2022

BEXAR COUNTY

COMMUNITY HEALTH NEEDS

ASSESSMENT REPORT

Health Collaborative
Bexar County's Community Health Leadership

GrowHealthy Together
Bexar County

Respected Leaders,

It is our great pleasure to share the release of the 2022 Bexar and Atascosa Counties' Community Health Needs Assessment (CHNA).

Over the last 25 years, The Health Collaborative has had the privilege to work in partnership with community stakeholders, leaders and community members to ensure that this comprehensive report is produced and then shared. This report is the result of a formal community assessment that reflects over 18 months of collaborative work with agency partners and community stake- holders to establish a shared vision, select relevant indicators, and prepare a document that addresses the important drivers of health in our community.

In keeping with the national movement in public health to focus more sharply on the root causes of health outcomes, the report devotes significant space to describing social, economic, and environmental conditions. The framework used to organize the report, developed by the Bay Area Regional Health Inequalities Initiative, moves from population characteristics to living conditions, to health behaviors and risk factors, and finally to prevalence of specific diseases and causes of death. Recognizing that COVID-19 has placed additional stress on our community families on the already fragile eco-system of care, this report highlights key access issues of concern and public health threats that we need to continue to learn about and act upon for years to come.

As is customary, the community's voice has been integrated into the narrative of the Report. This strengthens and validates the 2022 CHNA by providing on going community commentary and reinforces the idea that we are more than just collective data points on a page but rather individuals that experience health outcomes in our daily lives.

The Report reveals numerous health disparities along a number of dimensions, e.g. age, race and ethnicity, education. We invite you to take a pro-active approach by examining the disparities through an equity lens. We believe this pro-active approach will enable all of us as community partners to come to consensus on what must be done to improve the health of our community. A guiding principle for the pro-active approach through an equity lens is to remember that equity and disparity are related: in communities where resources are not equitably distributed, health disparities tend to predominate.
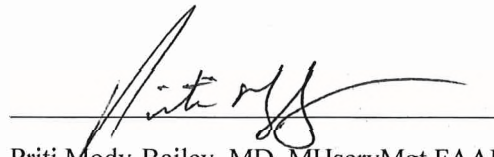
We wish to thank our Board of Directors, Steering committee, research partner CI:Now for their leadership and guidance in the development of this report. We also wish to thank our sponsors and in-kind partners whose support has made it possible for this report to be available to the community. Most importantly, we especially thank you, the greater community, for providing your feedback and ongoing support to the people and places reflected in this report.

We hope that together we can continue to make a difference in the communities we all serve.

Sincerely,

Elizabeth Lutz, MBA
Executive Director
The Health Collaborative

Priti Mody-Bailey, MD, MHservMgt, FAAFP
Board Chair
The Health Collaborative

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THE ASSESSMENT

Every three years the Health Collaborative commissions a comprehensive community health needs assessment for Bexar County.

This 2022 Bexar County Community Health Needs Assessment includes over 100 indicators visualized by close to 200 charts and maps. Beyond conforming with federal requirements,[1] the 2022 assessment is intended to help stakeholders understand local trends and demographic and geographic disparities in a broad range of social, economic, and environmental determinants of health; health-related behaviors; well-being, illness, and injury; and death. The 2022 Bexar County Community Health Needs Assessment was guided by a volunteer Steering Committee representing diverse local perspectives, and conducted primarily by Community Information Now with substantial community voice data-gathering by The Health Collaborative.

WHAT'S NEW FOR THIS ASSESSMENT?

The most obvious departure from the *2019 Bexar County and Atascosa County Community Health Needs Assessment* is that the Bexar County and Atascosa County assessments have been split into two separate documents. This document focuses solely on Bexar County.

For better content flow, this assessment is also organized somewhat differently from the 2016 assessment. Some sections that may have stood alone in the 2016 are now folded together under major headers.

Another improvement for 2022 is that references to other local reports are embedded into the relevant section of the report, highlighting more in-depth analysis and planning around issues covered more briefly in this assessment. Those references can be found in boxes titled **"Learn more about…"** throughout the document.

Unfortunately, the COVID-19 pandemic is another new development since 2019. Several charts specifically address COVID-19 vaccination (Section 2), case (Section 3), and death (Section 4) rates, including place-level correlation of COVID-19 with social determinants of health and racial disparities. COVID-19 is mentioned throughout the data narrative, however, as it affects both the issues in this assessment and the collection and management of data that quantifies those issues.

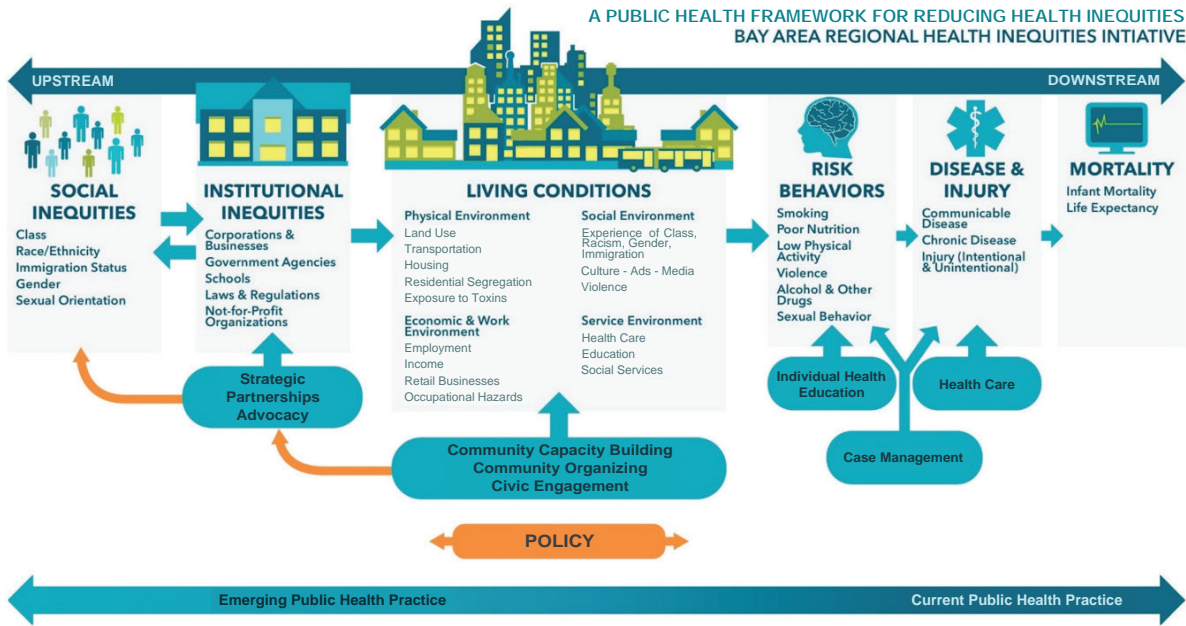# WHAT CONTINUES WITH THIS ASSESSMENT?

As with the 2016 and 2019 assessments, this report follows the Bay Area Regional Health Inequities Initiative's (BARHII) health equity framework. That framework explicitly situates social, economic, environmental, and structural factors as upstream drivers of health-related behaviors; well-being, illness and injury, and death.

The relative contribution of medical care to health and well-being is only 10% to 20%[2]. As in past reports, this assessment devotes significant attention to the determinants of the other 90% of health and well-being.

This assessment continues **extensive disaggregation of the data,** breaking it out wherever possible by race/ethnicity group, age group, sex, and smaller-than-county geography. Disaggregation helps uncover disparities and inequities that are hidden in measures like averages and medians. As with prior reports, unfortunately, breaking the data down into many categories sacrifices certainty and precision due to smaller samples and suppression. Administrative data (e.g. deaths, abuse and neglect) may be suppressed for privacy reasons or because small numbers result in unstable rates. Small sample sizes in survey data mean wide margins of error or confidence intervals, particularly for the Behavioral Risk Factor Surveillance System (BRFSS) survey.

[1]Internal Revenue Service. (2021). Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3). Available online at **https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3**

[2]See for example McGovern, L.et al. (2014). Health policy brief: The relative contribution of multiple determinants to health outcomes. Available online at **http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_123.pdf**

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INTIATIVE

UPSTREAM — DOWNSTREAM

SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins

Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence

Service Environment
Health Care
Education
Social Services

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Individual Health Education

Health Care

Case Management

POLICY

Emerging Public Health Practice — Current Public Health Practice

The Health Collaborative conducted community focus groups and key informant interviews, the transcripts of which CI:Now qualitatively analyzed. Relevant content is embedded in appropriate sections throughout the report, and the full analysis is provided as an appendix. Ellipses ("…") show where quotes were edited for clarity, and some identifiers have been removed. Any quotes utilized in this assessment reflect the opinion of one or more community members and not necessarily that of The Health Collaborative. Participant characteristics and narrative summaries of all qualitative information provided through the interviews and discussion groups are included in Appendix A, **Community Voice,** and Appendix E, **Technical Notes.**

As in 2019, the 2022 findings highlighted in the Conclusion section were chosen by respondents in a survey of the Steering Committee and the Health Collaborative board of directors and then grouped into coherent themes. Those findings are presented by section – for example, social determinants separate from illness, injury, and death – to preserve and illustrate priority issues at three separate points in the "upstream-downstream" continuum of health determinants and health outcomes.

ABOUT RACE AND ETHNICITY IN THIS ASSESSMENT

Whenever the data is available, this report breaks data out by race/ethnicity, sex, and age group. One of the challenges of doing so is that different data sources categorize these groups differently. Individual ages are grouped differently (e.g., age 0 to 17 vs age 0 to 19), and some data values (e.g., transgender and non-binary) may not be recognized by the data source at all. The same is true for race (e.g., African American, Asian) and ethnicity (Hispanic or non-Hispanic). Some data sources report race and ethnicity separately, while others combine them, and some data sources report eight race/ethnicity categories while others use just three or four.

Where the data is available, CI:Now employs the U.S. Census Bureau's race categories and combines those race categories with ethnicity.

Wherever possible, Hispanic or Latino people are reported as one race/ethnicity group, with ethnically non-Hispanic people reported in racial categories. Preliminary 2020 Census data showed an increasing number of Hispanics are identifying (and being coded) as of other race or two or more races, whereas the way the data was collected and coded in prior Censes resulted in about eight in 10 Bexar County Hispanics identifying as white. Thus, in reviewing the data it should be remembered that a Hispanic person may identify as any race or as multiracial.

Finally, CI:Now uses Associated Press style (AP) to guide capitalization of group names. The names of all race/ethnicity groups except white are capitalized. CI:Now also uses AP style for general audiences in treating the word data as singular rather than plural.
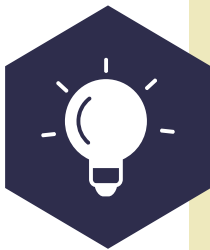
LEARN MORE ABOUT LOCAL DISPARITIES AND INEQUITIES BY RACE/ETHNICITY, SEX, AND AGE

City of San Antonio: *2019 Racial Equity Indicator Report*[3]

City of San Antonio: *2022 Racial Equity Indicator Report (coming fall 2022)*

Community Information Now: *How has the Coronavirus Pandemic Changed the Lives of Bexar County's Young Adults?*[4]

SA2020: *2020 Community Impact Report*[5]

San Antonio Area Foundation & Successfully Aging and Living in San Antonio (SALSA): *2022 Bexar County Healthy Aging Community Profile*[6]

San Antonio Area Foundation & San Antonio Area African American Community Fund: *State of the African American Community in San Antonio and Bexar County*[7]

San Antonio Metropolitan Health District: *The Status of Women in San Antonio*[8]

The Health Collaborative: *2019 Bexar County & Atascosa County Community Health Needs Assessment Report*[9]

[3]City of San Antonio. (2020). 2019 racial equity indicator report. Available online at **https://www.sanantonio.gov/Equity/Initiatives/IndicatorReport**

[4]Community Information Now. (2021). How has the coronavirus pandemic changed the lives of Bexar County's young adults? Available online at **https://cinow. info/2021/03/30/2924/**

[5]SA2020. (2020). 2020 Community impact report. Available online at **https://sa2020.org/resources/2020-community-impact-report**

[6]San Antonio Area Foundation & Successfully Aging and Living in San Antonio (SALSA). (2022).
2022 Bexar County healthy aging community profile Available online at **https://saafdn.org/wp-content/uploads/2022/05/State-of-Aging-2022-Snapshot-Report.pdf**

[7]San Antonio Area Foundation & San Antonio Area African American Community Fund. (2022). State of the African American community in San Antonio and Bexar County. Available online at
https://saafdn.org/nonprofits/nonprofit-resources/research-publications/
https://cinow.info/wp-content/uploads/Infographic-State-of-the-African-American-Community-in-San-Antonio-and-Bexar-County-rev-ed.pdf

[8]San Antonio Metropolitan Health District. (2019). The status of women in San Antonio. Available online at **https://www.sanantonio.gov/Health/News/Reports**

[9]The Health Collaborative. (2010). 2019 Bexar County & Atascosa County community health needs assessment report. Available online at **http://healthcollaborative.net/wp-content/uploads/2019/10/Community2019_CHNAReport_compressed.pdf**

DEMOGRAPHICS
POPULATION COMPOSITION

Fig. 1.1 Total population
Bexar County, Texas
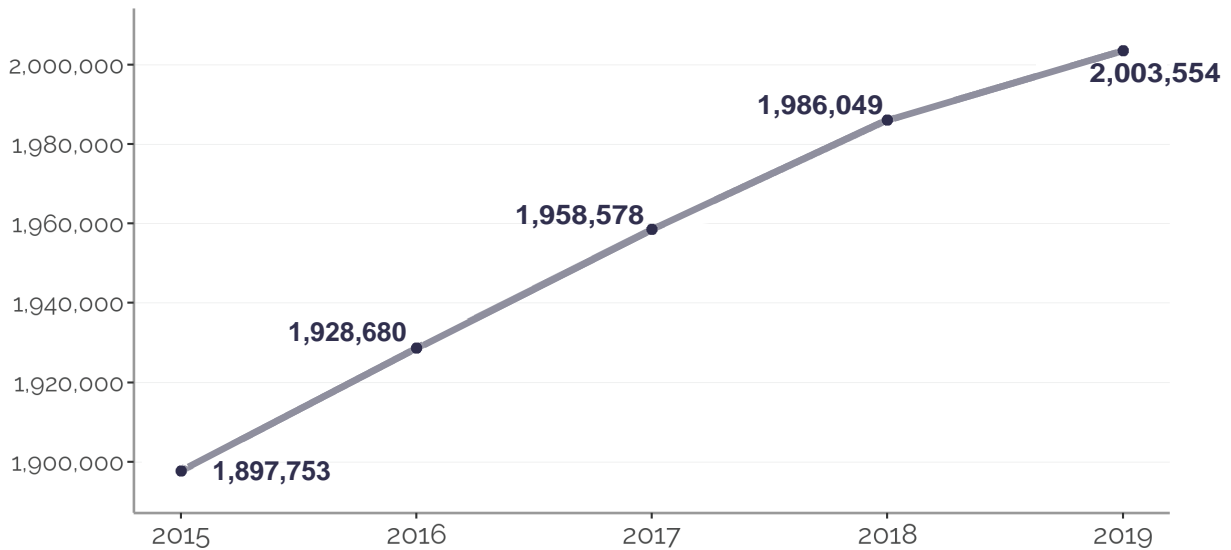
Source: ACS 1-Year Estimates. Table: B01001
Prepared by CI:Now for The Health Collaborative

Bexar County's total population is estimated to have grown nearly 6% between 2015 and 2019 (Figure 1.1). The 2020 Census put total population at 2,009,324[1]. The Texas Demographic Center projects the county's population will grow to 2.5 million by 2030 and to more than 3.35 million by 2050[2], placing further demands on local infrastructure and services.

LEARN MORE ABOUT AREA DEMOGRAPHICS

Texas Demographic Center: *San Antonio and Surrounding areas: Population and Housing Trends*[3]

Texas Demographic Center: *Demographics of San Antonio and Surrounding areas*[4]

[1]U.S. Census Bureau. 2020 Decennial Census, Table P-1. Available online at **https://data.census.gov/cedsci/table?q=2020%20 population&g=0500000US48029&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.P1**

[2]Texas Demographic Center. (n.d.) Texas Population Projections Program: 2018 Sex and Race/Ethnicity Total Population. Available online at **https:// demographics.texas.gov/Data/TPEPP/Projections/.**

[3]Texas Demographic Center. (2022). San Antonio and surrounding areas: Population and housing trends. Available online at **https://demographics.texas.gov/ Resources/Presentations/OSD/2022/2022_05_26_PlatinumTop50.pdf**

[4]Texas Demographic Center. (2022). Demographics of San Antonio and surrounding areas. Available online at **https://demographics.texas.gov/Resources/ Presentations/OSD/2022/2022_06_08_NorthSanAntonioChamberofCommerce.pdf**

Fig. 1.2 Percent of total population by age, 2019

Bexar County, Texas
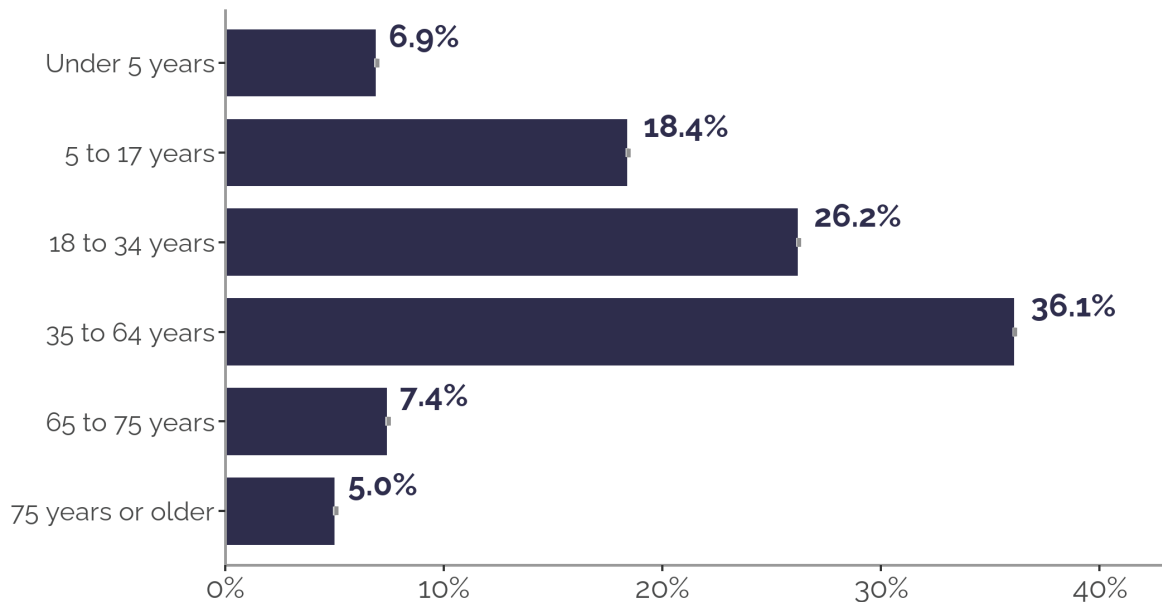
Source: ACS 1-Year Estimates. Table: B01001
Prepared by CI:Now for The Health Collaborative

Bexar County has a relatively young population, with people 65 and older comprising 12.4% of total population (Figure 1.2). In comparison, people 65 and older make up 16.5% of the U.S. population.[5]

ZIP CODES AND ZCTAS

In 1963 the U.S. Postal Service created the Zone Improvement Plan Code to speed mail delivery. A ZIP code is just a group of mail delivery routes, though, not a clearly-defined geographic area. Around 2000 the U.S. Census Bureau created ZIP Code Tabulation Areas (ZCTAs), which group Census blocks to approximate a ZIP code's delivery area. The maps in this report slice the data by ZCTA, but for readability we just say "ZIP code."

ESTIMATES AND ERROR BARS

No data is ever perfect, but some things can be counted one by one – housing units, deaths, hospitalizations. For others the effort and expense of a count is often very high, so instead we look only at a sample, or subset of the total. Wherever there's a sample, there's always an open question about the estimates that came from it. The smaller the sample relative to the total, the less confident we can be that the estimate holds true for the total. In this report we usually call that uncertainty the margin of error (MOE) or confidence interval, and we show it with gray "error bars". Error bars (or lighter color bands in time trend charts) will be present in virtually every chart where the figures are estimates rather than counts. In general, the wider the error bar or the color band for an estimate, the more we need to take that estimate with a grain of salt.

[5]U.S. Census Bureau. (n.d.) Census QuickFacts. Available online at **https://www.census.gov/quickfacts/fact/table/US/PST045221.**

Bexar is not very diverse in terms of race/ethnicity, with American Community Survey estimates indicating that 95% of the total population being Black or African American, Hispanic or Latino, or white (Figure 1.3). The Hispanic category in the chart combines Hispanics of any race or combination of races; all other race/ethnicity groups are non-Hispanic.
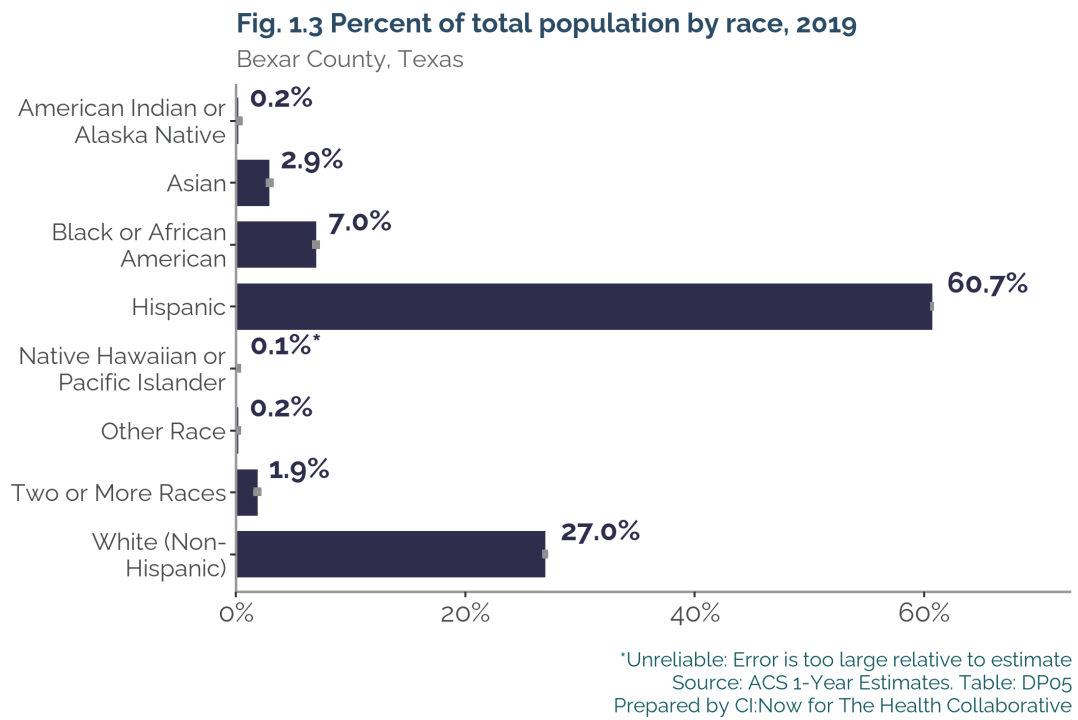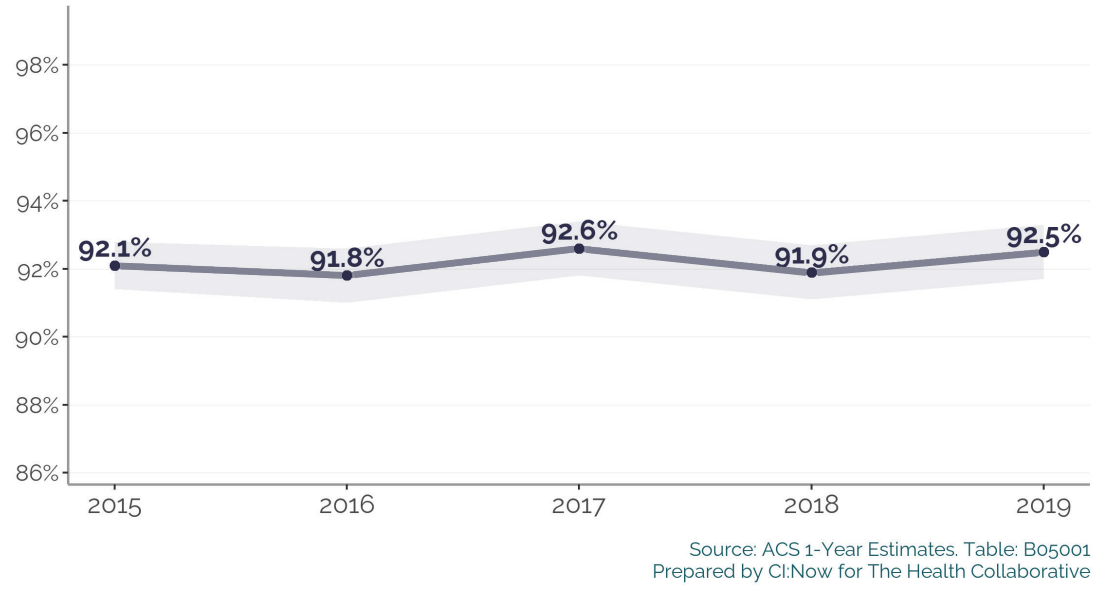
Fig. 1.3 Percent of total population by race, 2019

Bexar County, Texas

Race	Percent
American Indian or Alaska Native	0.2%
Asian	2.9%
Black or African American	7.0%
Hispanic	60.7%
Native Hawaiian or Pacific Islander	0.1%*
Other Race	0.2%
Two or More Races	1.9%
White (Non-Hispanic)	27.0%

*Unreliable: Error is too large relative to estimate
Source: ACS 1-Year Estimates. Table: DP05
Prepared by CI:Now for The Health Collaborative

Fig. 1.4 Percent of total population of U.S. citizens by birth or naturalization

Bexar County, Texas

Year	Percent
2015	92.1%
2016	91.8%
2017	92.6%
2018	91.9%
2019	92.5%

Source: ACS 1-Year Estimates. Table: B05001
Prepared by CI:Now for The Health Collaborative

Citizenship and documented status have implications for availability of and willingness to seek services and assistance. The percent of residents who are U.S. citizens has remained flat over the past five years, estimated at just over nine in 10 county residents (Figure 1.4).

