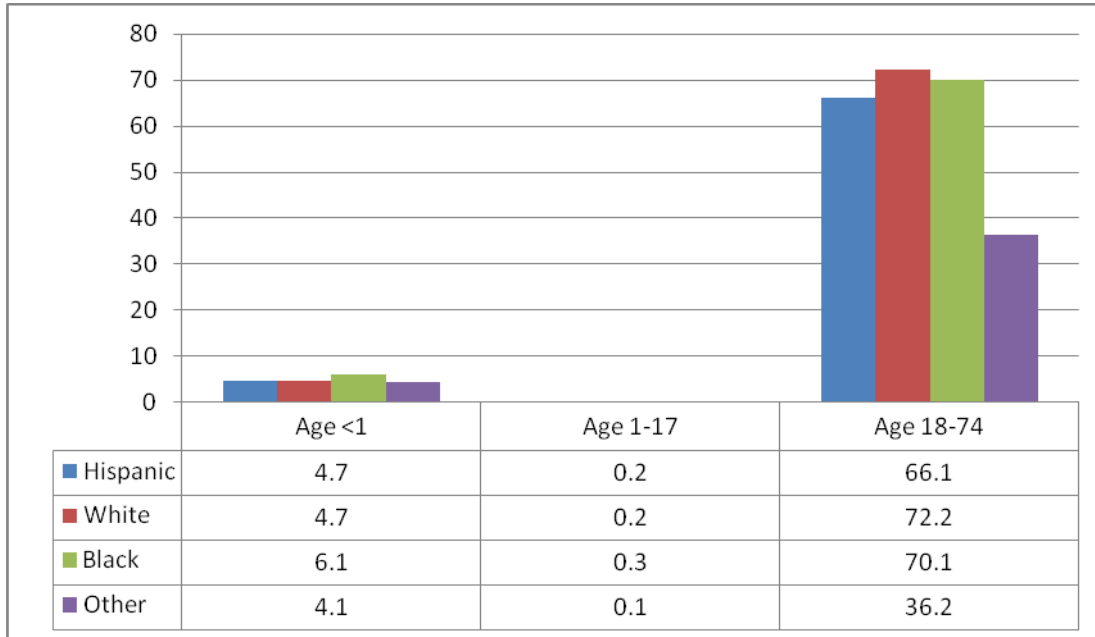
Figure 32. YPLL (age 75) (per 100,000 population), by cause of death, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Figure 33 presents data on trends in premature mortality. The data exclude mortality rates among those 75 and older, thus providing a picture of premature mortality. The data show a typical trend: a higher mortality rate is seen in infants, followed by a decline in childhood and adolescence, with a sharp rise as people age into adulthood. Overall, trends in premature mortality are relatively similar among Blacks, Hispanics, and Whites. People identifying as Other race have a far lower premature mortality rate. It is important to note, however, that the number of people sampled from this population is low and thus interpretation of these data should be conducted with caution.

Figure 33. Premature mortality rate, (per 1,000 people), by race/ethnicity, Bexar County, 2011

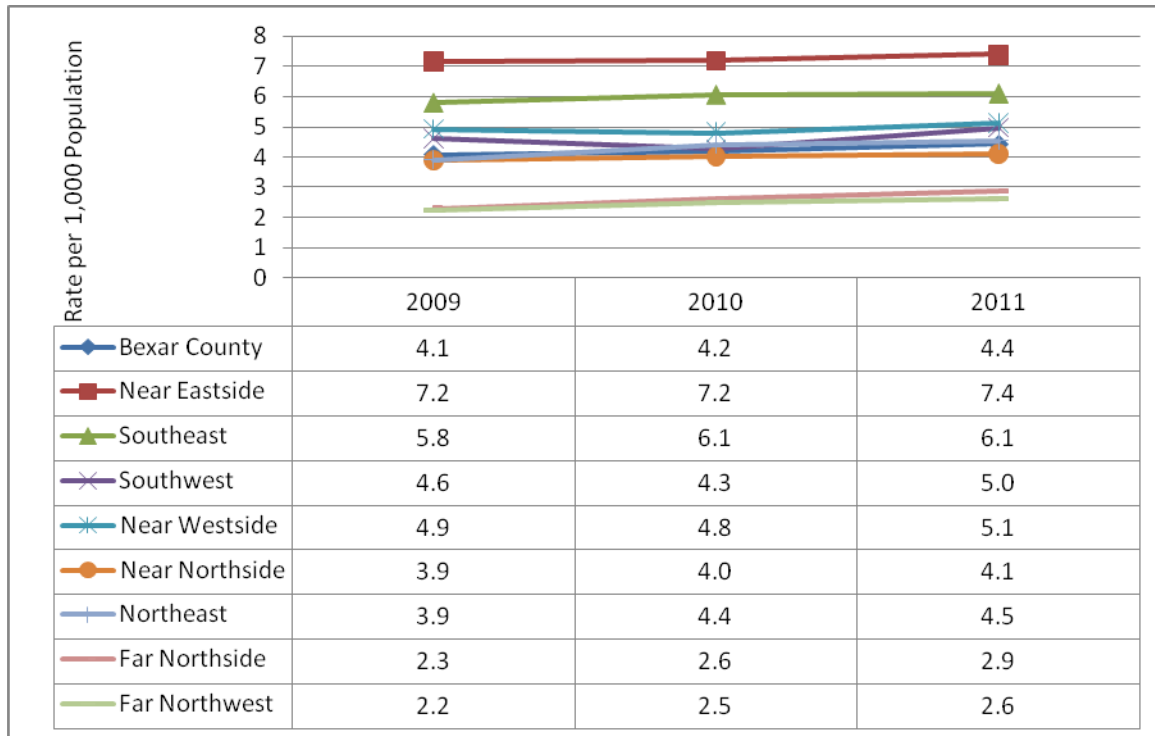


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Adult mortality

Adult mortality across Bexar County sectors ranged from 3 to 7 deaths per 1,000 people age 18-74 in 2011. (Figure 34) The average for Bexar County was 4 deaths per 1,000 people in 2011. The mortality rate was highest in the Near Eastside (7 per 1,000 people) and Southeast (6 per 1,000 people) in 2011 and was lowest in the Far Northwest and Far Northside (3 per 1,000 people in each subsector). Mortality among adults under age 75 increased in Bexar County and in all subsectors between 2009 and 2011.

Figure 34. Mortality rate (age 18-74) (per 1,000 people), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

The adult mortality rate in Bexar County in 2011 was higher for Blacks (6 per 1,000 people) and Whites (5 per 1,000 people) than for Hispanics (4 per 1,000 people) and those identifying as Other race (2 per 1,000 people). (Figure 35) Rates were the same as in 2009. The mortality rate for Blacks dipped in 2010 but then increased again in 2011. The number of people sampled from individuals identifying as Other race is low and thus interpretation of these data should be conducted with caution.

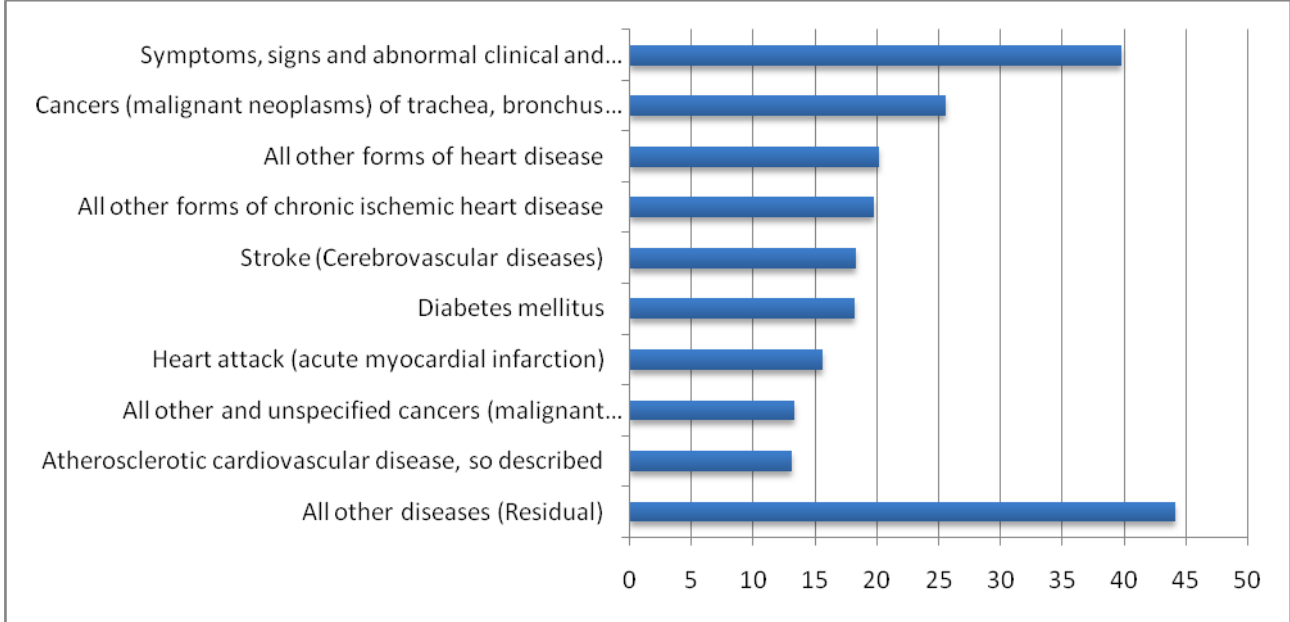
Figure 35. Mortality rate (age 18-74) (per 1,000 people), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Among Bexar County adults, the leading causes of death in 2011 were abnormal symptoms not reported elsewhere (39 per 100,000 people) and throat and lung cancer (25 per 100,000 people). (Figure 36) Other diseases account for the largest number of deaths; while this category is often used in clinical data, it limits detection of conditions of concern from a public health perspective.

Figure 36. Leading causes of death for adults (age 18-74) (mortality rate per 100,000 population), Bexar County, 2011 (n=5205)



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

V. Healthy Eating and Active Living

Despite improvements in the physical activity environment, Bexar County still faces challenges in healthy eating and active living. Limited access to healthy foods, an abundance of fast food, and an unhealthy food culture make healthy eating difficult for Bexar County residents. Although the physical activity environment and attitudes are beginning to improve, levels of physical activity have declined in recent years. While population obesity rates have started to decrease, obesity and related chronic diseases are still primary concerns among the Bexar County community.

Lifestyle factors and individual behaviors are important determinants in risk for chronic diseases and other health conditions. This section examines several aspects of individuals' personal health behaviors and risk factors that result in the leading causes of morbidity and mortality among Bexar County residents. This includes diet, physical activity, and obesity. In addition, the physical environment is an important contextual factor that has been shown to have an impact on the health of individuals and the community as a whole. For this reason, this section also examines the built environment in Bexar County including parks and green space, community walkability, and healthy food outlets. For this section, data related to individuals' behaviors are largely drawn from the 2012 BRFSS survey.

Healthy Eating

"Unhealthy food is cheaper." – health care provider

"You don't really see a lot of health-conscious restaurants." – social service provider

"There is no grocery store out here." – community resident

"The selection at the grocery stores changes from location to location, too. The healthier foods you find in certain neighborhoods, and in others, you don't." – community resident

"Marketing has a lot to do with what we eat." – health care provider

A common theme across focus groups and interviews related to healthy eating. Access to healthy options in the Westside and Southside in particular was reported to be a challenge. As one Westside resident explained, "*the [supermarket] wasn't carrying something I wanted and when I asked, she said 'oh no, that wouldn't sell here, that's too healthy.'*" Residents from the Southside reported that there is no grocery store in the community and that many residents do not have transportation; as a result, they rely on less healthy and more expensive options from local convenience stores. Lack of restaurants with healthy food options, rushed lifestyles, and

Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [County Health Rankings](#)
- [Bexar County Community Health Improvement Plan](#)

lack of knowledge about how to prepare healthy foods were also mentioned as reasons residents do not eat as healthfully as they should.

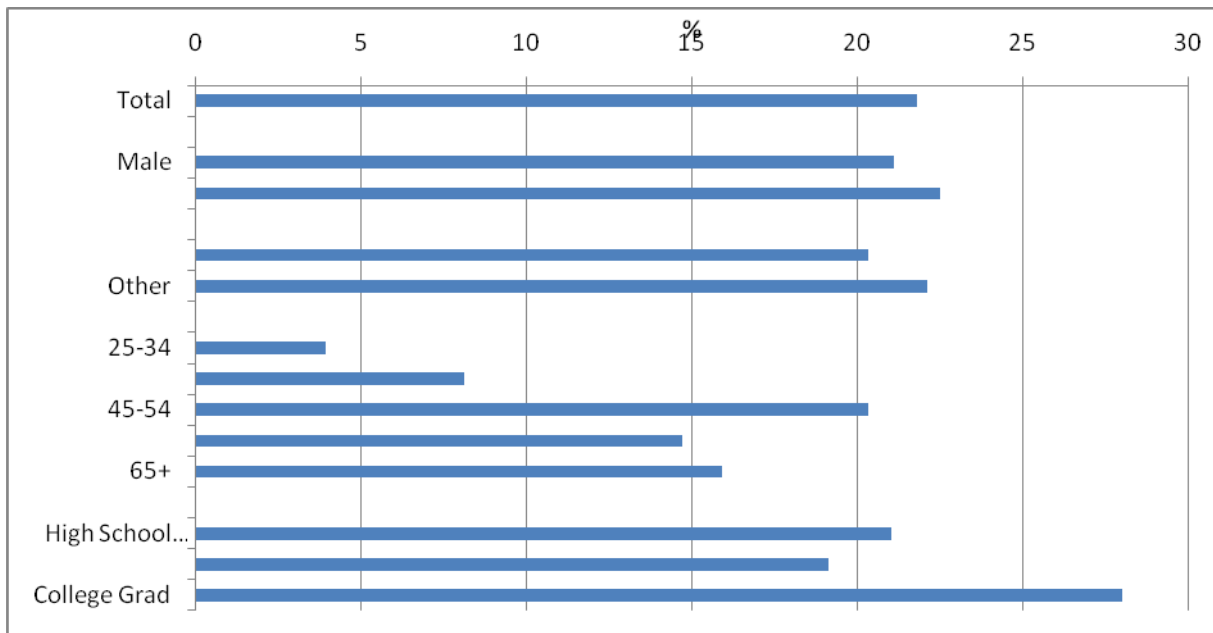
Quantitative data confirm residents' perceptions. In 2012, about 12% of Bexar County's low income population has limited access to health foods/does not live close to a grocery store, compared to 9% of the population of Texas.⁷ In 2012, over half (52%) of the restaurants in Bexar County were fast food, the same proportion as in Texas overall.⁸

In 2012, San Antonio Metropolitan Health District conducted a survey similar to the BRFSS. According to this survey, 22% of Bexar County adults reported that they ate more than three servings of vegetables per day in 2012. (Figure 37) Vegetable consumption was slightly higher among Bexar County females than males (23% vs. 21%, respectively), as measured by the survey mentioned above. Younger Bexar adults (under 45 years old) were two to four times less likely to eat three or more servings of vegetables daily than older Bexar adults (45 and older). Finally, a higher proportion of college graduates in Bexar (28%) than high school graduates (21%) reported eating more than three servings of vegetables daily in 2012.

Figure 37. Population vegetable intake >3 servings per day (%), by demographics, Bexar County, 2012

⁷ Source: USDA Food Environment Atlas, 2012, via County Health Rankings, 2013. Limited access to healthy foods captures the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Note: this indicator is a CHIP indicator

Note: National benchmark is 1%.
⁸ Source: US Census County Business Patterns, 2010, via County Health Rankings, 2013. Note: National benchmark is 27%.

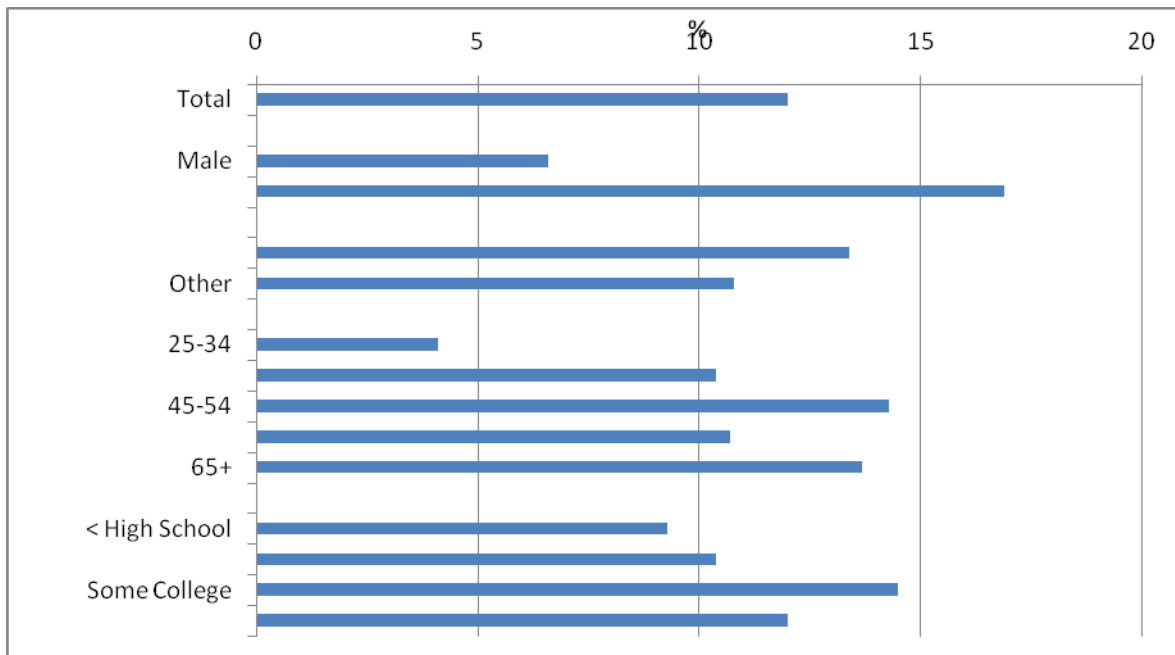


Source: San Antonio Metropolitan Health District survey similar to BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

In 2012, 12% of Bexar County adults reported that they ate more than 3 servings of fruits per day. (Figure 38) A substantially higher proportion of Bexar County females (17%) than males (7%) reported that they ate three or more servings of fruit daily in 2012. As with vegetable intake, younger Bexar adults (under 45) were far less likely to eat three or more servings of fruits daily than older Bexar adults (65 years and older). A lower proportion of those not completing high school (9%) than those with some college (15%) or college graduates (12%) reported eating more than three servings of fruits daily in 2012. A comparison of Figure 37 and Figure 38 shows that vegetable consumption is higher than fruit consumption among Bexar County adults.

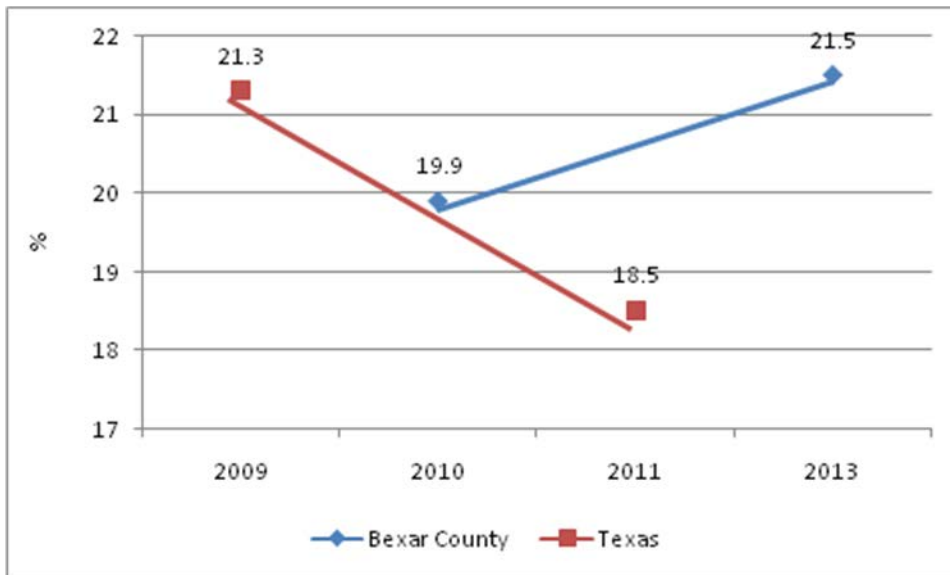
Figure 38. Population fruit intake >3 servings per day (%), by demographics, Bexar County, 2012



Source: San Antonio Metropolitan Health District survey similar to BRFSS 2012
 Note: No data for a subcategory denotes a sample size that was too small

Quantitative data from the YRBS show that consumption of fruits and vegetables among Bexar County youth increased slightly from 2010 to 2013 (from 20% to 21.5%). (Figure 39) The rate for Texas youth overall has decreased. The percentage of Bexar County youth reporting that they ate fruits and vegetables five or more times per day in the past seven days in the 2013 YRBS was higher than for Texas youth in the 2011 YRBS. Consumption of fruits and vegetables among Bexar County youth varied somewhat by demographic factors. (Figure 40) More male than female youth (23% vs. 20%, respectively) and slightly more older youth than younger reported consuming fruits and vegetables. A slightly higher proportion of White youth than Hispanic youth (23% vs. 21%, respectively) reported consuming fruits and vegetables 5 or more times per day in the past 7 days. Rates of fruit and vegetable consumption declined among youth 18 and older and increased among White youth between 2010 and 2013.

Figure 39. Students who ate fruits and vegetables five or more times per day during the past 7 days (%), U.S., Texas, and Bexar County, 2009-2011, 2013

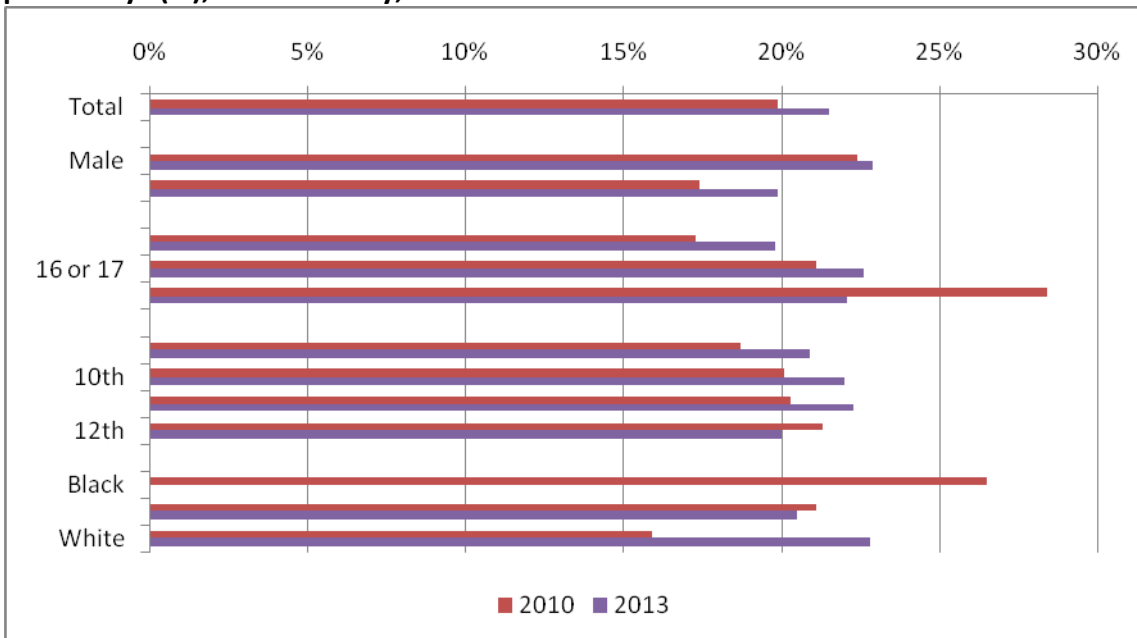


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Note: this indicator is a CHIP indicator

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 40. Students who ate fruits and vegetables five or more times per day during the past 7 days (%), Bexar County, 2010 and 2013



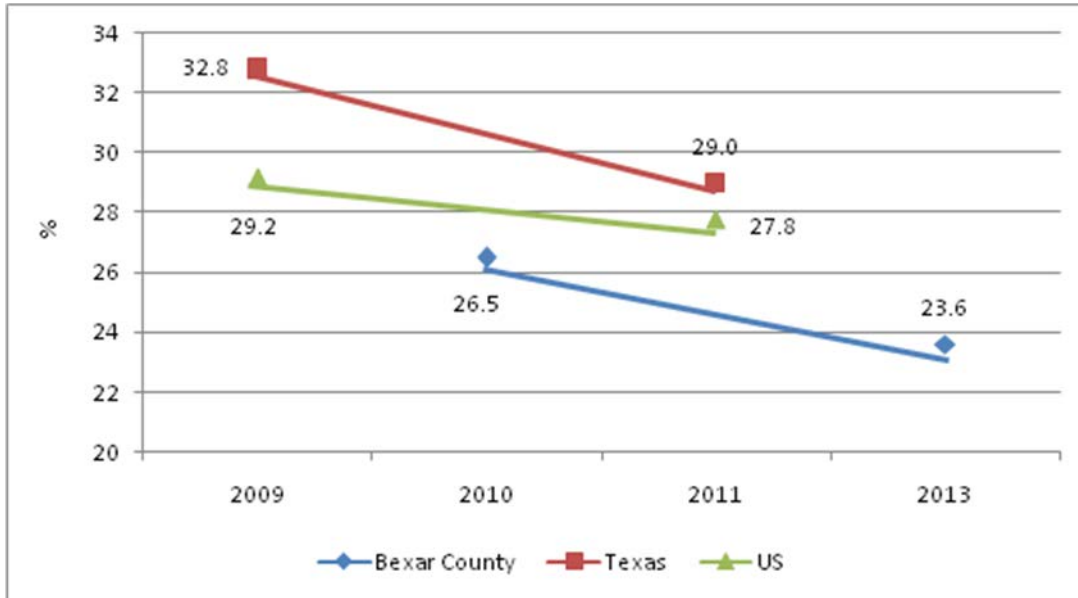
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported that they drank soda declined from 27% to 24% between 2010 and 2013. (Figure 41) This is similar to trends in Texas and the US overall. Consumption of soda by Bexar County youth varied somewhat by demographic factors. (Figure

42) A higher proportion of Bexar County male youth (28%) than female youth (19%) and Hispanic youth (25%) than White youth (21%) reported consuming soda frequently. Rates of soda consumption declined by grade level with 26% of 9th graders reporting that they drank soda frequently and 21% of 12th graders reporting this. Soda consumption declined between 2010 and 2013 among all demographic groups except younger students who increased their intake over this time period.

Figure 41. Students who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days (%), U.S., Texas, and Bexar County, 2009-2011, 2013

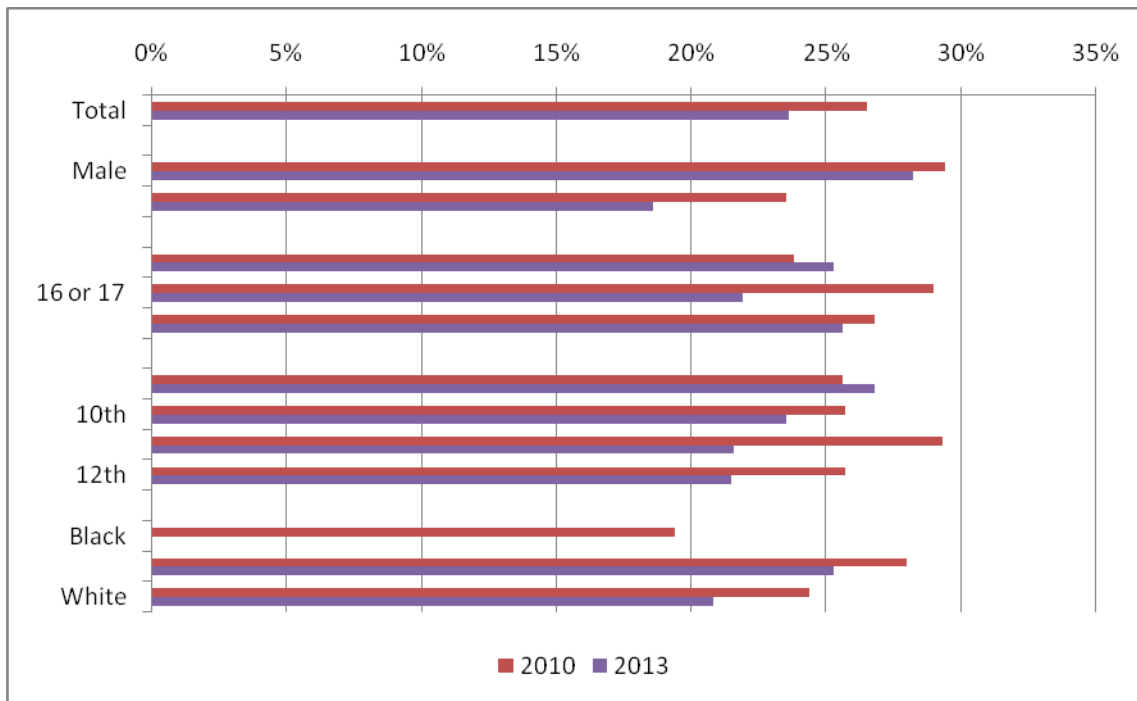


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and

<http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 42. Students who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days (%), by demographics, Bexar County, 2010 and 2013

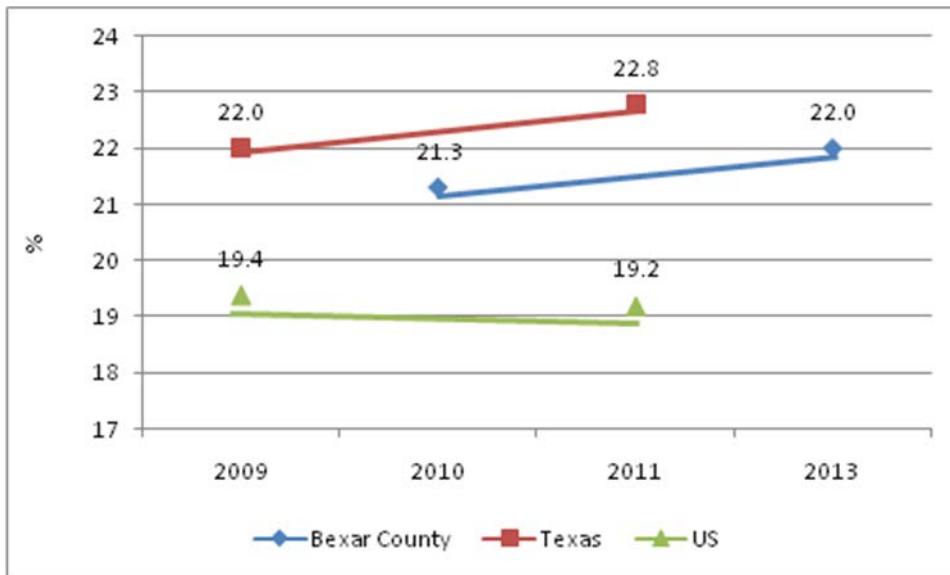


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

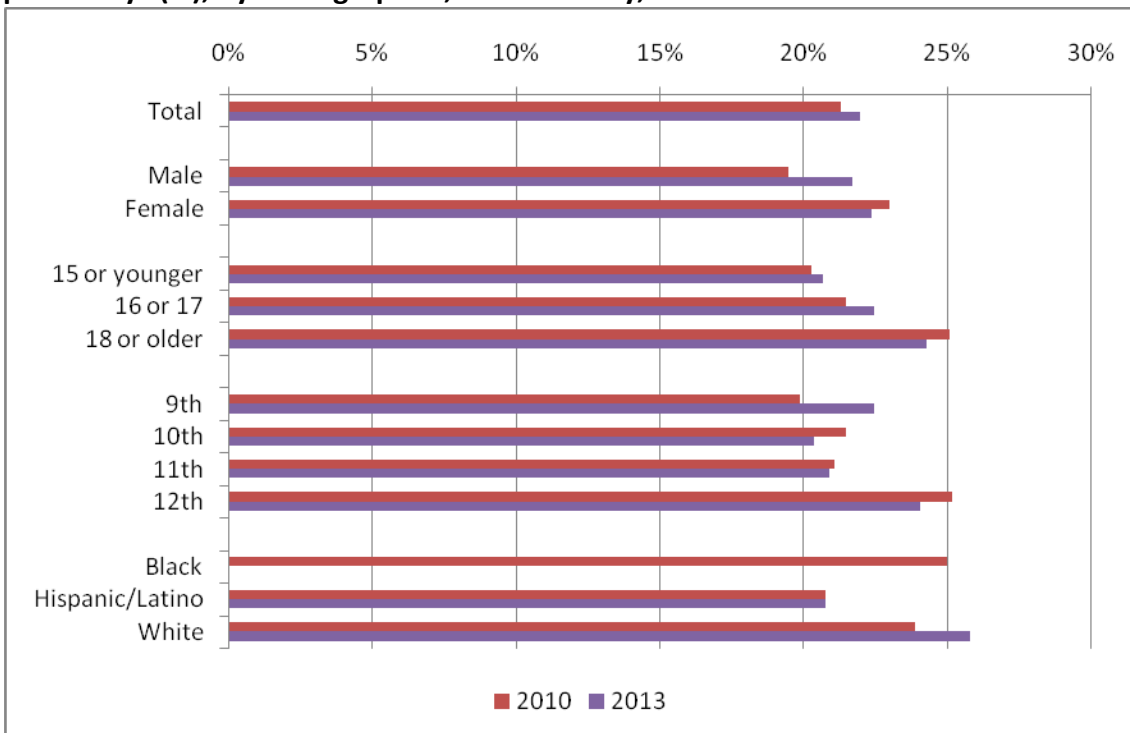
The proportion of Bexar County youth who reported that they did not drink 100% fruit juices one or more times during the past week remained roughly the same between 2010 and 2013 (about 21%). (Figure 43) Rates in Texas and the U.S. also remained the same during this period. During the past several years, the percentage of Bexar County and Texas youth reporting that they did not drink fruit juices was higher than the percentage for the U.S. youth. More female (24%) than male (21%) Bexar County youth and more older youth than younger reported that they did not frequently drink fruit juice in 2013. (Figure 44) A slightly higher proportion of White youth (26%) than Hispanic youth (21%) in Bexar County reported in 2013 that they did not drink 100% fruit juices one or more times during the past week. Rates of fruit juice consumption remained roughly the same across most groups from 2010 to 2013.

Figure 43. Students who did not drink 100% fruit juices one or more times during the past 7 days (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013
 Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbs_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 44. Students who did not drink 100% fruit juices one or more times during the past 7 days (%), by demographics, Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013
 Note: No data for a subcategory denotes a sample size that was too small (< 100).

Physical Activity

“The culture is that people don’t eat well and don’t get physical activity.” – business leader

“San Antonio is way ahead of many American cities.” – health care provider

“The built environment lags here [in this neighborhood] compared to other places.” – community resident

“They don’t have sidewalks to walk to the park, they’re [seniors] afraid they’re going to fall on the uneven sidewalk.” – senior service provider

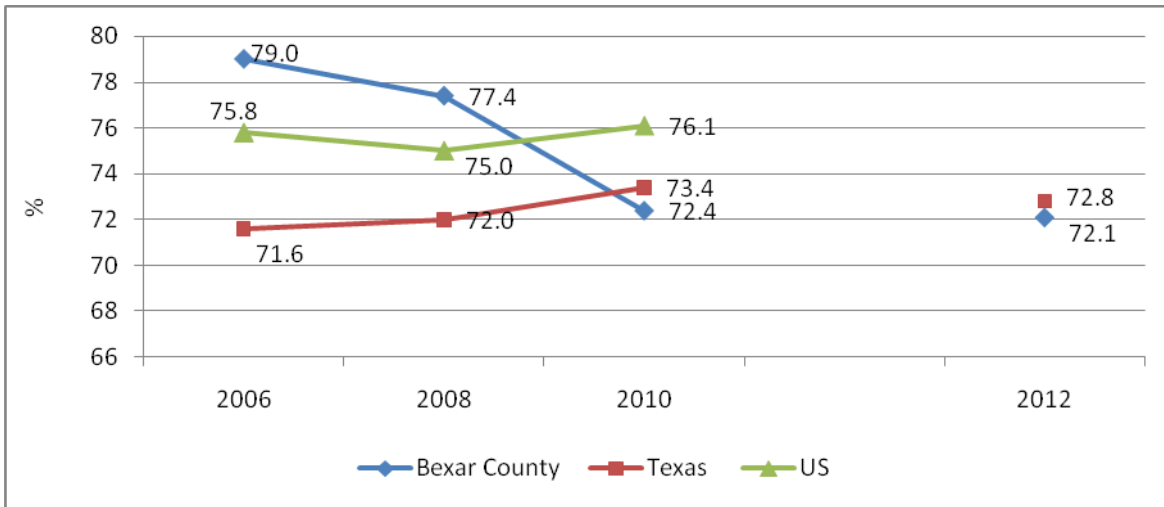
“I think it’s great that the mayor is doing the bike trails and that thing. But they haven’t quite made it out here with those yet. But the ones that I’ve seen that are out there are awesome.” – community resident

In addition to healthy eating, physical activity was frequently discussed in focus groups and by interviewees. Many reported that the region has substantial opportunities for residents to be physically active including regional amateur sports parks, a large park system, bike rentals, and the Greenway Trails. They also mentioned community events such as walks, a *ciclovía*⁹, and Fitness in the Park. One public health professional described the addition of physical activity opportunities as follows: *“I have seen changes in attitude and activity, [I] see more people that are out and about exercising, jogging, and biking.”* A number of respondents attributed this positive direction to the Mayor’s leadership, including his Fitness Council. The city also received a Communities Putting Prevention to Work (CPPW) grant from the U.S. Centers for Disease Control and Prevention in recent years that, according to one interviewee, has helped to bring together different stakeholders to make changes in the built environment.

Physical activity is assessed in the BRFSS by asking respondents whether they participated in the past month in any activities other than their regular job for the purpose of exercise. In 2012 in Bexar County, 72% of respondents reported engaging in some type of activity for exercise other than their regular job. These results were similar to respondents’ reports across the state of Texas. (Figure 47) A higher proportion of men than women reported engaging in activities for exercise (75% vs. 70%, respectively) and a higher proportion of Whites reported this than Hispanics (77% vs. 69%, respectively). Rates of exercise decreased with age—80% of those age 18-29 reported engaging in exercise and this decreased across the age span to 68% for those age 65 or older (Figure 48). Engagement in exercise increased with education and annual household income level. Fewer Bexar residents without a high school degree reported engaging in exercise (52%) than those with a college degree (87%). Residents with a household income less than \$25,000 reported the lowest levels of exercise engagement (60%) while those with household incomes above \$50,000 reported the highest (79%).

Figure 45. Population engaging in activities for exercise (%), U.S., Texas, and Bexar County, 2006-2012

⁹ A *ciclovía*, which means bike lane or bike path, involves blocking a street to vehicular traffic and opening it up to people to promote alternative forms of transportation and healthy living.



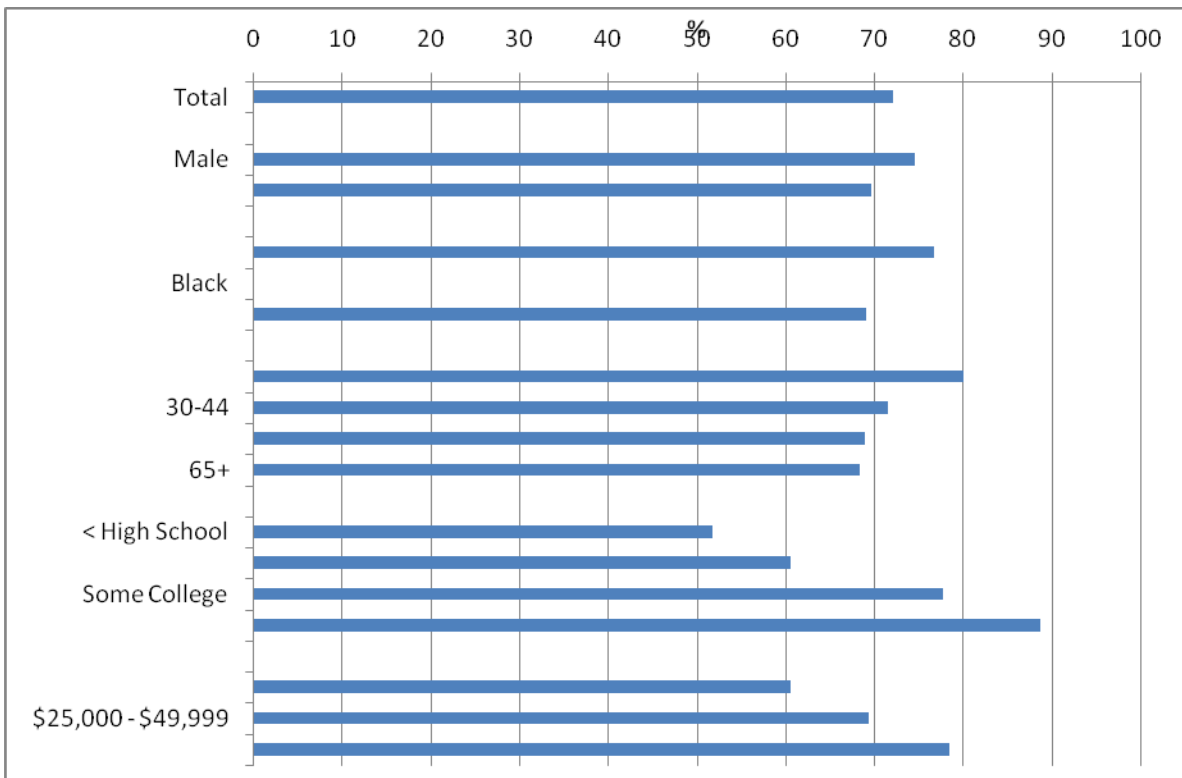
Source: Texas Department of State Health Services, BRFSS 2006-2012

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 46. Population engaging in activities for exercise (%), by demographics, Bexar County, 2012



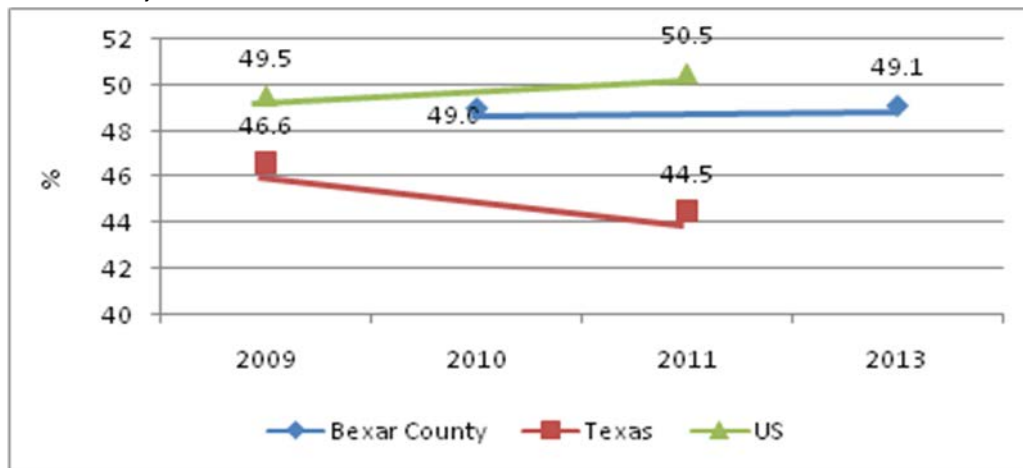
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

To assess physical activity in youth, the YRBS asks if students were physically active for a total of at least 60 minutes per day on five or more of the past seven days. About half of Bexar County

youth who reported that they were physically active in 2013 and in 2010 (Figure 47). The proportion of physically active Bexar County youth is similar to that for US youth overall and higher than that for Texas youth. However, physical activity rates vary substantially by demographic group. (Figure 48) More Bexar County males than females reported being physically active in the 2013 YRBS (54% vs. 44%, respectively). Rates of physical activity also declined with age: 56% of Bexar County students ages 15 or younger reported being physically active while 43% of students 18 or older reported this in 2013. Finally, a higher proportion of White students (58%) than Hispanic students (48%) in San Antonio reported that they were physically active in 2013. Between 2010 and 2013, rates of physical activity stayed roughly the same within most demographic groups with the exception of an increase among White and Hispanic youth. Data for other races were not available.

Figure 47. Students who were physically active (%), U.S., Texas, and Bexar County, 2009-2011, 2013

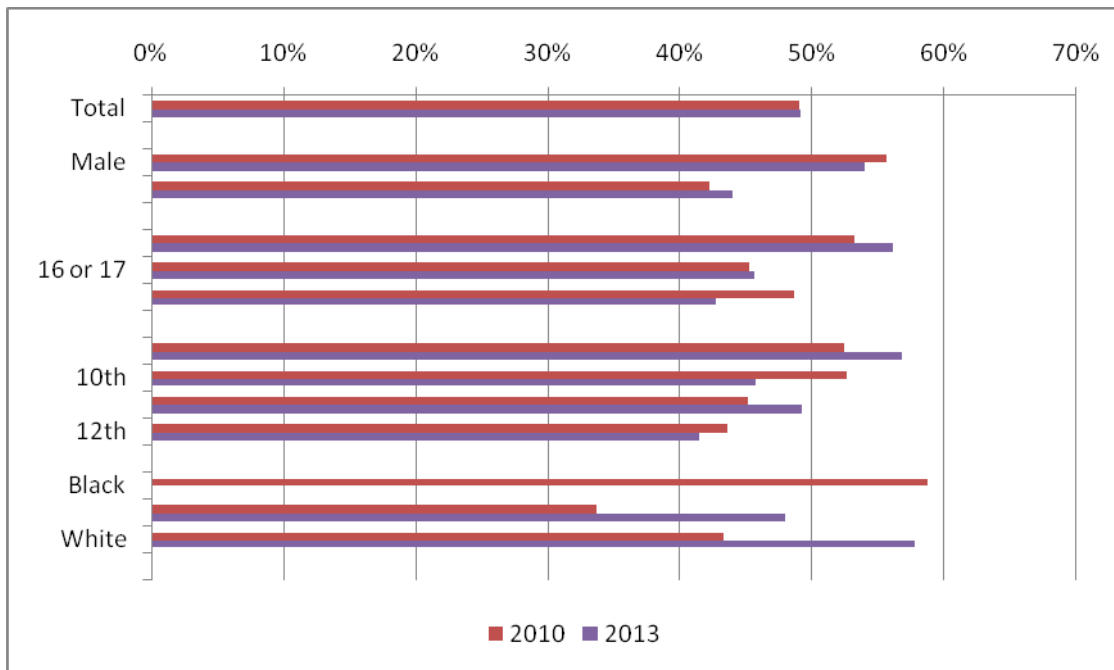


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Note: this indicator is a CHIP indicator

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 48. Students who were physically active (%), by demographics, Bexar County, 2010 and 2013

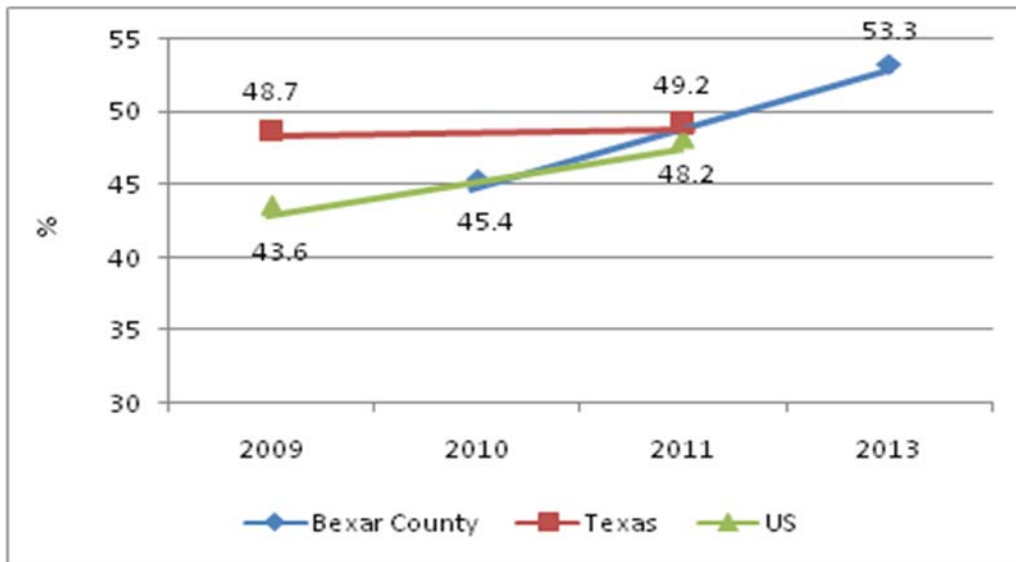


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who did not attend physical education (PE) class in an average week increased from 45% in 2010 to 53% in 2013. (Figure 49) An increase was also seen for youth in the U.S. overall. The proportion of Texas students overall who did not attend PE remained the same from 2009 to 2011. A higher proportion of Bexar County females (56%) than males (50%) reported that they did not attend PE and a similar proportion of White students as Hispanic (53%) students reported that they did not attend PE. (Figure 50) Participation in PE declined dramatically by age and grade. About one third (34%) of Bexar County 9th graders reported that they did not attend PE and this proportion rose with grade level. Nearly three quarters (72%) of 12th graders reported that they did not attend PE in 2013. Between 2010 and 2013, there was a substantial increase in the proportion of younger students (9th grade/15 years or younger) in Bexar County who reported that they did not attend PE.

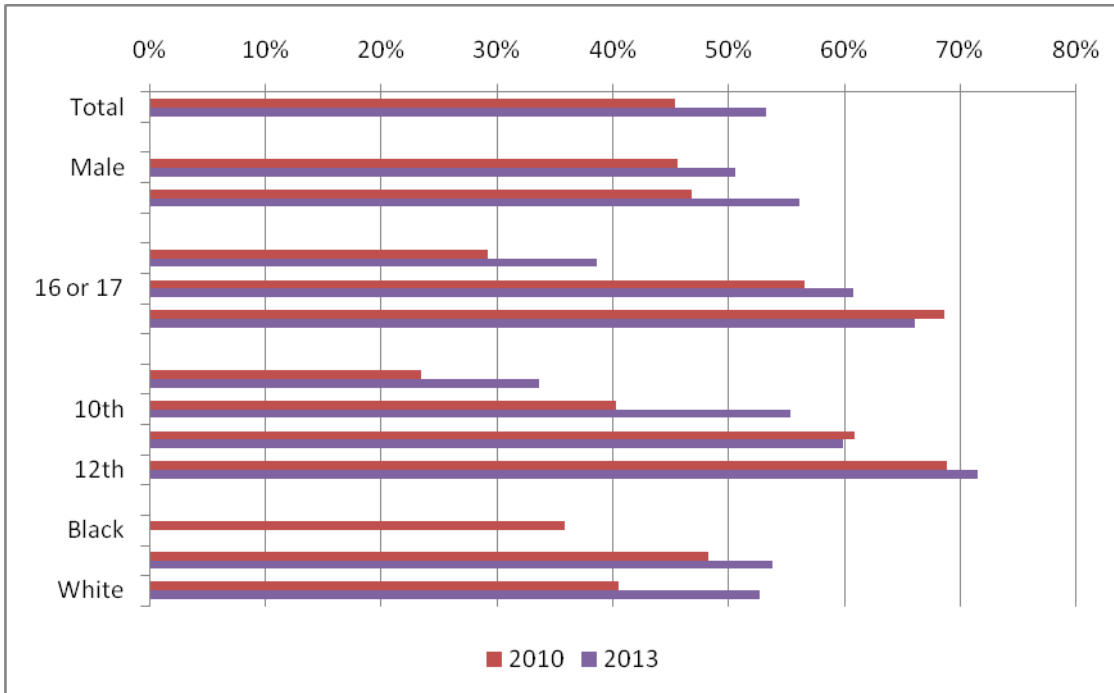
Figure 49. Students who did not attend PE in an average week(%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 50. Students who did not attend PE (%), by demographics, Bexar County, 2010 and 2013



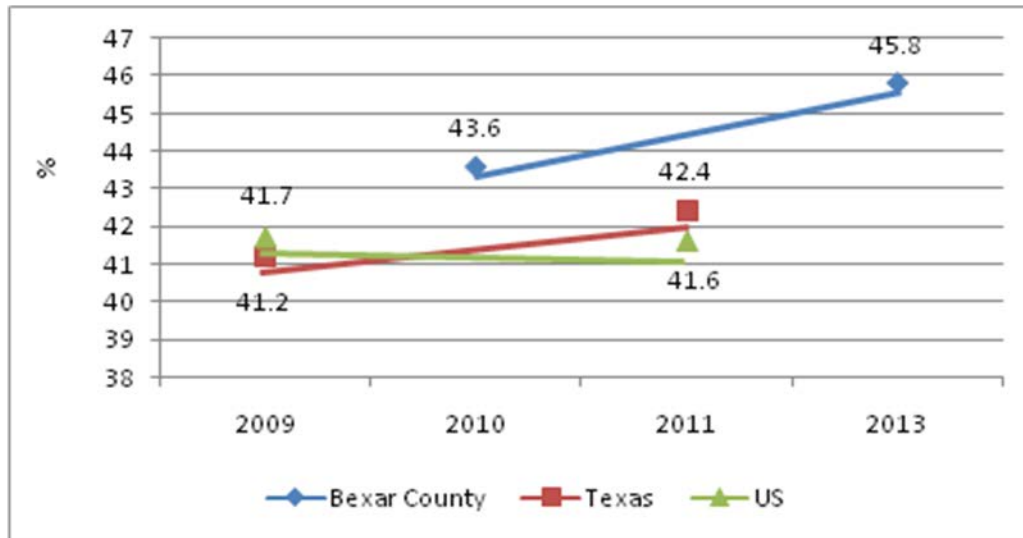
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who did not play on a sports team in the past year increased from 45% in 2010 to 53% in 2013. (Figure 51) A larger proportion of Texas youth also reported that they did not play on a sports team in 2011 than in 2009. The rate for US students

overall remained the same. Fewer Bexar County male youth (42%) than female youth (50%) reported that they did not play on a sports team. (Figure 52) A smaller proportion of younger students than older students reported that they did not play on a sports team in the 2013 YRBS. A smaller proportion of White students than Hispanic students reported not participating on a sports team. Between 2010 and 2013, rates of sports team participation declined among White youth and 10th and 12th graders.

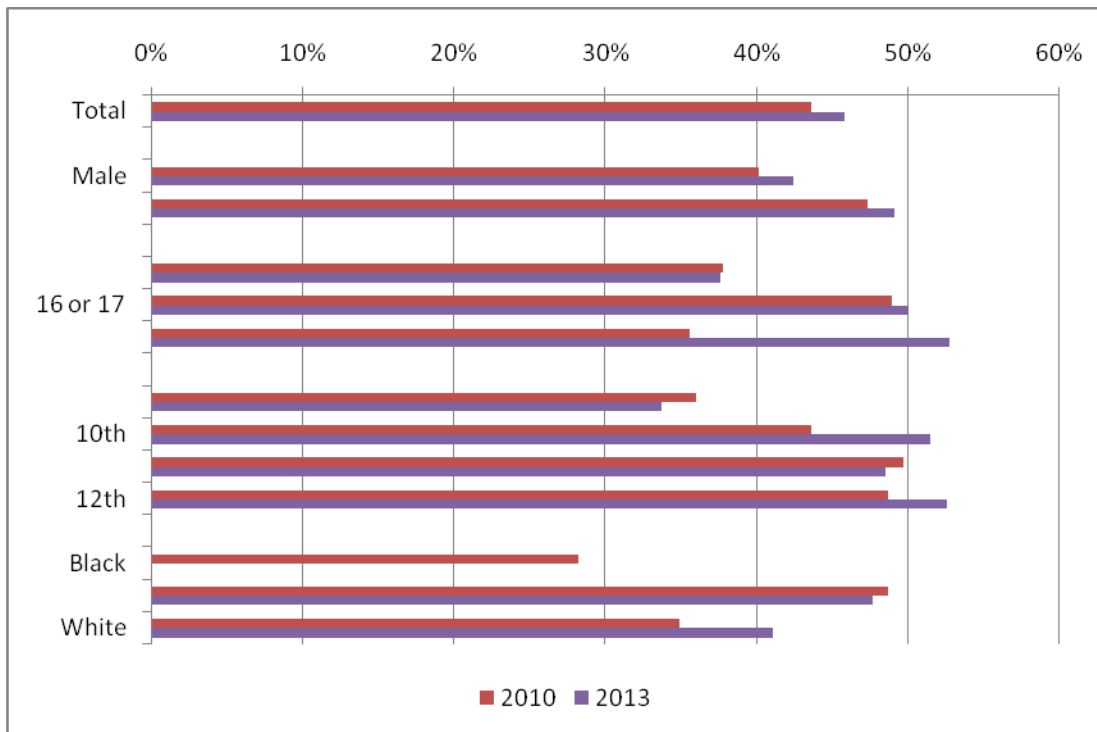
Figure 51. Students who did not play on a sports team (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 52. Students who did not play on a sports team (%), by demographics, Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data denotes a sample size that was too small (< 100).

Obesity

“There is a stigma with childhood obesity especially within the Hispanic population, because it shows that they are wealthy enough to keep their children well fed.” – health care provider

“BMI is a primary driver of the majority of health care that our employees consume.” – business leader

Along with poor diet and limited physical activity, overweight and obesity is considered a significant health concern nationally as well as in Bexar County. Many Bexar County focus group participants and interviewees reported that obesity, and the rise in chronic diseases that come with it, is a serious community health challenge. Childhood obesity was of particular concern and residents pointed to a number of contributors to the problem: the elimination of physical education in schools and a growing trend among children and young people to stay inside, watch TV, and use computers. Cultural traditions, including types of food, also play a big role according to respondents. As one resident described, “[there are] cultural traditions around eating full meals that my mother spent the whole day cooking. To deny it is a commentary on her cooking.”

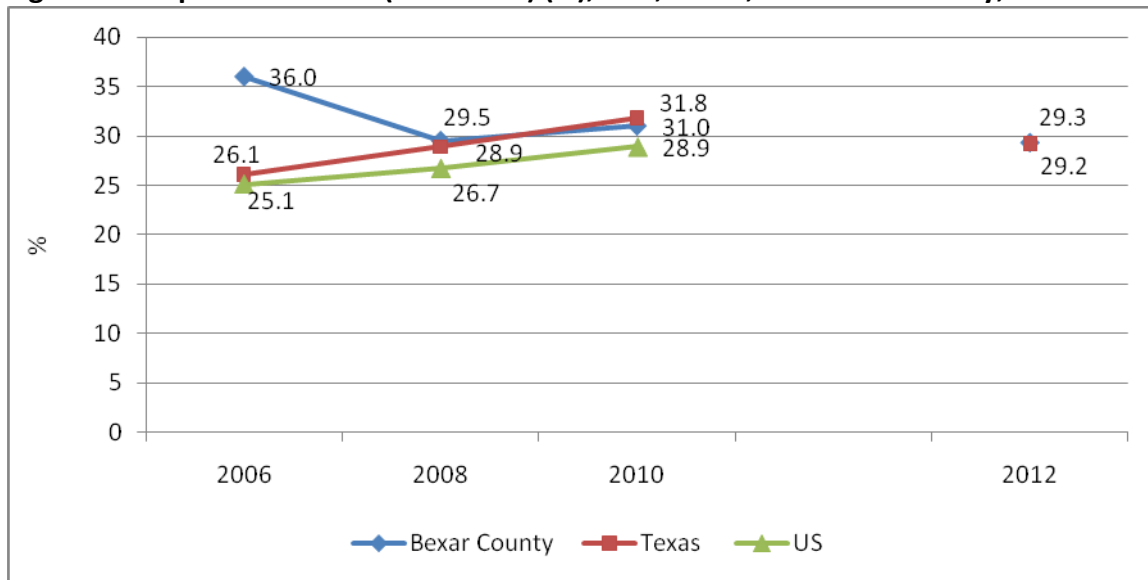
In the BRFSS, each survey participant was asked to record his or her height and weight, which allows for the calculation of body mass index (BMI) values for each respondent. According to the Centers for Disease Control and Prevention (CDC), body mass index (BMI) is considered a valid screening tool for obesity and overweight. Based upon the self-reported responses from

the BRFSS survey, body mass index (BMI) was calculated for each survey participant and then classified into one of four categories: underweight (BMI <18), normal weight (BMI 18-25), overweight (BMI 25-30), and obese (BMI >30).

In 2012, 29.3% of Bexar County adults were classified as obese, a rate similar to that of the state of Texas. (Figure 53) Obesity rates vary across demographic groups in Bexar County. A slightly higher proportion of Bexar County females (31%) than males (28%) and a higher proportion of Hispanics (33%) than Whites (26%) were obese in 2012. (Figure 54) Bexar County residents between 18 and 29 were less likely to be obese than those of other ages. Obesity rates declined with education—while 32% of those reporting less than a high school education were obese in 2012, the rate was 26% among college graduates. Relative to annual household income group, obesity rates were lower among Bexar residents with household incomes of \$50,000 or more (27%) and those with incomes less than \$25,000 (33%) than among those with incomes between \$25,000 and \$49,999 (39%).

As noted in the methodology section, San Antonio Metropolitan Health District has implemented the Communities Putting Prevention to Work Survey, which is similar to the BRFSS. This survey indicated that the adult obesity rate was 35.1% in 2010 and 28.5% in 2012

Figure 53. Population obese (BMI => 30) (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

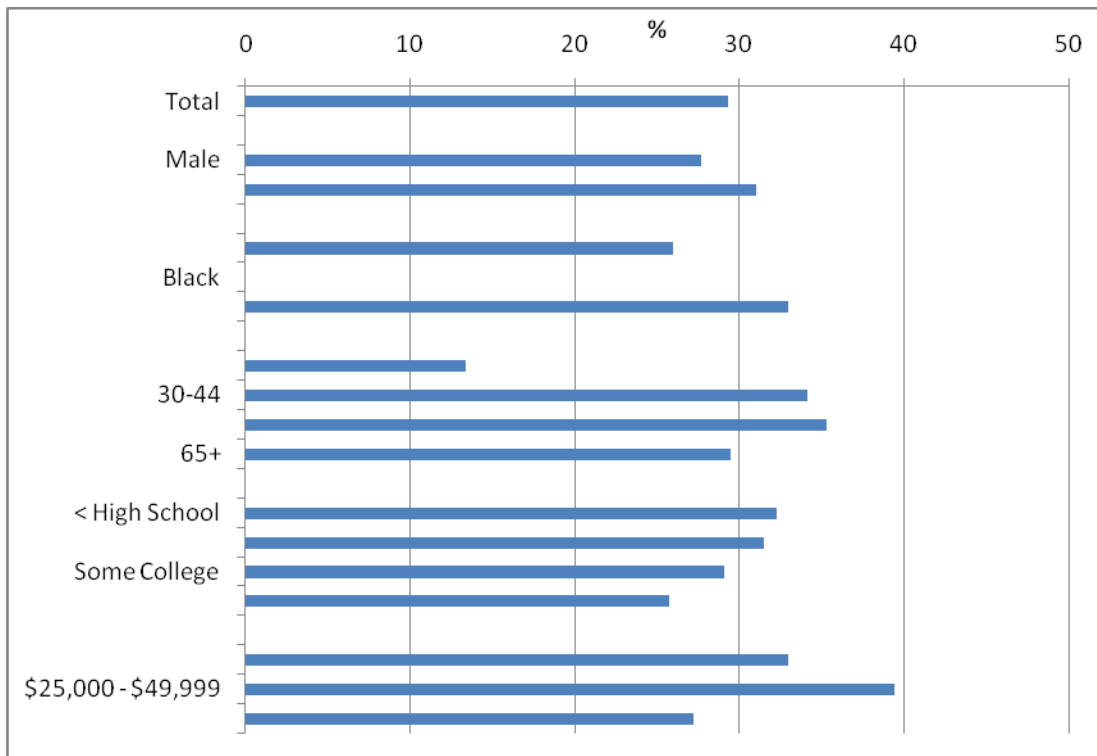
Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Note: this indicator is both a CHIP and an SA2020 indicator

Figure 54. Population obese (BMI => 30)(%), by demographics, Bexar County, 2012



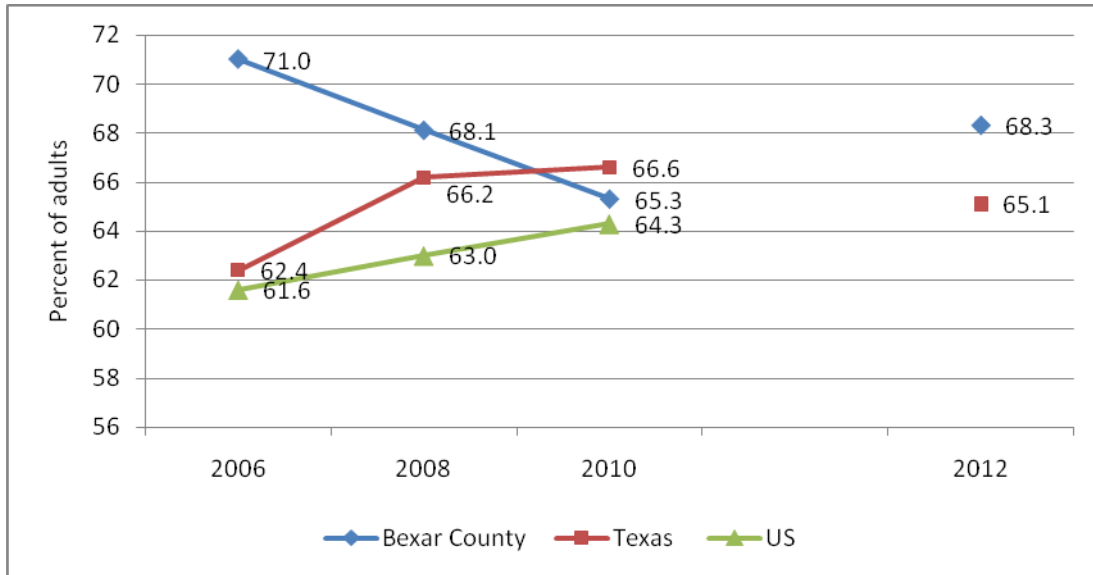
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

As Figure 55 shows, a higher proportion of Bexar County adults (68%) than adults in Texas (65%) were overweight or obese in 2012. A higher proportion of Bexar County males than females were overweight or obese (75% vs. 62%, respectively) and a higher proportion of Hispanics in Bexar County than Whites were overweight or obese (75% vs. 61%, respectively). (Figure 56) Overweight and obesity rates among younger (between 18 and 29) and older (age 65 or older) Bexar County residents were lower than for adults of other ages. Those with less than a high school education (67%) were more likely to be overweight or obese than those with a college education (60%). Finally, overweight and obesity rates varied only slightly by household income level with higher rates among respondents with incomes over \$50,000 (72%) than among other income groups (about 69%).

Figure 55. Population overweight/obese (BMI => 25) (%), U.S., Texas, and Bexar County,

2006-2012



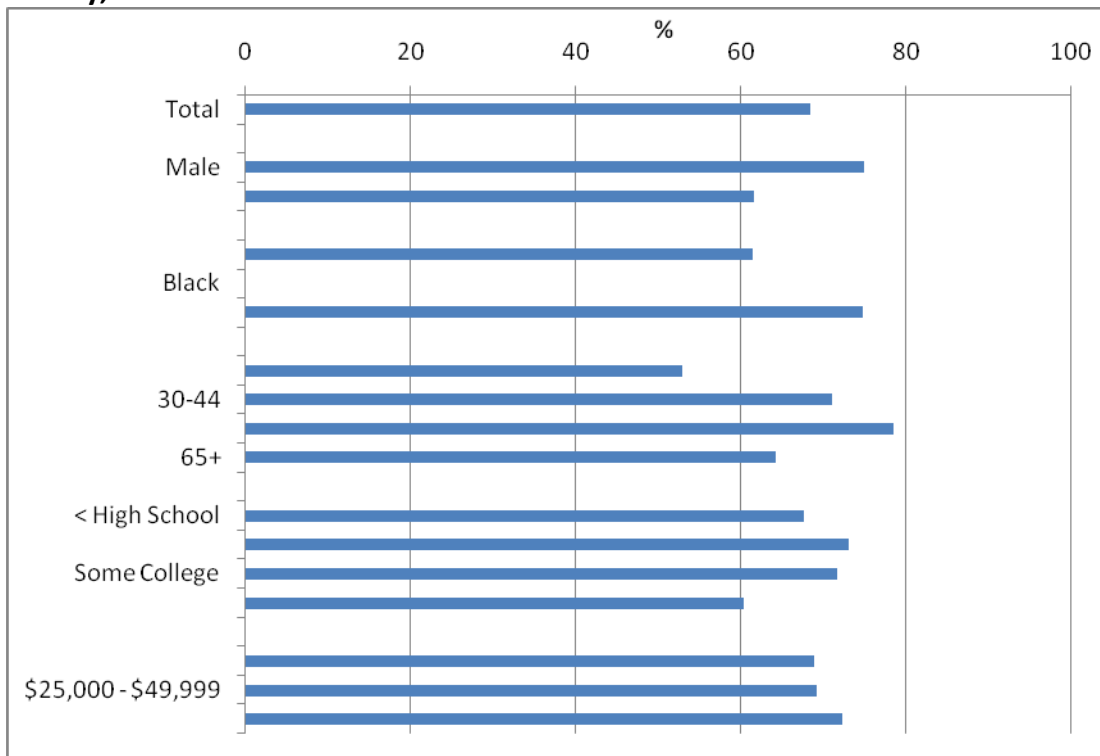
Source: Texas Department of State Health Services, BRFSS 2006-2012

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Figure 56. Population overweight/obese (BMI => 25) (%), by demographics, Bexar County, 2012

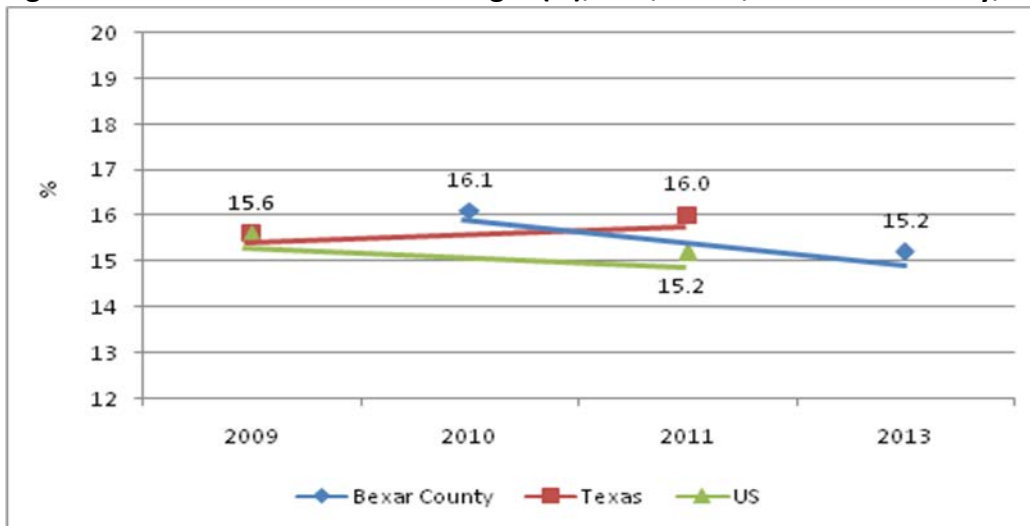


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Figure 57 shows the proportion of youth who are overweight in Bexar County, Texas and the U.S. The proportion of Bexar County youth who were overweight remained roughly the same between 2010 and 2013 (about 15%) and is similar to Texas and the U.S. overall. The proportion of students who were overweight in 2013 was roughly the same across demographic groups, although compared to their peers, a slightly higher proportion of 10th grade and Hispanic youth were overweight according to the 2013 YRBS. (Figure 58) Between 2010 and 2013 the proportion of overweight students declined across most demographic groups, with the largest decrease among those 18 and older (from 18% to 14%).

Figure 57. Students who are overweight (%), U.S., Texas, and Bexar County, 2009-2011, 2013

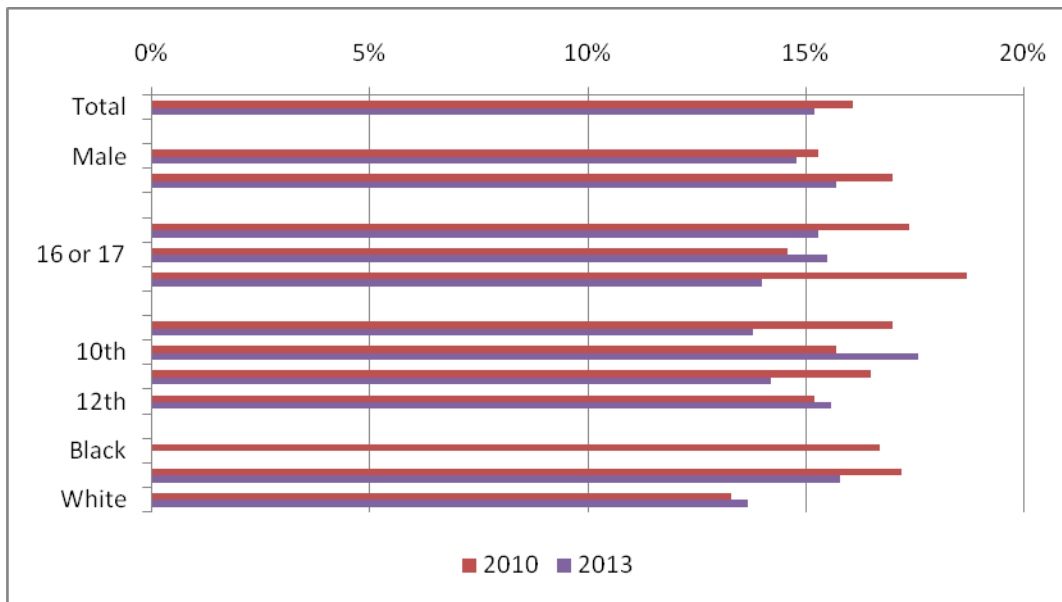


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Note: This question measures the percentage of students who were overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index by age and sex)

Figure 58. Students who are overweight (%), Bexar County, 2010 and 2013

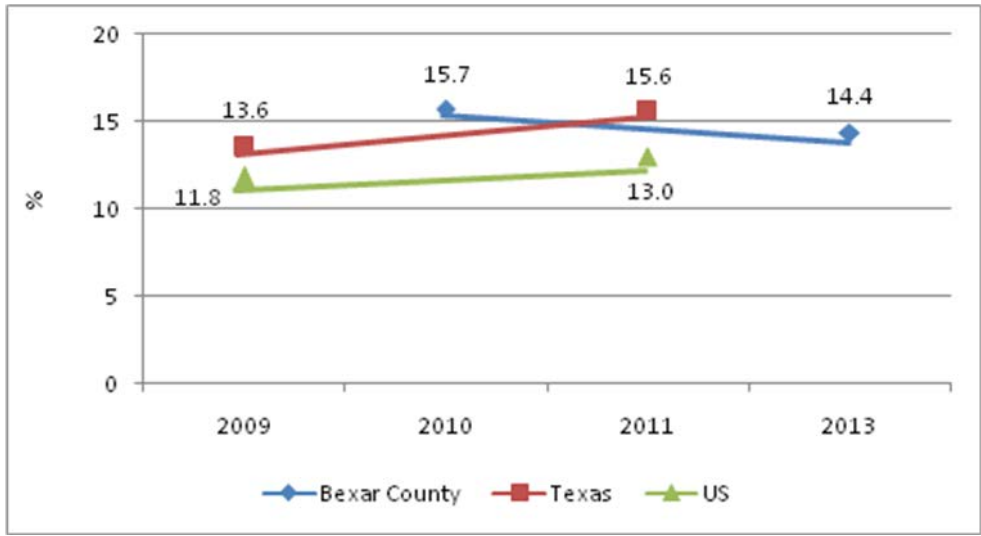


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who are obese declined slightly from 2010 to 2013 (from 16% to 14%). (Figure 59) Rates of youth obesity rose in Texas and the U.S. between 2009 and 2011. Obesity differed by gender and race/ethnicity. About 19% of Bexar County male youth were obese in 2013 while 10% of females were obese. (Figure 60) The rate of obesity among Hispanic youth (17%) in Bexar County was over twice as high as for White youth (7%). Bexar County youth obesity rates declined between 2010 and 2013 for almost all demographic groups with males, Hispanic, and older youth experiencing the greatest decreases.

Figure 59. Students who are obese (%), U.S., Texas, and Bexar County, 2009-2011, 2013



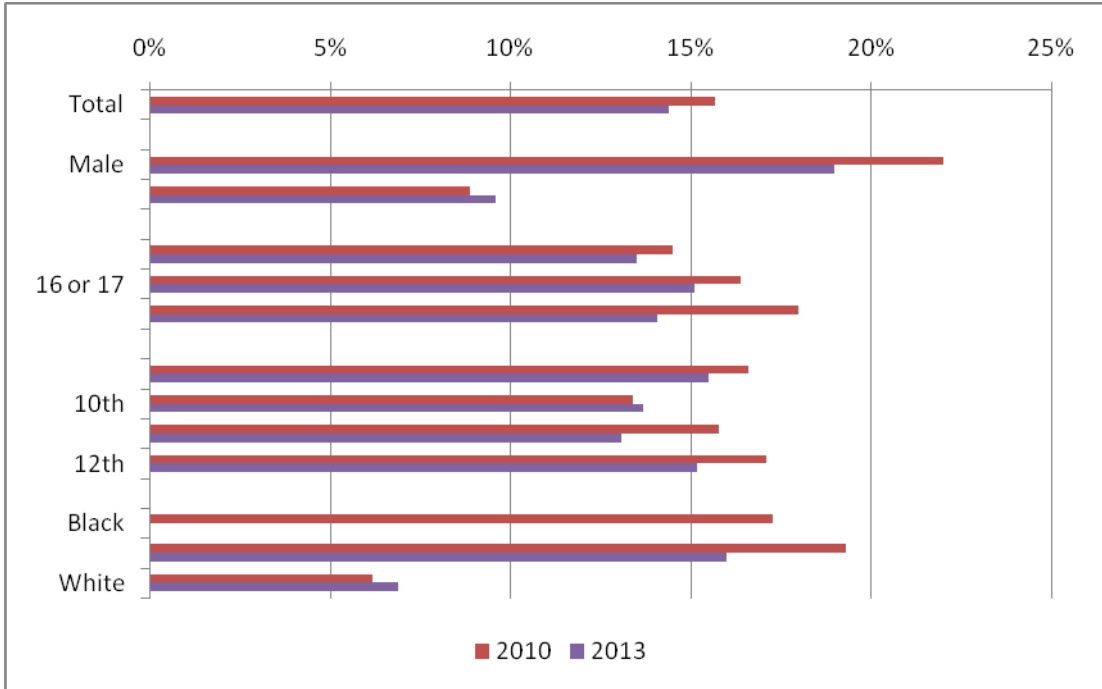
Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Note: this question measures the percentage of students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex)

Note: this indicator is both a CHIP and an SA2020 indicator

Figure 60. Students who are obese (%), Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

Bexar County focus group members and interviewees acknowledged some challenges to enhanced physical activity. Several residents expressed concern that green space is being

squeezed as the city is growing, for example. Quantitative data indicate that the proportion of Bexar County residents with access to parks is 33%, the same as for Texas as a whole.¹⁰ Bexar County had 119 recreational facilities in 2010. In 2010, there were 7 recreational facilities per 100,000 population in Bexar County, the same as for the state of Texas. This is far lower than the national benchmark of 16.¹¹

A common concern expressed by residents is the poor quality of the streets including narrow lanes, poor lighting, lack of sidewalks, and potholes. All of these make physical activity more difficult according to residents. San Antonio's Walk Score rating was 41, making it the 40th most walkable large city in the U.S.¹² In addition, some residents reported that opportunities for physical activity were lacking in some parts of the community, notably the Westside. Other residents mentioned that some activities were cost prohibitive. Finally, some expressed frustration over a city ordinance that prohibits on-street basketball hoops, a key social and physical activity outlet.