Fig. 1.5 Percent of population of U.S. citizens
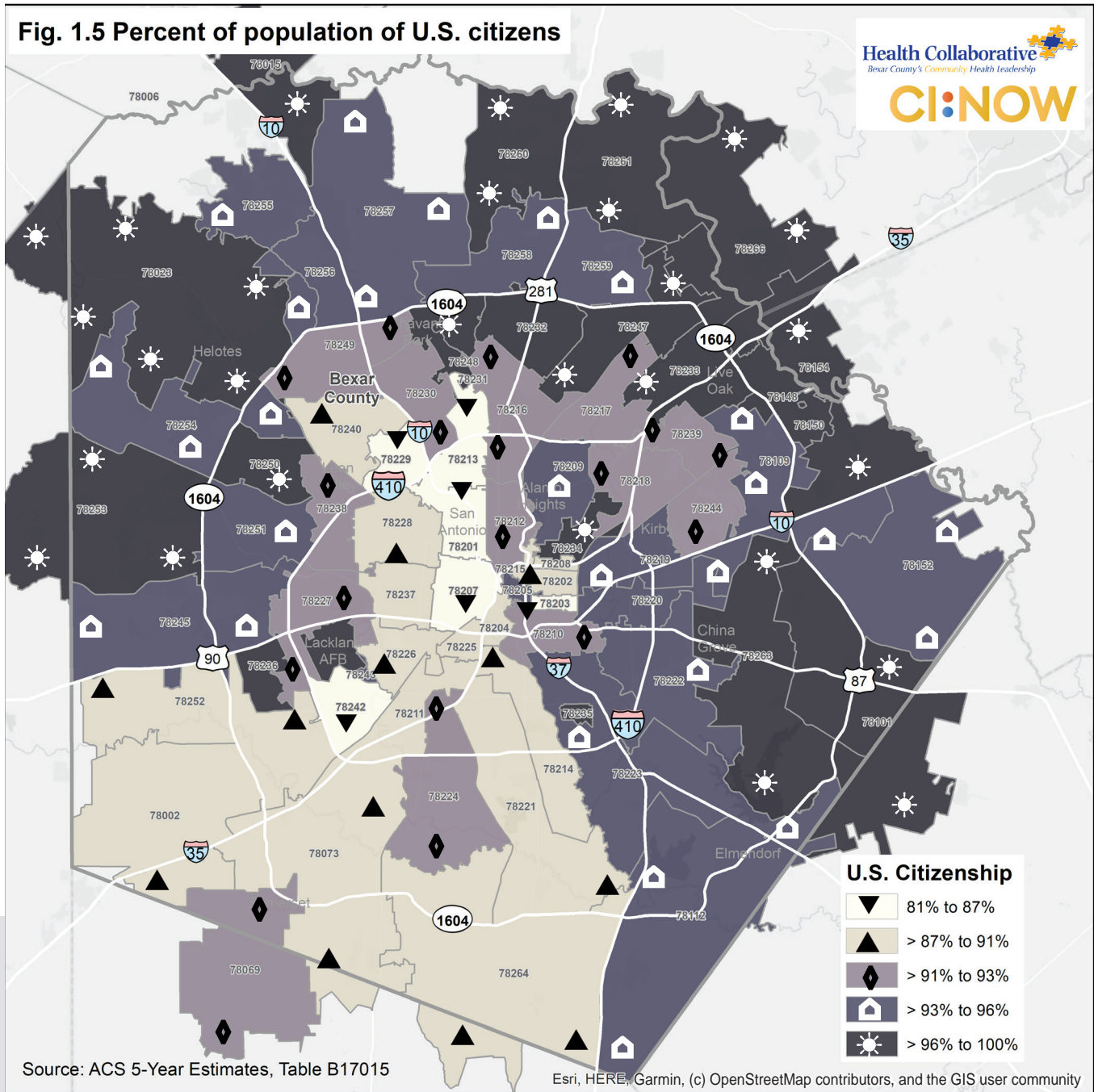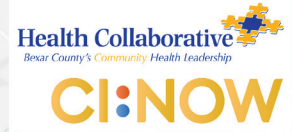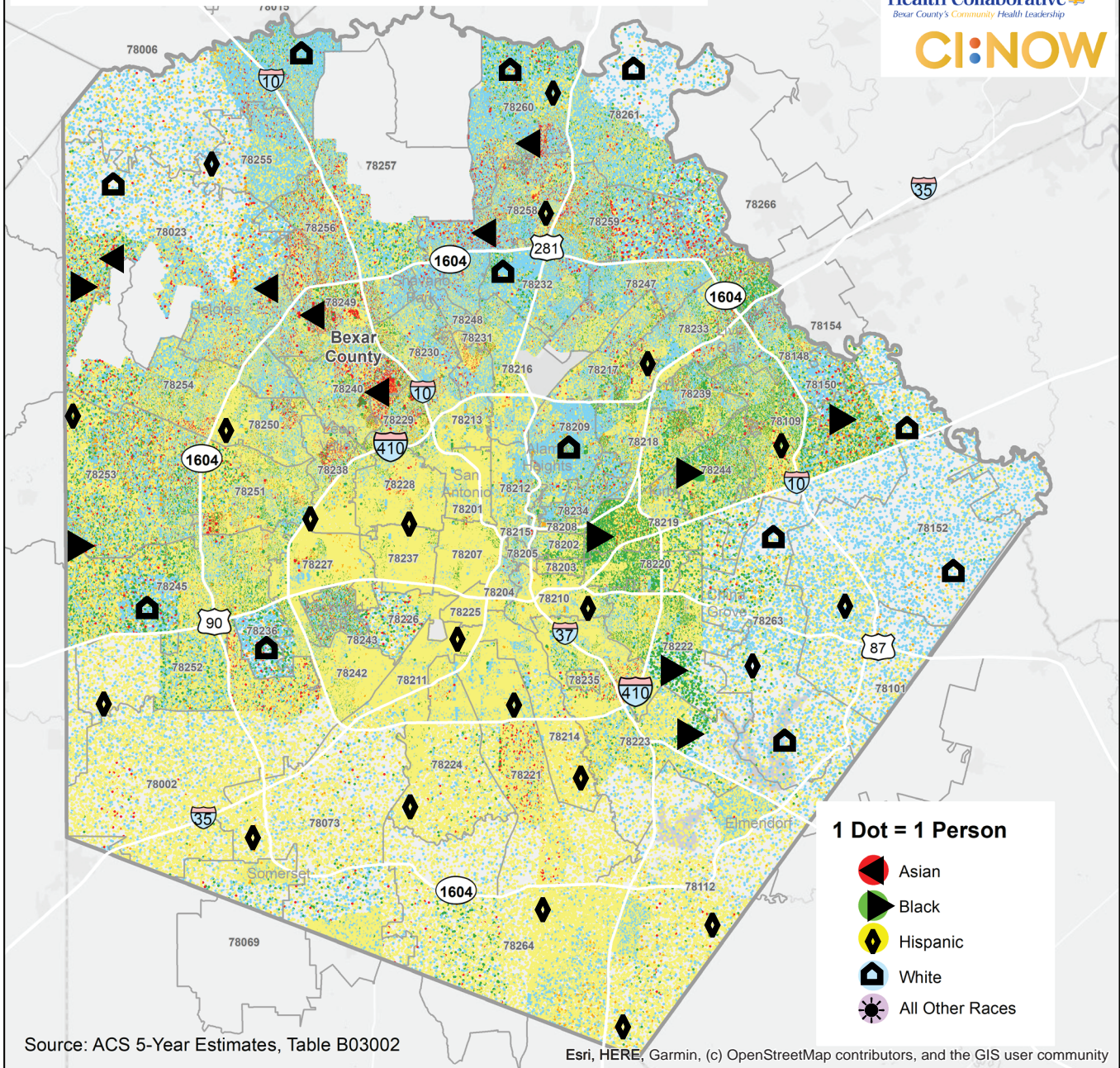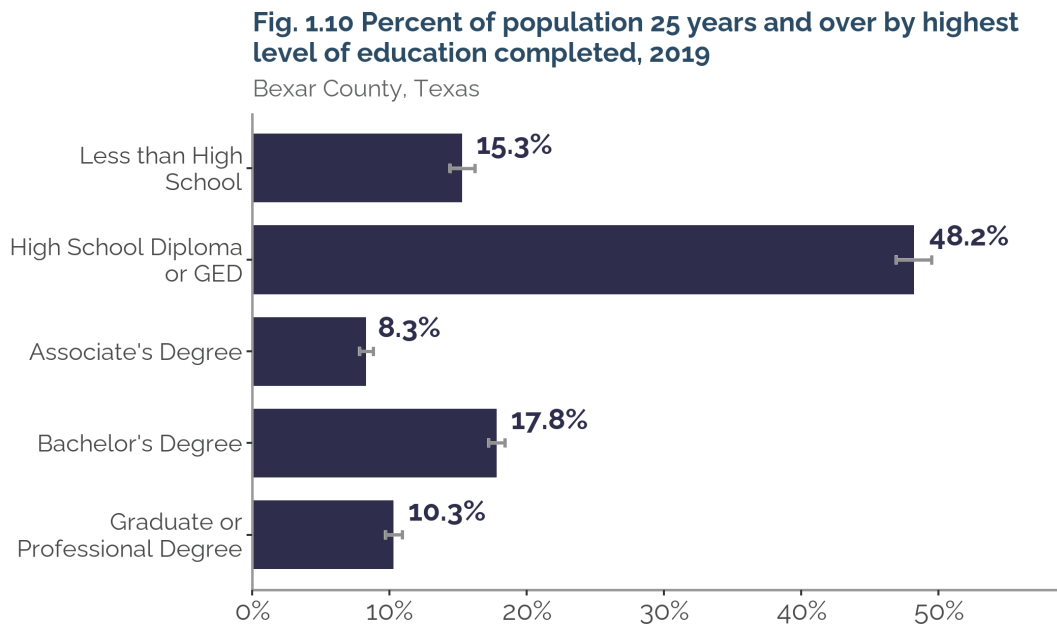
Source: ACS 5-Year Estimates, Table B17015

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

U.S. Citizenship
- 81% to 87%
- > 87% to 91%
- > 91% to 93%
- > 93% to 96%
- > 96% to 100%

The U.S. citizen population is not evenly distributed throughout the county (Figure 1.5). The proportion of population who are U.S. citizens is higher on the northwest, north, and east areas of the county, with the lowest proportion largely found in ZIP Codes along I-10 West between downtown and the Medical Center area.

Over four in 10 households are a married-couple household (Figure 1.6), with nearly three in 10 being a person living alone. Single female householders are about three times as common as single male householders, and together these two groups make up more than two in 10 households. Although this is by no means a homogenous population, living alone or being a single householder, particularly where children are present, may have implications for social support needs and isolation.

Fig. 1.6 Percent of total households by type of household, 2019
Bexar County, Texas

- Married Couple — 42.9%
- Male Householder, no wife present — 5.5%
- Female Householder, no husband present — 16.6%
- Living Alone — 28.5%
- Other Non-Family — 6.5%
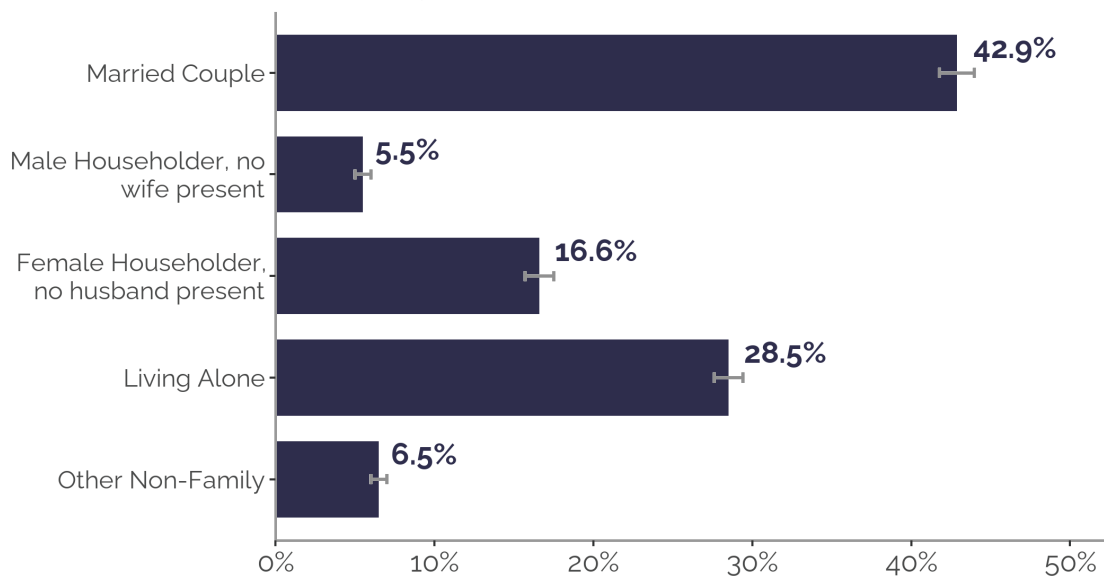
Source: ACS 1-Year Estimates. Table: B11001
Prepared by CI:Now for The Health Collaborative

Fig. 1.7 Total Population, 2020

Total Population
- 8,000 or Less
- > 8,000 to 18,000
- > 18,000 to 30,000
- > 30,000 to 50,000
- > 50,000 to 77,000

Source: ACS 5-Year Estimates, Table B03002

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
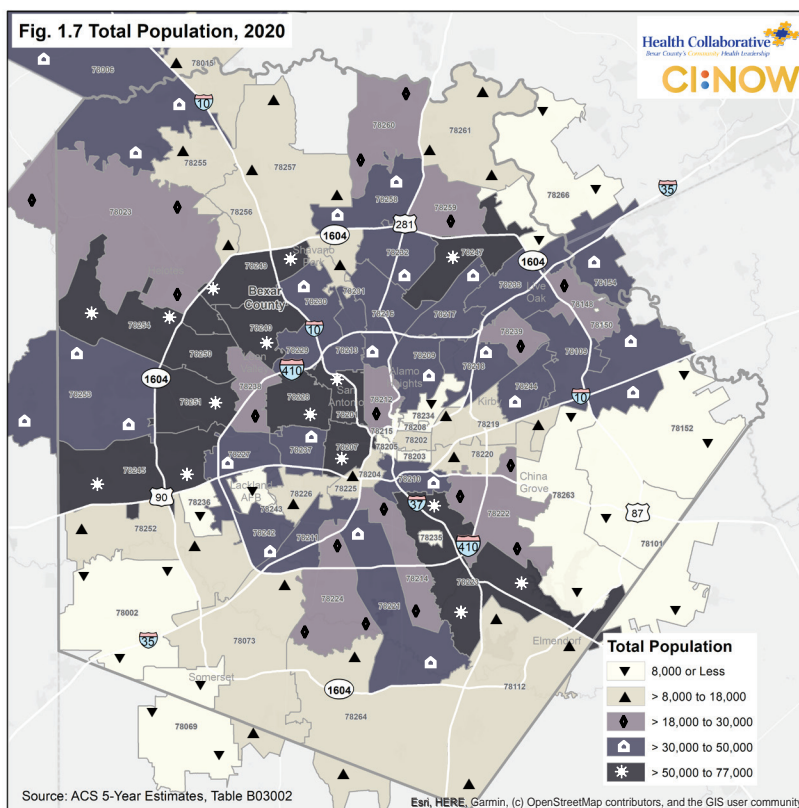
Figure 1.7 represents the total population of each ZIP code. ZIP codes vary greatly in size, but the large population centers on the near west side and northwest portion of the Loop 1604 corridor are evident.

Fig. 1.8 Population density (population per square mile), 2020
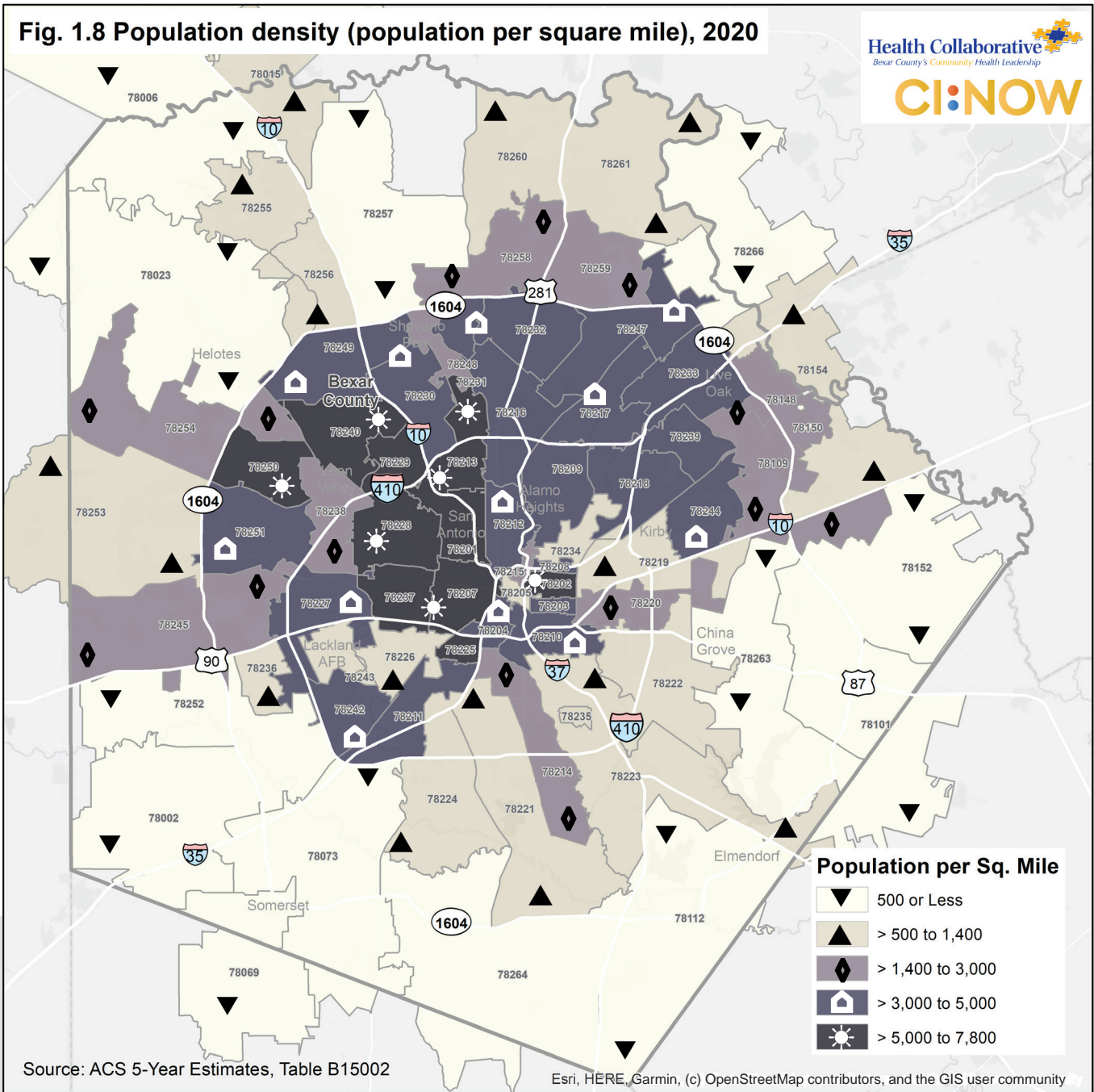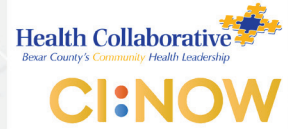
Population per Sq. Mile

▼	500 or Less
▲	> 500 to 1,400
◆	> 1,400 to 3,000
⌂	> 3,000 to 5,000
☀	> 5,000 to 7,800

Source: ACS 5-Year Estimates, Table B15002

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

While total population by ZIP code is large outside Loop 1604, population density – population per square mile – by ZIP code is higher inside Loop 410, including on the near west side and near eastside (Figure 1.8). ZIP codes outside Loop 1604, and outside Loop 410 on the east and south sides, are much less dense.

Fig. 1.9 Population Distribution by Race/Ethnicity, 2020

Source: ACS 5-Year Estimates, Table B03002

1 Dot = 1 Person
- Asian
- Black
- Hispanic
- White
- All Other Races

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Bexar County is not nearly as racially/ethnically segregated as many other urban areas, but geographic patterns are still visible (Figure 1.9). Hispanics are found throughout the county, but Asians are disproportionately represented on the northwest side, near the Medical Center and University of Texas at San Antonio (Loop 1605) campus. Black or African Americans are disproportionately represented in the near eastside and northeast areas of the county.

SOCIAL ENVIRONMENT
EDUCATION

Fig. 1.10 Percent of population 25 years and over by highest level of education completed, 2019

Bexar County, Texas

Source: ACS 1-Year Estimates. Table: DP02
Prepared by CI:Now for The Health Collaborative

A large proportion of Bexar County's adult population has low educational attainment (Figure 1.10). One in six residents 25 and older did not finish high school, and another three in six have no college education. This American Community Survey data does not capture other certificate or certification credentials, however, so almost certainly underestimates the proportion of population with some kind of postsecondary education and training. With the link between health and education well-documented[6], low educational attainment has strong negative implications for Bexar County's health status.

[6]See for example Zajacova A. and Lawrence E.M. (2018). The relationship between education and health: Reducing disparities through a contextual approach. Annual Review of Public Health 39:1, 273-289. Available online at **https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-031816-044628**

The estimated percent of population with an associate's degree or higher rose very slightly between 2015 and 2019 (Figure 1.11), hovering between an estimated 34% and 37%. Again, this figure does not include non-degree certificates or credentials.

Fig. 1.11 Percent of population 25 years and over who earned associates degree or higher

Bexar County, Texas
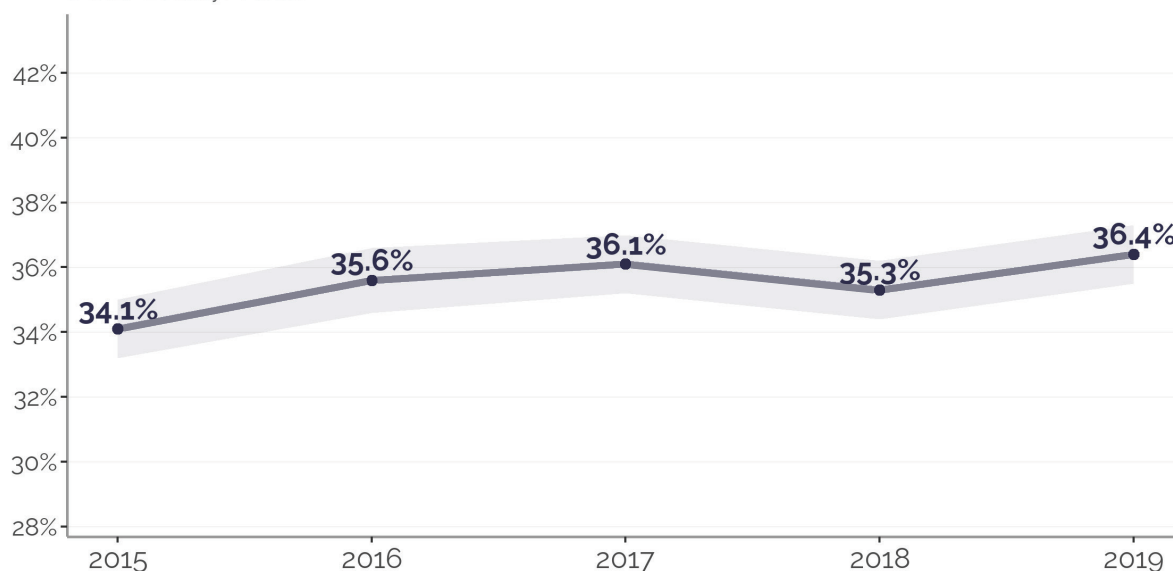
Source: ACS 1-Year Estimates. Table: B15003
Prepared by CI:Now for The Health Collaborative

LEARN MORE ABOUT EDUCATION

Intercultural Development Research Association: *Multiple education research resources*[7]

UP Partnership: *College success dashboard*[8]

[7]Intercultural Development Research Association. (dates vary). Multiple education research resources. Available online at **https://www.idra.org/research/**

[8]UP Partnership. (2021). College success dashboard. Available online at **https://uppartnership.org/data-resources/#cradle**

Fig. 1.12 Percent of population 25 years and over who earned associates degree or higher, 2020

Associates Degree or Higher

▼	17% or Less
▲	> 17% to 30%
◆	> 30% to 45%
⌂	> 45% to 60%
☼	> 60% to 76%

Source: ACS 5-Year Estimates, Table B15002

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
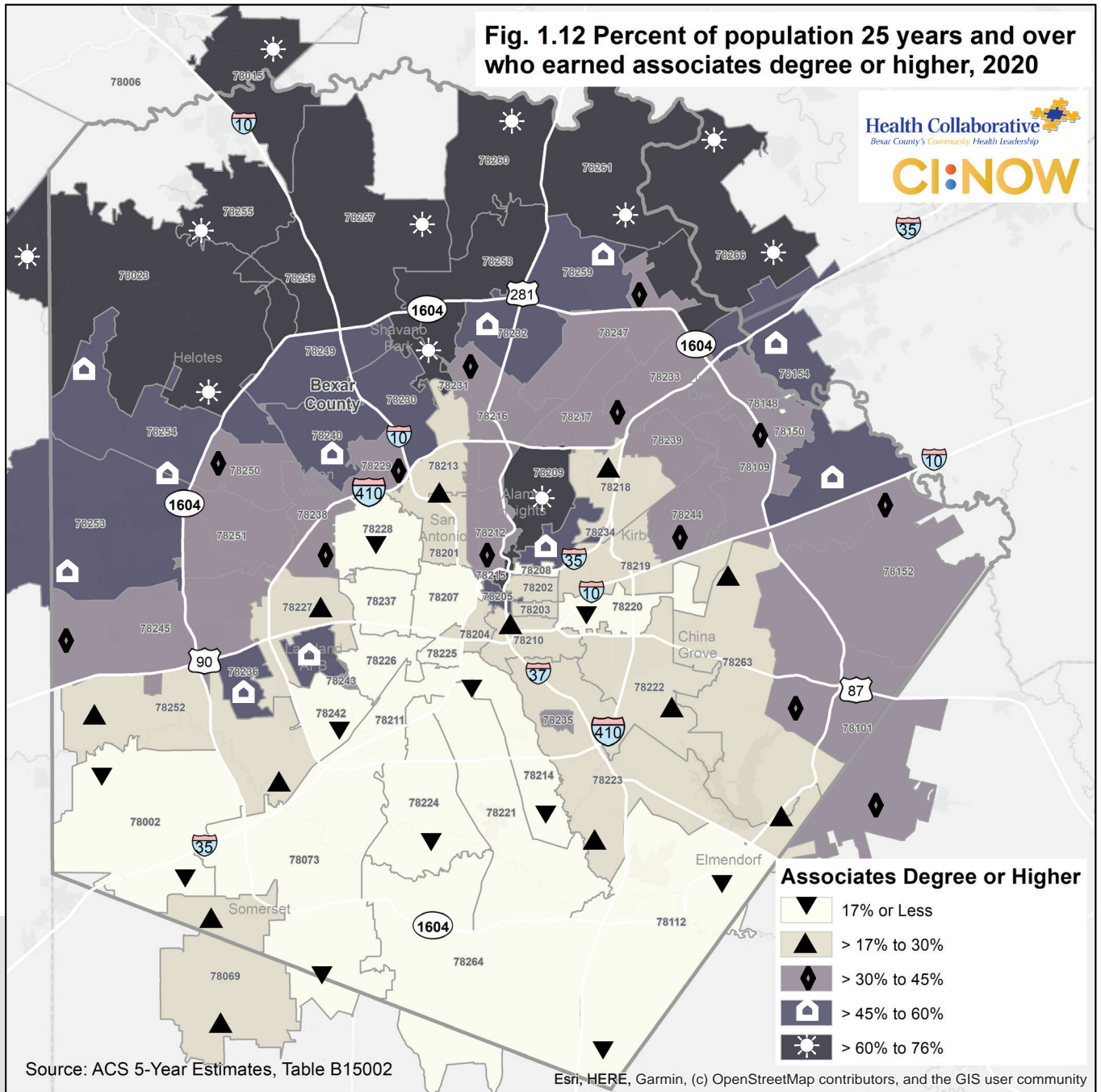
Access to postsecondary education and to supports for completing that education is not evenly distributed across the county, and that inequity is a major driver in differences in educational attainment by ZIP code. College degrees are most common on the far northside and in the Alamo Heights and lower Broadway areas – adjacent to ZIP code 78208, which has among the lowest percentages (Figure 1.12). Low percentages are common throughout the west and south areas of the county.

LANGUAGE AND DIGITAL INCLUSION

Fig. 1.13 Percent of population 5 years and over who speak only English or speak English "very well"
Bexar County, Texas
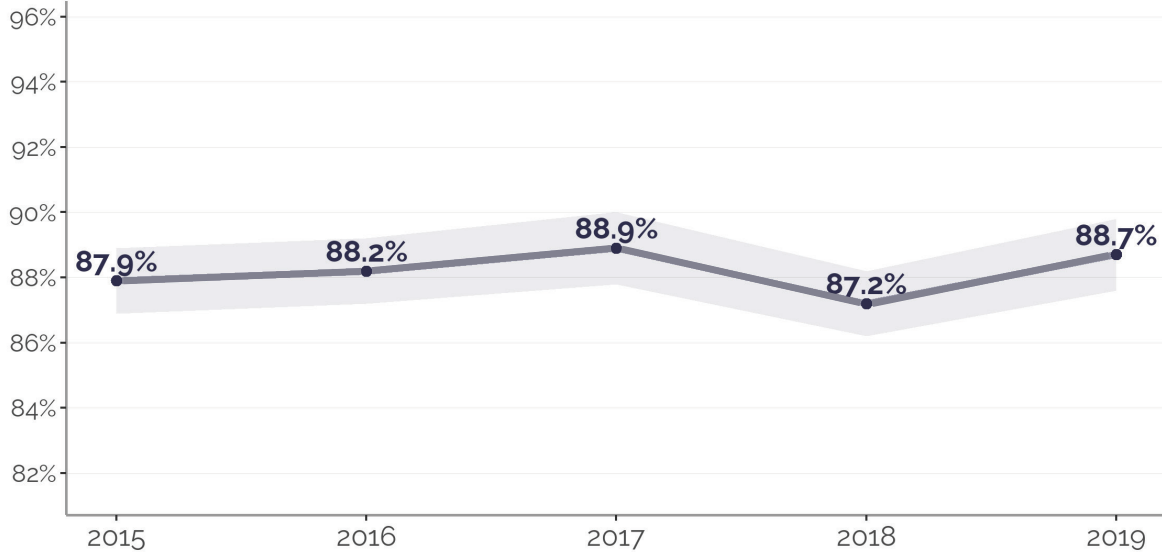
COMMUNITY VOICE

When asked why many of them live near the medical center, the Afghani immigrants said:

"It's kind of like the Afghani community… and then also there's all the medical [services] and everything there. Also, they have family relatives living there so they wanted to be closer there because of the transportation, and because of the language barrier, because of the community that's there."

– Afghani Immigrant Focus Group

The proportion of population speaking English only or "very well" (as self-reported) did not change appreciably between 2015 and 2020, hovering around 88% (Figure 1.13). Language barriers to accessing services and resources are likely an issue for the remaining approximately 12%.

Fig. 1.14 Percent of population 5 years and over who speak only English or speak English "very well", 2020

Health Collaborative
Bexar County's Community Health Leadership

CI:NOW

Ability to Speak English
Speak Enlish Only or Very Well

Symbol	Range
▼	74% to 81%
▲	> 81% to 86%
◆	> 86% to 90%
⌂	> 90% to 95%
☼	> 95% to 100%

Source: ACS 5-Year Estimates, Table B16004

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
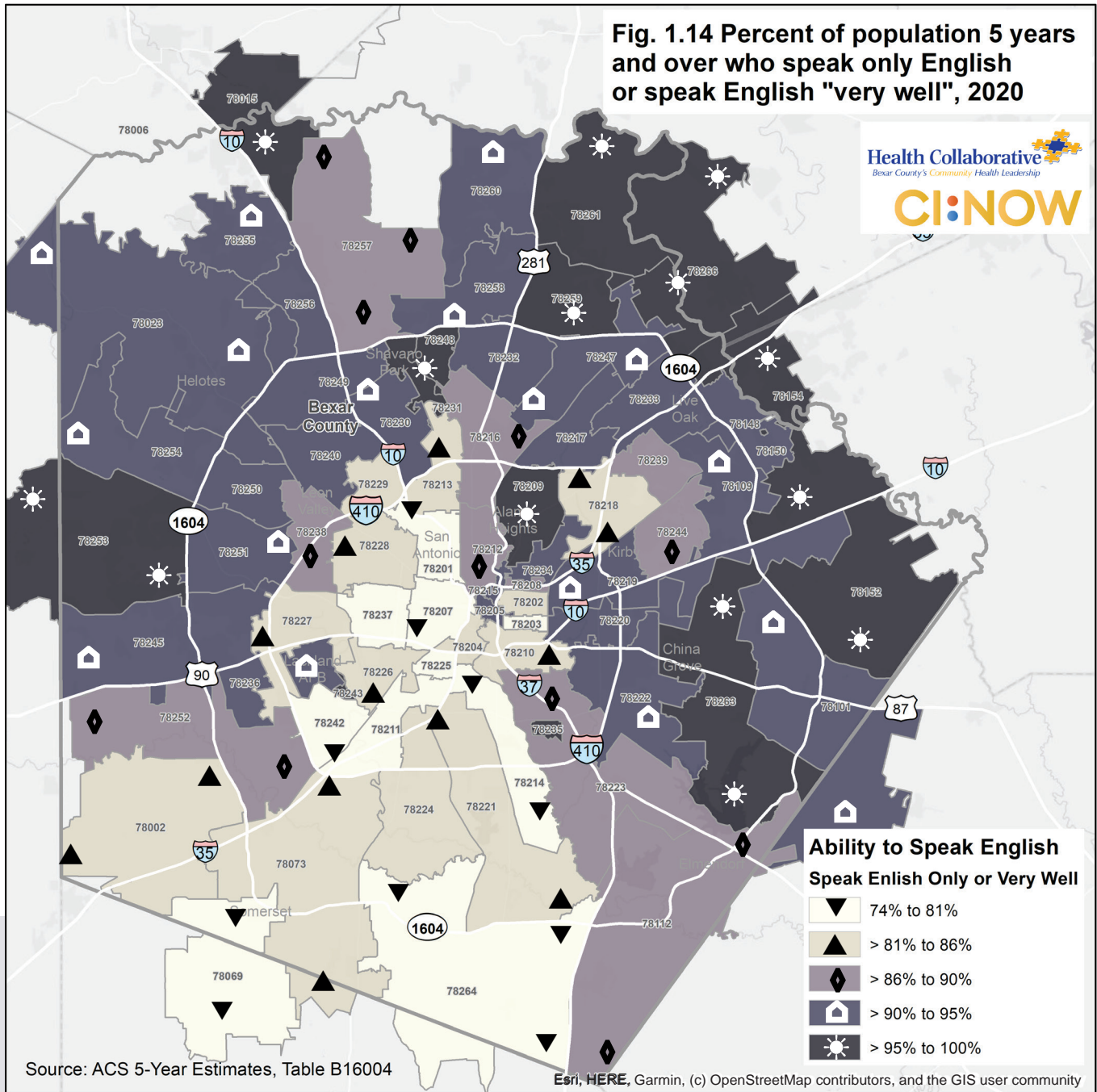
The highest proportions of pop speaking English only or "very well" are scattered across the county, but concentrated in the far northeast and far east (Figure 1.14). The lowest proportions, where only 74% to 81% are proficient in English, are generally found in ZIP codes on the west and south sides.

Fig. 1.15 Percent of households with a computer and broadband internet subscription

Bexar County, Texas
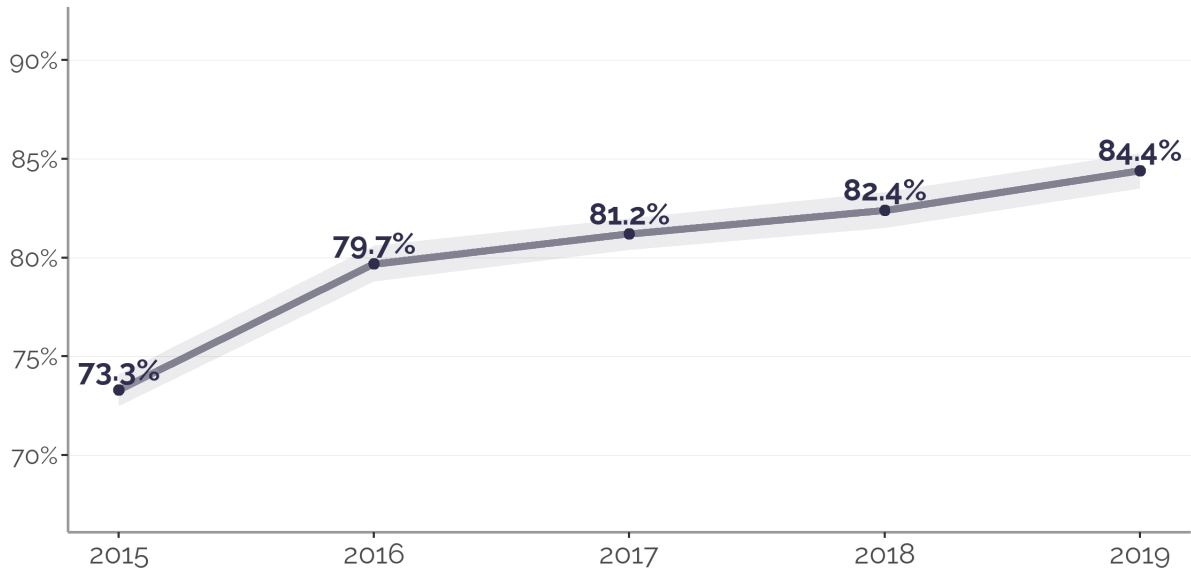
73.3% 2015
79.7% 2016
81.2% 2017
82.4% 2018
84.4% 2019

While the percent of households with a computer and broadband internet subscription was at a low of 73% in 2015, it has increased every year, reaching 84% in 2019 (Figure 1.15). Good internet access is only growing more critical to education, full participation in the economy, and social connection.

Fig. 1.16 Percent of households with a computer and broadband internet subscription, 2020

Health Collaborative
CI:NOW

Computer and Broadband
percent of households

▼ 55% to 65%
▲ > 65% to 75%
◆ > 75% to 85%
⌂ > 85% to 95%
✳ > 95% to 100%

Source: ACS 5-Year Estimates, Table B17026

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
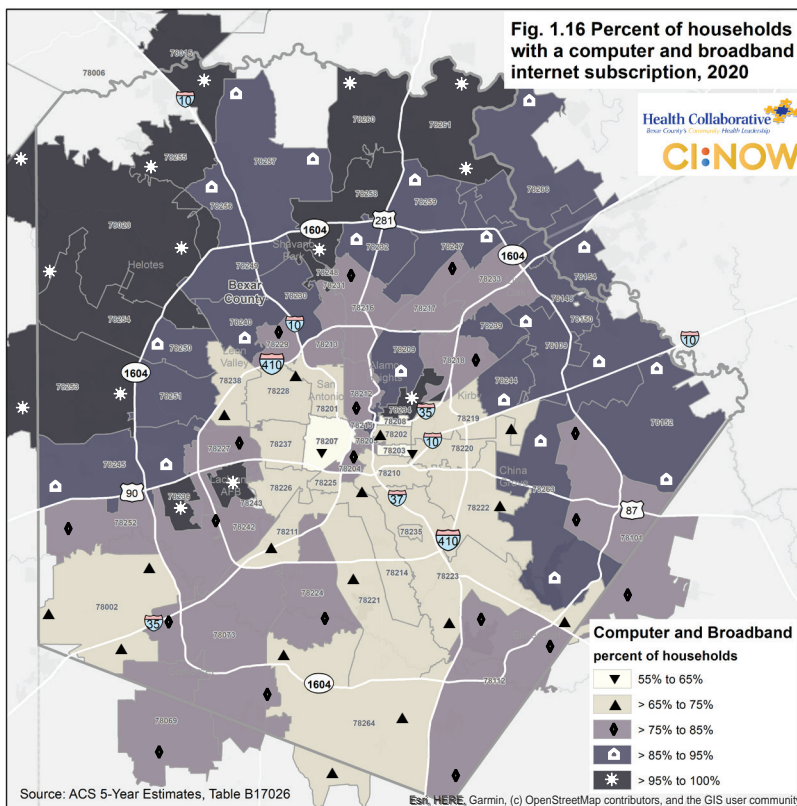
Households in the central, near east, and south central areas of San Antonio are the least likely to have a computer and broadband internet (Figure 1.16), with the lowest rates in 78203, 78207, and 78208. Two of the areas with the highest rates of having a computer and broadband internet are military bases.

Digital inclusion goes beyond broadband and connected devices; people must have the knowledge and skills to feel comfortable using technology. Focus group participants noted that digital literacy resources are available, but people want to feel comfortable in the learning environment with those trying to help them. Not everyone wants to access resources from people who feel like strangers, as the seniors over 65 focus group discussed:

"**Moderator:** *Is there a center around here where they have computers?*

Participant V: *Well, yes, it's right here, [resource location redacted]. They offer computer classes on Tuesdays and Fridays, and I already informed everyone. Tuesdays and Fridays from 6:30 to 9:00. And English as a Second Language too. It's there, it's near, and it's free.*

Moderator: *That's very good. And let me ask, if this lady is sharing this information with you regarding computer classes and everything, what prevents you from going there?*

Participant W: *Well, I have been there, but I don't like going there. They have people who are not from this neighborhood. We need people from this neighborhood, you know." – Seniors over 65 Focus Group*
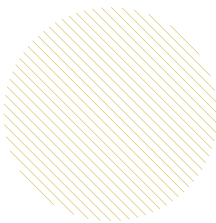
COMMUNITY VOICE

"I feel like the silver – one of the silver linings of COVID is that people are actually beginning to think of the other, because of that experience that [The freeze in January, 2021] they didn't have internet access and now, 'Oh wow! There's other people who don't have it, and still don't even if they [pay] the bill, It's still not gonna work effectively."… "They've suddenly figured out,… 'I live in a community where somebody else doesn't have access to the internet. I didn't know that before and I think that's legitimate.'"

– Patricia Mejia, Vice President of Community Engagement and Impact at the San Antonio Area Foundation

SOCIAL SUPPORT

Quantitative data is lacking, but social support emerged as a key theme among focus group participants. The Youth Focus Group recognized that "just knowing that having someone there is really important, and that you have that support" (Youth Participants, CHNA Focus Group with The Health Collaborative, 2022). It was difficult for them to socialize since they have only recently gone back to in-person instruction, and they would like more opportunities to be around their peers. Many of them have experienced the last two years of their education through a monitor, and it has affected their amount of healthy socialization, with side effects, as explained by this participant in the youth focus group:

> *"Most of their high school career was virtual. This is the first group that's gone back to some normalcy, but I feel like there's still some side effects of going through the pandemic and kind of coming out of it, and that recovery process, and I think it's taken a toll on the mental health. Like in anxiety, depression"* – Youth Focus Group Participant

When asked if they feel like they get enough social support, the people over 65 responded:

> *"Participant X: No, from no one. My kids have their careers and they only come by for little things. They don't call me; they have their own things. Not even friends…*
>
> *Participant Y: For me, my mom passed away 20 years ago, and I had a lot of support. I didn't have family, but I had the people from hospice. The people from hospice would come talk with me, they would send me letters of support, they sent me a book. They sent me a book titled When a Friend Leaves and it's a beautiful book. It helps you accept what happened… The persons that work for hospice, they are the one who lifted me up. And they used to visit me, even a year later, they would come to talk with me."* – People over 65 Focus Group Participants

Participants from different age groups and cultural backgrounds agreed that social support was fundamental to health, especially mental health. There were many quotes from individuals experiencing stress, anxiety, and depression as a result of feeling alone and not having access to the mental health resources which may have alleviated them. The pandemic has been a source of isolation for many, and having to experience the normal moments of life – grief, happiness, sadness, self-reflection – by themselves has made it even in more difficult. Youth participants would like to have an environment that fosters support and healthy socialization.

Fig. 1.17 Percent of total population food insecure
Bexar County, Texas
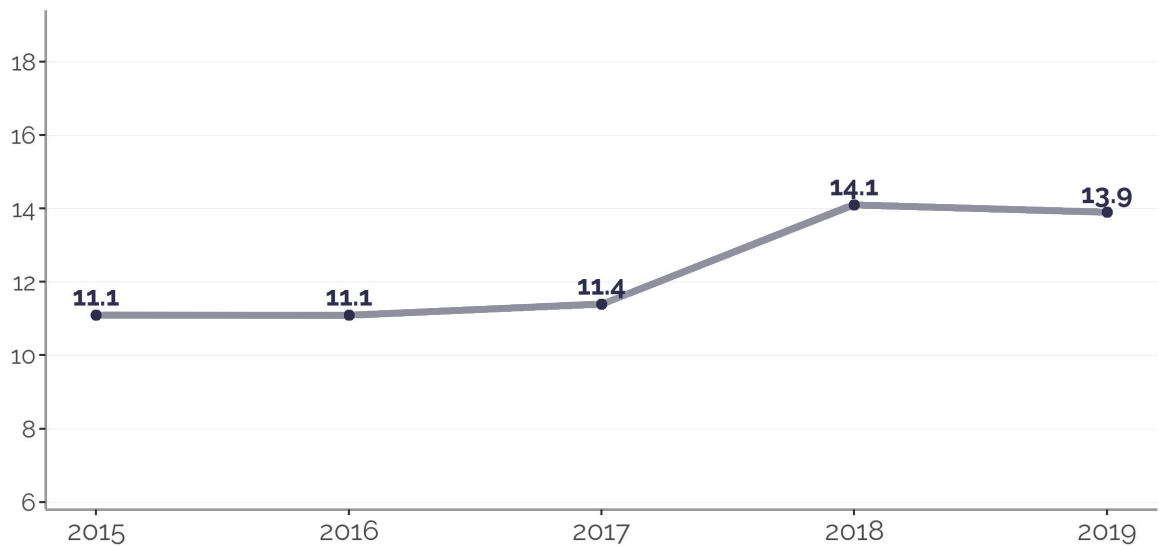
Source: Map the Meal Gap
Prepared by CI:Now for The Health Collaborative

Food insecurity rose in 2018 and 2019 (Figure 1.17). The cause for this increase is not known, as this period falls between the Great Recession and the COVID-19 pandemic. Food insecurity almost certainly further increased during the pandemic.

COMMUNITY VOICE

"Our community, anytime they see a slab of concrete being poured, they're hoping and crossing their fingers that that's going to be an HEB. That's all this community wants is an HEB, that's all. I hear it all the time, and while they would accept a Walmart corner store they really want HEB. I live near Alamo Heights, and within a two-mile radius of where I live. There are 8 grocery stores but there's nothing for people on in the Southside ISD right, so that disparity is just enormous. Do they welcome development? Yes, they absolutely do."

– Randy Escamilla, Director of Public Relations and Community Engagement, Southside ISD

Conversely, Feeding America's Map the Meal Gap data indicates a small but continuing decrease in food insecurity among children (Figure 1.18). Again, this data predates the COVID-19 pandemic, so 2020 and 2021 are likely to show a higher percentage when that data becomes available.

Fig. 1.18 Percent of children food insecure
Bexar County, Texas
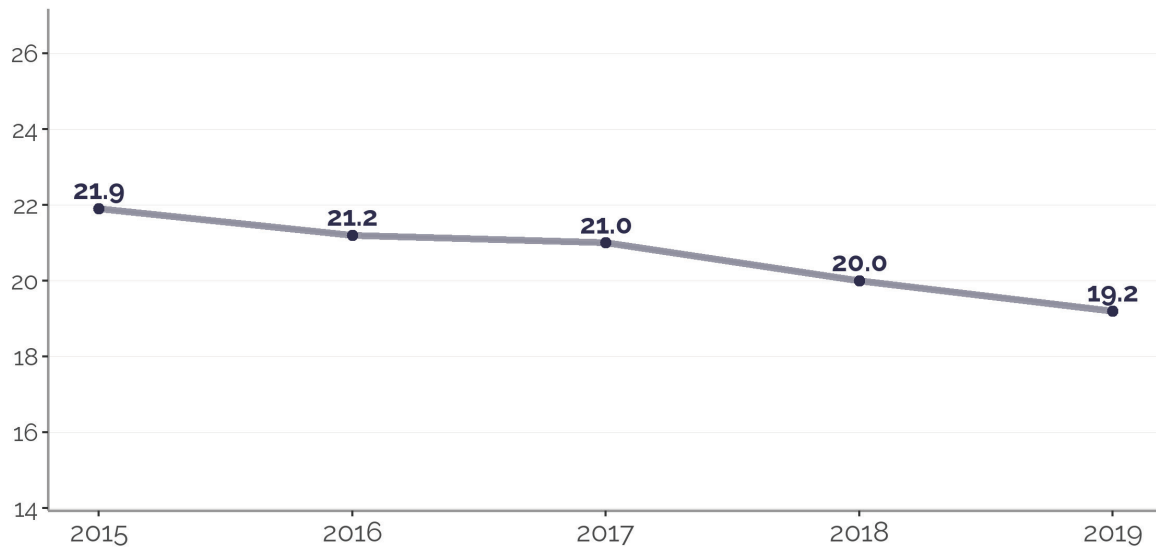
Source: Map the Meal Gap
Prepared by CI:Now for The Health Collaborative

COMMUNITY VOICE

"The availability of nutritious food, and the prevalence of food deserts also continues to be a challenge."

– Ron Nirenberg, Mayor, City of San Antonio
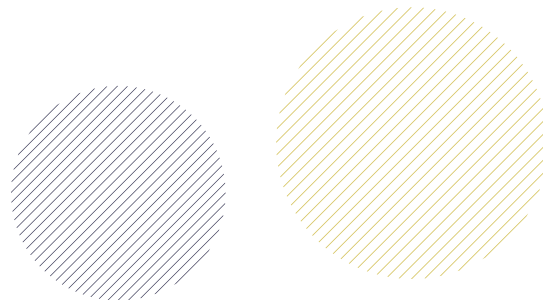
Fig. 1.19 Areas with low income and low food access, 2019

Low Income and Low Food Access Area

1 mile for urban areas and 10 miles for rural areas

Low Income and Low Food Access Areas
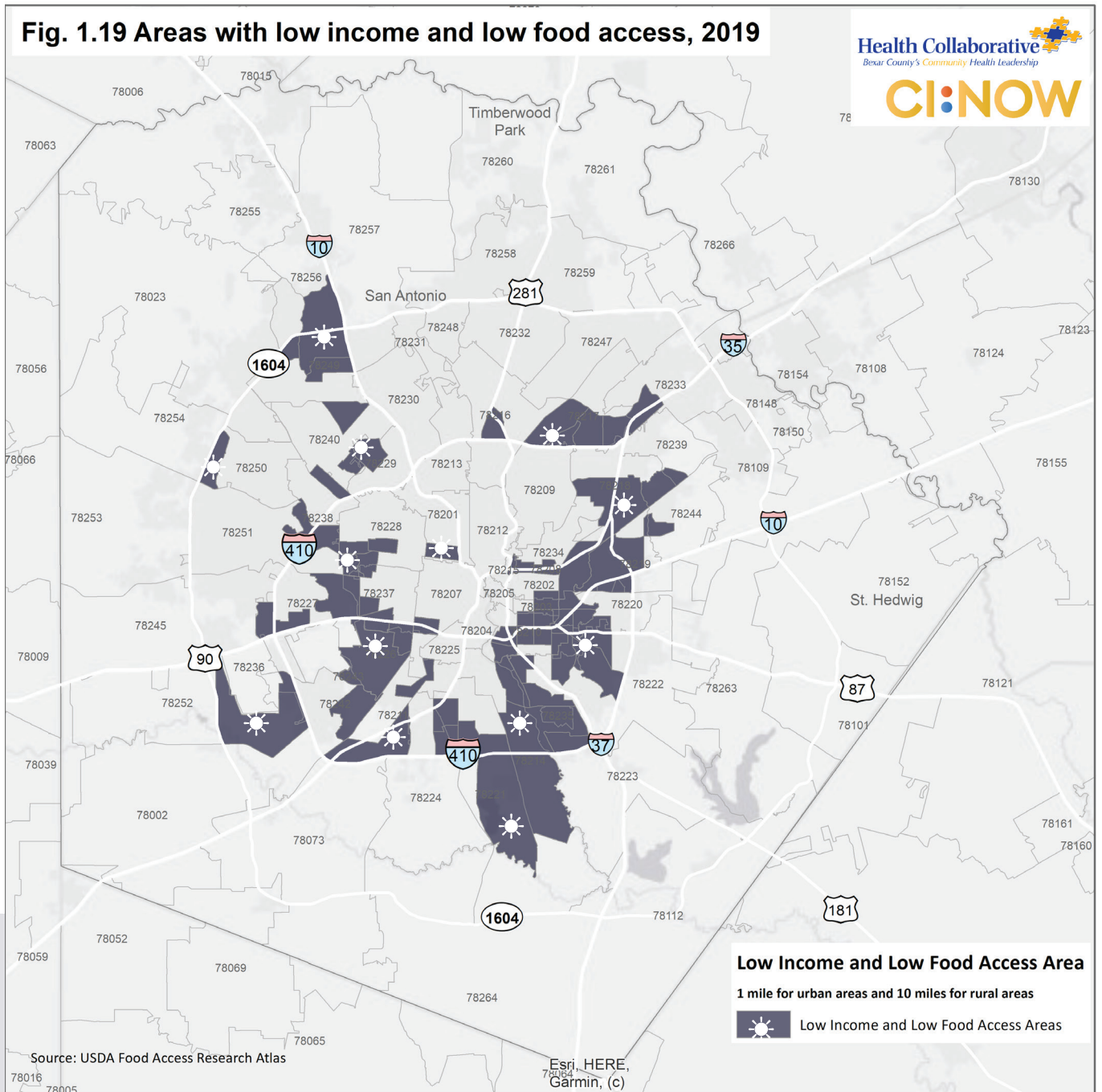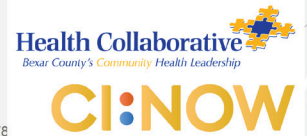
Source: USDA Food Access Research Atlas

Esri, HERE, Garmin, (c)

It is worth noting that areas that are both low-income and low-access are scattered across the area within Loop 1604 (Figure 1.19), almost forming a horseshoe open from the near southside up through the northside. Low access is defined as one mile from a grocery or other source of healthy food for urban areas and 10 miles for rural areas.[9]

[9]United States Department of Agriculture. (2021). Food Access Research Atlas: Documentation. Available online at **https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation**

ALCOHOL LICENSES

Fig. 1.20 Alcohol Licenses per 100,000 population, 2022

Alcohol Licenses per 100,000 population

▼	2 to 8
▲	> 8 to 14
◆	> 14 to 25
⌂	> 25 to 70
☀	> 70 to 270

Source: Texas Alcohol Beverage Commission

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
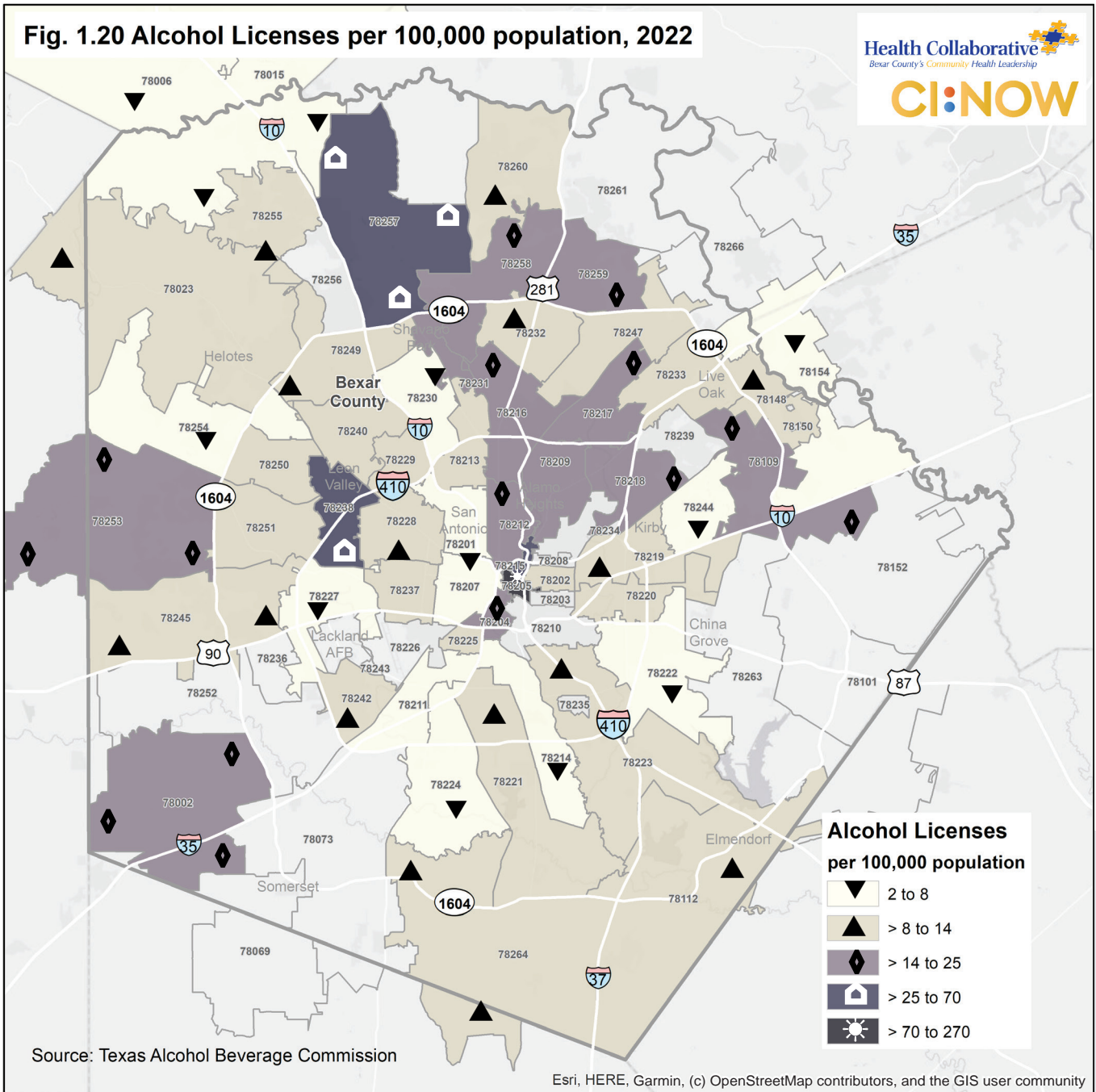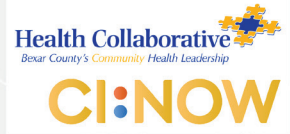
The ZIP code with the highest density of establishments with alcohol licenses (package store permits) per 100,000 population is 78205 downtown (Figure 1.20), though that rate should be interpreted with caution because of the small population denominator. Beyond that, high concentrations are seen in North, Northeast, and West areas of the city, particularly 78238 (Leon Valley) and 78257 at I-10 and Loop 1604.