¹⁰ Source: CDC Environmental Public Health Tracking Network, 2010, via County Health Rankings, 2013

Question: This measure represents the percentage of people living within ½ mile of the boundary of a park.

¹¹ Source: US Census County Business Patterns, 2010, via County Health Rankings, 2013

¹² Walk Score, 2013. <http://www.walkscore.com>. The Walk Score algorithm awards points based on the distance to the closest amenity in each category.

VI. Healthy Child and Family Development

Teen birth rates are declining across Bexar County. While negative birth outcomes have remained stable overall, Black residents disproportionately experience preterm and low-birth-weight births. Similarly, infant and child mortality have slightly decreased, although Black residents still experience worse outcomes.

Health conditions in later life can be associated with health problems during pregnancy and at birth. Risk factors such as low-birth-weight, maternal smoking and drug use, maternal age, and lack of prenatal care can be associated with physical and mental disabilities.

Sources of Additional Data:

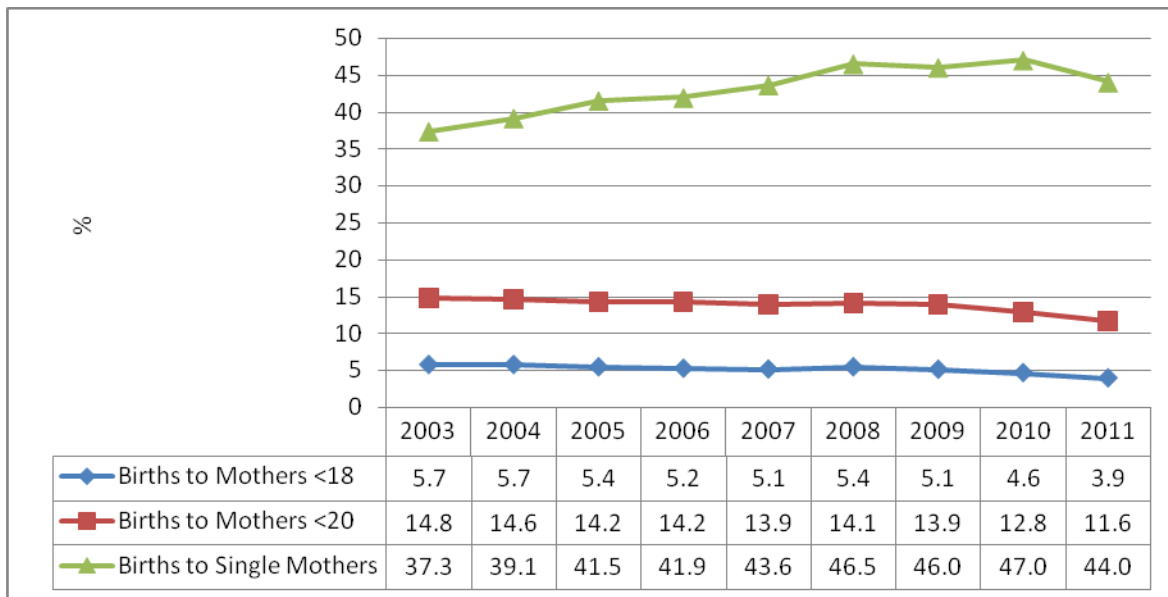
- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [County Health Rankings](#)
- [Bexar County Community Health Improvement Plan](#)

Birth Rates

Figure 61 presents trends in maternal demographics in Bexar County between 2003 and 2011. The proportion of births to single mothers increased from 37.3% in 2003 to 44.0% in 2011, with a high of 47.0% in 2010. This proportion is slightly higher than that of the state of Texas as a whole (42%).¹³ Both the proportion of births to mothers under age 20 and the proportion of births to mothers under age 18 declined slightly over the nine-year time period.

Figure 61. Trends in maternal demographics, Bexar County, 2003-2011

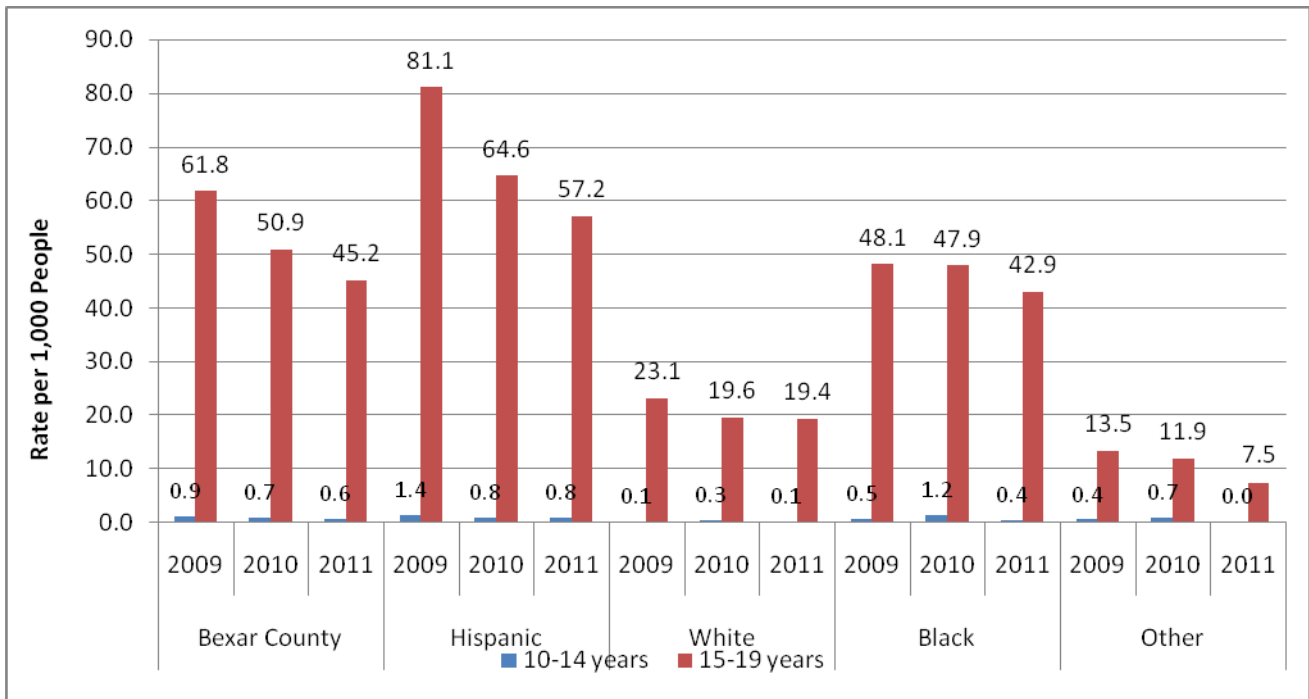
¹³ Source: San Antonio Health Profiles 2011



Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2003-2011

While Figure 61 shows the percentage of total births to mothers under 18 years old, Figure 62 shows age and racial breakdowns of birth rates. When considering the births to teens in Bexar County, a downward trend is seen from 2009 to 2011 across the County as a whole and within racial and ethnic groups (Figure 62). In 2009, the rate of births per 1,000 10- to 14-year-old females was 0.9 and 61.8 for 15- to 19-year-old females. By 2011, these rates fell to 0.6 per 1,000 for 10- to 14-year-old females and 45.2 per 1,000 for 15- to 19-year-old females. From 2009 to 2011, decreases were also seen across racial and ethnic groups. In 2011, the birth rate for females between the ages of 15 and 19 was highest among Hispanic females (57.2 per 1,000) and lowest for those females racially identifying as Other (7.5 per 1,000). Rates for Black and White females ages 15 to 19 fell in between at 42.9 per 1,000 for Blacks and 19.4 per 1,000 for Whites.

Figure 62. Teen birth rates (per 1,000 people), by race and ethnicity, Bexar County, 2009-2011

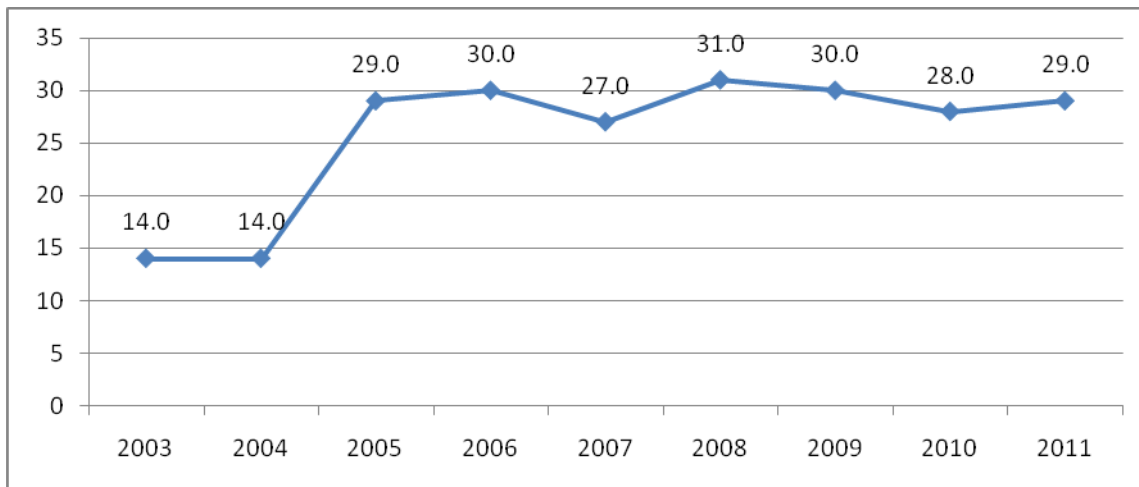


Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2009-2011

Prenatal Care

The proportion of Bexar County mothers receiving late or no prenatal care doubled from 14% in 2003 to 29% in 2011. (Figure 63)

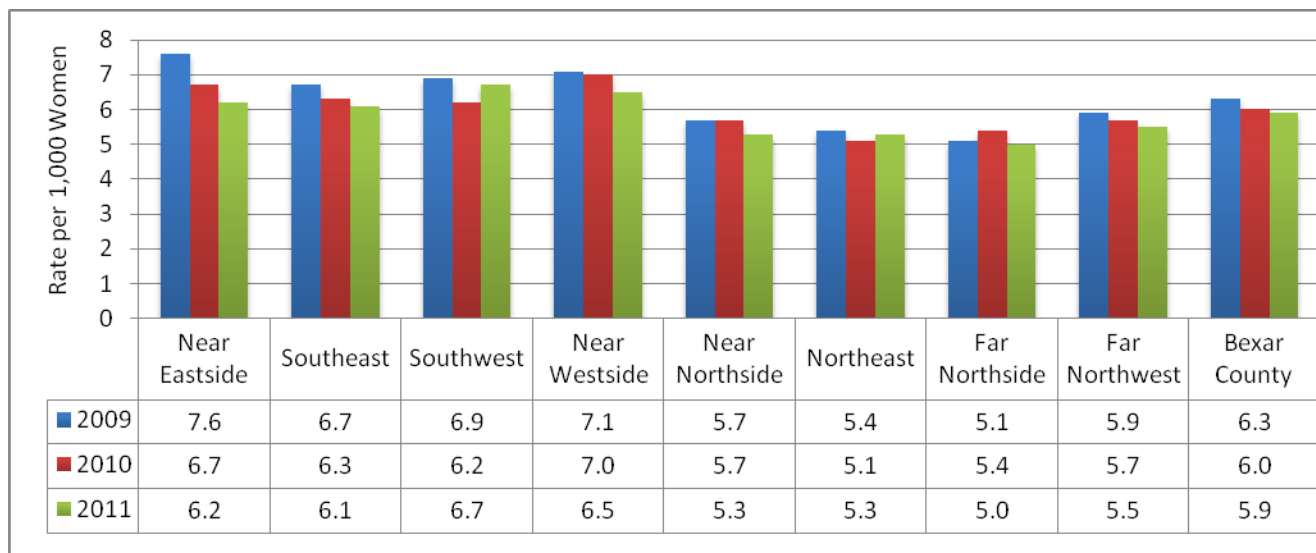
Figure 63. Births to mothers receiving late or no prenatal care (%), Bexar County, 2003-2011



Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2003-2011
 Note: this indicator is a CHIP indicator

As discussed earlier, complications related to pregnancy accounted for the third highest rate of hospitalizations in Bexar County. As Figure 64 shows, these hospitalization rates vary somewhat across Bexar County subsectors but that most subsectors experienced a decline in these hospitalization rates from 2009 to 2011. In 2011, rates were highest in the Southwest and Near Westside and lowest in the Northeast and Far Northside.

Figure 64. Hospitalization rate (per 1,000 people) for complications related to pregnancy, Bexar County and subsectors, 2009-2011

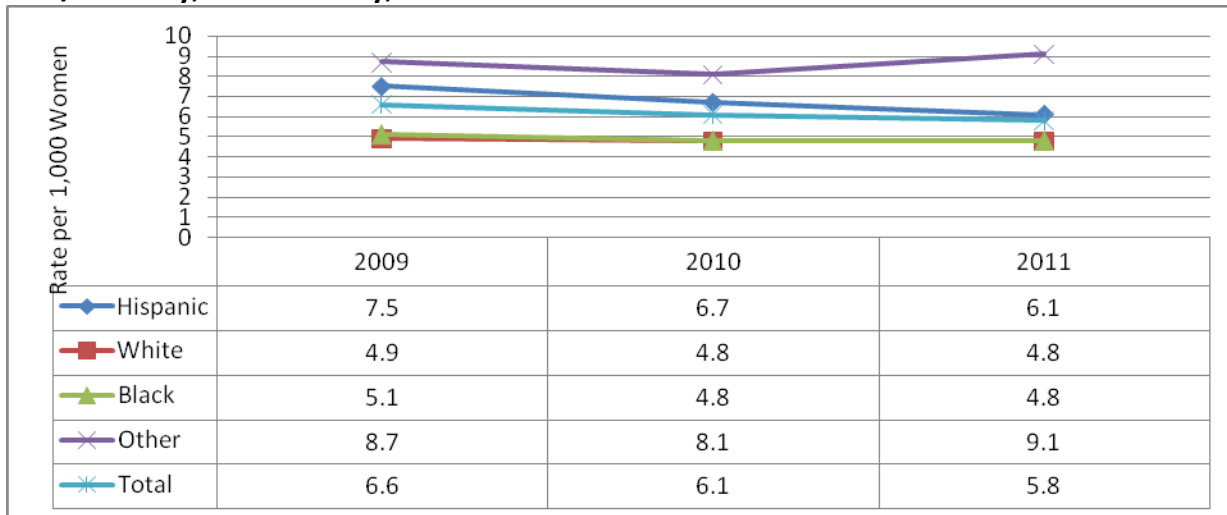


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Hospitalization rates for complications related to pregnancy varied by race/ethnicity. (Figure 65) Rates were highest among those identifying as Other race in 2011 at 9 per 1,000 people. Rates were also higher for Hispanic women in Bexar County than White or Black women.

However the rate of hospitalization due to pregnancy-related complications among Hispanic women declined from 2009 to 2011 while it remained the same for Black and White women.

Figure 65. Hospitalization rate (per 1,000 people) for complications related to pregnancy, by race/ethnicity, Bexar County, 2009-2011

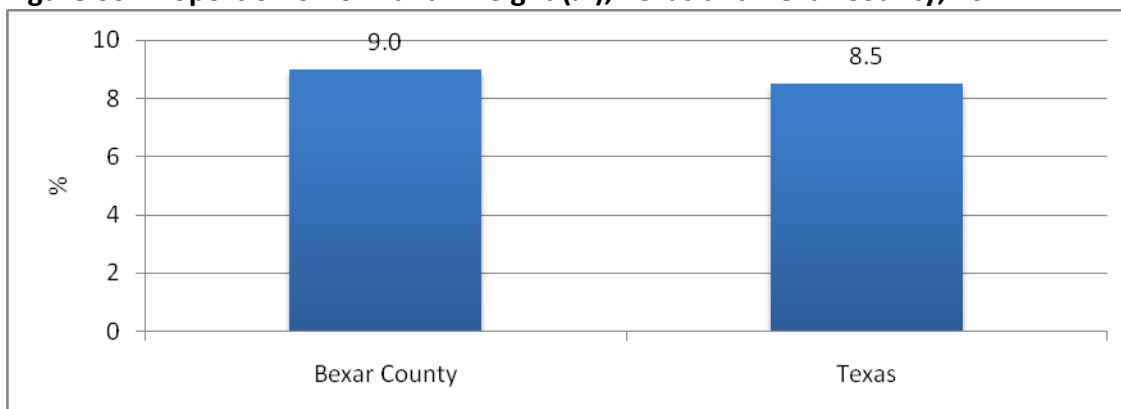


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA

Birth Outcomes

Low-birth-weight babies are defined as those weighing less than 2,500 grams, or approximately five and a half pounds, at birth. In 2011, the proportion of low-birth-weight babies born in Bexar County was slightly higher (9%) than the proportion born in Texas overall (8.5%). (Figure 66)

Figure 66. Proportion of low-birth-weight (%), Texas and Bexar County, 2011

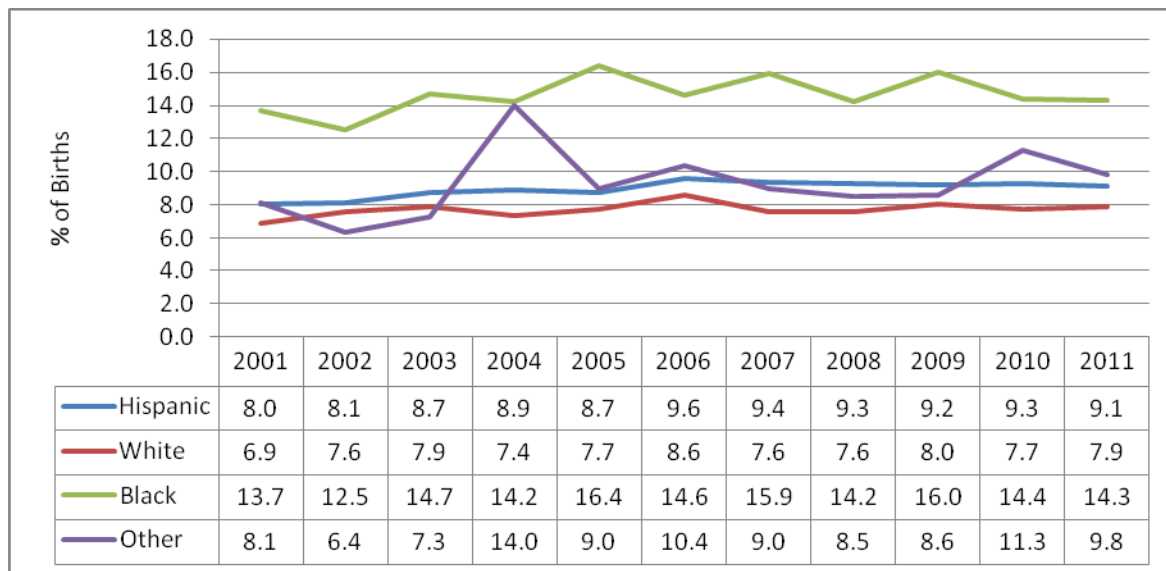


Source: San Antonio Metropolitan Health District, San Antonio Health Profile, 2011
 Note: this indicator is both a CHIP and an SA2020 indicator

In Bexar County, rates of low-birth-weight babies vary by race/ethnicity (Figure 67). About twice as many babies born to Black women than born to White women were low-birth-weight

for most years between 2001 and 2011. In 2011, 14.3% of babies born to Black women were low-birth-weight compared to 7.9% babies born to White women. Rates of low-birth-weight babies born to Hispanic women were slightly higher than those born to White women over this time period.

Figure 67. Low-birth-weight (<2500 grams) births, by race and ethnicity (%), Bexar County,



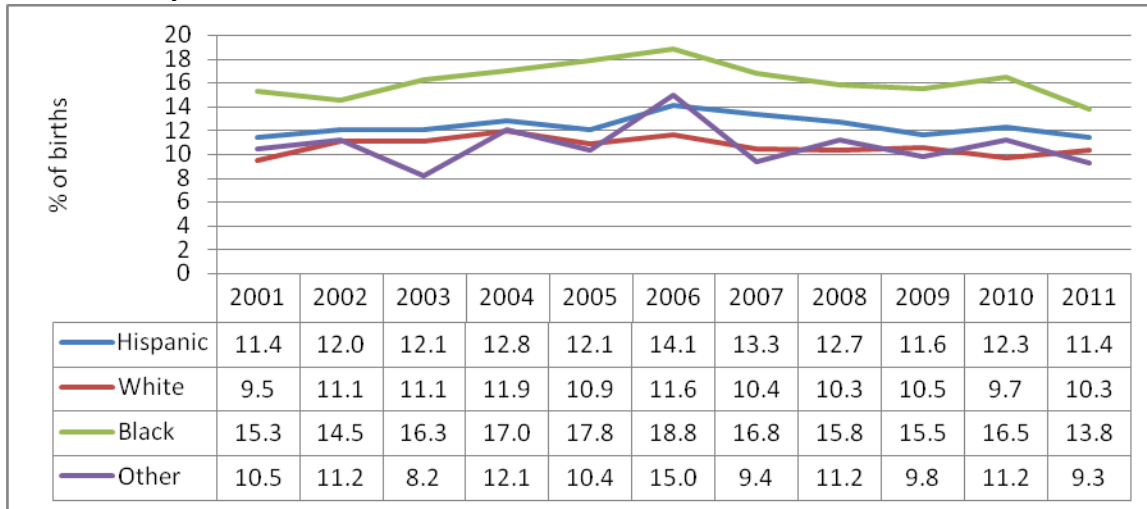
2001-2011

Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2001-2011

Premature or preterm births are defined as births of less than 37 weeks gestational age, defined as the time between conception and birth. As Figure 68 shows, between 2001 and 2011, a higher proportion of births to Black women than births to White or Hispanic women were premature. The proportion of premature babies born to Hispanic women was higher than that for White women over this time period. In 2011, 13.8% of babies born to Black women were premature compared to 10.3% babies born to White women and 11.4% of babies born to Hispanic women.

Figure 68. Premature <37-week (estimated gestation) births (%), by race and ethnicity,

Bexar County, 2001-2011



Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2001-2011

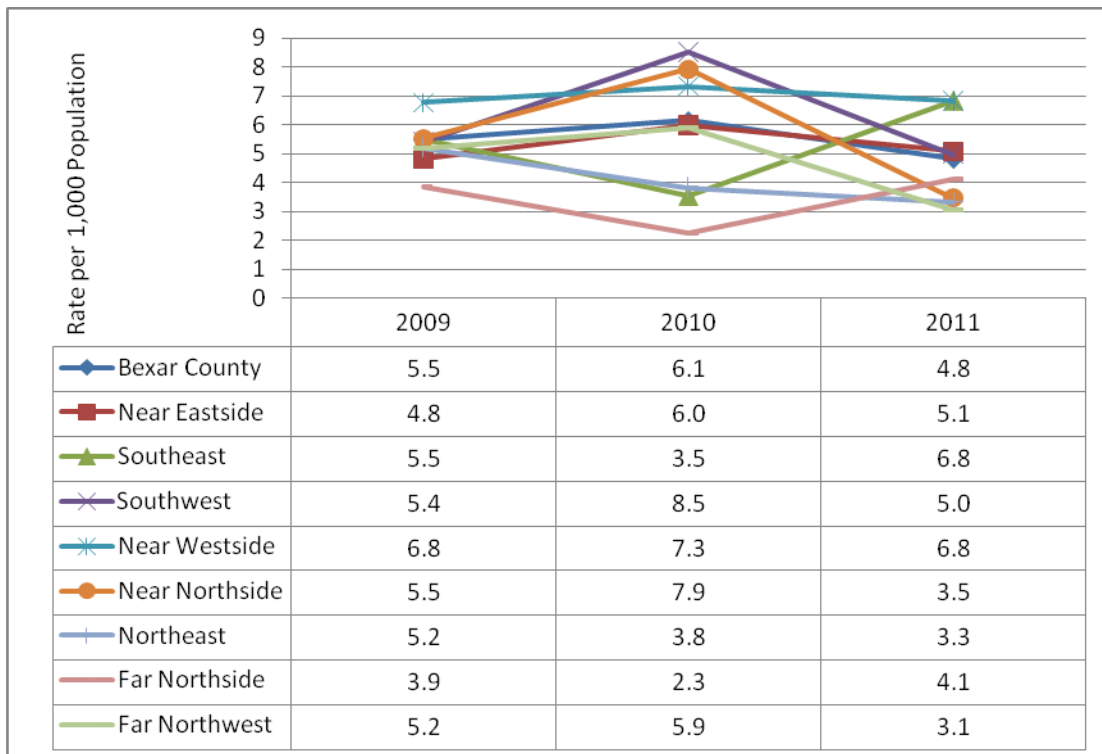
Note: this indicator is both a CHIP and an SA2020 indicator

Infant and Child Mortality

Infant mortality rates by Bexar County subsector are presented in Figure 69; rates differ across Bexar County’s subsectors and show inconsistent trends. The Near Westside has consistently had higher infant mortality rates than most other subsectors. While the Near Eastside experienced among the lowest rates of infant mortality in 2009, it had one of the highest rates among the subsectors in 2011. Conversely, while the Near Northside had one of the highest rates in 2009, its infant mortality rate was one of the lowest among the subsectors in 2011.

Infant mortality rates overall have declined slightly in Bexar County from 2009 to 2011; however, rates in different subsectors show different trends. Rates in the Southwest, Near Northside, Northeast, and Far Northwest have declined from 2009 to 2011. Rates in the Near Eastside, Southeast, and Far Northside have increased over this time period. It is important to note, however, that even small numbers of deaths in some subsectors may skew the data, thus affecting the conclusions that can be drawn.

Figure 69. Infant mortality rate (<1 year) (per 1,000 people), by subsector, 2009-2011

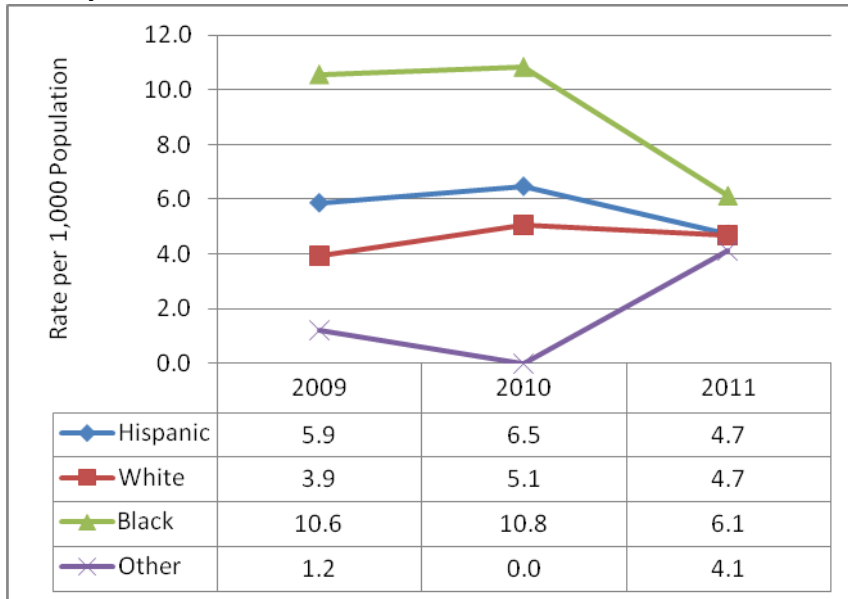


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA

Data indicate that infant mortality rates differ substantially by racial/ethnic group. (Figure 70) Between 2009 and 2011, mortality rates for Bexar County Black infants were higher than for White and Hispanic infants, although the gap has narrowed over this time period. Infant mortality rates declined substantially for Blacks over this time period (from 10 to 6 per 1,000 people) and declined slightly for Hispanics (from about 6 to 5 per 1,000 people). However, the rate for Whites increased slightly (from 4 to about 5 per 1,000 people). The rate for those racially identifying as Other increased substantially, although due to small sample size this result should be interpreted with caution.

Figure 70. Infant mortality rate (<1 year) (per 1,000 people), by race/ethnicity, Bexar

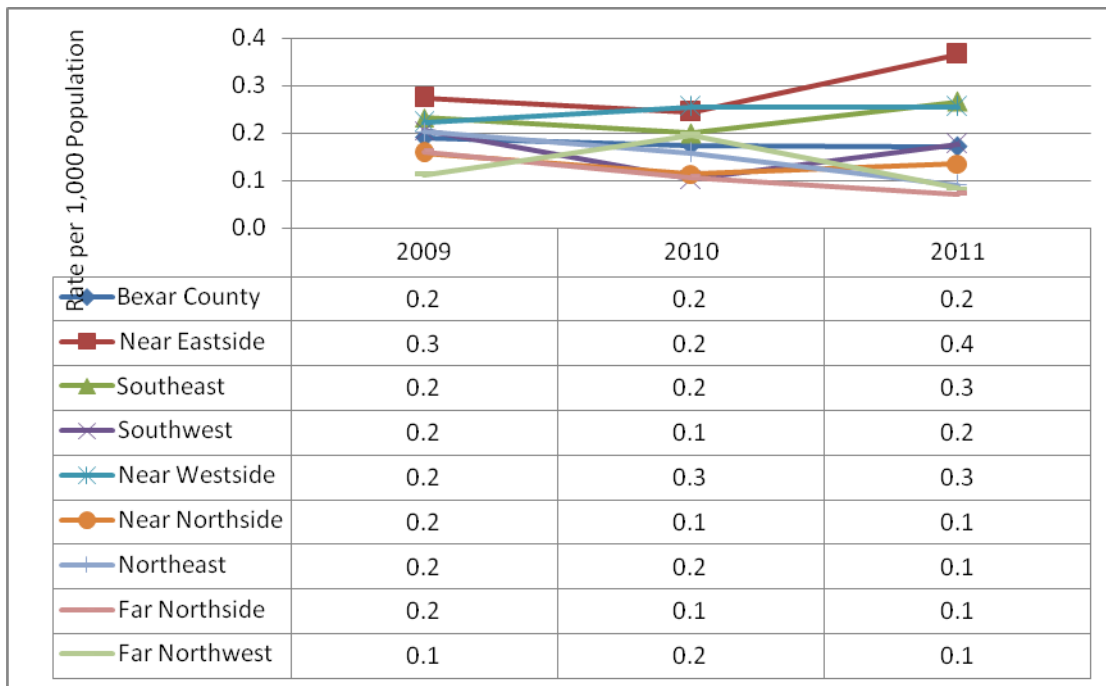
County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Mortality rates for Bexar County children and adolescents vary somewhat by sector but have remained fairly consistent between 2009 and 2011 within subsectors with the Near Eastside experiencing the highest rates in 2009 and 2011 (Figure 71) It should be noted, however, that mortality in this age group is relatively low which limits conclusions about differences by geographic location or race/ethnicity that can be drawn from the data.

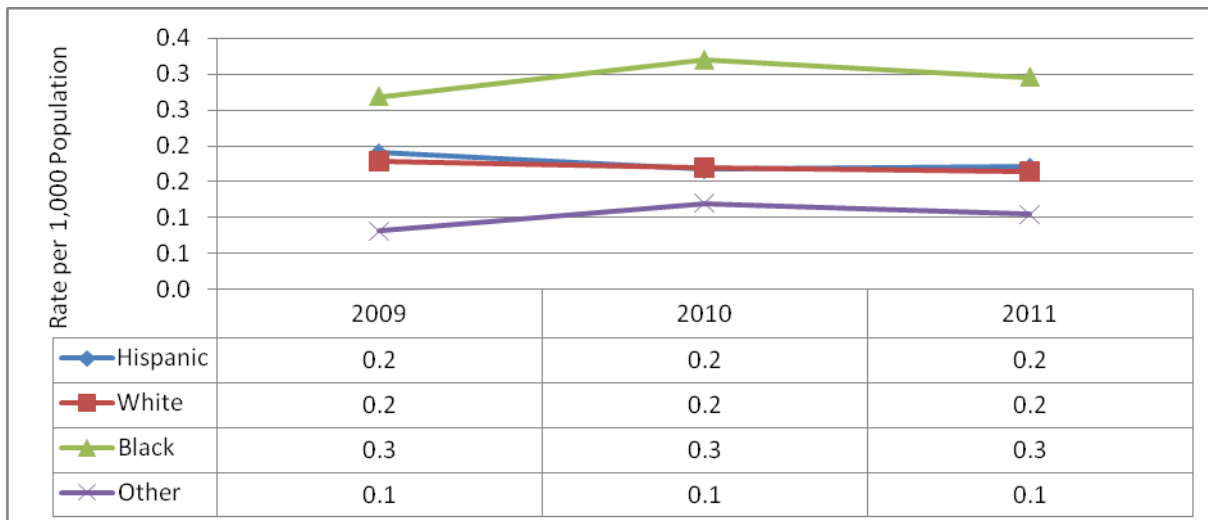
Figure 71. Mortality rate (per 1,000 people), age 1-17, by subsector, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Black children and adolescents in Bexar County experienced slightly higher mortality rates than other ethnic groups between 2009 and 2011. (Figure 72) Rates were lowest among those racially identifying as Other, although it is important to note that the number of people sampled from this population is low and thus these data should be interpreted with caution.

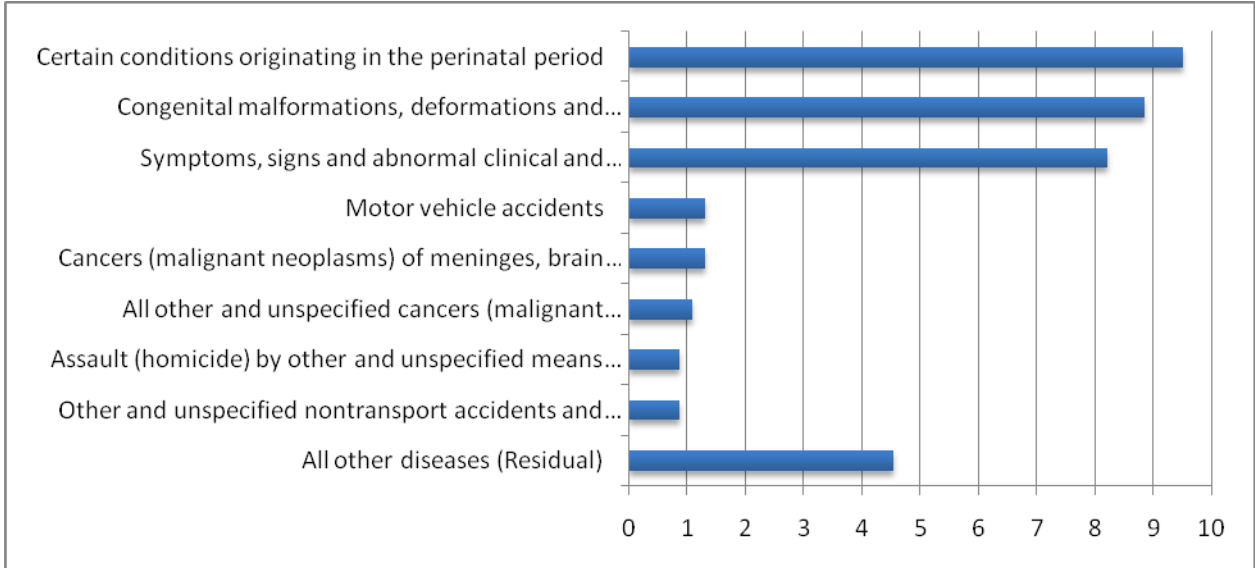
Figure 72. Mortality rate (per 1,000 people), age 1-17, by race/ethnicity, Bexar County 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

The leading cause of death for infants and children in Bexar County in 2011 was for conditions originating in the perinatal period (the time shortly before and shortly after birth) accounting for about 9.5 deaths per 100,000 people. Examples of perinatal difficulties include feeding problems in the newborn, birth trauma, infections, etc. (Figure 73). The second most common cause of death was congenital malformations, deformation and chromosomal abnormalities (for example, poorly developed circulatory or respiratory systems, etc. (about 8.8 per 100,000). The third most common cause of death is other abnormal clinical and laboratory findings (for example, abnormal heartbeat, breathing problems, tremors, persistent fever, etc.) (8.2 per 100,000).

Figure 73. Leading causes of death for infants and children (mortality rate per 100,000 people), Bexar County, 2011 (n=200)



Source: Texas Department of State Health Services via San Antonio Metro Health Department, additional analyses conducted by HRiA

VII. Safe Communities

A strong sense of community and a small town feel accompany declining crime rates, although injury and violence have created concern in Bexar County's urban core.

Urbanicity

"People are friendly and willing to help. San Antonio is a friendly city." – community resident
"Great community. Couldn't ask for a better one." – health care provider

As discussed earlier, Bexar County is largely an urban area although the southern subsectors are more rural. As an urban center, San Antonio was noted for the convenience of shopping and health facilities. While the rural nature of outlying areas was attractive to many residents living there, they also noted the lack of resources to these areas as well as long travel distances and transportation challenges. Some viewed the Westside as an area that needed more attention; as one young adult stated, *"Westside needs a revamp of its reputation."*

The Bexar County community was described by residents as "friendly" and "growing" and San Antonio was viewed as "a city with a small town feel." As one healthcare provider explained, *"I think San Antonio is a city on the move."* Residents pointed to signs of change including recent development of the Brook City Base and the development of the BiblioTech on the Southside. Some focus group members shared that they found the slow pace of life in the community appealing. The region's attraction as a tourist destination was noted by many.

According to residents, a key part of the community's identity is the strong military presence including Fort Hood and Fort Sam Houston. One veteran described the region as the *"most military friendly community in the entire country."* Residents viewed the presence of the military as a positive aspect of the community, contributing to a sense of safety and diversity.

Social Support and Cohesion

"People in San Antonio are [the city's] strongest asset." – public official
"A valuable asset is knowing everyone in the neighborhood." – community resident
"It's very people-rich." – social service provider

A consistent theme across focus group participants and interviewees was the strong social capital and cohesion in the community. Residents used words such as "friendly," "close-knit," and "engaged" to describe community members. As one person from the Southside shared,

Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [County Health Rankings](#)
- [Bexar County Community Health](#)

“all in all, we have a helping community, one that is good at pitching in when the need is there.” Respondents attributed this in part to the community’s strong family orientation and culture. One social service provider explained, *“I feel like San Antonio is very family-oriented, you know, everyone is a family member even though they’re not connected to you by blood.”* The church was also seen to play a role in fostering connections among people. Respondents noted, too, that the church is often a source of information about services and supports for community members. Quantitative data indicate that 22% of Bexar County adults reported that they did not have social/emotional support, a rate similar to that for Texas adults overall (23%).¹⁴

Closely tied to culture and tradition, according to residents, is the strong sense of pride in the city and the region’s history. Respondents mentioned efforts to preserve the old Spanish missions and the Alamo as manifestations of local pride which was also seen as connected to the local economy. As one business leader observed, *“the people of San Antonio want to be known as a great city, a destination, a family place.”*

Crime/Sense of Safety

“I don’t feel safe going off campus.” – community resident

“On the Westside, people don't call the police because of fear of deportation, but then the police think that this neighborhood is safe and doesn't need any additional services.” – community resident

“Safety is an issue.” – public official

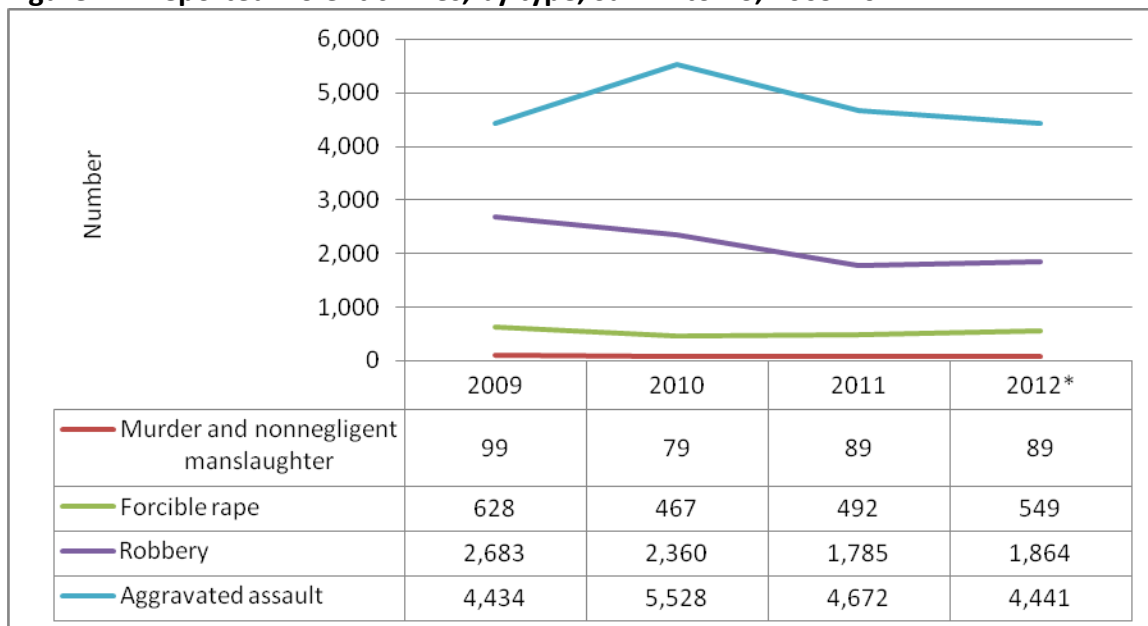
“There are some bad areas. I personally wouldn’t want to walk down my street.” – community resident

Presence of crime and violence was mentioned in several focus groups and by some interviewees who spoke generally about concerns for safety. Neighborhood safety was cited as a concern particularly by those living in the Northside and Southside subsectors. Residents in these areas reported problems such as loose and stray dogs, rundown neighborhoods, and unsafe areas. Several residents mentioned gang activity, particularly on the Eastside and Southside. Several teens identified bullying as a concern among young people. Some social service providers viewed domestic violence as a concern for the community.

Quantitative data indicate that rates for most categories of violent crime in San Antonio declined between 2009 and 2012. (Figure 74) During the time period, the number of murders fluctuated between 79 and 99 per year. The number of robberies declined from 2,683 in 2009 to 1,864 in 2012. The number of aggravated assaults, however, increased slightly over this time period. It is important to note that 2012 data are preliminary.

¹⁴ Source: 2005-2010 BRFSS via County Health Rankings, 2013. Question: % of adults without social/emotional support. Note: national benchmark is 14%.

Figure 74. Reported violent crimes, by type, San Antonio, 2009-2012



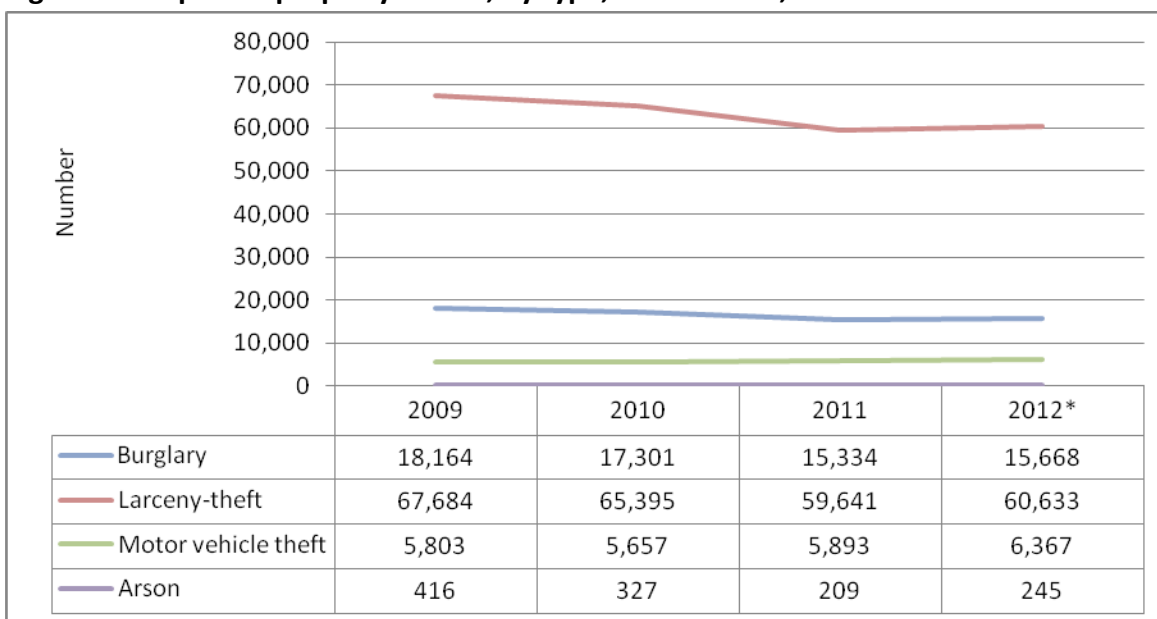
*Preliminary annual data

Source: FBI Uniform Crime Reports, 2009-2012

Note: this indicator is both a CHIP and an SA2020 indicator

With the exception of motor vehicle theft, property crime rates in San Antonio declined between 2009 and 2012. (Figure 75) Again, it is important to note that 2012 data are preliminary.

Figure 75. Reported property crimes, by type, San Antonio, 2009-2012

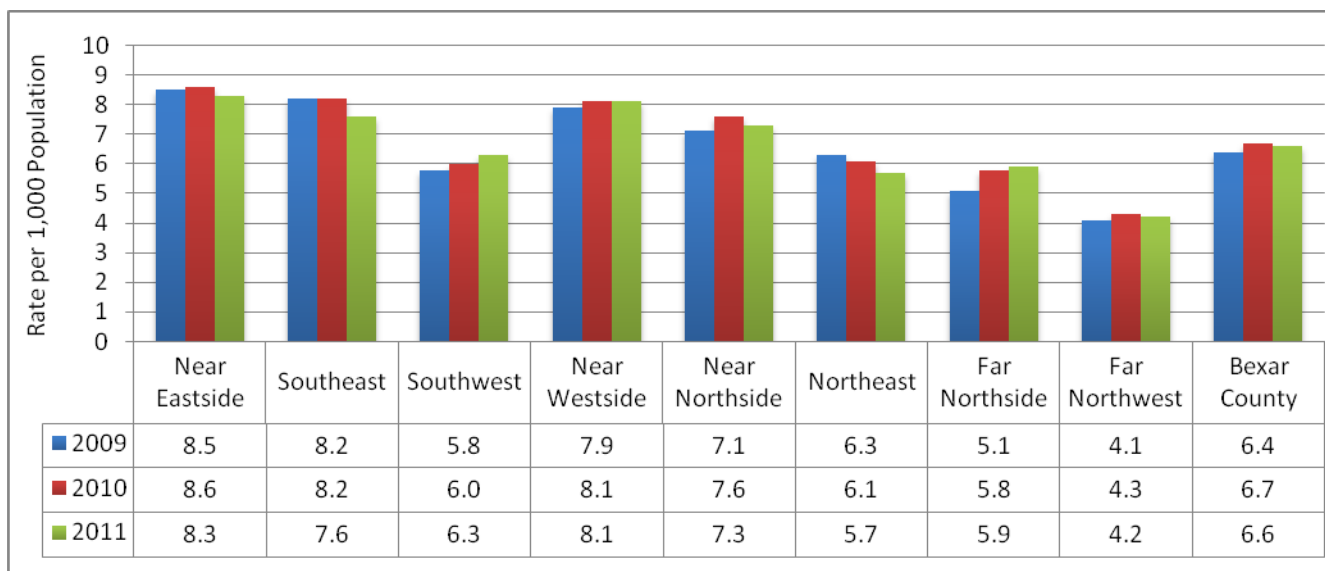


*Preliminary annual data
 Source: FBI Uniform Crime Reports, 2009-2012
 Note: this indicator is both a CHIP and an SA2020 indicator

Safety and Injury

Hospitalization rates for injuries and poisoning varied across Bexar Counties subsectors between 2009 and 2011. (Figure 76) In Bexar County the rate was 7 per 1,000 people in 2011, slightly higher than in 2009. The rate was highest among those living in the Near Eastside and Near Westside (8 per 1,000 people) in 2011 and lowest among those living in the Far Northwest (4 per 1,000 people).

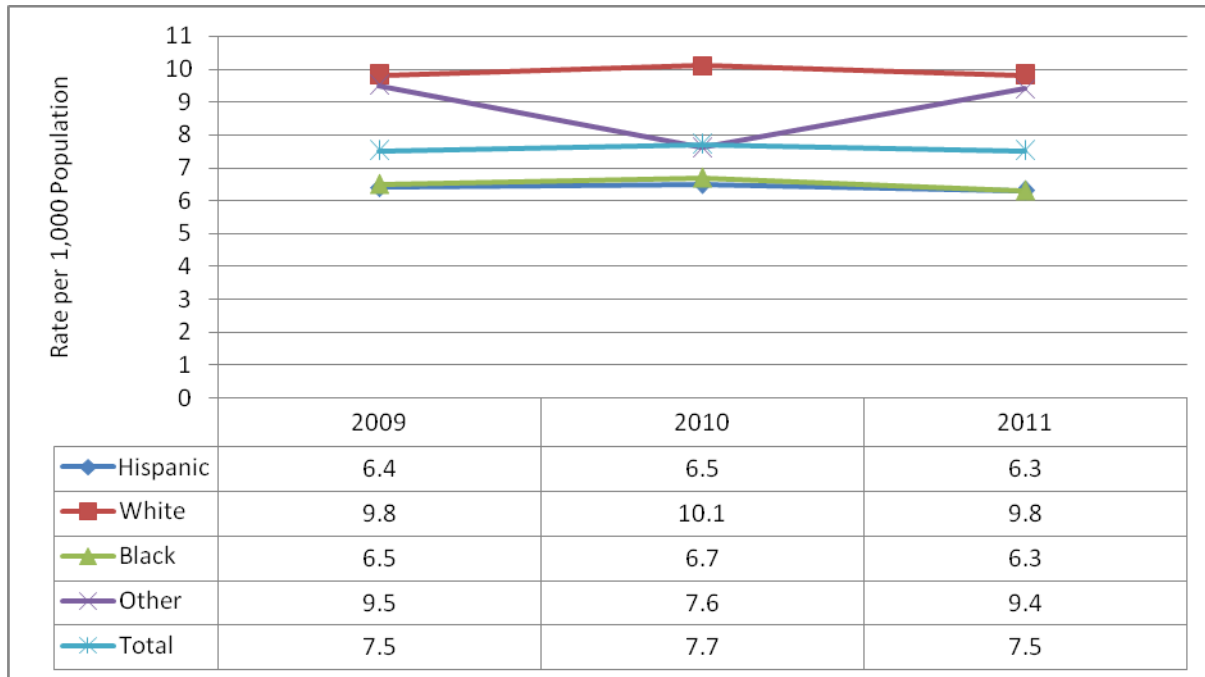
Figure 76. Hospitalization rate (per 1,000 people) for injury and poisoning, Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA

Bexar County Whites and those of Other race were more frequently hospitalized for injury and poisoning than Blacks and Hispanics between 2009 and 2011. (Figure 77) In 2011, 10 Whites and 9 racially self-identifying as Other per 1,000 were hospitalized for injury and poisoning compared to about 6 per 1,000 for Blacks and Hispanics. It should be noted that due to small sample size data about respondents self-identifying as Other race should be interpreted with caution. Although Other race respondents experienced a decrease in rates between 2009 and 2010, hospitalization rates for injury and poisoning have remained steady between 2009 and 2011 for Bexar County and across all race/ethnicity groups.

Figure 77. Hospitalization rate (per 1,000 people) for injury and poisoning, by

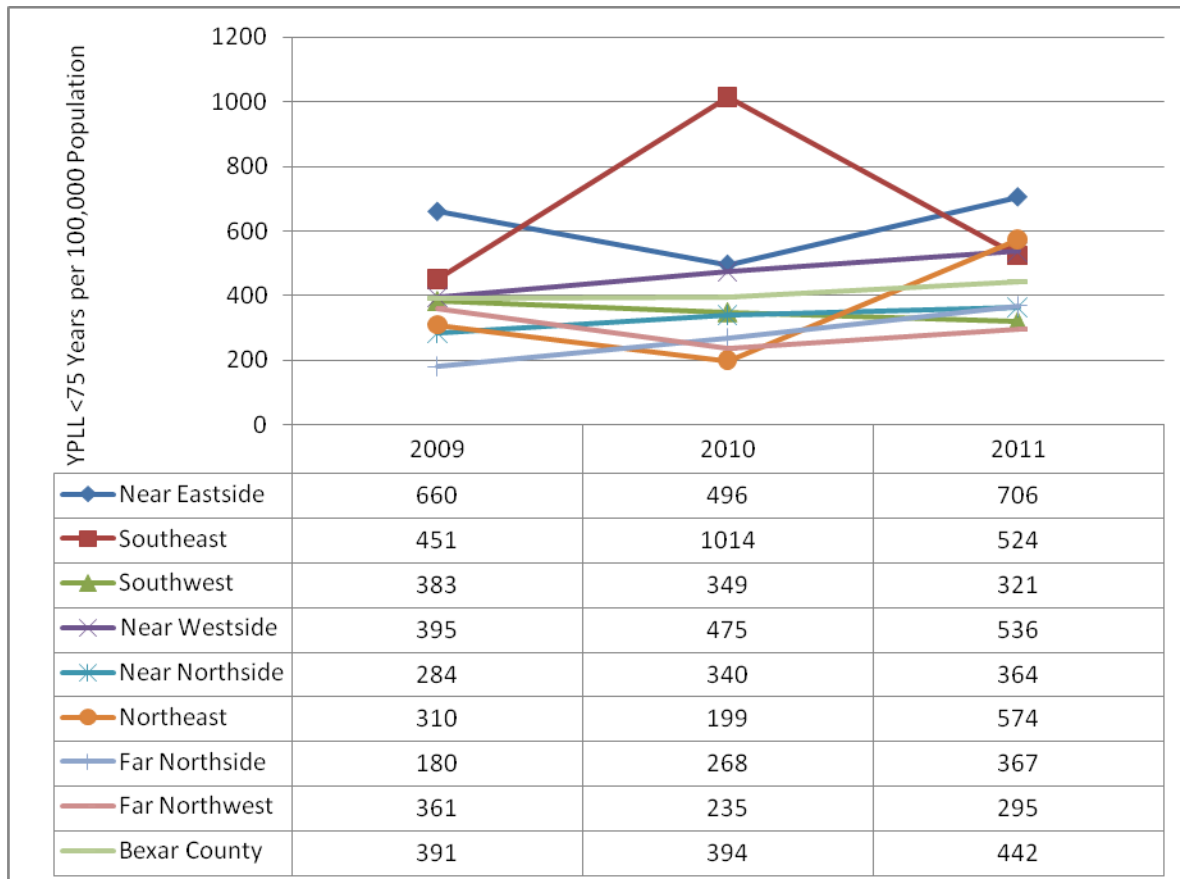


race/ethnicity, Bexar County, 2009-2011

Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA

Unintentional injuries accounted for 442 YPLL per 100,000 people in Bexar County in 2011, a rate slightly higher than in 2009 (391 years per 100,000 people). (Figure 78) The number of YPLL due to unintentional injury varied substantially across Bexar County’s subsectors. The Near Eastside experienced the highest YPLL in 2011 (706 years per 100,000 people), over twice as high as the rate for the Far Northwest (295 years per 100,000 people). Rates have increased dramatically between 2009 and 2011 in some subsectors, notably the Northeast (increase of 264 YPLL per 100,000 people) and the Far Northside (increase of 187 YPLL per 100,000 people).

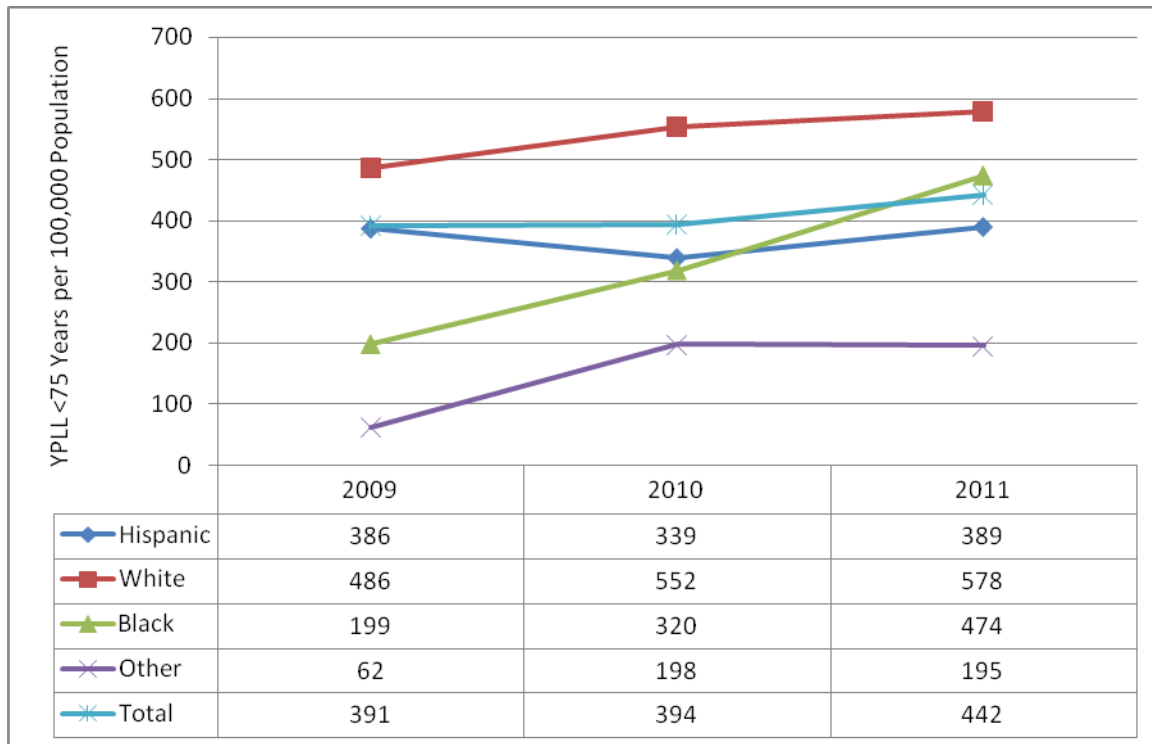
Figure 78. YPLL (age 75) due to unintentional injury (per 100,000 population), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

White and Black residents of Bexar County experienced the highest rate of YPLL due to unintentional injury, 578 and 474 years per 100,000 people, respectively, in 2011. (Figure 79) Among Hispanics, unintentional injuries accounted for 389 YPLL in 2011. The lowest rate of YPLL was among those self-identifying as Other race (195 years per 100,000 people), although due to small sample size, this result should be interpreted with caution. Rates of YPLL due to unintentional injury have risen between 2009 and 2011 in Bexar County and across all racial/ethnic groups, with the most dramatic rise among Blacks, an increase of 275 YPLL per 100,000 people over this time period.

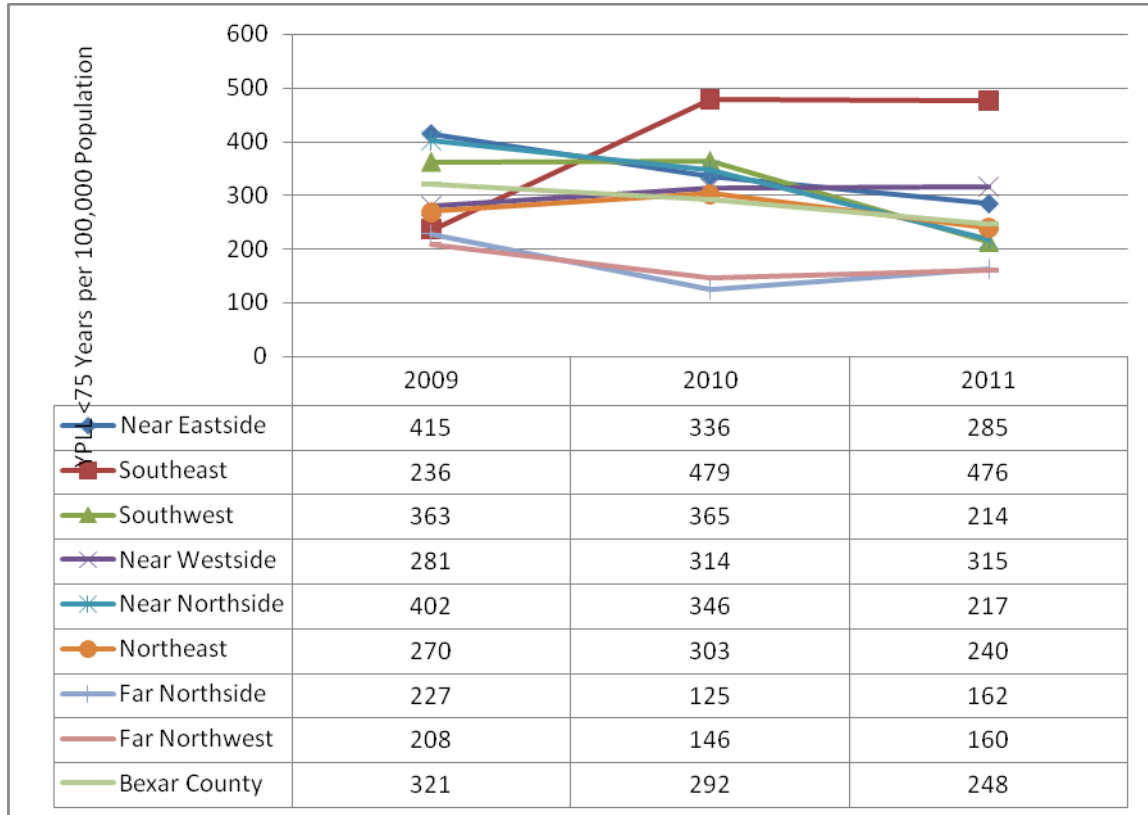
Figure 79. YPLL (age 75) due to unintentional injury (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Motor vehicle crashes accounted for 248 YPLL per 100,000 people in Bexar County in 2011, a decline from 321 in 2009. (Figure 80) The number of YPLL varied across Bexar County’s subsectors with the Southeast experiencing the highest rate in 2011 (476 years per 100,000 people) and the Far Northwest experiencing the lowest rate (160 years per 100,000 people). Most Bexar County subsectors experienced declines in the YPLL between 2009 and 2011. However, both the Southeast and Near Westside experienced increases over this time period.

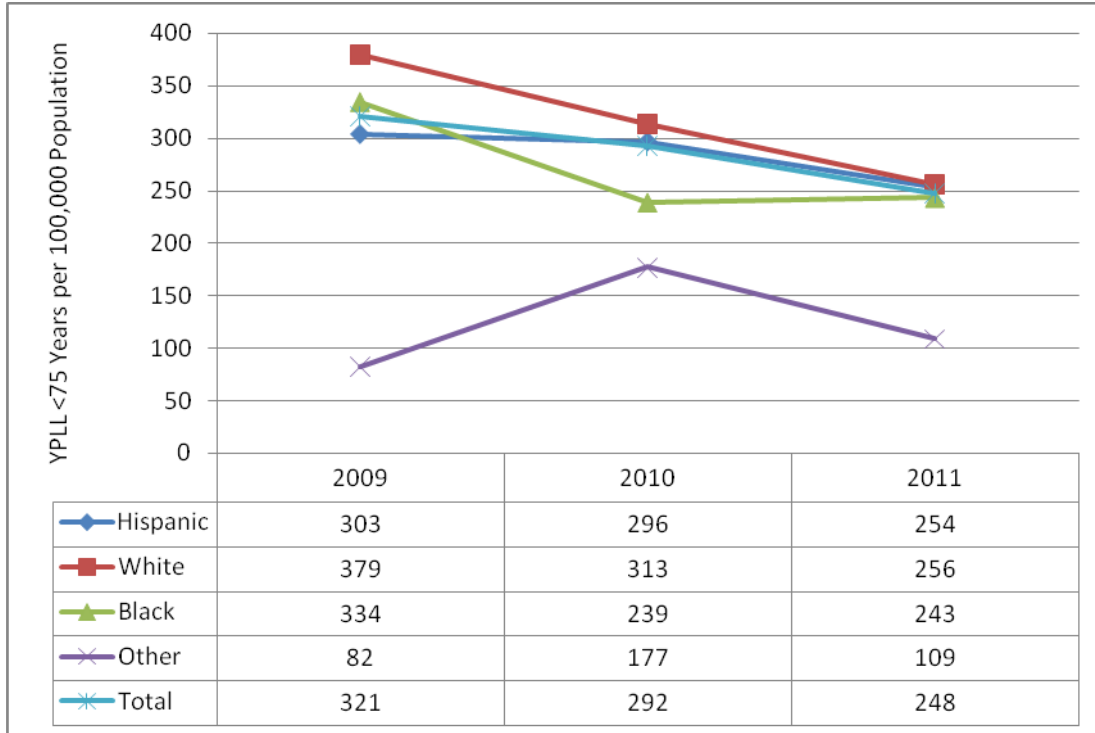
Figure 80. YPLL (age 75) due to motor vehicle crashes (per 100,000 population), by subsector, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

The number of YPLL due to motor vehicle crashes was similar across Bexar County Hispanics, Blacks, and Whites in 2011, between 243 and 256 years per 100,000 people. (Figure 81) Respondents self-identifying as Other race were half as likely to die early deaths due to motor vehicle accidents, although due to small sample size, this number should be interpreted with caution.

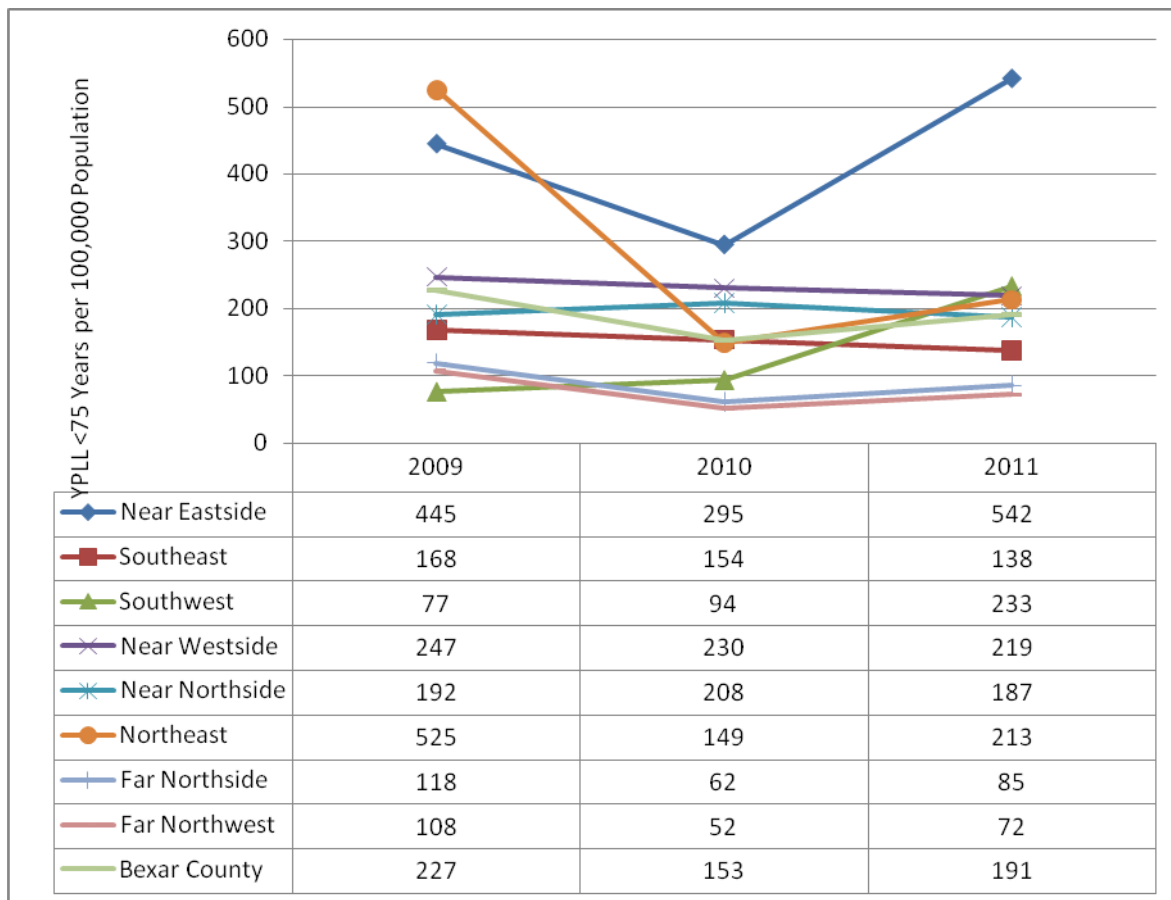
Figure 81. YPLL (age 75) due to motor vehicle crashes (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

In 2011, Bexar County residents lost 191 years of life due to homicide per 100,000 people, a decline from 227 years in 2009. (Figure 82) The rate of YPLL due to homicide varied dramatically, however, across Bexar County’s subsectors. Residents of the Near Eastside experienced the highest number of YPLL due to homicide in 2011, 542 per 100,000 people. This rate was over six times higher than the rate in the Far Northside (85 years per 100,000 people) and the Far Northwest (72 years per 100,000 people). Between 2009 and 2011 the Near Eastside and Southwest experienced increases in the number of YPLL due to homicide while the other subsectors saw decreases.

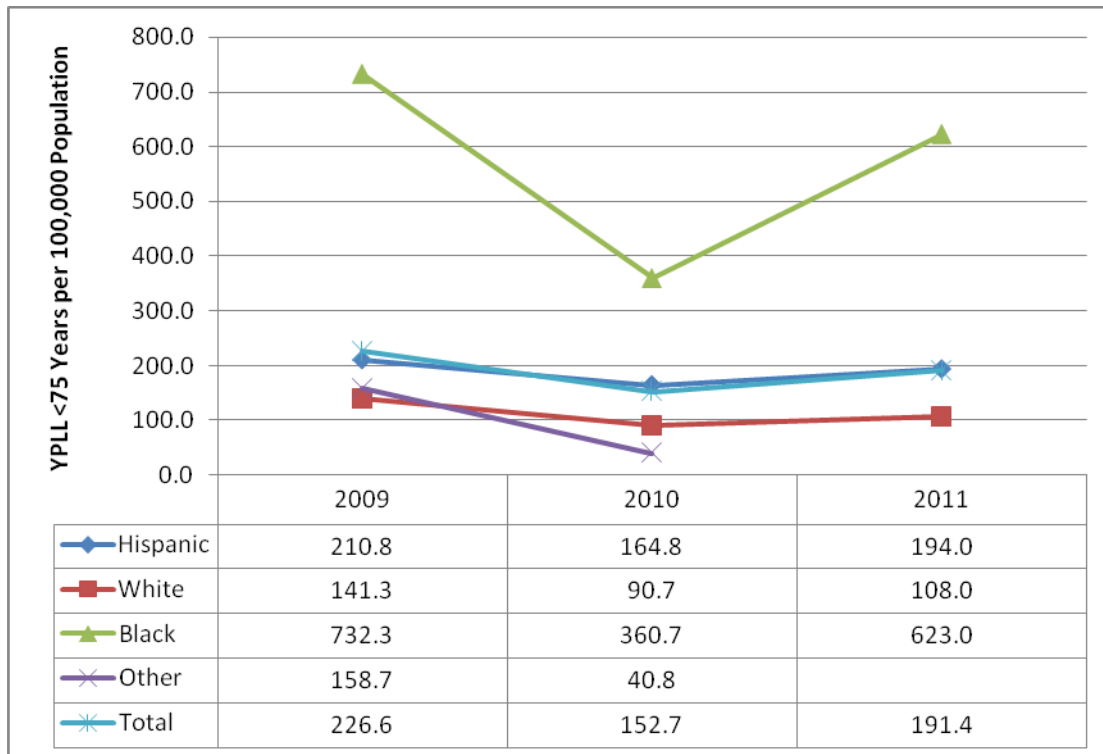
Figure 82. YPLL (age 75) due to homicide (per 100,000 population), by subsector, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

The number of YPLL due to homicide among Blacks in Bexar County was 623 per 100,000 people in 2011, a rate over five times higher than that of White residents (108 years per 100,000) and over three times higher than that of Hispanic residents (194 years per 100,000). (Figure 83) Between 2009 and 2011, the number of YPLL due to homicide declined across all racial/ethnic groups.

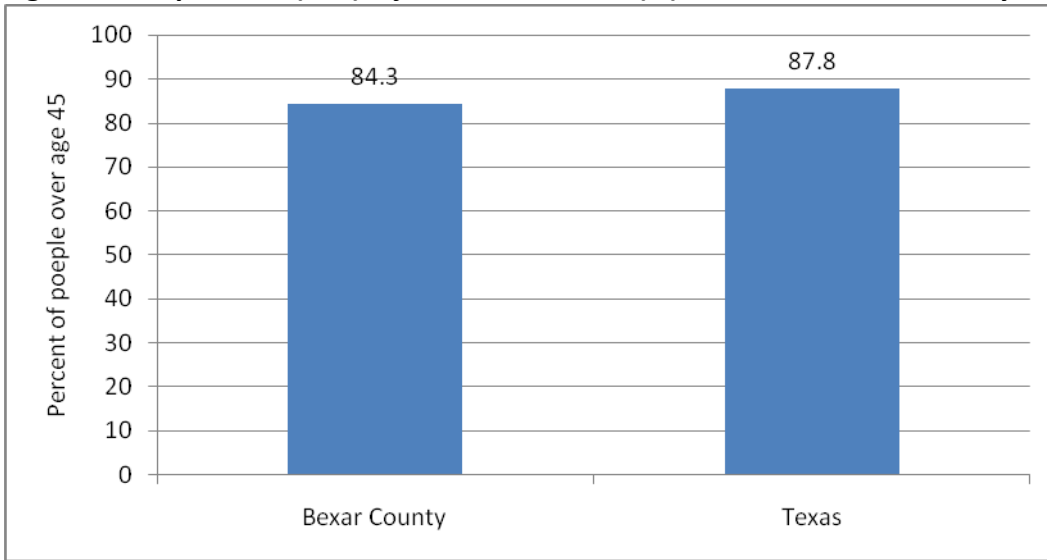
Figure 83. YPLL (age 75) due to homicide (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

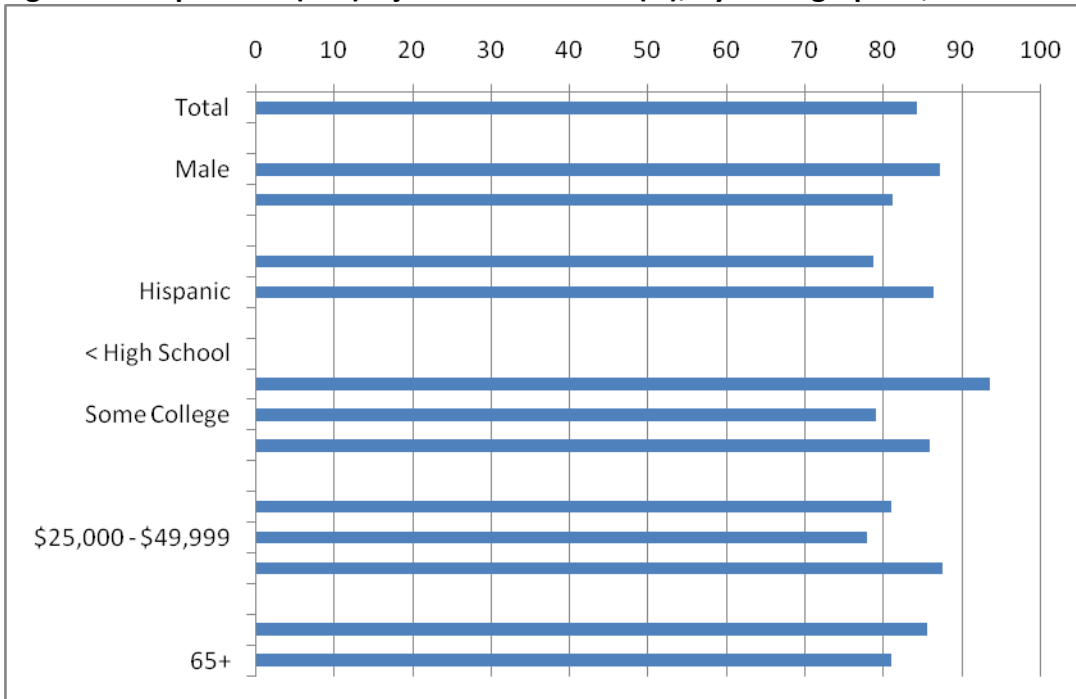
Eighty-four percent of Bexar County adults age 45 and older reported having been injured due to a fall at least once during their lifetime, a rate slightly lower than that for Texas adults of the same age (88%) (Figure 84). Among adults 45 years old and older, Bexar County males were slightly more likely to report having been injured during a fall in their lifetime than women (87% vs. 81%, respectively) and Hispanic residents were slightly more likely to report this than White residents (87% vs. 79%, respectively). (Figure 85)

Figure 84. Population (45+) injured due to a fall (%), Texas and Bexar County, 2012



Source: Texas Department of State Health Services, BRFSS 2012

Figure 85. Population (45+) injured due to a fall (%), by demographics, Bexar County, 2012



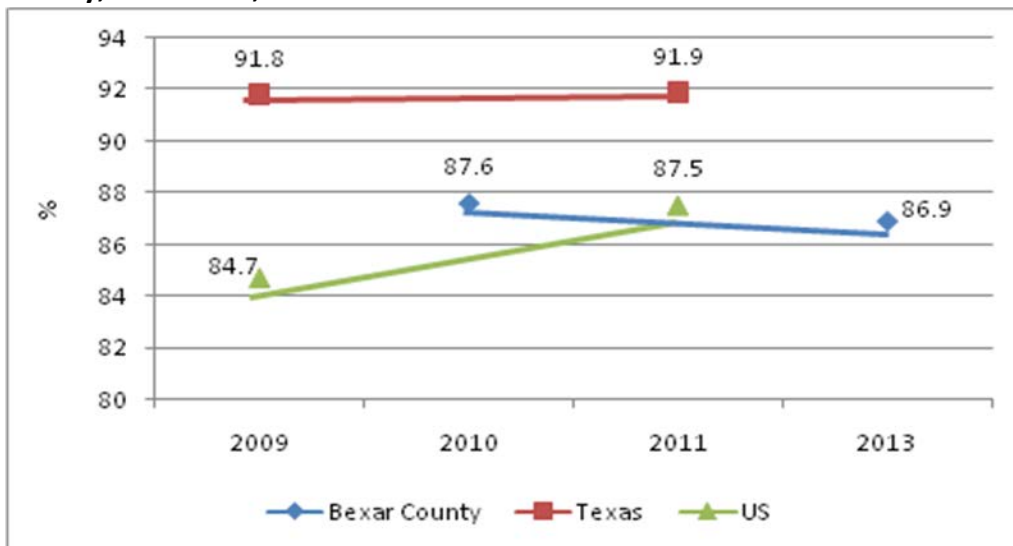
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Among those youth who bicycled in the past year, the proportion of Bexar County youth reporting that they rarely or never wore a bicycle helmet remained roughly the same between 2010 and 2013, about 87%. (Figure 86) These rates were lower than reported rates for Texas youth overall in 2009 and 2011. Rates of helmet use were similar across genders and age groups. However, a higher proportion of Hispanic youth (91%) than White youth (75%) reported

in 2013 that they rarely or never wore a bicycle helmet. (Figure 87) Rates of bicycle helmet use remained steady across demographic groups between 2010 and 2013.