CRIME AND SAFETY

Fig. 1.21 Number of violent crimes reported per 100,000 population
Bexar County, Texas
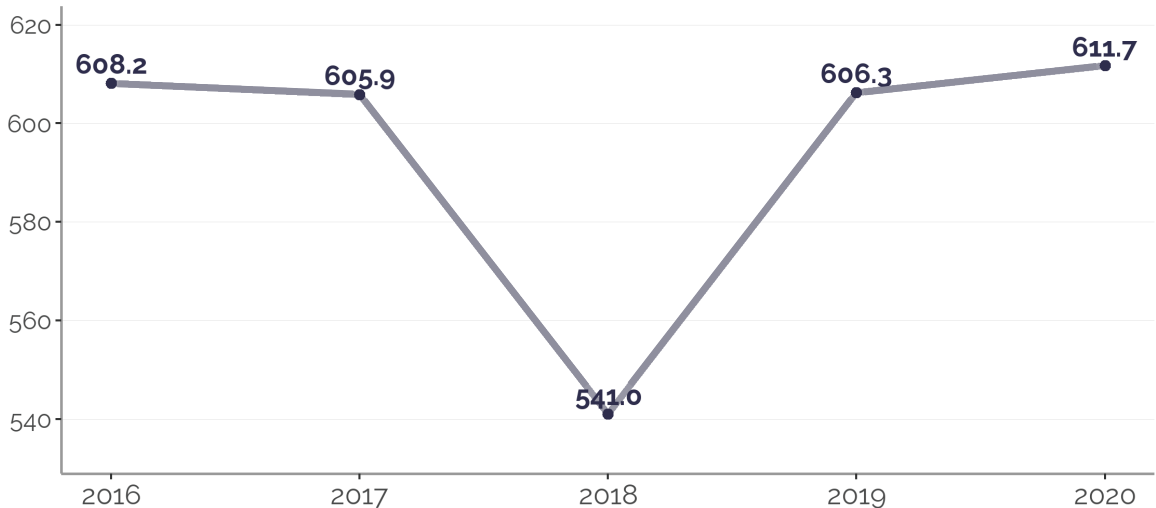
Source: Texas Department of Public Safety
Prepared by CI:Now for The Health Collaborative

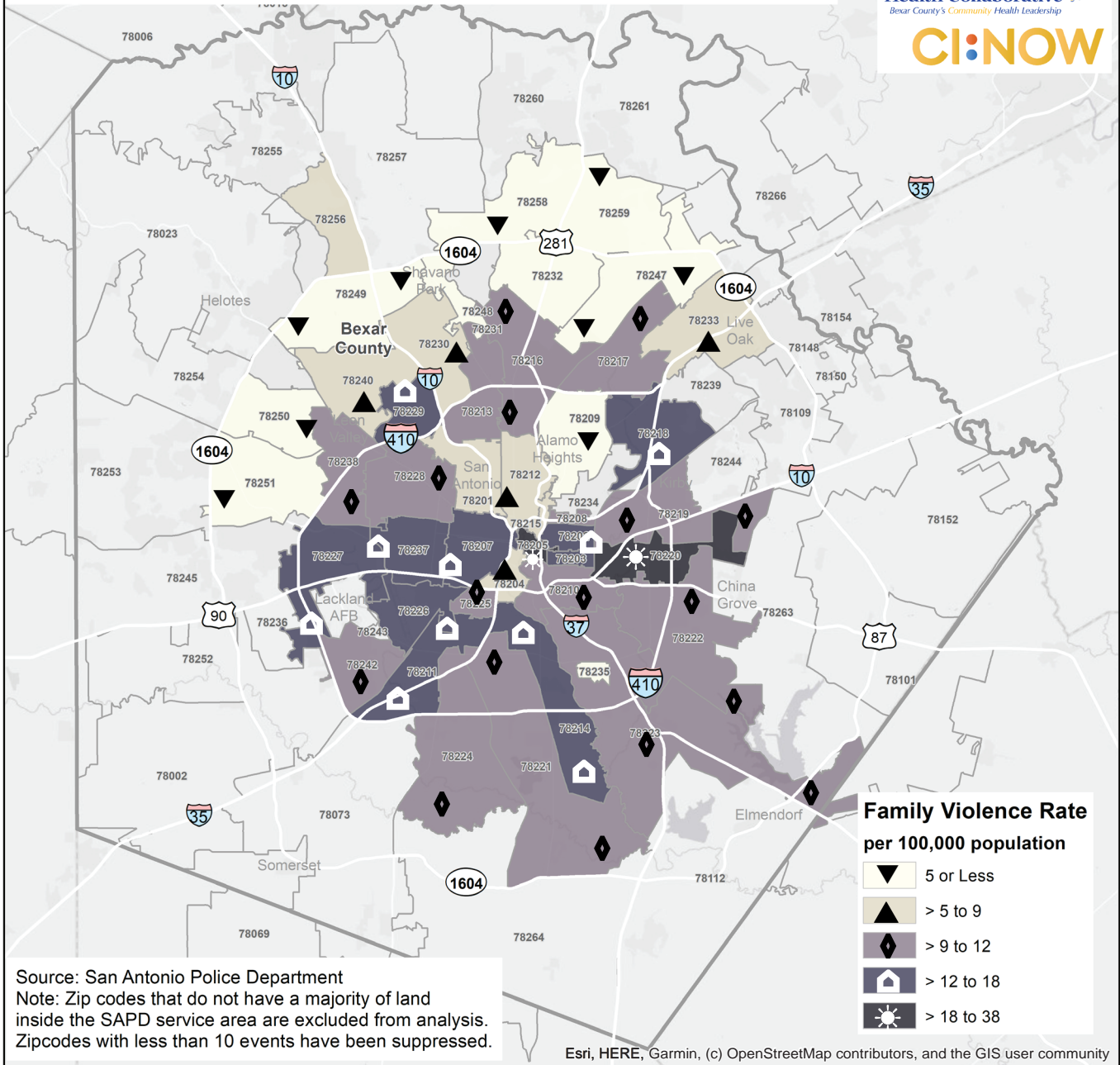The reason for the steep drop in reported overall violent crime in 2018 is not known (Figure 1.21). The violent crime rate did increase slightly in 2020, the most recent year of data available. Violent crime includes murder, rape, robbery, and aggravated assault.[10]

COMMUNITY VOICE

"Participant 1: I think that the most important thing in our neighborhood is safety because I don't see the police driving around like before. I don't know if it's because they're short-staffed or because there are more problems in other areas but here on the West side, I live at Commerce and Trinity, and there is a lot of insecurity. We are afraid to come out to the street.

Participant 2: I was on my porch on Saturday, it was like 2 o'clock in the afternoon and I heard at the corner, about 20 gunshots. So, we all ran inside and hid because the gunshots can come into the houses. The police never came."

– People over 65 Focus Group

[10]Texas Department of Public Safety. (2021.) The Texas crime report for 2020. Available online at **https://www.dps.texas.gov/sites/default/files/documents/crimereports/20/2020cit.pdf.**

Fig. 1.22 Number of violent crimes reported per 100,000 population, 2020

Source: San Antonio Police Department
Note: Zip codes that do not have a majority of land inside the SAPD service area are excluded from analysis

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Violent Crime Rate
per 100,000 population

▼ 1400 or Less
▲ > 1,400 to 2,400
◆ > 2,400 to 3,500
⌂ > 3,500 to 5,500
☀ > 5,500 to 36,000
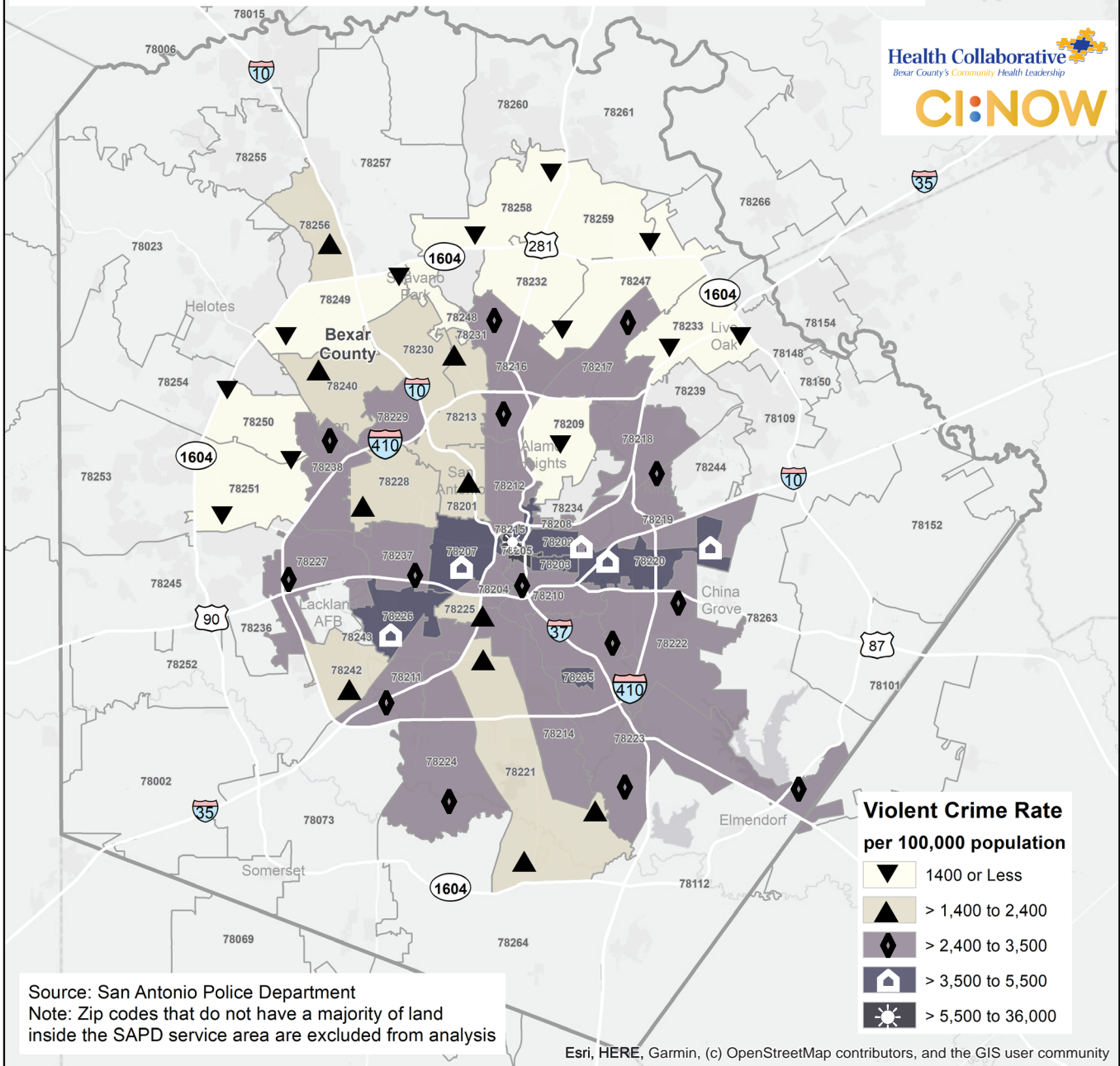
The highest violent crime rates per 100,000 population by ZIP code are in the downtown area (Figure 1.22), with a belt of high rates running east and west. The downtown rate should be interpreted with caution because the population denominator is small.
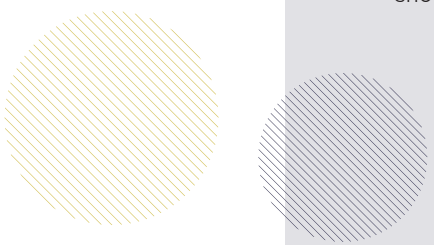
The homicide rate rose in 2020 after decreasing or flat rates from 2017 through 2019 (Figure 1.23).

Fig. 1.23 Number of homicides per 100,000 population
Bexar County, Texas
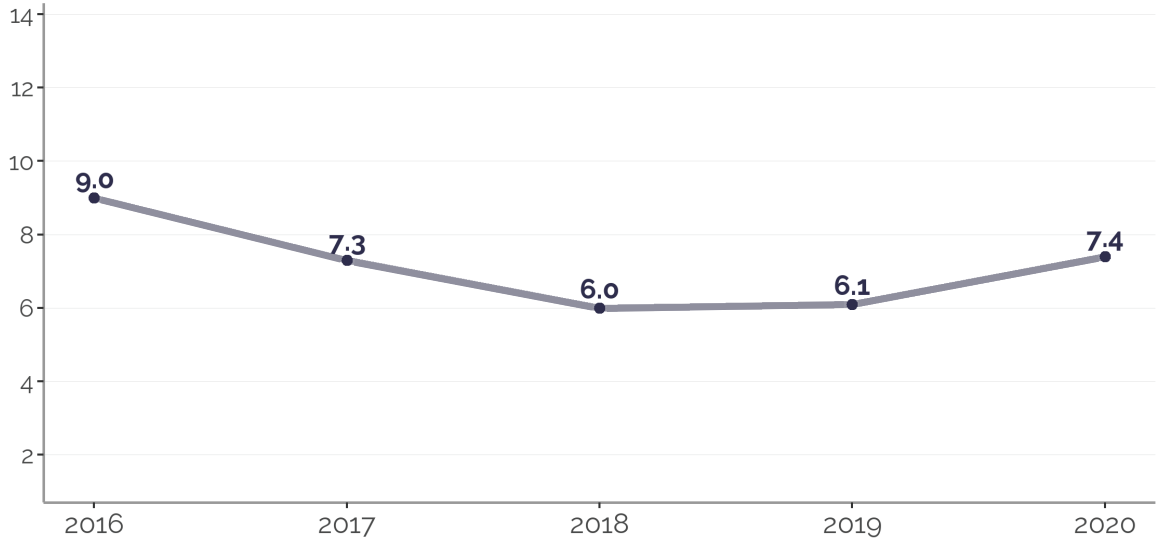
Source: Texas Department of Public Safety
Prepared by CI:Now for The Health Collaborative

Fig. 1.24 Family violence crimes committed per 1,000 population
Bexar County, Texas
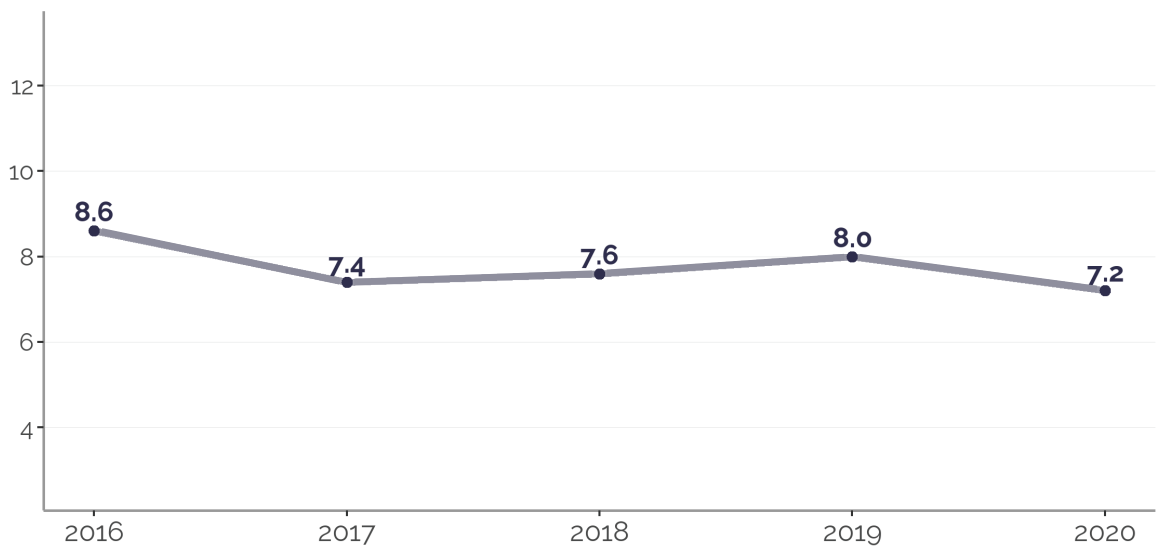
Source: Texas Department of Public Safety
Prepared by CI:Now for The Health Collaborative

Although as with any crime the figure can be affected by likelihood of reporting, the family violence incident rate decreased slightly in 2020, counter to the homicide and overall violent crime trend (Figure 1.24). A single family violence incident may involve one or several victims in the family.

Fig. 1.25 Family violence crimes rate per 100,000 population, 2020

Source: San Antonio Police Department
Note: Zip codes that do not have a majority of land inside the SAPD service area are excluded from analysis. Zipcodes with less than 10 events have been suppressed.

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Family Violence Rate
per 100,000 population

▼	5 or Less
▲	> 5 to 9
◆	> 9 to 12
⌂	> 12 to 18
☀	> 18 to 38

Again, family violence incidents may be *reported* at different rates across neighborhoods, but the ZIP codes with the highest reported rates are downtown and on the east side (Figure 1.25). The downtown rate should be interpreted with caution because the population denominator is small.

ECONOMIC ENVIRONMENT
LABOR FORCE PARTICIPATION AND EMPLOYMENT

Fig. 1.26 Family Type: Bexar County, 2019

	Married-Couple		Single Male		Single Female	
Experiencing Instability	**7,905**	**6.8%**	**1,816**	**11.7%**	**8,479**	**15.9%**
	(±1,477)	**(±1.2%)**	**(±909)**	**(±5.5%)**	**(±1,627)**	**(±2.7%)**
Unemployment	4,893	4.2%	795	5.1%	1,581	3.00%
	(±1,257)	(±1.1%)	(±609)	(±3.8%)	(±833)	(±1.5%)
No Labor Force Participation	3,012	2.6%	1,021	6.6%	6,898	12.9%
	(±776)	(±0.7%)	(±675)	(±4.2%)	(±1,398)	(±2.4%)
Families with Own Children	115,904		15,469		53,284	
	(±5,556)		(±2,730)		(±4,608)	

Source: US Census Bureau; ACS 1-Year Estimates, Table B23007, 2019.

This measure of economic instability (Figure 1.26) has the advantages of including both unemployment *and* not being in the labor force. The unemployment rate is based only on people who are in the labor force, meaning they are either employed or on record as looking for work. It does not capture people who are not in the labor force – neither working nor looking for work – due to child care challenges, criminal background, disability, or because they do not need to work. At an estimated 16%, single females are least likely to be in the labor force and are more likely to experience financial instability than single males, and twice as likely as married couples.

Fig. 1.27 Percent of population 16 and older in labor force who are unemployed

Bexar County, Texas
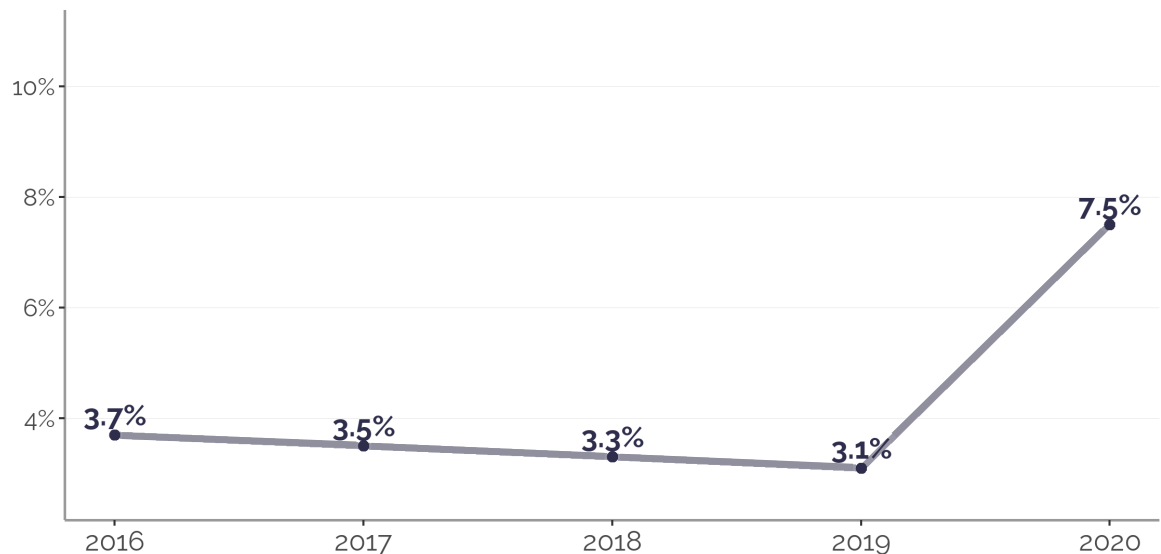
Source: Bureau of Labor Statistics
Prepared by CI:Now for The Health Collaborative

The unemployment rate more than doubled from 2019 to 2020 (Figure 1.27), the first year of the COVID-19 pandemic, after several years of slight by steady decline. Again, unemployment rates do not capture the population that has left the labor force entirely, neither working nor seeking work.

Fig. 1.28 Percent of population 16 and older in labor force who are unemployed, 2020

Unemployment 16 and Older

▼ 2% or Less
▲ > 2% to 5%
◆ > 5% to 7%
⌂ > 7% to 10%
☀ > 10% to 13%
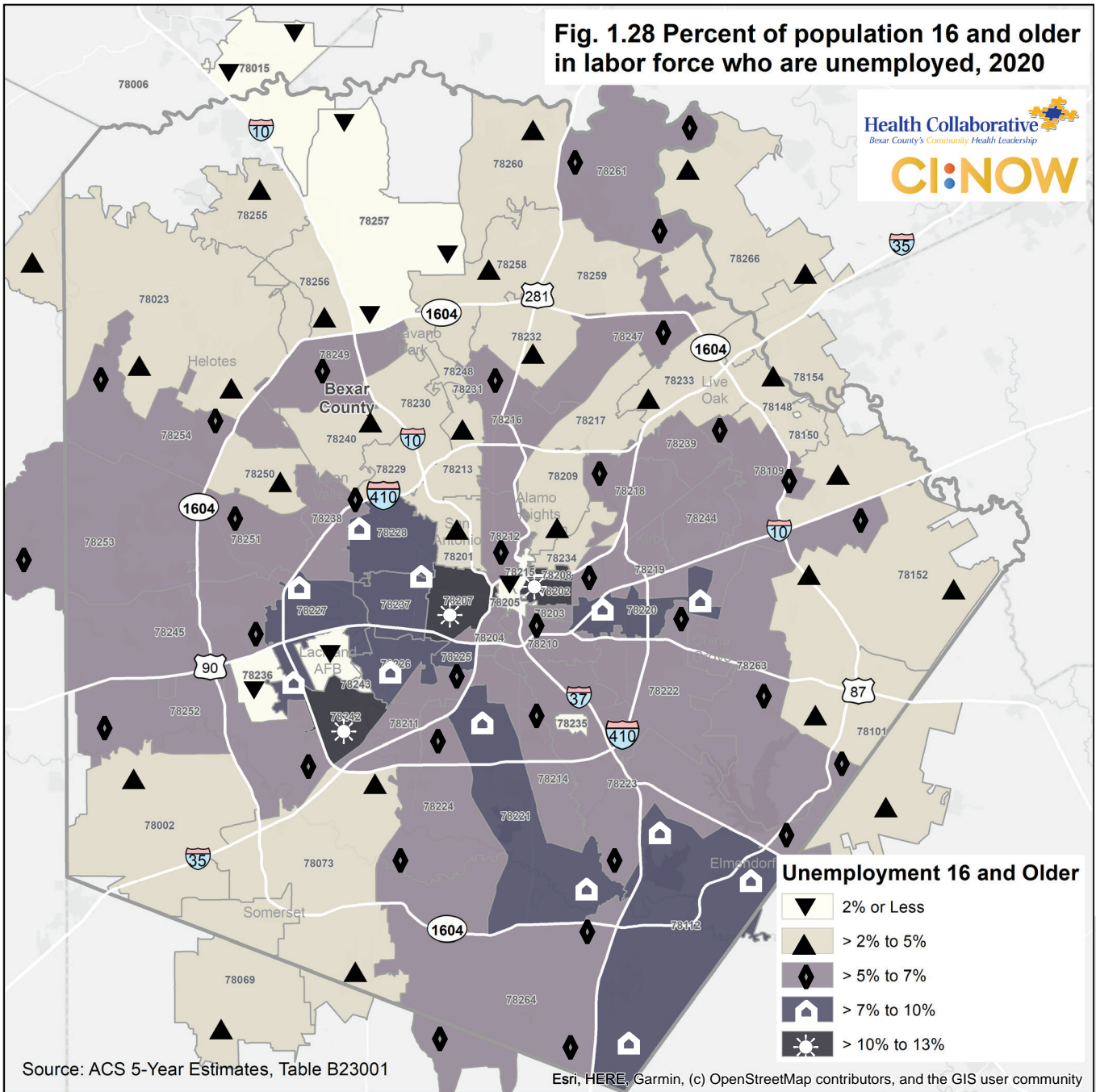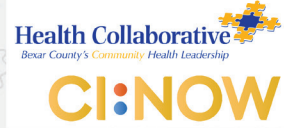
Source: ACS 5-Year Estimates, Table B23001

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The ZIP codes with the highest unemployment rates are on the near eastside, near westside, and southwest side (Figure 1.28). The data underlying this map – the most recent data available by ZIP code – predates the COVID-19 pandemic, so the pattern would almost certainly look different for 2020.
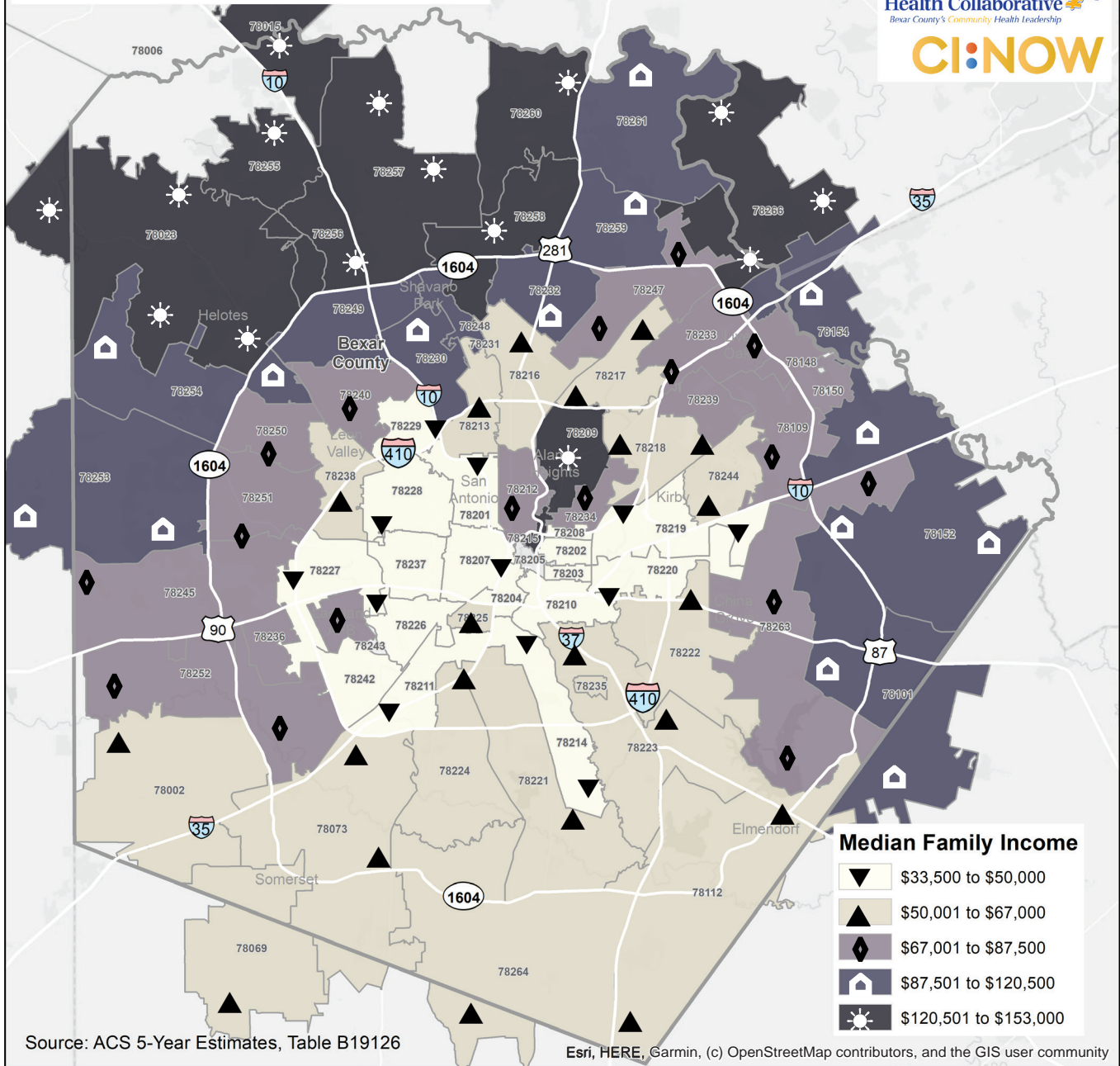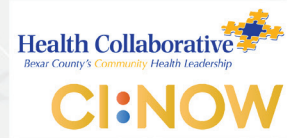
INCOME AND POVERTY