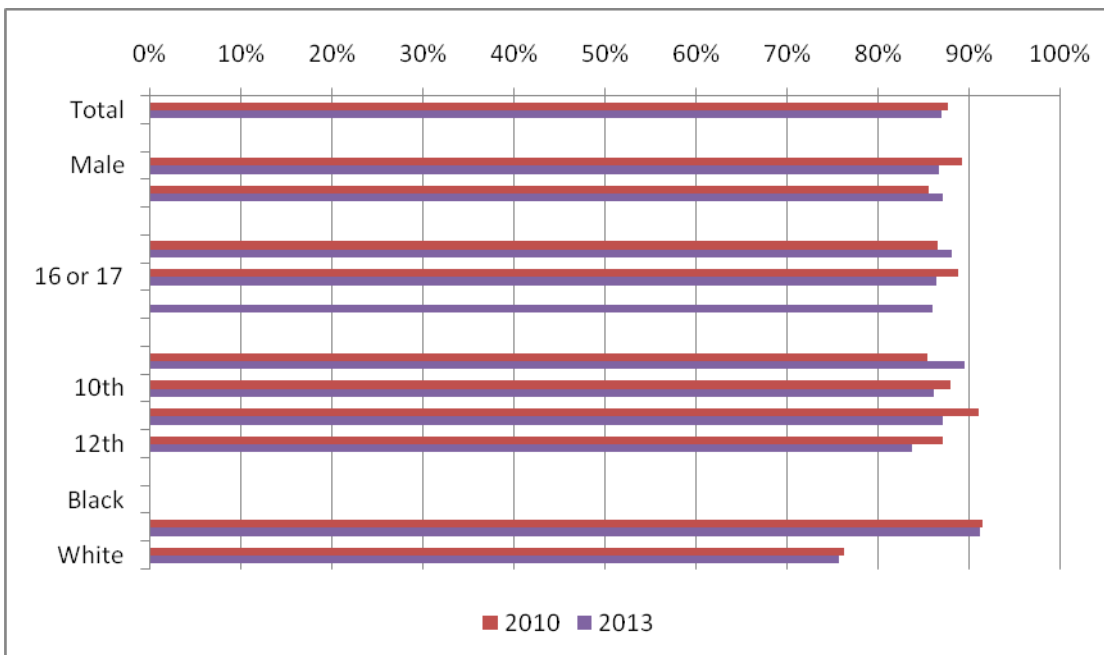
Figure 86. Students who rarely or never wore a bicycle helmet (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 87. Students who rarely or never wore a bicycle helmet (%), Bexar County, 2010 and 2013

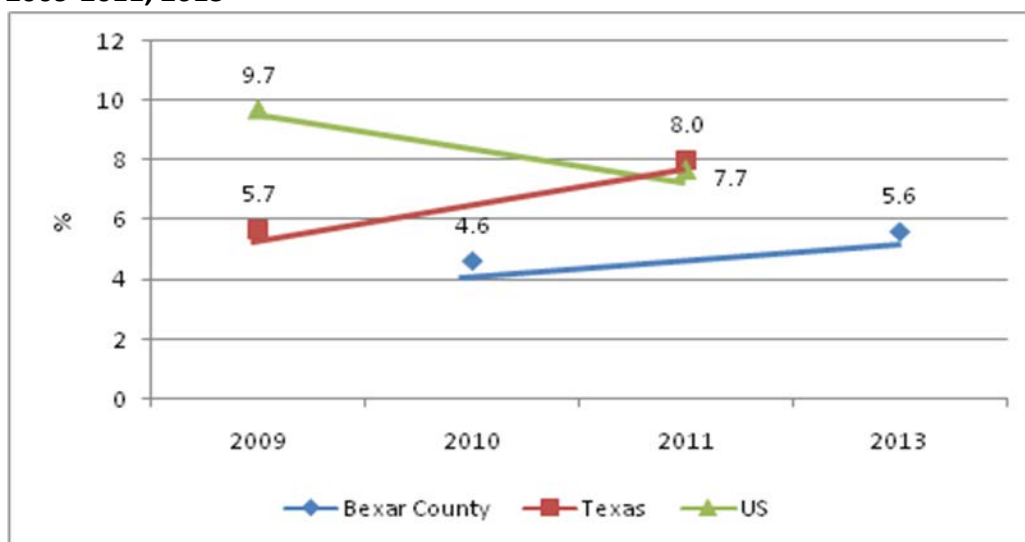


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported that they rarely or never wore a seat belt when riding in the car with someone else stayed the same between 2010 and 2013, about 5%. (Figure 88) Seatbelt usage is higher among Bexar County youth than among Texas and US youth. Male Bexar County youth (7%) were less likely to use seatbelts than Bexar County female youth (4%) in 2013 and Hispanic youth in Bexar County were two times less likely to use seatbelts than White youth. (Figure 89) Older Bexar County youth were less likely to use seatbelts than younger youth. Between 2010 and 2013, seatbelt usage declined slightly across most demographic groups.

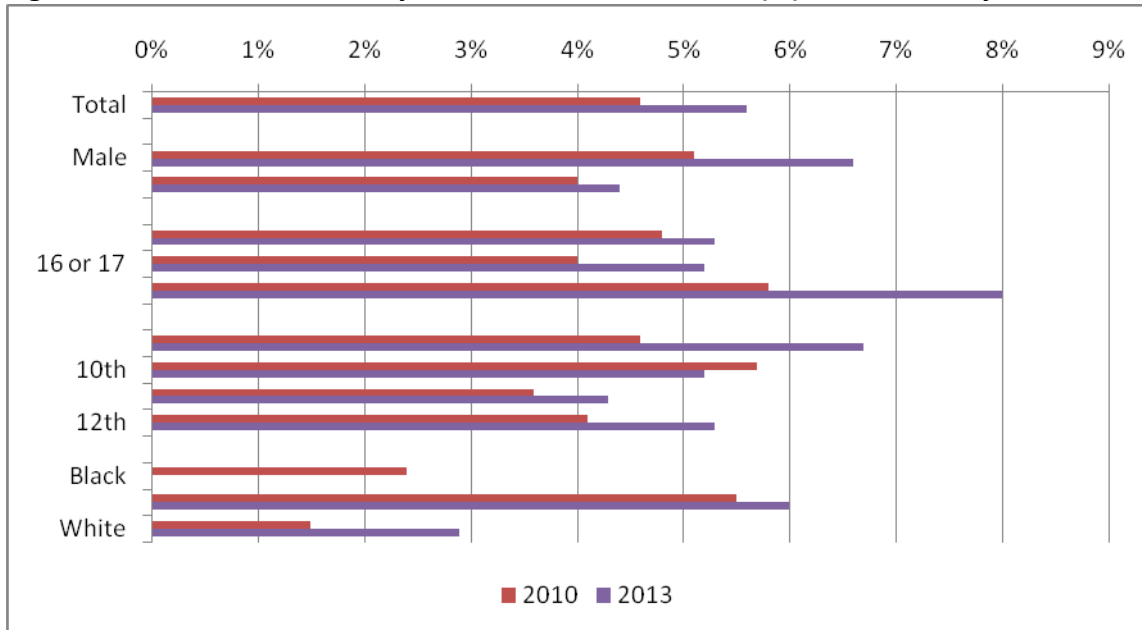
Figure 88. Students who rarely or never wore a seat belt (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 89. Students who rarely or never wore a seat belt (%), Bexar County, 2010 and 2013

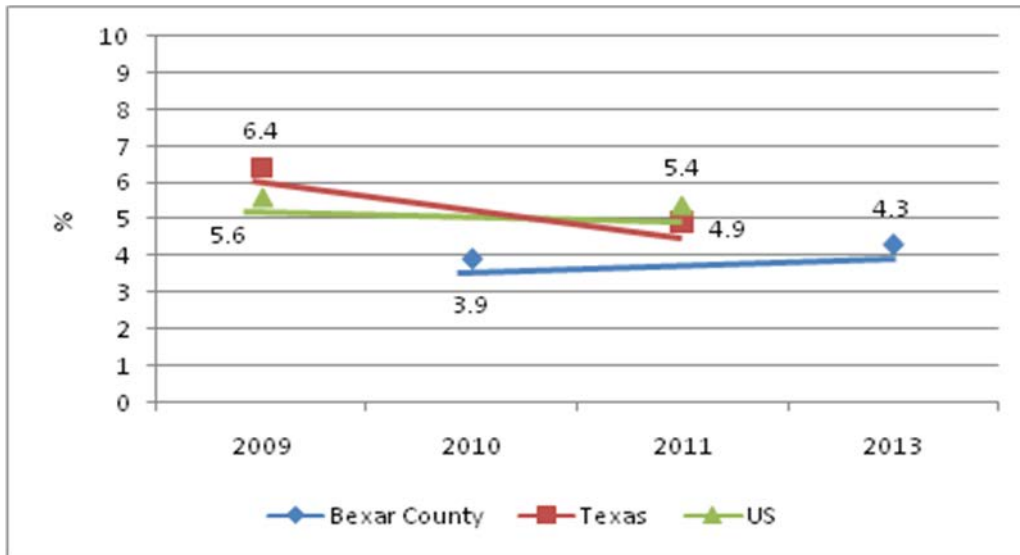


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The YRBS asks students whether they have carried a weapon, such as a gun, knife, or club, on school property during the 30 days preceding the survey. The proportion of Bexar County youth who reported carrying a weapon on school property in 2013 was roughly the same as in 2010, about 4%. (Figure 90) A smaller proportion of Bexar County youth than Texas or US youth reported carrying weapons to school across both years of surveying. Male youth and older youth in Bexar County were more likely to report carrying a weapon to school in 2013 than females or younger youth. (Figure 91) However, the proportion of younger youth (under age 15) carrying weapons on school property to school doubled between 2010 and 2013 (from 2% to 4%).

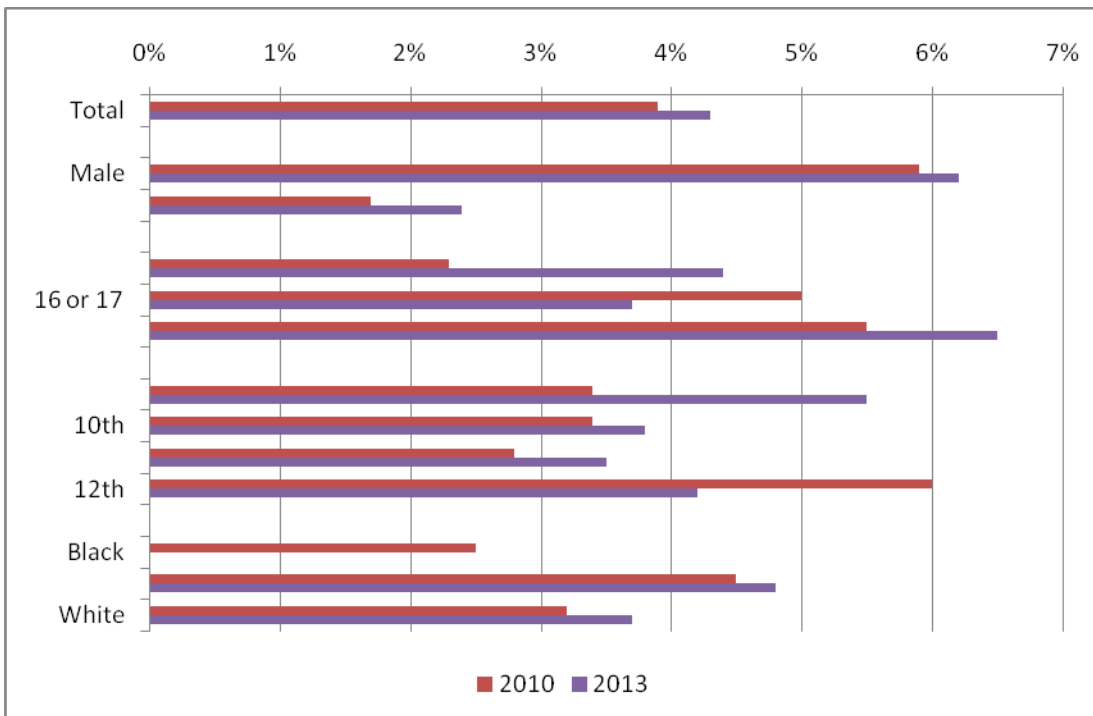
Figure 90. Students who carried a weapon on school property (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm
and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 91. Students who carried a weapon on school property (%), Bexar County, 2010 and 2013

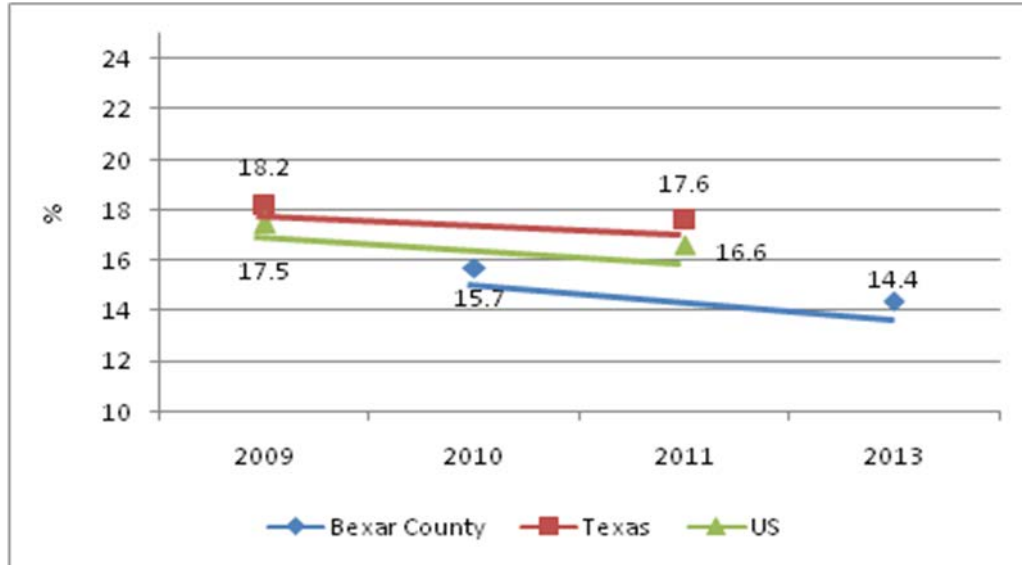


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

According to the 2013 YRBS, 15.7% of Bexar County youth reported carrying a weapon during the 30 days preceding the survey, slightly higher than the percentage in 2010 (14.4%). (Figure 92) This represents 10% more youth than reported carrying a weapon on school property (14.4% vs. 4.3%). However, the percentage of Bexar County youth carrying a weapon is roughly similar to the total for U.S. youth and slightly lower than for Texas youth in 2011.

Figure 92. Students who carried a weapon (%), U.S., Texas, and Bexar County, 2009-2011, 2013

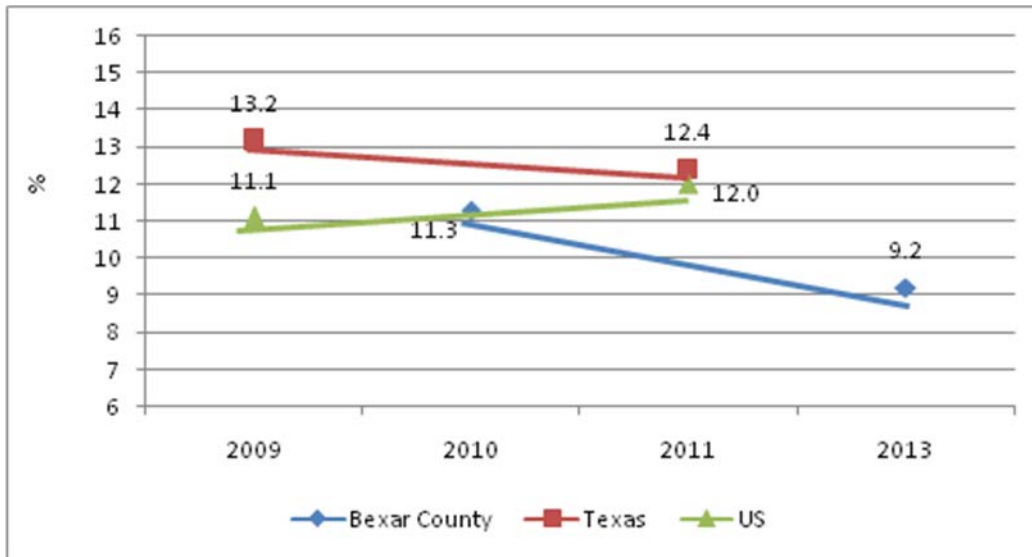


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbs_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

In 2013, about 9% of Bexar County youth reported having been in a fight on school property during the past year, a decline from 11% in 2010. (Figure 93) This is lower than the rate for US youth and Texas youth in 2011. Male youth, younger youth, and Hispanic youth were more likely to report being in fight at school in 2013 than females, older youth and White youth. (Figure 94) The proportion of males, older, and Hispanic Bexar County youth reporting being in a fight at school decreased between 2010 and 2013.

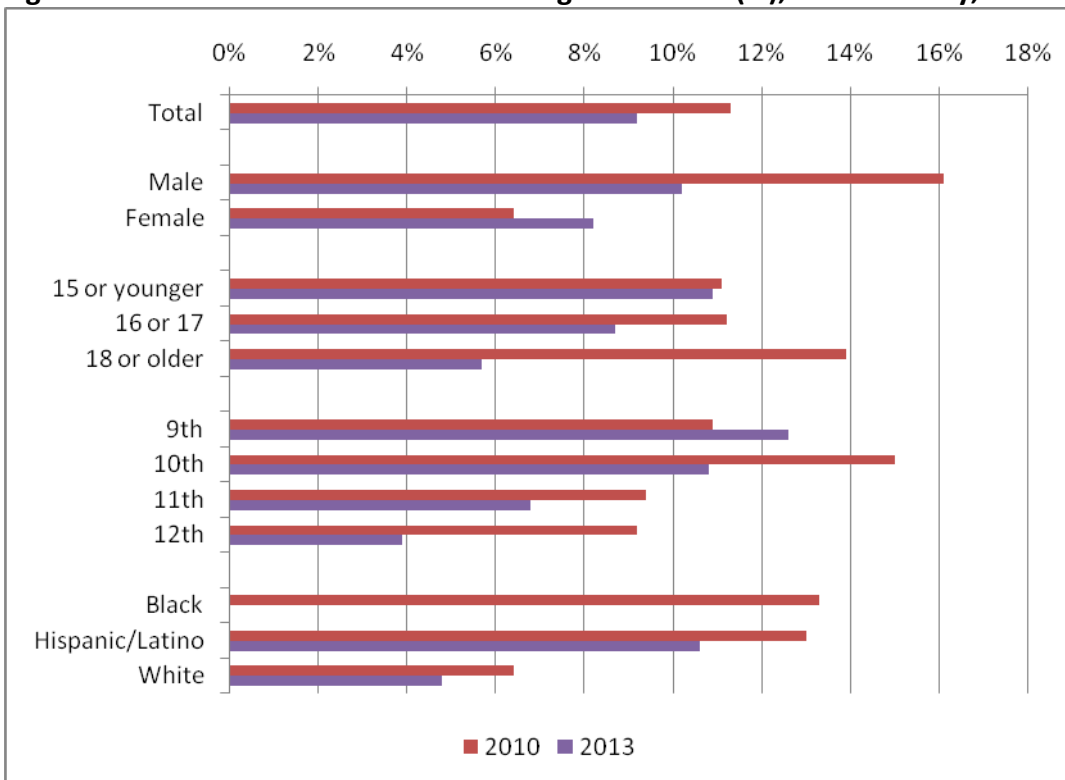
Figure 93. Students who have been in a fight at school (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 94. Students who have been in a fight at school (%), Bexar County, 2010 and 2013

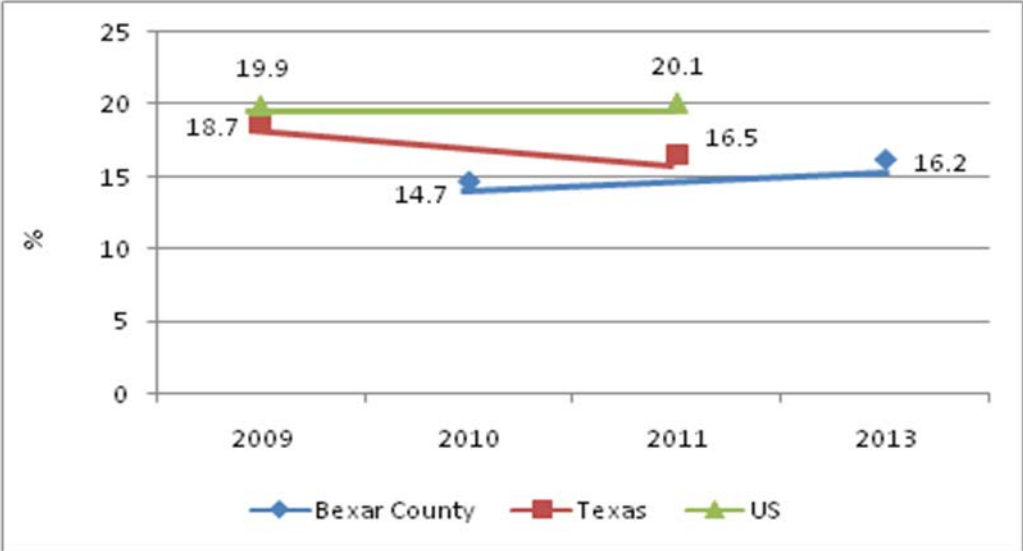


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported having been bullied on school property during the past year stayed the same between 2010 and 2013: about 16%. (Figure 95) The proportion of Bexar County youth bullied in school in 2013 was about the same as the proportion of Texas youth who reported being bullied in 2011 and lower than the rate for US youth in 2011. Female youth (19%) were more likely than male youth (13%) to report being bullied and White youth (20%) in Bexar County were more likely to report having been bullied in school than Hispanic youth (15%) in 2013. (Figure 96) Younger students (20%) were also more likely to be bullied than older (13%). Between 2010 and 2013, reported bullying rose among female, older, and White youth in Bexar County.

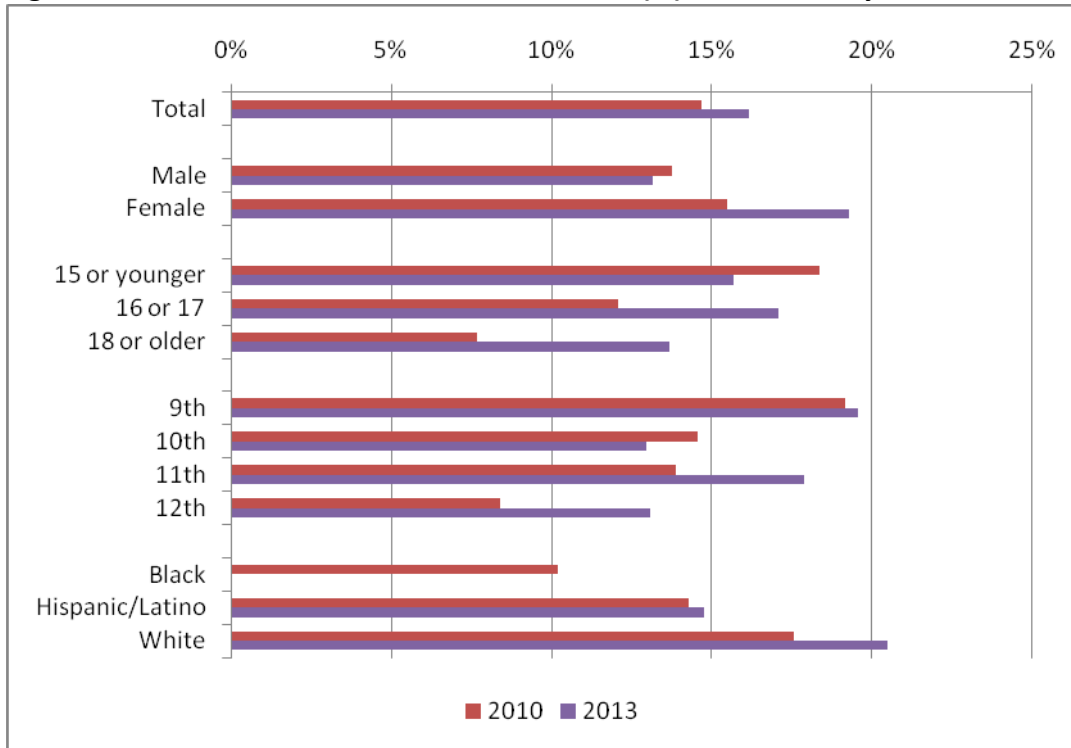
Figure 95. Students who were bullied at school (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 96. Students who were bullied at school (%), Bexar County, 2010 and 2013

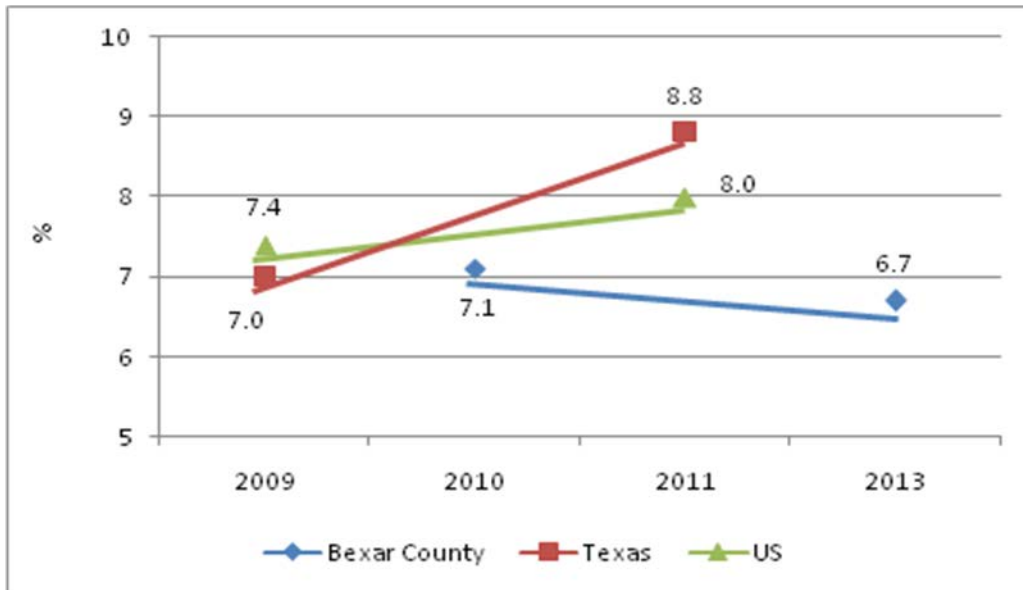


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

To measure sexual assault, the YRBS asks whether students have been forced to have sexual intercourse when they did not want to. The proportion of Bexar County youth who reported that they were sexually assaulted did not change substantially between 2010 and 2013 (Figure 97). The rate increased in Texas and the U.S. between 2009 and 2011. Female youth (9%) in Bexar County were more than twice as likely to report having been sexually assaulted in 2013 than male youth (4%). (Figure 98) Bexar County Hispanic youth (8%) were more likely to report having been sexually assaulted in 2013 than White youth (5%). Between 2010 and 2013, the proportion of 12th graders reporting that they had been sexually assaulted declined from 8% to 5%.

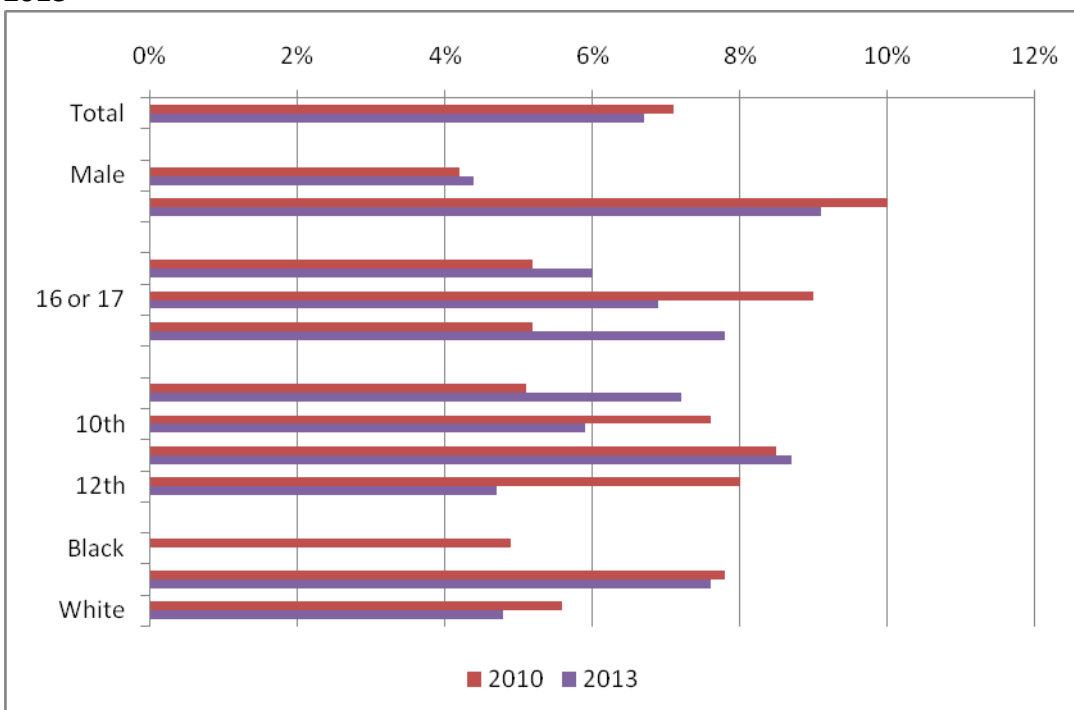
Figure 97. Students who have been sexually assaulted (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 98. Students who have been sexually assaulted (%), Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

VIII. Behavioral and Mental Well-being

County leaders and residents view mental health as a critical issue in Bexar County. Economic stress on adults and academic and social pressures on youth have taxed the limited mental health system. Substance abuse was also noted as a concerning public health issue; while tobacco use is declining, alcohol and prescription drug use are viewed as on the rise.

Mental Health

“Mental health is a huge problem here.” – public health professional

“People are so overwhelmed, they have to do more with less.” – business leader

“The lack of resources in this area causes much stress for the population.” – community resident

“Mental health is one of the most difficult places to gain access. As a teen, you have no access to mental health.” – health care provider

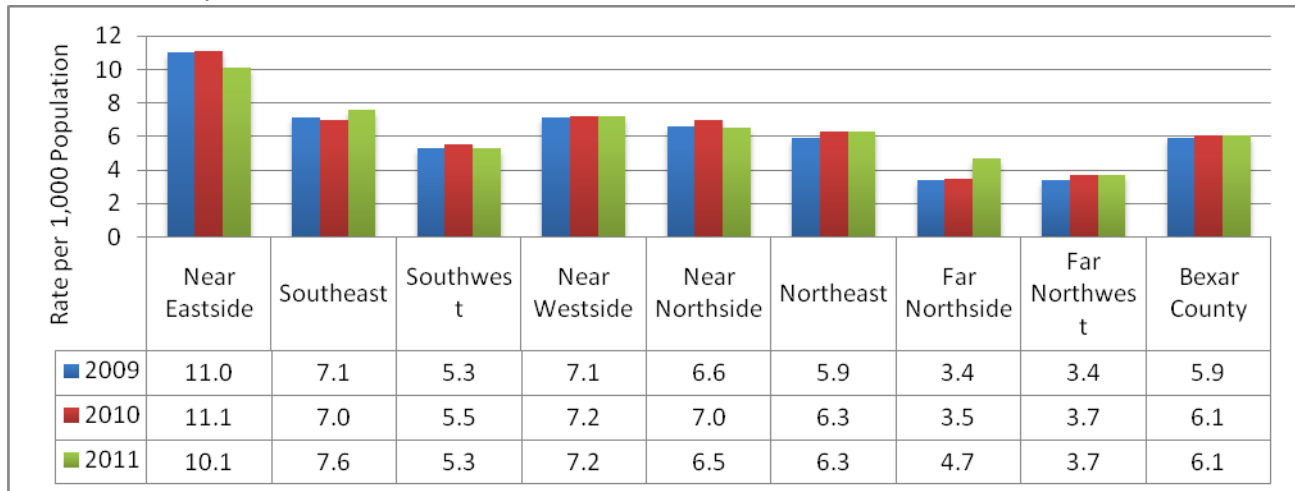
Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [County Health Rankings](#)
- [Bexar County Community Health Improvement Plan](#)

Mental health was identified as a concern among many focus group members and interviewees. They reported rising rates of depression and stress that contribute to mental illness. Concern about mental health among veterans was specifically mentioned as a concern by those who work with veterans and rising rates of depression among elders was reported by those who work with seniors. While the region has a children’s psychiatric facility (Clarity) which provides high-quality mental health services for children, overall residents reported that the demand for mental health providers and psychiatric beds exceeds the supply. As one healthcare provider explained, *“there is no good mental health care.”* Stigma associated with mental health was also seen as a barrier to care. As a result, residents stated, many people go undiagnosed and untreated. Furthermore, as another healthcare provider explained, *“our ERs are being overrun with mental health cases, because there aren’t enough resources.”*

As discussed earlier in this report, a slightly higher proportion of Bexar County adults (23%) than Texas adults overall (20%) reported that they experienced five or more days of poor mental health in the past 30 days. In addition, a higher proportion of Bexar County residents (17%) than residents of Texas (13%) reported that they were kept from their usual activities for one or more days due to poor physical or mental health. Quantitative data on hospitalizations for mental disorders in Bexar County reveal that the rate of hospitalization for these disorders was 6 per 1,000 people in 2011, about the same rate as in 2009. (Figure 99) Among Bexar County’s subsectors, the rate was highest among residents of the Near Eastside, 10 per 1,000 people in 2011. The rate was lowest among residents of the Far Northwest, about 4 per 1,000 people. Between 2009 and 2011, the hospitalization rate for mental disorders decreased or remained approximately the same in many subsectors. However, the Southeast and the Far Northside experienced increases over this time period.

Figure 99. Hospitalization rate (per 1,000 people) for mental disorders, Bexar County and subsectors, 2009-2011

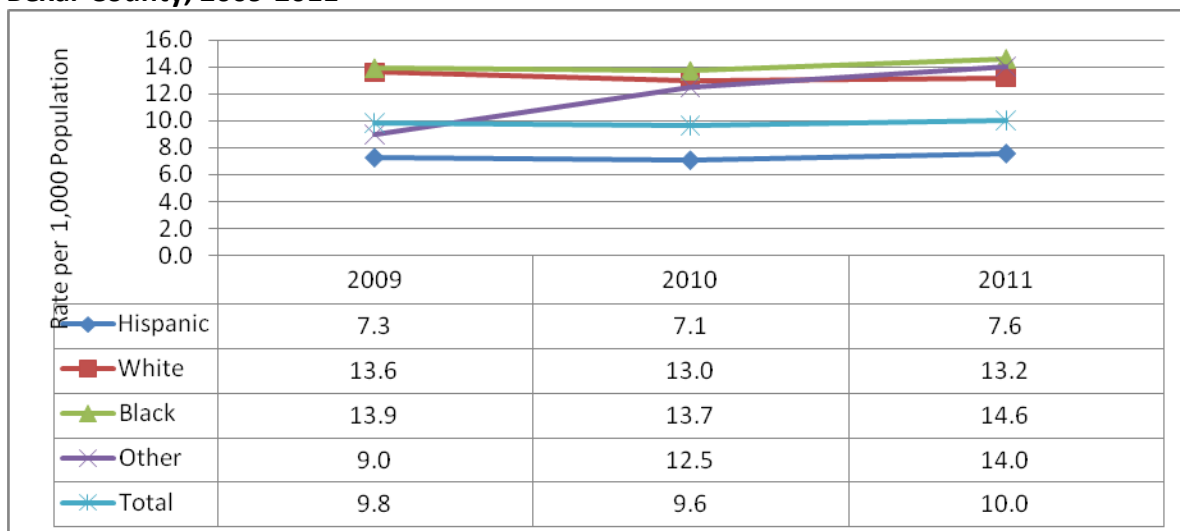


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Note: this indicator is a CHIP indicator

In Bexar County, the rates of hospitalization for mental disorders was higher among Blacks (15 per 1,000 people), Whites (13 per 1,000 people), and those of Other race (14 per 1,000 people) than for Hispanics (8 per 1,000 people) in 2011. (Figure 100) The rates have remained roughly the same between 2009 and 2011 for most groups except for those racially self-identifying as Other where the rate has increased substantially over this time period. However, due to small sample size, data related to respondents self-identifying as Other race should be interpreted with caution.

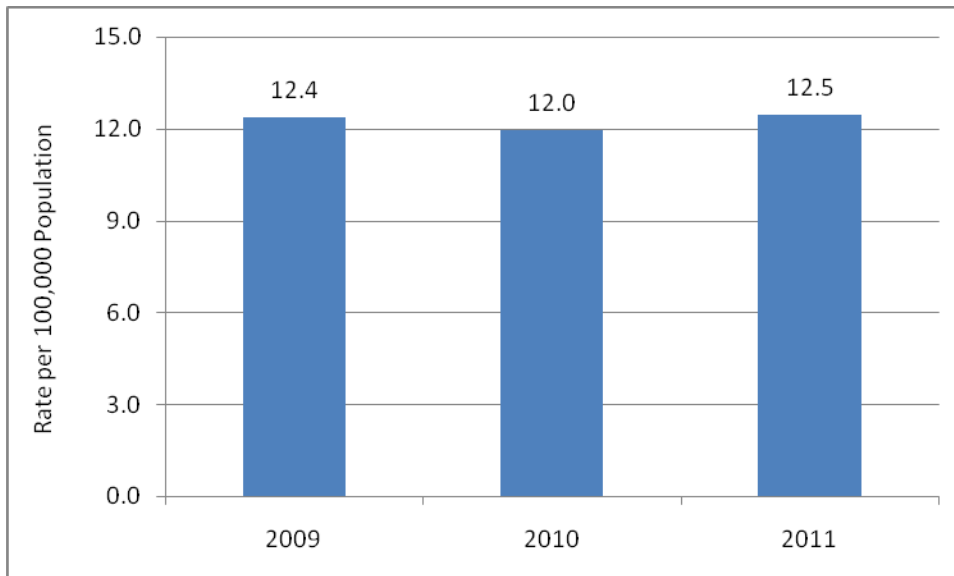
Figure 100. Hospitalization rate (per 1,000 people) for mental disorders, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

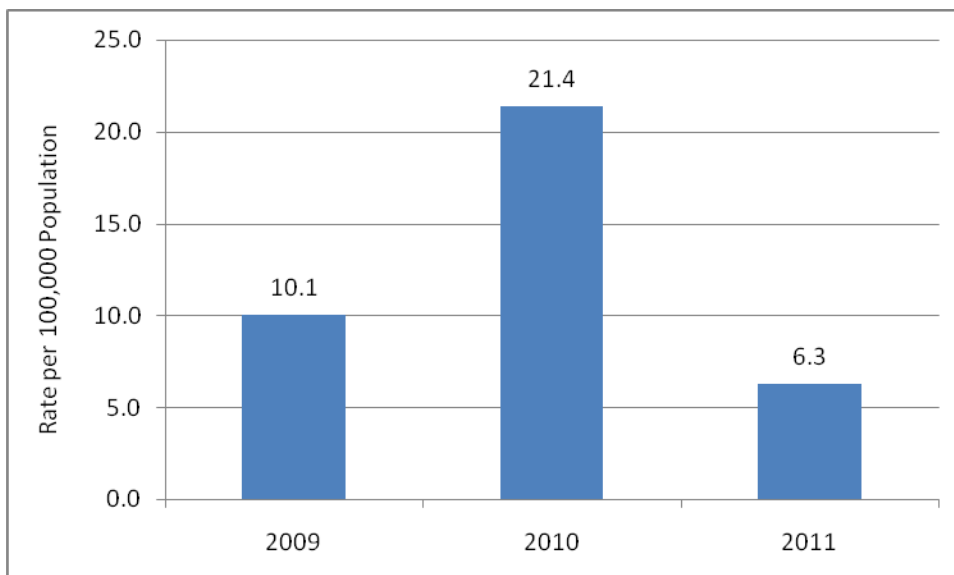
As seen in Figure 101, the suicide rate among adults age 18-74 has remained consistently at around 12 suicides per 100,000 people, while Figure 102 shows a widely fluctuating suicide rate among adults 75 years and older. The rates for older adults should be interpreted with caution due to the small sample size for this age group.

Figure 101. Adult (18-74) Suicide Rate (per 100,000 people), Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

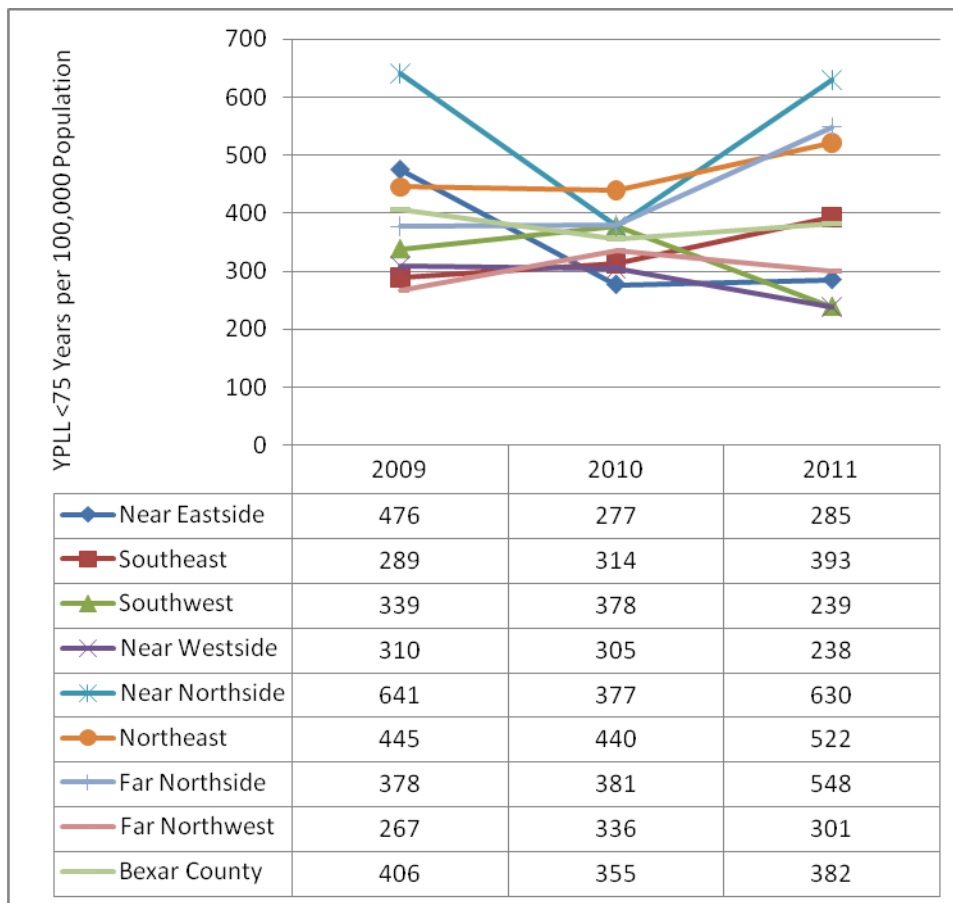
Figure 102. Elder (75+) Suicide Rate (per 100,000 people), Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

In 2011, Bexar County experienced about 382 YPLL due to suicide per 100,000 people. (Figure 103) The subsectors with the most YPLL due to suicide were the Near Northside (630 per 100,000 people), the Far Northside (548 per 100,000 people), and the Northeast (522 per 100,000 people). These rates were over twice as high as YPLL rates for the Near Westside and Southwest. Between 2009 and 2011, the YPLL for suicide rose in some subsectors and declined in others.

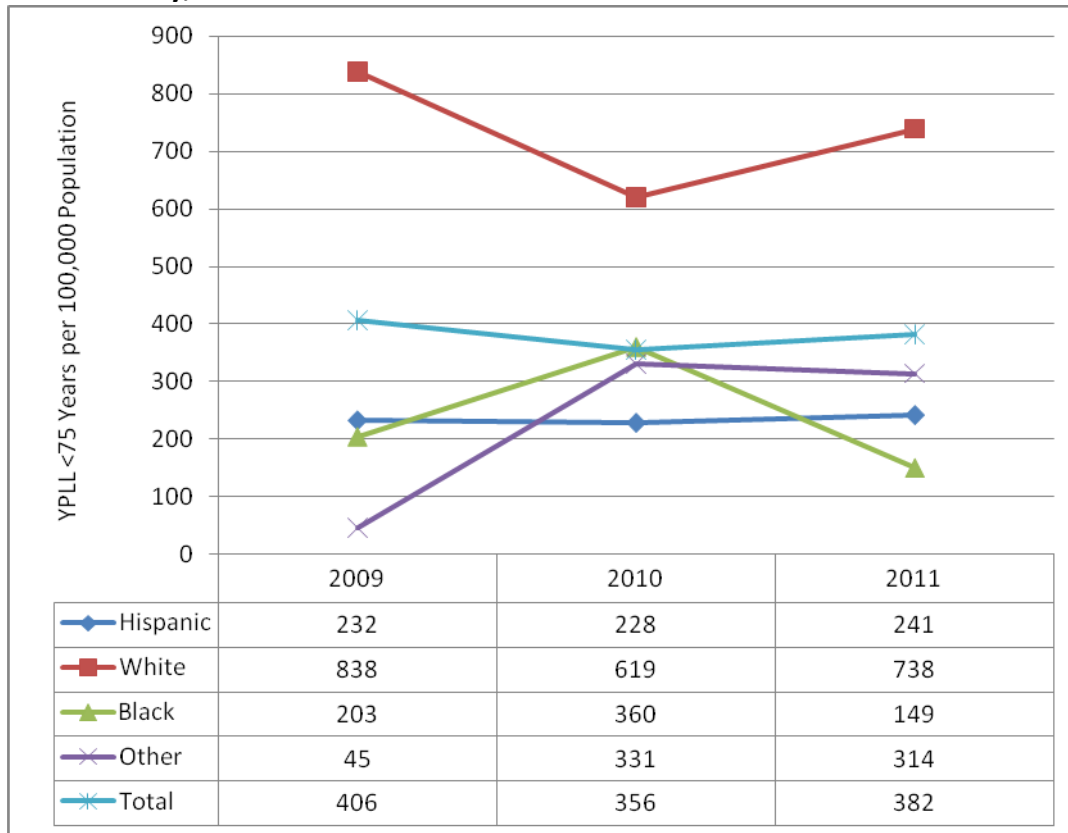
Figure 103. YPLL (age 75) due to suicide (per 100,000 people), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

YPLL calculated by race and ethnicity shows that Whites suffered a far higher YPLL due to suicide (738 years per 100,000 people) than other racial/ethnic groups. (Figure 104) This rate was about three times higher than the rate for Hispanics (241 years per 100,000 people) and five times the rate for Blacks (149 years per 100,000 people) in Bexar County. The YPLL rose slightly for Hispanics between 2009 and 2011 and fell for Whites and Blacks over this time period. The rate rose substantially for those self-identifying as Other race from 2009 to 2011 but this result should be interpreted with caution due to small sample size.

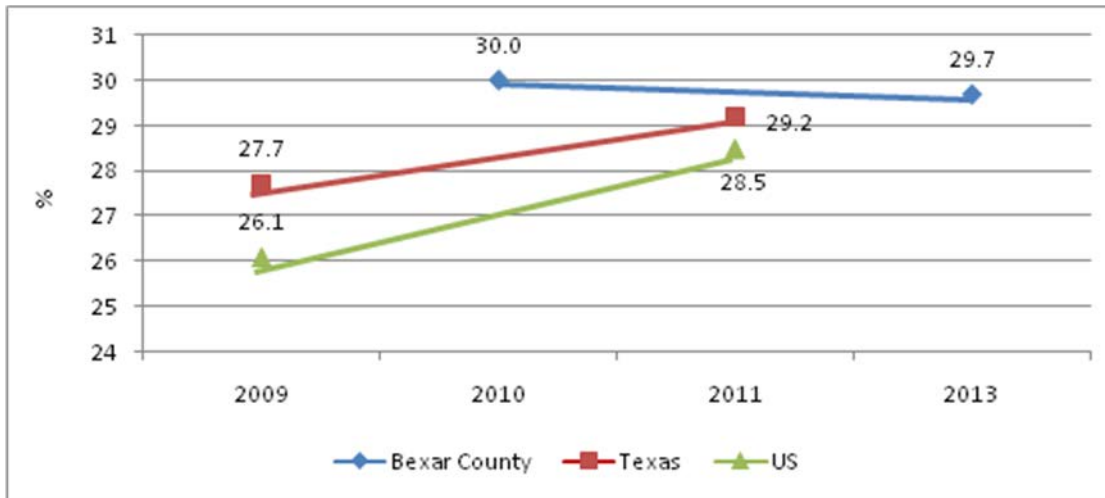
Figure 104. YPLL (age 75) due to suicide (per 100,000 people), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

To assess mental health, the YRBS asks students if they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. Figure 105 shows data on youth self-reported feelings of sadness or hopelessness. The proportion of Bexar County youth reporting that they felt sad or hopeless remained the same between 2010 and 2013, about 30%. Rates for Texas youth and U.S. youth increased between 2009 and 2011. However, these rates were lower than for Bexar County youth. Female youth (37%) were far more likely to have reported being sad or hopeless in 2013 than male youth (22%) and Hispanic youth (30%) were more likely to report this than White youth (23%) (Figure 106). Between 2010 and 2013, the proportion of Bexar County youth reporting feelings of sadness or hopelessness remained largely the same for most demographic groups with the exception of a slight decrease among Hispanic and older youth.

Figure 105. Students who felt sad or hopeless (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbs_form.shtm and

<http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 106. Students who felt sad or hopeless (%), Bexar County, 2010 and 2013



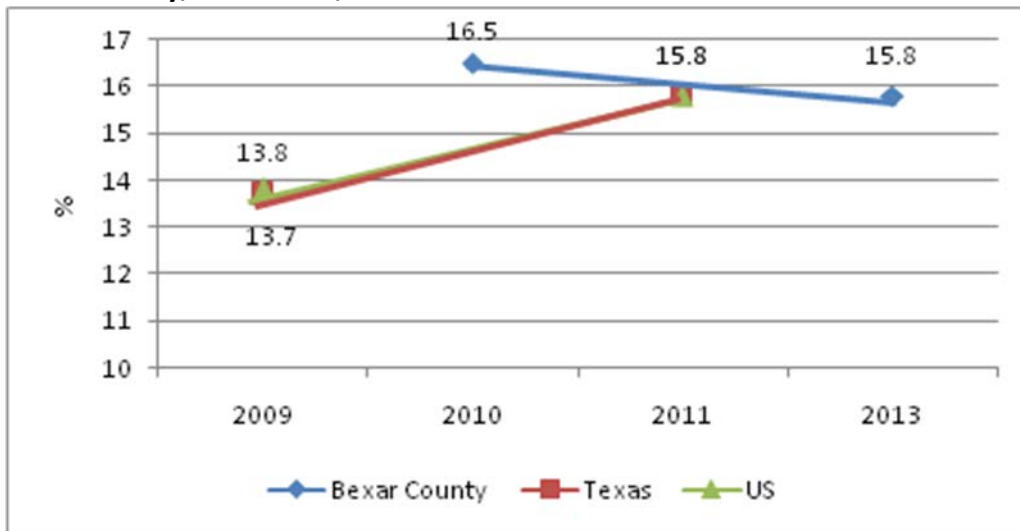
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth reporting that they had seriously considered attempting suicide in the past year remained the same between 2010 and 2013: about 16%. (Figure 107)
The proportion of youth seriously considering suicide increased for Texas and US youth from

2009 to 2011. A higher proportion of Bexar County female youth (20%) than male youth (12%) and Hispanic youth (16%) than White youth (12%) reported seriously considering attempting suicide in 2013. (Figure 108) Between 2010 and 2013, the proportion of females reporting that they seriously considered attempted suicide doubled from 10% to 20%.

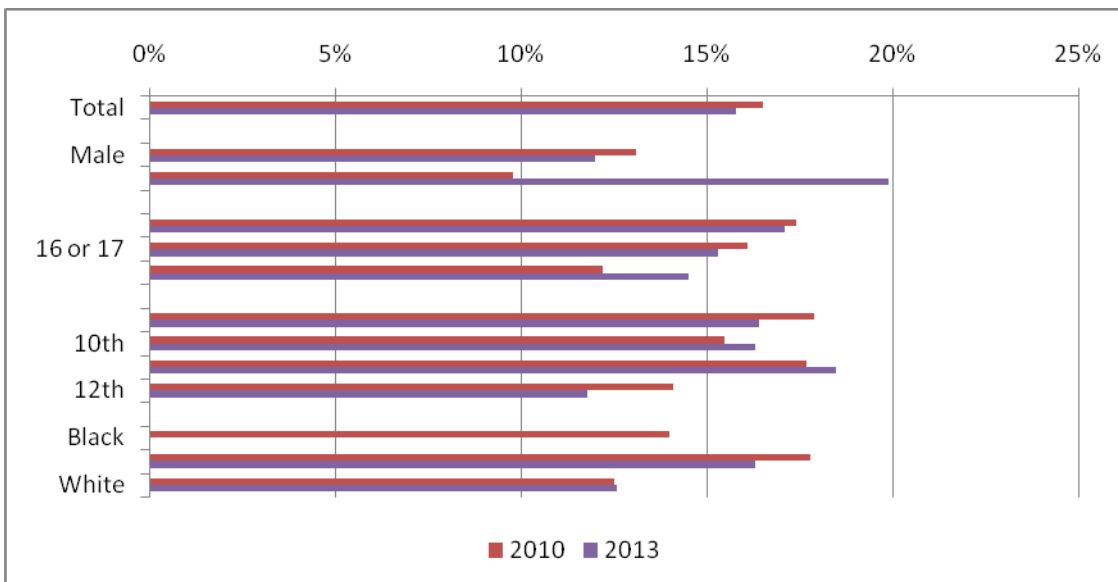
Figure 107. Students who seriously considered attempting suicide (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 108. Students who seriously considered attempting suicide (%), Bexar County, 2010 and 2013

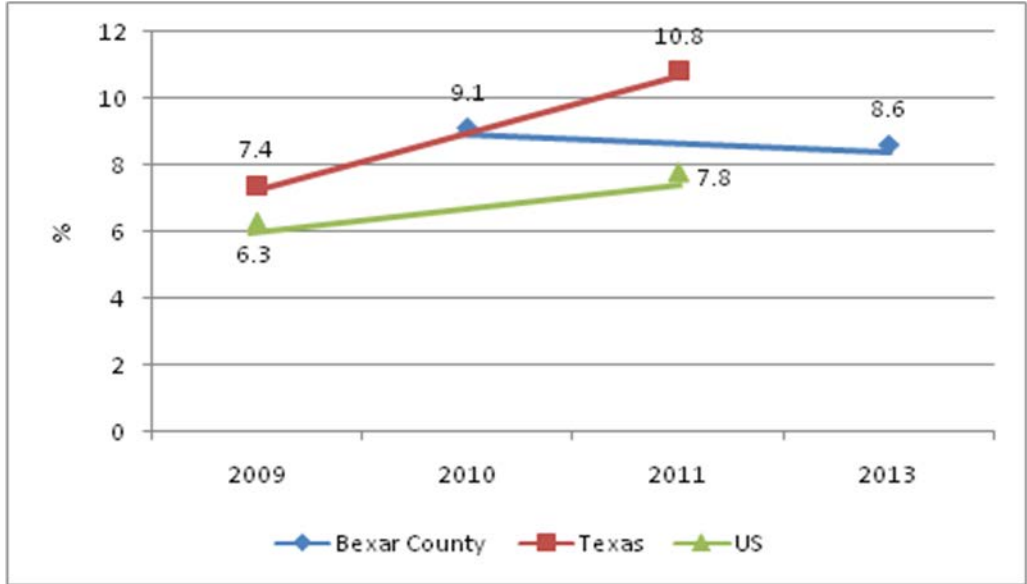


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

In the 2013 YRBS, approximately 9% of Bexar County youth reported that they had attempted suicide in the past 12 months, a proportion roughly the same as in 2010. (Figure 109) This rate is lower than that for Texas youth in 2011 and slightly higher than the rate for US youth in 2011. For both Texas and US youth, the proportion of youth reporting that they attempted suicide increased from 2009 to 2011. More than twice as many Bexar County female youth (12%) as male youth (5%) reported that they attempted suicide in 2013. (Figure 110) About 9% of Hispanic youth in Bexar County reported this compared to 7% of White youth. A smaller proportion of older youth (6-7%) than younger youth (9-10%) reported that they had attempted suicide in the 2013 YRBS. As with contemplation of suicide, the proportion of females reported that they attempted suicide increased dramatically between 2010 and 2013, from 4% to 12%. Rates of attempted suicide among White youth in Bexar County also increased somewhat over this time period.

Figure 109. Students who attempted suicide (%), U.S., Texas, and Bexar County, 2009-2011, 2013

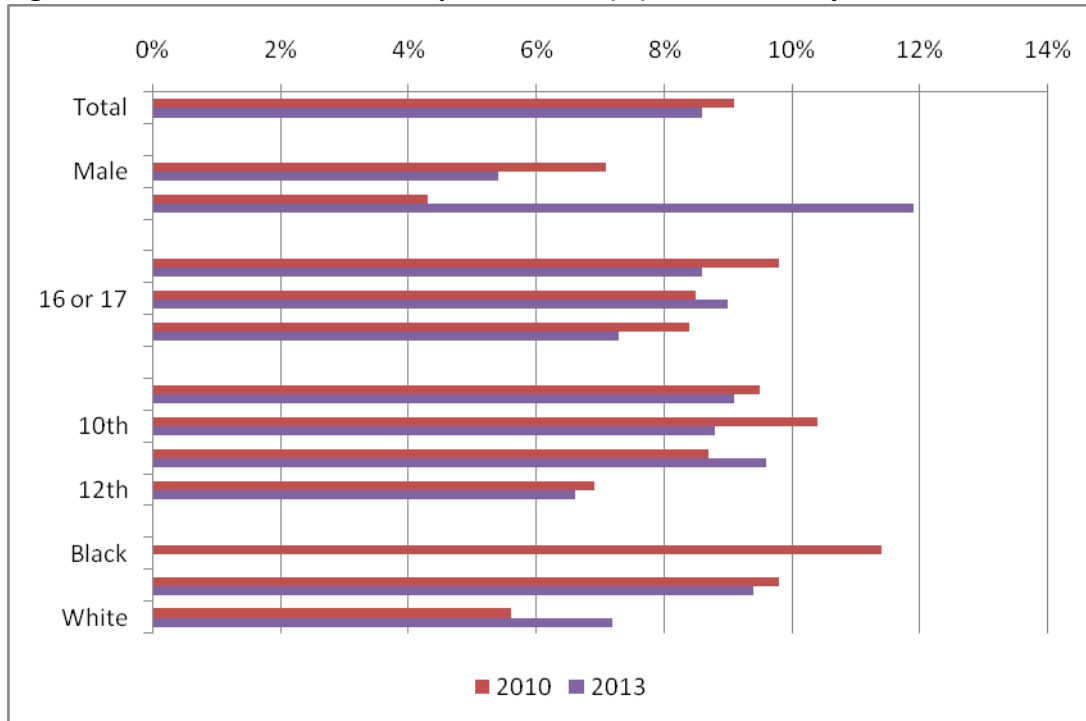


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Note: this indicator is a CHIP indicator

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 110. Students who attempted suicide (%), Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

Substance Abuse

“[There are] two or three generations of substance abuse and incarceration.” – social service provider

“San Antonio is a party town; seems to be one thing that has never changed—people never grow up and get out of the high school mentality of where is the next party.” – health care provider

“There are a lot of cliques at the school; to get into the clique you have to get alcohol.” – community resident

Substance use was also mentioned as an area of concern by respondents across the region. The most frequently-cited concerns were alcohol and prescription drugs. Among teens, high use of cigarettes, alcohol, and prescription drugs was reported. Respondents attributed substance use among teens in part to a lack of opportunities for young people. Teens themselves identified lack of programs as a contributor to substance use; this was particularly challenging for young people who live in more rural areas and do not always have transportation to access activities. As one Southside community member explained, *“there is not much for youth to do here—they drink, use drugs as recreation here.”*

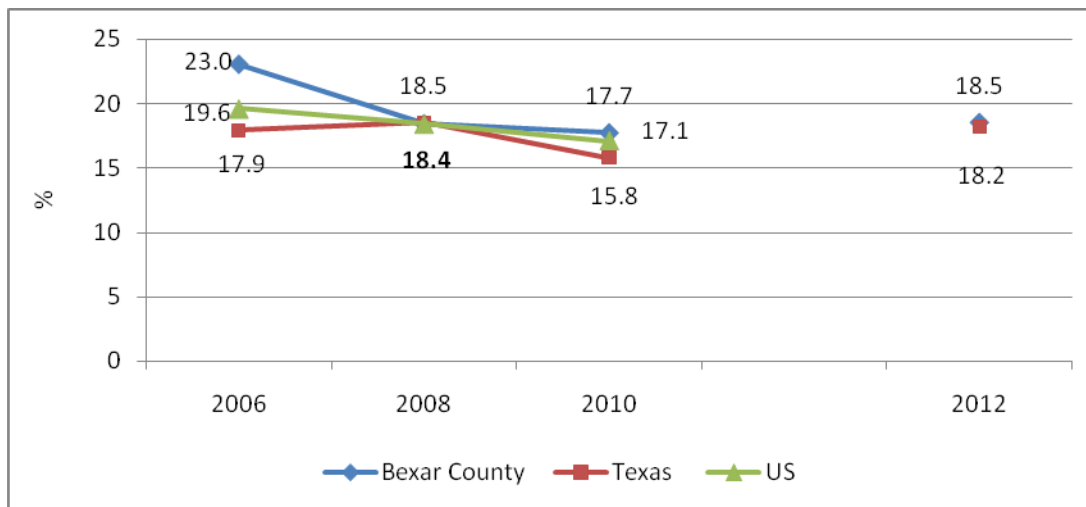
Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. According to the CDC, over 440,000 Americans die annually from smoking or exposure

to secondhand smoke.¹⁵ Given its link to lung cancer, emphysema, and asthma, among other conditions, examination of tobacco use is a critical component to understanding the health of a community.

According to the BRFSS, in 2012, 18% of the adult population in Bexar County currently smoked cigarettes, a rate similar to the state of Texas. (Figure 111) Rates of adults smoking in Bexar County vary substantially by demographic group. (Figure 112) Current smoking rates are higher among Bexar county males (24%) than females (13%) and higher among Whites (21%) than Hispanics (14%). Rates also vary by education and income level. Adult smoking rates in Bexar County are lower for younger (18-29) and older residents (65 or older) and higher for those ages 30-64. A higher proportion of adults with annual household incomes over \$50,000 smoke (24%) than those whose households make less than \$25,000 per year (16%).

Figure 111. Population that currently smokes (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

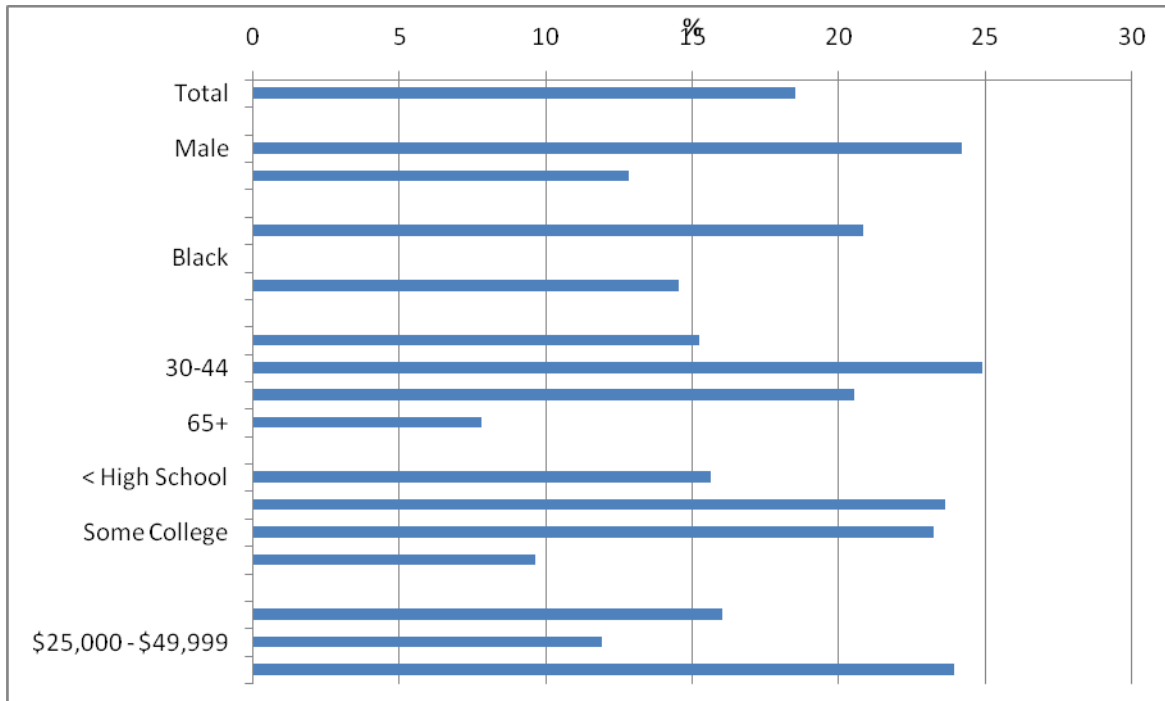
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

¹⁵ http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/#toll

Figure 112. Population that currently smokes (%), by demographics, Bexar County, 2012

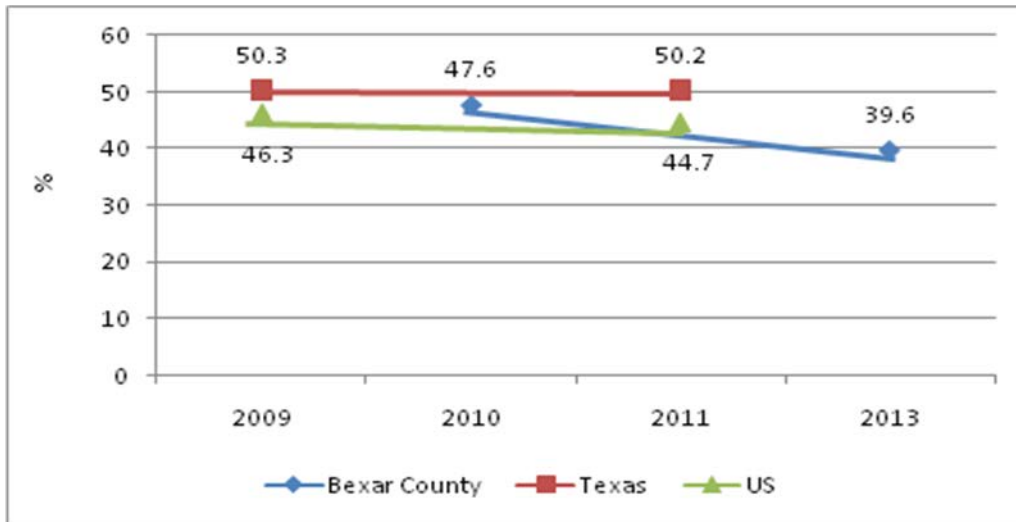


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Figure 113 shows that the proportion of Bexar County youth reporting that they have ever tried smoking cigarettes decreased from 48% in 2010 to 40% in 2013. These rates were lower than for Texas youth (50.2%) and U.S. youth (44.7%). Smoking rates varied by demographic group. (Figure 114) A slightly higher proportion of male youth (42%) than female youth (37%) in Bexar County reported that they smoked and a higher proportion of Hispanic youth (42%) than White youth (35%) reported that they smoked in the 2013 YRBS. Smoking rates increased with increasing age: while 30% of youth 15 years old or younger reported that they smoked, 51% of youth 18 years or older reported that they smoked. Smoking rates across all demographic groups declined from 2010 to 2013.

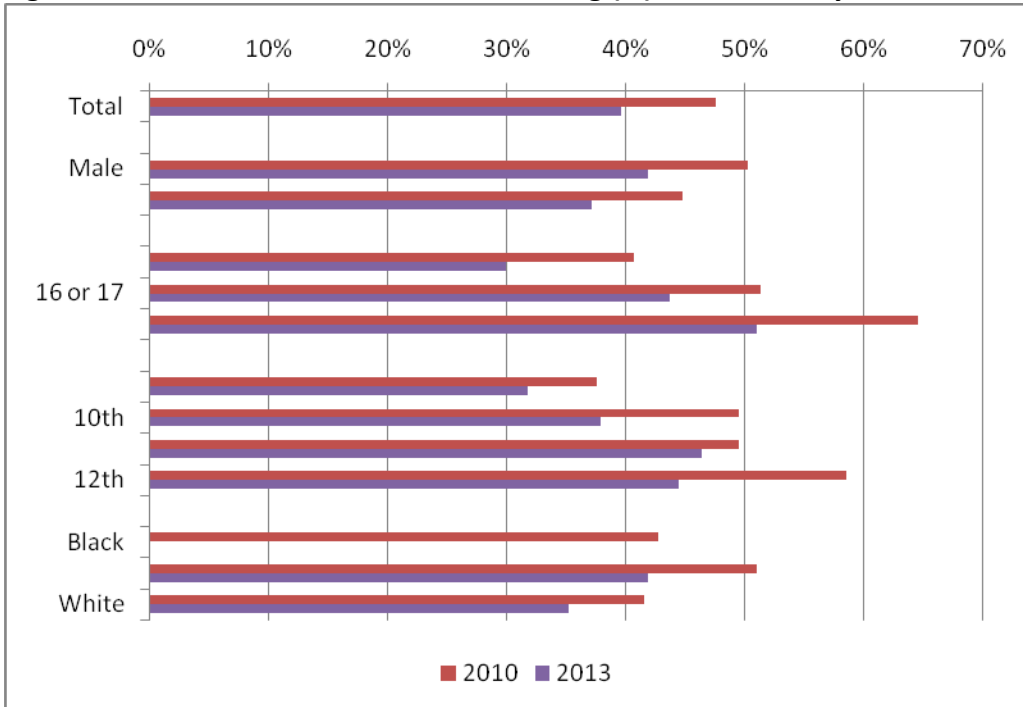
Figure 113. Students who ever tried smoking (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 114. Students who ever tried smoking (%), Bexar County, 2010 and 2013



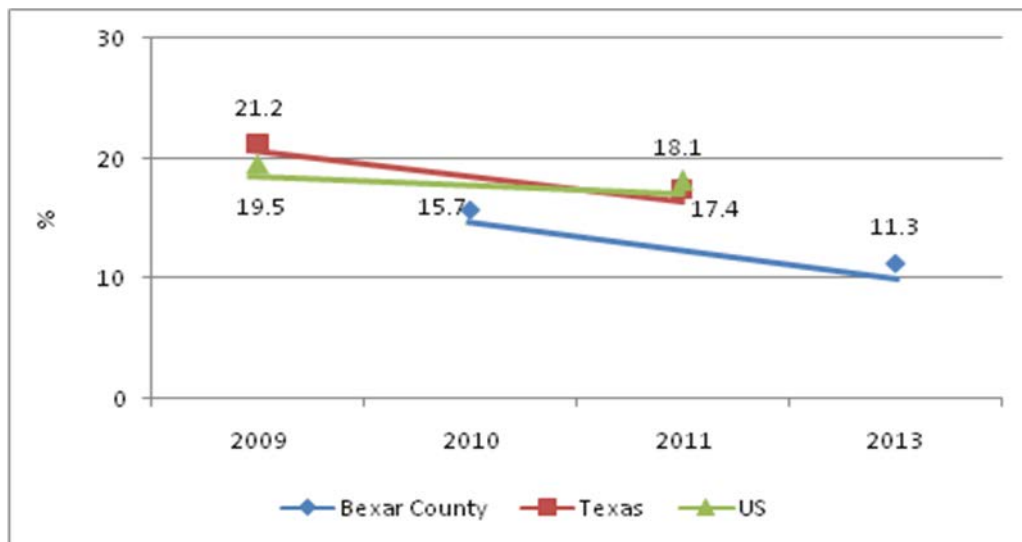
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported being current smokers, those who have smoked cigarettes one or more days in the past month, declined from 16% in 2010 to 11% in

2013. (Figure 115) The proportion of Texas youth and U.S. youth who were current smokers also declined from 2009 to 2011, although the rates of current smokers in Texas and the U.S. were higher than for Bexar County youth. While more Bexar County male youth (13%) than female youth (10%) reported that they were current smokers, roughly the same proportion of Hispanic youth and White youth reported that they were current smokers (12%). (Figure 116) The proportion of current smokers increased with age: while 6% of youth 15 and younger reported that they were current smokers, 19% of youth 18 years and older reported this. Current smoking rates across all demographic groups declined from 2010 to 2013.

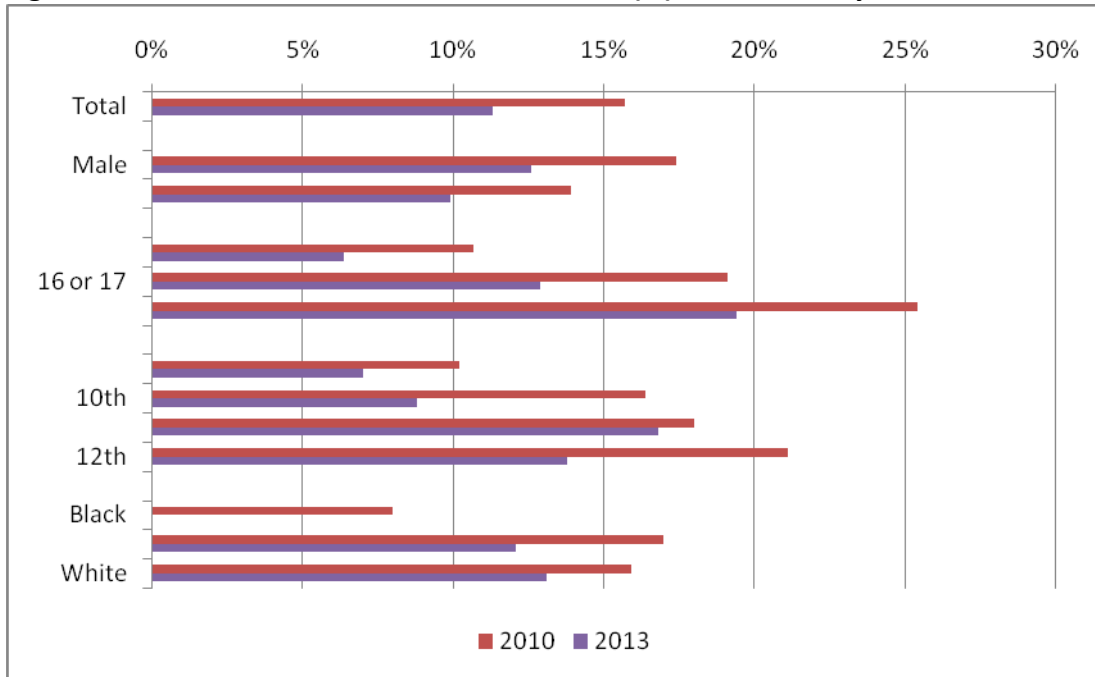
Figure 115. Students who are current smokers (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 116. Students who are current smokers (%), Bexar County, 2010 and 2013

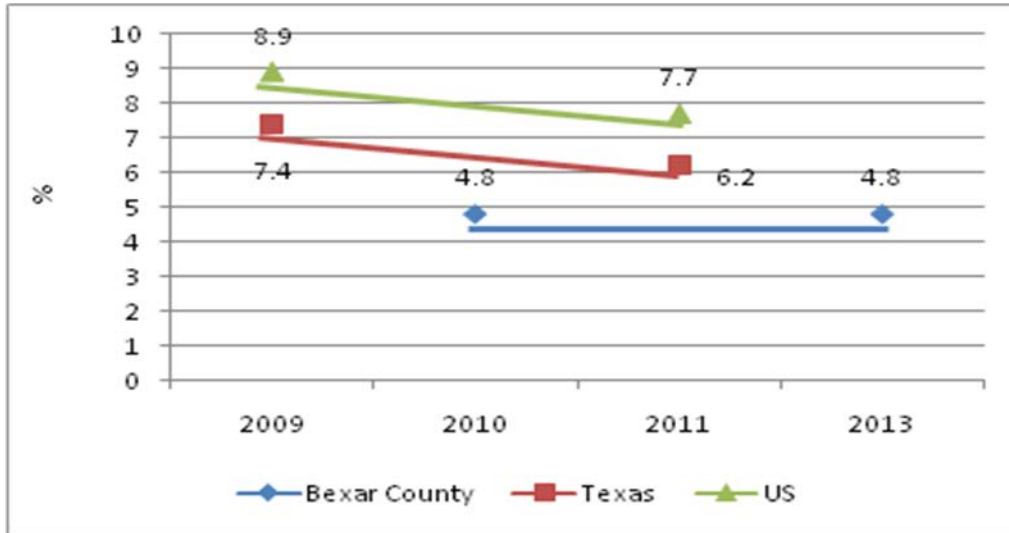


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

About 5% of Bexar County youth reported in the 2013 YRBS that they currently used (on one or more days in the past month) smokeless tobacco (chewing tobacco, snuff, or dip), a rate that stayed the same from 2010. (Figure 117) The proportion of Texas youth and U.S. youth who currently use smokeless tobacco declined from 2009 to 2011, although the rates of current smokeless tobacco users in Texas and the U.S. were higher than for Bexar County youth. Four times as many male youth as female (8% vs. 2%), twice as many White youth as Hispanic (8% vs. 4%), and twice as many older as younger youth (8% vs. 4%) in Bexar County reported that they used smokeless tobacco. (Figure 118) The proportion of older youth reporting that they use smokeless tobacco increased dramatically from 2010 to 2013 from 5% to 8%.

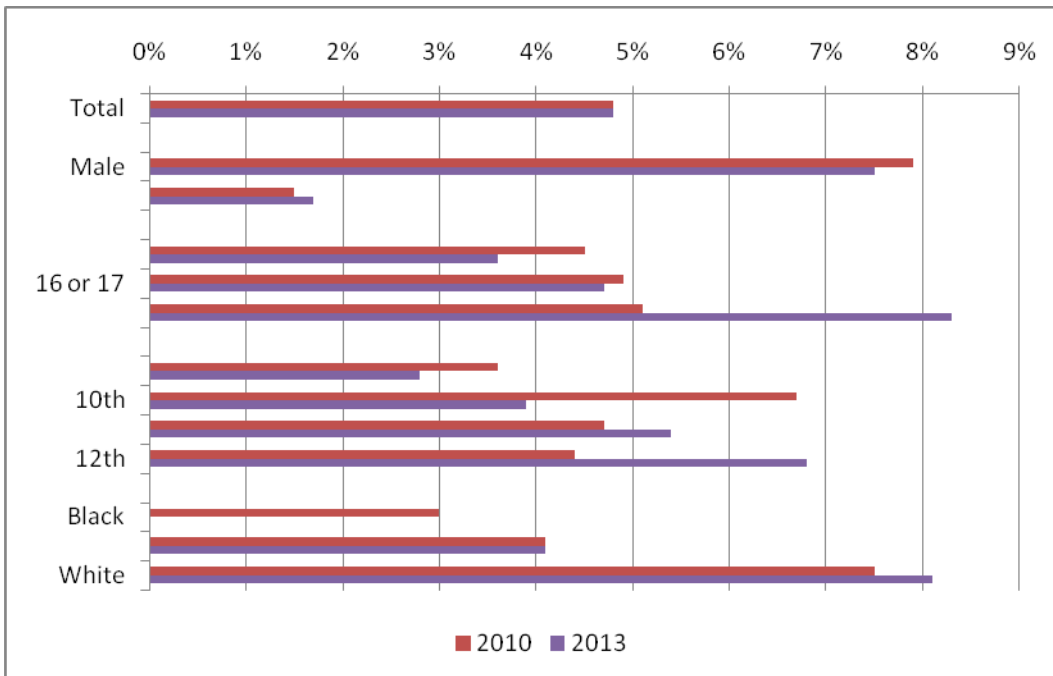
Figure 117. Students who currently use smokeless tobacco (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 118. Students who currently use smokeless tobacco (%), Bexar County, 2010 and 2013



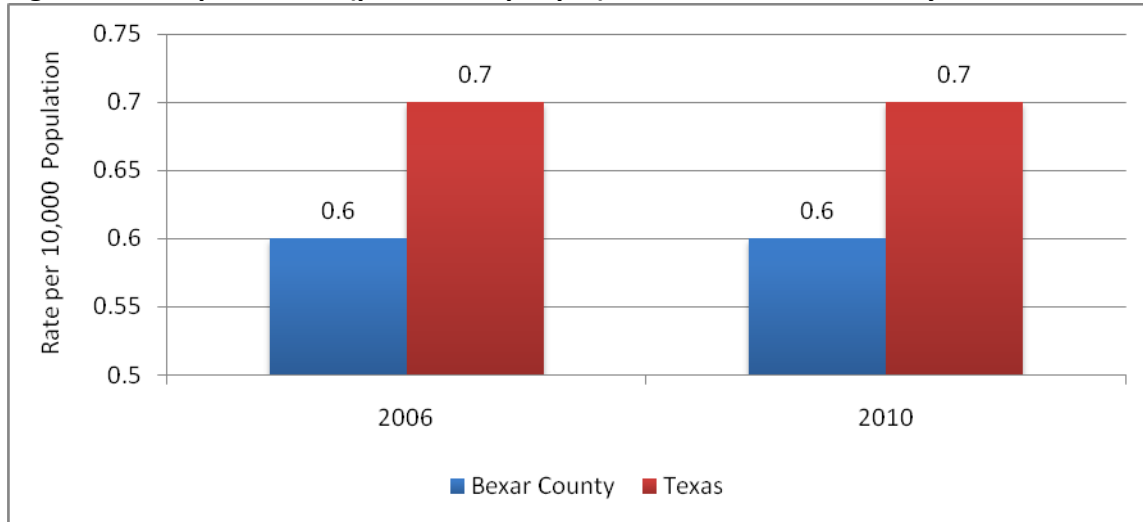
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

Alcohol

The availability of alcohol has been associated with a variety of problems including violence, motor vehicle accidents, riding with a drinking driver, binge drinking, and high mortality rates due to liver cirrhosis. Quantitative data indicate that the number of liquor stores per 10,000 people in Bexar County was 0.6, similar to that of Texas (0.7 per 10,000 people). (Figure 119) This figure stayed the same from 2006.

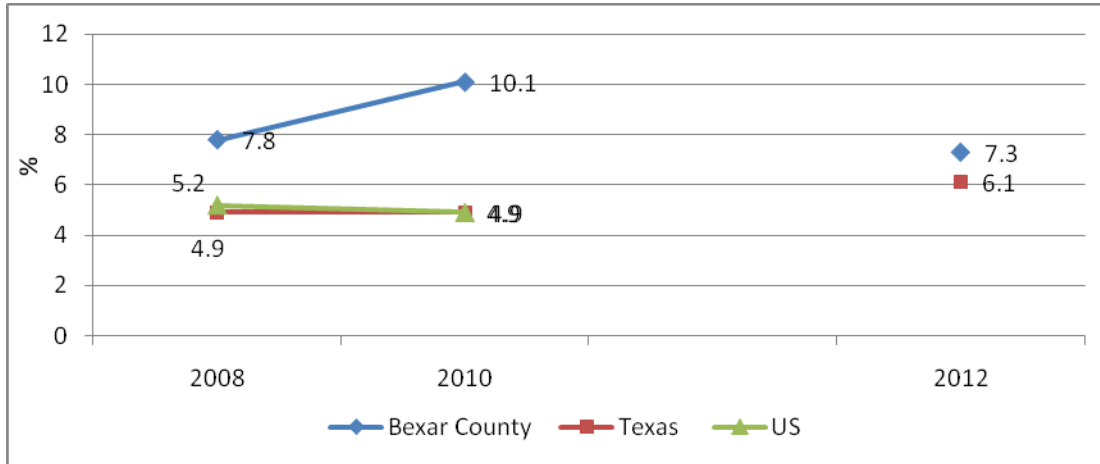
Figure 119. Liquor stores (per 10,000 people), Texas and Bexar County, 2006 and 2010



Source: County Health Rankings, 2010

Heavy drinking is defined as consuming one or more drinks per day for women and two or more drinks per day for men. Figure 120 shows that 7% of Bexar County adults were at risk for heavy drinking, a rate slightly higher than for the state of Texas (6%). Heavy drinking rates were substantially higher among Bexar county males than females (12% vs. 2%) and higher among Whites (10%) than Hispanics (5%). (Figure 121) Rates also vary by age, education and household income level. Heavy drinking rates in Bexar County are lower for younger (18-29) and older residents (65 or older) and higher for those ages 30-64. A higher proportion of adults with annual household incomes over \$50,000 were heavy drinkers (12%) than those who income was less than \$25,000 per year (5%). Those with a college education or higher (2%) were far less likely to be heavy drinkers than those with lower levels of education.

Figure 120: Population at risk for heavy drinking (%), U.S., Texas, and Bexar County, 2008-2012



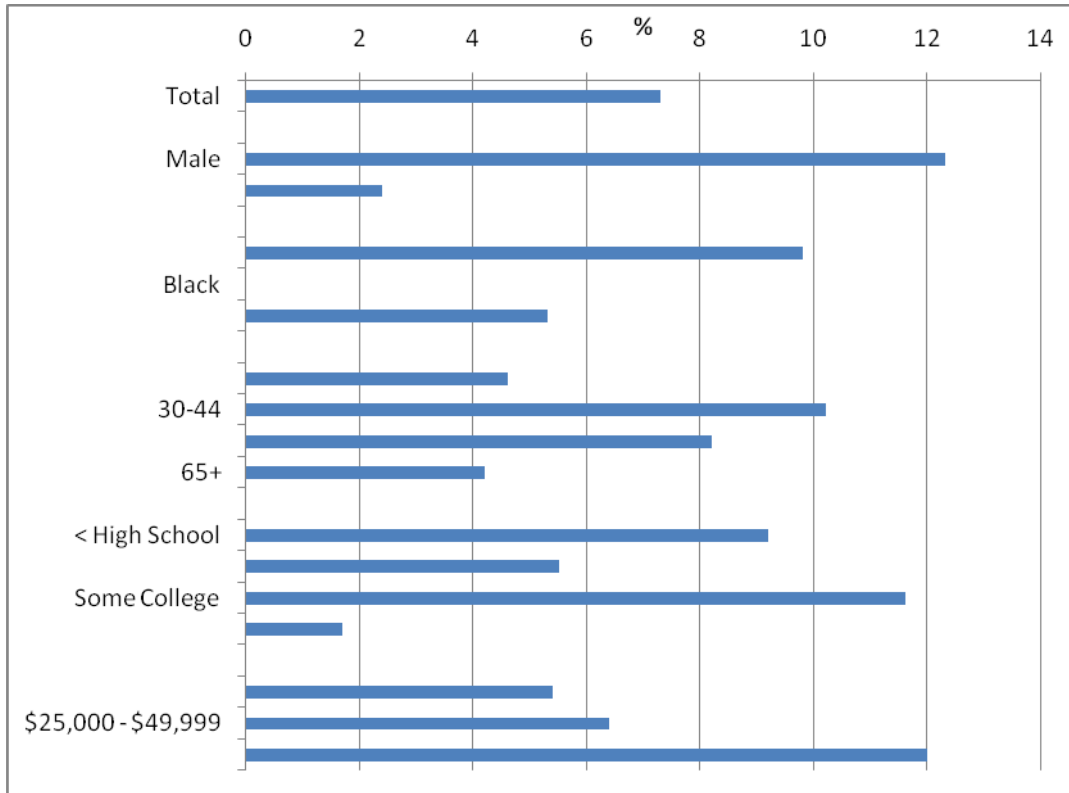
Source: Texas Department of State Health Services, BRFSS 2008-2012.

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting.

2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 121: Population at risk for heavy drinking (%), by demographics, Bexar County, 2012

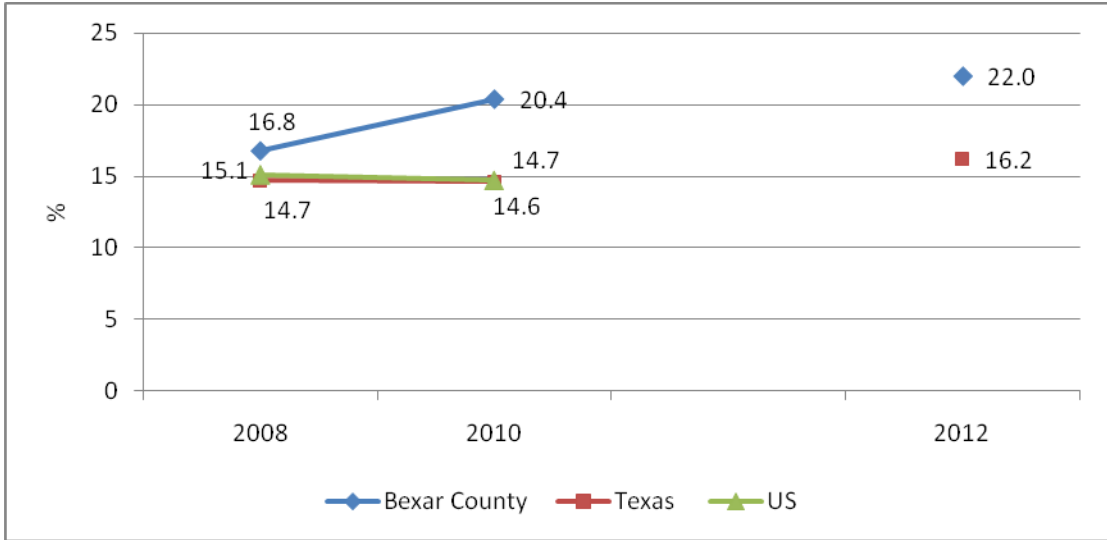


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Binge drinking is defined as five or more drinks for men or four or more drinks for women on one occasion. According to the BRFSS, in 2012 a higher proportion of Bexar County adults (22%) than adults in Texas overall (16%) were at risk for binge drinking. (Figure 122) Rates of adults at risk for binge drinking varied substantially by demographic group. (Figure 123) Binge drinking rates are substantially higher among Bexar county males (29%) than females (15%) and higher among Hispanics (22%) than Whites (19%). Rates of binge drinking declined with age and increased with income level. Binge drinking rates among adults in Bexar were highest among those 18-29 years old (29%) and declined over the age span to 6% of adults age 65 or older. Binge drinking rates were lower for respondents whose household income were less than \$25,000 (18%) and rose steadily over household income levels, reaching a rate of 27% for those with household incomes over \$50,000 annually.

Figure 122: Population at risk for binge drinking (%), U.S., Texas, and Bexar County, 2008-2012



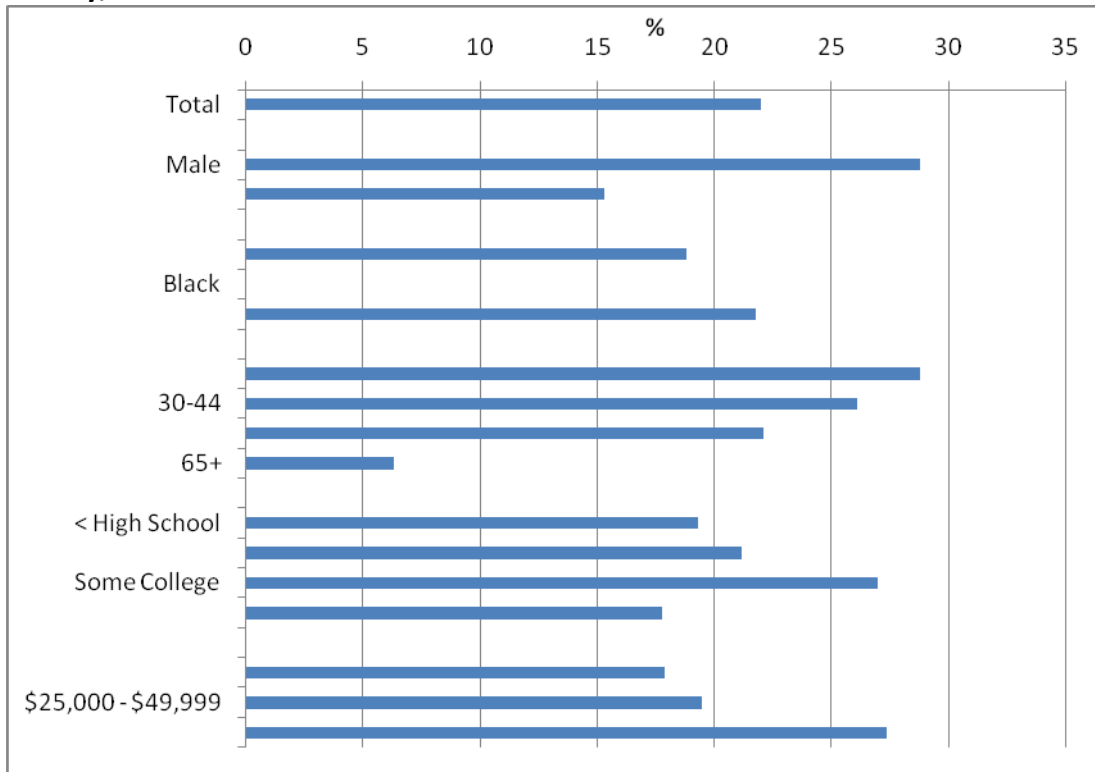
Source: Texas Department of State Health Services, BRFSS 2008-2012

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 123: Population at risk for binge drinking (%), by demographics, Bexar County, 2012

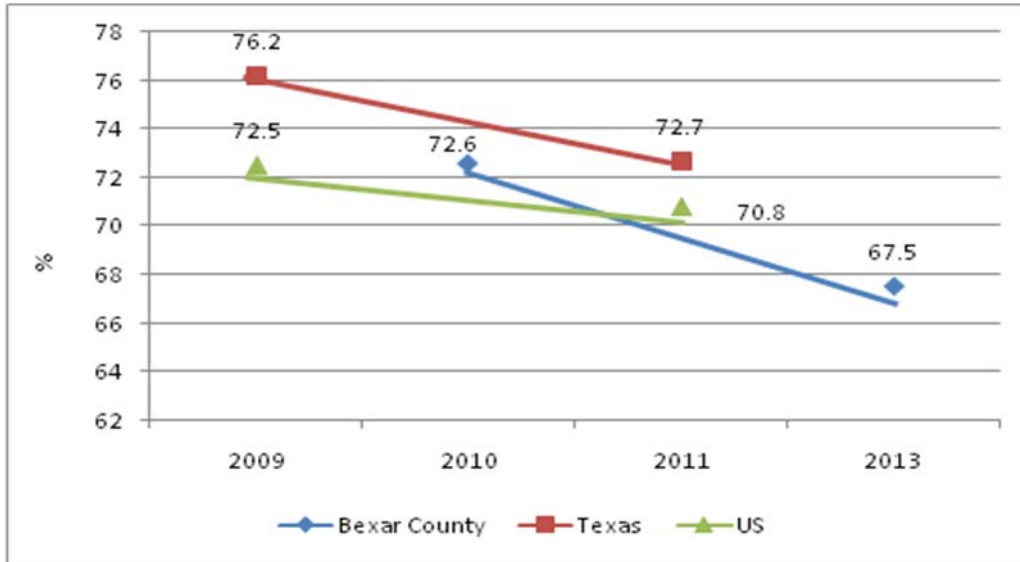


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

The set of figures below show self-reported alcohol-related behaviors among youth. The proportion of Bexar County youth reporting on the 2013 YRBS that they ever drank alcohol was 68%, a decline from 73% reported in 2010. (Figure 124) Rates declined for Texas and U.S. between 2009 and 2011, although the rates were higher for these youth than youth in Bexar County. The proportion of students reporting that they drank alcohol at least once was roughly the same across genders and racial/ethnic groups. (Figure 125) However, the rate increased with age: 58% of students 15 years old and younger reported that they ever drank alcohol compared to 80% for those 18 years old or older. Between 2010 and 2013, the proportion of students reporting that they had ever consumed alcohol declined across most demographic groups with the largest declines among younger youth and White youth.

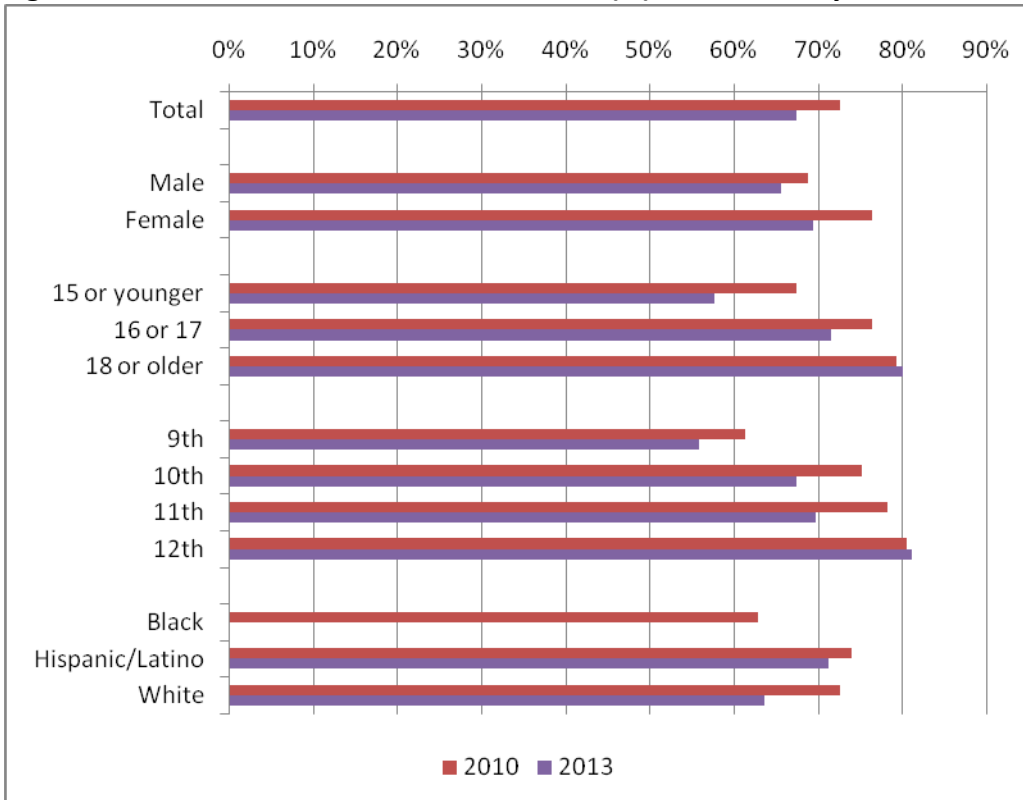
Figure 124. Students who ever drank alcohol (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 125. Students who ever drank alcohol (%), Bexar County, 2010 and 2013

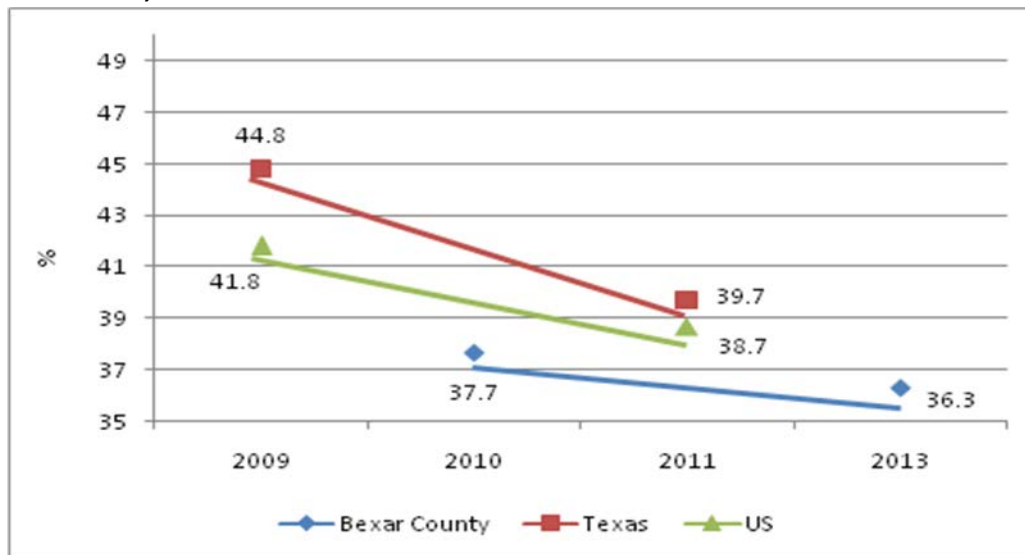


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported being current drinkers (at least one drink of alcohol on one or more days in the past month) in 2013 was 36%, a rate slightly lower than in 2010 (38%). (Figure 126) The proportion of youth who reported being current drinkers also declined in Texas and U.S. between 2009 and 2011, although the rates were higher for these youth than youth in Bexar County. Rates varied somewhat across demographic groups. (Figure 127) More 12th graders (46%) than 9th graders (28%) reported that they were current drinkers. About 40% of Hispanic youth in Bexar County reported that they were current drinkers, compared to 33% of White youth. A similar proportion of male students and females students reported that they were current drinkers. Between 2010 and 2013, the proportion of younger students reporting that they were current drinkers declined.

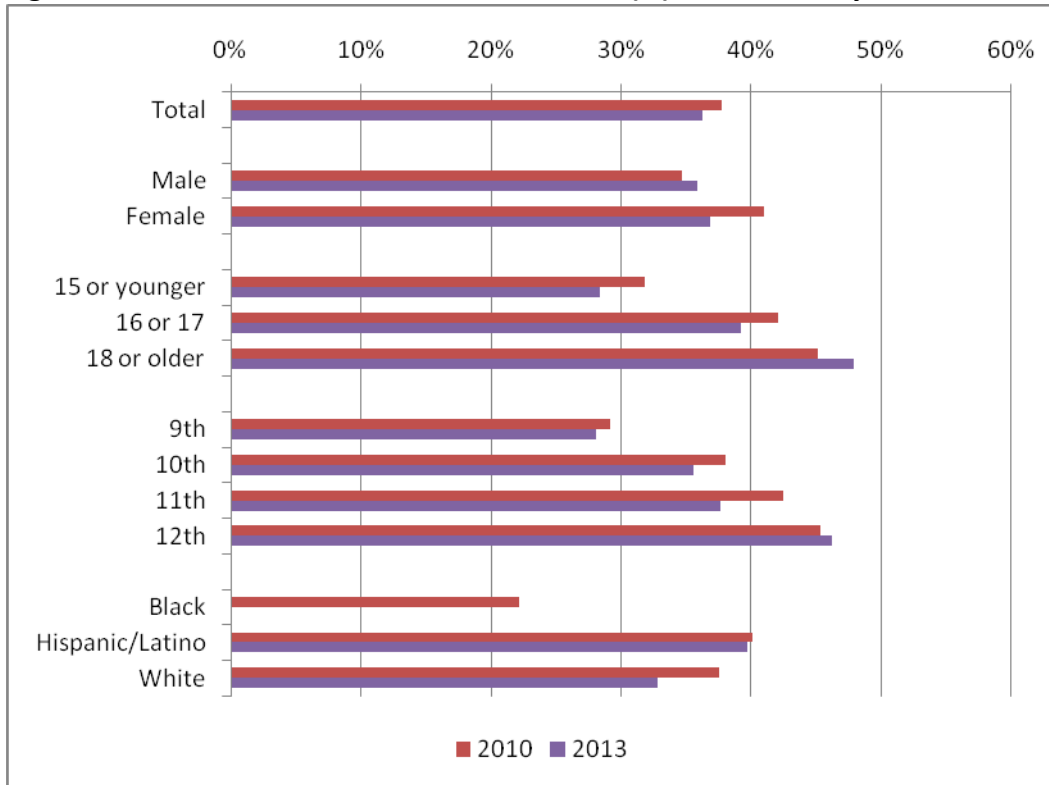
Figure 126. Students who are current drinkers (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 127. Students who are current drinkers (%), Bexar County, 2010 and 2013

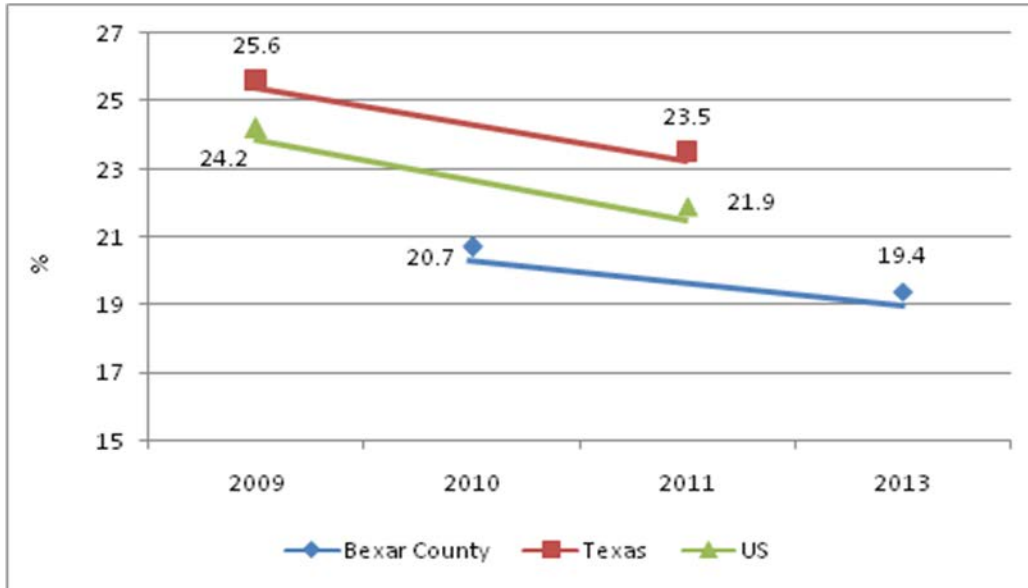


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

About 19% of Bexar County youth reported on the 2013 YRBS that they were binge drinkers, defined as having five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days. The 2013 rate in Bexar County is slightly lower than in 2010 (19.4% vs. 20.7% respectively). (Figure 128) Between 2009 and 2011, the proportion of youth who reported being binge drinkers also declined in Texas and U.S., although the rates were higher for these youth than youth in Bexar County. A higher proportion of Bexar County students ages 18 or older (30%) than students ages 14 or younger (14%) and a higher proportion of Hispanic (22%) than White students (18%) reported that they were binge drinkers. (Figure 129) Bexar County males were also more likely to report being binge drinkers than Bexar County females (22% vs. 17%, respectively). While rates of binge drinking declined among most demographic groups between 2010 and 2013, rates increased slightly among males and 9th graders over this time period.

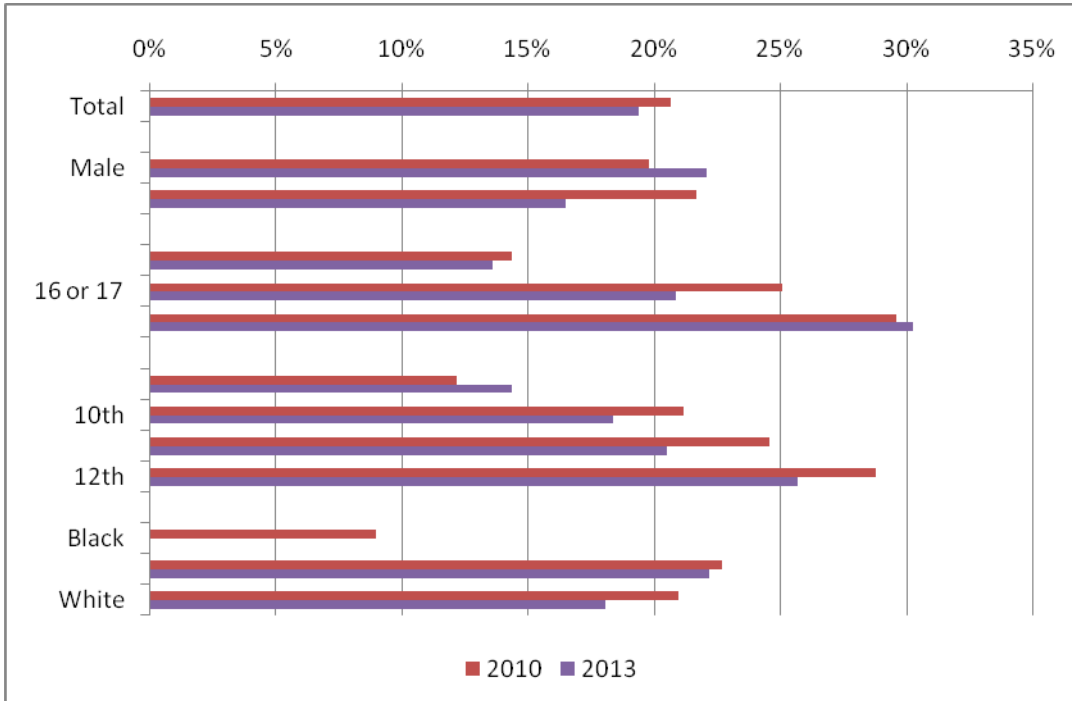
Figure 128. Students who are binge drinkers (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 129. Students who are binge drinkers (%), Bexar County, 2010 and 2013

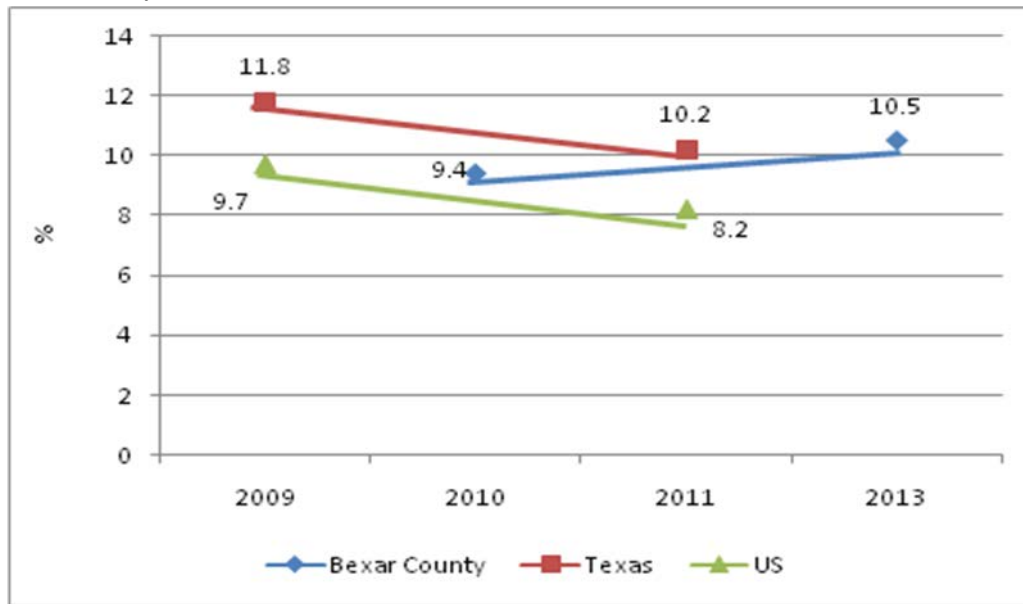


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The YRBS asks whether youth drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol. The proportion of Bexar County youth reporting that they have driven while drinking increased slightly (from 9% to 11%) from 2010 to 2013. (Figure 130) In contrast, the proportion of Texas youth and U.S. youth reporting that they have driven while drinking declined from 2009 to 2011. Overall, the rates of reported drinking and driving among youth was higher in Bexar County and Texas than among youth in the U.S. overall. A higher proportion of older Bexar County students (22%) than younger (9%), males (14%) than females (6%), and Hispanic (12%) than White (7%) students reported in 2013 that they had driven while drinking. (Figure 131) Between 2010 and 2013 the proportion of males and students in 9th grade reporting that they had driven while drinking increased. Rates also increased among Hispanic youth over this time period.

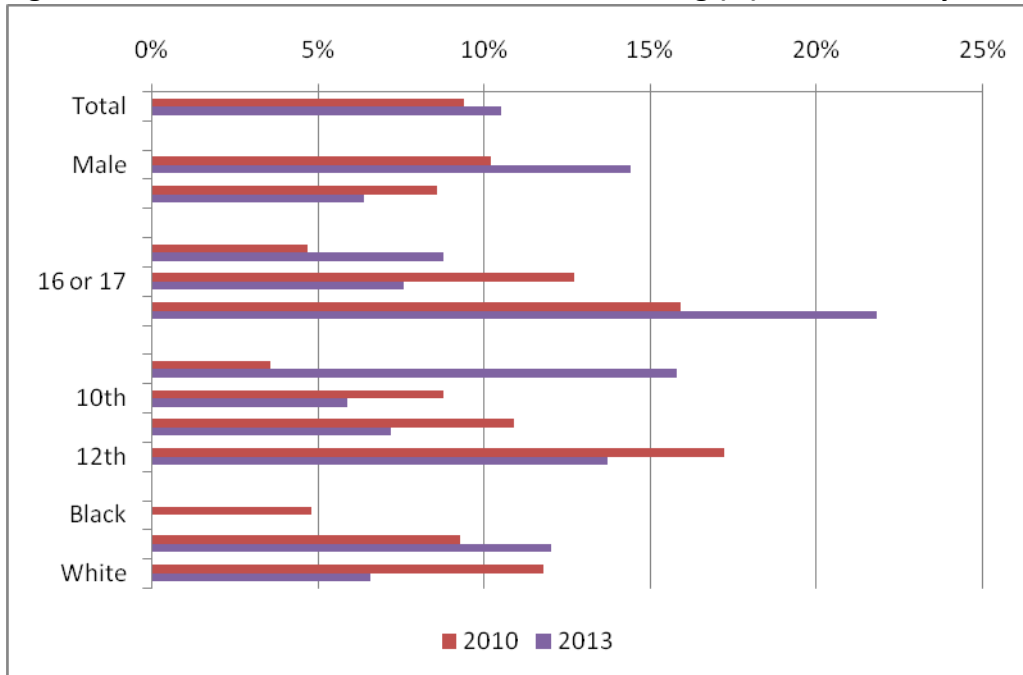
Figure 130. Students who have driven while drinking (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 131. Students who have driven while drinking (%), Bexar County, 2010 and 2013

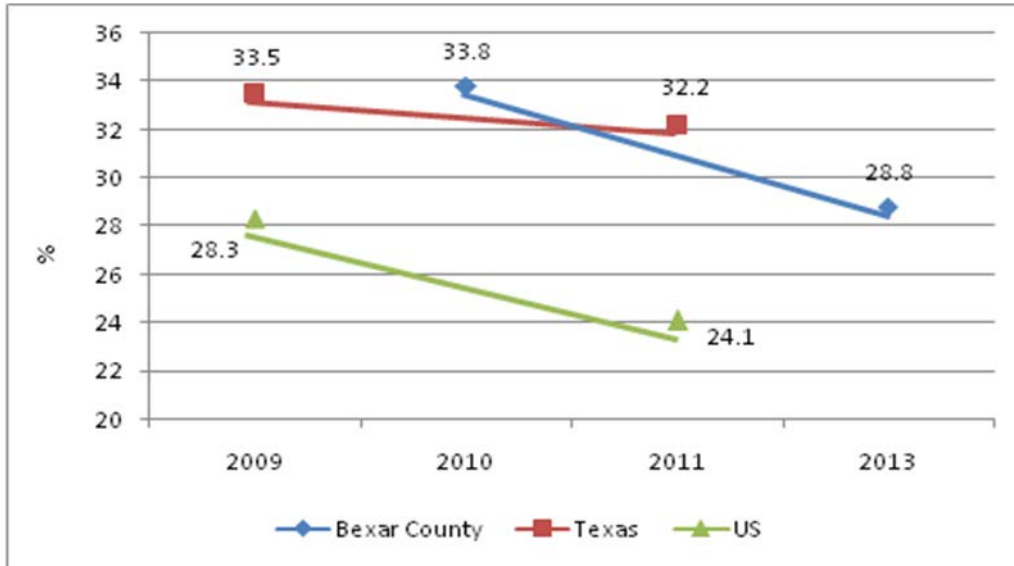


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth reporting that in the past 30 days they have ridden with a driver who had been drinking declined from 34% in 2010 to 29% in 2013. (Figure 132) The proportion of Texas youth and U.S. reporting that they have ridden with a driver who was drinking declined from 2009 to 2011. Overall, the rates of reported riding with a driver who had been drinking were higher in Bexar County youth and Texas youth than among youth in the U.S. overall. A higher proportion of Hispanic youth (30%) than White youth (21%) in Bexar County reported in 2013 that they had ridden with a driver who had been drinking (Figure 133). Between 2010 and 2013, the proportion of students reporting that they had ridden with a driver who had been drinking declined for all groups except younger or 9th grade students.

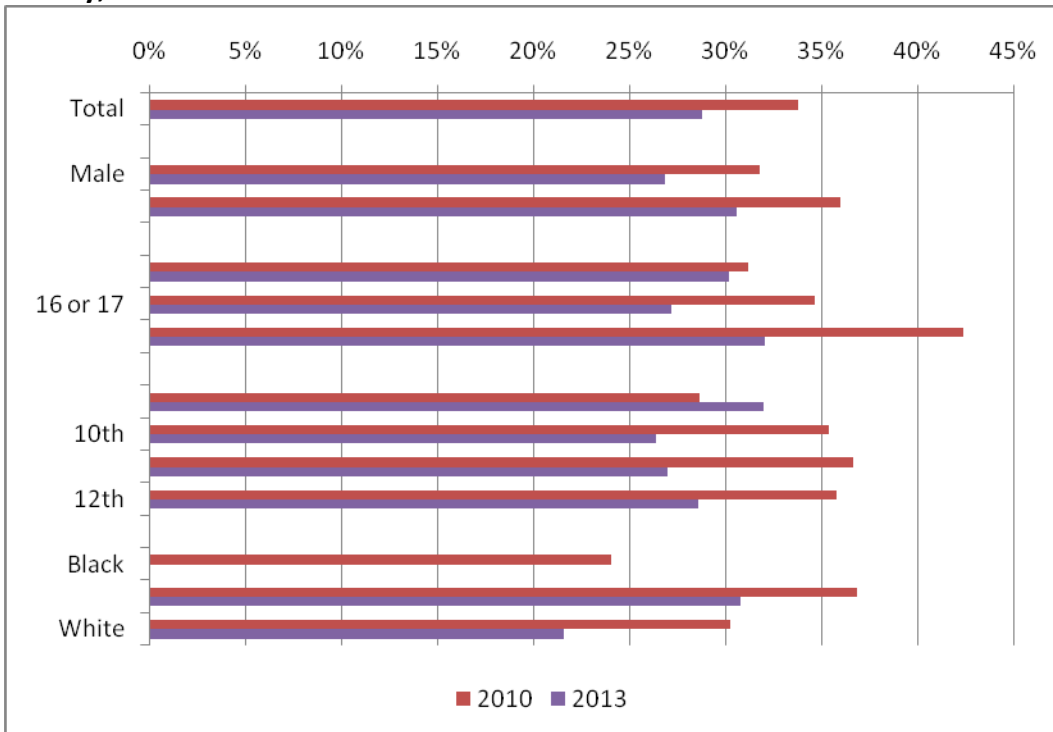
Figure 132. Students who have ridden with a driver who had been drinking (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 133. Students who have ridden with a driver who had been drinking (%), Bexar County, 2010 and 2013



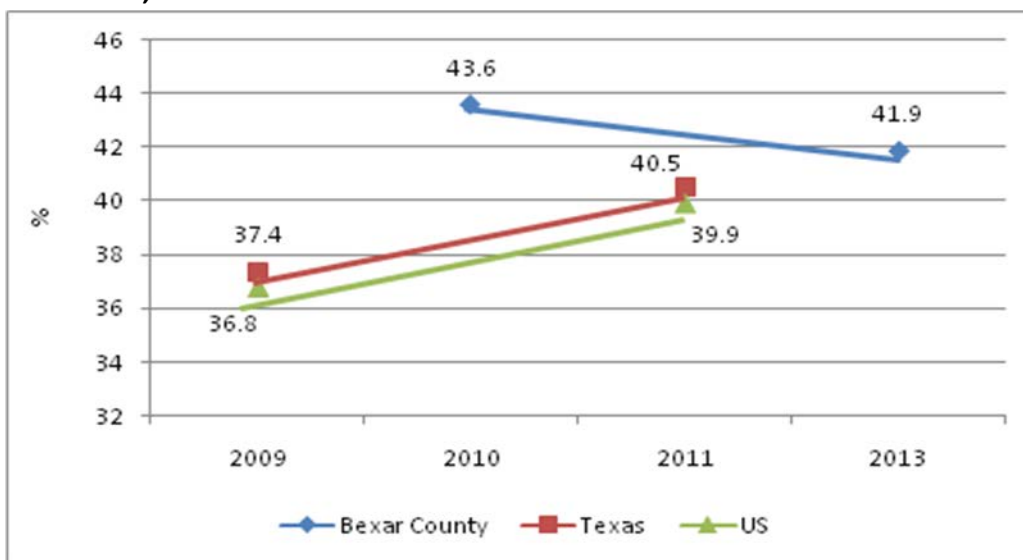
Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

Other Drug Use

While the previous sections described tobacco and alcohol use, the following section details the use of other drugs use among Bexar County youth. The proportion of Bexar County youth reporting that they had ever used marijuana declined from 44% in 2010 to 42% in 2013. (Figure 134) The proportion of Texas youth and U.S. youth reporting that they have ever used marijuana increased from 2009 and 2011. Overall, a higher proportion of Bexar County youth than youth in Texas or the U.S. reported ever having used marijuana. A slightly higher proportion of male (44%) than female (40%) youth in Bexar County reported that they have used marijuana. (Figure 135) Use also increased with age: while 30% of 9th graders reported that they had tried marijuana, 55% of those 18 years and older reported this. A higher proportion of Hispanic youth (46%) than White youth (32%) in Bexar County reported in 2013 that they had ever used marijuana. Between 2010 and 2013, the proportion of students reporting that they had ever used marijuana declined or remained the same across all demographic groups.

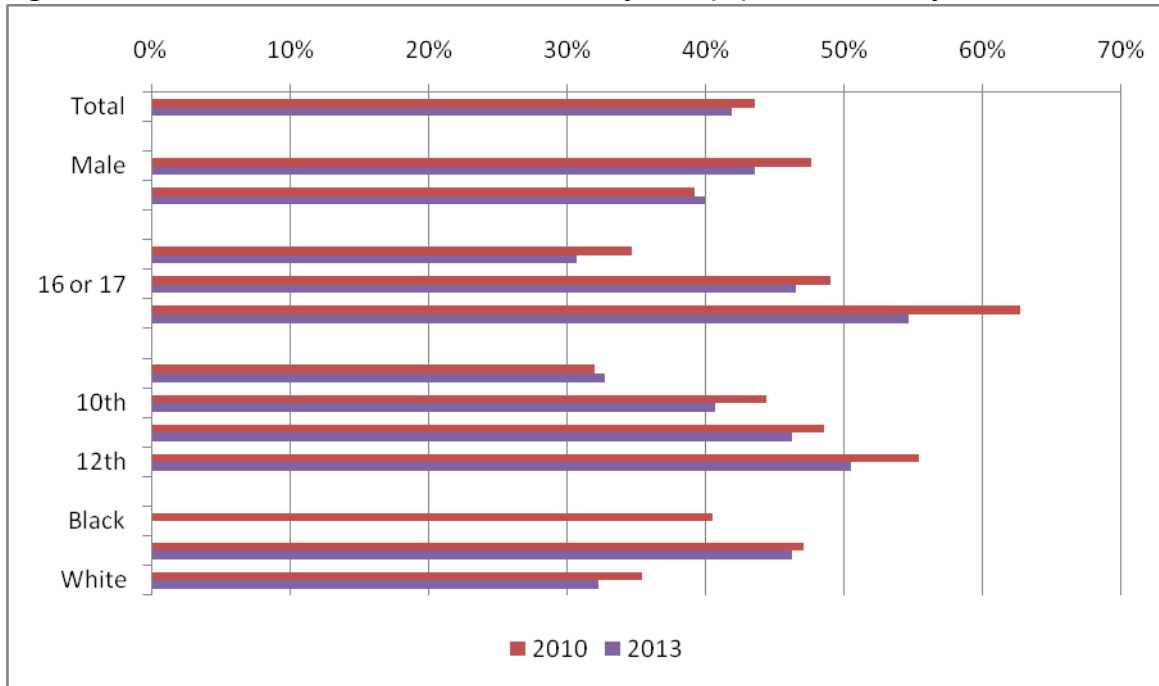
Figure 134. Students who have ever used marijuana (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm
and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 135. Students who have ever used marijuana (%), Bexar County, 2010 and 2013

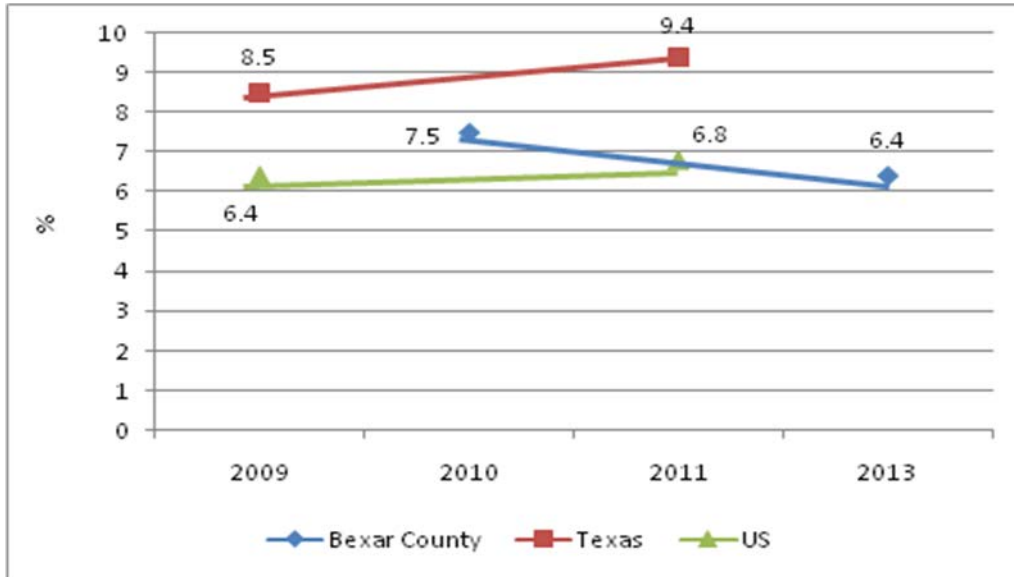


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported ever using cocaine was 6% in 2013, a slight decrease from 2010. (Figure 136) The proportion of Texas youth and U.S. youth reporting that they had ever used cocaine increased slightly between 2009 and 2011. Overall, a lower proportion of Bexar County youth than youth in Texas reported ever having used cocaine. A higher proportion of male youth (8%) than female youth (5%) and Hispanic youth (7%) than White youth (5%) in Bexar County reported in 2013 that they had tried cocaine. (Figure 137) The proportion of 12th grade students who reported that they have tried cocaine was twice as high as the proportion of 9th graders who reported this (10% vs. 5%, respectively). A higher proportion of Hispanic youth in Bexar County than White youth reported in 2013 that they had ever used cocaine (7% vs. 5%, respectively). The proportion of Bexar County youth reporting that they had ever tried cocaine decreased or remained the same between 2010 and 2013 for all groups with the largest decline experienced among those 18 years or older: from 17% to 9% over this time period.

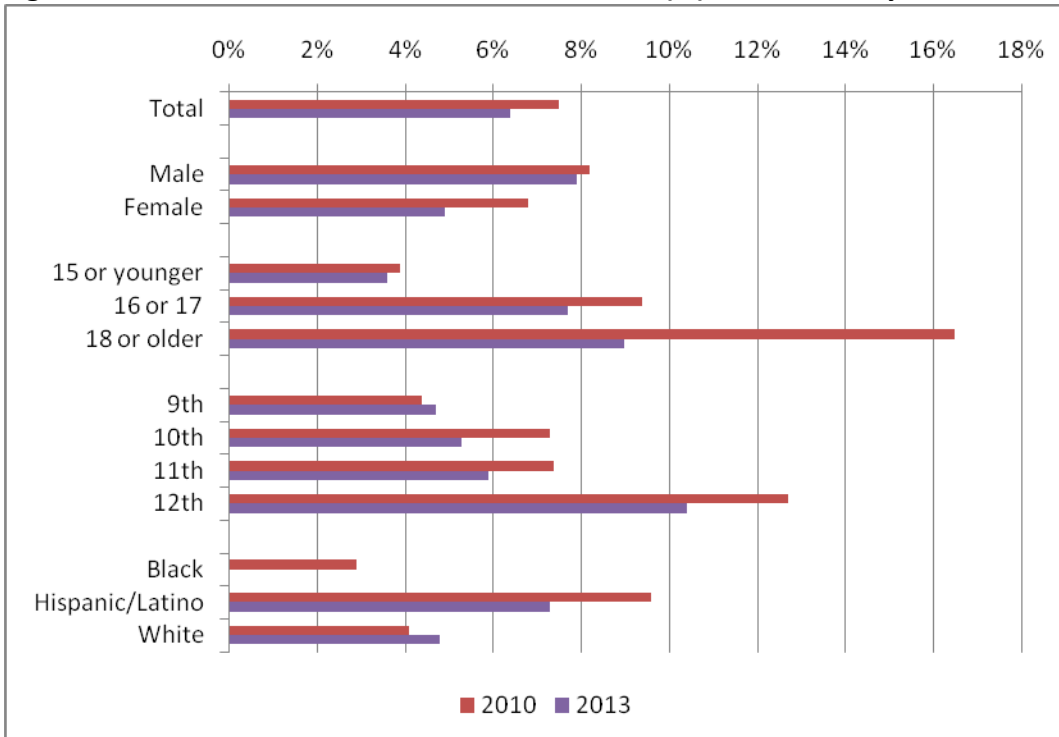
Figure 136. Students who have ever used cocaine (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Link: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 137. Students who have ever used cocaine (%), Bexar County, 2010 and 2013

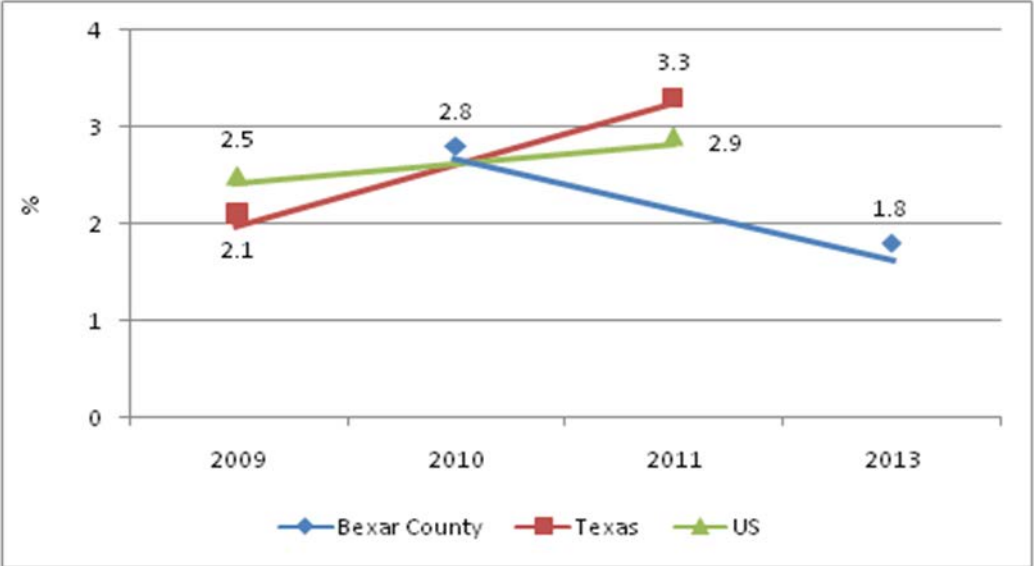


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth reporting that they had ever used heroin was 2% in 2013, down from 3% in 2010. (Figure 138) The proportion of Texas youth and U.S. youth reporting that they had ever used heroin increased between 2009 and 2011. Overall, a smaller proportion of Bexar County youth than youth in Texas or the U.S. reported ever having used heroin. A higher proportion of older youth (3-4%) than younger youth (1-2%), males (2.3%) than females (1.3%), Hispanic/Latino (2.1%) than White (0.8%) youth in Bexar County reported in 2013 that they had ever used heroin. (Figure 139) The proportion of students who reported that they had ever used heroin decreased or remained the same across all demographic groups between 2010 and 2013.

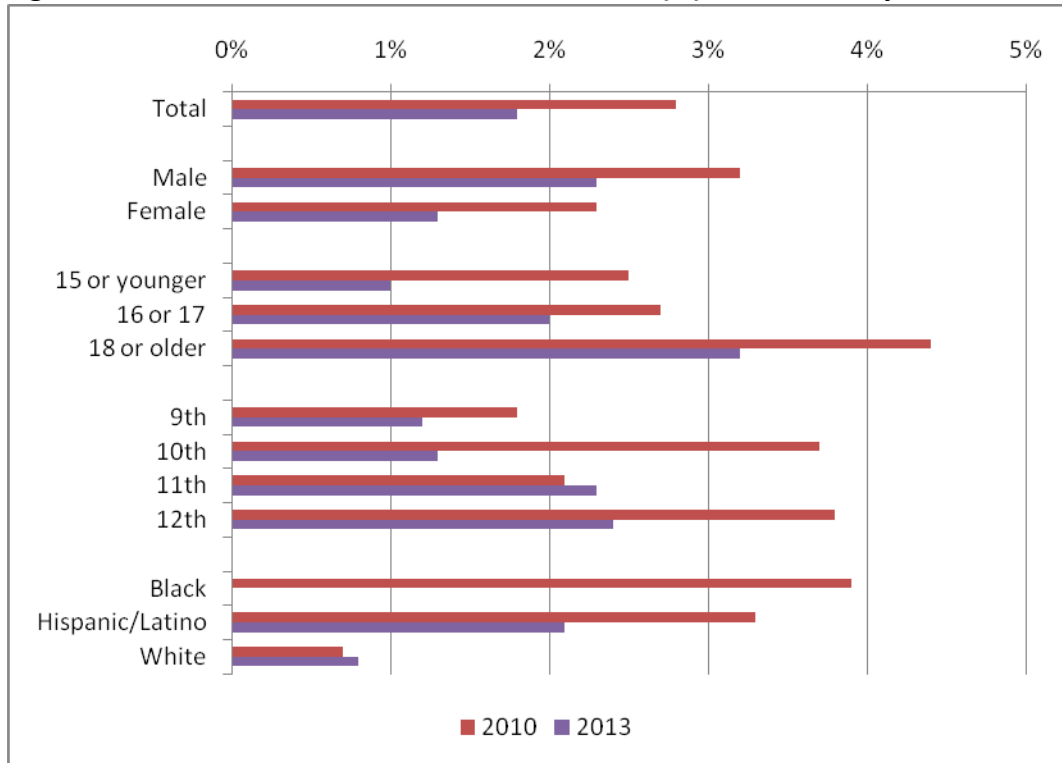
Figure 138. Students who have ever used heroin (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 139. Students who have ever used heroin (%), Bexar County, 2010 and 2013

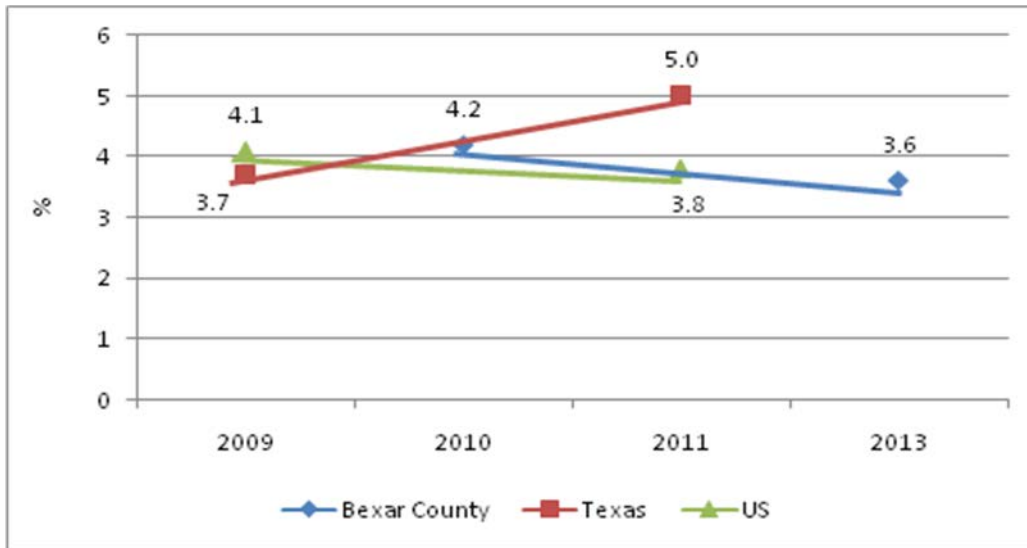


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

In 2013, four percent of Bexar County youth reported that they had ever used methamphetamines, a similar proportion as in 2010. (Figure 140) The proportion of Texas youth reporting that they had ever used methamphetamines increased between 2009 and 2011 while the rate for U.S. youth declined slightly over this time period. Use of methamphetamines varied substantially by demographic group. (Figure 141) More than twice as many male youth (5%) than female youth (2%) in Bexar County reported that they had tried methamphetamines. More Hispanic youth (4%) than White youth (2%) in Bexar County reported that they had tried methamphetamines. Finally, a higher proportion of older youth than younger youth reported having tried methamphetamines. Between 2010 and 2013 the proportion of Bexar County students reporting that they had ever used methamphetamines declined or remained the same.

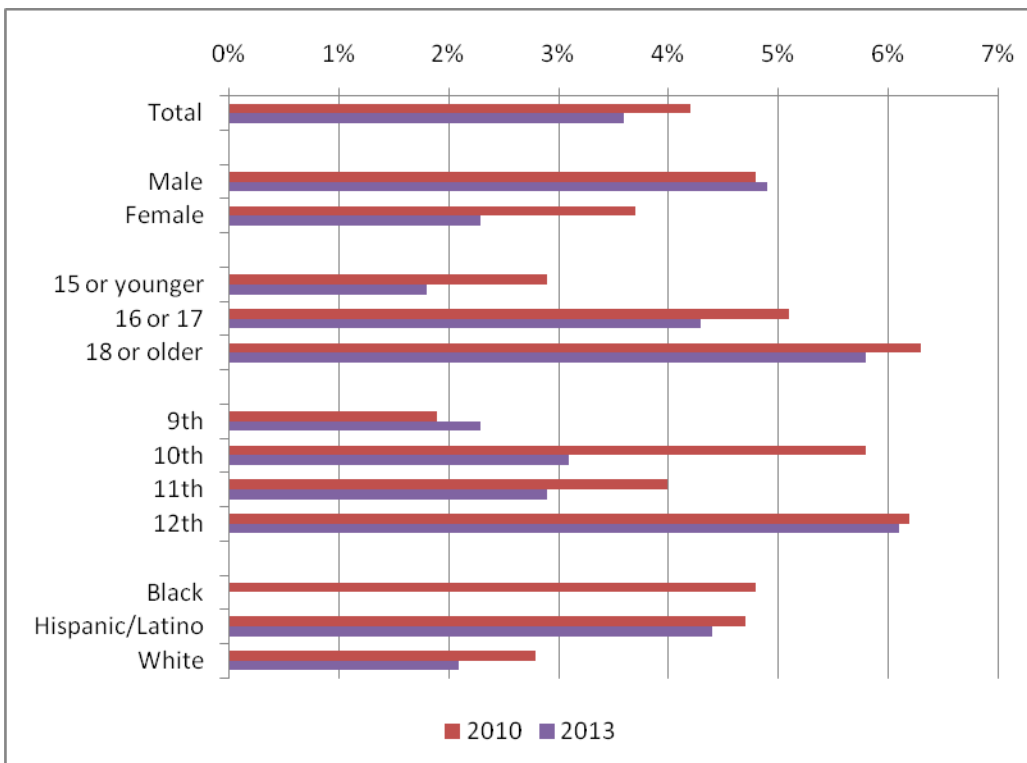
Figure 140. Students who have ever used methamphetamines (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 141. Students who have ever used methamphetamines, Bexar County, 2010 and 2013

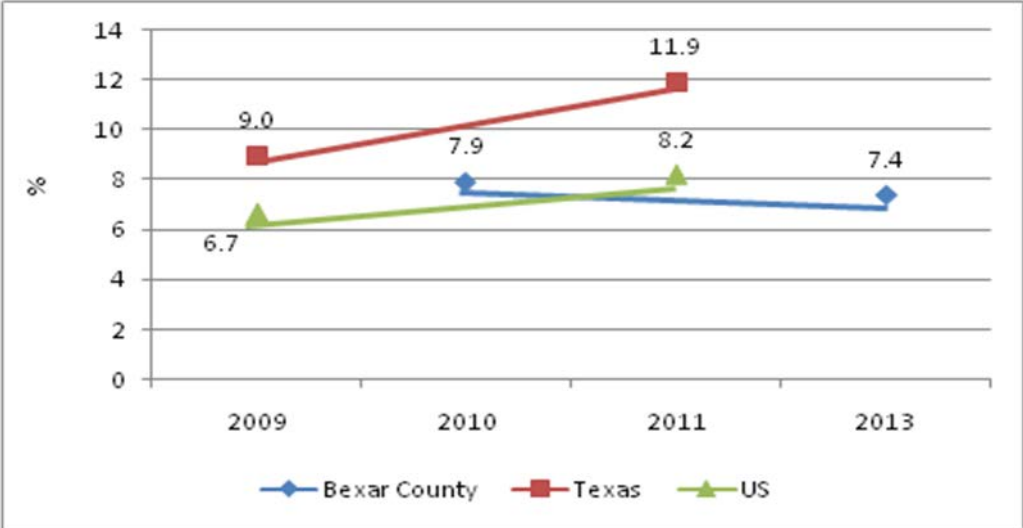


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported that they had tried ecstasy remained roughly the same from 2010 to 2013 (about 8%) while rates increased among Texas and U.S. youth between 2009 and 2011. (Figure 142) The proportion of Texas youth reporting that they had ever used ecstasy was higher than for Bexar County youth and U.S. youth. A higher proportion of older youth than younger youth (9% vs. 6%, respectively), males than females (9% vs. 6%, respectively), and Hispanic youth than White youth (8% vs. 5%, respectively) in Bexar County reported in 2013 that they had tried ecstasy. (Figure 143) Between 2010 and 2013, the proportion of Bexar County students reporting that they had ever used ecstasy declined for all demographic groups except 9th graders and 11th graders.

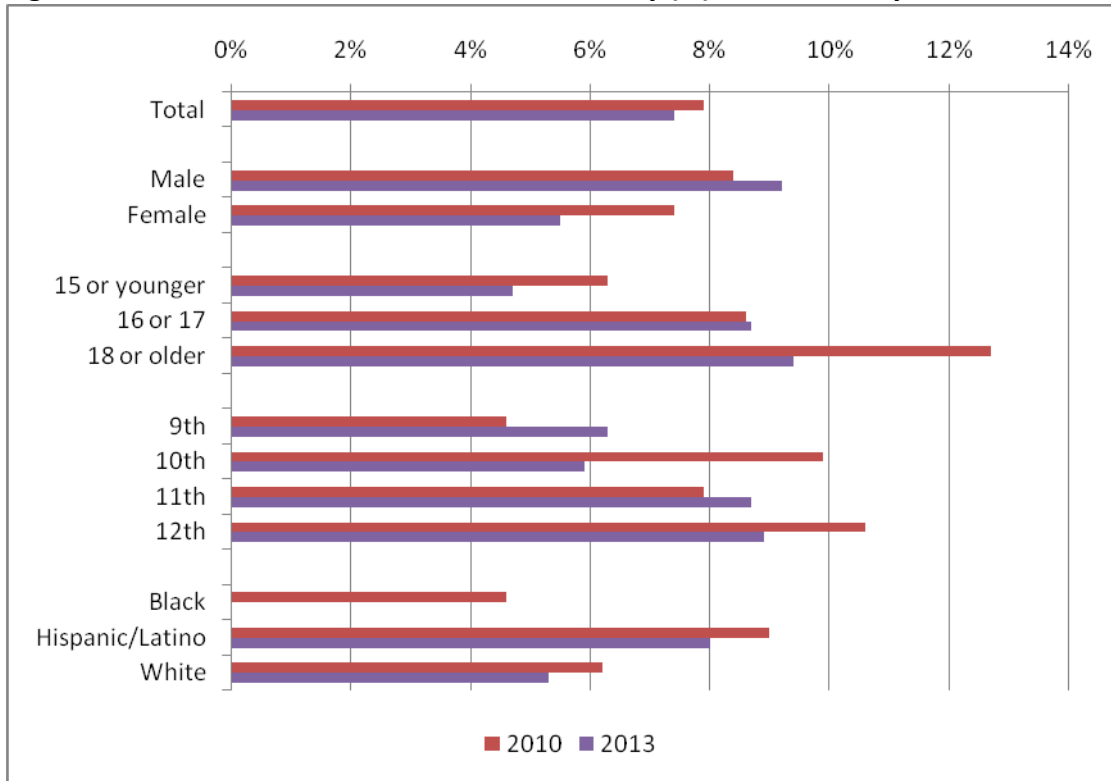
Figure 142. Students who have ever used ecstasy (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 143. Students who have ever used ecstasy (%), Bexar County, 2010 and 2013

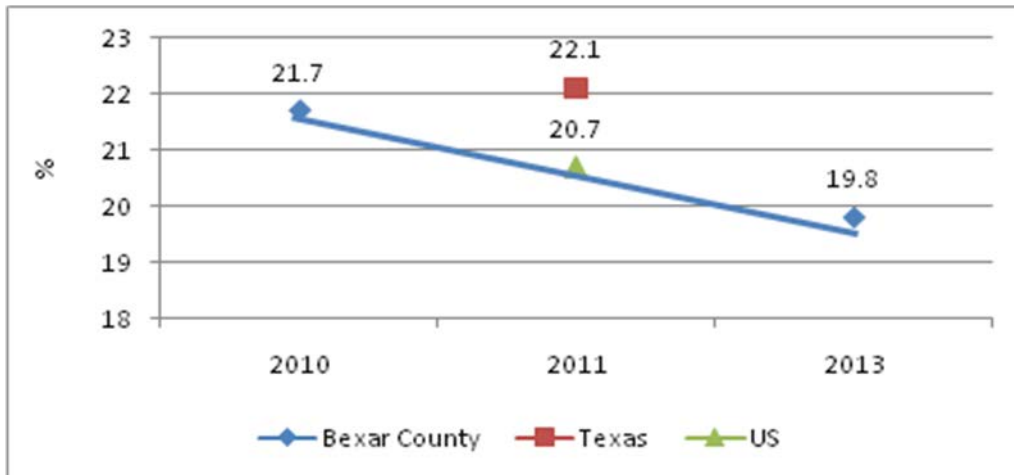


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

Between 2010 and 2013, the proportion of Bexar County youth who reported that they had ever used prescription drugs without a prescription declined slightly, from 21% to 20%. (Figure 144) The proportion of Bexar County youth (19.8%) reporting in 2013 ever having used prescription drugs without a prescription was slightly lower than for Texas youth (22.1%) and U.S. youth (20.7%) in 2011. A higher proportion of 12th graders (28%) than 9th graders (13%) and Hispanic youth (22%) than White youth (18%) in Bexar County reported in 2013 that they had ever used prescription drugs without a prescription. (Figure 145) A similar proportion of Bexar County male youth as female youth reported that they had used prescription drugs without a prescription (20%). Between 2010 and 2013, the proportion of Bexar County youth reporting that they had ever used prescription drugs without a prescription declined or remained the same across all demographic groups.

Figure 144. Students who have ever used prescription drugs without a prescription (%), U.S., Texas, and Bexar County, 2010, 2011, 2013

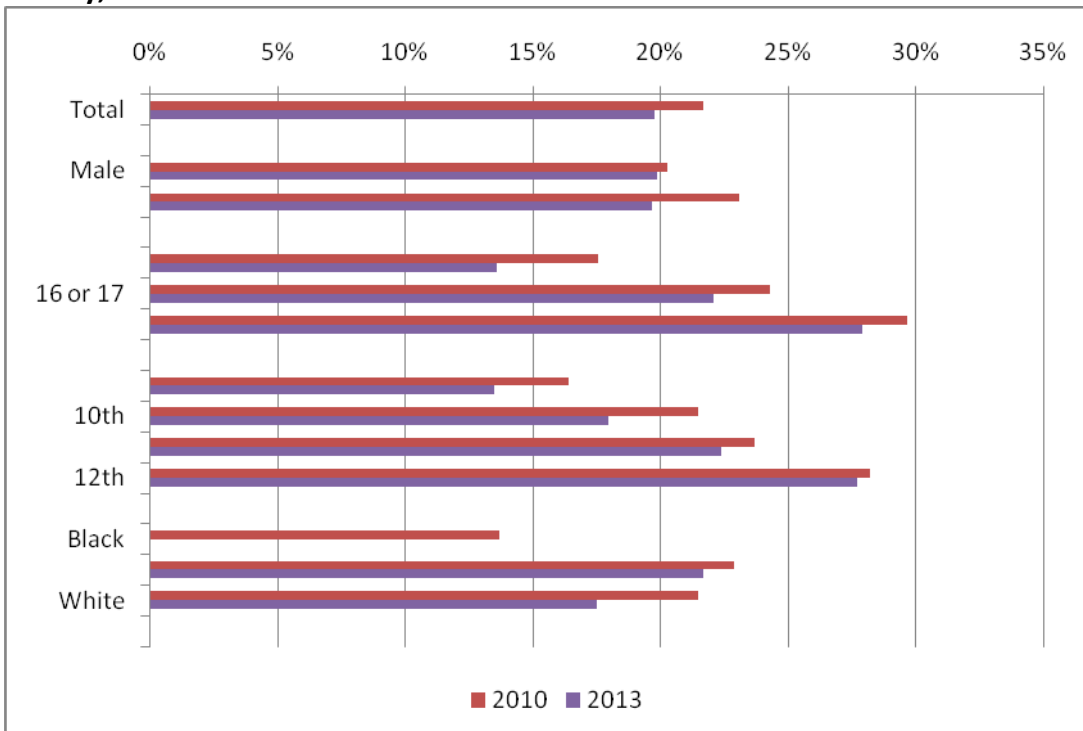


Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Note: This question was not asked on 2009 US and Texas YRBS surveys

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 145. Students who have ever used prescription drugs without a prescription (%), Bexar County, 2010 and 2013



Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

IX. Sexual Health

Limited sex education in schools and cultural acceptability have led to high teen birth rates, although rates are decreasing among all races/ethnicities in Bexar County. Sexually transmitted diseases, most notably Chlamydia, have increased over the past decade and are mainly prevalent among women and Hispanics.

Teen Pregnancy

“In San Antonio, the teen pregnancy issue is huge, if you look at the number of kids being raised by grandparents.” – public health professional

“A lot of young people having babies. I call them babies raising babies.” – health care provider

“Young girls find someone who is older, who can take care of their basic needs.” – social service provider

In addition to obesity which was overwhelmingly reported as a concern for the community, teen pregnancy was mentioned frequently by focus group respondents and interviewees. According to residents, San Antonio has one of the highest teen pregnancy rates in the country, particularly among Hispanic residents. Residents attributed this to several factors. Cultural acceptance of teen parenthood was mentioned by several respondents. Others noted a substantial lack of education about sexual issues. Respondents reported reluctance by parents to speak to their children about sex and pregnancy prevention. Others reported a lack of sex education in schools which they attributed to both the strong influence of the church and cuts in programs addressing sexual health. As one healthcare provider explained, “[the] State is very backwards when comes to sex ed in the school.” According to the SAMHD, six out of fifteen school districts in Bexar County are using evidence-based teen pregnancy prevention curricula, with one additional school district expected to initiate an evidence-based curriculum in January 2014.¹⁶

The birth rate to teens ages 15-19 declined in Bexar County between 2009 to 2011, from 61.8 to 45.2 per 1,000 people. (Figure 146) Although birth rates to teens ages 15-19 declined across all racial/ethnic groups during this time, there was variation in birth rates among racial/ethnic groups. In 2011, the birth rate was highest among Hispanic females (57.2 per 1,000) and lowest for females identifying as Other race (7.5 per 1,000), although the Other race data point should

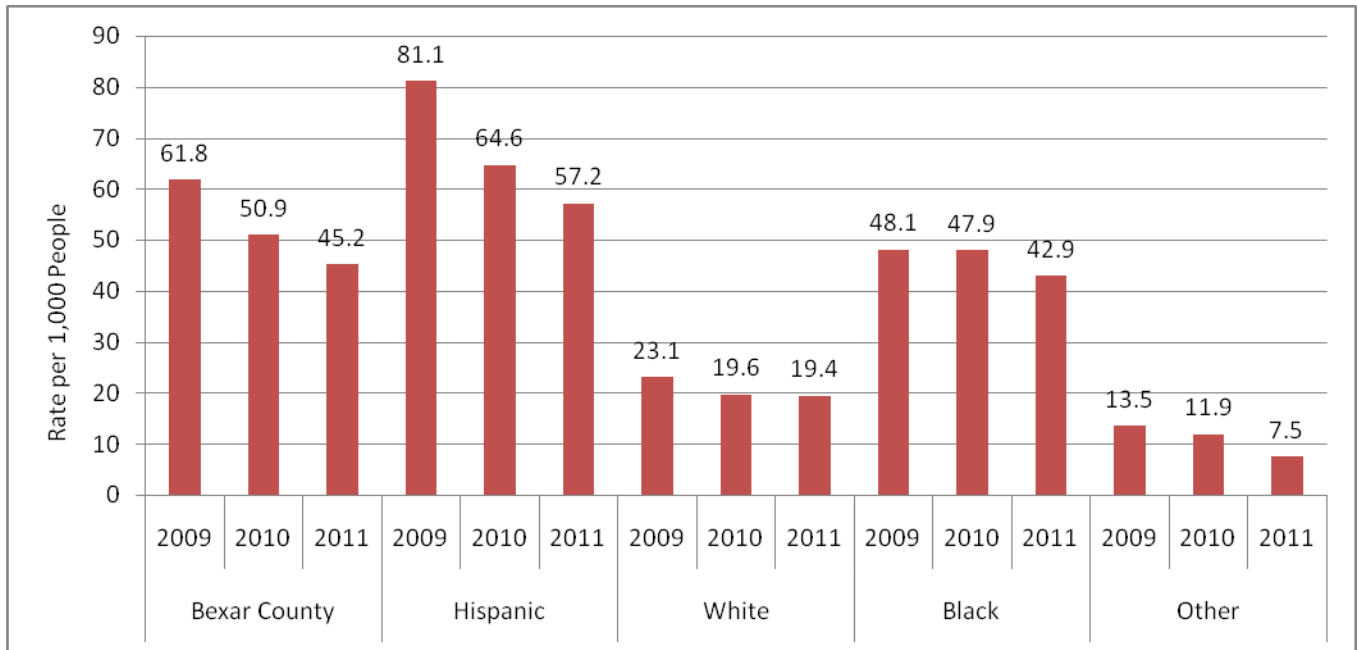
Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [County Health Rankings](#)
- [Bexar County Community Health Improvement Plan](#)

¹⁶ Note: this indicator is a CHIP indicator

be interpreted with caution due to small sample size. The 2011 birth rate for White teens was 19.4 per 1,000 while for Black teens it was 42.9 per 1,000.