Fig. 1.29 Median household income
Bexar County, Texas
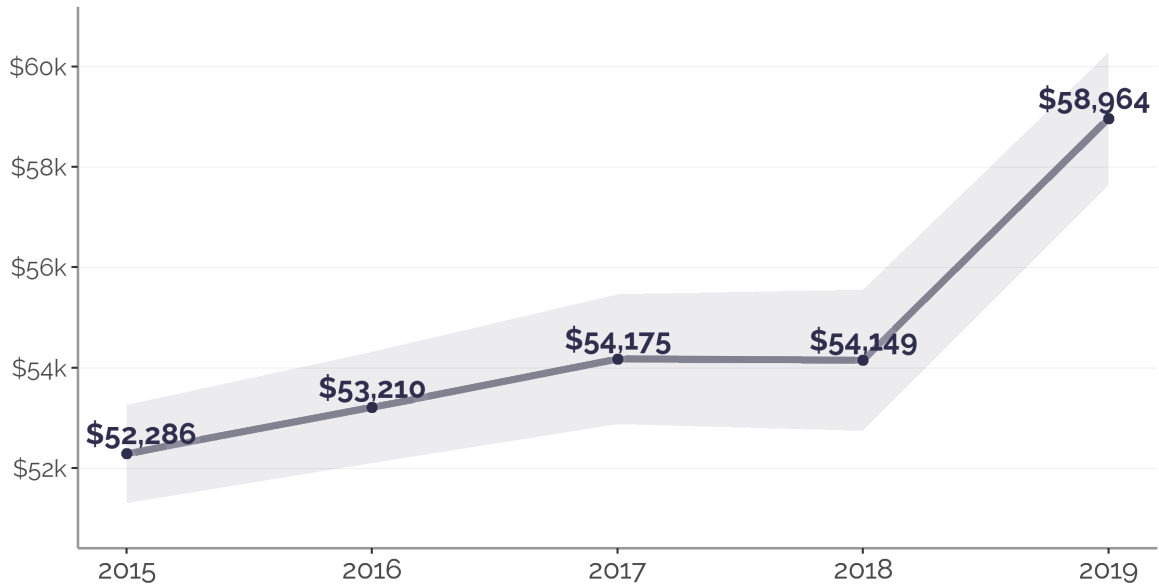
Source: ACS 1-Year Estimates. Table: B19013
Prepared by CI:Now for The Health Collaborative

Median household income rose nearly 13% between 2015 and 2019 (Figure 1.29), but this data predates the COVID-19 pandemic, so the trend may not have continued.
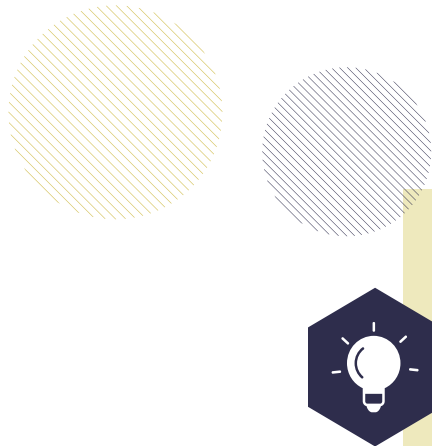
LEARN MORE ABOUT FINANCIAL WELL-BEING

Asset Funders Network: Insights, Aspirations, and Action: *Investing in Asset Building for San Antonio Families*[11]

LISC San Antonio: Building Wealth with Home Ownership: *Closing Racial and Ethnic Opportunity Gap*[12]

[11]Asset Funders Network. (2020). Insights, aspirations, and action: Investing in asset building for San Antonio families. Available online at **https://saafdn.org/wp-content/uploads/2020/09/AFN_2019_SCAN-BOOKLET_FNL_WEB.pdf**

[12]Local Initiatives Support Corporation (LISC) San Antonio. (2022). Building Wealth with Home Ownership: Closing Racial and Ethnic Opportunity Gaps. **https://www.lisc.org/san-antonio/what-we-do/resources/event-resources/**

Fig. 1.30 Median Household Income, 2020

Median Household Income

▼	$18,800 to $38,000
▲	$38,001 to $56,000
◆	$56,001 to $76,500
⌂	$76,501 to $96,000
☼	$96,001 to $127,000
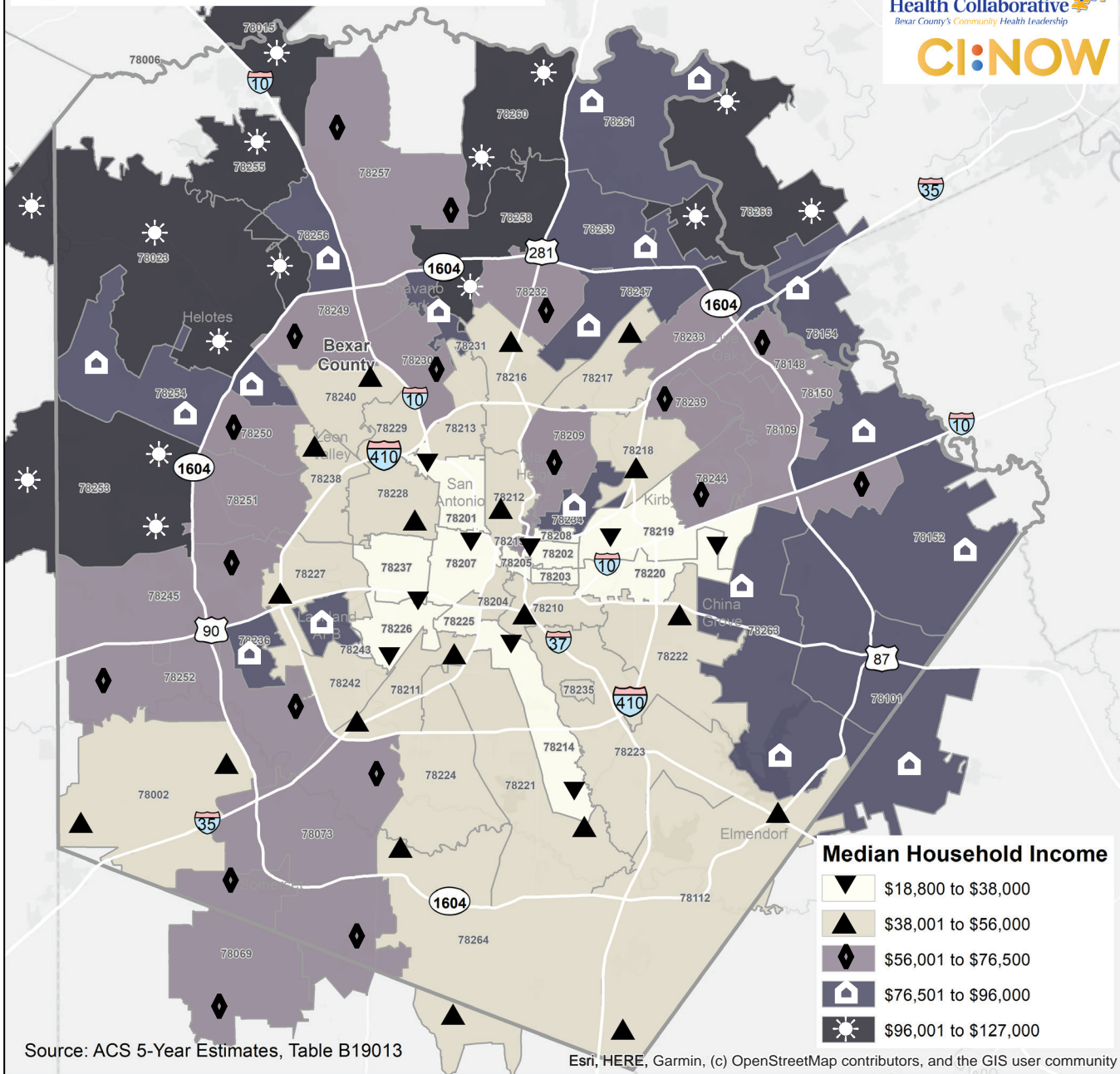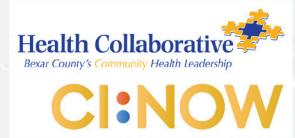
Source: ACS 5-Year Estimates, Table B19013

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Median household income is highest in pockets of the far northside and far northwest (Figure 1.30) and lowest in 78214 (south side) and in a bowtie pattern centered on downtown. The median is the cutpoint at which half of household incomes are higher and half lower.

Married-couple households have the highest median household income (Figure 1.31). Among single-parent households, median household income among single male householders about 40% higher than that among single female householders.

Fig. 1.31 Median household income by family type, 2019

Bexar County, Texas

Married Couple Family — $87,783

Male Householder, no wife present — $53,392

Female Householder, no husband present — $37,590
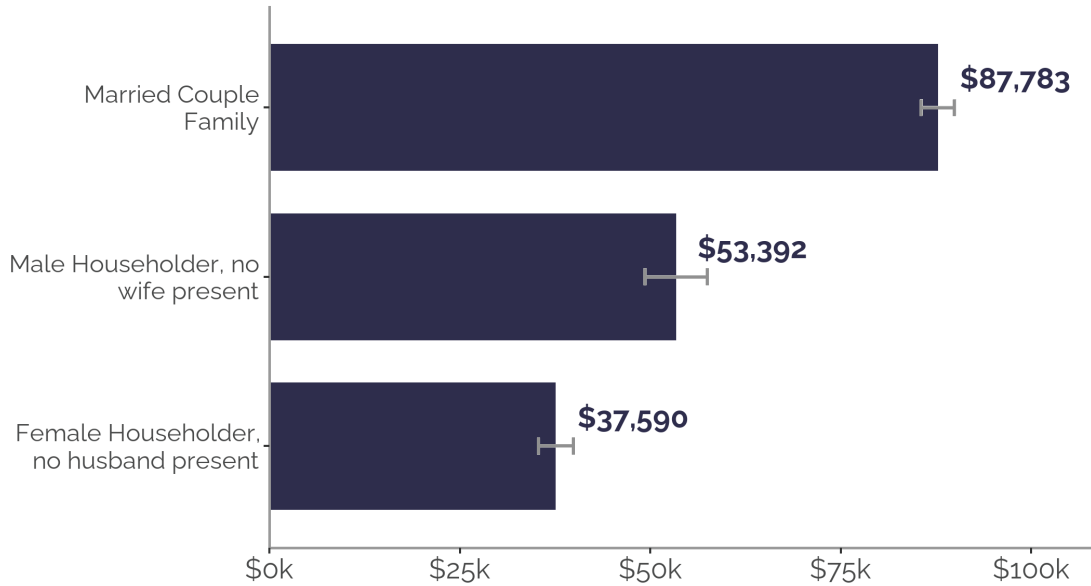
Source: ACS 1-Year Estimates. Table: B19126
Prepared by CI:Now for The Health Collaborative

Fig. 1.32 Median family income

Bexar County, Texas

$60,897
$63,487
$65,031
$66,925
$70,190
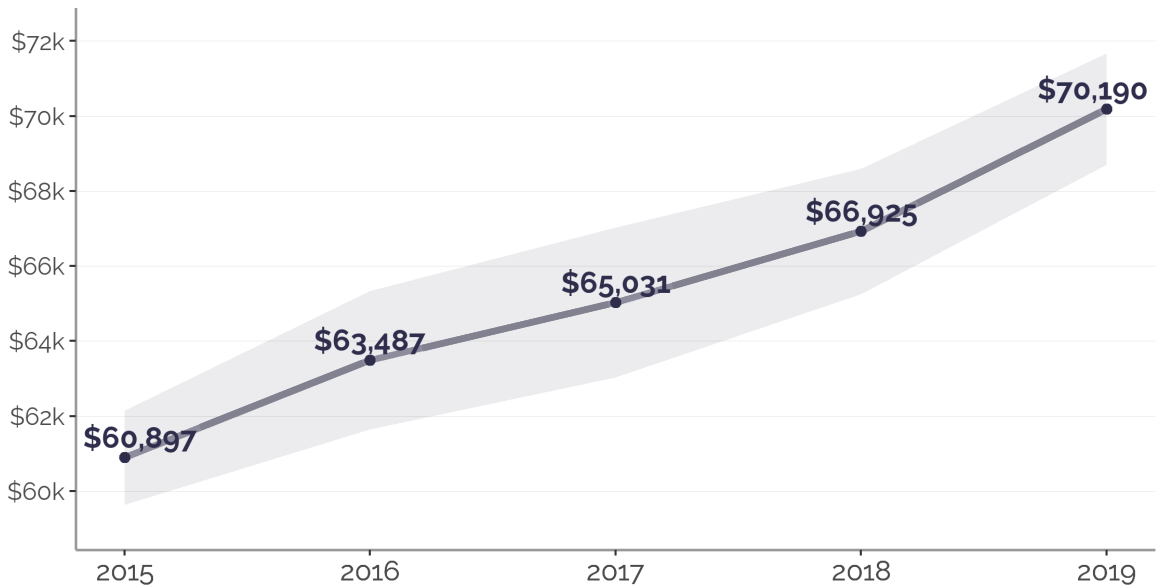
Source: ACS 1-Year Estimates. Table: B19113
Prepared by CI:Now for The Health Collaborative

Median family income grew by 15% between 2015 and 2019 (Figure 1.32), a slightly faster rate than median household income. Again, this data predates the COVID-19 pandemic.

Fig. 1.33 Median Family Income, 2020

Median Family Income
- ▼ $33,500 to $50,000
- ▲ $50,001 to $67,000
- ◆ $67,001 to $87,500
- 🏠 $87,501 to $120,500
- ☀ $120,501 to $153,000

Source: ACS 5-Year Estimates, Table B19126

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Median family income is highest on the far northside and in the Alamo Heights and lower Broadway areas (Figure 1.33). The lowest category of median family income – $50,000 per year or less – spreads across a larger set of ZIP codes than does median household income.

Fig. 1.34 Percent of families for whom poverty status is determined by level of poverty, 2019

Bexar County, Texas
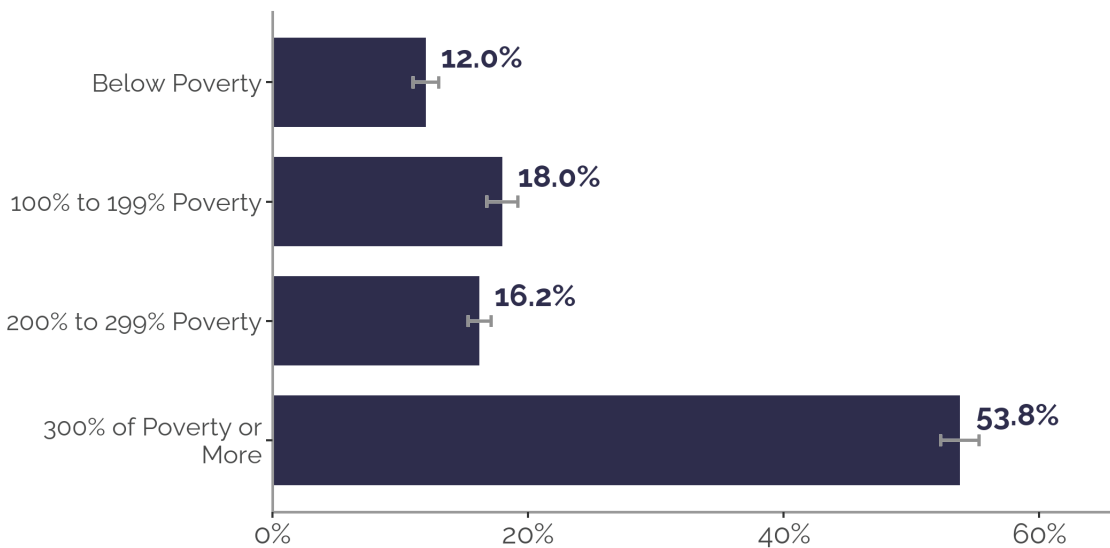
Source: ACS 1-Year Estimates. Table: B17026
Prepared by CI:Now for The Health Collaborative

More than one in 10 families lives below the poverty level (Figure 1.34), which the Census defines for 2021 as $27,479 for a family of four with two children and $21,811 for a single parent with two children.[13] Three in 10 live below 200% of the poverty level.

The outlying west, north, and east areas of the San Antonio have the lowest concentration of families below poverty (Figure 1.35), with the highest concentrations being in 78207, 78208, and 78226.

Fig. 1.35 Percent of families in poverty, 2020

Families Below Poverty
- 4% or Less
- > 4% to 8%
- > 8% to 15%
- > 15% to 27%
- > 27% to 39%

Source: ACS 5-Year Estimates, Table B17026

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
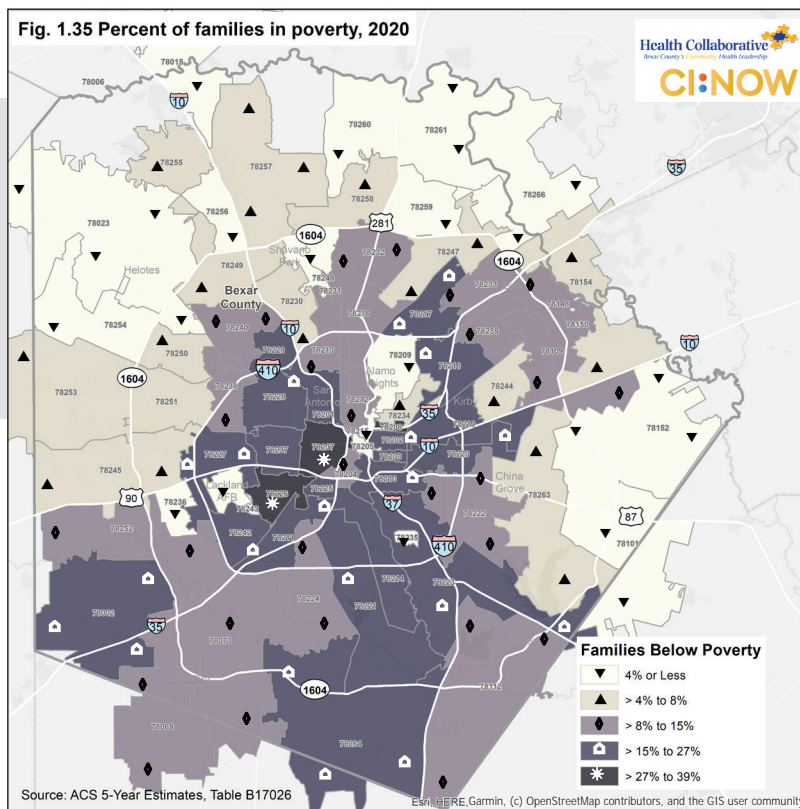
[13]U.S. Census Bureau. (2022). Poverty thresholds by size of family and number of children: 2021. Available online at **https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html**

Fig. 1.36 Additional Household Sizes, Bexar County, Texas, 2018

The ALICE Household Survival Budget can also be customized for different household sizes using the numbers below:

Add 1 Adult	Add 1 Senior (65+)	Add 1 Infant	Add 1 Preschooler	Add 1 School-Age Child
$15,835	$16,690	$17,240	$16,316	$10,769

ALICE Household Stability Budget, Bexar County, Texas, 2018

	Single Adult	Two Adults	Two Adults Two Children	Two Adults, Two in Child Care
Housing	$1,125	$1,406	$1,121	$1,121
Child Care	$0	$0	$618	$1,647
Food	$525	$1,064	$1,898	$1,662
Transportation	$845	$1,043	$1,364	$1,364
Health Care	$166	$452	$688	$688
Technology	$125	$145	$145	$145
Miscellaneous	$341	$494	$735	$824
Savings	$341	$494	$735	$824
Taxes	$623	$834	$1,515	$1,615
Monthly Total	$4,091	$5,932	$8,819	$9,890
Annual Total	$49,092	$71,184	$105,828	$118,680
Hourly Wage	$24.55	$35.59	$52.91	$59.34

ALICE is an acronym for Asset Limited, Income Constrained, Employed. It is intended to capture families who make enough to be above the poverty level and are ineligible for many types of public assistance, but do not make enough to get by.[14] Figure 1.36 shows the ALICE "Stability Budget" for different Bexar County household compositions in 2018. More information about the Survival Budget and Stability Budget expenses and methodology can be found on the *United for Alice* website.[15]

[14]United Way of Northern New Jersey. (2022). United for ALICE: Who is ALICE? Available online at **https://www.unitedforalice.org/**

[15]United Way of Northern New Jersey. (2022). United for ALICE: Research center - methodology. Available online at **https://www.unitedforalice.org/methodology**

The proportion of households that are ALICE rose steadily between 2010 and 2018 (Figure 1.37),[16] while the proportion of households in poverty remained flat. Taken together, however, the proportion of households that are ALICE or below rose from 41% in 2010 to 52% in 2018. These estimates pre-date the COVID-19 pandemic. Once available, the 2020 and 2022 estimates are likely to be higher than prior years.

Fig. 1.37 Percent of ALICE households

Bexar County, Texas
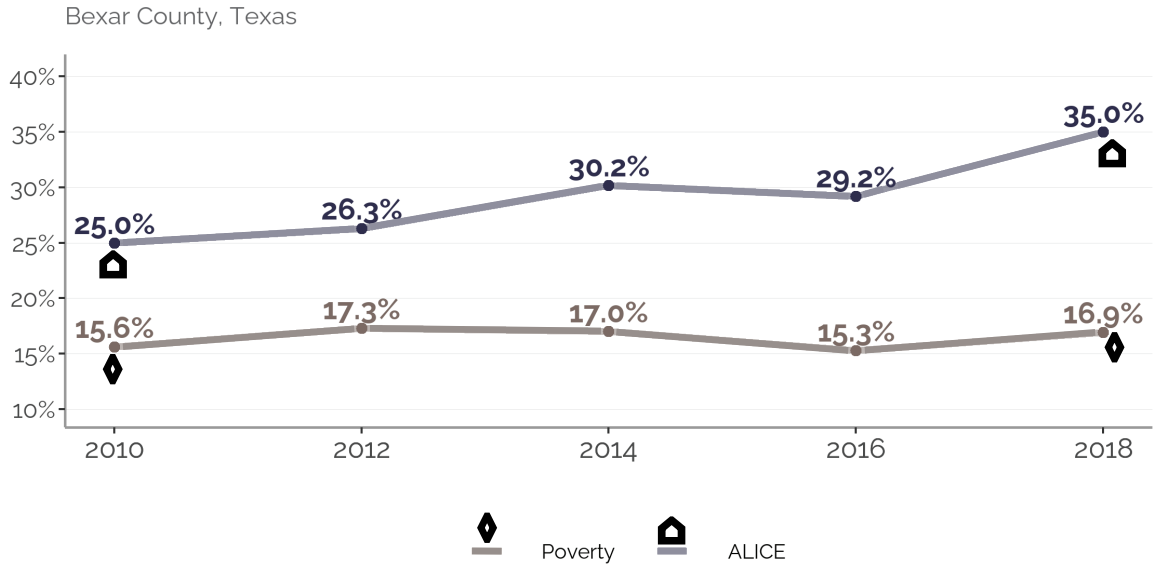
Source: ALICE United Way of Texas
Prepared by CI:Now for The Health Collaborative

Fig. 1.38 Percent of ALICE households by race, 2018

Bexar County, Texas
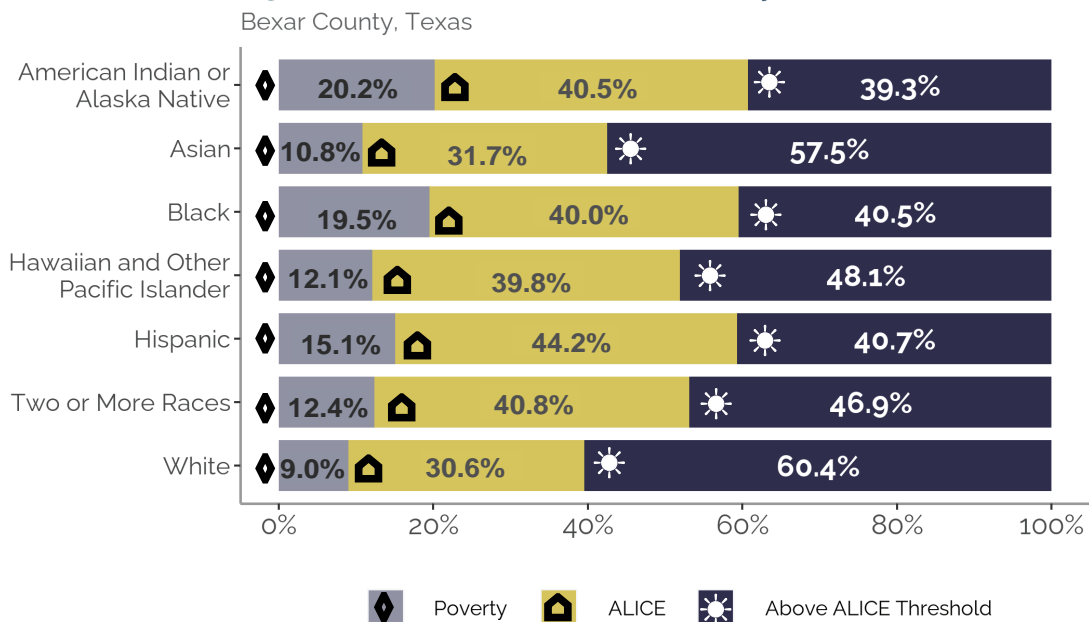
Source: ALICE United Way of Texas
Prepared by CI:Now for The Health Collaborative

At six in 10, the proportion of households that are ALICE or below is highest for American Indian or Alaska Natives, Black or African Americans, and Hispanics (Figure 1.38). In every race/ethnicity group, the proportion of households that are ALICE is two to four times the proportion of households in poverty.

[16]Data on ALICE households is calculated biannually rather than each year.

Fig. 1.39 Percent of ALICE households by type, 2018

Bexar County, Texas
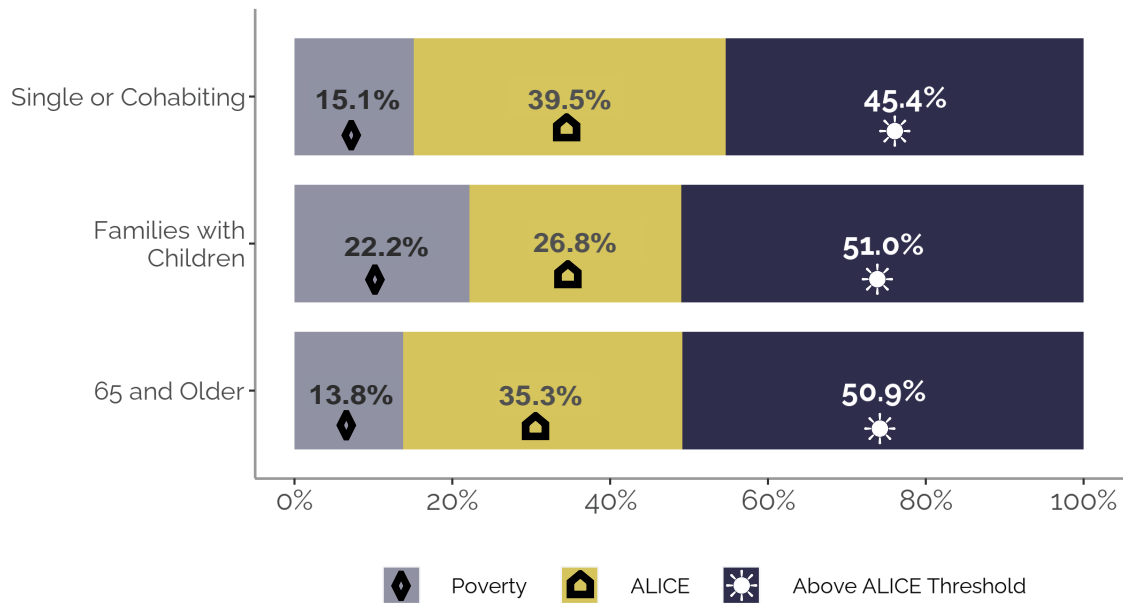
Household Type	Poverty	ALICE	Above ALICE Threshold
Single or Cohabiting	15.1%	39.5%	45.4%
Families with Children	22.2%	26.8%	51.0%
65 and Older	13.8%	35.3%	50.9%

◆ Poverty   ⌂ ALICE   ☀ Above ALICE Threshold

Half of family households with children are either in poverty or ALICE; the same is true of households where the householder is 65 or older (Figure 1.39). The proportion is even higher (55%) for households where the householder is single or cohabiting.