Figure 146. Birth rate for females ages 15-19 (per 1,000 people), by race/ethnicity, Bexar County, 2009-2011



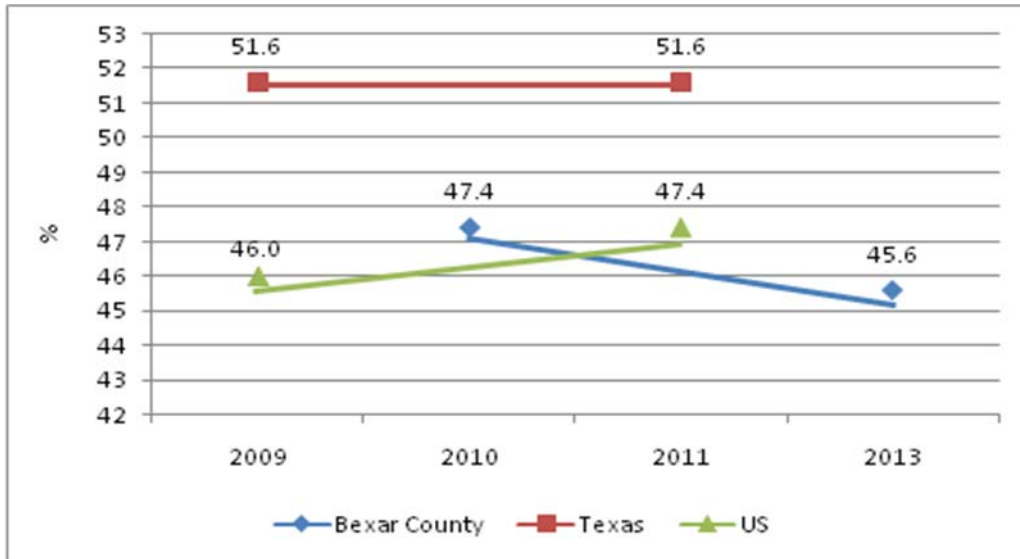
Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2009-2011

Note: this indicator is both a CHIP and an SA2020 indicator

Youth Sexual Behavior

The proportion of Bexar County youth who reported that they had ever had sexual intercourse stayed roughly the same between 2010 and 2013 (about 46%). (Figure 147) Overall, a lower proportion of Bexar County youth than youth in Texas reported ever having sex. Additionally, while the rate declined in Bexar County from 2010 to 2013, it increased among U.S. youth between 2009 to 2011. About 30% of youth 15 years or younger reported that they had had sex while 68% of youth 18 years and older reported that they had had sex. (Figure 148) In Bexar County, a higher proportion of Hispanic youth (51%) than White youth (35%) reported in 2013 that they had ever had sex. Between 2010 and 2013, the proportion of students reporting that they had ever had sex declined or remained the same across all demographic groups

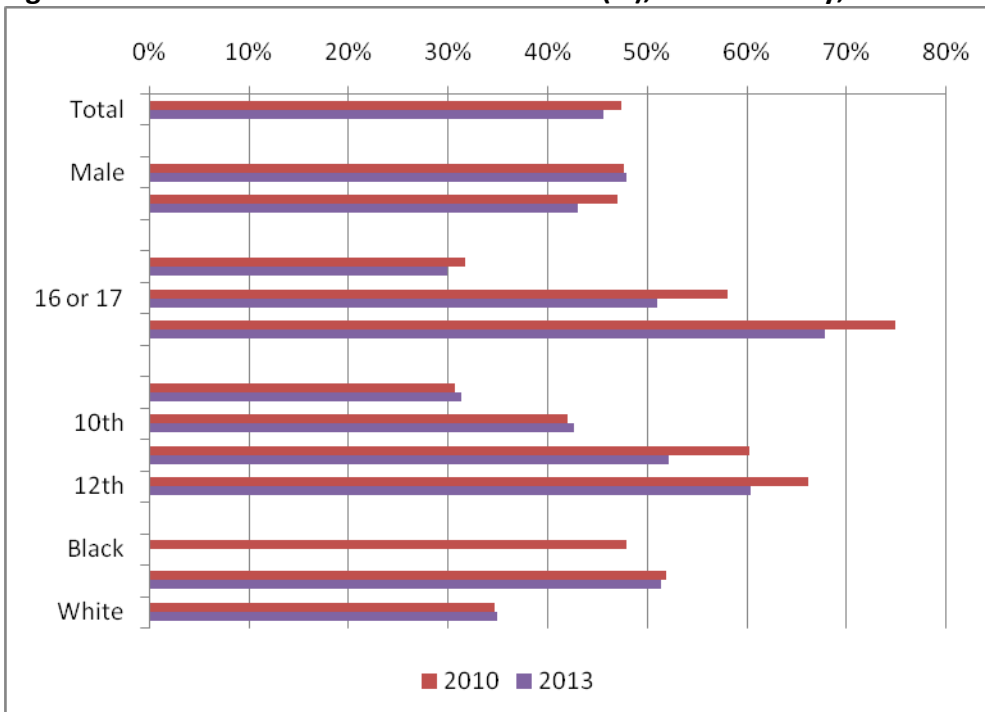
Figure 147. Students who have ever had sex (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 148. Students who have ever had sex (%), Bexar County, 2010 and 2013

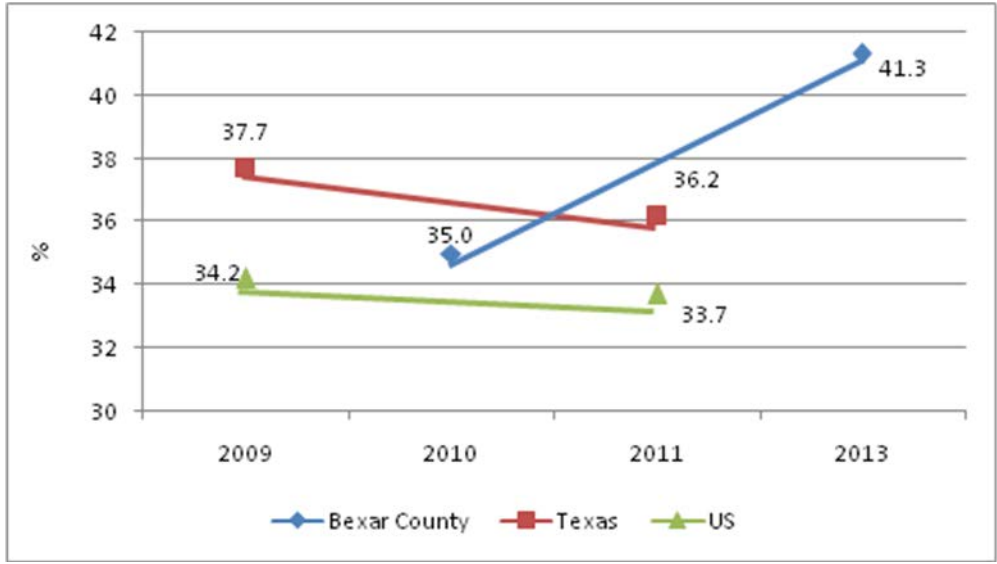


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

In the 2013 YRBS, about 41% of Bexar County youth reported that they were currently sexually active, defined as having one or more sexual partners in the past three months. The 2013 rate (41%) was higher than the 2010 rate (35%) among Bexar County youth. (Figure 149) These rates were slightly higher than for Texas youth and for U.S. youth. In 2013, a similar proportion of Bexar County male youth as female youth reported that they were sexually active (41%). (Figure 150) Twice as many 12th graders (60%) as 9th graders (29%) reported in 2013 that they were currently sexually active. The proportion of students reporting that they were currently sexually active rose between 2010 and 2013 across all demographic groups except for 11th graders. Increases were highest among 9th graders (from 19% to 28%) and 12th graders (from 49% to 60%).

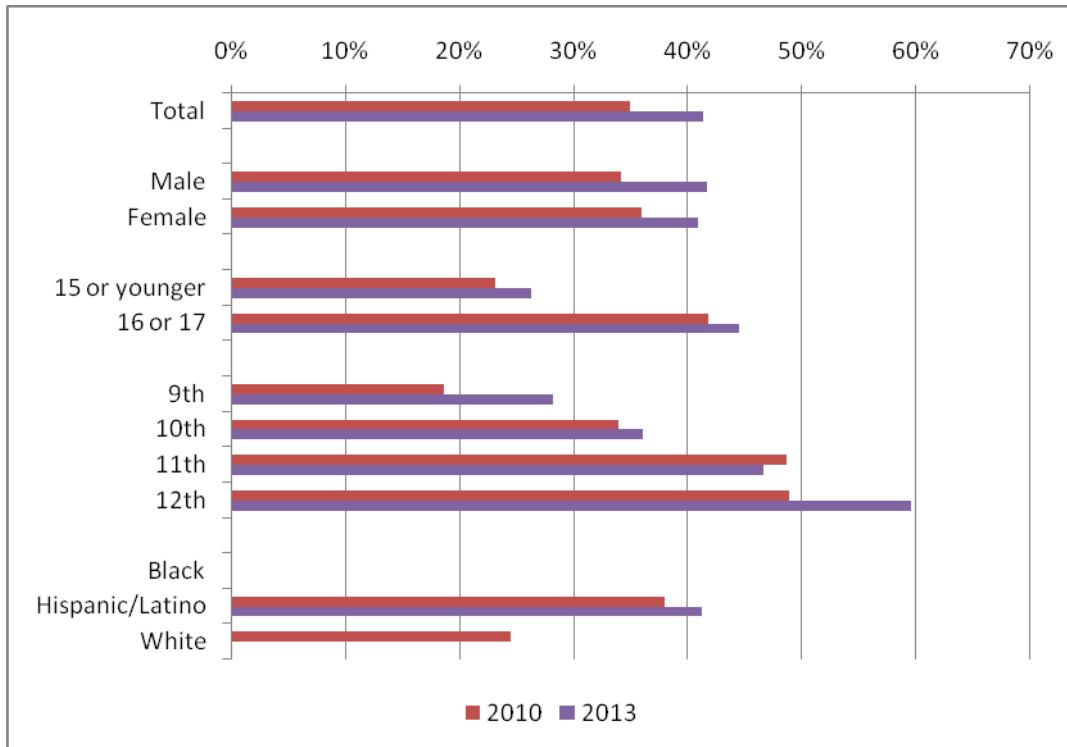
Figure 149. Students who are currently sexually active (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 150. Students who are currently sexually active (%), Bexar County, 2010 and 2013

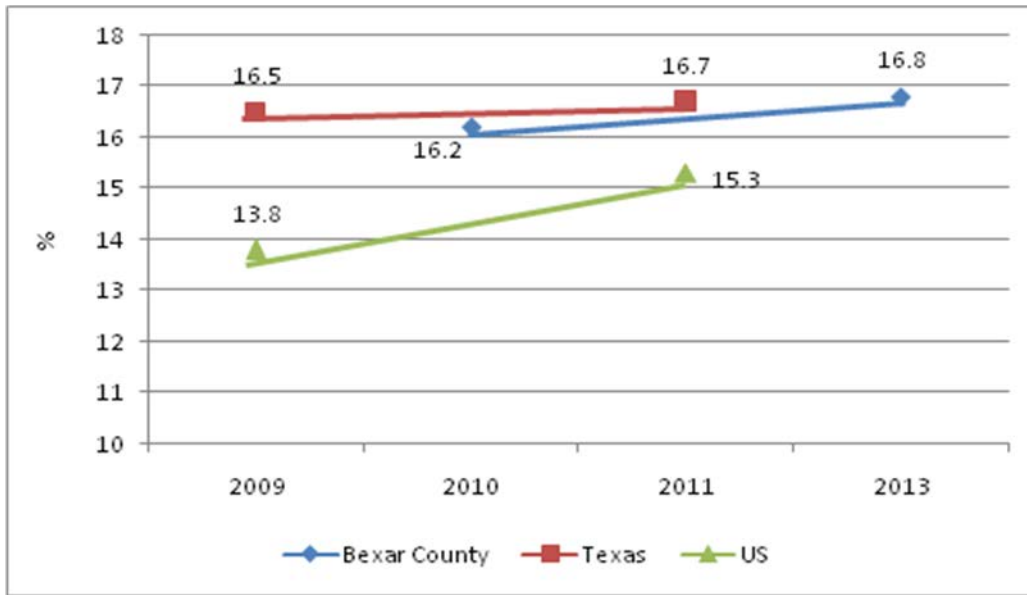


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

The proportion of Bexar County youth who reported having had sex with four or more partners in their lifetime is similar to that for Texas overall and has remained roughly the same between 2010 and 2013 (about 16%). (Figure 151) These rates are slightly higher than for U.S. youth. A higher proportion of Bexar County male students (22%) than female students (12%) reported that they had sex with four or more partners. (Figure 152) Over 30% of 12th graders reported in 2013 that they had four or more sexual partners, compared to 7% for 9th graders. Between 2010 and 2013, the proportion of students in Bexar County reporting that they had four or more sex partners rose among males and older students.

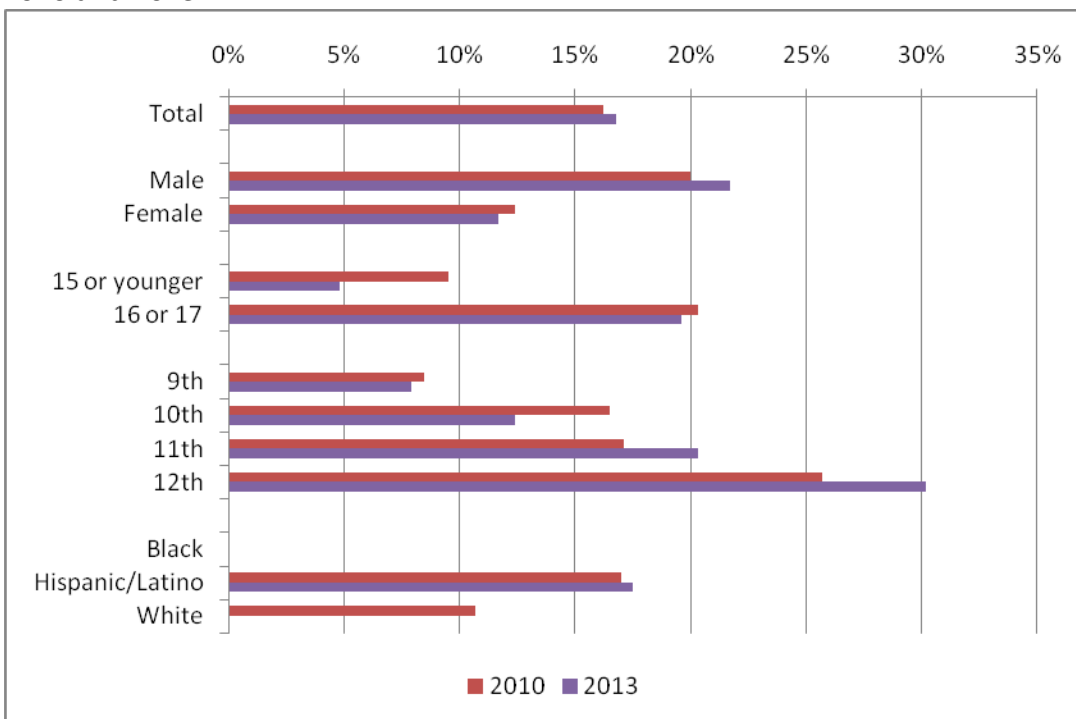
Figure 151. Students who have had sex with four or more partners (%), U.S., Texas, and Bexar County, 2009-2011, 2013



Source: Texas Youth Risk Behavior Surveillance System, 2009 and 2011; Bexar County Youth Risk Behavior Survey 2010 and 2013

Links: http://www.dshs.state.tx.us/chs/yrbs/query/yrbss_form.shtm and <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 152. Students who have had sex with four or more partners (%), Bexar County, 2010 and 2013

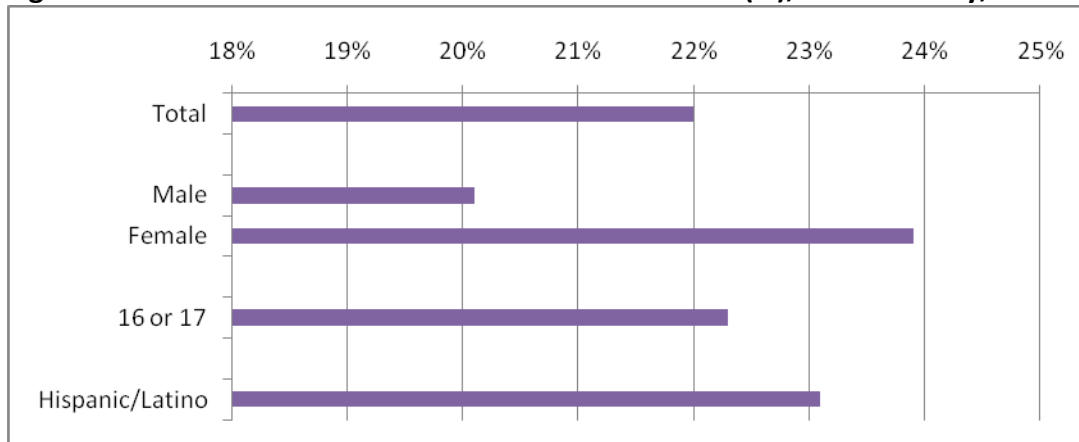


Source: Bexar County Youth Risk Behavior Survey, 2010 and 2013

Note: No data for a subcategory denotes a sample size that was too small (< 100).

As seen in Figure 153, of the Bexar County students who reported being currently sexually active, 22% used no form of birth control during their last sexual encounter. A higher proportion of females than males reported that they did not use birth control.

Figure 153. Students who used no form of birth control (%), Bexar County, 2013



Source: Bexar County Youth Risk Behavior Survey, 2013

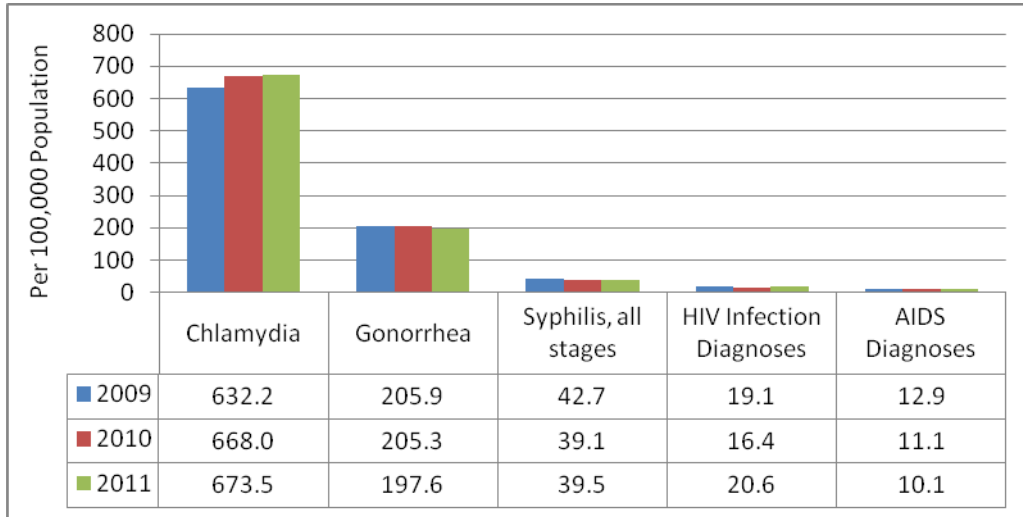
Note: No data for a sub-category denotes a sample size that was too small (< 100).

Sexually Transmitted Diseases

Although not discussed by many residents, a number of social service and health providers mentioned concerns about high rates of sexually transmitted diseases in Bexar County. Several health and human service providers reported a perception of high rates of syphilis in the area. In addition to lack of education and understanding about sexually transmitted diseases, those working in sexual health services expressed frustration that *“people don’t think STDs and STIs apply to them.”* Like efforts to reduce teen pregnancy, efforts to reduce STIs face substantial political resistance. As one provider explained, *“there is no policy regarding sexual health because there is no local government that wants to be tied to it.”* Concerns about HIV and AIDS were also mentioned by providers. As one provider stated, *“we have lost three people this year [to AIDS], at my job it has felt like the 90s.”*

Figure 154 presents the disease rate for leading reportable sexually transmitted diseases (STD) in Bexar County between 2009 and 2011. Chlamydia is the most reported STD in Bexar County, with 674 cases per 100,000 people in 2011. The second most frequently reported STD was gonorrhea with 198 cases per 100,000 people in 2011. Cases of syphilis, HIV, and AIDS in Bexar County were the least commonly reported. Rates of syphilis and AIDS declined slightly from 2009 to 2011 while Chlamydia rates rose.

Figure 154. Rates of leading reportable sexually transmitted diseases (per 100,000 people), Bexar County, 2009-2011



Source: San Antonio Metropolitan Health District, 2009-2011

Note: Diagnoses of HIV infection regardless of disease status (either HIV or AIDS) are presented by year of diagnosis as of 2009

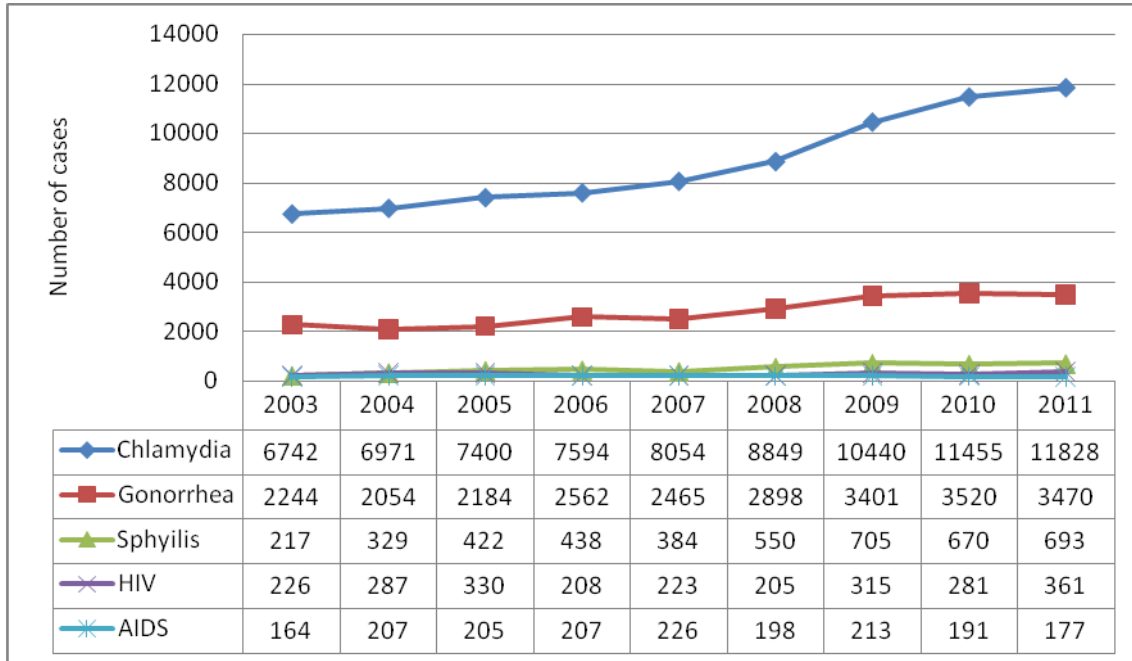
Note: Diagnoses of AIDS are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS includes those previously diagnosed with HIV that have recently converted to AIDS and those newly diagnosed with HIV that converted to AIDS within the same year

Note: this indicator is a CHIP indicator

Data about the number of cases of STDs in Bexar County over time reveal that syphilis cases more than tripled between 2003 and 2011 (from 217 cases to 693). (Figure 155) The number of Chlamydia cases nearly doubled over this time period (from 6,742 cases to 11,828 cases) and grew substantially from 2007 to 2010; the rate of increase declined between 2010 and 2011. Cases of gonorrhea increased as well, although at a slower rate than cases of Chlamydia. The number of cases of AIDS also grew slightly.

Figure 155. Trends in number of cases of sexually transmitted diseases, Bexar County, 2003-2011



Source: San Antonio Metropolitan Health District, 2003-2011

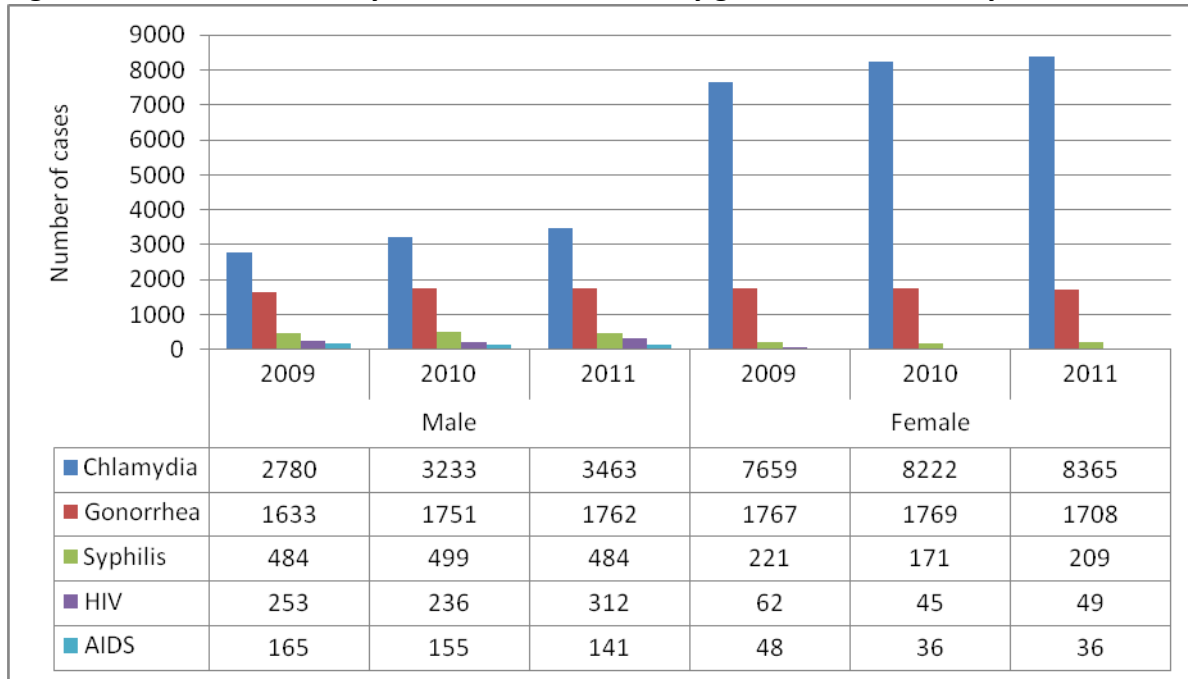
Note: Diagnoses of HIV infection regardless of disease status (either HIV or AIDS) are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS includes those previously diagnosed with HIV that have recently converted to AIDS and those newly diagnosed with HIV that converted to AIDS within the same year

There were over twice as many cases of Chlamydia among Bexar County females than males between 2009 and 2011. (Figure 156) Syphilis, HIV, and AIDS cases were higher among males than females.

Figure 156. Cases of sexually transmitted diseases by gender, Bexar County, 2009-2011



Source: San Antonio Metropolitan Health District, 2013

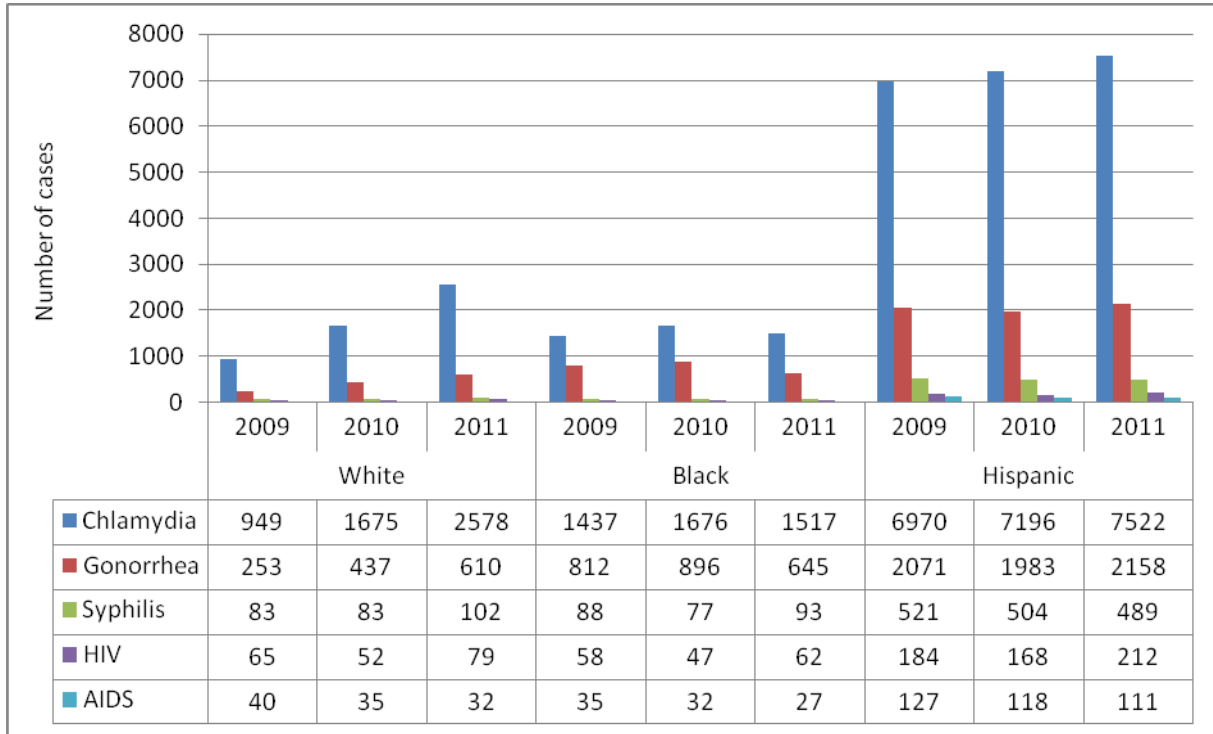
Note: Diagnoses of HIV infection regardless of disease status (either HIV or AIDS) are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS includes those previously diagnosed with HIV that have recently converted to AIDS and those newly diagnosed with HIV that converted to AIDS within the same year

The number of Chlamydia and gonorrhea cases was over three times higher for Hispanics than for Whites or Blacks from 2009 to 2011. (Figure 157) Additionally, the cases of Chlamydia infection among all racial/ethnic groups increased over this time period and more than doubled for Whites. Syphilis, HIV and AIDS cases were also substantially higher among Hispanics than among Whites and Blacks over this time period.

Figure 157. Sexually transmitted diseases (cases), by race/ethnicity, Bexar County, 2009-2011



Source: San Antonio Metropolitan Health District, 2009-2011

Note: Diagnoses of HIV infection regardless of disease status (either HIV or AIDS) are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS are presented by year of diagnosis as of 2009

Note: Diagnoses of AIDS includes those previously diagnosed with HIV that have recently converted to AIDS and those newly diagnosed with HIV that converted to AIDS within the same year

X. Communicable Disease

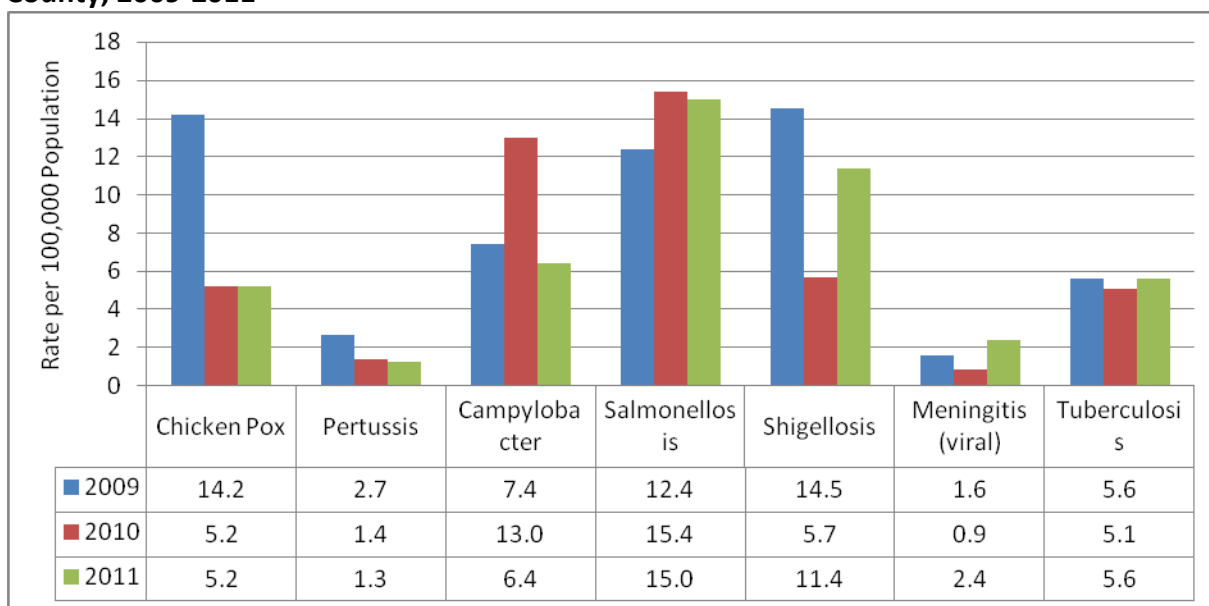
The most commonly reported communicable disease in Bexar County is Salmonellosis, which has shown a slight upward trend over the past few years while other communicable diseases have fluctuated. Vaccination for influenza is common, although primarily among older adults.

Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)

The leading reportable communicable diseases in Bexar County from 2009 to 2011 are presented in Figure 158. Salmonellosis, with a rate of 15 cases per 100,000 people, was the most commonly-reported communicable disease in 2011. This rate is substantially higher than in 2009 although it declined from 2010. Shigellosis was the second most commonly-reported communicable disease in Bexar County in 2011, with 11 cases per 100,000 people. Pertussis (1 case per 100,000 people) and viral meningitis (2 cases per 100,000 people) were the least commonly reported communicable diseases in Bexar County. Cases of chicken pox, one of two most common communicable diseases in 2009, declined sharply in 2010 and 2011 and campylobacterial diseases declined in 2011 after a sharp rise from 2009.

Figure 158. Rates of leading reportable communicable diseases (per 100,000 people), Bexar County, 2009-2011

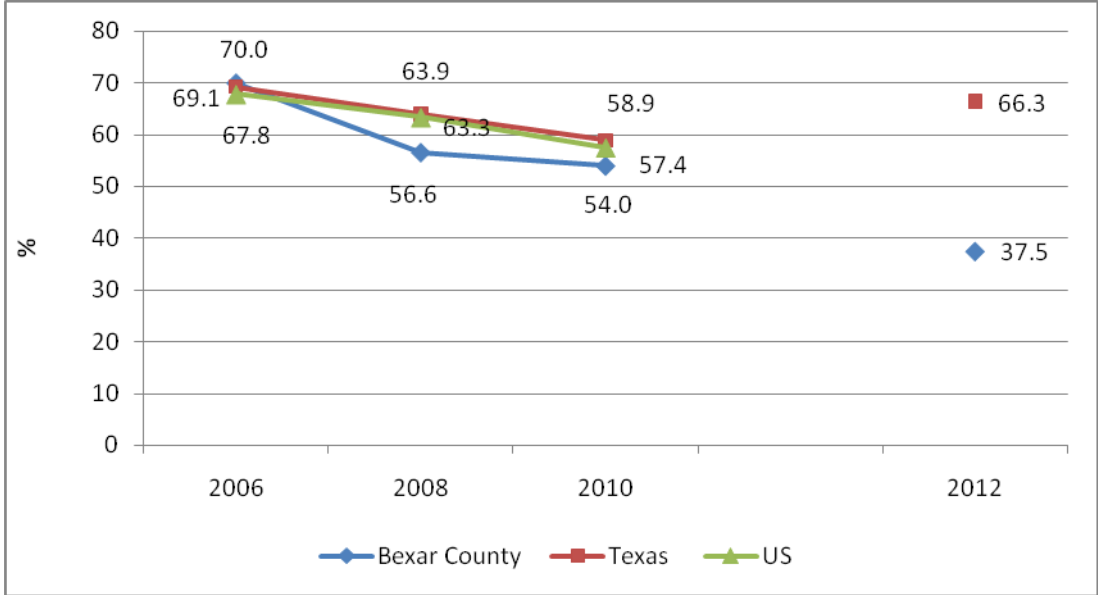


Source: San Antonio Metropolitan Health District, 2009-2011

Vaccinations for communicable diseases are a recommended public health intervention strategy to prevent outbreaks that can have adverse outcomes in populations at risk. BFRSS data reveal that 38% of Bexar County adults 18 and older reported in 2012 that they had not received a flu shot or seasonal flu vaccine in the past year, a rate substantially lower than for

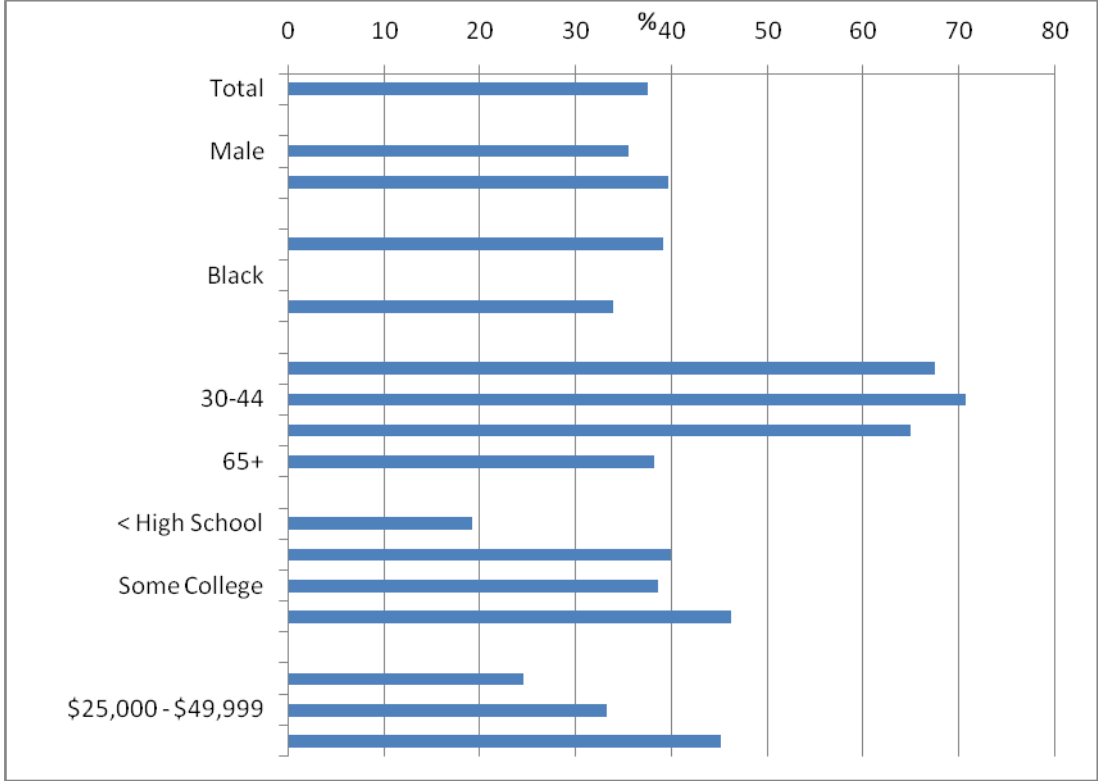
Texas residents (66%). (Figure 159) Compared to adults age 65 and older, a higher proportion of adults under the age of 64 reported that they had not received a flu shot. (Figure 160) Flu vaccination behavior also varies by education and income level. A higher proportion of college graduates than respondents with less than a high school education reported that they had not received a flu shot in the past year (46% and 19%, respectively) and a higher proportion of those with household incomes more than \$50,000 than those whose household income was less than \$25,000 reported that they had not received a flu shot in the past year. (45% and 25%, respectively)

Figure 159: Population (18+) having no flu shot in the past year (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012
 Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting
 Note: 2012 data for the US is not publicly available
 Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 160: Population (18+) having no flu shot in the past year (%), by demographics, Bexar County, 2012



Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

XI. Older Adult Health

Bexar County's population is aging and largely experiencing morbidity and mortality from heart disease and stroke. Expanded mental health and chronic disease management services are of primary concern to seniors and social service providers.

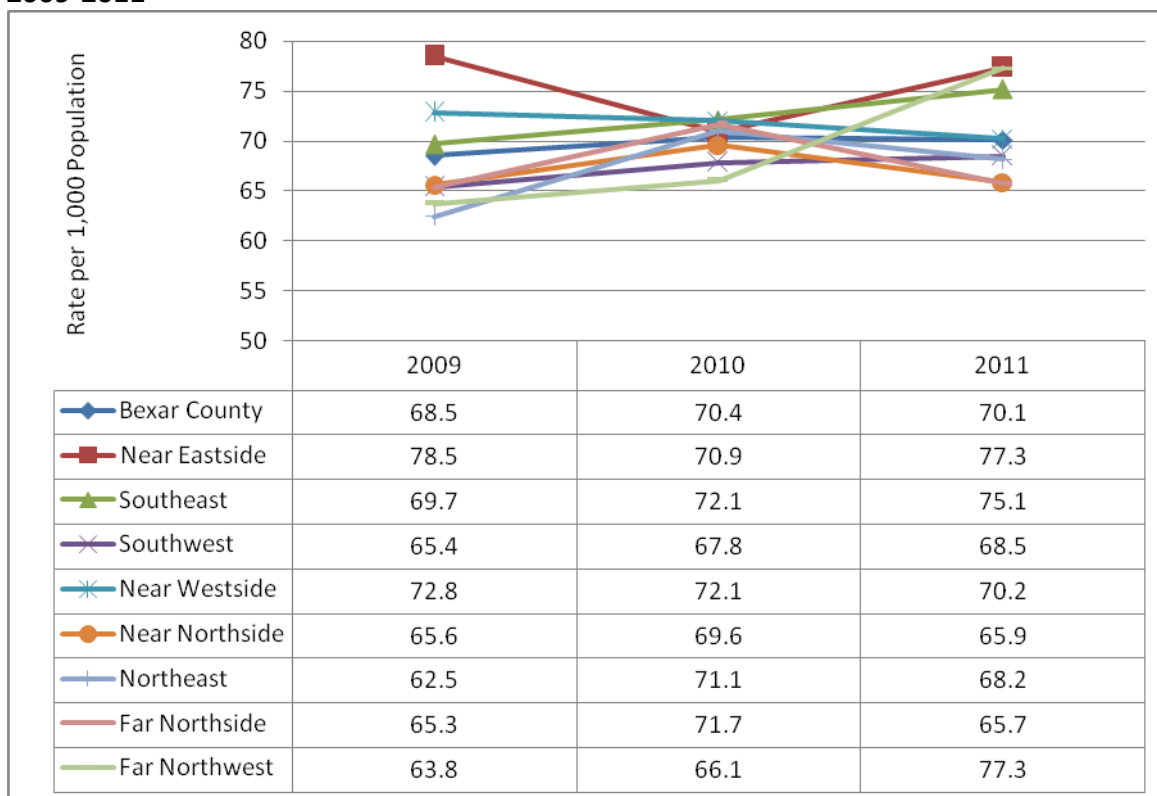
As discussed earlier, many focus group members and providers reported that the senior population in the region is growing and that there is a need to address the concerns of an aging population. Recognizing this, the CHA process includes more intensive data collection to examine specifically seniors' health needs and challenges. It is important to note that seniors represent a diverse group with different needs. There are seniors who are very active and who may need different services and supports than those who are more frail or socially isolated. As a result, there is no one set of needs among the entire senior population. However, this section highlights general overarching themes.

Quantitative data about elder health in Bexar County have been shared in previous sections of this report and are summarized briefly in this section. Demographic trends confirm what focus group members and interviewees reported—that the County's population is aging. In 2010, 10% of the County's population was over age 65 and this is expected to be nearly 14% in 2020. Mortality data reported below are for the 75+ population.

Older Adult Morbidity and Mortality

Between 2009 and 2011, mortality data show that mortality rates among Bexar County adults over age 75 increased slightly (from 69 to 70 per 1,000 people, respectively). Rates were highest among elders in the Near Eastside and Far Northwest (both 77 per 1,000 people) and Southeast (75 per 1,000) in 2011. Rates were lowest in the Far Northside (66 per 1,000 people) and Near Northside (65 per 1,000 people) (Figure 161). The rates increased between 2009 and 2011 in all subsectors of Bexar County except two: Near Eastside and Near Westside.

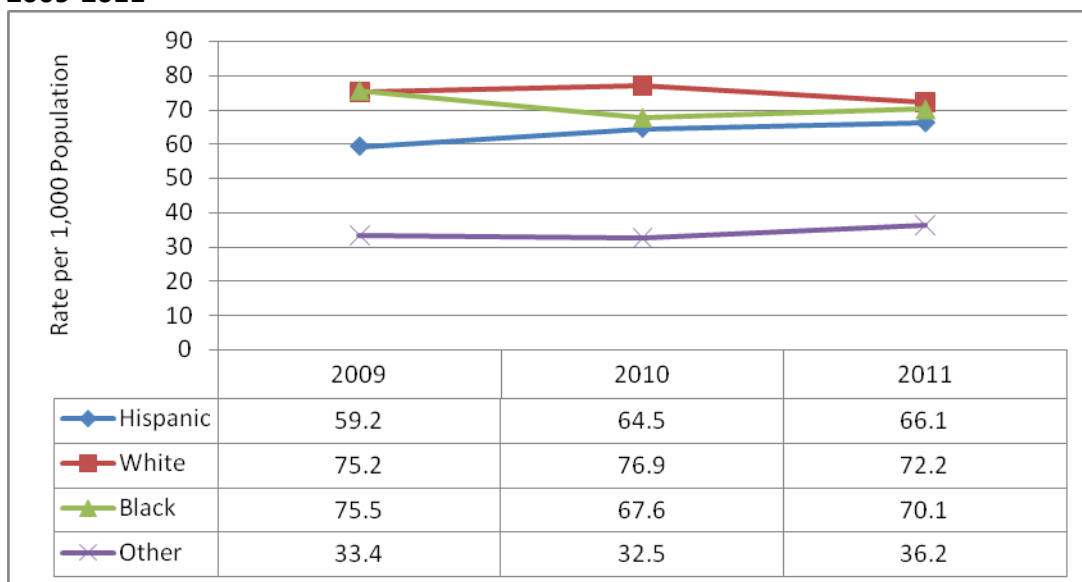
Figure 161. Mortality rate (age 75+) (per 1,000 people), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

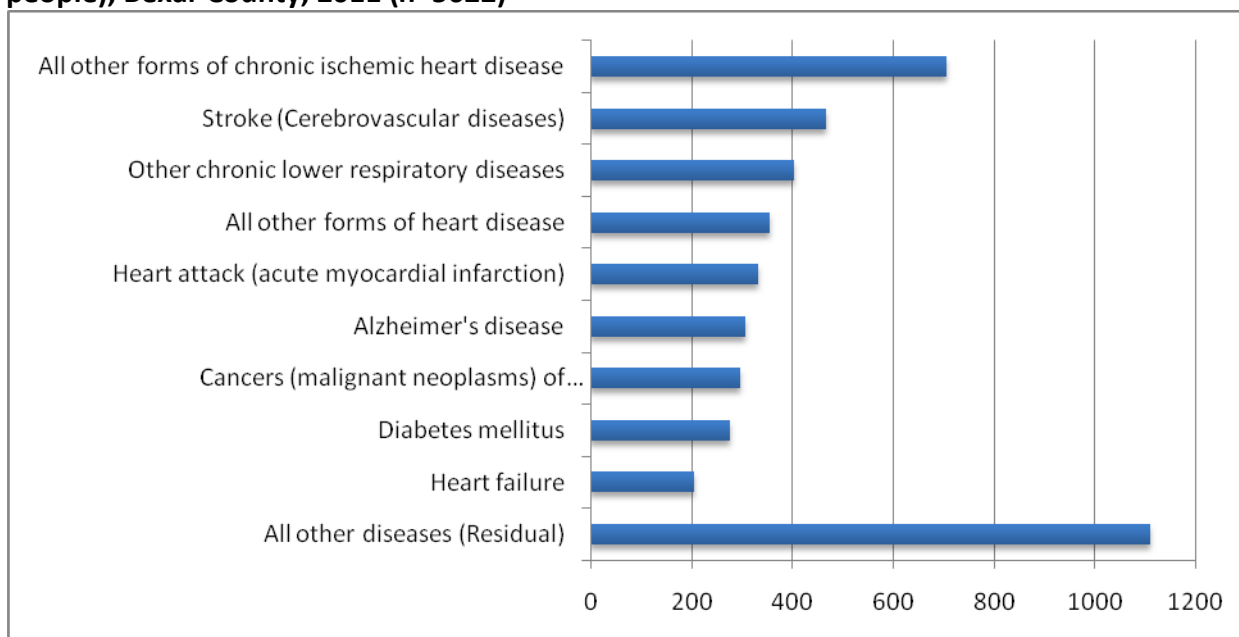
Older adult mortality rates in Bexar County were higher among Whites (72 per 1,000 people) and Blacks (70 per 1,000 people) in 2011 than among Hispanics (66 per 1,000 people). (Figure 162) However, between 2009 and 2011, the mortality rate for older adults rose among Hispanic and declined among older White and Black adults. Mortality rates were far lower among older adults identifying as Other race (36 per 1,000 people) although due to small sample size, conclusions about this population should be drawn with caution.

Figure 162. Mortality rate (per 1,000 people), age 75+, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Figure 163. Leading causes of death for the elderly (age 75+), (mortality rate per 100,000 people), Bexar County, 2011 (n=5622)



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Chronic Disease

Chronic heart disease accounted for the largest proportion of deaths among Bexar County adults age 75 and older in 2011 (706 per 100,000 people), followed by cerebrovascular disease (stroke) (466 per 100,000 people). (Figure 163) It should be noted that a large number of deaths in this age group are classified into “other diseases” which limits the ability to detect conditions of concern from a public health perspective.

Fourteen percent of Bexar County adults age 65 or older reported in the 2012 BRFSS that they had experienced a heart attack (Figure 165), and slightly more than 12% reported that they had angina or coronary heart disease (Figure 167). Twenty percent of Bexar County adults age 65 years or older had heart disease (Figure 169) and seven percent reported that they had been told they had a stroke (Figure 171). Nearly one quarter (23%) of those 65 years of age or older had cardiovascular disease (Figure 173) and nearly one third (31%) were diagnosed with diabetes (Figure 185).

In 2010, 92% of Bexar County adults over the age of 50 reported that they had not had a blood stool test in the past two years, a higher rate than for the state (85%) or the nation (82%). Between the 2008 and 2010 BRFSS surveys, the proportion of Bexar County adults reporting that they had not had a blood stool test in the past two years rose from 80% to 92%. Rates also rose in Texas and the U.S. over this time period. A higher proportion of people age 65 or older in Bexar County reported that they had a flu shot compared to younger residents. Additionally, about 72% of Bexar County seniors reported that they gotten their pneumonia shot in the past year, rate similar to Texas seniors (70%).¹⁷

Older Bexar County adults were more likely to exhibit some healthy behaviors than younger adults according to the 2012 BRFSS. Bexar County adults over age 65 were two to four times less likely to eat three or more servings of vegetables daily than younger adults. They were also far more likely to eat fruits than younger adults. As expected, however, rates of exercise decreased with age—80% of those ages 18-29 reported engaging in exercise and this decreased across the age span to 68% for those over age 65. The rate of obesity among this population (30%) group was slightly lower than for younger adults (34% for those between the ages of 30 and 44 and 35% for those between the ages of 45 and 64).

In addition, smoking rates among those over age 65 in Bexar County (8%) were lower than for those younger (25% for those between the ages of 30 and 44 and 21% for those between the ages of 45 and 64). In 2012, 4% of Bexar County adults over age 65 reported drinking heavily, a lower rate than for other age groups (10% for those between the ages of 30 and 44 and 8% for those between the ages of 45 and 64).

Social Isolation and Mental Health

¹⁷ Data Source: Texas Department of State Health Services, BRFSS 2008-2010

Elderly people living alone was mentioned as a concern by several people. As a service provider from the Westside explained, *“a survey [of Westside] found that 25% of seniors were afraid to go home at night and be home alone.”* While mental health concerns affect people of all ages, the particular needs of seniors’ mental health are, according to many respondents, often neglected in broader discussions about community mental health. Depression was cited as the key mental health concern affecting seniors. The growing number of seniors with Alzheimer’s and dementia was also cited as a concern.

Not surprisingly, older people in Bexar County had poorer self-reported health status than their younger counterparts. A smaller proportion of those age 65 or older (68%) reported in the 2012 BRFSS that their health status was good or better than those under age 18 (93%) (Figure 20). Older individuals were also more likely to report that they had experienced five or more days of poor physical health in the month before the survey than younger people. However, those ages 65 or older (16%) were less likely to report poor mental health days than younger adults: 24% of 30- to 44-year-old and 23% of 45- to 64-year old respondents reported poor mental health days. (Figure 24)

The mental health services needed to address some of these mental health issues are lacking according to respondents. As one provider stated, *“we don’t have a lot of resources to address mental health issues among seniors.”* Respondents saw a need for in-home mental health care for seniors who often have transportation challenges and for whom the stigma of mental health was reported to be a substantial barrier to seeking care.

Oral Health

Many seniors do not have dental insurance and Medicare coverage for oral health services for adults is severely limited. As a result, respondents noted, many seniors suffer from poor oral health which affects their overall health. As one senior service provider described, *“teeth fall out and then seniors can’t eat.”* According to the 2012 BRFSS, only 60% of people 65 and older visited the dentist in the past year.

Older Adult Access to Services

Transportation

Seniors who can no longer drive face challenges getting to health and social services. This means that more services will be needed where seniors are—at home, in churches, or in senior centers. Several residents reported, however, that programs for seniors, as for many other segments of the population, have been cut.

Long-Term Care and Home Care-giving

As more baby boomers age, long-term care options will be stressed. Residents noted a need for more long-term care facilities including those that are more culturally competent. Focus group members and interviewees also reported that more attention needs to be paid to supporting caregivers—who are often spouses or children with their own families to raise—

with education about the care-giving role, supports, and connection to mental health services to help them deal with the stresses of caring for an aging spouse or parent.

Health Services

The multiple and chronic health care needs of many seniors is well known. As one senior resident described the members of her senior center, *“the majority of seniors here are diabetics, asthmatic, and have high blood pressure.”* Seniors reported a desire for more programs to support healthy eating and physical activity, especially at places like senior centers. Senior hunger, especially among those who live alone or who do not have transportation access, was a concern expressed by some providers. For example, residents on the Westside reported that the senior center there closed last year and now there is no “meals on wheels” program.

Health workforce concerns were also mentioned by focus group participants and interviewees. Respondents reported that there will be a growing need for primary care physicians as well as geriatricians, which many reported the current health system does not have. As one social service provider stated, *“we are just not going to have enough physicians to take care of all of us old folks.”* Seniors reported that a growing number of physicians are unwilling to accept Medicare, further constraining their access to health care. The high cost of medication was also reported as a barrier to good health by several seniors. Finally, several providers and senior respondents reported that lack of coordination of seniors’ medical care creates challenges—for both the system and for the health of patients. One provider observed, *“seniors need so many specialists, but there is not good coordination.”*

XII. Chronic Disease Outcomes

An unsupportive food and physical activity environment and a lack of focus on prevention have contributed to high rates of chronic disease morbidity and mortality, largely from cancer, heart disease, and diabetes. Near Eastside and Southeast subsectors of Bexar County are disproportionately affected by chronic disease.

Sources of Additional Data:

- [San Antonio Metropolitan Health District](#)
- [NOWData](#)
- [Texas Department of State Health Services](#)
- [Texas Cancer Registry](#)

“Working in the clinic, nine out of ten of our patients are diabetic.” – health care provider

“I see a lot of people with missing limbs and know that’s diabetes-related, young people like in their 40s.” – social service provider

“Access to healthy food is the driver of major chronic diseases.” – social service provider

The previous section discussed health behaviors and risk factors related to several chronic diseases, such as heart disease and diabetes. This section presents data on the hospitalization and mortality rates related to the most common chronic diseases for the Bexar County population and demographic and geographic subgroups.

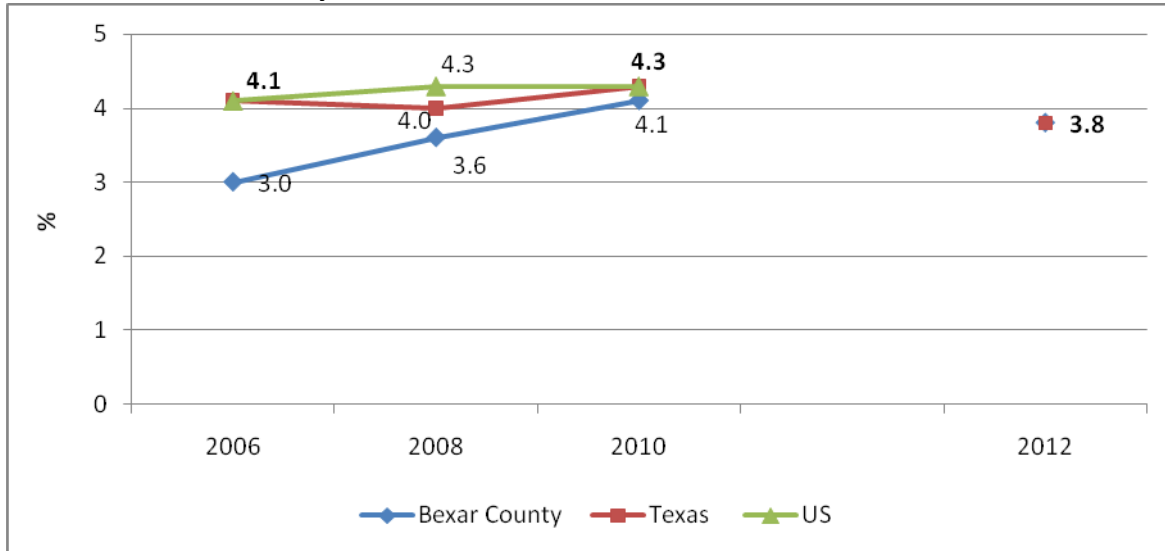
When asked about health concerns in their communities, focus group respondents and interviewees most frequently mentioned chronic diseases such as cardiovascular disease, hypertension, and diabetes which they saw as closely related to obesity. Diabetes was a particular concern with some residents noting that more young people, including school-age children, are developing this disease. Some providers reported that asthma was a concern especially among children.

For many, high rates of chronic disease were linked to a lack of a focus on prevention and lack of understanding about what people need to do to be healthy. Some attributed this to the structure of the health care system which respondents described as “reactive” to health issues that emerge rather than proactive in preventing disease and promoting good health. Others noted that there is not enough in the community to promote healthy eating and physical activity, key factors in reducing the risk of developing chronic diseases.

Heart Health

Heart disease is the leading cause of death for both men and women in the U.S. and has been linked with a number of health behaviors such as diet, exercise, and smoking status. According to the 2012 BRFSS, 4% of Bexar County respondents reported that they had had a heart attack or myocardial infarction. A four percent rate was also reported for Texas overall (Figure 164).

Figure 164. Population ever had heart attack or myocardial infarction (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

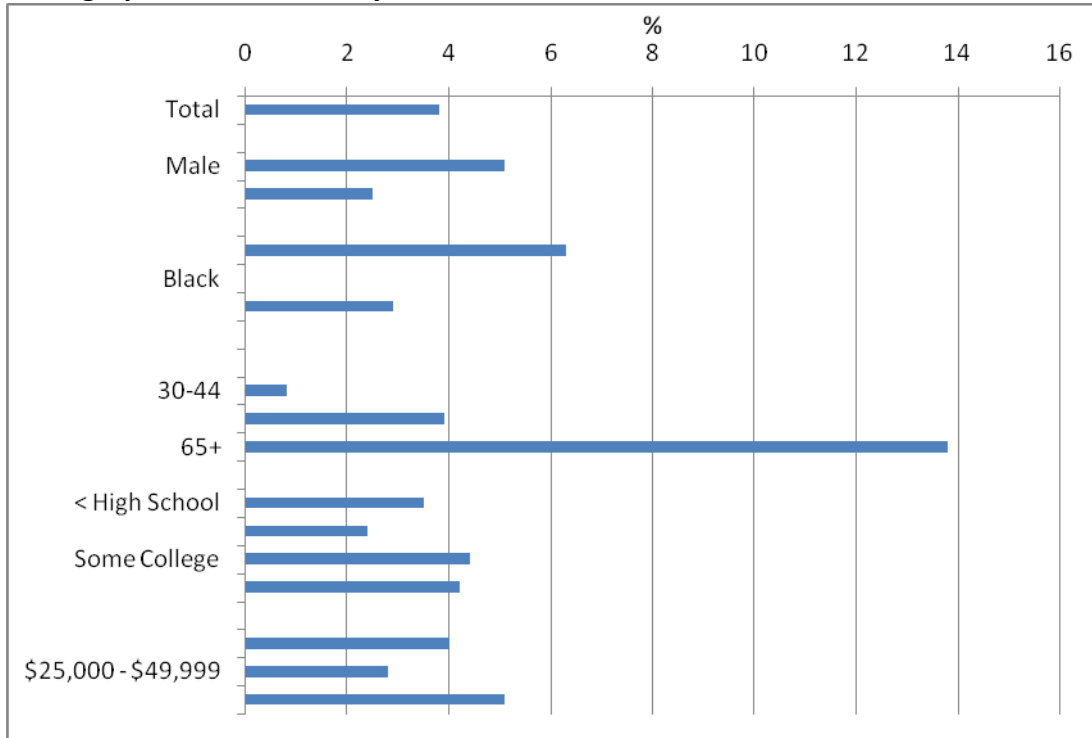
Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

The likelihood of having a heart attack varied somewhat across demographic groups. (Figure 165) Males in Bexar County were slightly more likely (5%) than females (3%) to report in 2012 that they had had a heart attack. Not surprisingly, the proportion of heart attack among respondents increased with age. Fourteen percent of respondents age 65 or older and four percent of 45- to 64-year old respondents reported that they had experienced a heart attack. Whites were twice as likely to have had a heart attack than Hispanics (6% vs. 3%, respectively). There was little variation in the risk of heart attack across educational levels or income.

Figure 165. Population ever had heart attack or myocardial infarction (%), by demographics, Bexar County, 2012

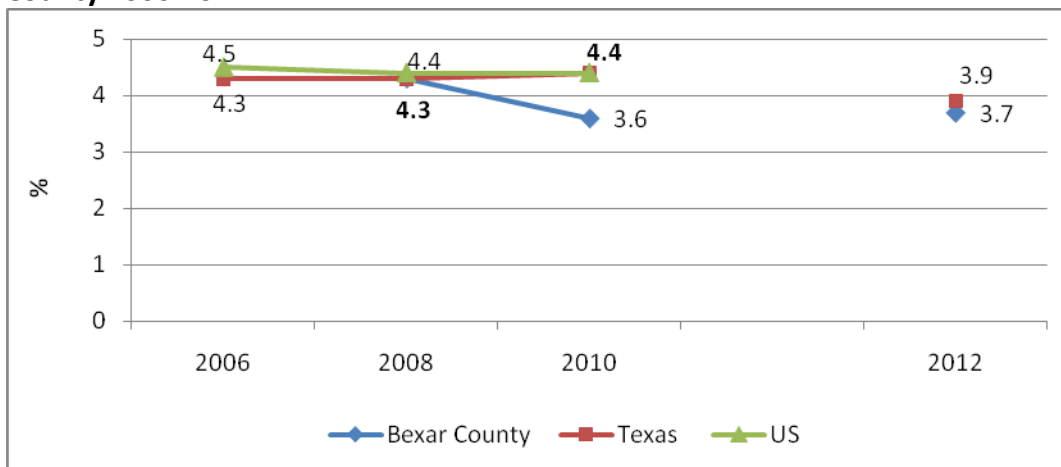


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

About 4% of Bexar County adults reported in 2012 that they had conditions such as angina or coronary heart disease, the same rate as for the state of Texas. (Figure 166)

Figure 166. Population with angina or coronary heart disease (%), U.S., Texas, and Bexar County 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

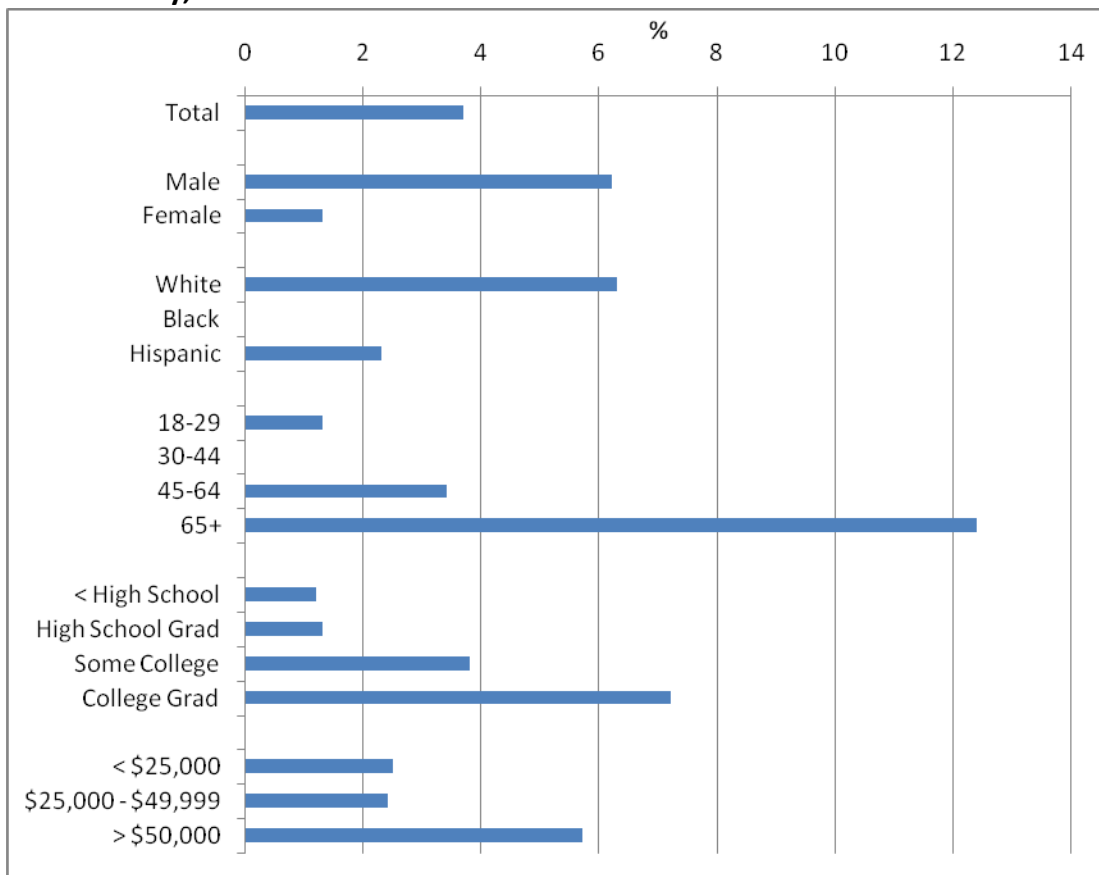
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

As with the rate of heart attacks, older Bexar County residents were more likely to have angina or coronary heart disease than younger. (Figure 167) Twelve percent of Bexar County adults age 65 years or older reported in 2012 that they had angina or coronary heart disease, while only 1% of those between the ages of 18 and 29 years reported this. A greater percentage of White respondents (6%) had angina or coronary heart disease compared to Hispanics (2%). Rates of angina or coronary heart disease also varied by education and annual household income level. Compared to Bexar County residents without a college degree, a higher proportion of college graduates (7%) in Bexar County reported that they had angina or coronary heart disease. Compared to the rate reported by respondents with a household income less than \$25,000 (3%), a higher proportion of those with a household income of more than \$50,000 (6%) reported having had angina or coronary heart disease.

Figure 167. Population with angina or coronary heart disease (%), by demographics, Bexar County, 2012

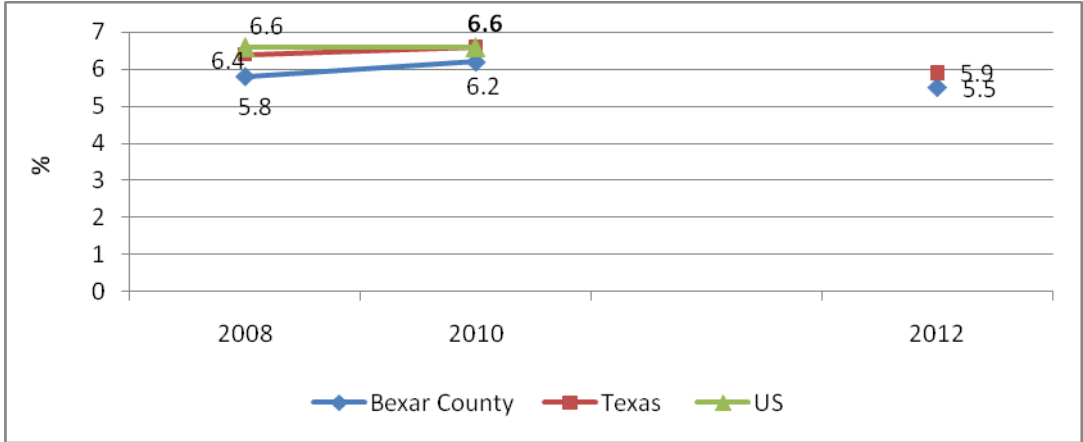


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

About 6% of Bexar County adults reported in 2012 that they had heart disease, which the BRFSS computes by combining the question of whether a respondent has had a heart attack and whether they've had angina or coronary heart disease. The heart disease rate in Bexar County was similar to that for the state of Texas in 2012. (Figure 168)

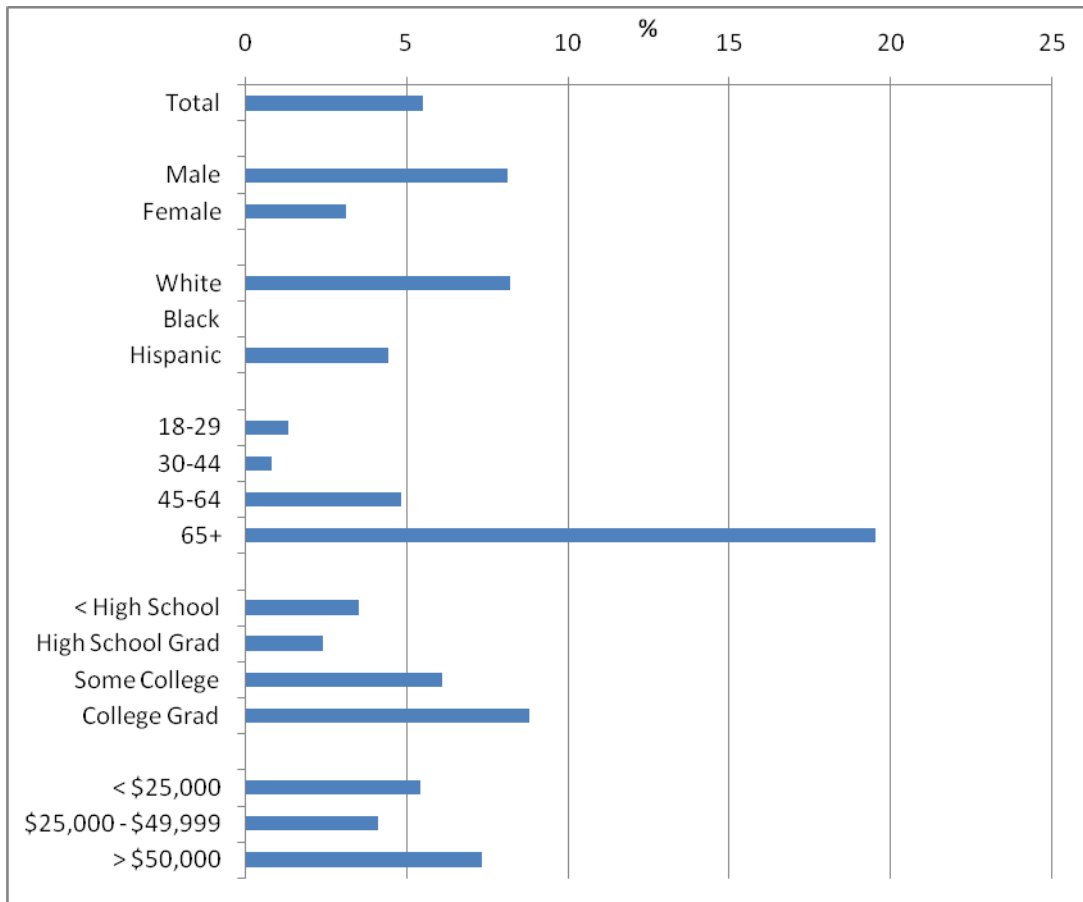
Figure 168. Population with heart disease (%),U.S., Texas, and Bexar County 2008-2012



Source: Texas Department of State Health Services, BRFSS 2008-2012
 Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

The BRFSS uses participants' responses to questions about heart attack, angina, and coronary heart disease to determine the presence of heart disease. As with the rate of heart attacks, older Bexar County adults were more likely than younger adults to report having heart disease in 2012. (Figure 169) Twenty percent of Bexar County adults age 65 years or older had heart disease, while only 1% of those between the ages of 18 and 29 years had heart disease. A greater percentage of White respondents had heart disease (8%) compared to Hispanics (4%). Rates of heart disease also varied by education and income level. A higher proportion of college graduates in Bexar (9%) than those with lower levels of education reported that they had heart disease. Compared to the rate reported by respondents with household incomes less than \$25,000 (5%), a slightly higher proportion of those incomes of more than \$50,000 (7%) reported having heart disease.

Figure 169. Population with heart disease (%), by demographics, Bexar County, 2012

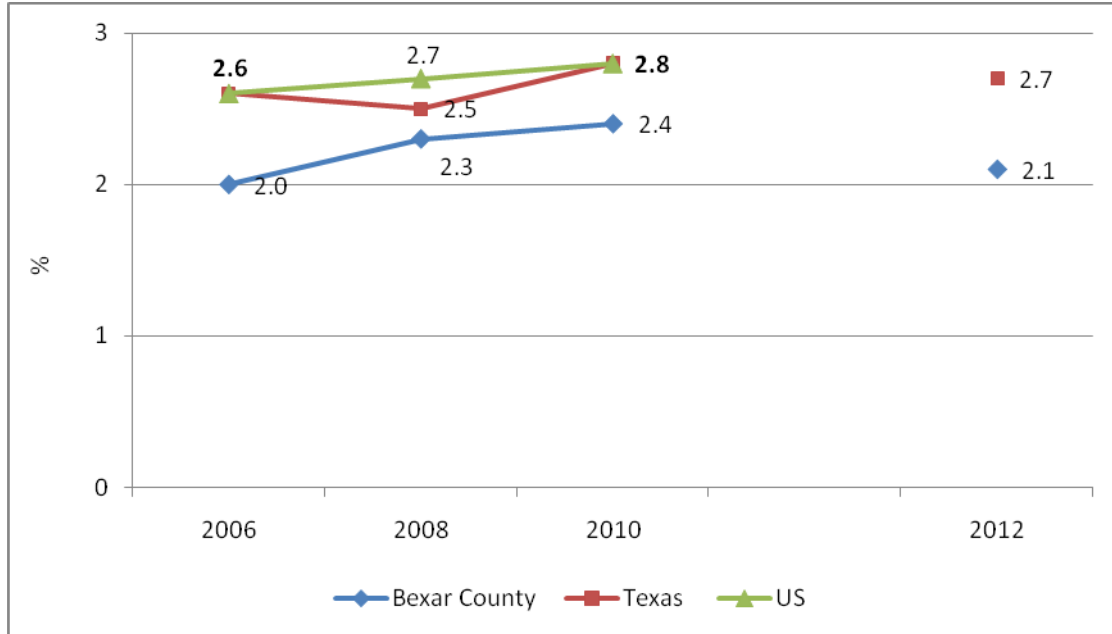


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Heart disease is one risk factor for stroke. In 2012, 3% of Bexar County adults reported that they had been told they had a stroke, a rate slightly higher than for the state overall. (Figure 170)

Figure 170. Population ever had a stroke (%), U.S., Texas, and Bexar County 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

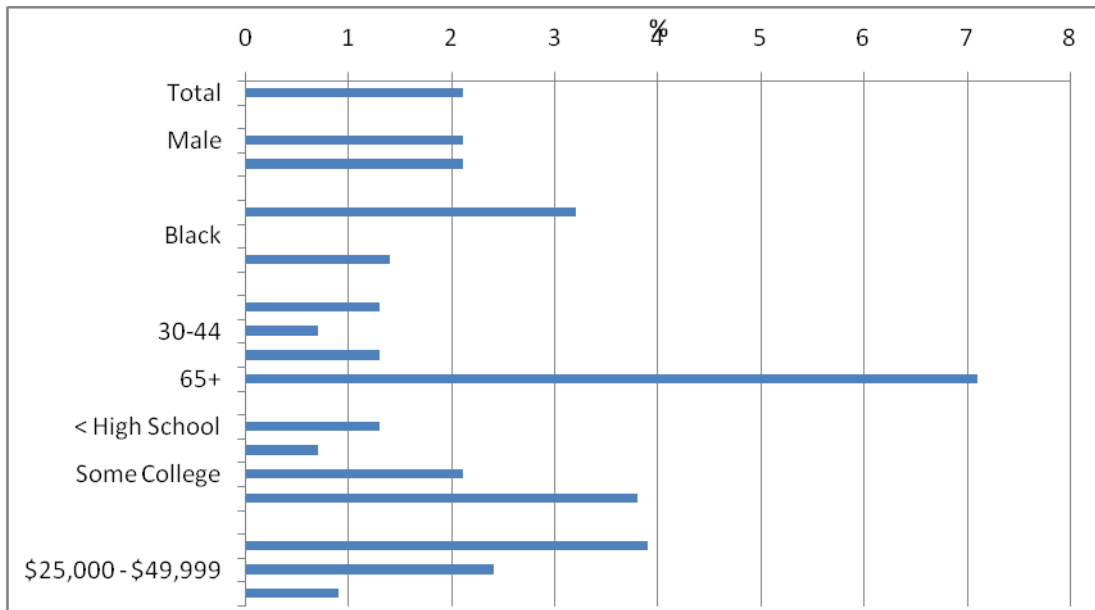
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

As Figure 171 shows, a higher proportion of Bexar respondents age 65 or older (7%) reported in 2012 that they had experienced a stroke than those between the ages of 18 and 29 (1%). Males and females experienced the same rates of stroke. A higher proportion of Whites (3%) had a stroke compared to Hispanics (1%). Across household income levels, fewer Bexar County respondents with higher levels of household income reported ever having a stroke.

Figure 171. Population ever had a stroke (%), by demographics, Bexar County, 2012

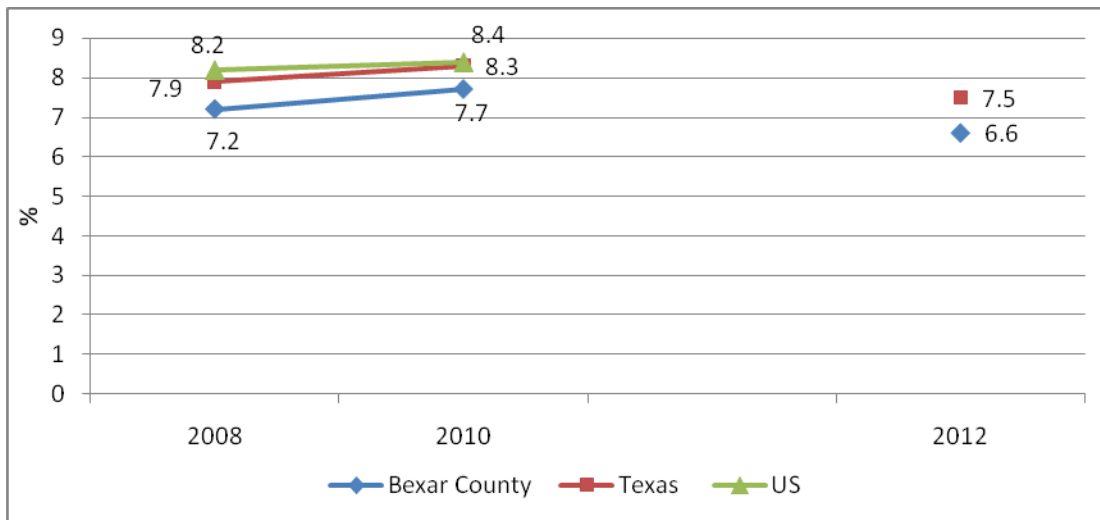


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

The BRFSS survey uses participants' responses to questions about heart attack, angina, and stroke to determine the presence of cardiovascular disease. As Figure 172 shows, the proportion of Bexar County adults with cardiovascular disease (7%) is slightly lower than that for Texas overall (8%).

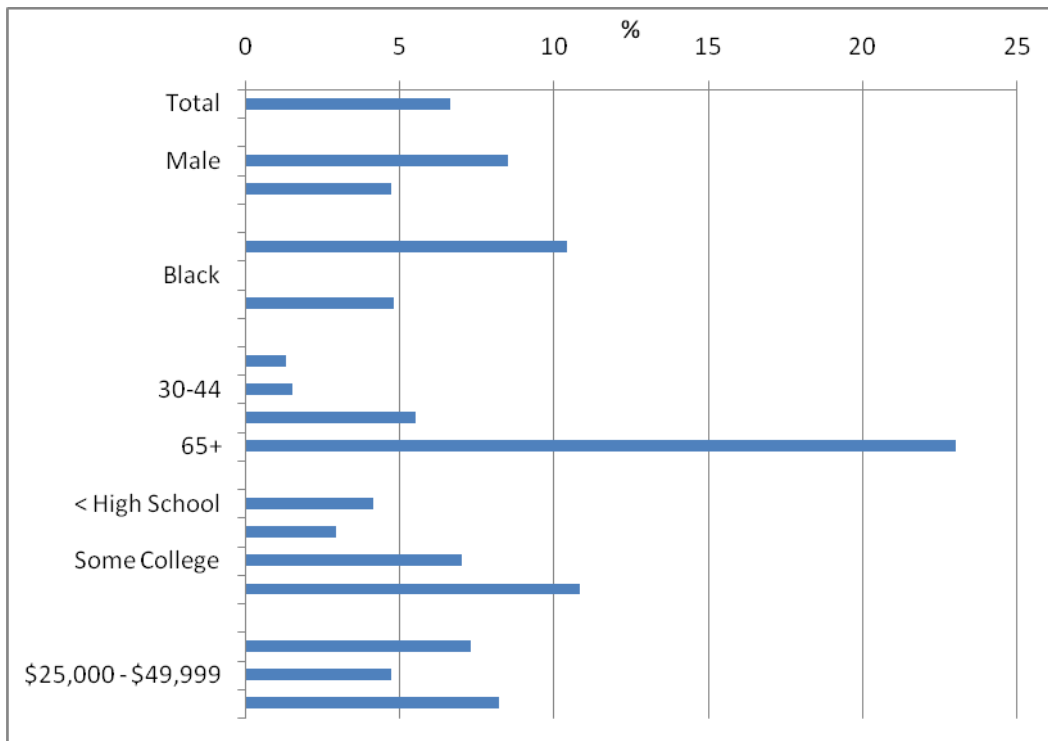
Figure 172. Population with cardiovascular disease (%), U.S., Texas, and Bexar County, 2008-2012



Source: Texas Department of State Health Services, BRFSS 2008-2012
 Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

The percentage of Bexar BRFSS respondents with cardiovascular disease varies by demographic group. (Figure 173) Nearly one quarter (23%) of those age 65 or older had cardiovascular disease compared to 1% of respondents ages 18 to 29. Twice as many White residents (10%) as Hispanic residents (5%) had cardiovascular disease. Across education levels, a higher proportion of Bexar County respondents with a college education had cardiovascular disease (11%) in 2012 than those with less than a high school education (4%). Rates were similar between Bexar County residents with household incomes less than \$25,000 (7%) and those with household incomes more than \$50,000 (8%) but slightly lower for those earning between these amounts (5%).

Figure 173. Population with cardiovascular disease (%), by demographics, Bexar County, 2012

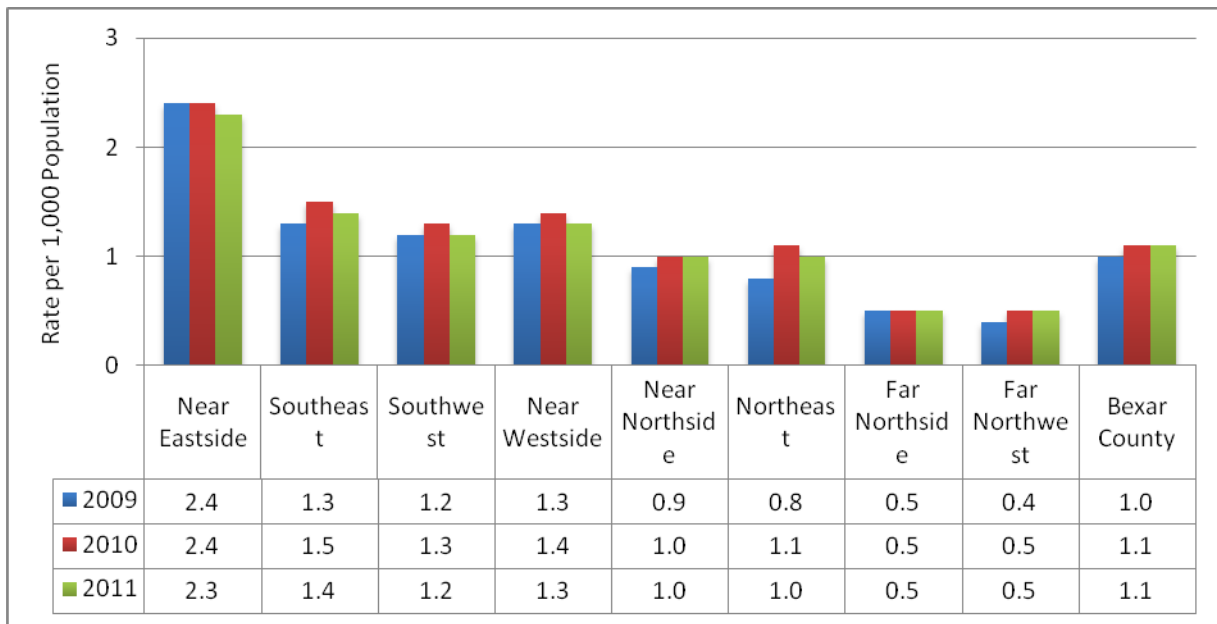


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

In 2011, the hospitalization rate for hypertensive disease among Bexar County residents was 1 case in every 1,000 people. (Figure 174) The rate of hospitalizations for hypertensive disease was highest among residents of the Near Eastside (about 2 per 1,000 in 2011) and lowest among those from the Far Northside and Far Northwest. Overall Bexar County rates remained largely the same between 2009 and 2011.

Figure 174. Hospitalization rate for hypertensive disease (per 1,000 people), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

The rate of hospitalization for hypertensive disease in Bexar County was three times higher among Blacks (3per 1,000 people) than among Whites and Hispanics (1 per 1,000 people) in 2011. (Figure 175) Between 2009 and 2011, hospitalization rates remained about the same across racial/ethnic groups.

Figure 175. Hospitalization rate (per 1,000 people) for hypertensive disease, by

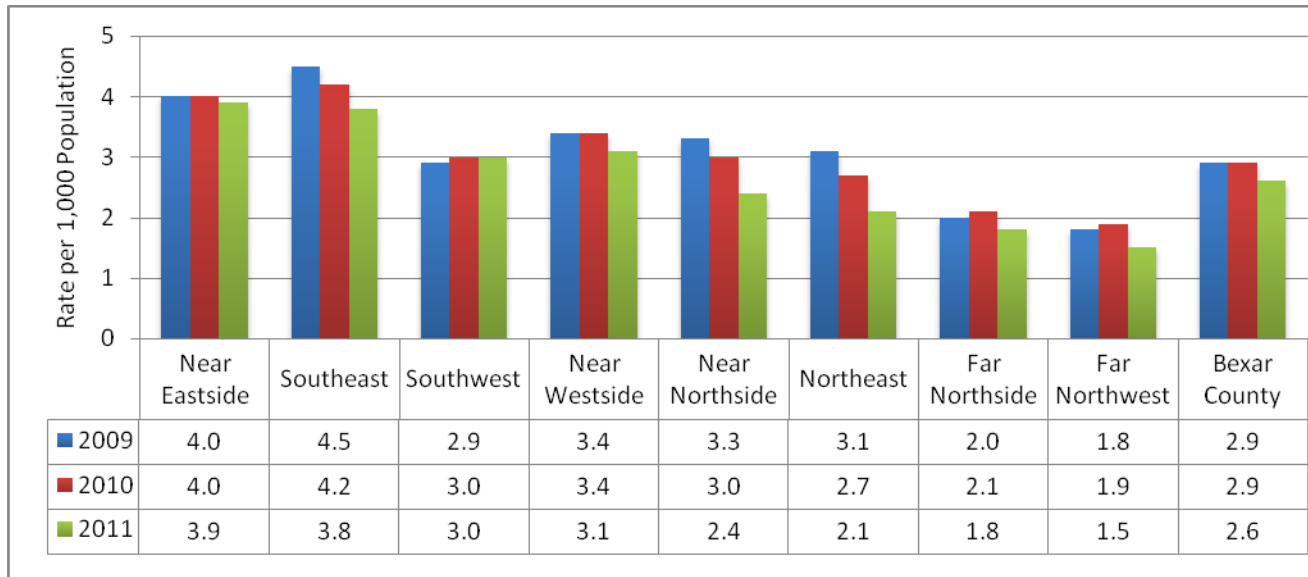


race/ethnicity, Bexar County, 2009-2011

Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

In 2011, there were 3 cases of hospitalization for ischemic heart disease for every 1,000 Bexar County residents. (Figure 176) Rates of hospitalization for ischemic heart disease were highest in the Near Eastside and Southeast subsectors of Bexar County in 2011, twice as high as those among residents of the Far Northside and Far Northwest (2 cases per 1,000 people). Rates remained about the same between 2009 and 2011.

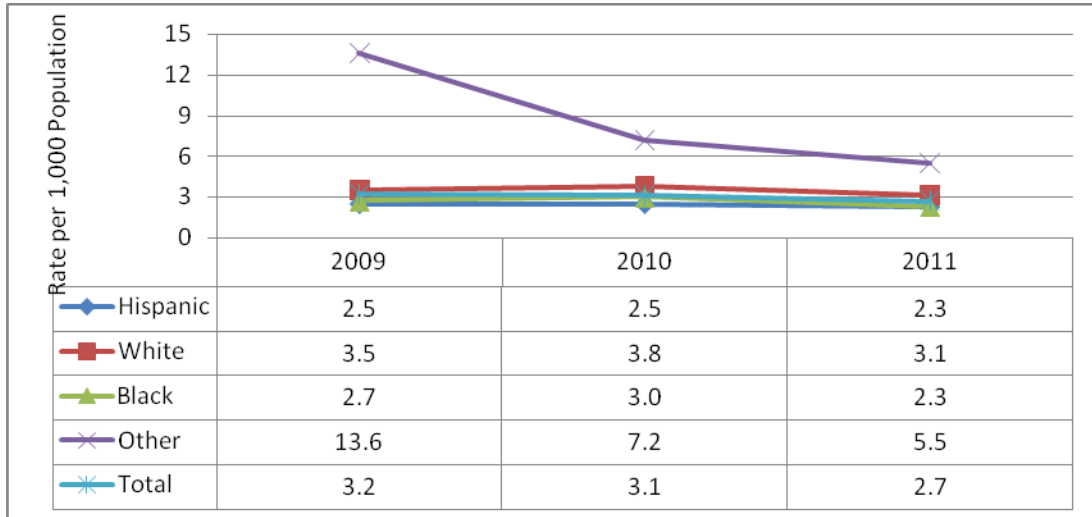
Figure 176. Hospitalization rate (per 1,000 people) for ischemic heart disease, by subsectors, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Hospitalization rates for ischemic heart disease were highest among those identifying as Other race (6 per 1,000 people) than for Whites (3 per 1,000 people) or Hispanics or Blacks (2 per 1,000 people). (Figure 177) Between 2009 and 2011, rates declined for those identifying as Other race and remained the same for Blacks, Hispanics, and Whites. However, due to small sample size, the result reported for people identified as Other race should be interpreted with caution.

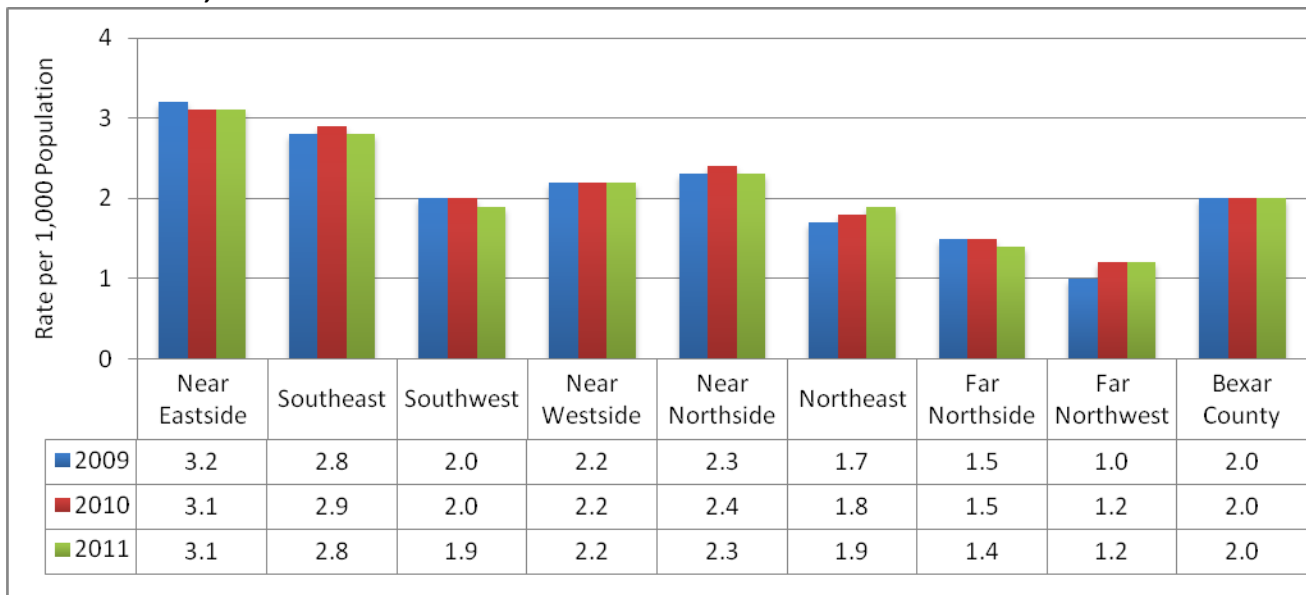
Figure 177. Hospitalization rate (per 1,000 people) for ischemic heart disease, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

In 2011, there were approximately two cases of hospitalization for cerebrovascular disease for every 1,000 people in Bexar County, a rate that has remained the same from 2009. (Figure 178) Rates of hospitalization for cerebrovascular disease were highest among residents of the Near Eastside and Southeast in 2011 (3 cases per 1,000 people) and lowest among those in the Far Northside and Far Northwest (1 case per 1,000 people). Rates have remained the same between 2009 and 2011.

Figure 178. Hospitalization rate (per 1,000 people) for cerebrovascular disease, Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Blacks and Whites in Bexar County (3 cases per 1,000 people) were more likely to be hospitalized for cerebrovascular disease than Hispanics (2 cases per 1,000 people) over the period 2008 to 2011. (Figure 179) Rates have remained the same across these groups from 2009 to 2011.

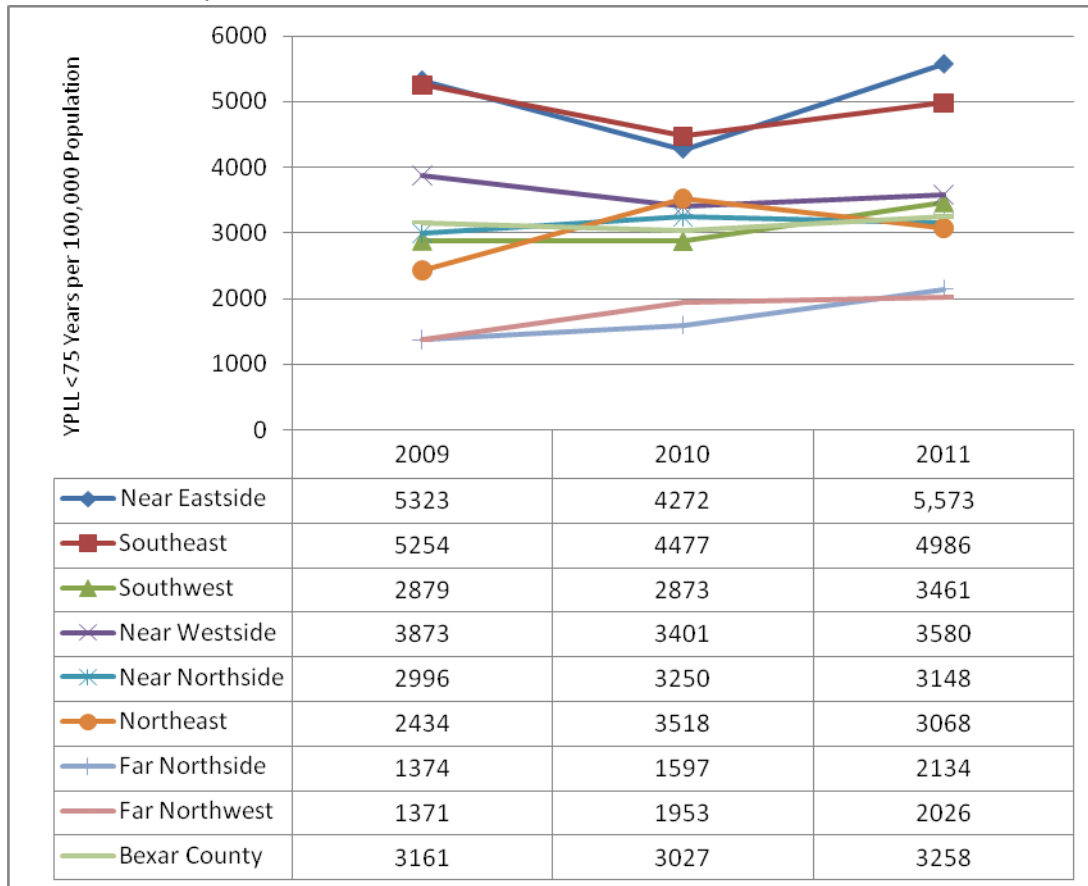
Figure 179. Hospitalization rate (per 1,000 people) for cerebrovascular disease, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Figure 180 presents the YPLL in Bexar County due to heart disease. In 2011, there were 3,258 YPLL per 100,000 people due to heart disease in the County, a slight increase from 2009. The Near Eastside and Southeast experienced the highest YPLL (5,573 and 4,986 years per 100,000 people, respectively) of all subsectors while the Far Northwest and Far Northside had the lowest rates (2,026 and 2,134 years per 100,000 people, respectively). Between 2009 and 2011, the YPLL due to heart disease increased across most Bexar County subsectors, with the exception of the Southeast and Near Westside, where YPLL decreased.

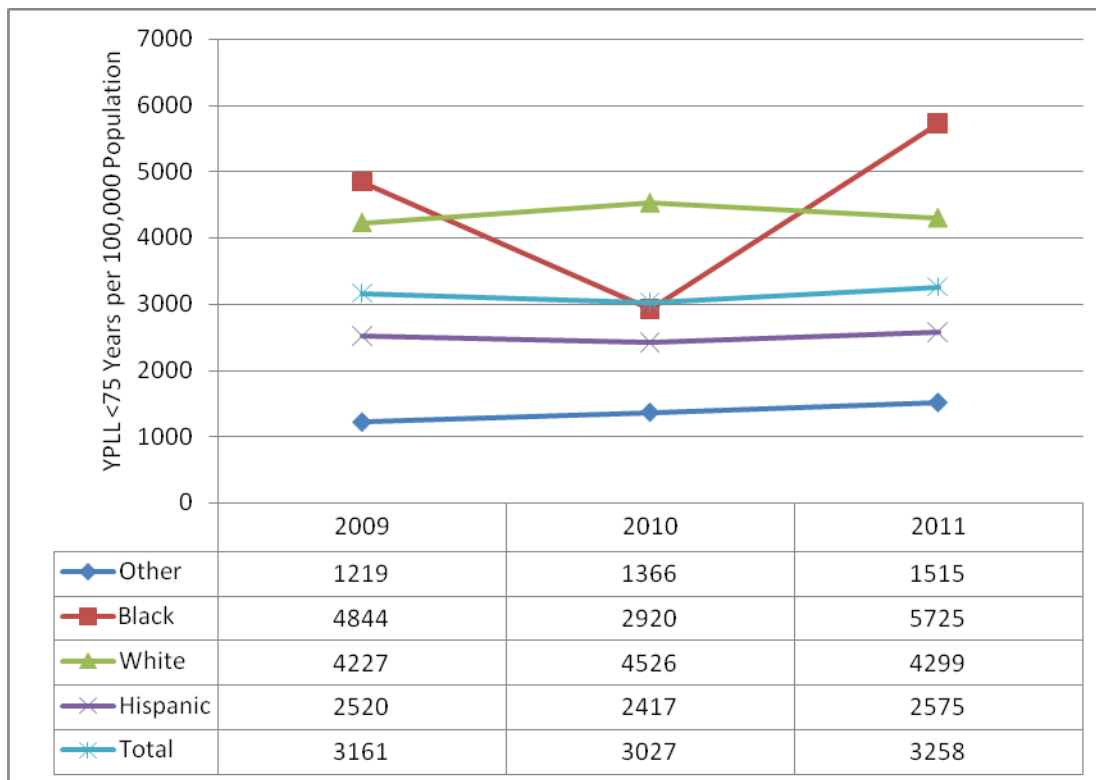
Figure 180. YPLL (age 75) due to heart disease (per 100,000 people), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

YPLL calculated by race and ethnicity shows in 2011 that Blacks (5,725 years per 100,000 people) and Whites (4,299 years per 100,000 people) suffered more YPLL due to heart disease than Hispanics (2,575 years per 100,000 people) or those of Other race (1,515 years per 100,000). (Figure 181) Whites and Blacks lost more than one and a half times more years of life than Hispanics in 2011. Those identifying as Other race experienced the lowest YPLL from 2009 through 2011 although it should be noted that due to small sample size in this population, data should be interpreted with caution. YPLL rates have increased between 2009 and 2011 for each racial/ethnic group.

Figure 181. YPLL (age 75) due to heart disease (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011

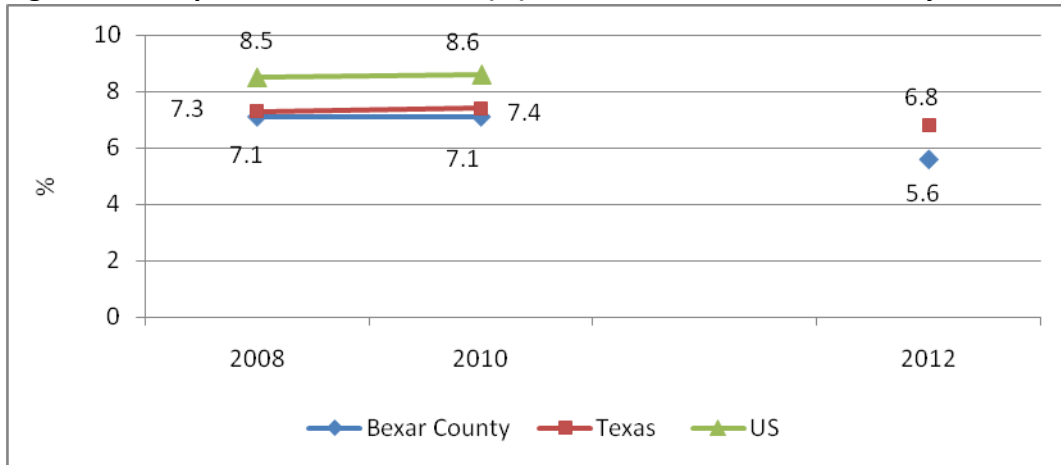


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Asthma

Asthma is a chronic disease that can be deadly if not managed properly. The prevalence of asthma has increased dramatically over the past few decades across the U.S. Figure 182 depicts the prevalence of asthma among adult respondents from the U.S., Texas, and Bexar County. In 2012, a slightly lower proportion of Bexar County adults (6%) currently have asthma than in the state of Texas (7%). (Figure 182)

Figure 182. Population with asthma (%), U.S., Texas, and Bexar County, 2008-2012



Source: Texas Department of State Health Services, BRFSS 2008-2012

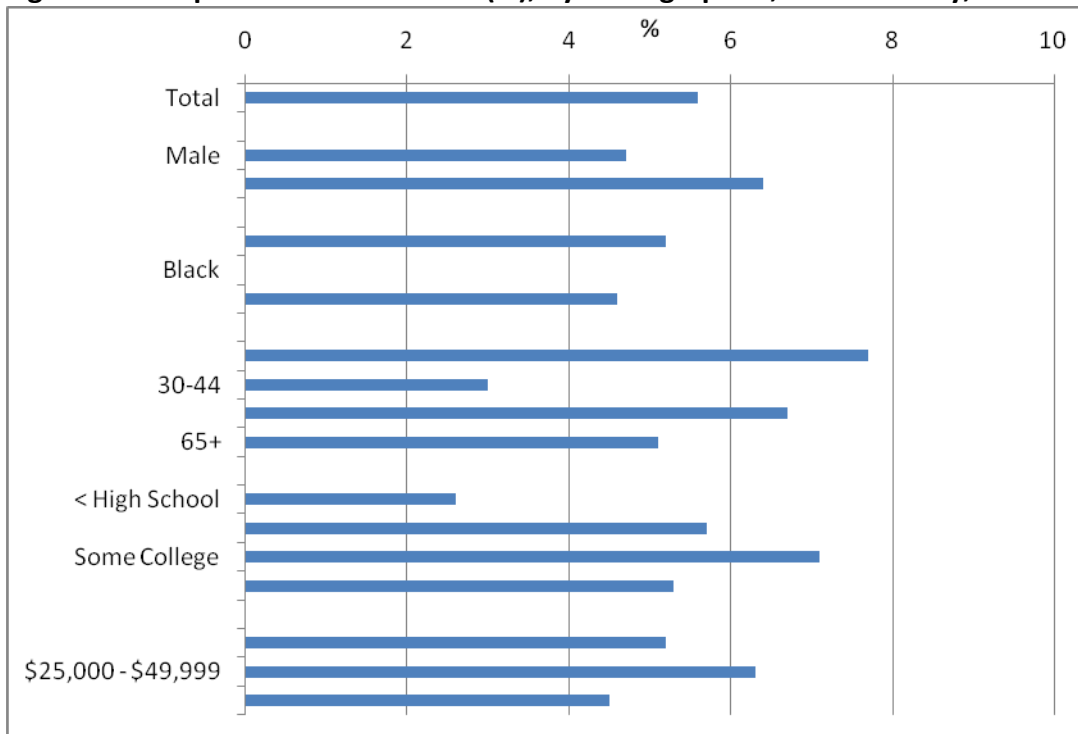
Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Data indicate that asthma rates varied a bit across demographic groups in Bexar County in 2012. (Figure 183) Asthma rates were higher among respondents between the ages of 18 and 29 (8%) than among respondents age 65 or older (5%). Rates were also higher among adults with some college (7%) than for adults with less than a high school education (3%).

Figure 183. Population with asthma (%), by demographics, Bexar County, 2012



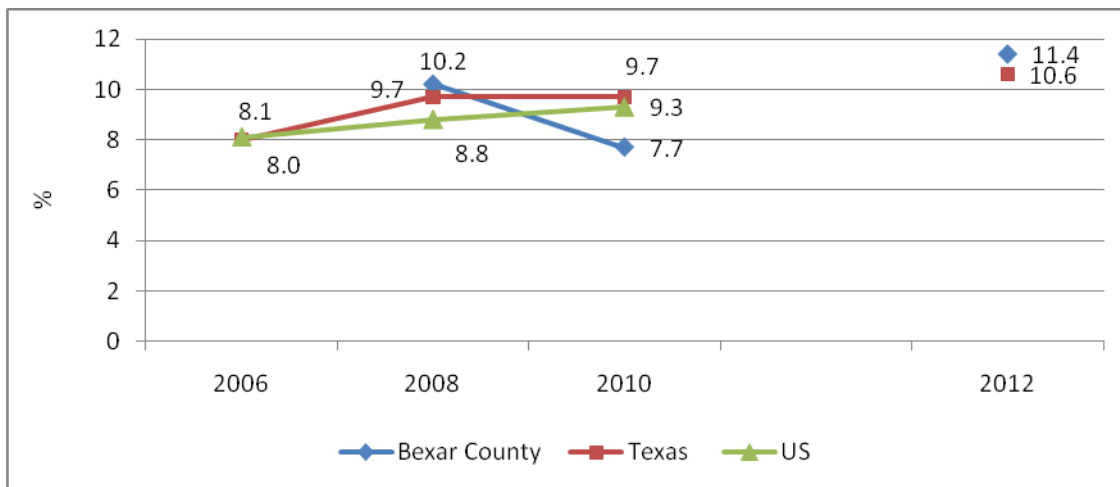
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Diabetes

Diabetes was reported as a common concern for the Bexar County region. Diabetes is a chronic disease that, when left untreated or not properly managed, can result in serious complications, including kidney failure, blindness, limb amputation, and death. In 2012, 11.4% of Bexar County adults reported being diagnosed with diabetes, a rate similar to the state of Texas. (Figure 184)

Figure 184. Population diagnosed with diabetes (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

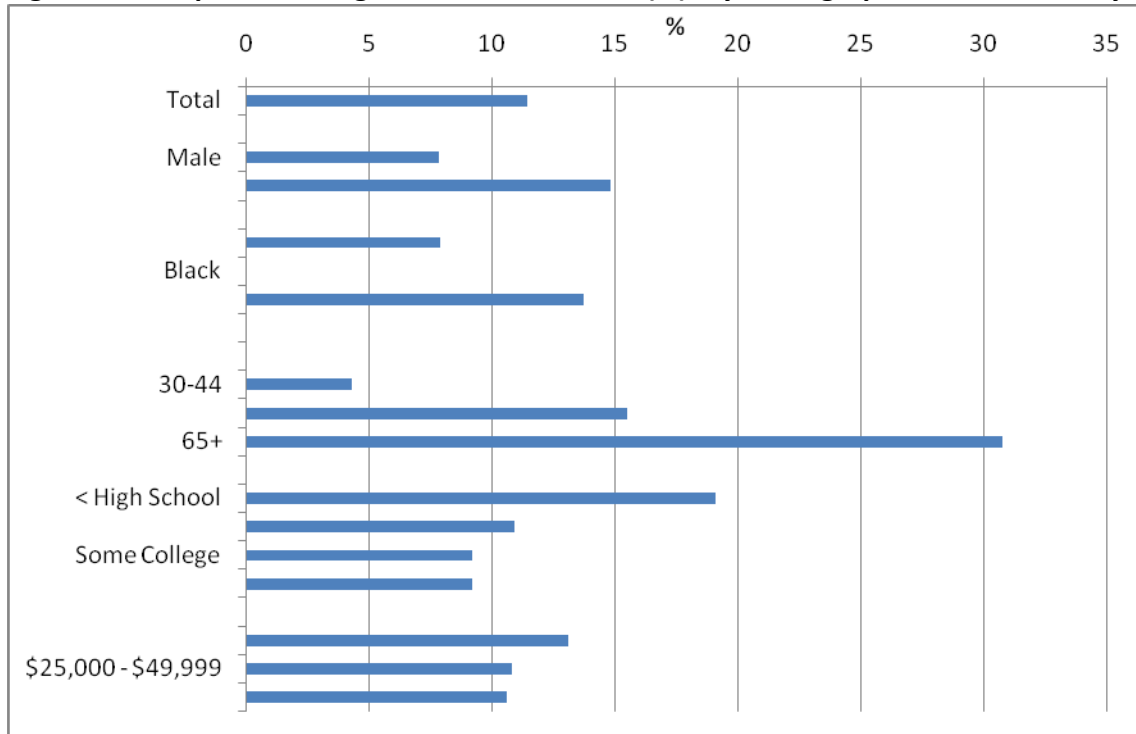
Note: 2012 data for the US is not publicly available

Note: this indicator is an SA2020 indicator

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Rates of diagnosed diabetes varied across demographic groups in Bexar County. (Figure 185) In 2012, a higher percentage of females (15%) than males (8%) were diagnosed with diabetes. A higher rate of Hispanic adults (14%) than White adults (8%) were diagnosed with diabetes in Bexar County. Nearly one third (31%) of residents age 65 or older and 16% of those ages 45-64 had a diabetes diagnosis. Nearly 20% of respondents with less than a high school education had been diagnosed with diabetes compared to 9% for those who had graduated from college. Rates among respondents with annual household incomes less than \$25,000 were slightly higher than among those with incomes of \$50,000 or more (13% and 11%, respectively).

Figure 185. Population diagnosed with diabetes (%), by demographics, Bexar County, 2012



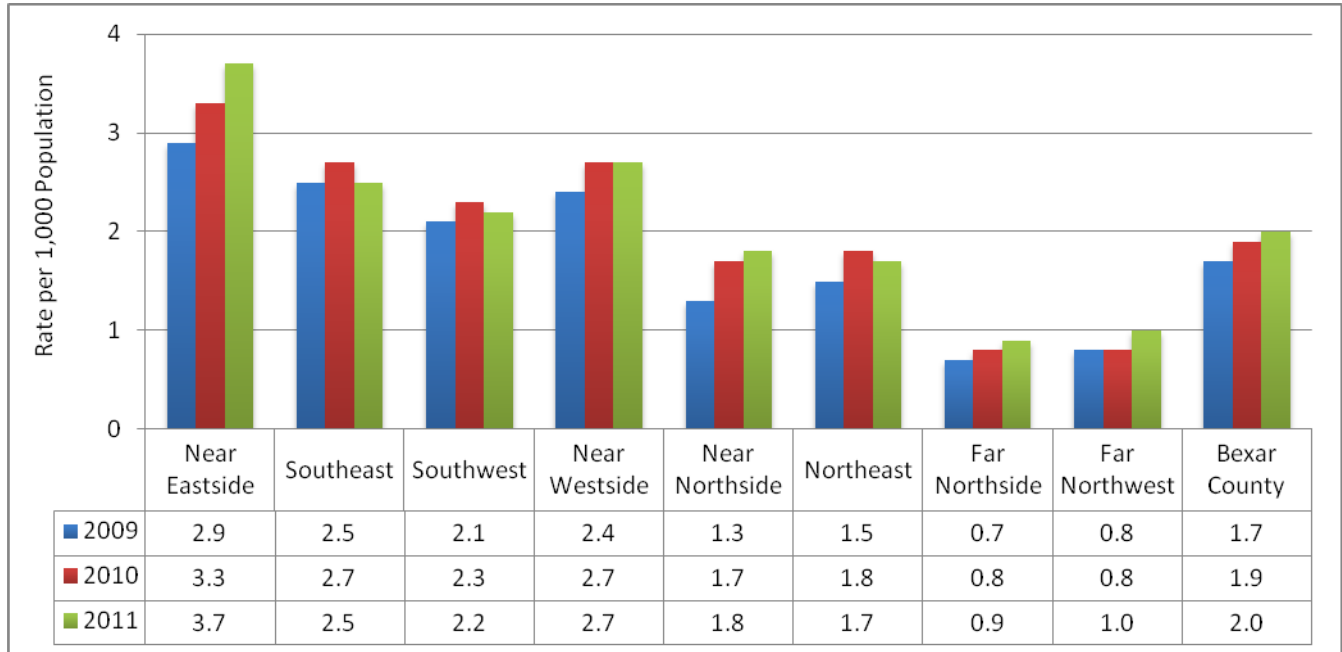
Source: Texas Department of State Health Services, BRFSS 2012

Note: Women with gestational diabetes are not considered to have diabetes

Note: No data for a subcategory denotes a sample size that was too small

In 2011, there were two cases of hospitalization due to diabetes per 1,000 people in Bexar County, a rate similar to 2009. (Figure 186) Rates of hospitalization due to diabetes varied across Bexar County’s subsectors between 2009 and 2011. Compared to rates in the Far Northside and Far Northwest, the rate of hospitalization for diabetes was over three times as high among residents of the Near Eastside and over twice as high among those living in the Southeast, Southwest, and Near Westside. Most subsectors saw a slight increase in hospitalization rates for diabetes from 2009 to 2011.

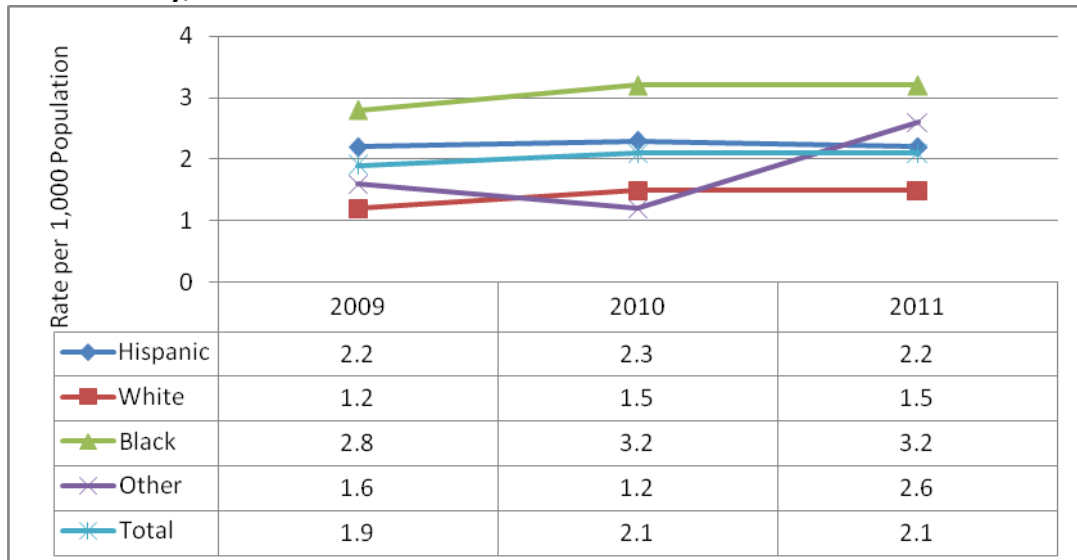
Figure 186. Hospitalization rate (per 1,000 people) for diabetes mellitus, by subsectors, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

A higher proportion of Bexar County Black residents than Hispanic residents and White residents were hospitalized for diabetes between 2009 and 2011. (Figure 187) Rates remained about the same across these groups from 2009 to 2011.

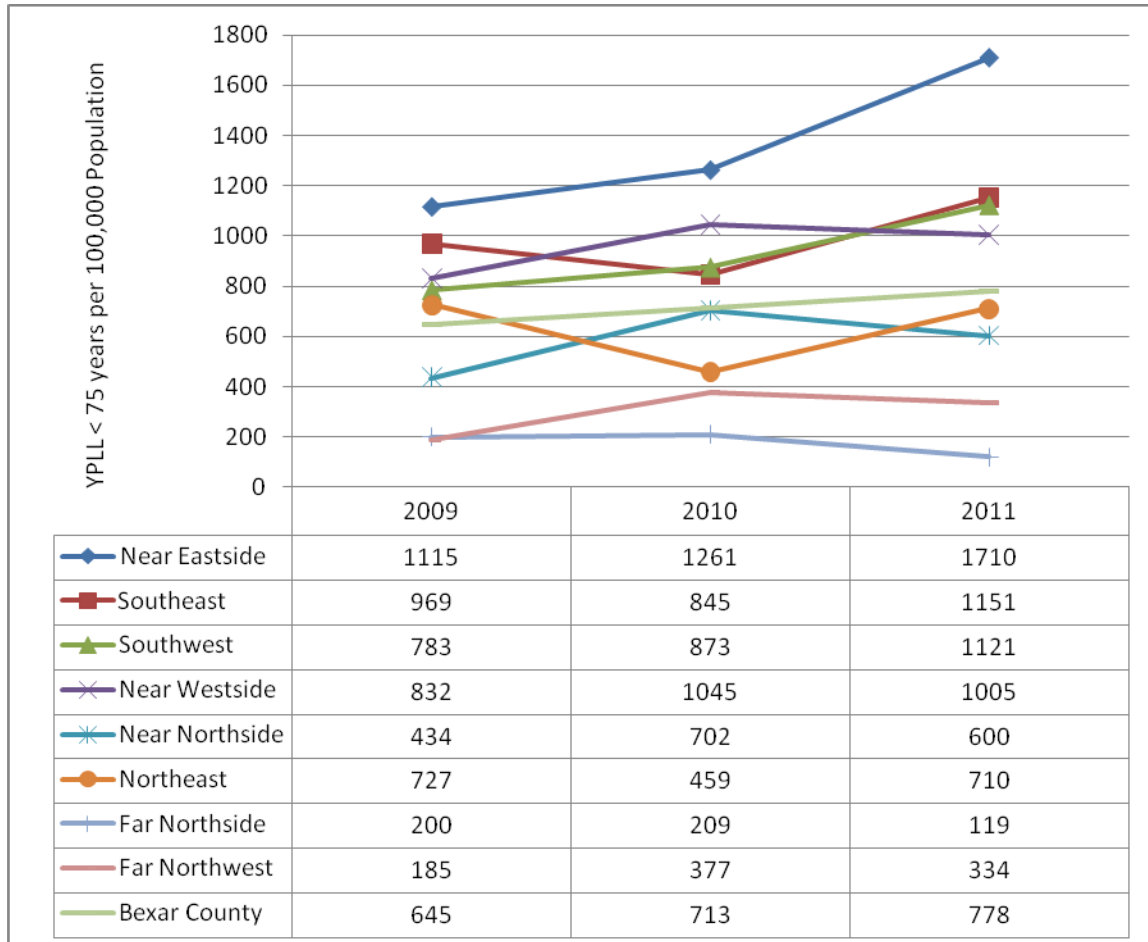
Figure 187. Hospitalization rate (per 1,000 people) for diabetes mellitus, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Figure 188 presents the YPLL in Bexar County due to diabetes. In 2011, there were 778 YPLL per 100,000 people in Bexar County due to diabetes, an increase from 2009. Across Bexar County's subsectors, the Near Eastside experienced the highest YPLL due to diabetes (1,710 years per 100,000 people) while the Far Northside experienced the lowest (119 years per 100,000 people). Between 2009 and 2011, the number of years of potential life lost due to diabetes increased across all Bexar County sectors except the Far Northside.

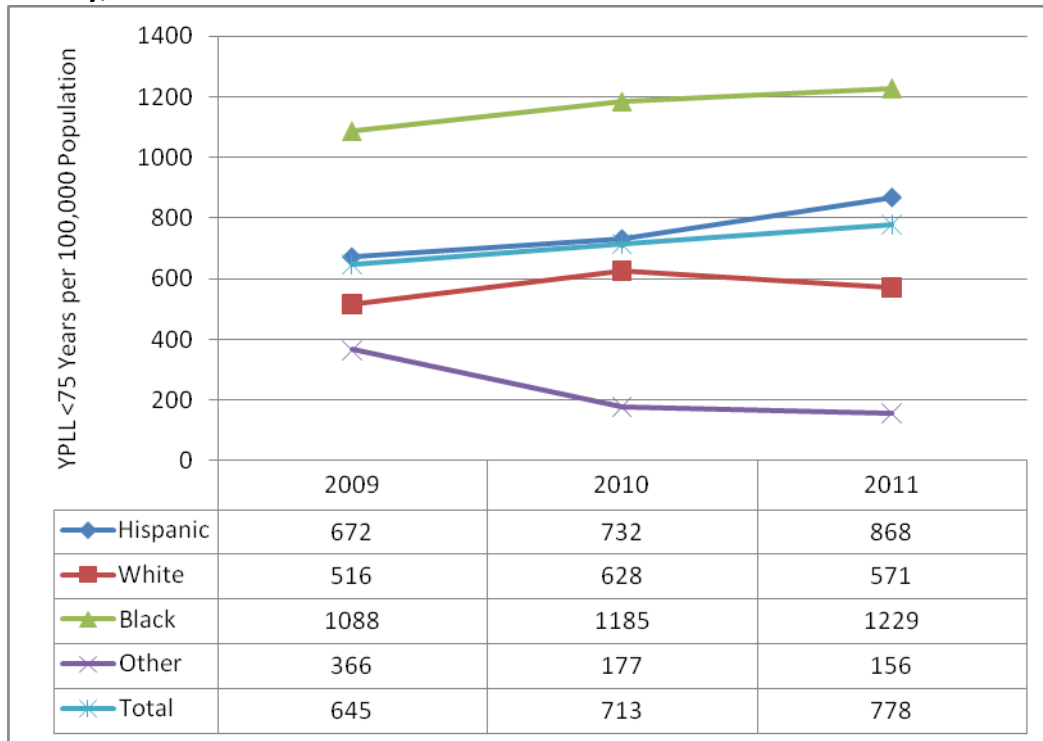
Figure 188. YPLL (age 75) due to diabetes (per 100,000 population), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metro Health Department, additional analyses conducted by HRIA

YPLL calculated by race and ethnicity shows that in 2011 Blacks (1,229 years per 100,000 people) and Hispanics (868 years per 100,000 people) suffered more YPLL due to diabetes than Whites (571 years per 100,000 people) or those of Other race (156 years per 100,000 people). (Figure 189) Those identifying as Other race experienced the lowest YPLL from 2009 through 2011, although it should be noted that due to small sample size, data on this population should be interpreted with caution. YPLL rates have increased between 2009 and 2011 for each racial/ethnic group except those identifying as Other race.

Figure 189. YPLL (age 75) due to diabetes (per 100,000 population), by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

Cancer Health

This section presents quantitative data about the most commonly occurring cancers in Bexar County (colon, breast, cervical, prostate, lung, and oral cancers). Cancer incidence rates describe the number of newly diagnosed cases of cancer between 2003 and 2010 while mortality rates describe the number of new cancer deaths over the same time period. When available, the data are presented by gender and race/ethnicity. Much of the data presented in this section are age-adjusted in order to minimize the effects of differences in age distributions when comparing rates for different populations. The age-adjusted rates are expressed per 100,000 people and the standard population used is the 2010 U.S. population.

Although this report relies on cancer incidence data calculated from 1995 to 2010, it is important to acknowledge and delineate differences from similar data compiled for the 1995-2009 time period. The 1995-2009 analysis file was prepared in February 2012 and the 1995-2010 file was prepared in April 2013. There are two important differences between the 1995-2009 and 1995-2010 cancer incidence rates. First, the number of cancers diagnosed in 2010 is lower than expected, due to non-reporting of records by military and one Veterans Administration hospital, cancer treatment center reporting delays, and record processing delays related to the conversion to new TCR software. Therefore, case counts and incidence

rates in 2010 are underestimated and should be interpreted with caution. Second, in the 1995-2010 file prepared in April 2013, compared to the 1995-2009 file prepared in February 2012, the number of cases diagnosed in 1995-2003 and 2005 increased by 3%. The primary reason for this change is that, in all previous analysis files, cases reported to the Texas Cancer Registry (TCR) with only a date of admission/first contact and lacking a date of diagnosis, were not included in the analysis file. In contrast, in the 1995-2010 file, date of admission/first contact was used to estimate month and year of diagnosis for those cases, and they were added to the analysis file. Preparations for the conversion to new TCR software also identified additional multiple primary cases from reports pending processing.

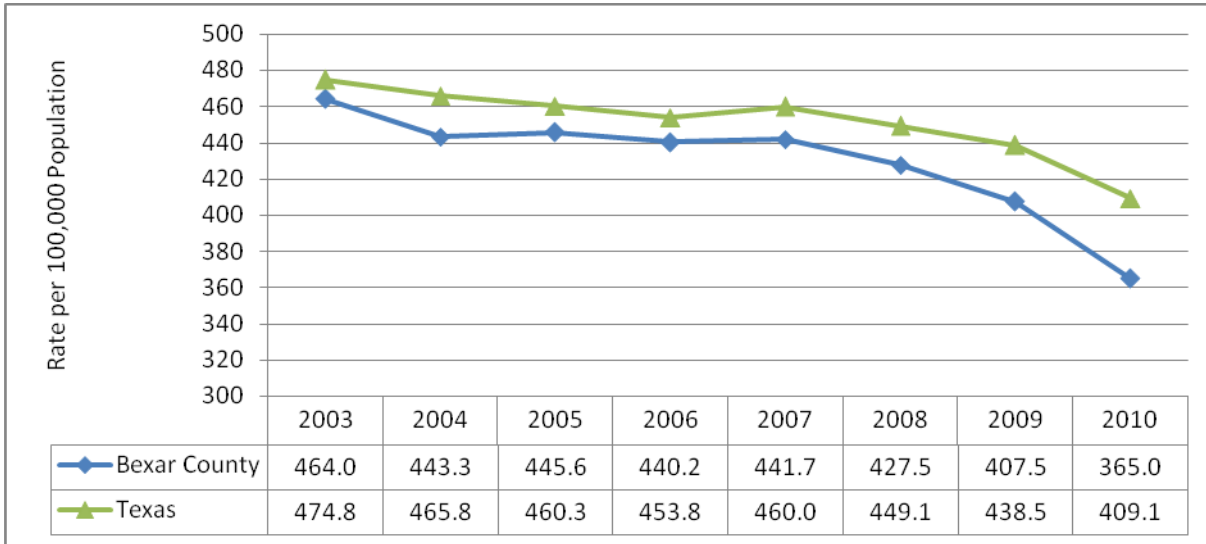
This section also presents information about self-reported screenings for some types of cancers. Preventative screenings and early detection can be key to effective treatment and positive health outcomes. Cancer screenings, such as mammograms or colonoscopies, help to identify possible cancer prior to the development of symptoms. Knowledge of and access to comprehensive screening services is essential to improving cancer morbidity and mortality.

It should be noted that cancer-related illnesses and cancer prevention were not often mentioned as key health concerns in focus groups and interviews with Bexar County residents and other stakeholders.

All Cancer

Figure 190 presents the age-adjusted incidence rate of all cancers for Bexar County and Texas overall between 2003 and 2010. While incidence rates have decreased over the eight-year timeframe in both Bexar County and the state, these rates were consistently lower in Bexar County than in the state. The incidence rate in Bexar County decreased from 464 cases per 100,000 people in 2003 to 365 cases per 100,000 in 2010. However, as noted above, case counts and incidence rates of cancer in 2010 are underestimated and should be interpreted with caution.

Figure 190. Age-adjusted all-cancer incidence rates (per 100,000 people), Texas and Bexar County, 2003-2010

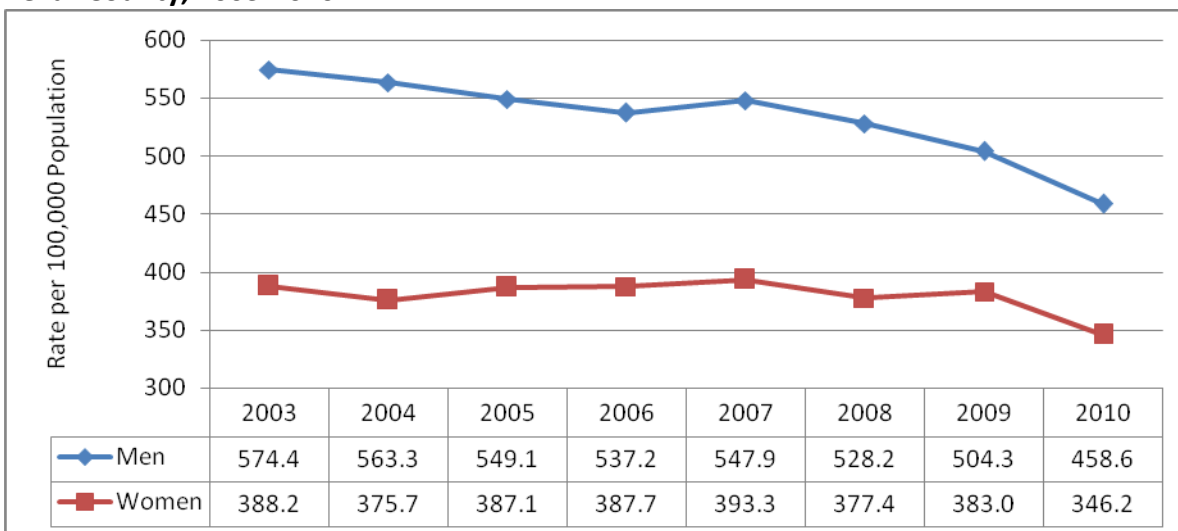


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Men in Bexar County experienced a higher incidence rate of all cancers than women over the eight-year timeframe. (Figure 191) However, men experienced a higher rate of decline in incidence of all cancer over this time period than women. The total cancer incidence rate for men decreased from 574 cases per 100,000 people in 2003 to 459 cases per 100,000 people in 2010. The overall cancer rate for women remained largely the same from 2003 to 2007 with a substantial decline between 2009 and 2010. However, as mentioned above, case counts and incidence rates of cancer in 2010 are underestimated and should be interpreted with caution.

Figure 191. Age-adjusted all cancer incidence rates (per 100,000 people), by gender, Bexar County, 2003-2010

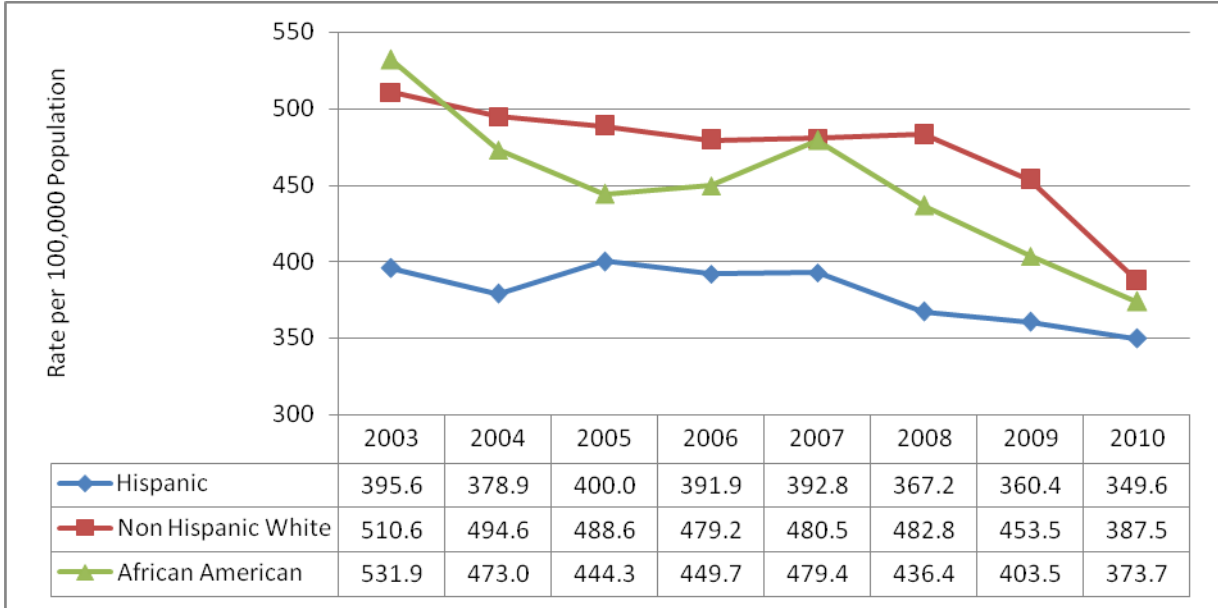


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted cancer data indicate that the incidence of all cancers among Whites and Blacks was higher than for Hispanics between 2003 and 2010; however, this disparity has decreased substantially over this time period. (Figure 192) The incidence of all cancers decreased across all groups over this time period. In 2010, the incidence of all cancers was higher among Whites (388 cases per 100,000 people) than for Blacks (374 cases per 100,000 people) and Hispanics (350 cases per 100,000 people). However, as noted above, case counts and incidence rates of cancer in 2010 are underestimated and should be interpreted with caution.

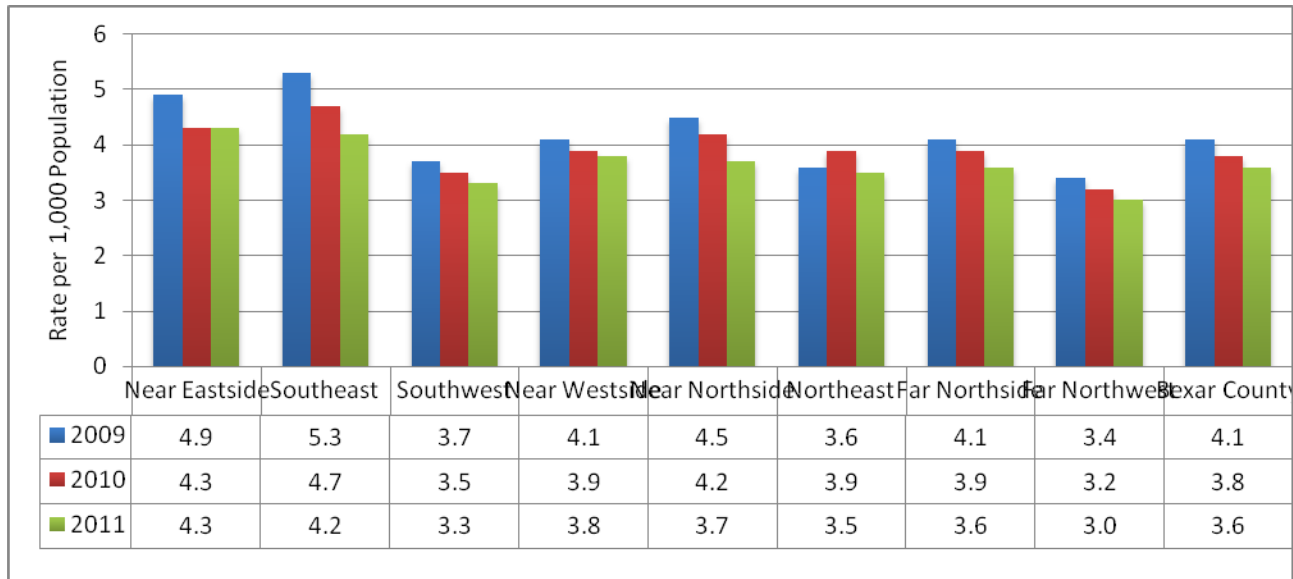
Figure 192. Age-adjusted all-cancer incidence rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010
 Link: <http://www.cancer-rates.info/tx/index.php>

In 2011, the hospitalization rate for cancer in Bexar County was 4 per 1,000 people (Figure 193). Hospitalization rates for cancer were largely similar across Bexar County’s subsectors. Rates declined across all subsectors between 2009 and 2011.

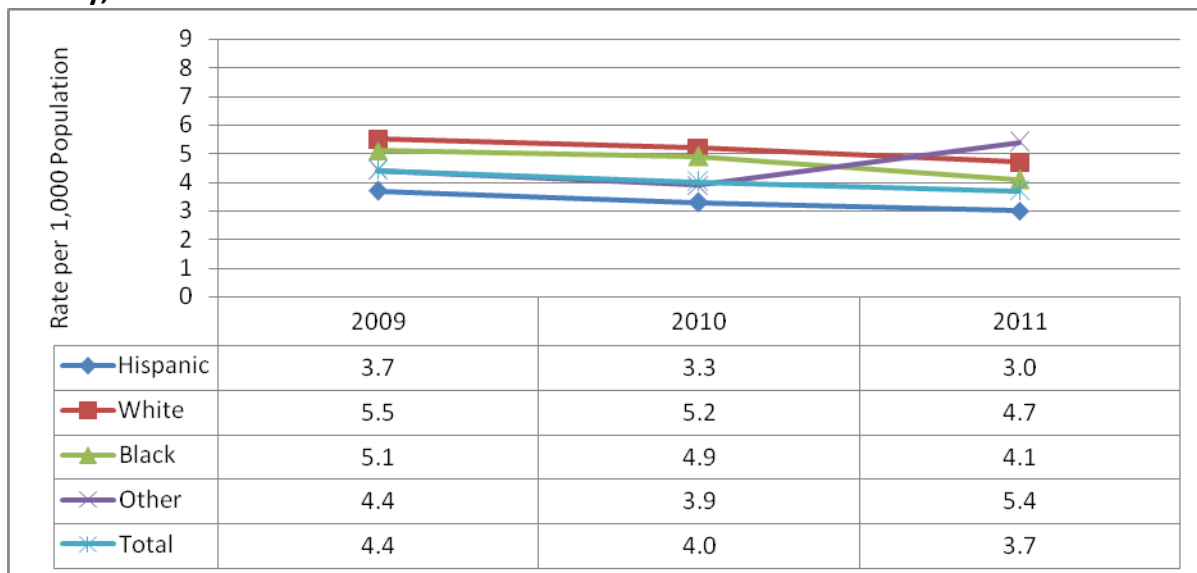
Figure 193. Hospitalization rate (per 1,000 people) for cancer, by subsectors, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

Hospitalization rates for cancer in Bexar County were higher for Whites (5 cases per 1,000 people), those of Other race (5 cases per 1,000 people), and Blacks (4 cases per 1,000 people) than for Hispanics (3 cases per 1,000 people) between 2009 and 2011. (Figure 194) Rates declined for all groups except those identifying as Other race between 2009 and 2011. However, data for this racial group should be interpreted with caution due to small sample size.

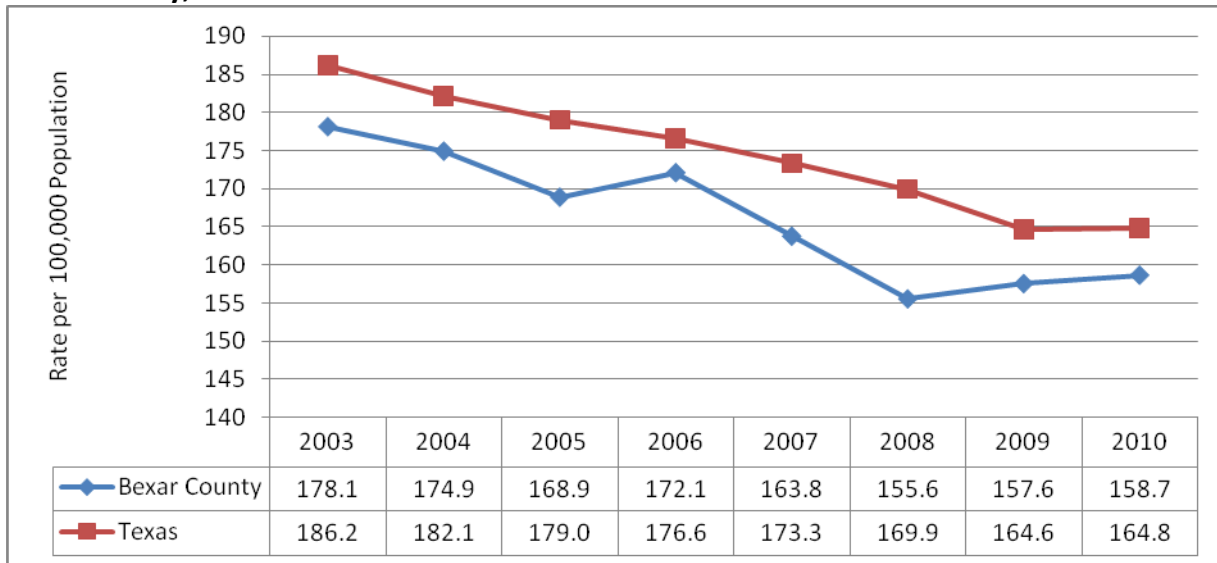
Figure 194. Hospitalization rate (per 1,000 people) for cancer, by race/ethnicity, Bexar County, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIa

As with all cancer incidence rates, the age-adjusted all-cancer mortality rates decreased from 2003 through 2010 in both Bexar County and Texas overall. (Figure 195) In Bexar County, the age-adjusted all-cancer mortality rate declined from 178 per 100,000 people in 2003 to 159 per 100,000 people in 2010. The age-adjusted all cancer mortality rate in Bexar County was lower than for the state overall throughout the eight-year time period.

Figure 195. Age-adjusted all-cancer mortality rates (per 100,000 people), Texas and Bexar County, 2003-2010

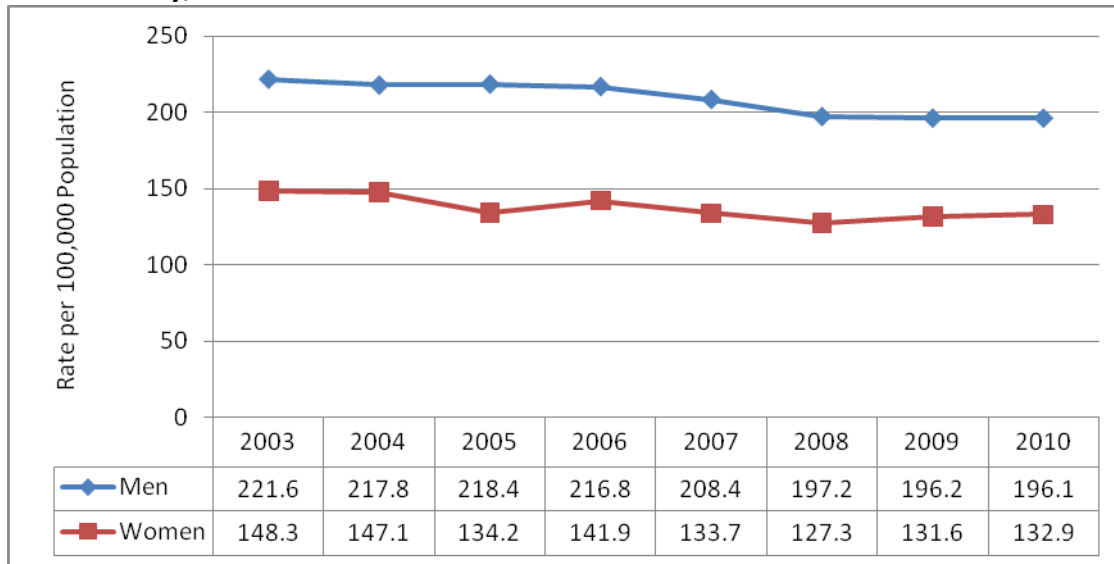


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted all-cancer mortality rates from 2003 through 2010 were higher for men than for women, but both rates experienced slight declines over this time period. (Figure 196) In 2010, the age-adjusted all-cancer mortality for women was 133 per 100,000 people compared to 196 per 100,000 people for men. However, as noted above, case counts and incidence rates of cancer in 2010 are underestimated and should be interpreted with caution.

Figure 196. Age-adjusted all cancer mortality rates (per 100,000 people), by gender, Bexar County, 2003-2010

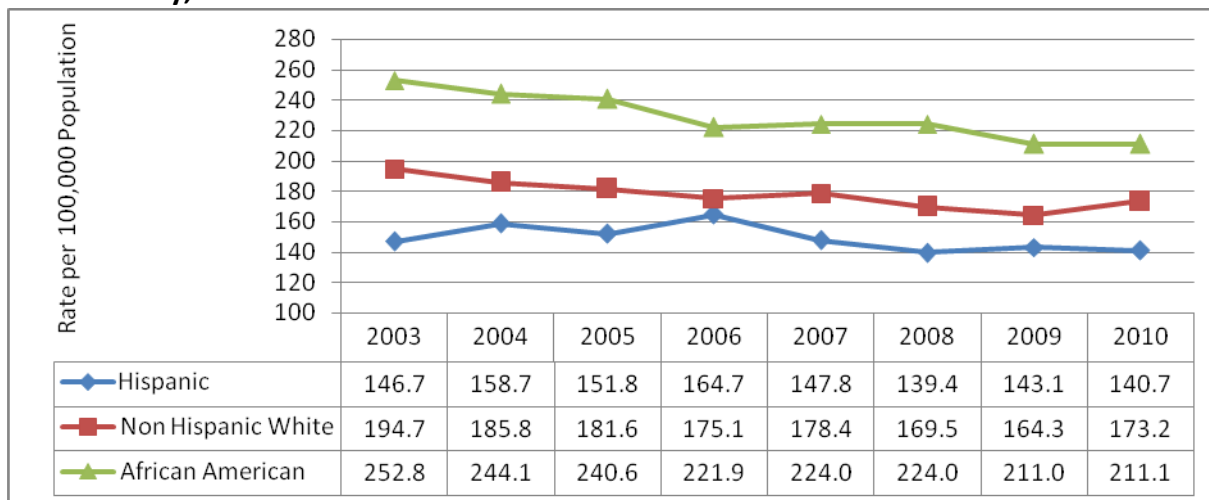


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Trend data indicate that the age-adjusted all-cancer mortality rates in 2010 were higher for Blacks (211 deaths per 100,000 people) than for Whites (173 deaths per 100,000 people) or Hispanics (141 deaths per 100,000 people). (Figure 197) Trend data indicate that these differences among racial/ethnic groups persisted from 2003 to 2010. Age-adjusted all-cancer mortality rates decreased substantially for Blacks over this time period (from 253 per 100,000 people in 2003 to 211 per 100,000 people in 2010), a greater decrease than for Hispanics or Whites.

Figure 197. Age-adjusted all-cancer mortality rates (per 100,000 people) by race/ethnicity, Bexar County, 2003-2010

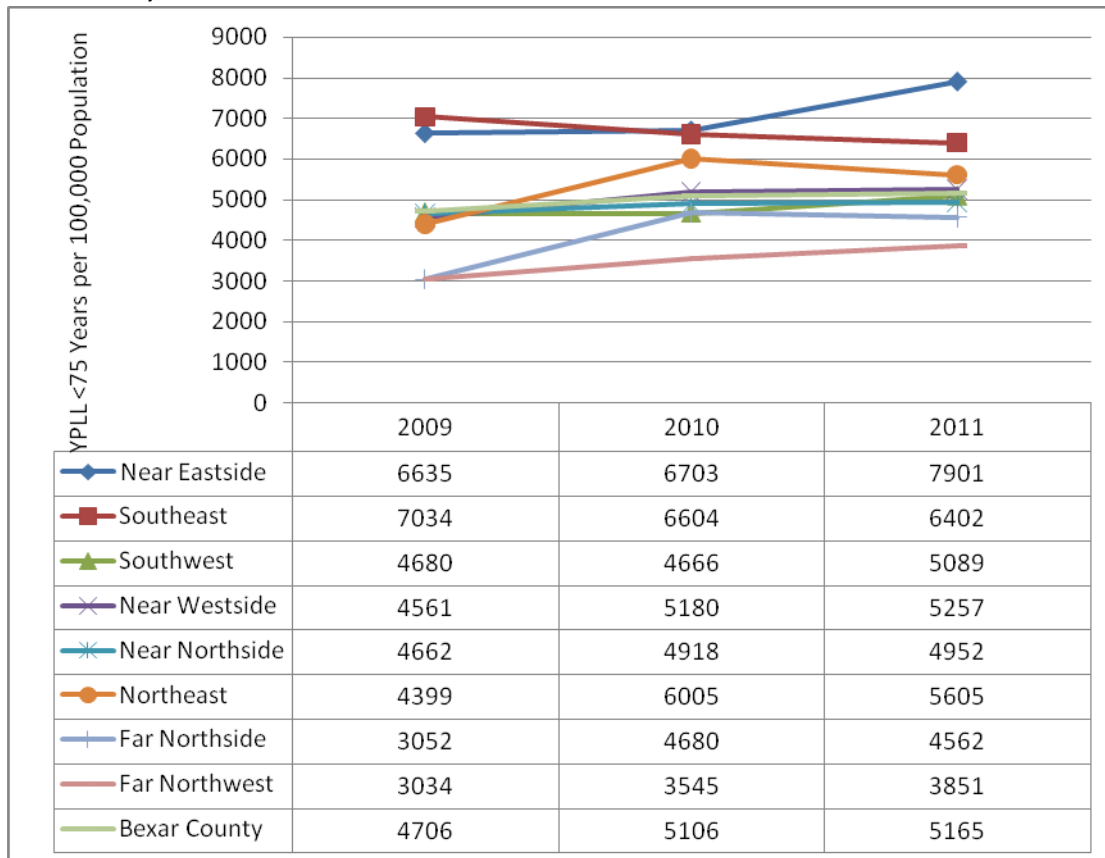


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

As Figure 198 shows, in 2011 YPLL due to cancer was 5,165 per 100,000 people in Bexar County, which represented an increase since 2009. The highest rate of YPLL due to cancer was in the Near Eastside (7,901 years per 100,000 people), a rate twice as high as in the Far Northwest (3,851 years per 100,000 people), which has the lowest rate among all the subsectors. Between 2009 and 2011, the YPLL due to cancer increased across all of Bexar County's subsectors except the Southeast.

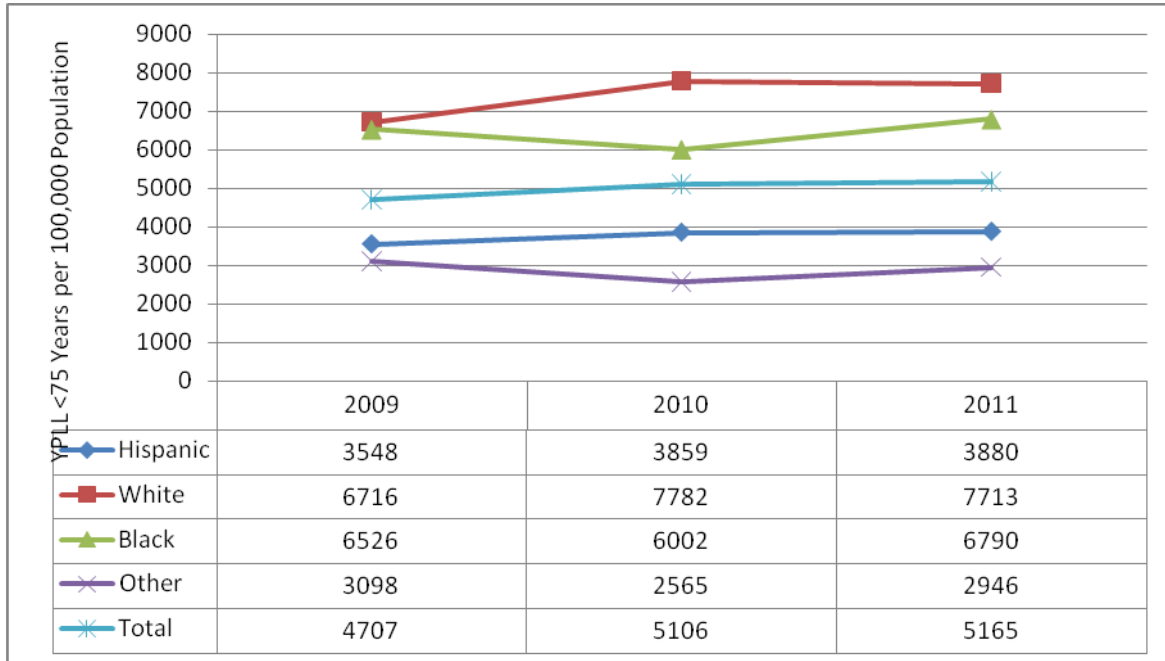
Figure 198. YPLL (age 75) due to cancer (per 100,000 population), Bexar County and subsectors, 2009-2011



Source: Texas Department of State Health Services (2009-2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

White residents of Bexar County had the highest rate of YPLL due to cancer (7,713 years per 100,000 population) in 2011, a rate twice as high as that for Hispanics (3,880 years per 100,000 people). (Figure 199) The YPLL due to cancer was also high among Blacks (6,790 years per 100,000 population) in 2011. The rate among those identifying as Other race was the lowest among all groups (2,946 years per 100,000 population). However, due to small sample size among respondents who racially identified as Other, this result should be interpreted with caution. The number of YPLL rose between 2009 and 2011 for all racial/ethnic groups except those identifying as Other race.