Fig. 1.40 Percent of households ALICE and below, 2018

Households ALICE and below
- ▼ 15% to 30%
- ▲ >30% to 40%
- ◆ > 40% to 55%
- ⌂ > 55% to 70%
- ☀ > 70% to 82%

Source: www.unitedforalice.org, 2018

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
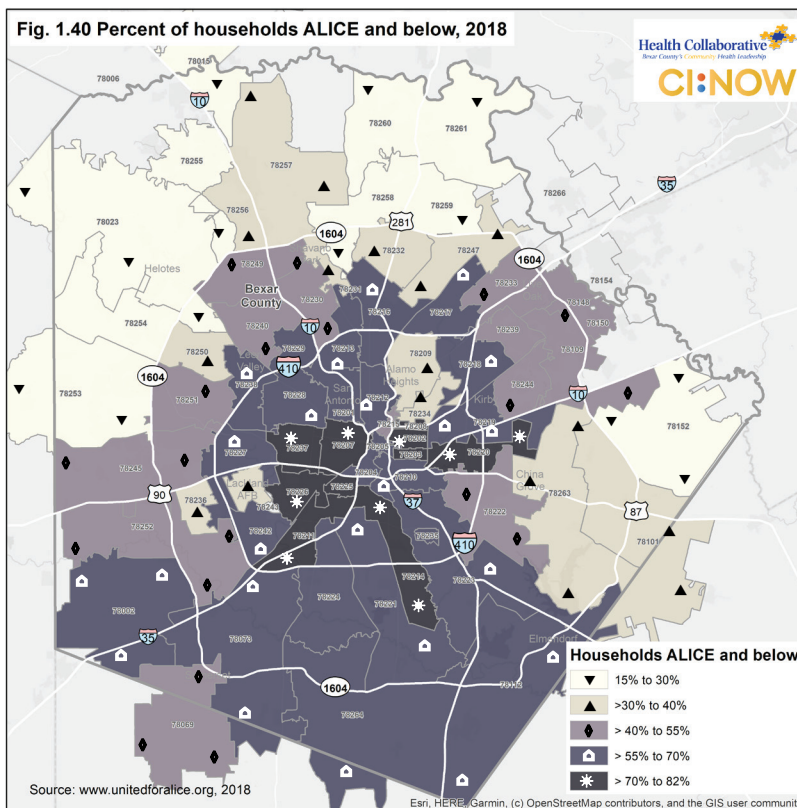
Households that are ALICE or below are most common in west, south, and east side ZIP codes inside Loop 410 (Figure 1.40). Those households are least common in outer-ring suburbs outside Loop 1604.

BUILT & NATURAL ENVIRONMENT
HOUSING

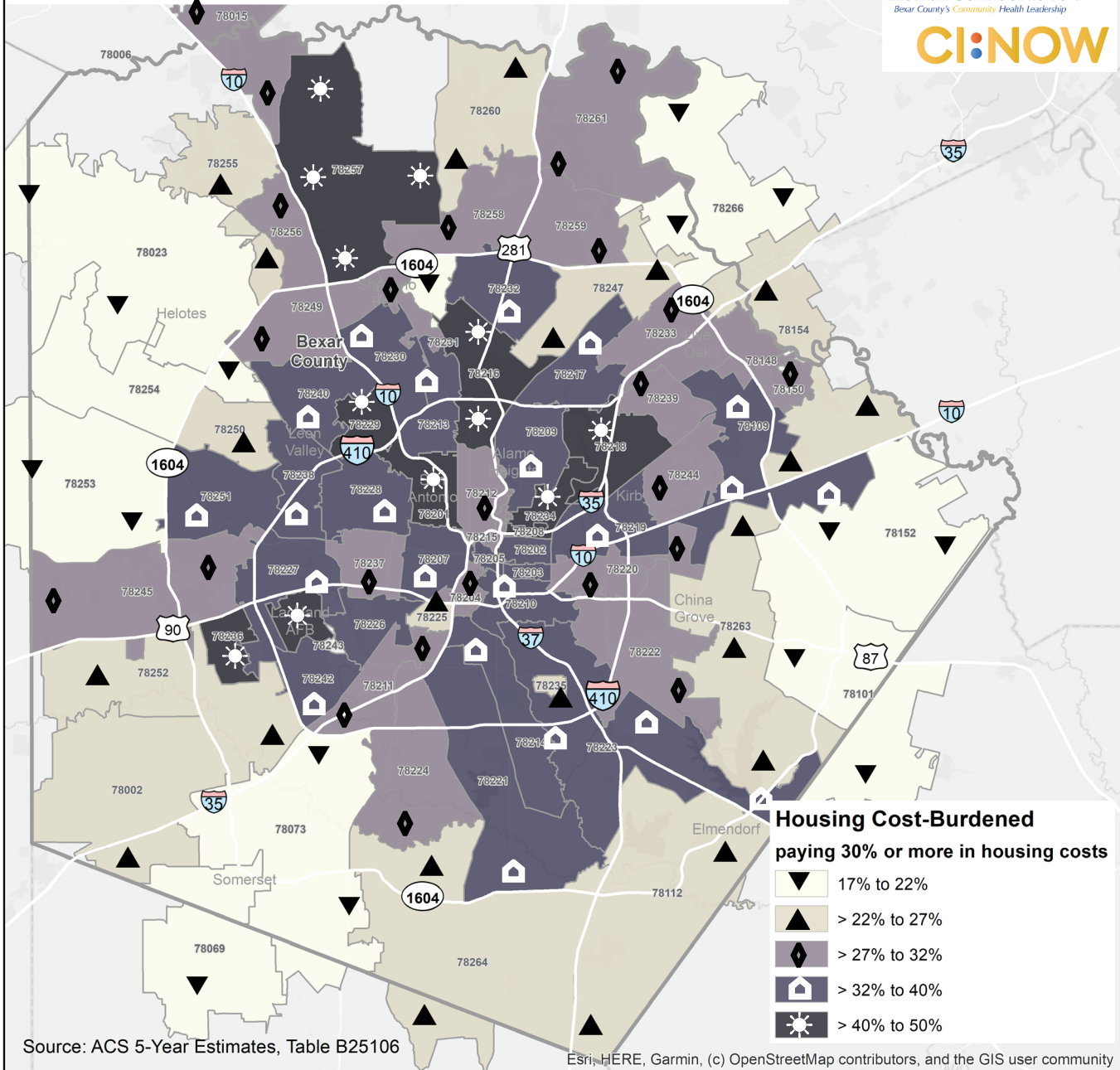### Fig. 1.41 Percent of occupied housing units by housing tenure
Bexar County, Texas
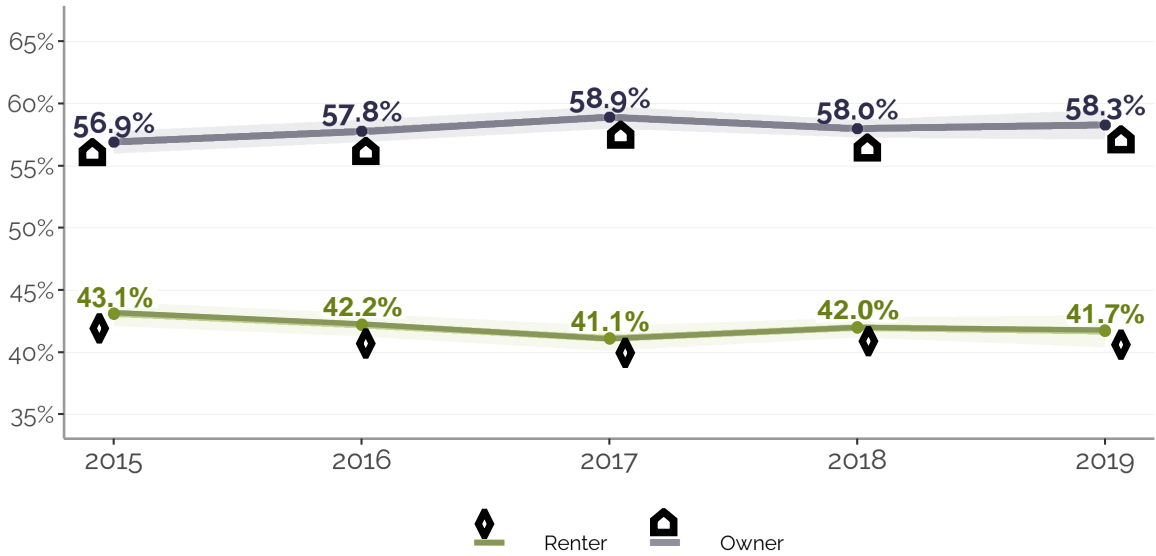
Source: ACS 1-Year Estimates. Table: B25003
Prepared by CI:Now for The Health Collaborative

The proportion of owner-occupied vs. renter-occupied housing units stayed fairly flat between 2015 and 2019 (Figure 1.41), with about four in 10 households renting. This data is pre-pandemic and preceded the current very acute housing shortage.

LEARN MORE ABOUT HOUSING

City of San Antonio: *Strategic Housing Implementation Plan (SHIP)*[17]

LISC San Antonio: *Building Wealth with Home Ownership: Closing Racial and Ethnic Opportunity Gaps*[18]

SALSA: *Summary of Barriers and Solutions to Senior Housing*[19]

Texas Demographic Center: *San Antonio and Surrounding Areas: Population and Housing Trends*[20]

[17]City of San Antonio. (2021). Strategic Housing Implementation Plan. Available online in English and Spanish at **https://www.sanantonio.gov/NHSD/ Coordinated-Housing/SHIP#299364261-documents**

[18]Local Initiatives Support Corporation of San Antonio. (2022). Building Wealth with Home Ownership: Closing Racial and Ethnic Opportunity Gaps. Available online at **https://www.lisc.org/san-antonio/what-we-do/resources/event-resources/**

[19]Successfully Aging and Living in San Antonio (SALSA) and San Antonio Area Foundation. (2019). Summary of Barriers and Solutions to Senior Housing. Available online at **https://saafdn.org/wp-content/uploads/2020/09/SALSA-Housing-Report_Final.pdf**

[20]Texas Demographic Center. (2022). San Antonio and Surrounding Areas: Population and Housing Trends. Available online at **https://demographics.texas.gov/ Resources/Presentations/OSD/2022/2022_05_26_PlatinumTop50.pdf**

Fig. 1.42 Percent of occupied housing units that are renter-occupied, 2020

Renter Occupied Units

▼ 14% or Less

▲ > 14% to 34%

◆ > 34% to 50%

⌂ > 50% to 70%

☀ > 70% to 100%
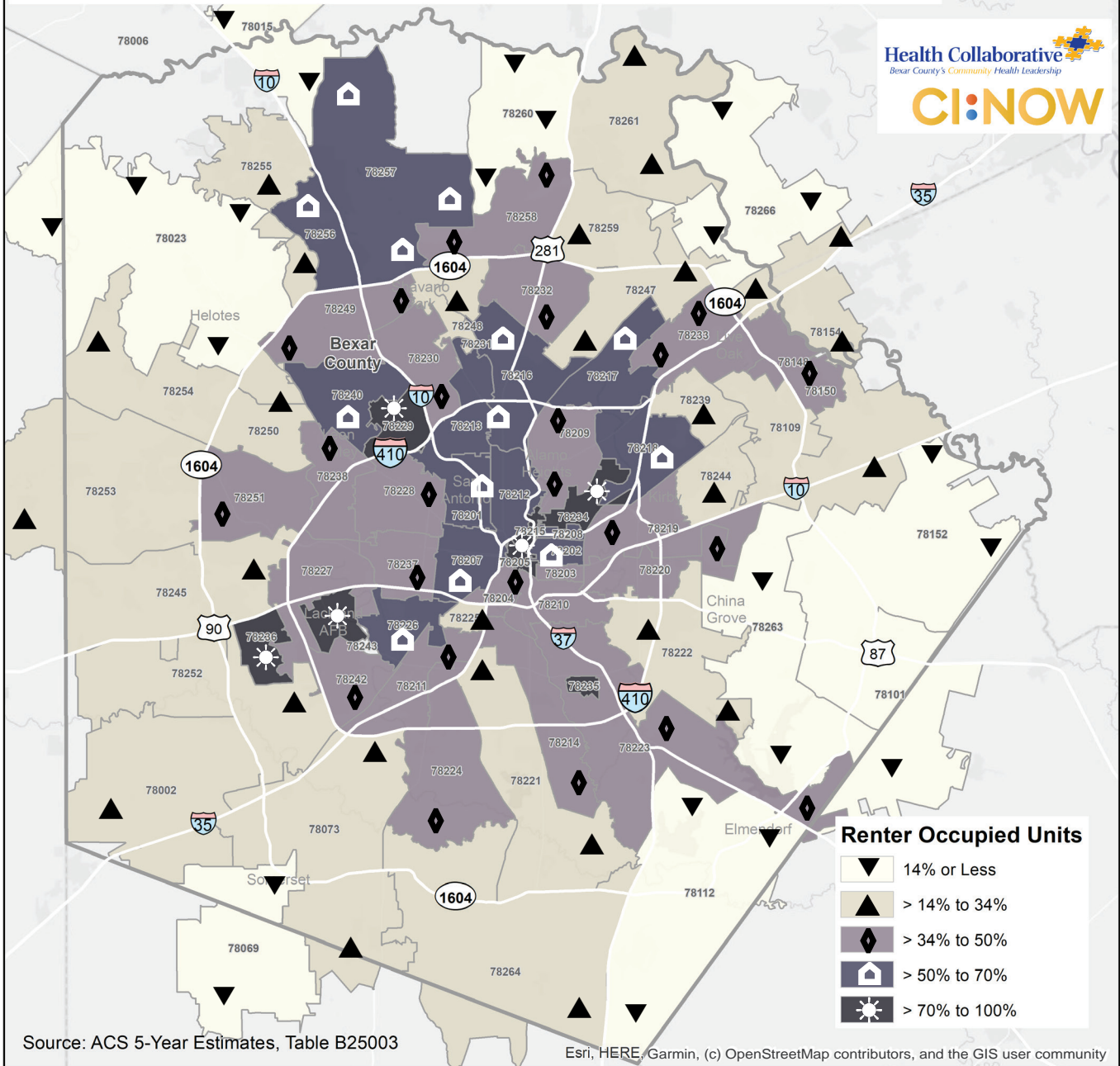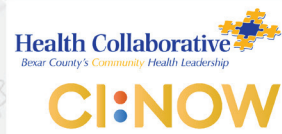
Source: ACS 5-Year Estimates, Table B25003

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Renter-occupied units are not necessarily concentrated where one might guess, with over half of households renting in ZIP codes along the Highway 281 corridor, I-10 West corridor, and Loop 410/I-35 interchange (Figure 1.42). The dark blue areas east of Highway 281, along Hwy 90 West, and along I-37 are Fort Sam Houston, Lackland, and Brooks CityBase, respectively.

A household is considered housing cost-burdened if housing costs account for 30% or more of household income. In 2019 one-third housing units were housing cost-burdened (Figure 1.43), but this data predates the COVID-19 pandemic. With the combined loss of income and increased housing costs in the past few years, this figure has very likely increased since 2019.

Fig. 1.43 Percent of occupied housing units where housing costs or rent is 30% or more of household income
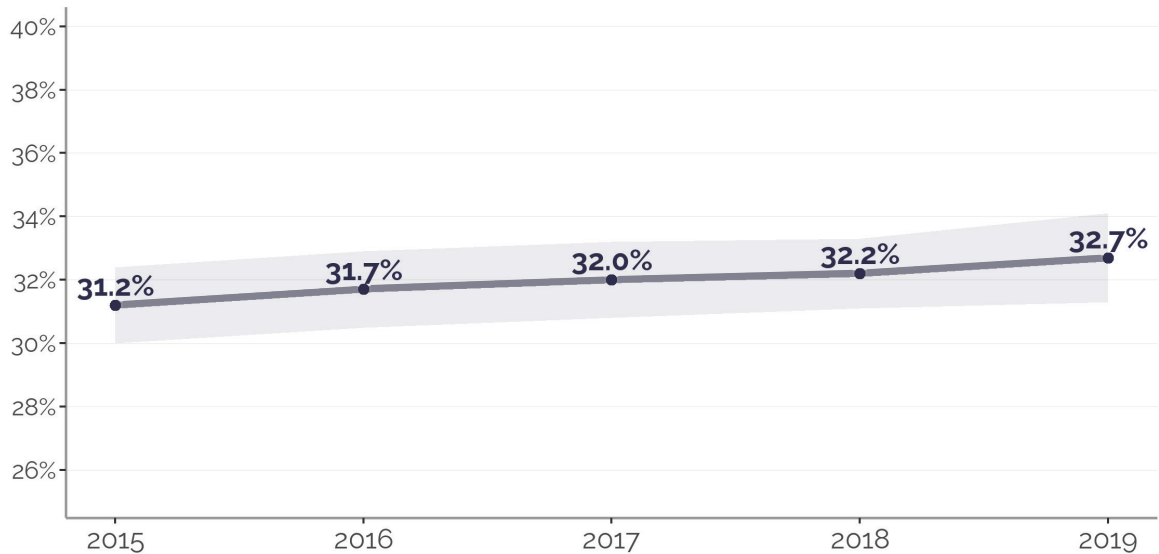
Bexar County, Texas

Fig. 1.44 Percent of occupied housing units where housing costs or rent is 30% or more of household income by household type, 2019

Bexar County, Texas
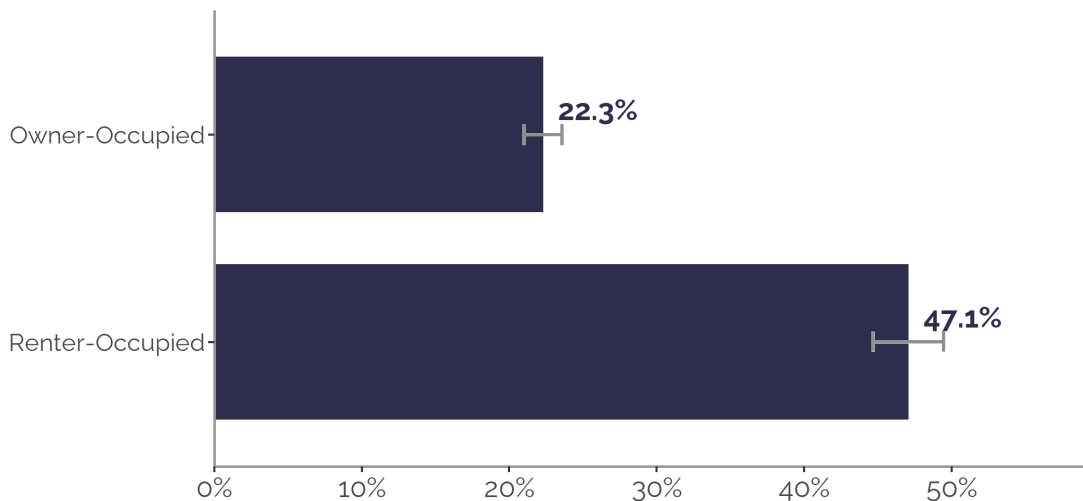
Owner-Occupied 22.3%

Renter-Occupied 47.1%

Nearly half of renter-occupied households and one in five owner-occupied households were considered housing cost-burdened in 2019 (Figure 1.44). Again, these percentages will likely be higher when more recent data is available.

Fig. 1.45 Percent of households housing cost-burdened, 2020

Housing Cost-Burdened
paying 30% or more in housing costs

- ▼ 17% to 22%
- ▲ > 22% to 27%
- ◆ > 27% to 32%
- ⌂ > 32% to 40%
- ☀ > 40% to 50%

Source: ACS 5-Year Estimates, Table B25106

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Housing cost-burdened households are scattered across the county, but particularly inside Loop 1604 (Figure 1.45). The drivers of housing cost burden differ by neighborhood – i.e., low income vs. very high rent or mortgage – but increasingly all households face high housing costs.

Housing availability and affordability emerged as key themes in the focus groups and key informant interviews. City of San Antonio Mayor Ron Nirenberg notes how much of the housing availability problem is due to "generations of disinvestment" and he and his team are working to "restore equity in communities that have been left out for decades and left out of the conversation for decades" (Mayor Ron Nirenberg, CHNA Interview with The Health Collaborative, 2022). Other participants explained that even though there are housing resources, such as the San Antonio Housing Association, it can take 2 to 5 years to get a response (Community Health Worker, CHNA Focus Group with The Health Collaborative, 2022).

A common barrier to safe housing is income. It can be difficult to gather all the money required to begin living in an apartment, which can include first and last month's rent as well as a security deposit. In addition to income, it can be difficult for some immigrants in Bexar County to wade through the bureaucratic steps it takes to obtain housing assistance.

When asked if they feel like they get enough social support, the people over 65 responded:

> **"Moderator:** When they receive immigration services, do they get placed in in certain housing?
>
> **Translator:** No… We look for the apartment anywhere that they can accept them. And, they don't have credit. They don't have a social… they don't have anything. So we show their passports in order to find that apartment, because they see the immigration status first. So, they are accepted only for at least 6 weeks, until we get the social… Correct me, [Participant] knows, that if you don't have a social for each person, they charge $300 [in addition to the rent]." – Afghani Immigrant Focus Group

The Afghani immigrant participants also talked about how the housing they have access to is not always clean and safe. Like many residents of Bexar County, immigrants do not have the same social or economic capital that could afford them housing. Mayor Ron Nirenberg recognizes this and is pushing for greater investment in safe, affordable housing for people in Bexar County.

> **"This notion of equity and socioeconomic disparity as central thread lines to public health outcomes. Our push for affordable housing and ensuring, safe, accessible housing for all families of all circumstances is a healthcare priority because we believe that those goals will directly impact, in a positive way, the gap in socioeconomic equity in our community. Same reason why we are really focusing on restoring street infrastructure, sidewalks, drainage primarily in those areas that have been under-invested in. We're gonna track all the progress that we make through the health outcomes of our community."** – Ron Nirenberg, Mayor, City of San Antonio

While investment in lower-income communities can help access and availability of housing, it can also make it worse depending on the type of investment. The People over 65 explained how the only investment they are seeing in their neighborhoods is from gentrification, which is pricing them out of places they have lived their whole lives.

" *"Participant S: People are arriving to SA from elsewhere and they're buying older houses to renovate them and make the area nice, right. But all of that also raises property taxes, it affects everything.*

Participant T: Yes, for instance, right now it takes a lot of money because they are coming from California where housing is very expensive. They sell the one over there and with that money, they can buy three houses here. Yes, and that affects us because the case is that we can't sell our homes in this area for much, and then we can't even afford houses in other areas. That affects us greatly with housing.

Participant U: Housing costs are really high; you can't buy a home for $85,000. They're now over $100,000. And you know what, right here where I live, some are priced at $200 something thousand and they sell." – People over 65 Focus Group Participants

Housing access and availability is more complex than simply making more houses or apartments. People in Bexar County need help finding housing, applying for housing, and not losing the housing they already have. Income is the main obstacle participants pointed to as a barrier to safe, clean, and affordable housing.

Some affordable housing programs are available to Bexar County residents. However, focus group participants went into detail about some of the setbacks of housing programs:

" *"There are some that are like government funded, they're actually like Section 8… and those are very restrictive - like if any type of like, change in your life, like whether your income goes up or down, it can be revoked very easily. One client of mine, she had it and the thing is they only give those programs for a year so if they don't qualify the following year, say they made like a thousand dollars extra, they won't have that additional funding or they won't have that additional housing on their own anymore." – Community Health Worker*

Other participants echoed the same sentiment that the housing programs are underfunded and don't have the capacity to help all those who need it. Additionally, there are barriers in knowledge and awareness of housing programs. This was felt most strongly by the community health workers focus group. Their clients must know how to update their information, such as address and phone number, because they may miss opportunities to get housing. For some clients, this poses a challenge with technological literacy, especially with most resources needing to be accessed digitally.

" *"I've seen that the housing system is very… prolonged to the point, if you're not continuously checking in or if somebody doesn't know how to navigate the housing system, the odds are that they're not going to be able to receive services, unfortunately. And so, I wish there was a little more openness with that, and that there was a little more clarity." – Community Health Worker*

HOMELESSNESS

Fig. 1.46 Number of homeless persons
Bexar County, Texas
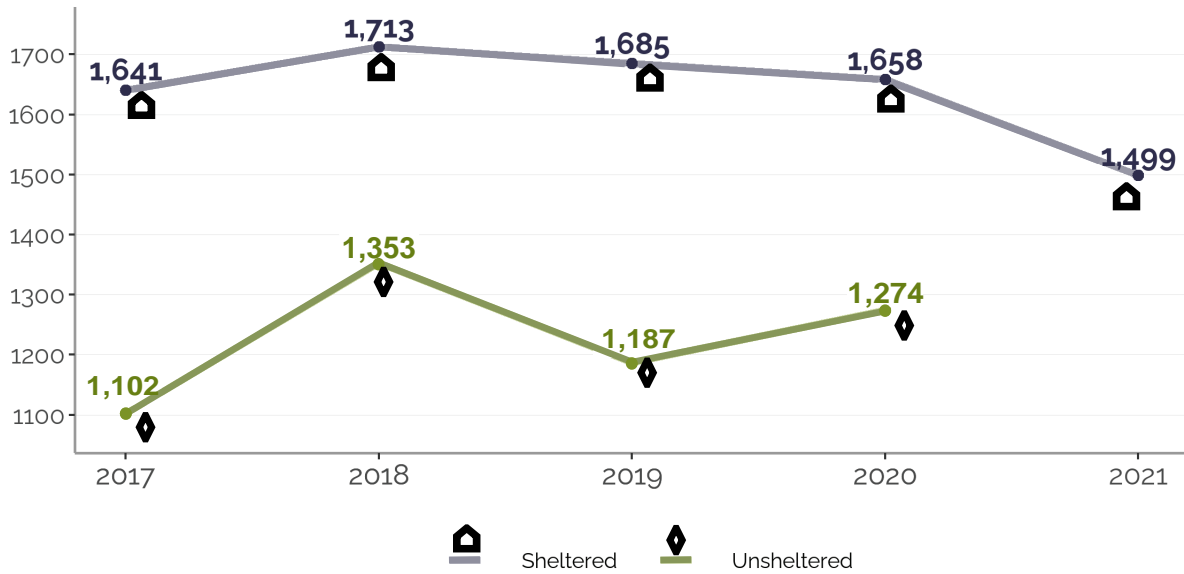
Source: South Alamo Regional Alliance for the Homeless. Table: 1.46
Prepared by CI:Now for The Health Collaborative

The number of sheltered homeless persons dropped somewhat between 2017 and 2021 (Figure 1.46). Because only the sheltered population could be counted in January 2021 during the pandemic, no 2021 data is available for the unsheltered population.

Figure 1.47 shows only change in the sheltered homeless population count and so of course will be influenced by the location of shelters, but a decrease in population between 2019 and 2020 is seen in San Antonio City Council Districts 1, 6, and 8. All other districts except District 9 saw an increase.