Figure 199. YPLL (age 75) due to cancer (per 100,000 people), by race/ethnicity, Bexar County, 2009-2011

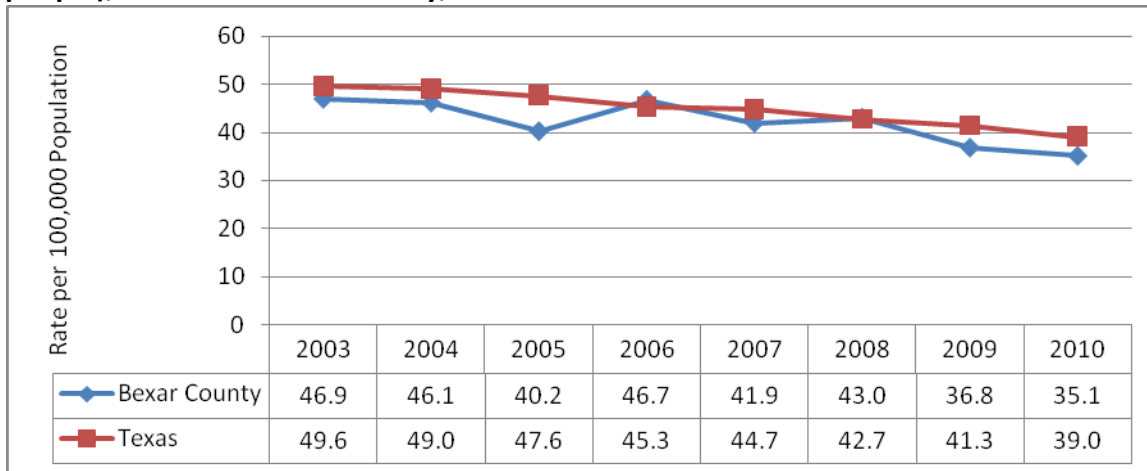


Source: Texas Department of State Health Services (2009-2011) via San Antonio Metro Health Department, additional analyses conducted by HRIa

Colon Cancer

This section presents data related to the incidence and mortality due to colon cancer as well as preventative screening data. Figure 200 shows that the age-adjusted incidence rate of colon cancer in both Bexar County and Texas declined from 2003 to 2010. In Bexar County the rate declined from 47 to 35 cases per 100,000 people during this period. The rate of colon cancer incidence in Bexar in 2010 was slightly lower than the rate for Texas overall. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 200. Age-adjusted colon cancer (including rectum) incidence rates (per 100,000 people), Texas and Bexar County, 2003-2010

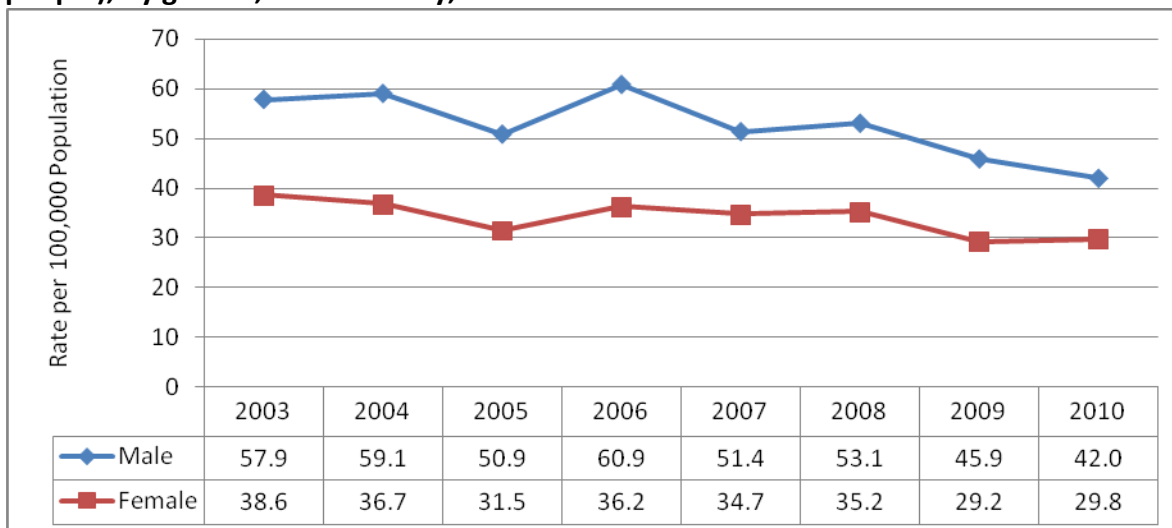


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted colon cancer rates in Bexar County were higher for males than females, although rates for both genders declined from 2003 through 2010. (Figure 201) In 2010, the incidence rate of age-adjusted colon cancer was 42 cases per 100,000 people for men and 30 cases per 100,000 people for women. As noted earlier, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 201. Age-adjusted colon cancer (including rectum) incidence rates (per 100,000 people), by gender, Bexar County, 2003-2010



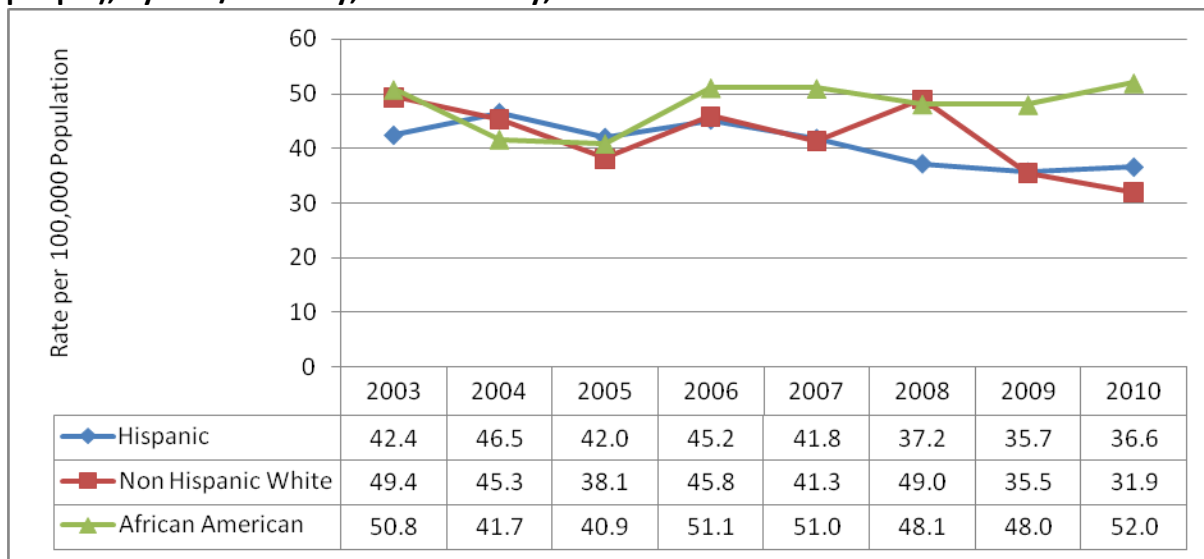
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted colon cancer incidence rates varied by race/ethnicity between 2003 and 2010. (Figure 202) In 2010, the colon cancer incidence rate among Blacks was 52 per 100,000 people, substantially higher than for Hispanics (37 per 100,000 people) and Whites (32 per 100,000

people). Overall, with the exception of 2004, 2005 and 2008, incidence rates among Blacks were higher than among Whites and Hispanics. Furthermore, the colon cancer incidence rate for Whites and Hispanics declined from 2003 through 2010, while for Blacks it increased slightly. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 202. Age-adjusted colon cancer (including rectum) incidence rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010

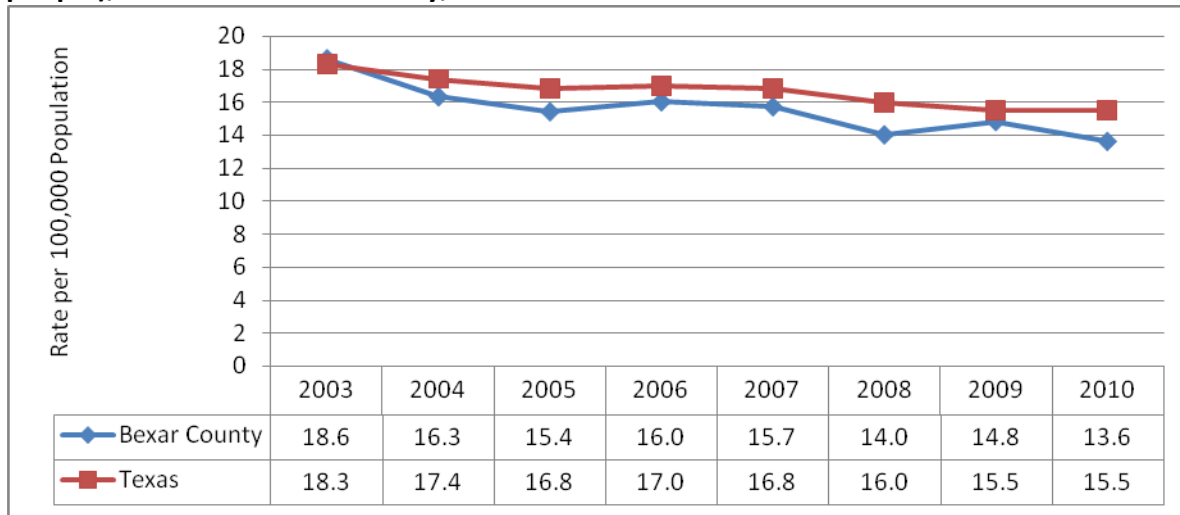


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted colon cancer mortality rates between 2003 and 2010 declined slightly in both Bexar County and Texas overall. (Figure 203) The mortality rate was slightly lower in Bexar County than for Texas overall during this time period. In 2010, the colon cancer rate for Bexar County was 14 cases per 100,000 compared to 16 cases per 100,000 for Texas.

Figure 203. Age-adjusted colon cancer (including rectum) mortality rates (per 100,000 people), Texas and Bexar County, 2003-2010

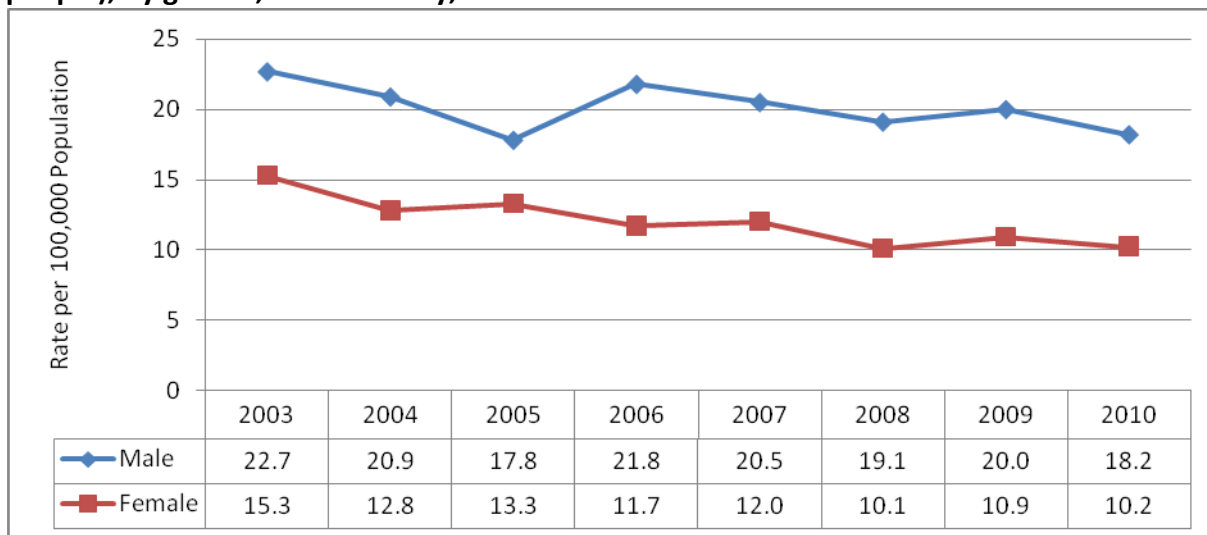


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Men experienced higher rates of age-adjusted colon cancer mortality between 2003 and 2010 than women in Bexar County. (Figure 204) In 2010, the rate for men was 18 per 100,000 people while the rate for women was 10 per 100,000 people.

Figure 204. Age-adjusted colon cancer (including rectum) mortality rates (per 100,000 people), by gender, Bexar County, 2003-2010



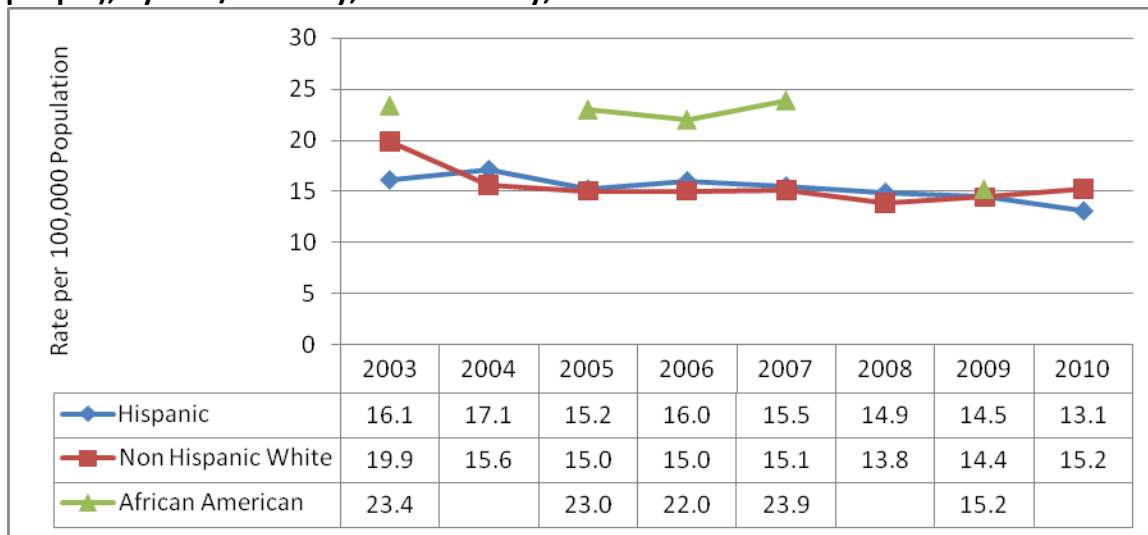
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

As shown in Figure 205, the age-adjusted colon cancer mortality rate was higher among Blacks than among Hispanics or Whites in years data were available for all groups. All racial/ethnic groups experienced a decline in age-adjusted colon cancer mortality from 2003 through the last year data were available (2009 or 2010). In 2010, the age-adjusted colon cancer mortality for

Whites was 15 per 100,000 people, a slightly higher rate than for Hispanics (13 per 100,000 people) in that year.

Figure 205. Age-adjusted colon cancer (including rectum) mortality rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010

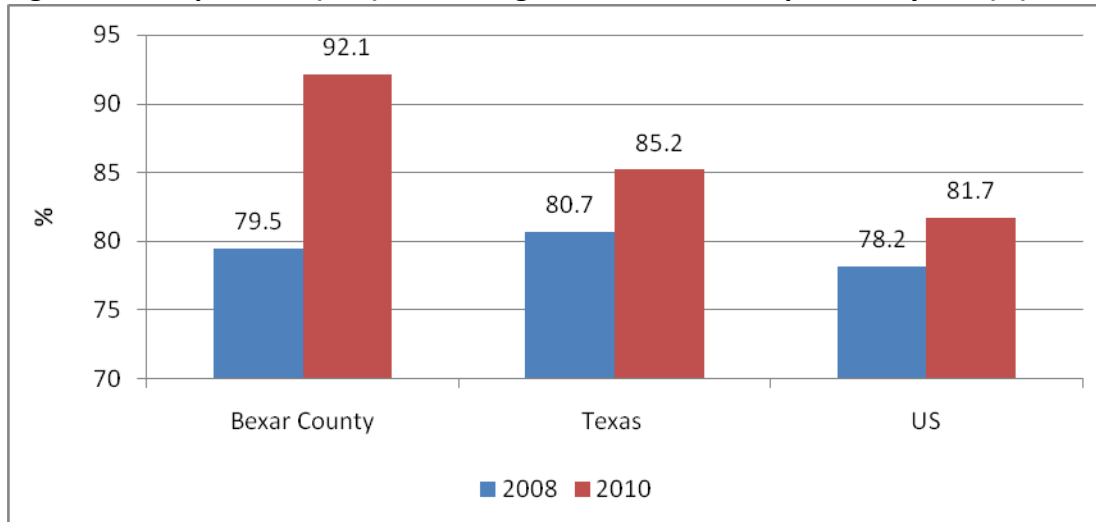
Note: Rates are suppressed if sample size is too small for a specific sub-category

Link: <http://www.cancer-rates.info/tx/index.php>

Screening tests for colon cancer include sigmoidoscopies, colonoscopies, and blood stool tests. The American Cancer Society recommends that men and women age 50 and older undergo a sigmoidoscopy every five years, a colonoscopy every 10 years, and a blood stool test every year. In the 2010 Bexar BRFSS, survey participants were asked whether and when they had undergone these tests. The following figures present colon cancer screening practices for adults in Bexar County by geographic location and demographics.

In 2010, 92% of Bexar County adults over the age of 50 reported that they had not had a blood stool test in the past two years, a higher rate than for the state (85%) or the nation (82%). (Figure 206) Between the 2008 and 2010 BRFSS surveys, the proportion of Bexar County adults reporting that they had not had a blood stool test in the past two years rose from 80% to 92%. Rates also rose in Texas and the U.S. over this time period.

Figure 206. Population (50+) not having blood stool test in past two years (%), 2008-2010

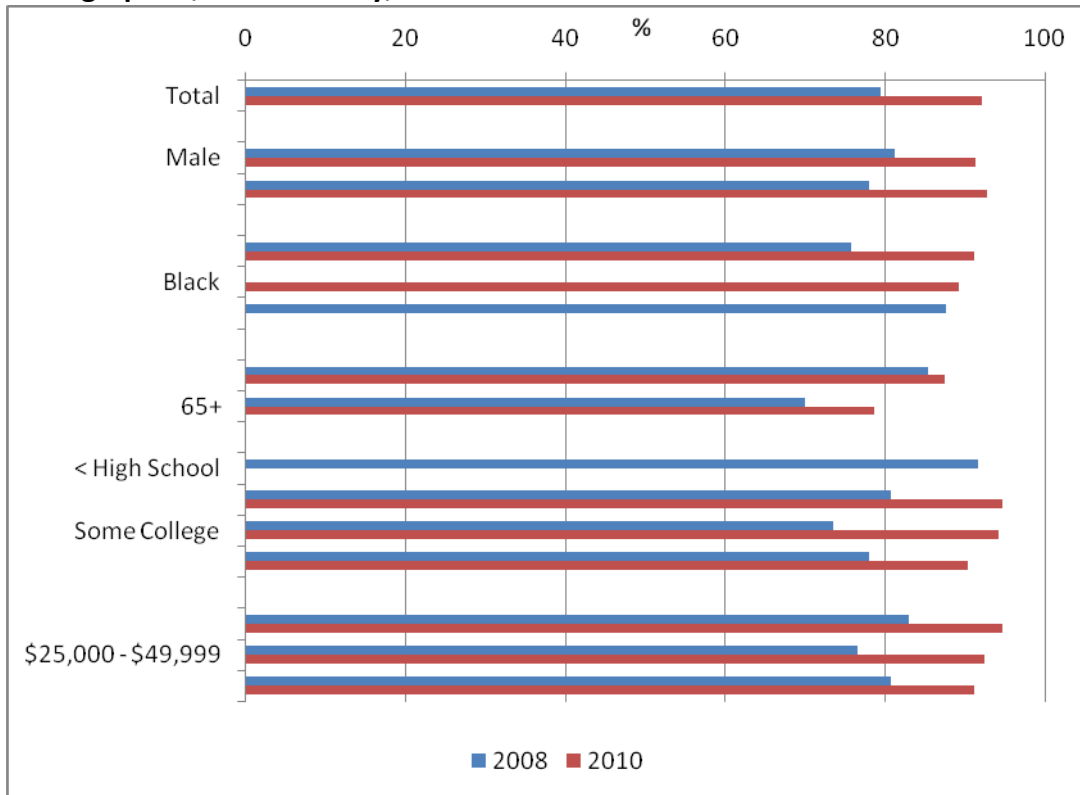


Source: Texas Department of State Health Services, BRFSS 2008-2010

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 207 presents the percentage of Bexar County adults ages 50 and older who in 2012 reported that they had not had a blood stool test in the past two years by demographic factors. Rates were fairly similar across these groups. A slightly higher proportion of Whites (91%) than Hispanics (89%) reported that they had not had this test. A slightly higher proportion of those with less education and lower household incomes reported not having had this test. Between 2008 and 2010, the proportion of adults reporting that they had not had this test in the past two years increased across all demographic groups.

Figure 207. Population (50+) not having blood stool test in past two years (%), by demographics, Bexar County, 2008-2010

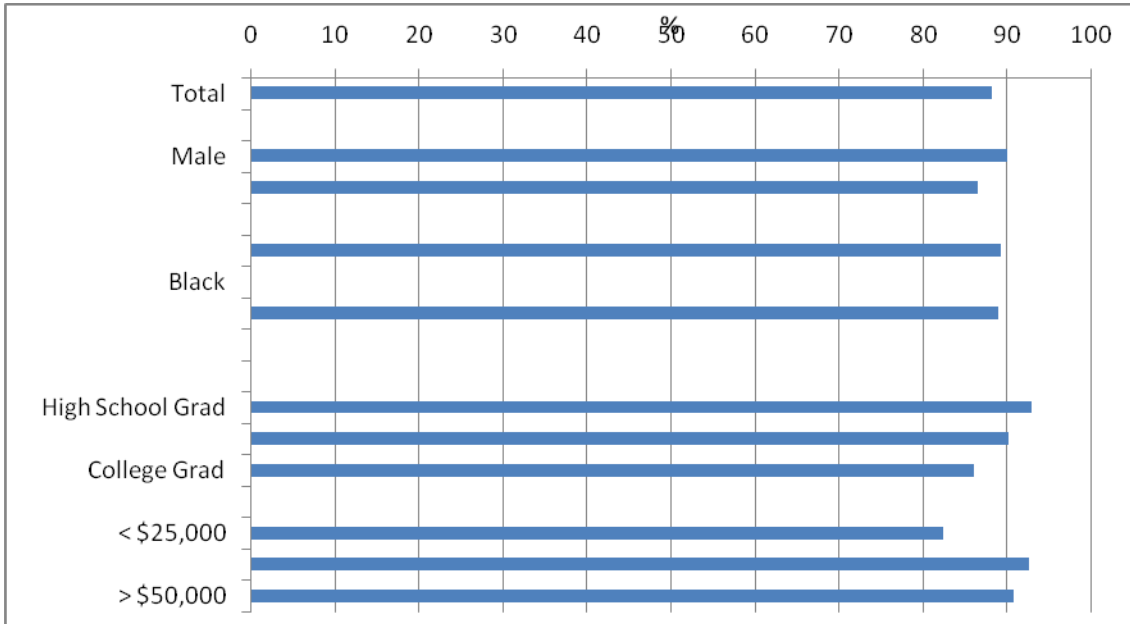


Source: Texas Department of State Health Services, BRFSS 2008-2010

Note: No data for a subcategory denotes a sample size that was too small

Figure 208 shows that the proportion of Bexar County adults ages 50 and older who have never had a blood stool test was 88% in 2012, which is comparable to the rate in Texas (87%). Rates were similar between males and females and between Whites and Hispanics in Bexar County. However, rates varied slightly across income and educational groups. Fewer college graduates (86%) than high school graduates (93%) reported that they had never had a blood stool test. A higher proportion of respondents with household incomes over \$50,000 per year (91%) than respondents with household incomes less than \$25,000 per year (82%) reported that they had never had a blood stool test.

Figure 208: Population (50+) never had blood stool test (%), by demographics, Bexar County, 2012

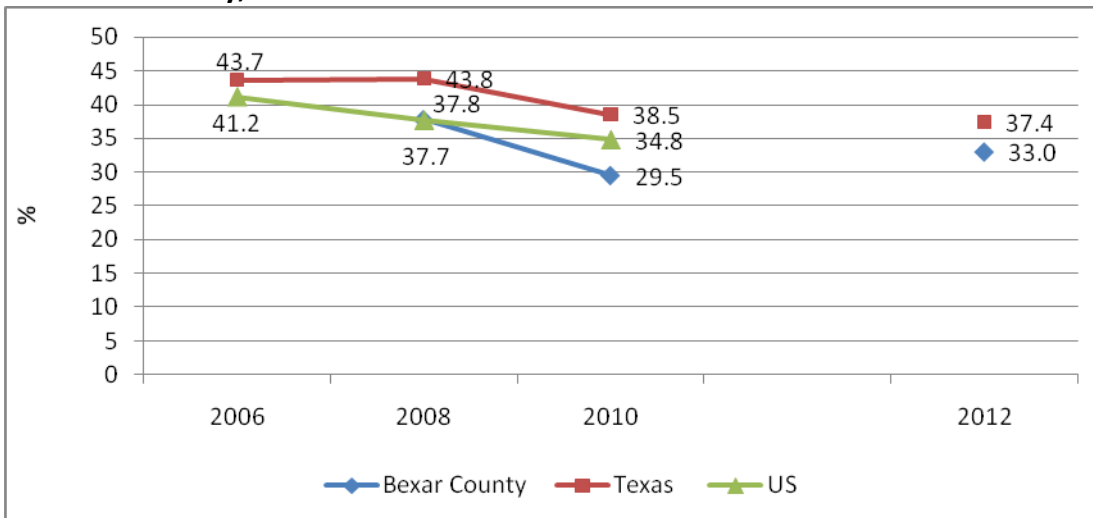


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

About one third of Bexar County adults ages 50 and older reported in 2012 that they had never had a colonoscopy or a sigmoidoscopy. (Figure 209) This rate was lower than that for Texas (37%).

Figure 209. Population (50+) never had sigmoidoscopy or colonoscopy (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

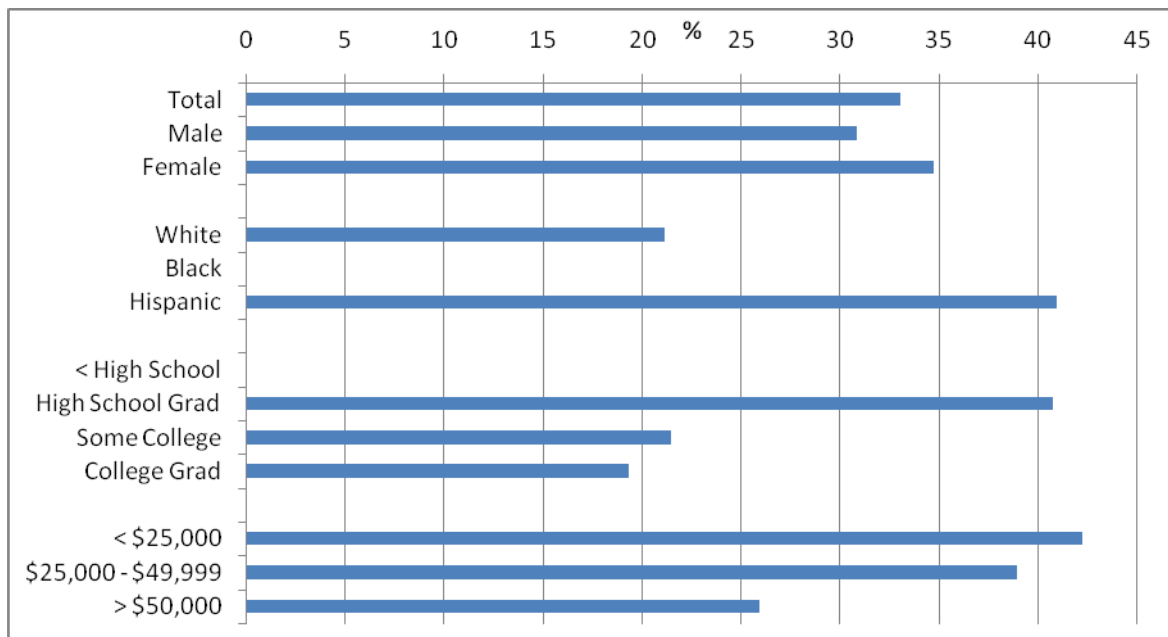
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Rates of colonoscopy or sigmoidoscopy vary by demographic factors. (Figure 210) Compared to those who had an annual household income of over \$50,000, respondents who had a household income of less than \$25,000 were more likely to never have had a colonoscopy or sigmoidoscopy (26% and 42% respectively). A higher proportion of those who completed high school (41%) reported never having had a colonoscopy or sigmoidoscopy than those with a college degree (19%). More than twice as many Hispanic (41%) as White respondents (21%) reported that they had never had a colonoscopy or sigmoidoscopy. Finally, a slightly higher proportion of females (35%) than males (31%) reported that they had never had a colonoscopy or sigmoidoscopy.

Figure 210. Population (50+) never had sigmoidoscopy or colonoscopy (%), by demographics,



Bexar County, 2012

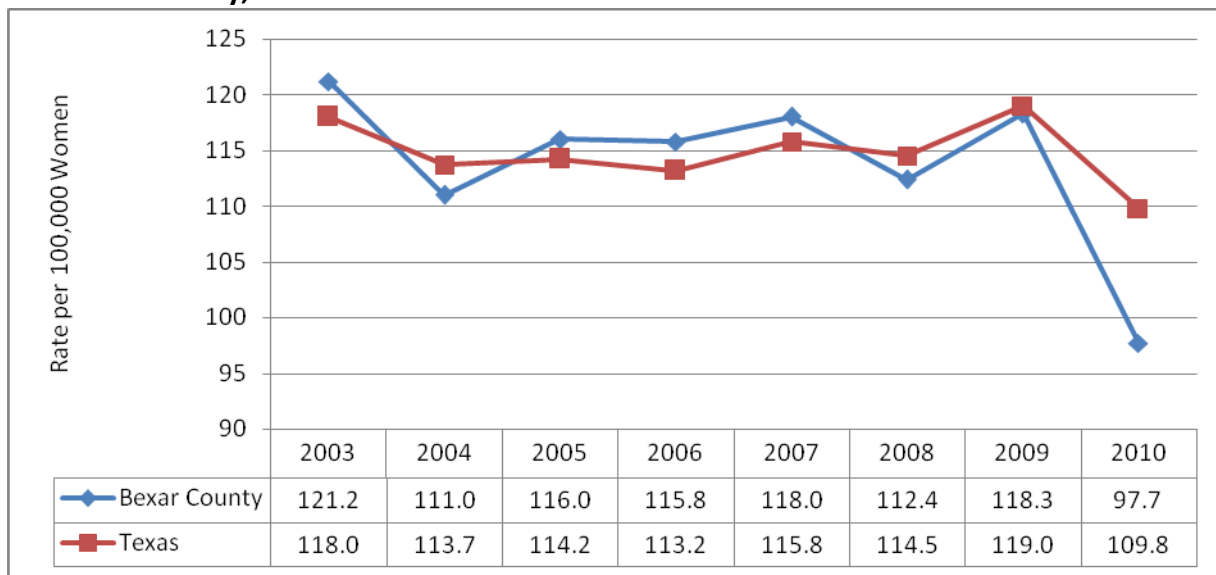
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Breast Cancer

Age-adjusted breast cancer incidence rates have fluctuated in Bexar County over from 2003 to 2010, but dropped substantially between 2009 and 2010. (Figure 211) In 2010, the age-adjusted breast cancer incidence rate in Bexar County (98 per 100,000 women) was lower than for Texas overall (110 per 100,000 women). However due to methodological issues, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 211. Female age-adjusted breast cancer incidence rates (per 100,000 women), Texas and Bexar County, 2003-2010

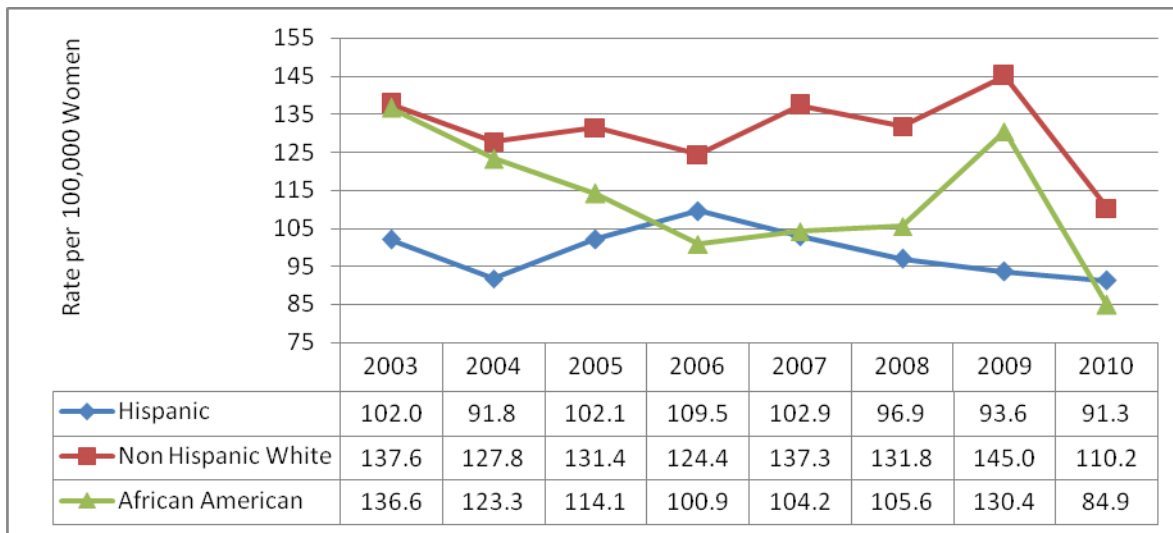


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

In 2010, the age-adjusted breast cancer incidence rate was higher for White women (110 cases per 100,000 women) than for Hispanic (91 cases per 100,000 women) or Black women (85 cases per 100,000 women). (Figure 212) Over this time period, Black women experienced the largest decline in breast cancer incidence rates, from 136 cases per 100,000 women to 85 cases per 100,000 women. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 212. Female age-adjusted breast cancer incidence rates (per 100,000 women), by race/ethnicity, Bexar County, 2003-2010

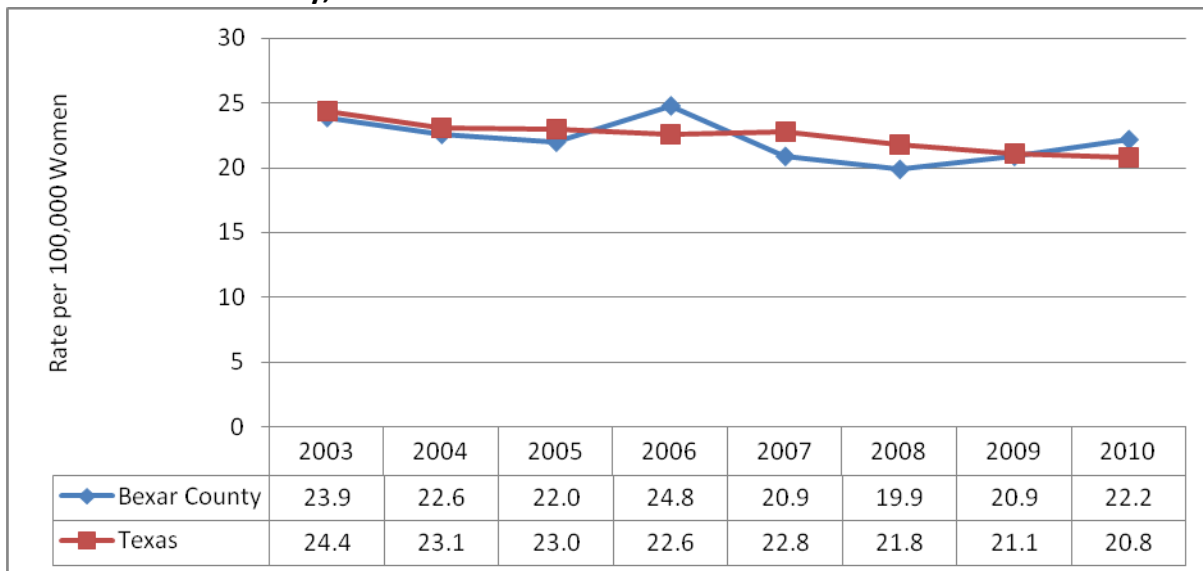


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Like age-adjusted breast cancer incidence rates, age-adjusted breast cancer mortality rates fluctuated in Bexar County between 2003 and 2010, while they declined steadily but slightly in Texas. (Figure 213) From 2008 to 2010, age-adjusted breast cancer mortality rates rose after declining in the previous two years. In 2010, the age-adjusted breast cancer mortality rate was slightly higher in Bexar (22 cases per 100,000 women) than in Texas overall (21 cases per 100,000 women).

Figure 213. Female age-adjusted breast cancer mortality rates (per 100,000 women), Texas and Bexar County, 2003-2010



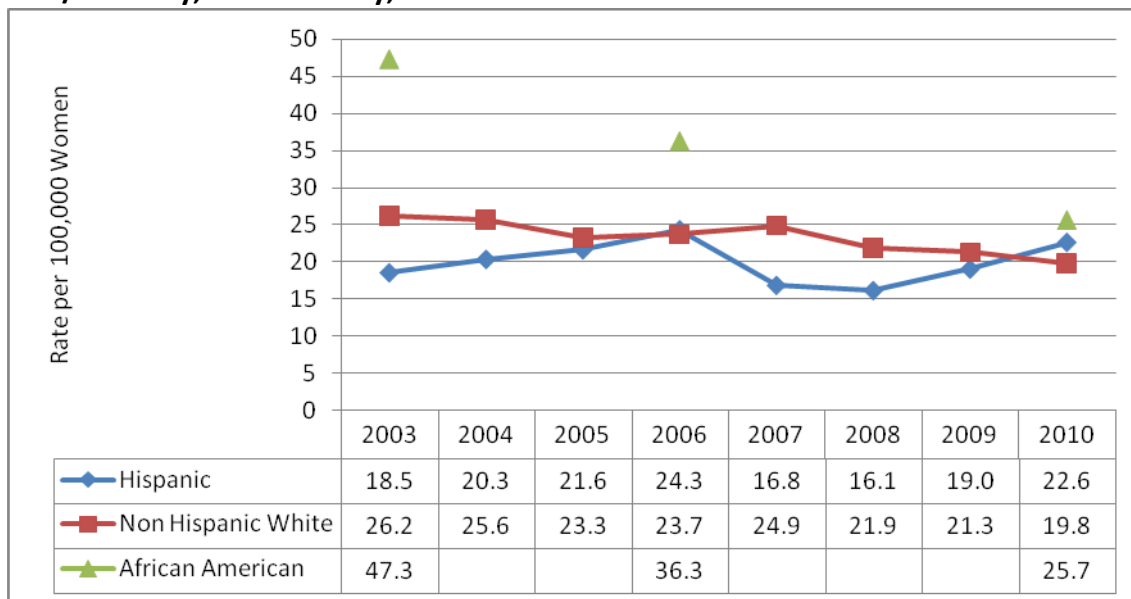
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted breast cancer mortality rates declined between 2003 and 2010 for Black women (from 47 cases per 100,000 women to 26 cases per 100,000 women) and White women (from

26 cases per 100,000 women to 20 cases per 100,000 women) while rates increased for Hispanic women (from 19 cases per 100,000 women to 23 cases per 100,000 women). (Figure 214)

Figure 214. Female age-adjusted breast cancer mortality rates (per 100,000 women), by race/ethnicity, Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010

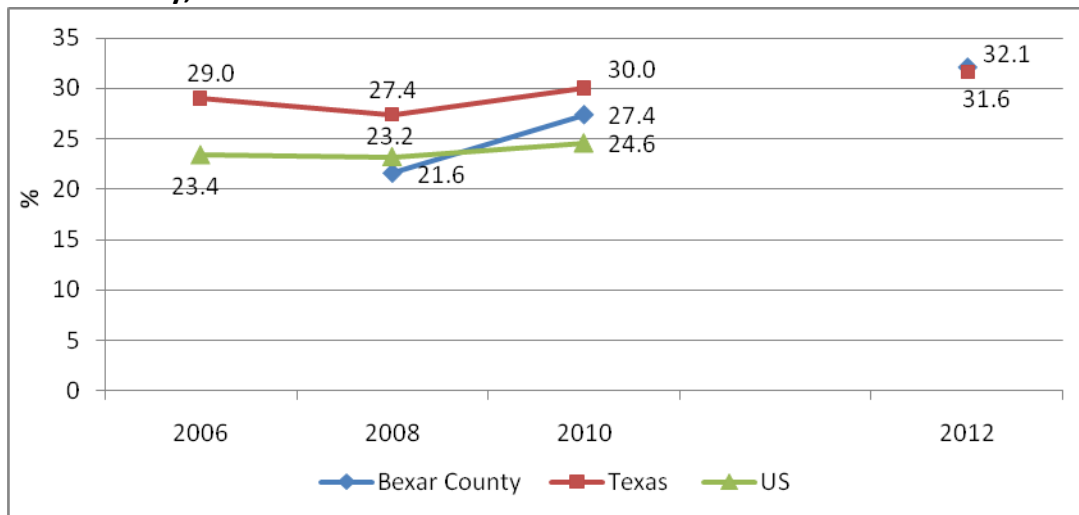
Note: Counts/rates are suppressed if sample size is too small for a specific sub-category

Link: <http://www.cancer-rates.info/tx/index.php>

In 2012, 32% of Bexar County women ages 40 and older reported that they had not had a mammogram in the past two years, a similar rate to that of Texas. (Figure 215) Mammogram rates among women ages 40 and older varied by demographic group. (Figure 216) In 2010, a higher proportion of women ages 40 and older with annual household income less than \$25,000 per year (35%) reported not having a mammogram in the past two years than those with household incomes above \$50,000 (21%). More women age 40 and older with some college (29%) reported not having a mammogram in the past two years than women with a college degree (20%). Among women in this age group, in 2012 a higher proportion of Hispanic

women (33%) than White women (30%) reported not having a mammogram in the past two years.

Figure 215. Women (40+) not having mammogram in past two years (%), U.S., Texas, and Bexar County, 2006-2012



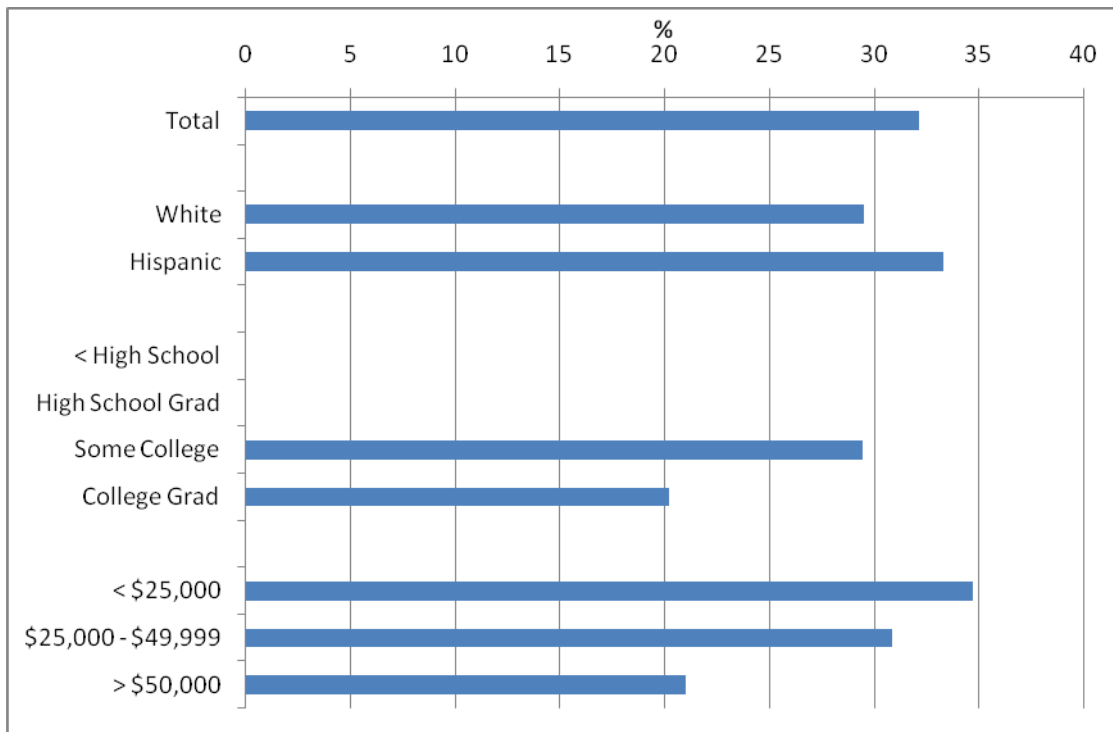
Source: Texas Department of State Health Services, BRFSS 2006-2012

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 216. Women (40+) not having mammogram in past two years (%), by demographics, Bexar County, 2012

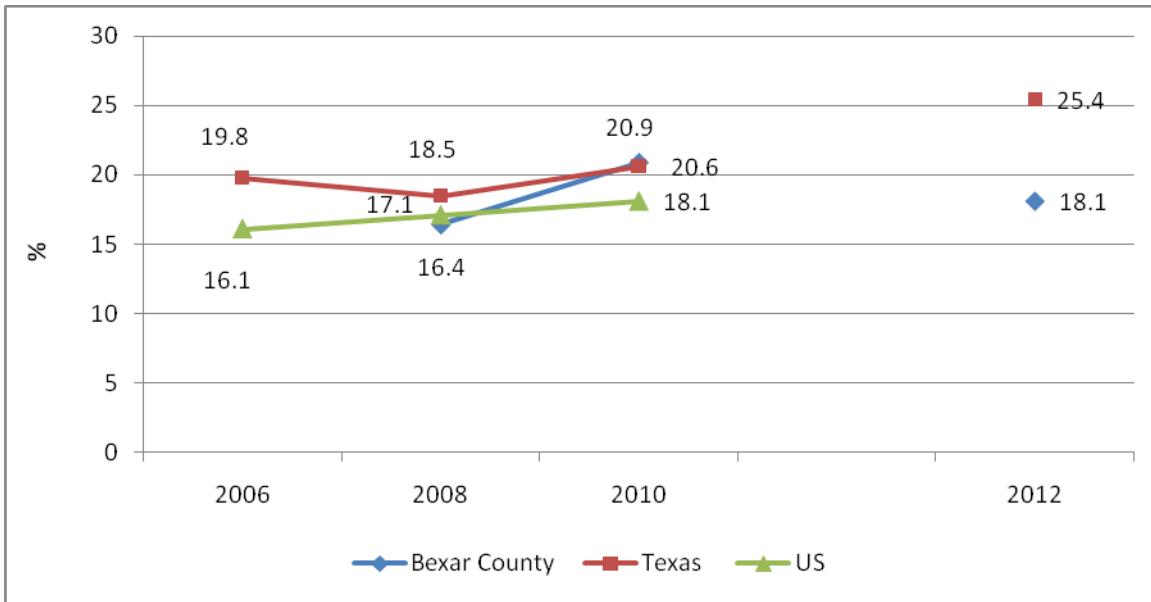


Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

The Pap test or Pap smear is a screening tool for cervical cancer. The CDC recommends Pap smears for all women between the ages of 21 and 65. In 2012, 32% of Bexar County women ages 18 and older reported that they had not had a pap smear in the past three years, a lower rate than for women in the state of Texas (25%). (Figure 217) A higher proportion of Hispanic women (22%) than White women (13%) reported in 2012 that they had not had a pap smear in the past three years. In addition, compared to respondents with an annual household income of more than \$50,000 (14%), a higher proportion of respondents with household incomes of less than \$25,000 (29%) reported not having had a pap smear in the past three years.

Figure 217. Women (18+) not having pap smear in past three years (%), U.S., Texas, and Bexar County, 2006-2012



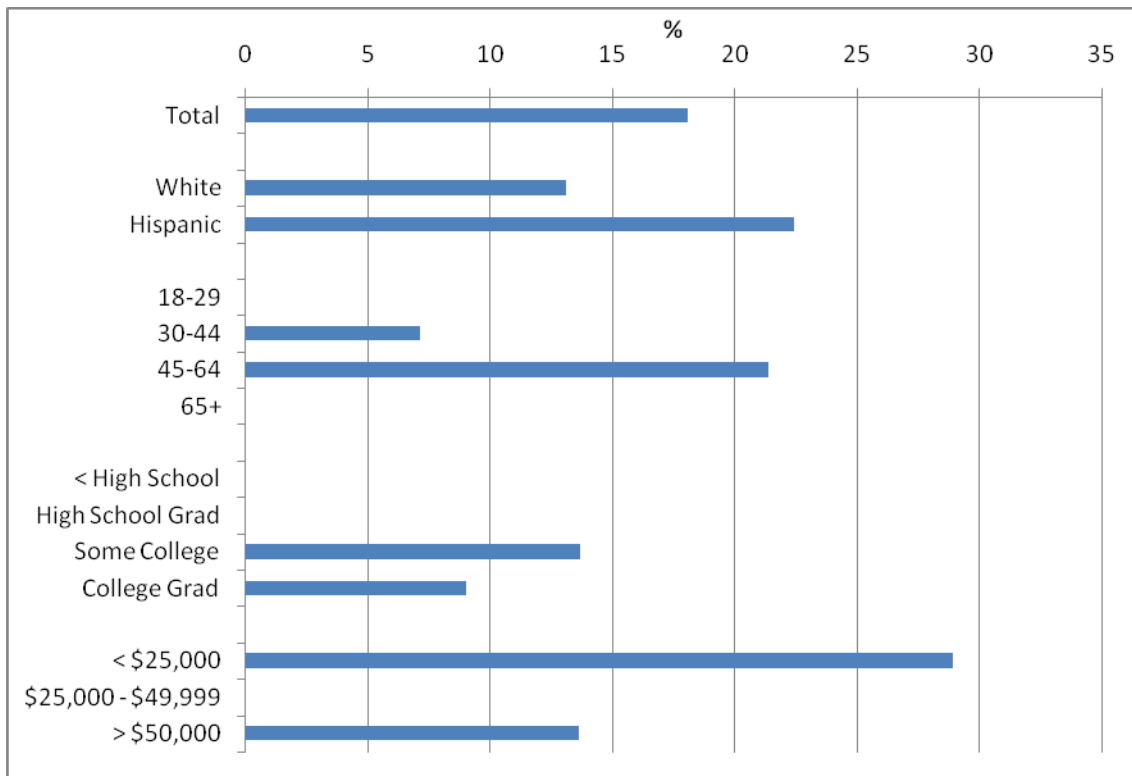
Source: Texas Department of State Health Services, BRFSS 2006-2012

Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 218. Women (18+) not having pap smear in past three years (%), by demographics, Bexar County, 2012



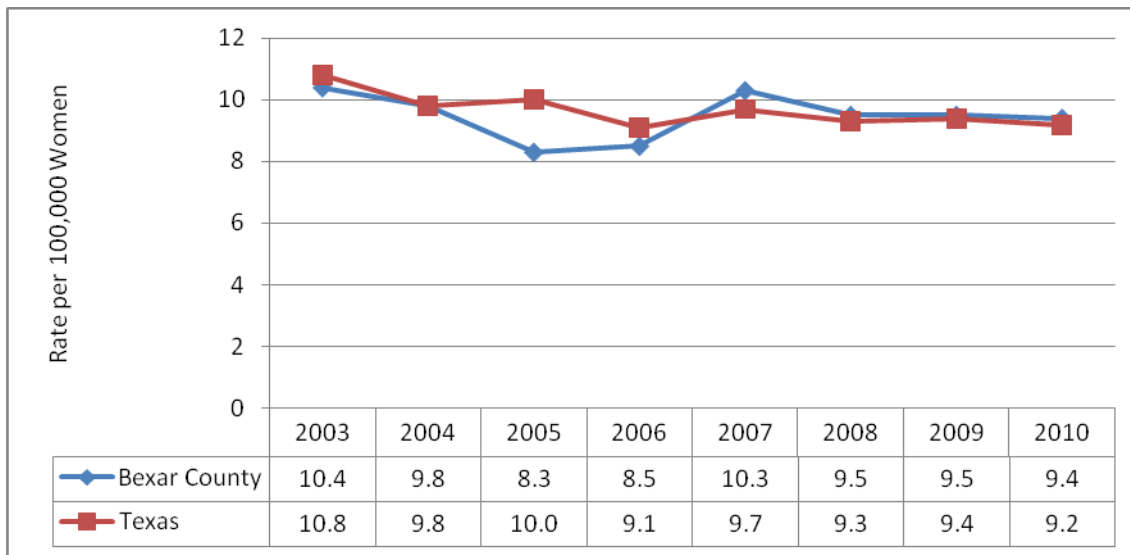
Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Cervical Cancer

Figure 219 shows that age-adjusted cervical cancer incidence rates in Texas and Bexar County have fluctuated between 2003 and 2010, although the 2010 rate for Bexar County (9 cases per 100,000 women) is slightly lower than it was in 2003 (10 cases per 100,000 women). The incidence rates in Bexar County in 2010 were similar to those in Texas. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 219. Age-adjusted cervical cancer incidence rates (per 100,000 women), Texas and Bexar County, 2003-2010

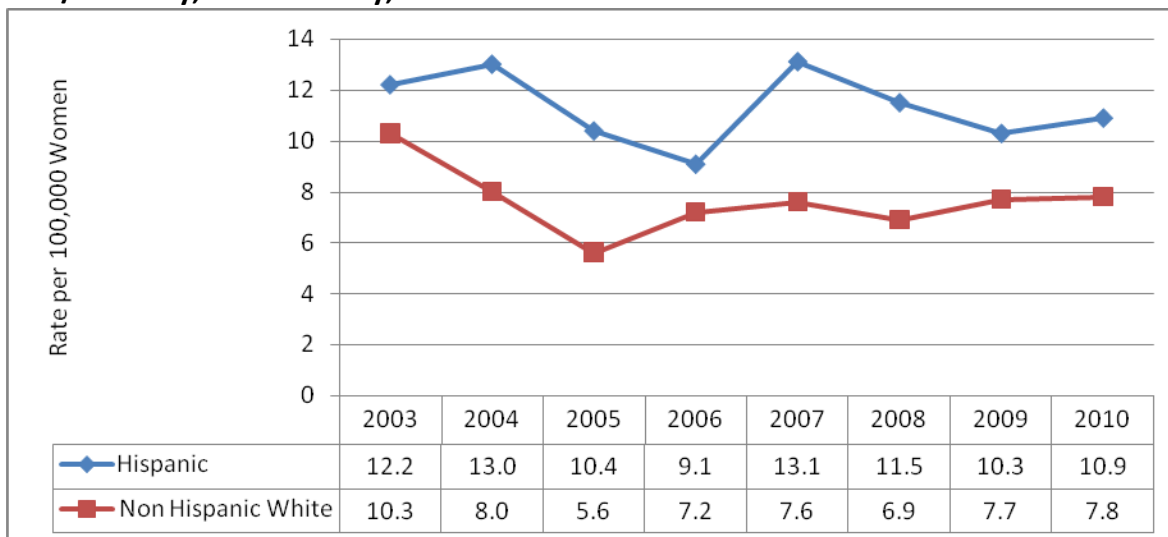


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted cervical cancer rates were higher among Hispanic women than among White women between 2003 and 2010 although rates for both groups declined slightly over this time period. (Figure 220) In 2010, the cervical cancer incidence rate among Hispanic women was 11 cases per 100,000 women compared to 8 cases per 100,000 women among White women. Cervical cancer incidence rates were not available for Black women. Due to methodological issues mentioned previously, incidence rates for 2010 should be interpreted with caution.

Figure 220. Age-adjusted cervical cancer incidence rates (per 100,000 women), by race/ethnicity, Bexar County, 2003-2010



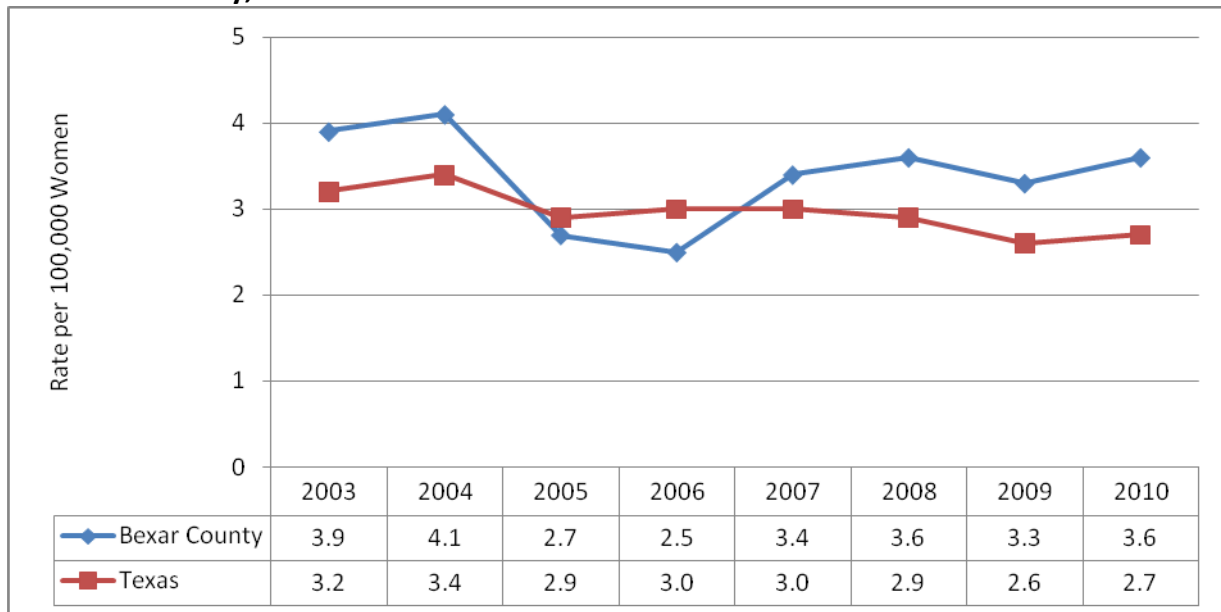
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted cervical cancer mortality rates stayed roughly the same between 2003 and 2010 in both Bexar County and Texas overall, although the rate in Bexar County was slightly higher

than for Texas for most of this time period; in 2005 and 2006 the Texas rates were slightly higher than the Bexar County rates. (Figure 221) In 2010, the age-adjusted cervical cancer mortality rate was 4 per 100,000 women in Bexar County compared to 3 per 100,000 women in Texas overall.

Figure 221. Age-adjusted cervical cancer mortality rates (per 100,000 women), Texas And Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

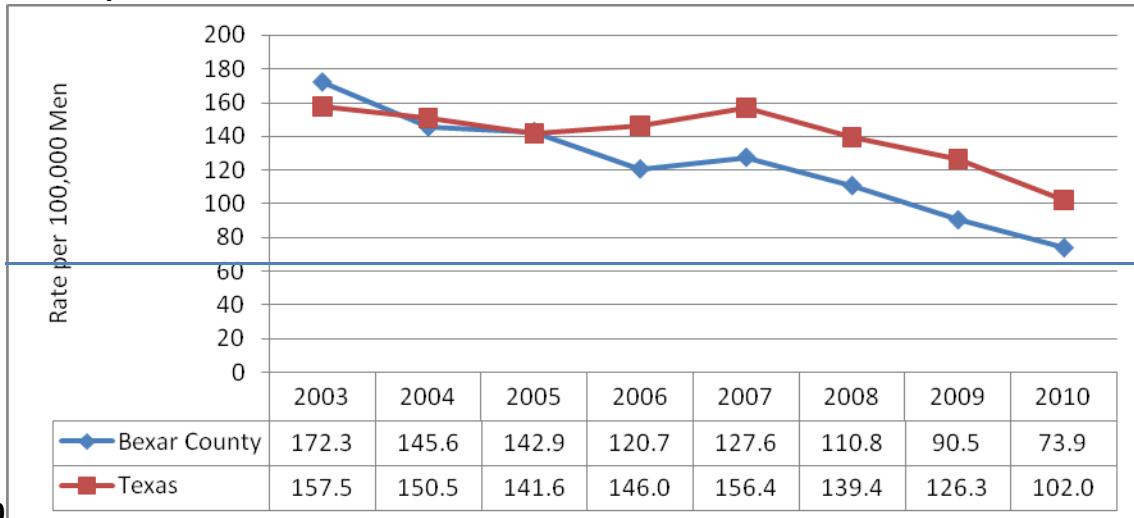
Prostate Cancer

The age-adjusted prostate cancer rate for men in Bexar County was lower than that for men overall in Texas between 2006 and 2010, although prostate cancer rates for both Bexar County and Texas declined during this time period. (Figure 222) In 2010, the rate was 74 cases per 100,000 men in Bexar County compared to 102 cases per 100,000 men in Texas. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

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Figure 222. Age-adjusted prostate cancer incidence rates (per 100,000 men), Texas and

Bexar County, 2003-

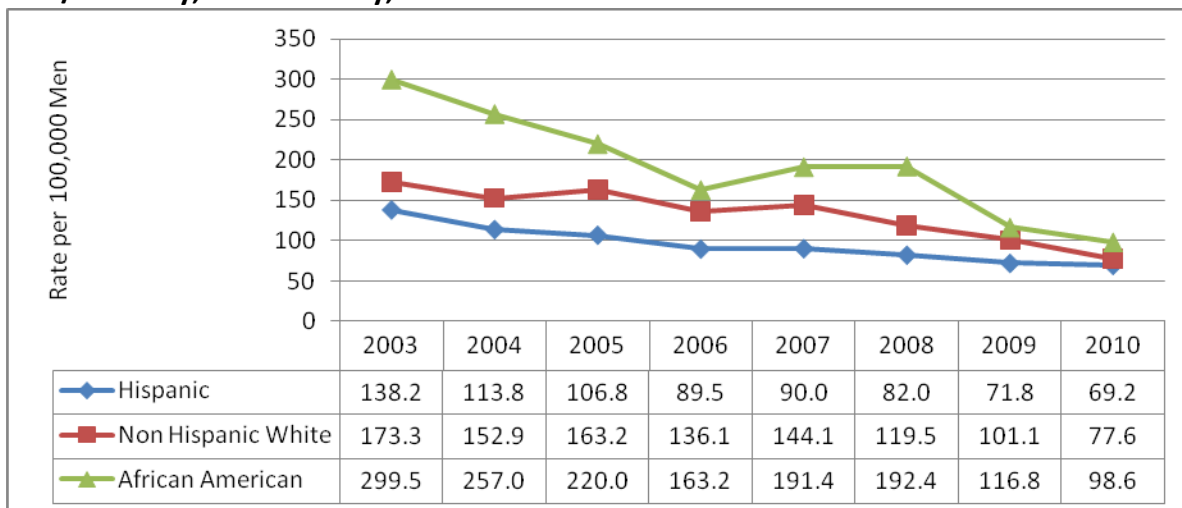


2010

Source: Texas Cancer Registry, 2003-2010
 Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted prostate cancer rates were higher among Black men than among White and Hispanic men between 2003 and 2010 although the gaps narrowed between 2008 and 2010. (Figure 223) Incidence rates among Black men declined substantially over this eight-year time period from 300 cases per 100,000 men in 2003 to 99 cases per 100,000 men in 2010. However, Black men still had higher prostate cancer incidence rates than White men (78 cases per 100,000 men) and Hispanic men (69 cases per 100,000 men). As stated previously, due to changes in data collection methodology, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

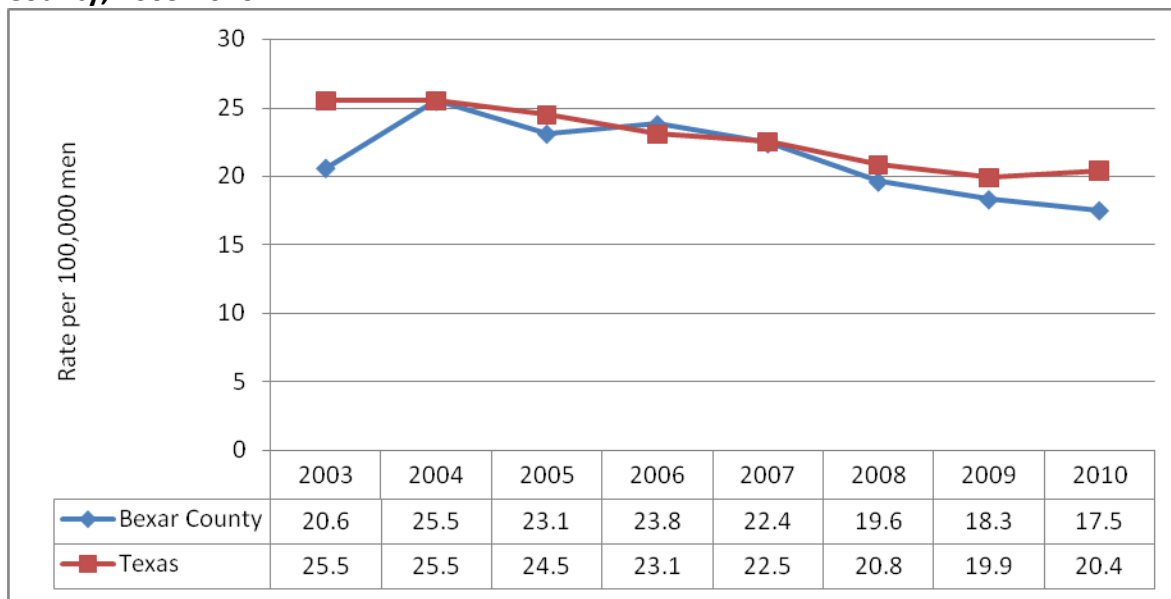
Figure 223. Age-adjusted prostate cancer incidence rates (per 100,000 men), by race/ethnicity, Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010
 Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted mortality rates due to prostate cancer were 18 cases per 100,000 men in Bexar County and 20 cases per 100,000 men in Texas in 2010; rates for both groups declined slightly between 2003 and 2010. (Figure 224) In 2010 the gap between the two widened after declining for several years.

Figure 224. Age-adjusted prostate cancer mortality (per 100,000 men), Texas and Bexar County, 2003-2010

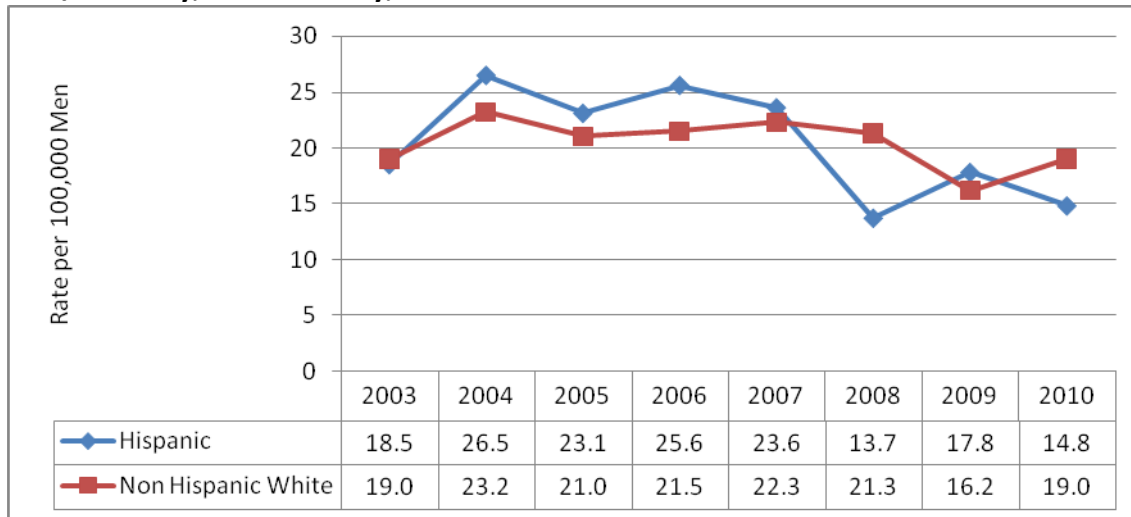


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Bexar County age-adjusted prostate cancer mortality rates by race/ethnicity were only available for Hispanic and White men. (Figure 225) In 2010, the age-adjusted prostate cancer mortality rate was higher for White men (19 cases per 100,000 men) than for Hispanic men (15 cases per 100,000 men). Although prostate cancer rates fluctuated between 2003 and 2010 for both groups, the rate remained the same in 2010 as in 2003 for White men and declined slightly for Hispanic men.

Figure 225. Age-adjusted prostate cancer mortality rates (per 100,000 men), by race/ethnicity, Bexar County, 2003-2010

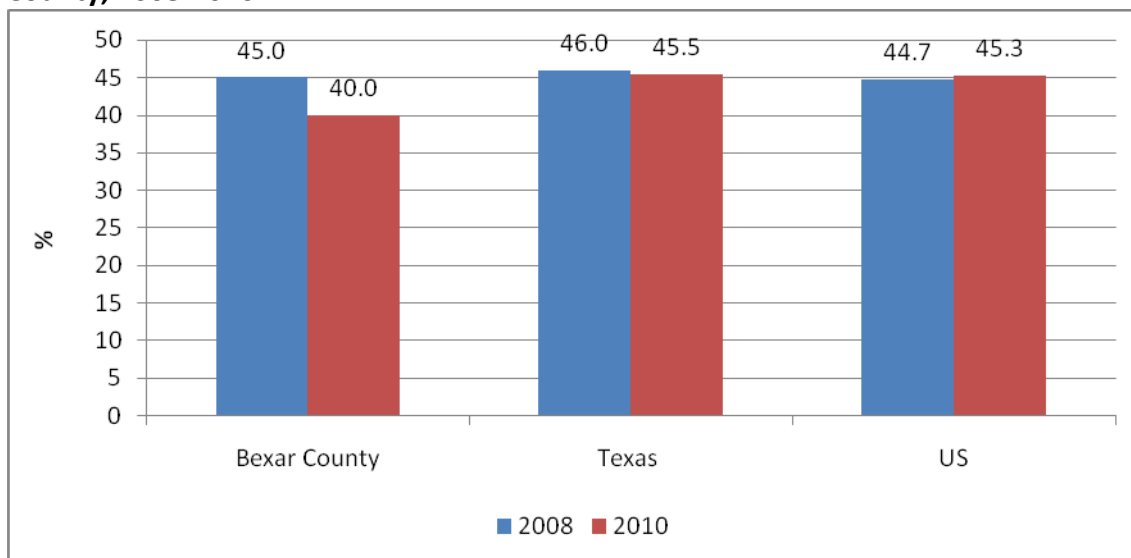


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

The two most common screening tests for prostate cancer are the prostate-specific antigen (PSA) test and the digital rectal exam. The BRFSS asks men ages 40 and older whether and how often they have had these screening tests. BRFSS results from 2010 indicate that a lower proportion of men in Bexar County (40%) than in Texas (45%) or in the U.S. (45%) reported that they had not had a PSA test in the past two years. (Figure 226) In 2012, 60% of Bexar County men ages 40 and older reported that they had never had a PSA test, a rate similar to the state of Texas. (Figure 227)

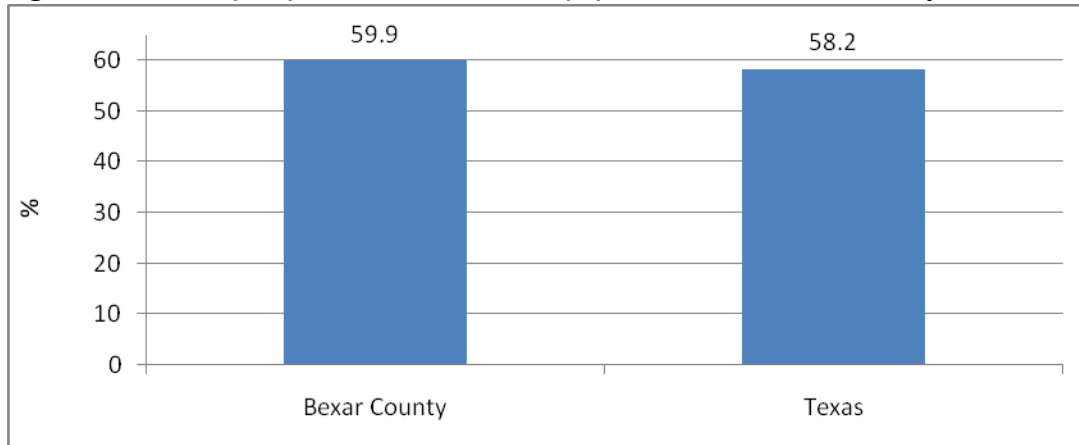
Figure 226. Men (40+) not having PSA test in past two years (%), U.S., Texas, and Bexar County, 2008-2010



Source: Texas Department of State Health Services, BRFSS 2008-2010

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 227. Men (40+) never had PSA test (%), Texas and Bexar County, 2012



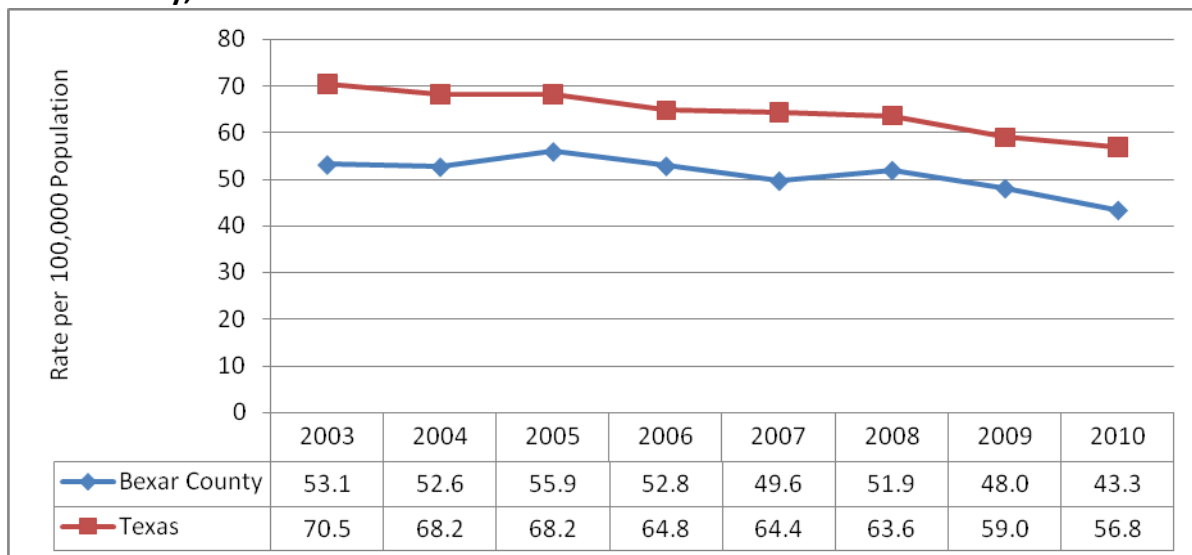
Source: Texas Department of State Health Services, BRFSS 2012

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Lung Cancer

Age-adjusted lung cancer incidence rates were lower for Bexar County than for Texas overall between 2003 and 2010 and rates in both geographic areas declined over this time period. (Figure 228) In 2010, the age-adjusted lung cancer rate was 43 cases per 100,000 people in Bexar County and 57 cases per 100,000 people in Texas. However, as noted previously, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 228. Age-adjusted lung cancer incidence rates (per 100,000 people), Texas and Bexar County, 2003-2010



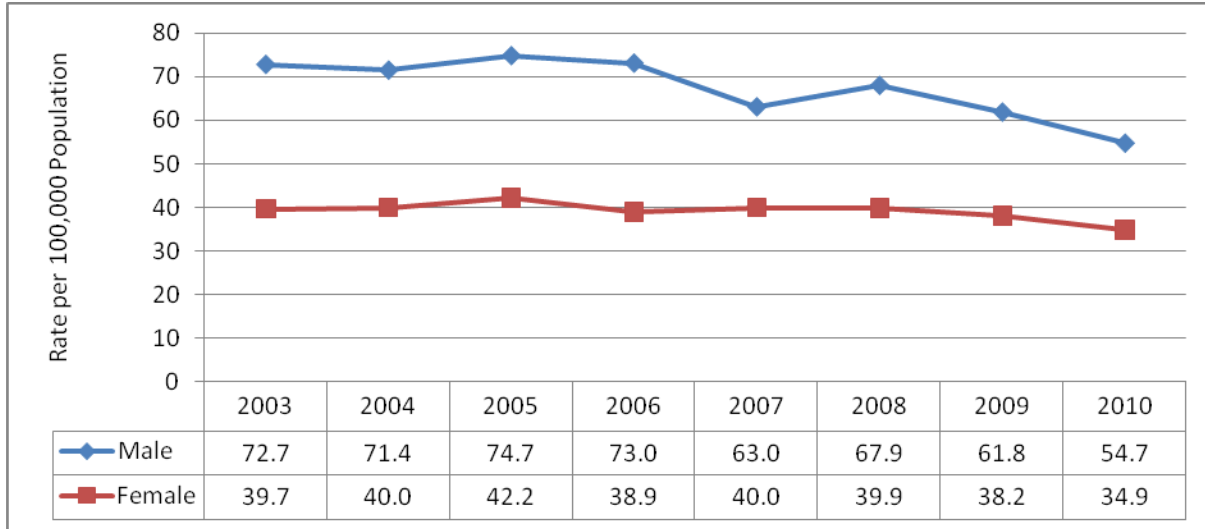
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Bexar County men experienced higher rates of lung cancer than women between 2003 and 2010. (Figure 229) Although age-adjusted lung cancer incidence rates declined for both groups during this time period, rates declined more sharply for men than for women. In 2010, the age-

adjusted lung cancer incidence rate for men was 55 cases per 100,000 while for women it was 35 cases per 100,000 people. However, as noted above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 229. Age-adjusted lung cancer incidence rates (per 100,000 people), by gender, Bexar County, 2003-2010

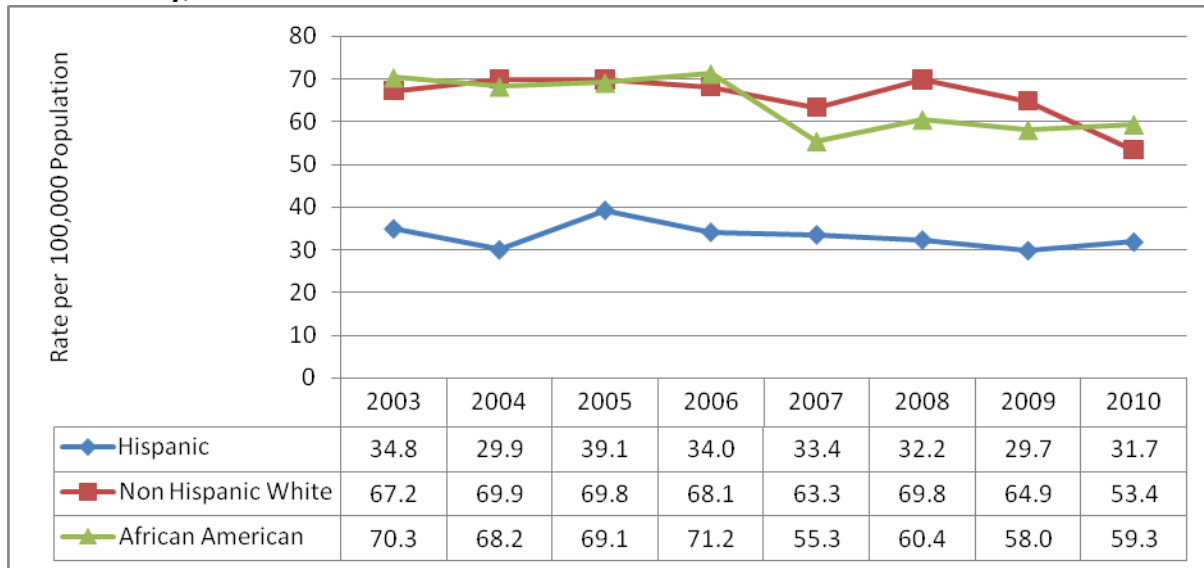


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted lung cancer incidence rates were substantially lower for Hispanics than for Blacks and Whites in Bexar County between 2003 and 2010. (Figure 230) Rates for Hispanics remained relatively steady over this time period while rates for Blacks and Whites declined. In 2010, the age-adjusted lung cancer rate for Hispanics was 32 cases per 100,000 people far lower than rates for Blacks and Whites (59 cases per 100,000 people and 53 cases per 100,000 people, respectively). Due to methodological issues mentioned above, incidence rates in 2010 should be interpreted with caution.

Figure 230. Age-adjusted lung cancer incidence rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010

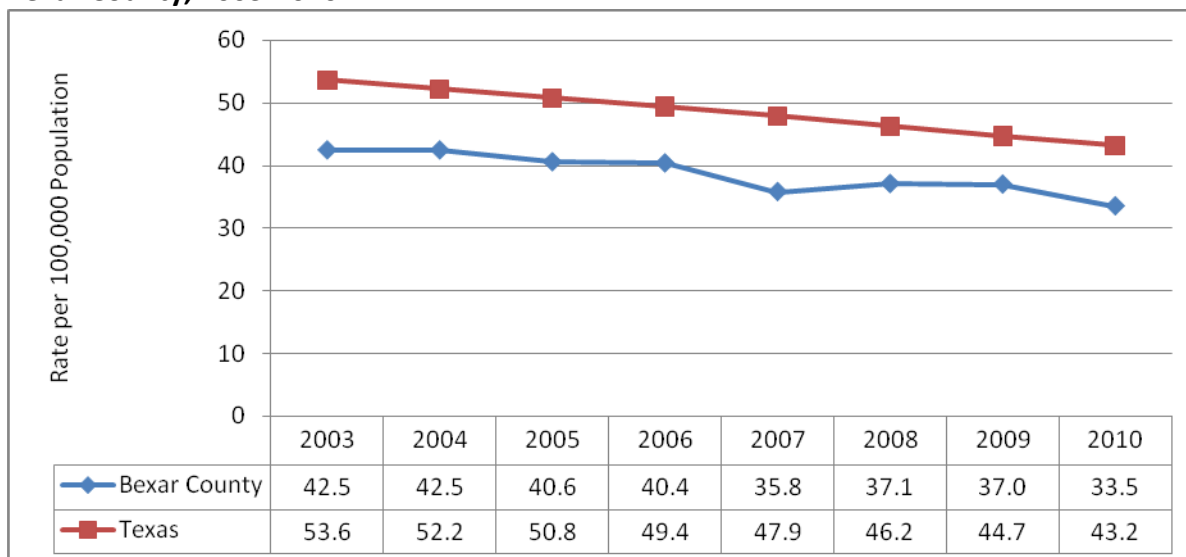


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Although age-adjusted mortality rates due to lung cancer declined in both Bexar County and Texas between 2003 and 2010, the rates for Bexar County were lower than for Texas overall during this time period. (Figure 231) The age-adjusted lung cancer mortality rate in Bexar County declined from 43 cases per 100,000 people in 2003 to 34 cases per 100,000 people in 2010. During this same time period in Texas, the age-adjusted lung cancer mortality rate declined from 54 cases per 100,000 people to 43 cases per 100,000 people.

Figure 231. Age-adjusted lung cancer mortality rates (per 100,000 people), Texas and Bexar County, 2003-2010

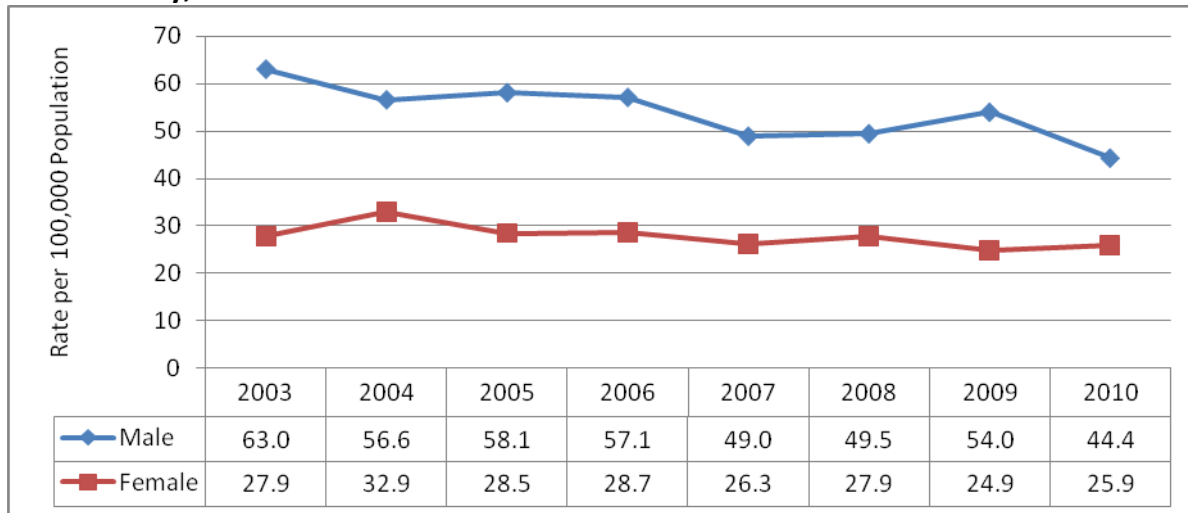


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted lung cancer mortality rates between 2003 and 2010 were substantially higher for men in Bexar County than for women. (Figure 232) However, over this time period, the rate declined substantially for men (from 63 cases per 100,000 people to 44 cases per 100,000 people) while it remained relatively stable for women (from 28 cases per 100,000 people to 26 cases per 100,000 people).

Figure 232. Age-adjusted lung cancer mortality rates (per 100,000 people), by gender Bexar County, 2003-2010

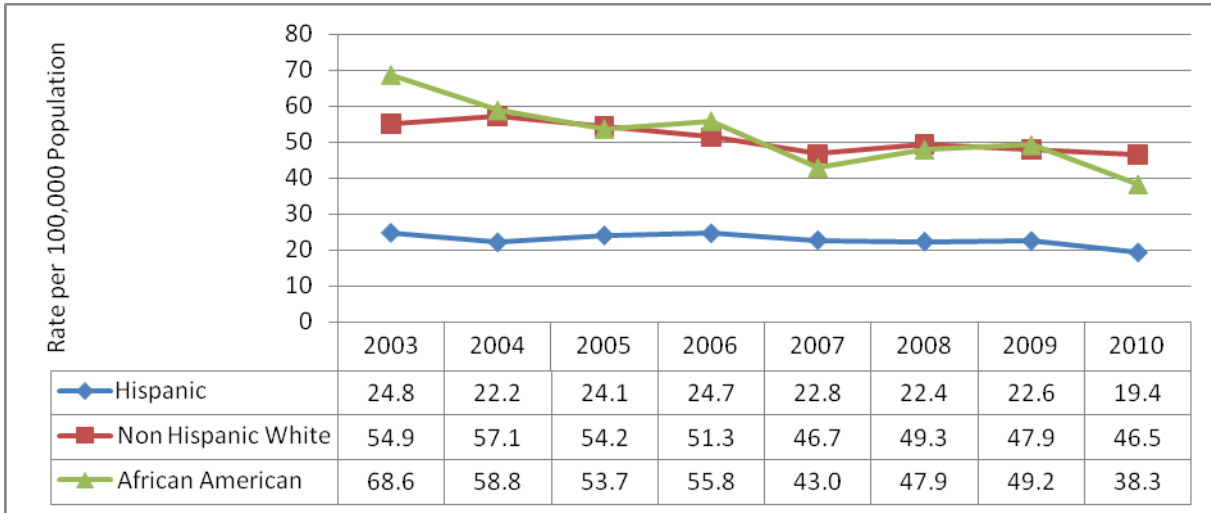


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Similar to lung cancer incidence rates, age-adjusted lung cancer mortality rates were higher for Blacks and Whites in Bexar County than for Hispanics from 2003 to 2010 although the gap between these rates narrowed during this time period. (Figure 233) The lung cancer mortality rate declined across all groups, most dramatically for Blacks: from 69 cases per 100,000 people to 38 cases per 100,000 people. Nevertheless, in 2010, the lung cancer mortality rate for Blacks (38 cases per 100,000 people) remained twice as high as the rate for Hispanics (19 cases per 100,000 people).

Figure 233. Age-adjusted lung cancer mortality rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010



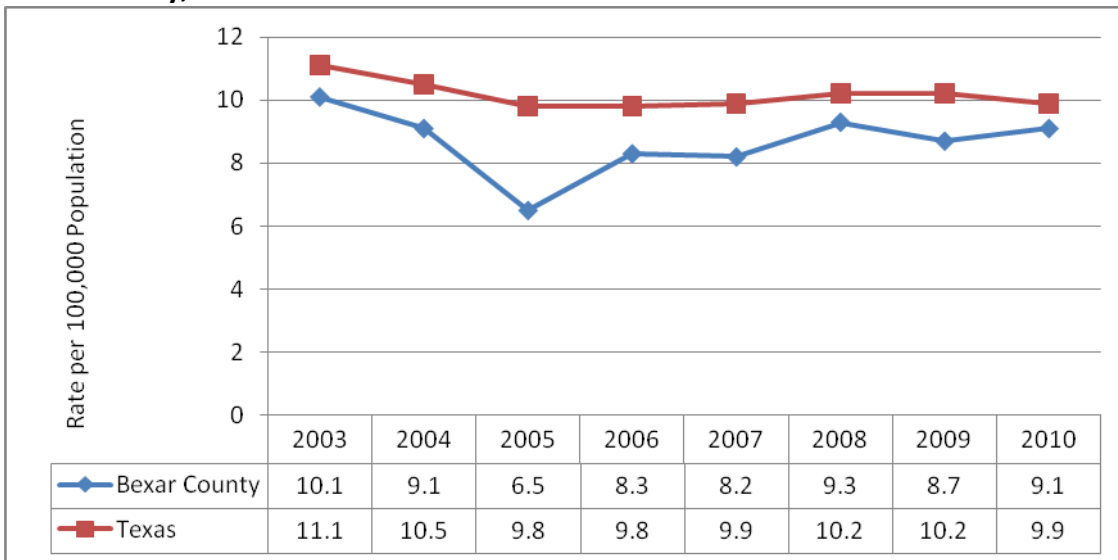
Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Oral Cancer

Figure 234 shows that age-adjusted oral cancer incidence rates were slightly lower in Bexar County than in Texas between 2003 and 2010. Rates remained relatively stable during this time period, although they dipped substantially in Bexar County in 2005. In 2010, the age-adjusted oral cancer rate in Bexar County was 9 per 100,000 people compared to 10 per 100,000 people in Texas. However, as discussed above, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 234. Age-adjusted oral cancer incidence rates (per 100,000 people), Texas and Bexar County, 2003-2010

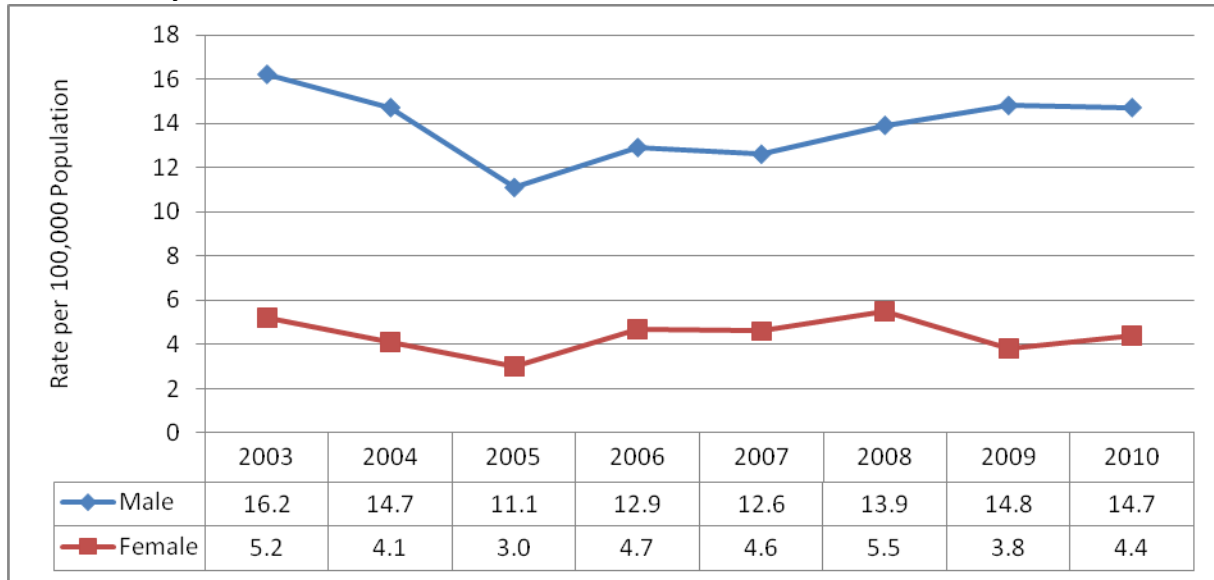


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Age-adjusted oral cancer incidence rates were higher for Bexar County males than for Bexar County females from 2003 through 2010. (Figure 235) In 2010, the age-adjusted oral cancer incidence rate for men (15 cases per 100,000 people) in Bexar County was over three times higher than that for women (4 cases per 100,000 people). Due to changes in data collection methodology, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 235. Age-adjusted oral cancer incidence rates (per 100,000 people), by gender, Bexar County, 2003-2010

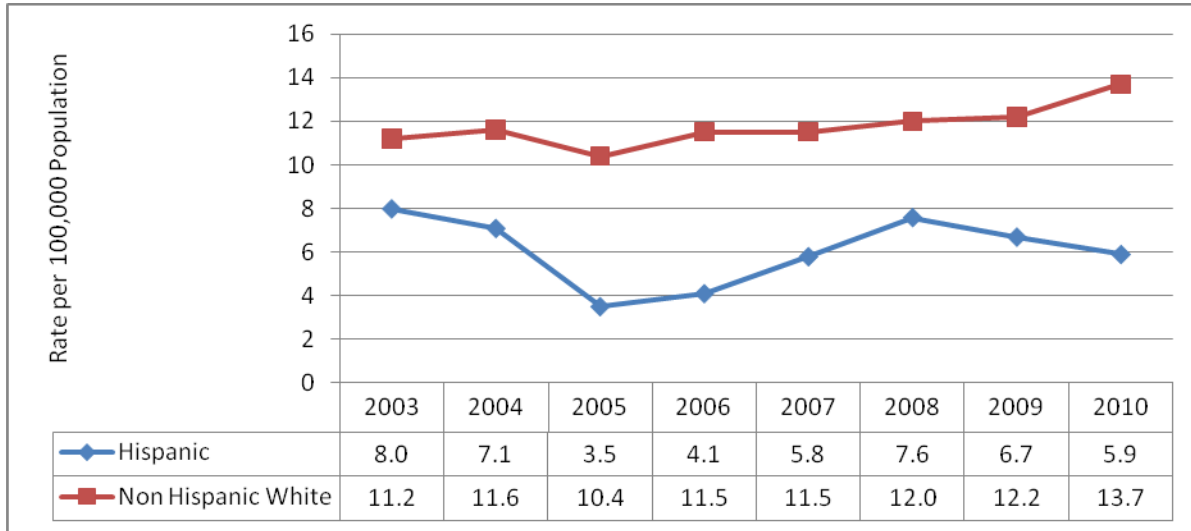


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Whites experienced higher rates of oral cancer than Hispanics between 2003 and 2010. (Figure 236) Additionally, the age-adjusted oral cancer incidence rate increased for Whites over this time period and decreased for Hispanics. In 2010, this rate was over twice as high for Whites than for Hispanics (14 cases per 100,000 people and 6 cases per 100,000 people, respectively). Data for Blacks were not available. However, as noted previously, case counts and incidence rates in 2010 are underestimated and should be interpreted with caution.

Figure 236. Age-adjusted oral cancer incidence rates (per 100,000 people), by race/ethnicity, Bexar County, 2003-2010

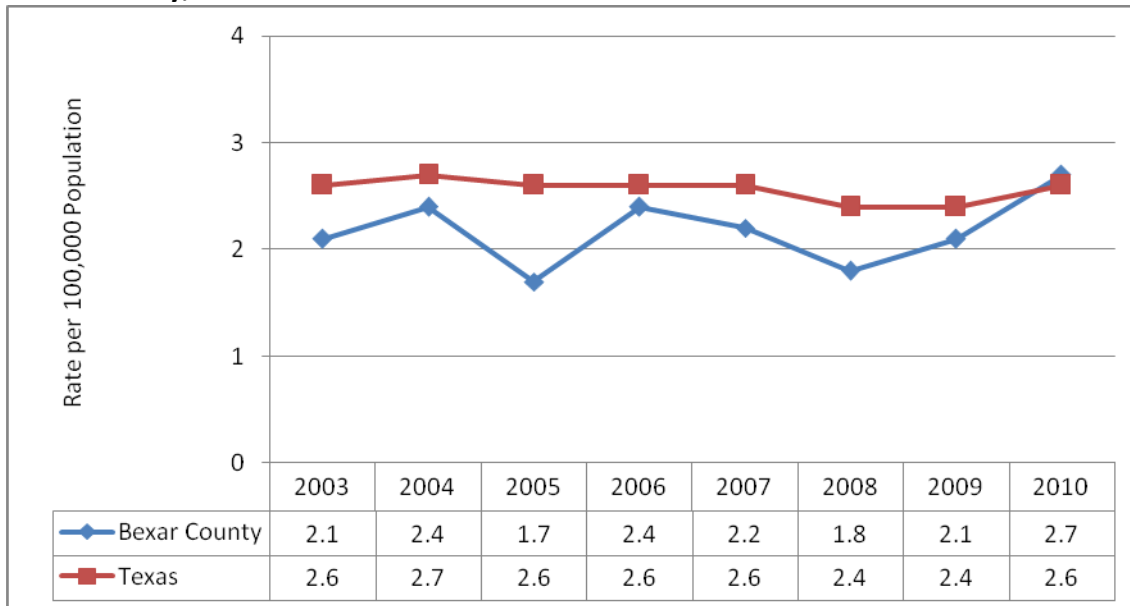


Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

The age-adjusted oral cancer mortality rates for Bexar County was 3 cases per 100,000 people in 2010, the same rate as for Texas overall. (Figure 237) There was little change in this rate between 2003 and 2010.

Figure 237. Age-adjusted oral cancer mortality rates (per 100,000 people), Texas and Bexar County, 2003-2010



Source: Texas Cancer Registry, 2003-2010

Link: <http://www.cancer-rates.info/tx/index.php>

Oral Health Care

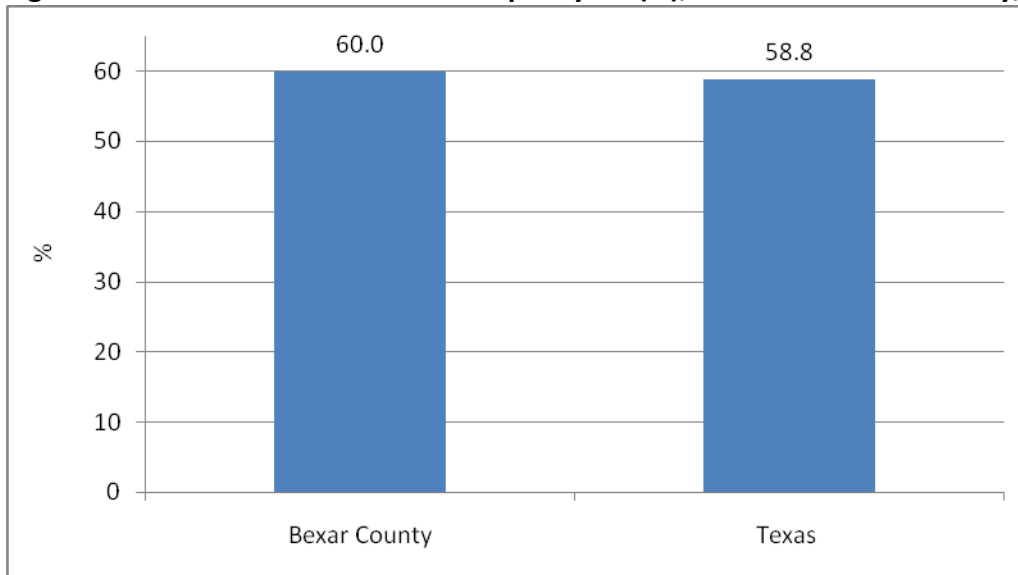
“Dental care is a huge issue.” – community resident

“There’s [dental services] out there, but if you don’t have insurance, you can’t go.” – community resident

Several respondents cited oral health concerns as a health issue for the region. Challenges include the high cost of dental insurance and a lack of low-cost dental services. Long wait times were also noted. As one Southside community member explained, *“the [dental clinic] is way too expensive for me. They charge you an arm and a leg for basic cleaning and you still come out with a bad tooth.”* As a result, patients often wait until oral health issues are serious to seek services. One interviewee noted that fluoridation has been in place in the County for only ten years and an effort is currently underway to remove it.

As Figure 238 shows, in 2012 60% of Bexar County residents visited a dentist within the past year, a proportion similar to that for Texas overall.

Figure 238. Last visited dentist within past year (%), Texas and Bexar County, 2012

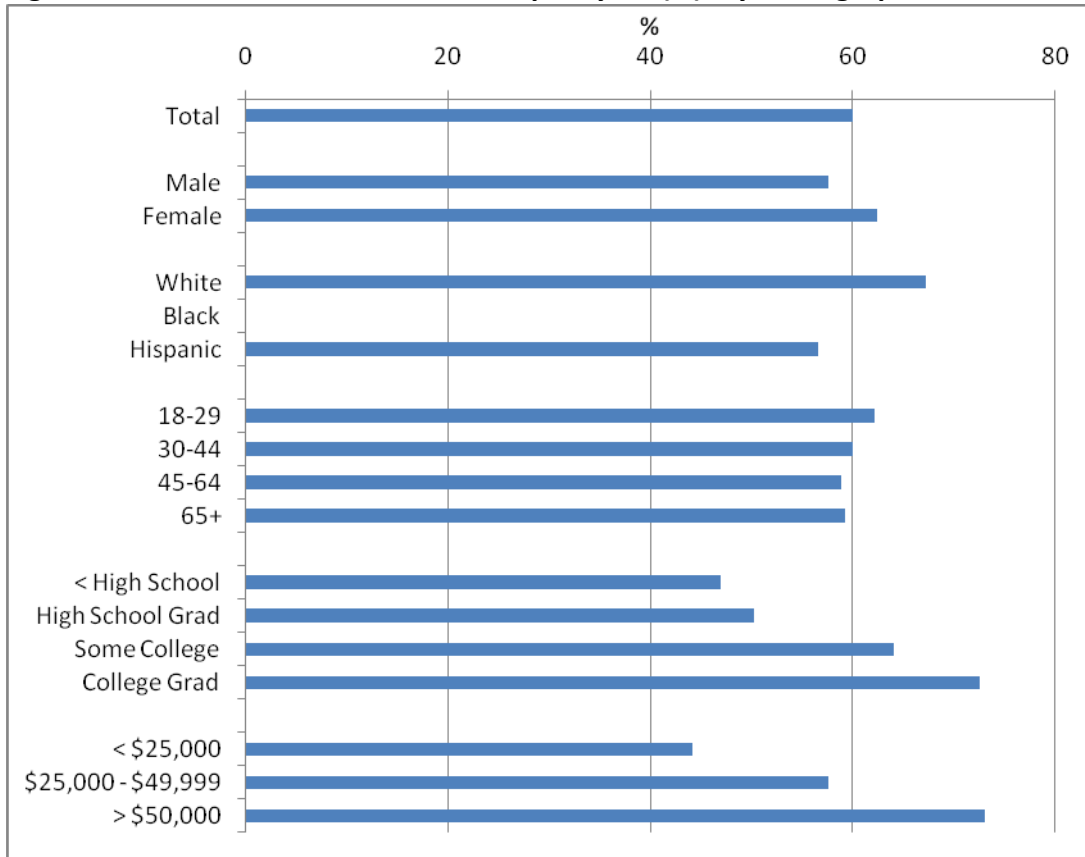


Source: Texas Department of State Health Services, BRFSS 2012

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

In 2012, Bexar County demographic groups showed variation in the proportion of respondents that reported visiting the dentist within the past year. A slightly higher proportion of White residents (67%) than Hispanic residents (57%) reported that they had visited the dentist within the past year. (Figure 239) Forty-seven percent of Bexar County residents with less than a high school degree reported a dental visit in the past year, compared to 73% for college graduates. Seventy-three percent of those with an annual household income of more than \$50,000 reported visiting the dentist in the past year, a higher rate than those household incomes less than \$25,000 (44%).

Figure 239. Last visited a dentist within past year (%), by demographics, Bexar County, 2012



Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

XIII. Access to Health Care

Bexar County’s health resources are growing- from children’s hospitals to worksite wellness programs to community health workers. Although these resources are seen as high quality, they are not equally distributed across the county. Stakeholders cited insurance, cost, and provider availability as barriers to accessing care.

Resources and Use of Health Care Services

“You might have to jump through hoops. The resources are here, you just have to be willing to go out and get them.” – community resident

“A lot of hospitals are innovative and doing great things.” – social service provider

“Major investments [have] improved access to a certain degree... but also created unnecessary demand for expensive services.” – health care provider

“There are a lot of health clinics here, and regardless of whether you have money or not, they will accept you as a walk-in.” – community resident

“So many resources are dedicated to illness not health.” – health care provider

“Safety net services are inadequate.” – public health professional

When asked about health resources in their region Bexar County focus group participants and interviewees generally shared positive views reporting that the region had strong medical and social service facilities. University Health System, CentroMed, UT Health Science Center, and MetroHealth were repeatedly cited as important health providers in the region. Additional resources mentioned by residents included Daughters of Charity, Clarity for mental health, and Methodist Health Care Ministries. San Antonio Metropolitan Health District was also seen as a critical service provider and leader by several respondents, although its funding was reported to be far less than needed to meet public health needs. As one county official explained, *“public health is not yet embraced as an essential city function.”*

Promotoras and community health workers were seen as a critical link to reaching people in their communities and connecting them to health education and health resources. Many services were also reported to be available to veterans including the Regional VA and ancillary clinics as well as the North Central federal clinic, although these were noted to be chronically underfunded. Business focus group participants reported wellness programs in their organizations.

Many residents mentioned the recent growth in the regional health infrastructure and shared mixed reactions to that. While some respondents spoke positively about the community’s emergence as a major medical and health research center, others expressed concern about overbuilding and large infrastructure when some people don’t have access to services. As one health care provider shared that *“I think you do get frustrated when you see your employees going on the fifth year of no raise and they build a new facility and you have ORs that aren’t*

even filled because there aren't enough patients." Another provider reported that one hospital recently shut down its maternity center because of lack of patients. Several respondents shared concerns about the fact that the region will potentially have three children's hospitals soon, including one existing hospital expanding to create an exclusive children's hospital and two others in talks about developing an additional children's hospital. Expressing the views of several respondents, one health care provider stated, *"in 2009, Children's Hospital was just an idea on paper. Now there are three hospital projects moving forward. This is unacceptable."*

Figure 240. Ratio of population to health care resources, Texas and Bexar County, 2009

	Bexar County	Texas
Acute Care Hospitals	81656:1	45471:1
Psychiatric Hospitals	571592:1	584780:1
Beds Setup and Staffed for Acute Care	338:1	393:1
Beds Setup and Staffed for Obstetric Care	4234:1	4218:1
Acute Care Licensed Beds	257:1	321:1
Psychiatric Care Licensed Beds	3152:1	4614:1

Source: Texas Department of State Health Services, Health Currents System, 2009

Link: <http://www.dshs.state.tx.us/chs/healthcurrents/>

Figure 240 depicts the ratio of population to different types of hospitals and hospital beds in Texas and Bexar County in 2009. These ratios are comparable between Texas and Bexar County. One exception to this is the ratio of population to acute care hospitals; Bexar County has a ratio (81656 residents per acute care hospital) half that of the state of Texas (45471 residents per acute care hospital).

The distribution of health facilities was also a concern for some residents. They reported that many of facilities are located away from communities that could benefit most from them. Health services were described as "limited" on the Eastside for example. As one provider explained, *"the public hospital and academic health sciences center are located away from neighborhoods that need them both."* A community member from the Southside reported that *"we also need a medical emergency center or urgent care out here. If you get hurt, there is nowhere to go that is nearby."*

Interviewees and focus group participants said that there are substantial social services in the region; among those mentioned were the Food Bank, PRESA Community Center, Haven for Hope, Project Worth for teen pregnancy, and Morningside Ministries. However, funding of services and nonprofits was reported to be a tremendous challenge particularly among prevention programs that have experienced cuts in federal, state, and local funding. As one provider noted, *"everything is grant-funded, so small programs don't cover all areas where there is need."* Residents shared the same concerns. As one explained, *"sometimes they have classes for a few months and then they just end."* Finally, innovation by and involvement of the private sector in health issues was also mentioned by several respondents. Several also mentioned HEB, the local grocery store chain, as being engaged in several activities including screening programs and programs supporting healthy eating and literacy.

Challenges to Accessing Health Care Services

“The medical center area is far! And most of the poor people don’t live out in that area, and they have to find a way to get out there for their care. That’s out there for a reason.” – community resident

“I see a lot of clinics but I don’t know what they are for, what their purpose is.” – community resident

“Paperwork is difficult to do, so people don’t complete the process.” – health care provider

“The uninsured are young people working, single moms, and they come to you and you can’t even get them help because they don’t have the funds.” – health care provider

“There is ignorance and fear of the health care system.” – social service provider

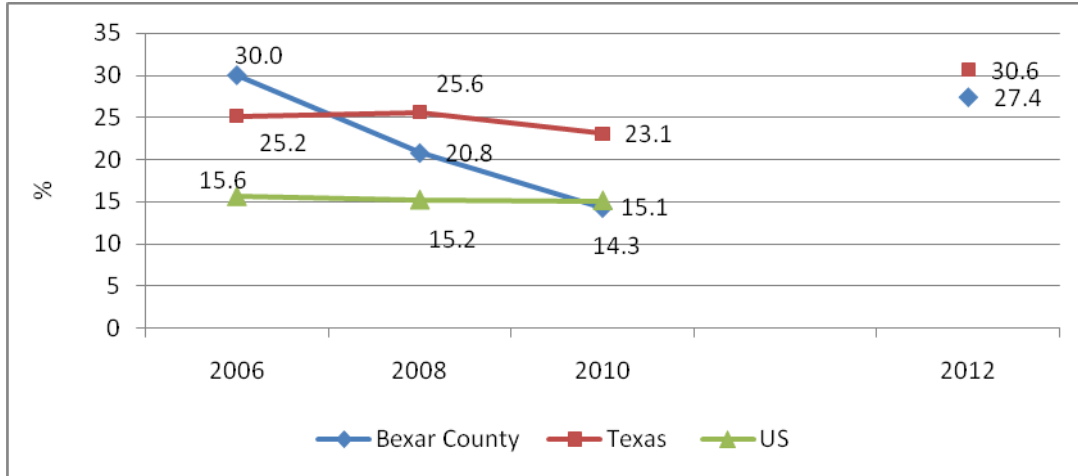
When asked about access to health care services, respondents acknowledged that while the region has many medical services, barriers exist and services are not available equally to everyone. Residents shared a variety of barriers including lack of insurance coverage, provider availability, cost of health care, and awareness of services and how to navigate the health care system. Several respondents mentioned the importance of Medicaid expansion and the implementation of health exchanges in addressing barriers to health care but they noted that these were contentious issues in the state overall. As one social service provider explained, *“there are politicians who don’t understand the need for the Medicaid expansion here in Texas.”*

Lack of Insurance Coverage

Lack of insurance and underinsurance was frequently cited as a barrier to accessing health care. As a result, as one stakeholder explained, *“many people don’t go to the doctor, because they don’t have money or health insurance.”* Residents spoke of the difficulty of obtaining insurance including concerns about eligibility. As one resident shared, *“my daughter doesn’t have insurance because she can’t afford it, and they do go out and try to apply but they get denied because they either make too much money or they don’t make enough money.”*

To assess the extent of insurance coverage, Bexar BRFSS respondents were asked if they currently had any kind of health coverage (including private insurance, military insurance, or publicly-funded insurance programs such as Medicare or Medicaid). In 2012, twenty-seven percent of Bexar County respondents were uninsured, a rate slightly lower than that for the state of Texas (31%). (Figure 241)

Figure 241. Population uninsured (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

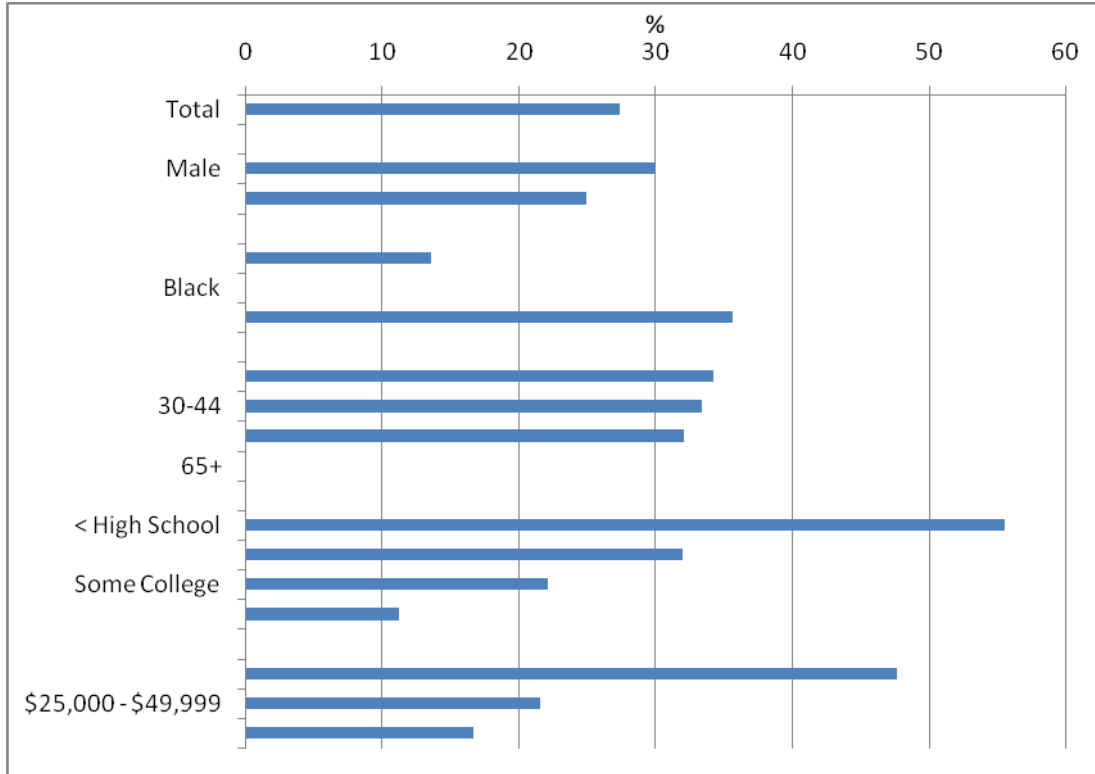
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

As Figure 242 shows, rates of insurance vary by demographic group. Over twice as many Hispanic adults as White adults in Bexar County were uninsured (33% vs. 14%, respectively). Males in Bexar County were slightly more likely to be uninsured (30%) than females (25%). Insurance status varied substantially by education and household income. Fifty-six percent of Bexar County adults without a high school diploma reported in 2012 that they did not have insurance, compared to 11% of college graduates. Similarly, 48% of adults with a household income less than \$25,000 per year reported in 2012 that they did not have insurance, compared to 17% of those with a household income more than \$50,000.

Figure 242. Population uninsured (%), by demographics, Bexar County, 2012



Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Note: this indicator is an SA2020 indicator

Provider Availability and Service Coverage

According to residents, it has become a challenge to find physicians willing to accept patients covered by insurance plans. Focus group members and interviewees expressed concern about the growing number of physicians and mental health providers unwilling to accept Medicare and Medicaid patients. Some residents reported another barrier to health care access: insurance plans do not cover all health care services. For example, one respondent with asthma reported that insurance only pays for one new nebulizer (a device used to administer medication in the form of a mist inhaled into the lungs) every five years.

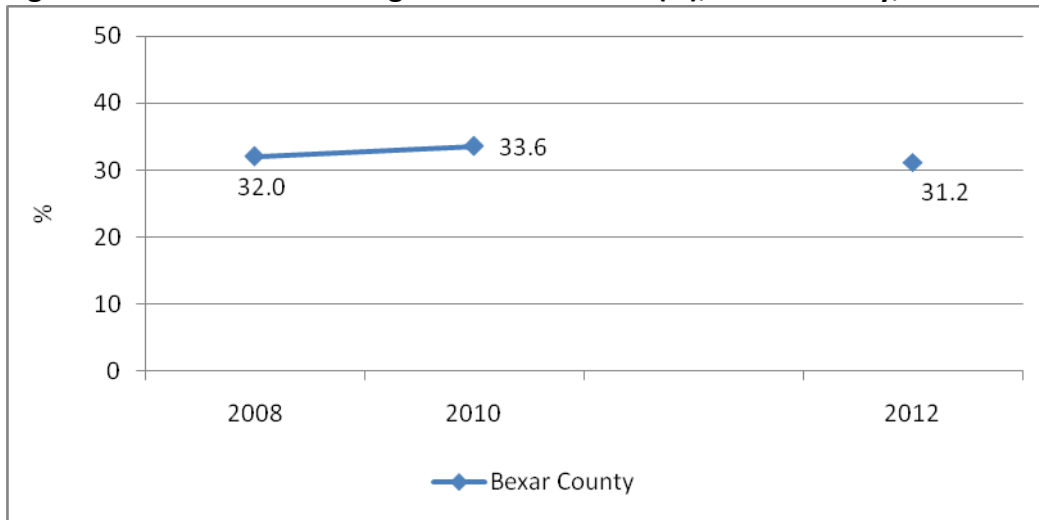
The number and availability of health access points was also cited as a concern among some focus group members and interviewees. Some regions do not have easy access to health facilities. As one health care provider explained, *“access to health care within certain segments of the city-- you almost have to go downtown in many cases to access health care or out to the science center.”* Residents noted that additional barriers to health care access include long wait times for appointments and lack of after-hour health services. As one community resident shared, *“I have asthma, and my daughter has bronchitis, and we can’t even be seen. To see a*

specialist, we have to see a PCP first, and to even be able to see a PCP it takes eight to ten weeks. So that's a whole lot of ER visits instead."

Finally, some respondents reported workforce constraints such as lack of primary care providers, mid-level, and mental health providers. As one interviewee stated, "at the primary care level, access is an issue for a lot of people." Several respondents believed this challenge will become more serious after 2014. As one health care provider explained, "when the Affordable Care Act kicks in there won't be enough doctors to cover the number of people on insurance. Our ERs will be overflowing. We need more providers and RNs."

To assess the extent to which residents had a regular source of health care, survey respondents were asked whether they had one person they thought of as their personal doctor or health care provider. In 2012, about one-third of Bexar County respondents (31%) stated that they did not have a person they thought of as their personal doctor or health care provider. (Figure 243)

Figure 243. Adults with no regular source of care (%), Bexar County, 2008-2012



Source: Bexar County Health Status Report based on BRFSS data, 2008; San Antonio Metropolitan Health District surveys similar to BRFSS 2010-2012

Note: this question was not asked on BRFSS in 2008-2012

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

Figure 244 shows the ratio of health care professionals to persons in Bexar County, in Texas, and for the national benchmark. Across the three geographic areas, the ratio of residents to health providers was highest for mental health providers. Bexar County's resident to provider ratio for primary care providers (1,512 residents per provider) is lower than for the state of Texas (1,766 residents per provider) but still higher than the national benchmark of 1,067 residents per provider.

Figure 244. Ratio of population to health care providers, Texas and Bexar County, 2013

	Primary Care	Mental Health	Dentists
Bexar County	1,512:1	3,151:1	1,423:1
Texas	1,766:1	4,374:1	2,200:1
National Benchmark	1,067:1	--	1,516:1

Source: HRSA Area Resource File, 2011-2012, via County Health Rankings, 2013

Question: This measure represents the ratio of the county population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care in a given geographic area.

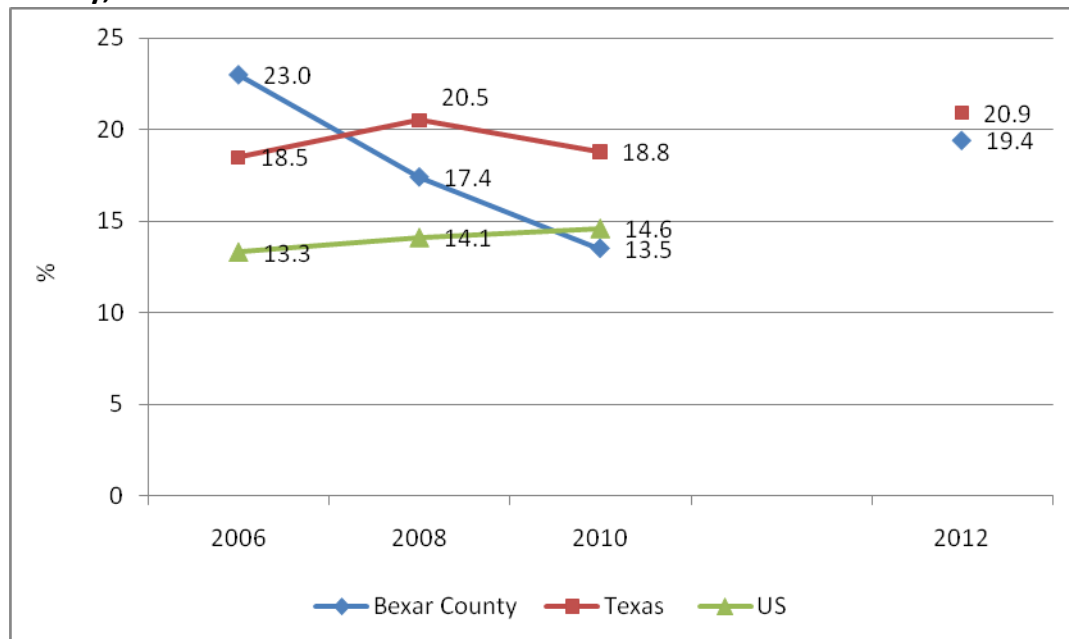
Note: 547 mental health providers, 1140 primary care providers, and 1,241 dentists in Bexar County

Cost of Health Care

Many residents of Bexar County are also concerned about the affordability of health care. Health insurance is expensive, which prevents people from obtaining it. As one Southside community resident shared, *“services in general, if they do exist, are hard to get into and are too expensive, even if there is a sliding scale.”* Additional expenses cited by residents included high co-pays and medication costs. As one elderly focus group participant stated, *“some medicines are covered by Medicare, some of them are not. For the elderly who are on a fixed income, they do not have money to pay for the medications that aren’t covered!”*

In 2012, 19% of Bexar County respondents reported that they had delayed seeking medical care because of cost in the past year, a slightly lower rate than for Texas (21%). (Figure 245)

Figure 245. Population delayed medical care because of cost (%), U.S., Texas, and Bexar County, 2006-2012



Source: Texas Department of State Health Services, BRFSS 2006-2012

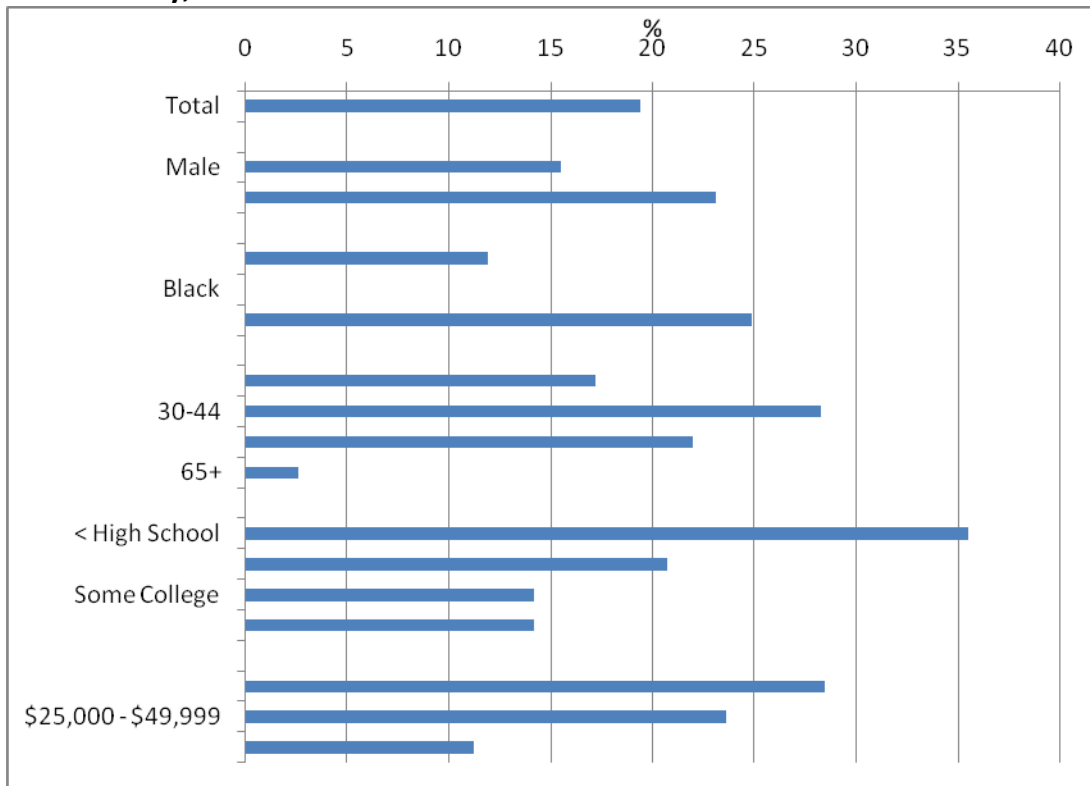
Note: 2008/2010 data is not comparable to 2012 data due to changes in methodology and weighting

Note: 2012 data for the US is not publicly available

Link: <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35475>

The cost of care affected demographics groups very differently. In 2012, Bexar County residents with less than a high school education and those with annual household incomes less than \$25,000 were most likely to have delayed medical care in the past year due to cost (Figure 246). Over twice as many respondents whose household made less than \$25,000 (29%) a year than those who made more than \$50,000 (11%) delayed medical care due to cost. Over one third of those with less than a high school education reported that they delayed medical care due to cost compared to about 14% for college graduates. Among racial/ethnic groups, Hispanics were more than twice as likely (25%) as Whites (12%) to delay medical care. Finally, women in Bexar County were more likely (23%) than men (16%) to delay medical care due to cost.

Figure 246. Population delayed medical care because of cost (%), by demographics, Bexar County, 2012



Source: Texas Department of State Health Services, BRFSS 2012

Note: No data for a subcategory denotes a sample size that was too small

Lack of Awareness of Services

Interviewees and focus group participants reported that lack of awareness of services was also a barrier to care. As one interviewee explained, *“I think [services] are out there, but people don’t know how to access them.”* A college-age focus group participant shared a similar view stating, *“it seems like there are medical services but it is unclear who they are there for and what they provide for services.”* Respondents provided several reasons for lack of awareness,

including low literacy among some populations and challenges to distribute information in multiple languages to diverse populations. Several respondents mentioned that lack of technology is a barrier for some. As one provider observed, *“people say ‘go call, get on a computer and check the website’ and those things aren’t necessarily available.”*

Lack of knowledge about how to navigate the health system was also seen as a barrier to care by focus group respondents and interviewees. As one social service provider explained, *“our system is very complex and so it can block access, people don’t know where to begin.”* Another concurred, stating, *“if you don’t understand the health care system, you cannot properly benefit from it.”*

Finally, several respondents mentioned that behavior change is needed to improve health. As one health care provider explained, *“if people aren’t accustomed to seeking regular health care, then even if they have access, they don’t seek care.”* There is also an element of fear of physicians. As one resident described, *“doctors are scary, they are just going to tell you what you are doing wrong.”*

Transportation

Lack of transportation also creates barriers to accessing health care, especially for low-income and senior residents, according to respondents. One community member shared her frustration: *“if I call for the transportation on time, sometimes they come on time for [my daughter] to make her appointment. And sometimes they don’t get there on time, so I have to reschedule the appointment and pay the missed-appointment fee.”*

Emergency Departments (ED) as Primary and Specialty Care

According to focus group participants and interviewees, the barriers to health care access have led to increased use of the ED for health issues that are not urgent. One public health professional stated that *“the other safety net is just showing up at the ER. This is extremely expensive and ineffective.”*

Quality of Care

“But you go to the doctor, they diagnose you with something and it’s not even the right thing. And...if you don’t have the right insurance, you don’t get adequate care.” – community resident

“We don’t have effective ways to hand people off and make sure there is effective follow-up. There are just so many gaps along that continuum.” – health care provider

“People want to hurry up and get you in, and get you out just because of the insurance you got.” – community resident

In describing their interactions with the health care system and providers, several respondents spoke about health care quality. Some described differences in care based on the insurance one has. Others expressed concerns about the short amount of time doctors often spend with

patients, such that patients may not be fully aware of their health concerns and how to take care of themselves. Others reported fragmentation of care, especially when several specialists are involved, and lack of follow-up care. As one provider explained, *“if a senior gets discharged from the hospital and doesn’t have enough to eat at home, then they will end up back in the hospital.”*

XIV. Community Visions for the Future

Focus group members and interviewees were asked about their visions and hopes for the future 3-5 years from now. Respondents pointed to several efforts currently in place including the Mayor’s Fitness Council, Communities Putting Prevention to Work grant, and SA2020. This section discusses the overarching themes that emerged from these conversations about community members’ vision for Bexar County.

Many respondents attributed these changes to strong community leadership; the Mayor, city manager, and county judge were consistently cited for their proactive work and strong leadership. As one business leader stated, *“[the] Mayor has pulled people together to improve the community, not just regarding health.”* However, not all residents agreed. For example, one rural community resident shared, *“we have a politician [who] goes out to the wealthy towns and fills a couple pot holes instead of coming out here and giving us roads. He is not doing anything for us. He has no sizeable project that I know of in this rural area.”*

Enhanced Environment to Support Health

Many shared a vision that San Antonio would be the healthiest city in America. While residents reported that progress has been made in the area of healthy eating and physical activity, they believed that more needed to be done. In the words of one public official, *“we need to give people more options and opportunities to participate in healthy lifestyle choices.”* Residents reported a need to address challenges in the built environment such as improving roads and increasing street lighting and well as building more bike trails and enhancing safety in some parks. Some residents suggested community gardens and expansion of agricultural programs like the education and cooking skills training programs offered by the Agrilife Extension Program. Residents particularly cited a need for more physical activity opportunities in the urban core of San Antonio’s Southside, Westside, and Eastside. Some residents face cost barriers to participating in activities and expressed a desire that more low-cost or free opportunities for physical activity.

Reinstating physical activity in schools and encouraging children and youth to engage in physical activity, and to have safe parks, were also cited as a vision for the future. Others reported that they would like to see fewer fast food and greater access to fresh and healthy foods in their communities. Still others saw a need for education about the importance of healthy eating and physical activity including expanding existing wellness programs.

Support Services for Youth, Elderly and Other Vulnerable Populations

Respondents frequently mentioned the importance of activities and services especially for youth and seniors. Having more places for youth to go in their spare time was frequently cited.

While teens mentioned organizations like the YMCA and JOVEN that offer camps and other programs, they did not see these programs as explicitly for teens. As one teen focus group member stated, *“the organizations that are in the community are mostly for little kids” and teens want more opportunities that reach them.* In addition to activities, teens said they would like to see more groups that focus on preventing drug abuse, bullying, teen pregnancy. One teen focus group offered a bit of advice: *“don’t be corny, don’t force things on people, don’t make it look like an organization. Make it look like something cool.”*

The needs of seniors – both present and future – were of substantial concern to the residents of Bexar County. Focus group participants and interviewees mentioned that they would like to see more services such as assisted living senior centers and adult day care as well as more outreach and programming to seniors who are home-bound. Residents expressed that in some cultures, elders are cared for at home rather than in institutions. Having supports for caregivers was also seen as important for the future of the elderly and frail, and those who support them. Community members noted the important role of senior centers and would like to enhance their services and programs to include things like exercise opportunities.

More Health Education

A consistent theme across focus groups and interviewees was the need to get more health information and information about how to navigate the health system out to the public, on a variety of issues. As one business leader stated, *“we have to figure out how to tell people what’s out there, so that they know to use it.”* Reaching youth with messages about substance use and sexual activity was also reported to be important. Residents noted that creative ways— including outreach through churches, neighborhood associations and other community groups—were needed to reach populations with these messages. Promotoras and community health workers were seen as a critical link to reaching people in their communities and connecting them to health education and health resources. Several stakeholders suggested that the county’s existing cadre of community health workers be supported and bolstered to expand the breadth and depth of their work across Bexar County.

Focus on Prevention

Residents envisioned a greater emphasis on prevention in the future. As one interviewee stated, *“we don’t focus enough on a prevention and wellness model. Our focus needs to be on keeping people healthy.”* A provider concurred, stating, *“there’s not a lot of stuff dedicated to them to show them prevention, because everything we do is crisis oriented.”* According to stakeholder, part of this is messaging. For example, a member of the business community stated, *“people need to hear the same messages on TV, out in the community, from leaders.”*

Messages from trusted messengers was reported to be critical. As one interviewee from the Hispanic community stated, *“trust is important. If they don’t know you, they won’t trust you.”* The church was seen as a critical source of information in many communities and as having a potentially critical role in promoting prevention messages and improving community health. As one focus group member shared, *“there are chunks of the community that are not engaged yet*

(faith community, medical community, middle managers).” Neighborhood associations were also mentioned as important venues through which to reach community members with health messages.

Greater Community Engagement

Several residents shared the vision of a more engaged community that informs leadership of its needs and desires. This requires that community members become more involved and advocate for themselves. As one health care provider stated, *“I think getting the community members involved, they are the resources, get them involved and then we will see change.”* Another provider noted, *“We need more facilitators, conveners, organizers to assist communities.”* One interviewee shared an example by a group of seniors who wanted a safe park and worked with parks and recreation staff and local police to put a bond package together for a park that was successful. Now the park has a free book lending library box. As one social service provider explained, *“these smaller, community-based organizations are essential.”* As another provider explained, *“look at Haven for Hope, we did that right. We had a problem with homelessness, built a coalition, and dealt with it.”*

Collaboration

When asked about collaboration across different institutions serving health and social service needs, reactions were mixed. Some reported substantial collaboration. For example, one health care provider reported that Bexar County is *“a community that generally collaborates... Collaboration is the rule more so than the exception.”* A public official concurred noting *“we are all in this together.”* However, not all shared this view. As one health care provider stated, *“our issue is that we work very solo and fragmented.”* Another provider expressed a similar view, stating, *“major institutions in San Antonio work in silos and block others from working in their institutions.”* Overall, stakeholders expressed the desire for more collaboration across institutions and sectors of the community.

XV. Conclusion

Through a review of the secondary social, economic, and epidemiological data as well as discussions with community residents and leaders, this assessment report provides an overview of the social and economic environment of Bexar County, the health conditions and behaviors that most affect the population, and community perceptions of health related issues in the current environment. Several overarching themes emerged from this synthesis

- ***Bexar County has a strong value for its residents and the social capital they represent.*** From 2000 to 2010, Bexar County experienced a nearly 25% increase in its population. While the population growth is slowing, estimated to be 10% between 2010 and 2020. Across Bexar County, community members discussed the vibrant resource found in Bexar County residents. While Hispanics represent the largest population group, the rise community members from the Pacific Islands and Africa were noted. Study participants noted that the success of Bexar County grew from the people who live there and the strength and resources they bring to the table. Many expressed that the county's rich culture and diversity led to greater community cohesion.
- ***As in previous assessments, data on morbidity and mortality distribution consistently follow social and economic patterns.*** Not surprisingly, the poorest socio-economic communities and the communities with the greatest percentage of minorities generally also suffer from the highest prevalence of diseases and mortality. Similarly, access to and barriers to health care also follow a similar distribution. These data demonstrate the concentrated nature of residential patterns. Homogeneity in neighborhoods at the lower end of the income spectrum has been shown to have an even greater impact on health and illness than when there is greater socio-economic diversity within neighborhoods. On an individual and family level, community members discussed how lower incomes can impact their health: there are limited financial resources for health care and fresh fruits and vegetables; limited time for doctor's appointments, physical activity, healthy eating, etc. due to multiple jobs; transportation challenges; and language barriers, among numerous other issues. As with most metropolitan areas in the country, Bexar County is similar in that socio-economic status appears to be positively correlated with wellness and related behaviors, which underscores the even greater importance of viewing health through a social determinants lens.
- ***Improvements in the physical activity environment have had positive impacts on obesity but physical activity, and nutrition were considered major health concerns.*** Although the physical activity environment and attitudes are beginning to improve, levels of physical activity have declined in recent years. While population obesity rates have started to decrease, obesity and related chronic diseases are still primary concerns among the Bexar County community. Limited access to healthy foods, an abundance of fast food, and an

unhealthy food culture make healthy eating difficult for Bexar County residents. While focus group and interview participants discussed their own or family members' experiences with chronic diseases such as heart disease and diabetes, it was the behavioral risk factors for these conditions—namely sedentary activity levels, unhealthy eating, and obesity—that were considered critical to address. Participants in every focus group and interview touched upon these issues and focused on the importance of chronic disease prevention.

- **Early intervention can help alter the health trajectory of young children.** Focus group participants and stakeholders consistently discussed the concern around teen pregnancy and the limited number of services focusing on young children. Babies born into social and economic disadvantage may encounter numerous factors with a negative cumulative impact on their health. Early intervention including primary care services (e.g., routine check-ups, immunizations), intensive educational programs, and greater neighborhood resources focusing on early childhood can help serve as protective factors at this critical period in a child's life. Focusing on prevention and early intervention for children was viewed as an essential step to improve the community's health for the future.
- **Sexual health is of growing importance to the community with high teen pregnancy rates and increasing sexual transmitted disease rates.** While teen birth rates are declining they remain high and importance to the community, primarily because of the community's recognition of social and economic disadvantage that impact the mother and child's health. Teen pregnancy disproportionately affects the Hispanic community. Additionally, rates of sexually transmitted diseases, most notably Chlamydia, have increased. Community members noted a need for more education in schools and community to combat these issues.
- **Mental health is viewed as a critical and growing issue with a need for more resources to impact change.** County leaders and residents view mental health as a critical issue in Bexar County. Economic stress on adults and academic and social pressures on youth have taxed the limited mental health system. Access and use of providers and services is limited by multiple factors including stigma, individual financial resources and health insurance, transportation, and awareness of services.
- **Changes in the health care system through new programs, hospital facilities and policy are working to improve access.** Bexar County's health resources are growing – from children's hospitals to worksite wellness programs to community based teen pregnancy prevention programs to community health workers. However, these resources are not equally distributed across the region. The community itself is seeking more prevention in addition to a health care system that includes clinical care and disease management. Discussions with community members in focus groups and stakeholders in interviews consistently revolved around the issue of prevention. Participants repeatedly mentioned that many health conditions, especially chronic diseases, could be avoided or minimized if programs and services focused on disease prevention and preventive behaviors, particularly among children and adolescents. However, the current health care system is not set up in

this manner. There was consensus among those involved in the assessment discussions that prevention needed to be more in the forefront of health care services and programs.

- ***Community members envision a healthier Bexar County that is built on collaborative efforts.*** Recent accomplishments and successes including the Mayor's Fitness Council, SA2020, successful 1115 Waiver applications, and activities funded through Communities Putting Prevention to Work grant have demonstrated the power of community engagement and collaboration. Community members, health and human service providers, and community leaders envision a future for Bexar County that is has numerous opportunities and resources to support making the healthy choice the easy choice. A healthier Bexar County would be built by collaborative efforts in programming, service provision and policy change.

XVI. Appendices

Appendix A: Data Committee Members

Committee Members:

- Steve Blanchard, Ph.D., Our Lady of the Lake
- Dr. Robert Ferrer, Department of Family and Community Medicine, UT Health Science Center
- Dr. Anil Mangla, San Antonio Metropolitan Health District
- Pilar Oates, Methodist Healthcare Ministries
- Charlene Doria-Ortiz, Bexar County Department of Community Resources
- Christine Rutherford Stuart, San Antonio Metropolitan Health District

Committee Participants:

- Laura McKieran, CI:Now-NOWData
- Charlotte Ann Lucas, CI:Now-NOWCastSA

Appendix B: Development of the Bexar County Community Health Improvement Plan (CHIP)

Community Engagement

Following the release of the *2010 Bexar County Community Health Assessment* (The Health Collaborative), The Health Collaborative and Metro Health embarked on a process to develop a Community Health Improvement Plan. The framework used for the Bexar County CHIP built upon the Mobilizing Action through Partnerships and Planning (MAPP) process, a process that has been widely used in communities for health improvement planning and has been endorsed by the National Association of County and City Health Officials (NACCHO) and the Public Health Accreditation Board (PHAB). The MAPP process relies on collaborative partnership and includes four major components to inform planning:

1. A Community Health Assessment
2. Qualitative data on community themes and strengths
3. A review of community health system performance based on the national public health performance standards
4. Community feedback on priority health issues

The Health Collaborative served as the host of the process for Bexar County and convened a Core Planning Group to provide input to the CHIP and oversee aspects of CHIP development. In addition, the Health Collaborative convened Work Groups to flesh out details for identified health priorities. Members of the Core Planning Group and Work Groups represented broad and diverse sectors of the community, including:

- Business
- Health
- Education
- Academic Research
- Community-Focused Organizations
- Community Residents
- Faith Organizations
- Community Planning Agencies
- City and County Government
- Public Safety
- Philanthropic Organizations

Establishment of Vision and Values

The Core Planning Group met five times during the summer months of 2011 to define a vision for this collaborative process; to identify values and operating principles to support the CHIP; and to determine the health priority areas to be addressed in the plan.

The Core Planning Group felt it was important to outline a compelling and inspirational vision and to identify the values that would support the planning process and the CHIP itself. From the

vision, the Core Planning Group also agreed that the CHIP needed a positive, asset-based “tagline” to communicate the intent of the CHIP in a few words. The following tagline, vision, and values represent the outcomes of these initial discussions:

Bexar County CHIP Tagline:
“Healthy Communities, Healthy Systems”

CHIP Vision Statement:

Over the next 3-5 years, San Antonio will view itself positively as a healthy place to live, with individuals, communities, and organizations working together to:

- Align and coordinate health improvement efforts with a strong focus on health prevention
- Model collaboration to identify and demonstrate positive changes in individual behaviors, the physical environment, social behaviors, and policy/systems to support healthy living
- Ensure open access to health resources through health information strategies that are culturally competent and designed to promote health literacy
- Create opportunities in the community for structural, policy, and systems change
- Support agencies and groups that support the environment
- Sustain this work through ongoing dialogue and partnership with key decision makers and ongoing, asset-based community development

CHIP Values and Operating Principles:

- “The Braid”: We are collaborating to break down silos, to integrate work on all levels to maximize impact. Coordinated effort is about accessing and leveraging resources as we represent multi-sectors of the community.
- Stories: “I can’t walk because I can’t drive” – simple statements and stories reflect the impact of the physical environment on individual behaviors and choices.
- KISS: Keep the message simple. “What keeps you from being healthy?”
- Transformation: Where we will focus our collective power.
- Innovation
- Community Inclusion: Keeping it relevant, providing opportunity and connection. “We make the community voice come alive.” This is a community initiative.
- Creative and Constructive Dissent: We share feedback openly, honestly, and respectfully with each other.
- Results: We move from debate and dialogue to resolution and consensus.
- Equity and Integration: Everyone at the CHIP table has an equal and valuable voice regarding community issues. Everyone is welcome to join and it is never too late to participate in this initiative. We will spend time orienting new members to history and background so they feel welcome.

Selection of Health Priorities

After creating the shared vision, values, and operating principles for the CHIP development process, the members of the Core Planning Group established the following criteria for selection of the priority public health issues for the CHIP:

- Political will exists to support change

- Key area of need (based on data)
- Achievable/doable
- Resources available or likely
- Can define measurable outcomes
- Marketability of health priority or activity
- Community member interest and motivation for health priority

To identify the most significant health issues, Core Planning Group members reviewed data from area assessments, health-related databases, and community input. Data references included:

- *2010 Bexar County Community Health Assessment*, by the Bexar County Community Health Collaborative
- *2009 Bexar County Mortality Data Tables*, from the City of San Antonio Metropolitan Health District (Metro Health)
- *2011 American Fitness Index Report*, by the American College of Sports Medicine
- *SA2020 Report*, from the City of San Antonio Mayor's Office
- *2010 City of San Antonio Survey*, from the City of San Antonio
- *Forces of Change Assessment – June 2011*, developed from a Bexar County CHIP Core Planning Group session

The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- Reduce chronic disease morbidity/mortality (cardiovascular, diabetes, asthma, HIV/AIDS, cancer)
- Prevent obesity, improve physical activity and nutrition
- Reduce teen pregnancy
- Increase community safety/crime prevention
- Improve mental/behavioral health (depression, improve use of mental health services, reduce substance abuse among adults, and reduce youth substance abuse)
- Increase health insurance coverage
- Improve women's health (maternal health care, sexual health, neonatal health)
- Reduce motor vehicle accidents/death

Each member cast five votes to select the priority issues from the list of most common themes while considering the selection criteria. The members selected very narrow themes whenever possible and then clustered the themes by common causes or intervention techniques. Based on the results of the voting and clustering exercises, the Core Planning Group members agreed upon five health priority areas for the CHIP:

1. Healthy Eating & Active Living
2. Healthy Child and Family Development
3. Safe Communities
4. Behavioral and Mental Well-Being

5. Sexual Health

In addition to the health priority areas, the Core Planning Group created a list of cross-cutting strategies to be addressed in the planning and implementation of the CHIP activities as appropriate:

- Health equity
- Access to care
- Public policy change
- Health disparities
- Cultural competency
- Information access, awareness, and dissemination, especially regarding health literacy
- Cross-sector collaboration
- Coordinated services
- Tracking change (measuring impact)
- Strengthening sense of community

Appendix C: Bexar County Subsectors by Zip Code

ZIPCODE	Sector	Sector name
78202	S1	Near Eastside
78203	S1	Near Eastside
78205	S1	Near Eastside
78208	S1	Near Eastside
78210	S1	Near Eastside
78215	S1	Near Eastside
78218	S1	Near Eastside
78219	S1	Near Eastside
78220	S1	Near Eastside
78101	S2	Southeast
78112	S2	Southeast
78214	S2	Southeast
78222	S2	Southeast
78223	S2	Southeast
78263	S2	Southeast
78002	S3	Southwest
78069	S3	Southwest
78073	S3	Southwest
78211	S3	Southwest
78221	S3	Southwest
78224	S3	Southwest
78225	S3	Southwest
78226	S3	Southwest
78236	S3	Southwest
78242	S3	Southwest
78245	S3	Southwest
78252	S3	Southwest
78264	S3	Southwest
78201	S4	Near Westside
78204	S4	Near Westside
78207	S4	Near Westside
78227	S4	Near Westside
78228	S4	Near Westside
78229	S4	Near Westside
78237	S4	Near Westside

78238	S4	Near Westside
78240	S4	Near Westside
78209	S5	Near Northside
78212	S5	Near Northside
78213	S5	Near Northside
78216	S5	Near Northside
78217	S5	Near Northside
78230	S5	Near Northside
78109	S6	Northeast
78148	S6	Northeast
78152	S6	Northeast
78154	S6	Northeast
78233	S6	Northeast
78239	S6	Northeast
78244	S6	Northeast
78015	S7	Far Northside
78231	S7	Far Northside
78232	S7	Far Northside
78247	S7	Far Northside
78248	S7	Far Northside
78257	S7	Far Northside
78258	S7	Far Northside
78259	S7	Far Northside
78260	S7	Far Northside
78261	S7	Far Northside
78266	S7	Far Northside
78006	S8	Far Northwest
78023	S8	Far Northwest
78249	S8	Far Northwest
78250	S8	Far Northwest
78251	S8	Far Northwest
78253	S8	Far Northwest
78254	S8	Far Northwest
78255	S8	Far Northwest
78256	S8	Far Northwest

Appendix D: Community Participants

Ackerson, Scott	Haven for Hope
Aguilera, Viviane	Community Volunteer
Alderete, Rosario	Community Volunteer
Alejandro, S.	Community Volunteer
Almaraz, Alex	Community Volunteer
Almarquez, Emilio	Community Volunteer
Alsip, Bryan	University Health System
Alvarado, Alama	Community Volunteer
Alvarez, Leticia	Community Volunteer
Aracedo, Mandy	Nurse/Allied Health Professional
Aranda, Mike	Community Volunteer
Arias, Caroline	Community Volunteer
Avalos, Maria	Community Volunteer
Banuelos, Barbara	Community Volunteer
Barrios, Vivian	Community Volunteer
Bass, Isabel	Community Volunteer
Becerra, Dolores	Community Volunteer
Bennett, Eugene	Community Volunteer
Bennett, Pamela	Community Volunteer
Bernal, Angela	Community Volunteer
Bobadilla, Beatrice	Community Volunteer
Bonita, Joyce	Community Volunteer
Bruno, Trina	Community Volunteer
Byrd, Darryl	SA 2020
Byrd, Irion	Community Volunteer
Byrd, Zania	Community Volunteer
Cabrera, Maria	Community Volunteer
Calderon, Gregoria	Community Volunteer
Campos, Rita	Bexar County
Cantu, Richard	Community Volunteer
Carole Harris	Methodist Health Care Ministries
Carter, Megan	Community Volunteer
Carter, Mike	Community Volunteer
Castaneda, Priscilla	Community Volunteer
Castillo, Josefina	Community Volunteer
Castro, Julian	Mayor, City of San Antonio
Cooper, Eric	San Antonio Regional Food Bank
Cortez, Juanita	Community Volunteer
Cortez, Mercy	Community Volunteer
Cortez, Veronica	Community Volunteer
Cruger, Justin	VIA Transit

Cuffy, Lena	SAWS
Cunningham, Kathy	Nurse/Allied Health Professional
Daniels, Michelle	Community Volunteer
Davenport, Beth	Community Volunteer
Davis, Kenneth	Methodist Healthcare System
De Leon, Esther	Community Volunteer
Dembo, Cindy	Community Volunteer
Diaz, Elisa	Community Volunteer
Diaz, Eusebio	Baptist Health Foundation
Dietrich, Troy	Community Volunteer
Dohson, Mercedes	Community Volunteer
Doria-Ortiz, Charlene	Department of Community Resources, Bexar County
Dupnik, Molly	Kronkosky Foundation
Eggerss, Kathryn	Nurse/Allied Health Professional
Elizondo, Nadia	Community Volunteer
Esquivel, Hope	Community Volunteer
Estrella, Guadalupe	Community Volunteer
Everett, Allie	Community Volunteer
Fambles, Llew	Community Volunteer
Felan, Jose	Community Volunteer
Flores, Maria	Community Volunteer
Fonseca, Ana	Community Volunteer
Galvan, Monica	Community Volunteer
Garcia, Arnulfo	Community Volunteer
Garcia, Carlota	Community Volunteer
Garcia, Irma	Community Volunteer
Garcia, Kimberly	Community Volunteer
Garcia, Susana	Community Volunteer
Garcia, Teresa	Community Volunteer
Garner, Bill	Community Volunteer
Garza, Juan	Community Volunteer
Gonzales, Eva	Community Volunteer
Gonzales, Louise	Community Volunteer
Gonzalez, Frances	City of San Antonio
Guerra, Eugenio	Community Volunteer
Guerra, Fernando	Pediatrician
Guerrero, Ivett	Community Volunteer
Guerrero, Jessica	Community Volunteer
Gutierrez, Ester	Community Volunteer
Gutierrez, Kyla	Community Volunteer
Hargrove, Patrice	Community Volunteer
Harris, Alberta	Community Volunteer
Hernandez, Charlie	Community Volunteer
Hernandez, Esther	Community Volunteer

Hernandez, Norma	Community Volunteer
Hernandez, Pauline	Community Volunteer
Heussner, Avery	Community Volunteer
Hickman, Terence	Community Volunteer
Higgins, Carol	Community Volunteer
Hinajosa, Mireya	Community Volunteer
Hines, Fred	Clarity Child Guidance Center
Hook, Linda	Nurse/Allied Health Professional
Jane, Mary	Community Volunteer
Jimenez, Nancy	Community Volunteer
Kruebemayer, Luke	Community Volunteer
Laredo, Josie	Community Volunteer
Lares, Maria	Community Volunteer
Leal, Amanda	Community Volunteer
Ledezma, Sierra	Community Volunteer
Lopez, Jose	Community Volunteer
Lopez, Mariam	Community Volunteer
Lozano, Maria	Community Volunteer
Lozano, Maria	Community Volunteer
Lucio, Roxana	Community Volunteer
Luckemeyer, Teegan	Community Volunteer
Maldonado, Enestina	Community Volunteer
Mancha, Juan	Community Volunteer
Mancillas, Irena	Community Volunteer
Martinez, Armando	Community Volunteer
Martinez, Elena	Community Volunteer
Mata, Frank	Community Volunteer
McGlothlin, Linda	Community Volunteer
Mejia, Larry	Daughters of Charity
Mendoza, Elyssa	Community Volunteer
Midjet, Alma	Community Volunteer
Miranda, Laura	Community Volunteer
Mirele, Raymond	Community Volunteer
Mireles, Brianna	Community Volunteer
Mireles, Raymond	Community Volunteer
Mojica, Annie	Community Volunteer
Molina, Gloria	Community Volunteer
Molina, Leo	Community Volunteer
Mondragon, Margarita	Community Volunteer
Morado, Maltide	Community Volunteer
Morales, Bonnie	Community Volunteer
Morales, Bruce	Community Volunteer
Morin, Ethelvina	Community Volunteer
Munoz, Gloria	Community Volunteer

Murillo, Gil	Community Volunteer
Murillo, Jo Ann	Community Volunteer
Navarro, Margie	Community Volunteer
Ojeda, Jose	Community Volunteer
Ortiz, Claudia	Community Volunteer
Ortiz, Esperanza	Community Volunteer
Paul, Lorena	Nurse/Allied Health Professional
Perez, Megan	Community Volunteer
Plastino, Kristen	UT Teen
Ponce, Connie	Community Volunteer
Quintero, Maria	Community Volunteer
Ramirez, Ermelinda	Community Volunteer
Rangel, Henrielta	Community Volunteer
Rarras, Caroline	Community Volunteer
Raveia, Laura	Valero
Remero, Yvette	Community Volunteer
Rendon, Graciela	Community Volunteer
Reyes, Eryn	Community Volunteer
Reyes, Eryn	Community Volunteer
Rivas, Henrietta	Community Volunteer
Robledo, Judith	Community Volunteer
Robledo, Olga	Community Volunteer
Rodriguez, Carmelo	Community Volunteer
Rodriguez, Edward	Community Volunteer
Rodriguez, Guadalupe	Community Volunteer
Rubio, Lauren	Community Volunteer
Rubio, Manny	Community Volunteer
Salazar Jr., Frank	Community Volunteer
Salazar, Angie	Community Volunteer
Salazar, Laura	Community Volunteer
Salinas, Maritza	Community Volunteer
Sanchez, Aurora	Department of Community Services, Bexar County
Sandoval, Oralia	Community Volunteer
Scheffler, Marissa	Generations Federal Credit Union
Schlenker, Thomas	San Antonio Metropolitan Health District
Seguar, Maricela	Community Volunteer
Serrera, Helen	Community Volunteer
Siller, Denise	Community Volunteer
Sirio, Mary	Community Volunteer
Smith, Rhett	Community Volunteer
Solis, Luis	Community Volunteer
Stanley, Jamahr	Community Volunteer
Storrie, Ashley	CPS Energy
Tagle, Anna	Community Volunteer

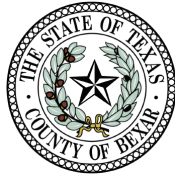
Tagle, John	Community Volunteer
Teniente, Mariana	Community Volunteer
Terkelson, James	Community Volunteer
Thomas, Michelle	Tesoro
Todd, Jennifer	UT Teen
Torres, Carlos	Broadway Bank
Torres, Sandra	Community Volunteer
Trevino, Jose	Community Volunteer
Trevino, Rachel	Community Volunteer
Trevino, Soila	Community Volunteer
Trevino-Miller, Ruth	Community Volunteer
Tristan, Chris	Community Volunteer
Valadez, Beatrice	Community Volunteer
Valdez, Betsy	Community Volunteer
Valerio, Virginia	Community Volunteer
Valle, Helen	Community Volunteer
Vasquez, Liset	Nurse/Allied Health Professional
Vazquez, Alberto	Community Volunteer
Villegas, Nancy	Community Volunteer
Wald, Peter	USAA
Wallis, Donna	Nurse/Allied Health Professional
West, Victoria	Community Volunteer
Wolff, Nelson	Judge, Bexar County
Woosley, Melody	Department of Human Services, City of San Antonio
Wright, Tina	Community Volunteer
Young, Beverly	Nurse/Allied Health Professional

Health Collaborative

Bexar County's *Community* Health Leadership



**Pilar Oates,
Community Member**



**Charles L. Kight,
Community Member**



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