Fig. 1.47 Change in sheltered homeless population, 2019 to 2020
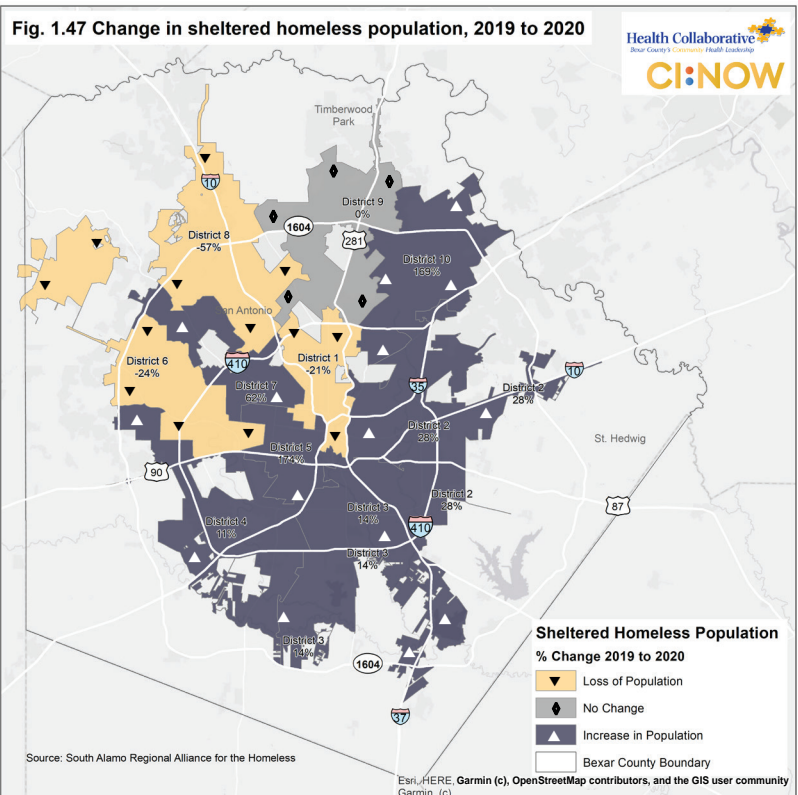
AIR QUALITY

The percent of days with air pollution at a healthy level decreased in 2020 and 2021 after an increase in 2018 and 2019 (Figure 1.48), perhaps because of reduced driving during the pandemic. The determination of "unhealthy" air quality by day – the Air Quality Index – incorporates measurements of carbon monoxide, ozone, nitrogen dioxide, PM10 & PM2.5 particulate matter, and sulfur dioxide.[21]

Fig. 1.48 Percent of days air quality levels were unhealthy - above moderate
Bexar County, Texas
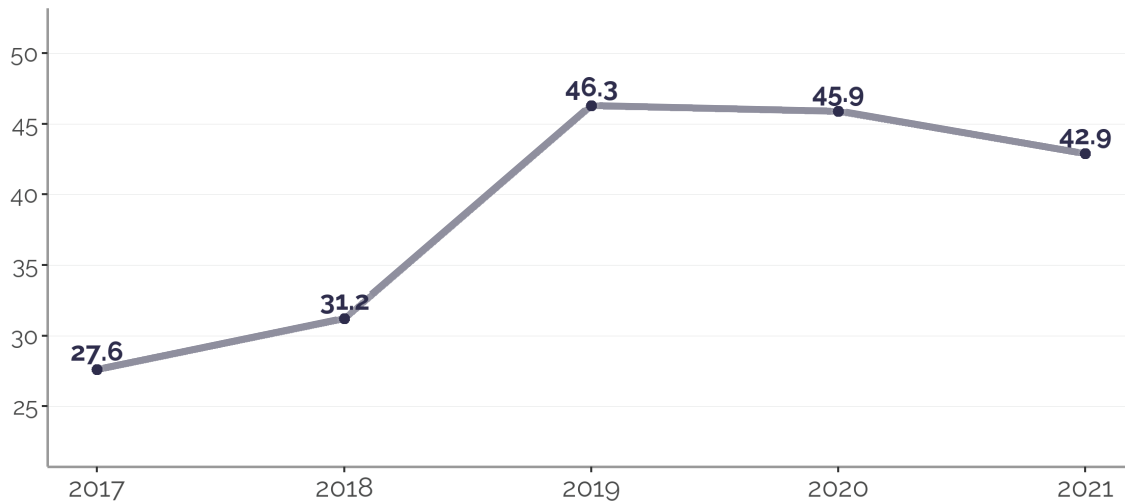
Source: Environmental Protection Agency
Prepared by CI:Now for The Health Collaborative

Fig. 1.49 Percent of population with walkable park access in San Antonio
Bexar County, Texas
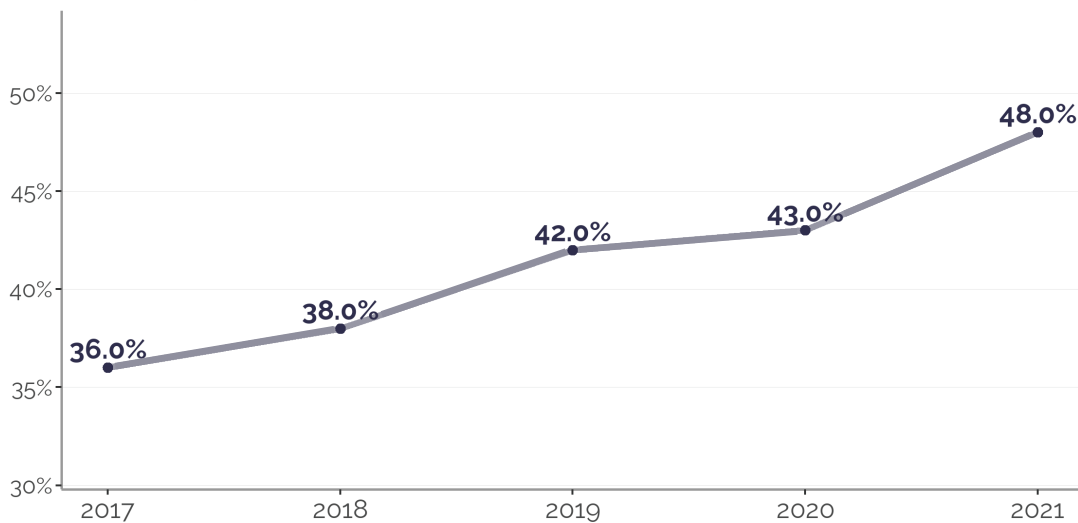
Source: The Trust for Public Land
Prepared by CI:Now for The Health Collaborative

The percent of population considered to have walkable park access has risen significantly since 2017 but is still below half as of 2021 (Figure 1.49). The Trust for Public Land considers park access walkable if the park is within a 10-minute walk,[22] roughly half a mile at a moderate to brisk pace.

[21]Environmental Protection Agency. (2015). Environments and contaminants: Criteria air pollutants. Available online at **https://www.epa.gov/sites/default/files/2015-10/documents/ace3_criteria_air_pollutants.pdf**

[22]Trust for Public Land. (2022). 10-minute walk. Available online at **https://www.tpl.org/10minutewalk**

SECTION 2: ACCESS TO CARE, PREVENTIVE CARE AND HEALTHY BEHAVIORS

HEALTH INSURANCE

Despite the Affordable Care Act and active local enrollment efforts, the percent of the civilian non-institutionalized population that has health insurance remained fairly flat between 2015 and 2019 at an estimated 83% to 85% (Figure 2.1).

Fig. 2.1 Percent of insured civilian non institutionalized population

Bexar County, Texas
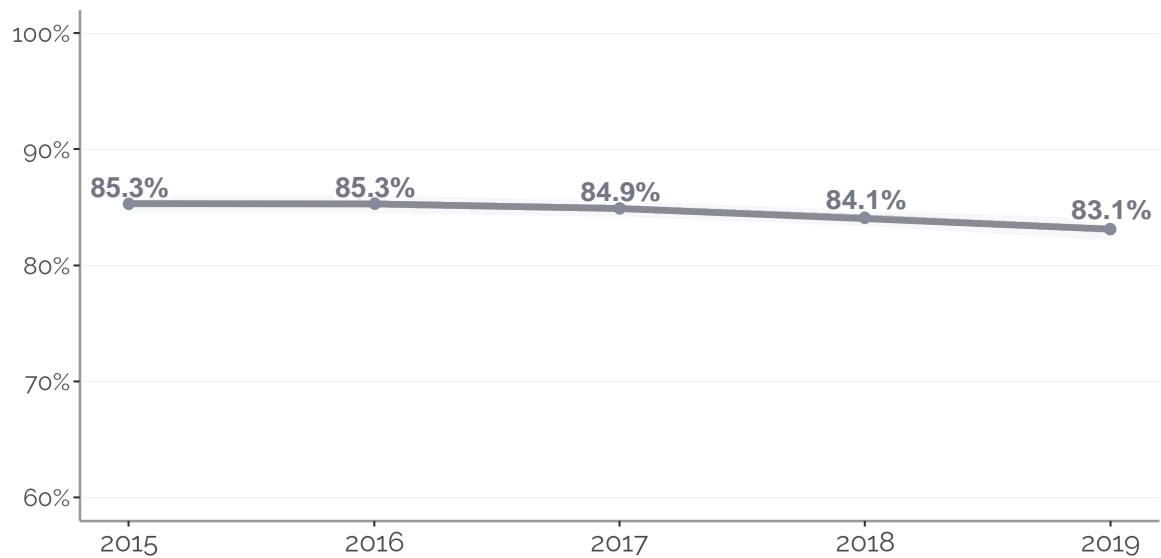
Source: ACS 1-Year Estimates. Table: B27001
Prepared by CI:Now for The Health Collaborative

Health insurance coverage is highest in the Medicare-eligible older population, and next highest among young children eligible for Medicaid (Figure 2.2). Coverage rates are lowest among working-age adults, particularly younger adults aged 19 to 34.

Fig. 2.2 Percent of insured civilian, non-institutionalized population by age group, 2019

Bexar County, Texas
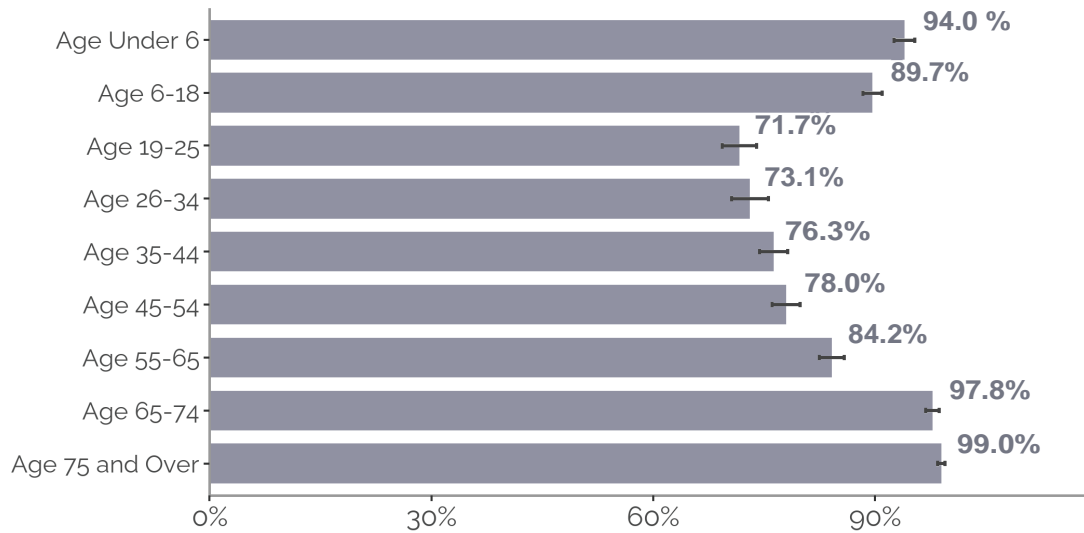
Age group	Percent
Age Under 6	94.0 %
Age 6-18	89.7%
Age 19-25	71.7%
Age 26-34	73.1%
Age 35-44	76.3%
Age 45-54	78.0%
Age 55-65	84.2%
Age 65-74	97.8%
Age 75 and Over	99.0%

Source: ACS 1-Year Estimates. Table: B27001
Prepared by CI:Now for The Health Collaborative

Even though insurance coverage is least common among working-age adults, employer-based coverage is still the dominant form of insurance among the approximately 83% of people who are insured, serving as the sole form of coverage for four in 10 insured Bexar County residents. (Figure 2.3). Medicaid is the next-most common. Those with solely direct-purchase insurance constitute less than five percent of people with insurance coverage.

Fig. 2.3 Percent of insured civilian, non-institutionalized population by type of insurance, 2019

Bexar County, Texas

Employer Based — 42.2%
Direct Purchase — 4.5%
Medicare — 4.9%
Medicaid — 13.4%
Tricare Military — 3.0%
VA Healthcare — 0.5%
Multiple Insurances — 6.5%
Other Type of Insurance — 8.2%
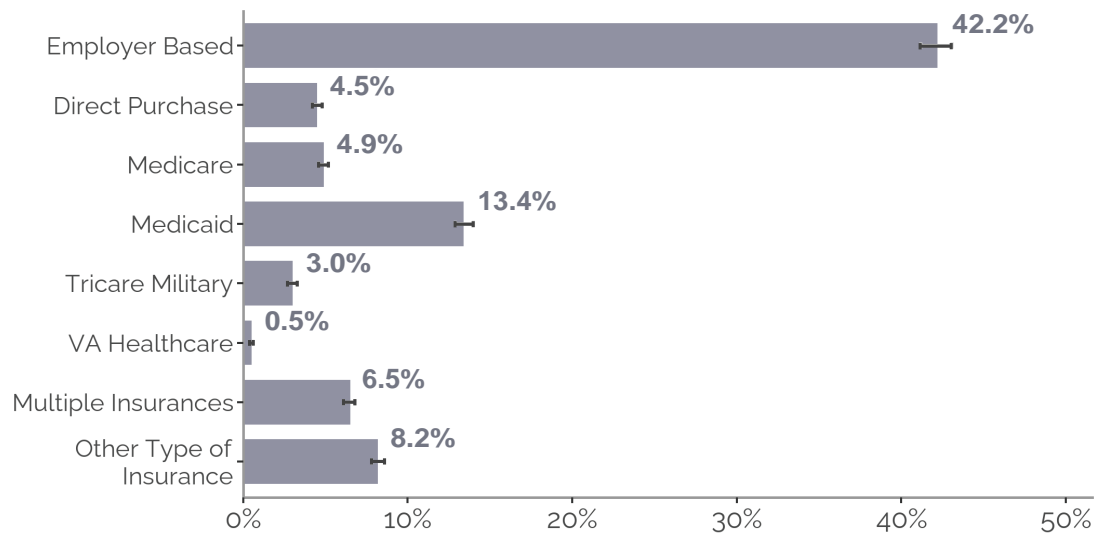
Source: ACS 1-Year Estimates. Table: B27010
Prepared by CI:Now for The Health Collaborative

Fig. 2.4 Percent civilian, non-institutionalized population insured by race/ethnicity, 2019

Bexar County, Texas

American Indian or Alaska Native — 71.7%
Asian — 88.0%
Black or African American — 88.6%
Hispanic — 79.2%
Native Hawaiian or Pacific Islander** —
Other Race — 76.9%
Two or More Races — 83.8%
White (Non-Hispanic) — 89.9%
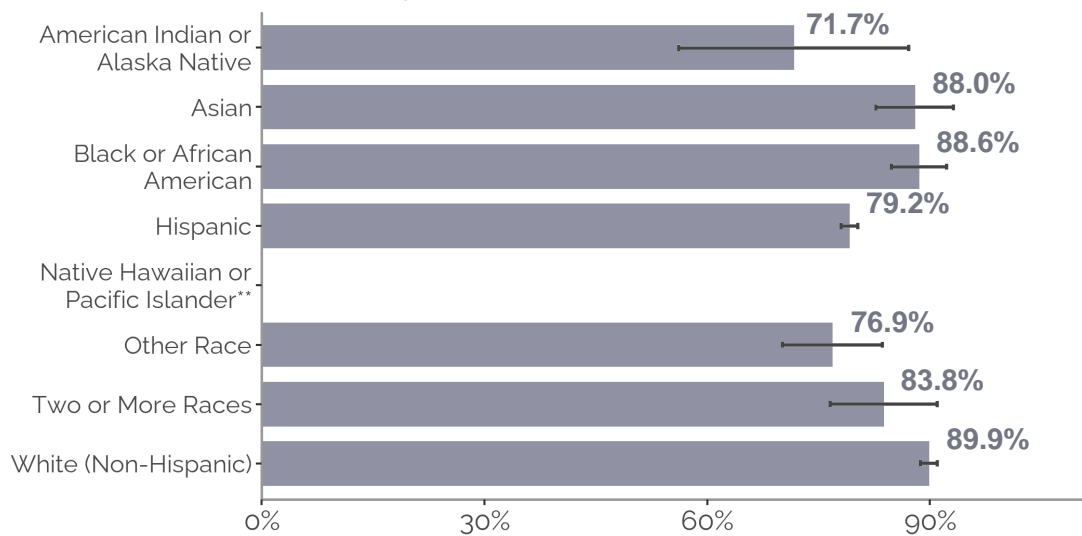
**Suppressed
Source: ACS 1-Year Estimates. Table: C27001 B-I
Prepared by CI:Now for The Health Collaborative

American Indian or Alaska Natives, Hispanics, and people of "other" race are least likely to have health insurance, while whites, Asians, and Black or African Americans are the most likely (Figure 2.4). The rate among Native Hawaiian or Pacific Islanders is unstable and is suppressed by the data source.

Fig. 2.5 Percent of insured civilian, non-institutionalized population, 2020

Health Collaborative
Bexar County's Community Health Leadership
CI:NOW

Percent Health Insured

Symbol	Range
▼	70% to 75%
▲	> 75% to 80%
◆	> 80% to 85%
⌂	> 85% to 90%
☀	> 90% to 97%

Source: ACS 5-Year Estimates, Table B27001

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
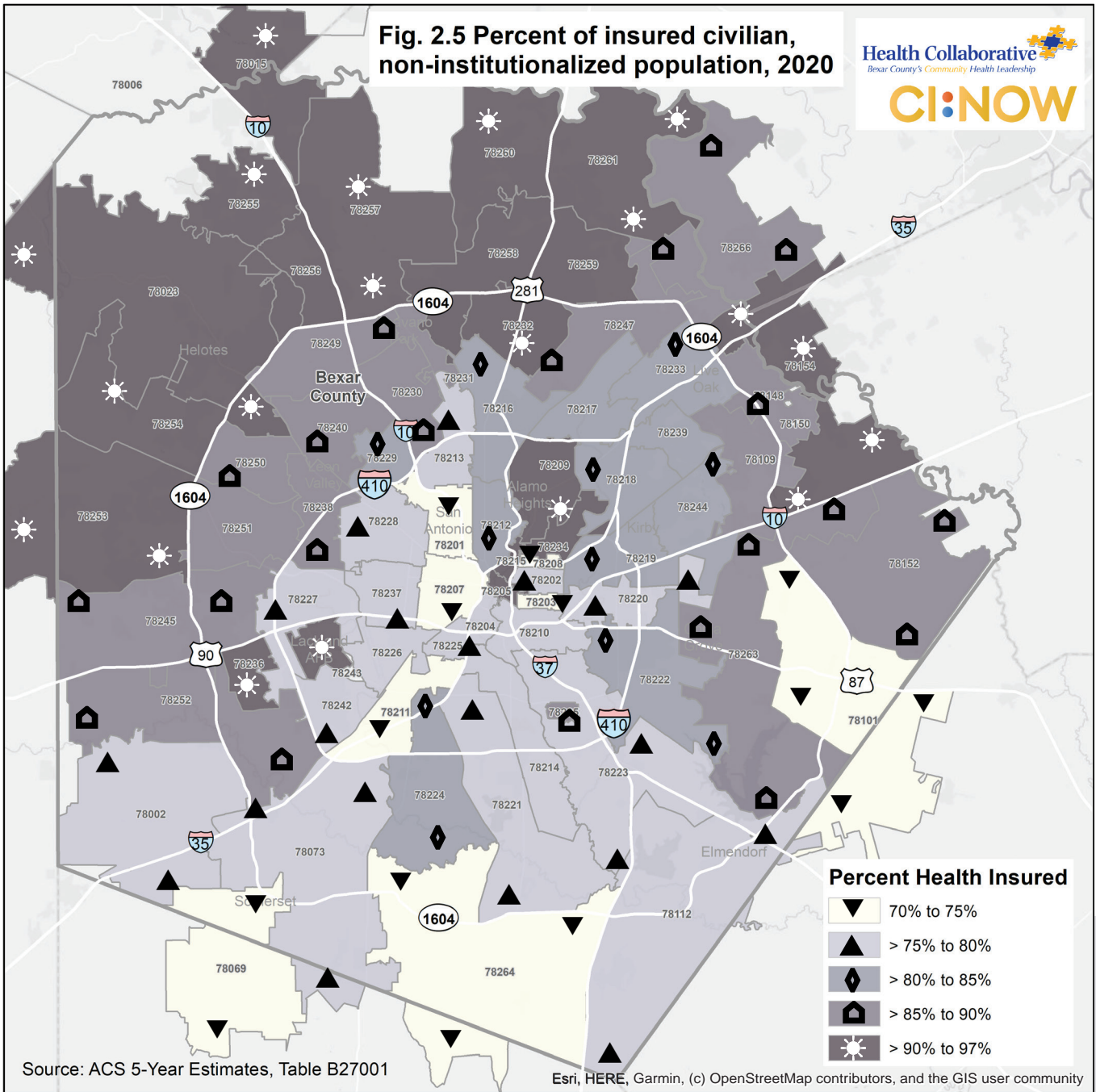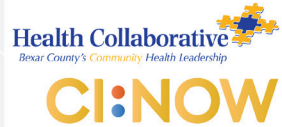
Health insurance coverage is highest on the far north side, with coverage very low across the near west side and near east side (Figure 2.5).
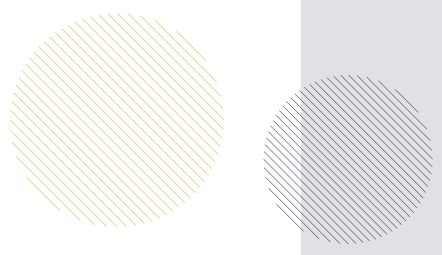
HEALTH INSURANCE

Figure 2.6 quantifies the number of healthcare professionals per 100,000 population. Unfortunately, the County Health Rankings data from which this chart is drawn does not include midlevel providers – physician assistants or nurse practitioners – in its count of primary care providers. County Health Rankings defines mental health providers as "psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care." It is important to note that for any provider type, a provider may practice only part-time or in a setting such as a mental health authority that limits their availability to the general population.

Fig. 2.6 Number of healthcare professionals by type per 100,000 population, 2021

Bexar County, Texas

Provider Type	Value
Primary Care Physicians	75.8
Dentists	89.3
Mental Health Providers	188.7
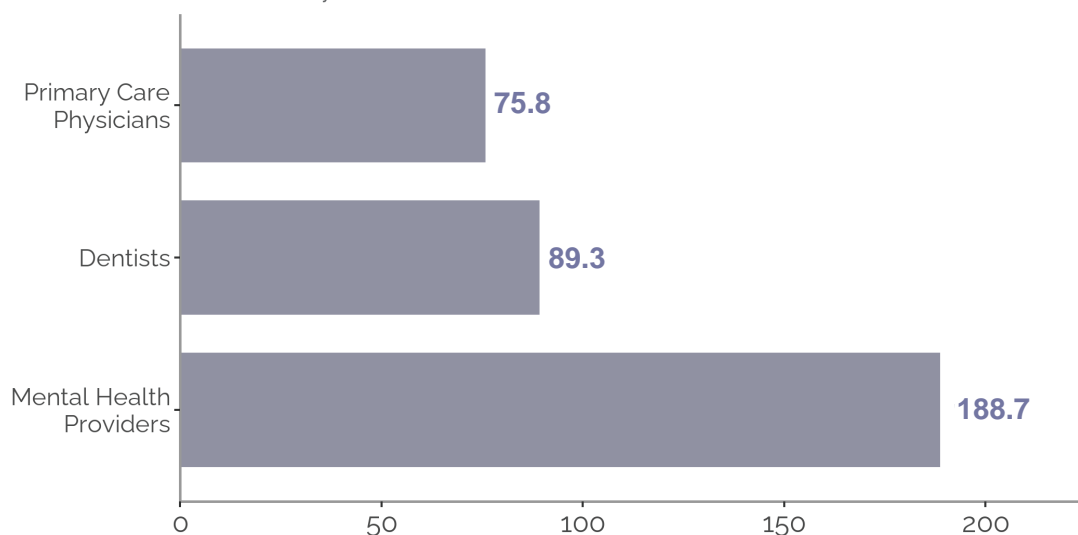
Source: County Health Rankings
Prepared by CI:Now for The Health Collaborative

PREVENTIVE CARE
MEDICAL AND DENTAL VISITS

Many of the charts that follow in this section represent data from the Behavioral Risk Factor Surveillance System (BRFSS), a household telephone survey of adults with a very small sample size for Bexar County. Because the sample size is so small relative to the size of the adult population, even with multiple years of data combined, each BRFSS estimate has a good bit of uncertainty. The true value may lie anywhere in the range of the estimate's confidence interval, which is represented as a horizontal gray line in each bar of the chart. When the confidence intervals (gray lines) for two estimates overlap, one cannot be sure that there is truly any difference between the two estimates. That issue will arise over and over again in the narrative describing these charts.
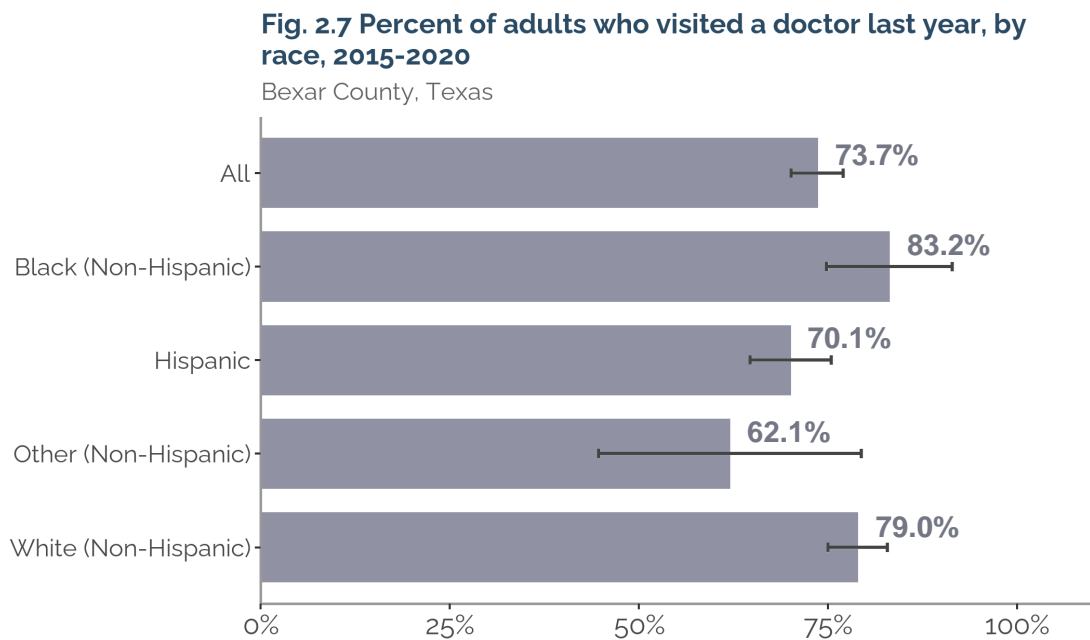
Fig. 2.7 Percent of adults who visited a doctor last year, by race, 2015-2020

Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

In Bexar County overall about 74% of adults report visiting a doctor in the past year (Figure 2.7), although the survey does not ask whether the visit was for preventive or sick care. Most confidence intervals overlap, but it appears that the percentage of Hispanic adults is lower than the percentage of white or Black or African American adults.

Figure 2.8 shows no clear differences among sectors because the confidence intervals all overlap, but there may be a true difference between the Near Westside sector and the Southeast, Far Northwest, and Far Northside sectors.
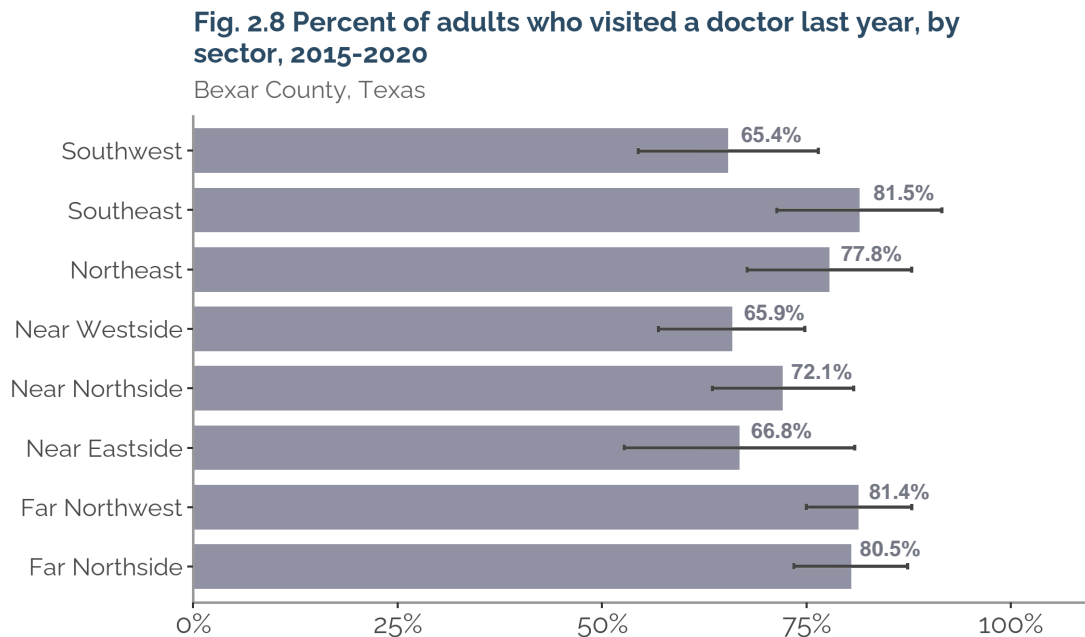
Fig. 2.8 Percent of adults who visited a doctor last year, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	65.4%
Southeast	81.5%
Northeast	77.8%
Near Westside	65.9%
Near Northside	72.1%
Near Eastside	66.8%
Far Northwest	81.4%
Far Northside	80.5%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Community health workers noted there are difficulties with clients accessing health services and healthcare. There are barriers in general awareness, transportation, waitlists, time, and affordability. Further, a key informant from Southside Independent School District provided a great example of how health programs could better reach the community.

> *"I think [provider redacted] does amazing work, However, at our school district, in the first round that they were there, what was really a barrier to service was the operating hours of that clinic. I think that providers need to provide service to people when the people need it, not close for lunch or take days off when it's convenient to the providers. Because they were closed at lunch, and people wanted to take their children to get checkups, or maybe they might have COVID, whatever the medical need was, they were turned away, and they were never open on Saturdays. And so, the service went down."* – Randy Escamilla, Director of Public Relations and Community Engagement, Southside ISD

An additional barrier to health resources is knowledge that the resource exists at all. The focus group of seniors 65-and-older noted how they rely on one another for information about city resources on nutrition and chronic health conditions, such as diabetes. While they appreciate having access to health information, without one another, they don't know how they would quickly disperse the knowledge.

Overall about six in 10 Bexar County adult respondents report visiting a dentist or dental clinic in the past year (Figure 2.9); as with medical visits, the survey does not ask the reason for the visit. Differences among most race/ethnicity groups are difficult to interpret because of wide confidence intervals, but the chart shows a true difference between Black or African Americans and Hispanics.

Fig. 2.9 Percent of adults who report visiting a dentist or dental clinic in the past year, by race, 2015-2020

Bexar County, Texas

All	62.5%
Black (Non-Hispanic)	74.6%
Hispanic	59.4%
Other (Non-Hispanic)	74.1%
White (Non-Hispanic)	63.9%
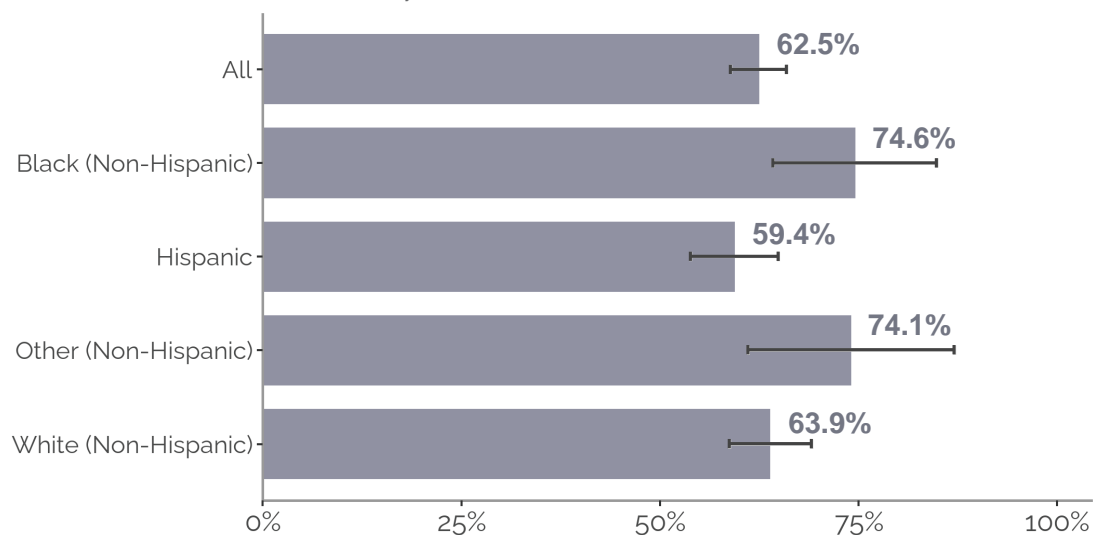
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Although many confidence intervals overlap, the Near Westside and Near Eastside sectors are clearly lower then the Far Northwest and Far Northside sectors, and possibly the Northeast sector as well (Figure 2.10).

Fig. 2.10 Percent of adults who report visiting a dentist or dental clinic in the past year, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	56.3%
Southeast	61.7%
Northeast	67.6%
Near Westside	51.0%
Near Northside	61.4%
Near Eastside	45.9%
Far Northwest	70.7%
Far Northside	80.6%
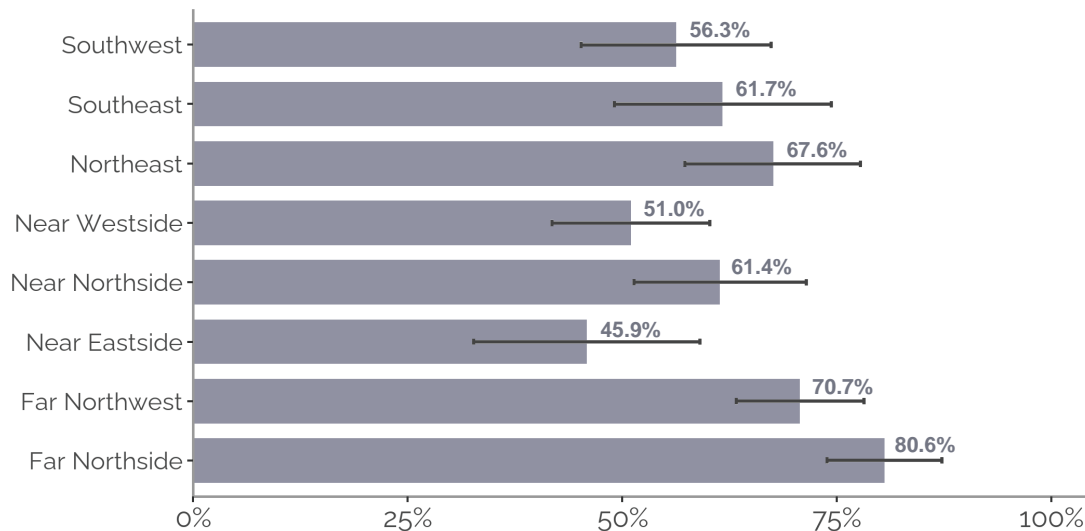
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Participants in the community health worker focus group wanted their clients to be able to access services, such as dental care, easily without having to wait several months or being told by multiple dental care providers that they are not accepting new patients.

"I do run into good dental resources, affordable dental care. When I call [provider redacted], they always say - and it has been 3 years - they're not taking any more new patients. When I call the [inaudible] clinic, they say, we're not taking any more new patients. When I call [provider redacted], where they have a dental plan, or [provider redacted], the way their system works, they only open the appointments for up to a month, or up to 2 months. So, if they're booked for 2 months, they say we cannot take any appointments, you have to call us back early morning to see if those appointment slots are open and then we will let you know… So, I think that's a very, very inefficient system." – Community Health Worker

MENTAL HEALTH SERVICES

Programs and resources for mental and emotional health were common themes among focus group participants. Participants explained how mental health resources are sometimes indirect. Reliable transportation is a mental health resource (Community Health Workers Focus Group), programs for domestic and family violence are mental health resources (Mayor Nirenberg Interview), and safe spaces for self-expression are mental health resources (Youth Focus Group). They recognized there are programs available, but they also wished there was a greater emphasis on resources which indirectly affect mental health. Luckily, the city has already begun to implement mental health programs.

"The City is deciding to approach mental health and the response to crisis in a different way. They soft-launched the SA-CORE, where any 911 calls coming into the central station is being responded to by a police officer, EMS, and a clinician. And it's plain-clothed individuals who arrive on the scene to approach it from a medical perspective, and then from a mental health perspective. Ensuring that the scene is secure, obviously, safety always being primary for both the individuals and the team that's out there, but I think that from a mental health perspective, safe communities means that we're taking an alternative approach to helping someone who is in a mental health crisis, right. And I think that is a huge step." - Berta Rodriguez, Deputy Director, South Texas Region of the Meadows Mental Health Policy Institute

Technology can be a beneficial resource to mental health services, but knowledge and access of it are not evenly distributed across Bexar County. Participants need services offered in multiple ways to help everyone of various backgrounds. While young adults may feel social media is a great tool for de-stigmatizing mental health, other residents feel it can be a hindrance when it is the only option for accessing services.

"And with the mental health services, either there's not enough resources out there to provide that service or there's just not enough time available for someone to be able to get in. And so, with a lot of our clients here that is, that does pose a challenge. Location and if there's a zoom provided, some of the clients don't know how to use it… the doctor's office is not going to take the time to show them real quick how to access the zoom, or access the link, or teach them how to get on there. So, there's some other barriers with that as well." – Community Health Worker

Continuing from the general desire for more programs and resources for mental health, the Youth Focus Group specifically wanted more mental and emotional health resources within their schools. They would like spaces to facilitate social support and professionals who are available to help them deal with the isolation they have felt during the pandemic.

"What we're missing is just of a form of like a support group, whether it's at school, whether it's at work. We all go through stressors in life, and I feel if the students had support groups at school, and they were surrounded by other people who are going through the same thing, they can really help each other out." – Youth Participant

"I know one of the biggest things that we brought on additionally during the last 2 years has been more of the mental health sessions and bringing in professionals to speak to the students. Because during the pandemic a lot of them felt isolated." – Participant in Youth Focus Group

PREVENTATIVE CARE
DIABETES MANAGEMENT

For Bexar County as a whole, about six in 10 adult diabetics report that they check their feet daily (Figure 2.11). Even after combining multiple years of data, differences among race/ethnicity groups are hard to interpret because of wide margins of error, but the percent of other-race/ethnicity appears higher than the rates for Hispanics and for whites.

Fig. 2.11 Percent of adult diabetics who check feet daily, by race, 2015-2020
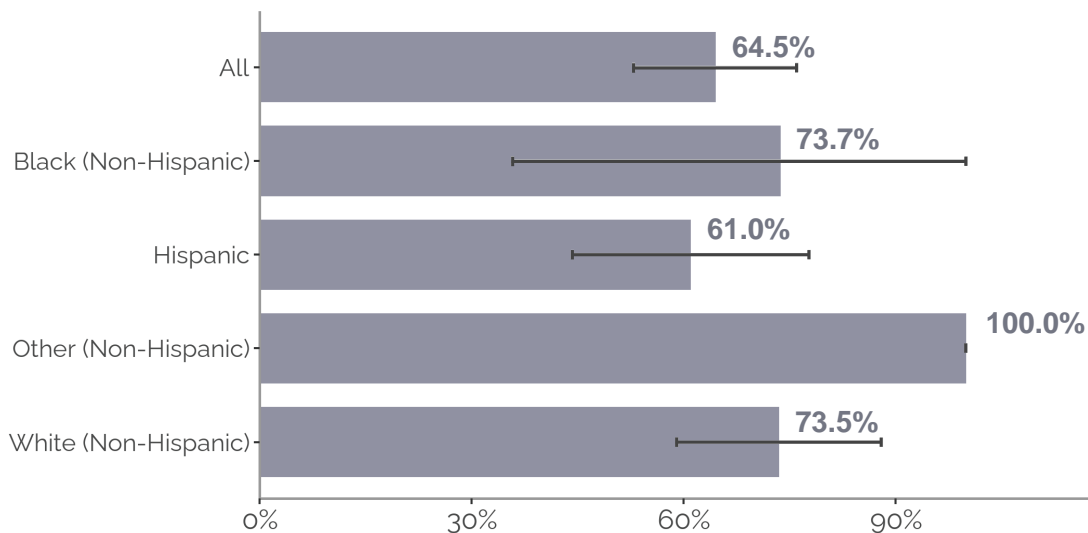
Bexar County, Texas

| Group	Percent
All	64.5%
Black (Non-Hispanic)	73.7%
Hispanic	61.0%
Other (Non-Hispanic)	100.0%
White (Non-Hispanic)	73.5%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Overall, about nine in 10 adult diabetics report having their hemoglobin A1c, a measure of blood sugar level, checked in the past year (Figure 2.12). Black or African American and other-race adult diabetics report the highest percentages.

Fig. 2.12 Percent of adult diabetics who have had Hemoglobin A1c checked in past year, by race, 2015-2020
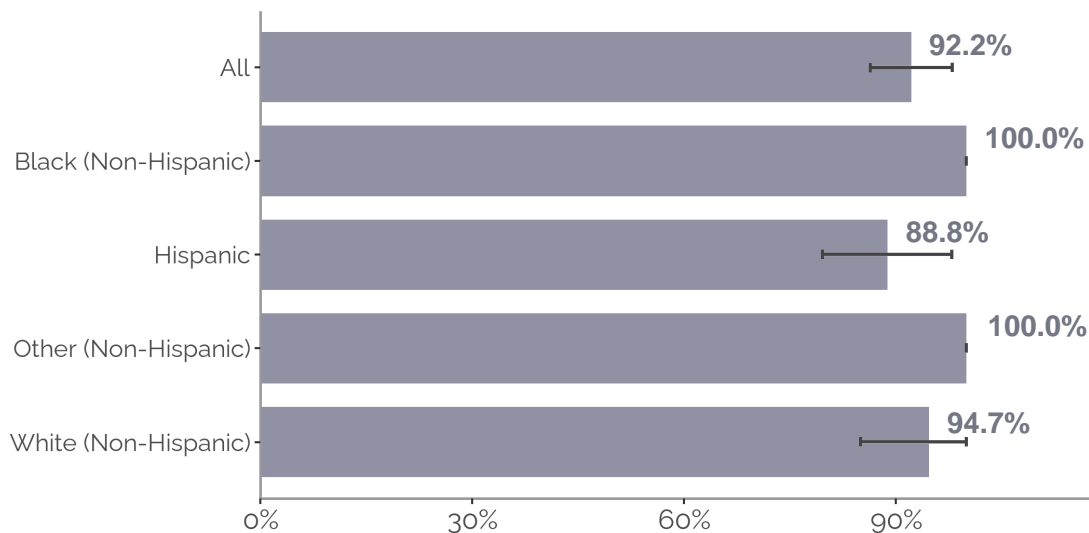
Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

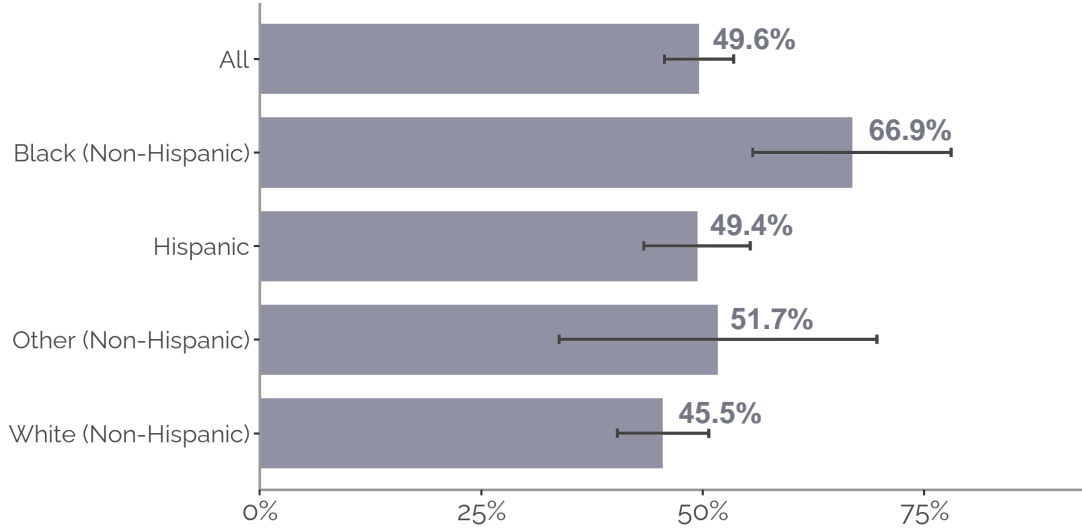### Fig. 2.13 Percent of adult diabetics who have had Hemoglobin A1c checked in past year, by sector, 2015-2020
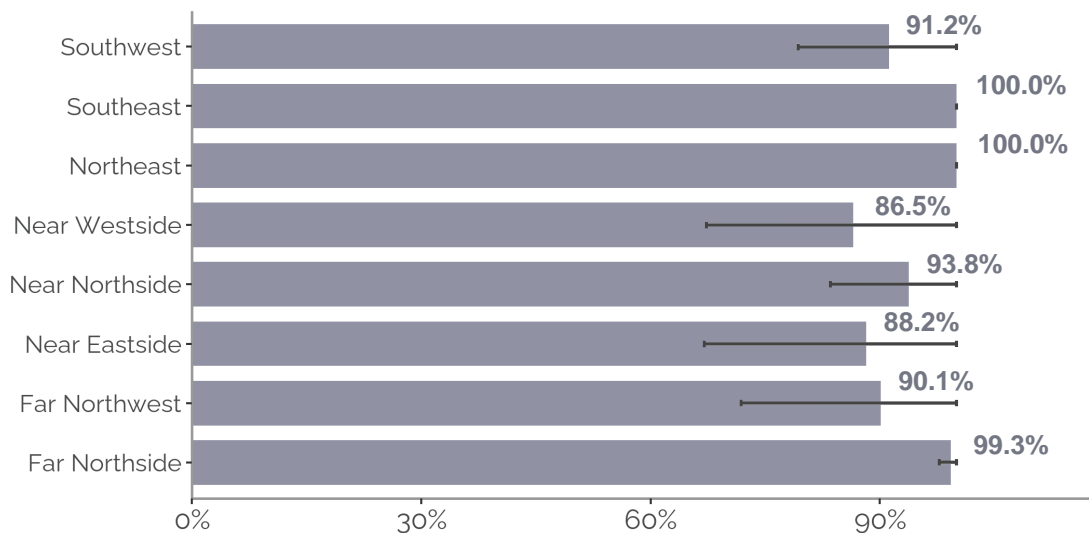
Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

It appears that adult diabetics in the Southeast and Northeast sectors may be more likely to report having their hemoglobin A1c checked in the past year (Figure 2.13). Unfortunately, differences are hard to determine because the confidence intervals are wide and overlap.

The percent of adult diabetics who have seen a doctor in the past year may be higher among the other-race population, but the percentage is high for all groups and the margins of error all overlap (Figure 2.14).

Fig. 2.14 Percent of adult diabetics seeing a doctor in past year, by race, 2015-2020
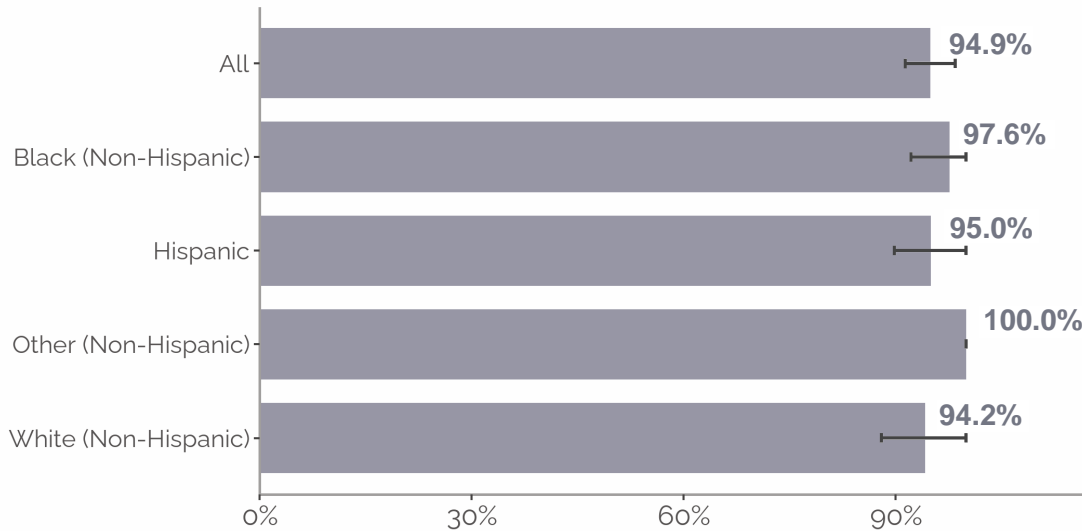
Bexar County, Texas

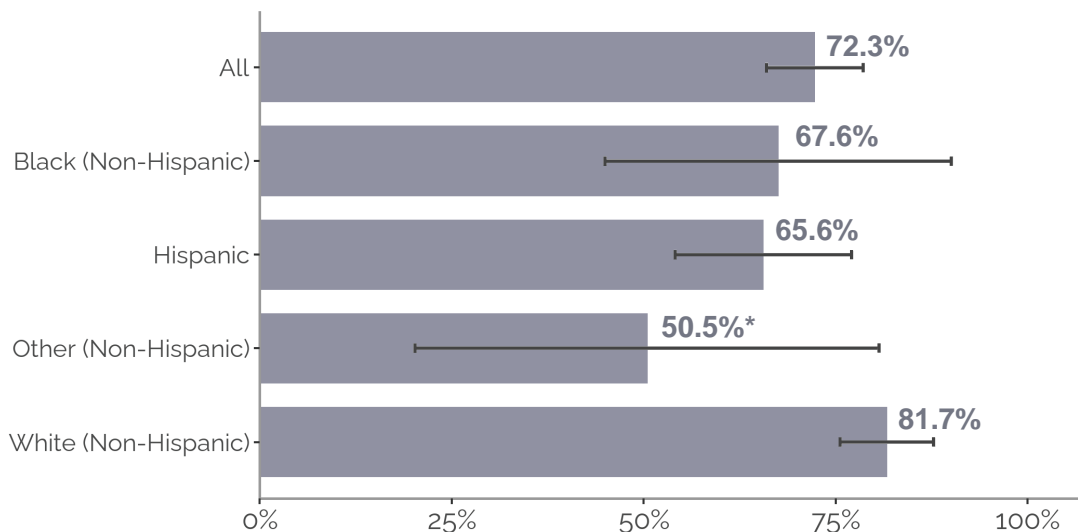| Group	Percent
All	94.9%
Black (Non-Hispanic)	97.6%
Hispanic	95.0%
Other (Non-Hispanic)	100.0%
White (Non-Hispanic)	94.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.15 Percent of adult diabetics seeing a doctor in past year, by sector, 2015-2020
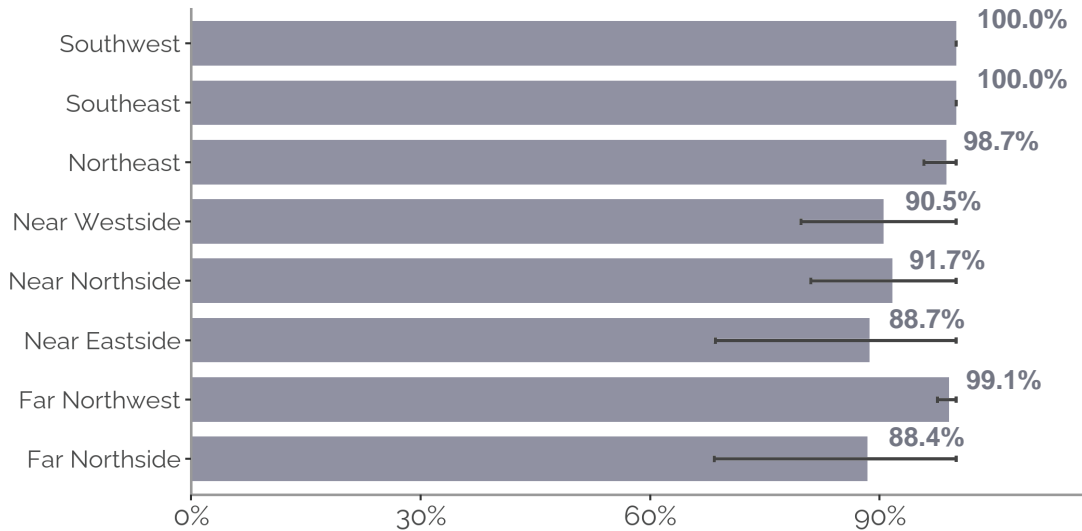
Bexar County, Texas

Sector	Percent
Southwest	100.0%
Southeast	100.0%
Northeast	98.7%
Near Westside	90.5%
Near Northside	91.7%
Near Eastside	88.7%
Far Northwest	99.1%
Far Northside	88.4%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Differences do emerge by sector in percent of adult diabetics reporting having seen a doctor in the past year (Figure 2.15), with higher rates in the Southwest and Southeast sectors.

The proportion of Bexar County adult diabetics reporting having had a course in self-management is estimated at about 60% (Figure 2.16). Differences among groups are hard to interpret because of wide margins of error, but the difference in the percent of Hispanic respondents as compared to Black or African American respondents is statistically significant.

Fig. 2.16 Percent of adult diabetics who have had a course in self-management, by race, 2015-2020
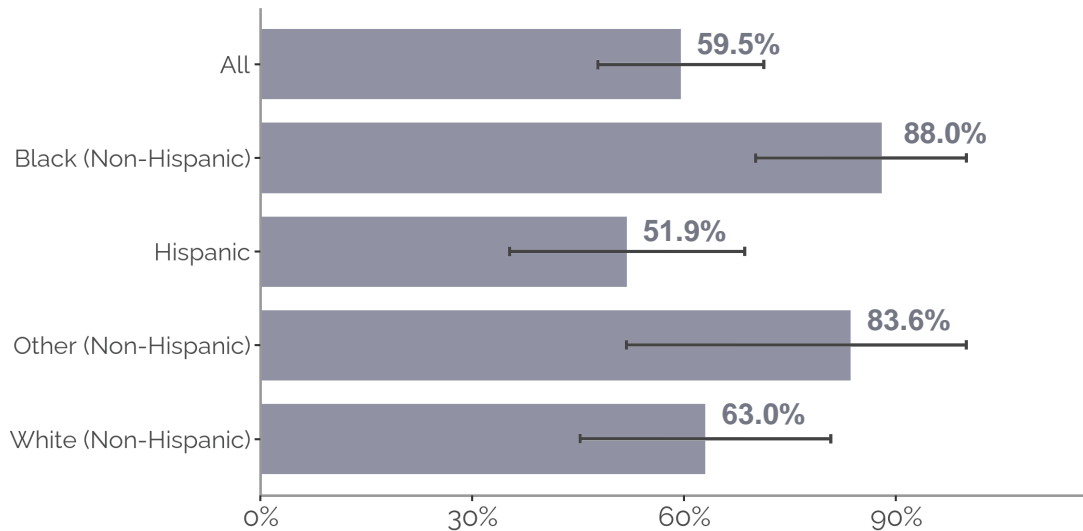
Bexar County, Texas

Race	Percent
All	59.5%
Black (Non-Hispanic)	88.0%
Hispanic	51.9%
Other (Non-Hispanic)	83.6%
White (Non-Hispanic)	63.0%

Fig. 2.17 Percent of adult diabetics who have had a course in self-management, by sector, 2015-2020
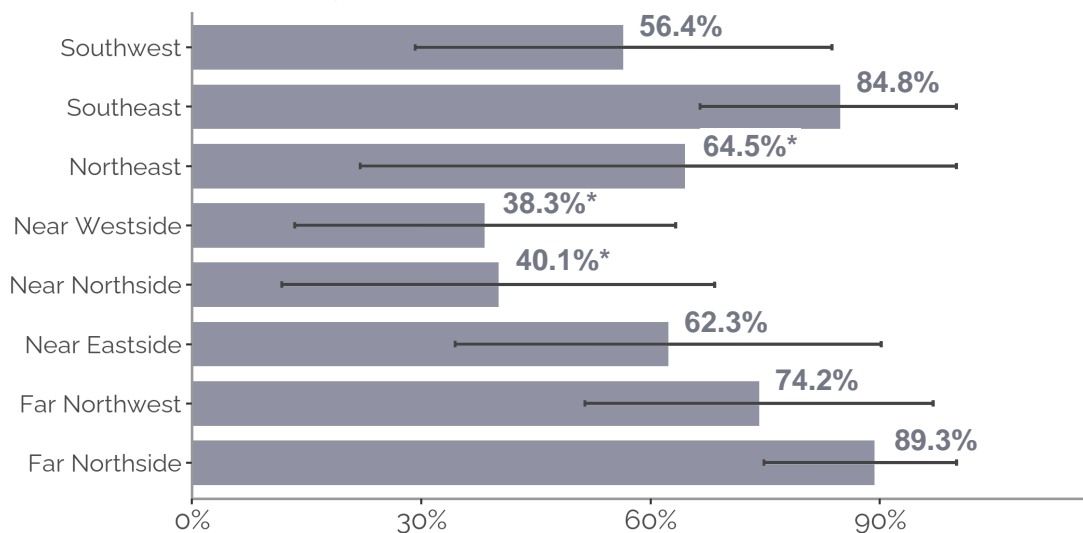
Bexar County, Texas

Sector	Percent
Southwest	56.4%
Southeast	84.8%
Northeast	64.5%*
Near Westside	38.3%*
Near Northside	40.1%*
Near Eastside	62.3%
Far Northwest	74.2%
Far Northside	89.3%

Despite wide confidence intervals, the Southeast and Far North sectors are different (statistically significant) from the Near Westside and Near Northside sectors (Figure 2.17).

CANCER SCREENING

Mammography compliance is low, with only an estimated one in four female respondents 50 and over reporting having had a mammogram screening for breast cancer in the past two years (Figure 2.18). Most confidence intervals overlap, but the percentage of Black or African American female respondents is clearly lower than the percent of Hispanic respondents, and likely lower than the county overall.

Fig. 2.18 Percent of women 50+ who have had a mammogram within the past two years, by race, 2015-2020
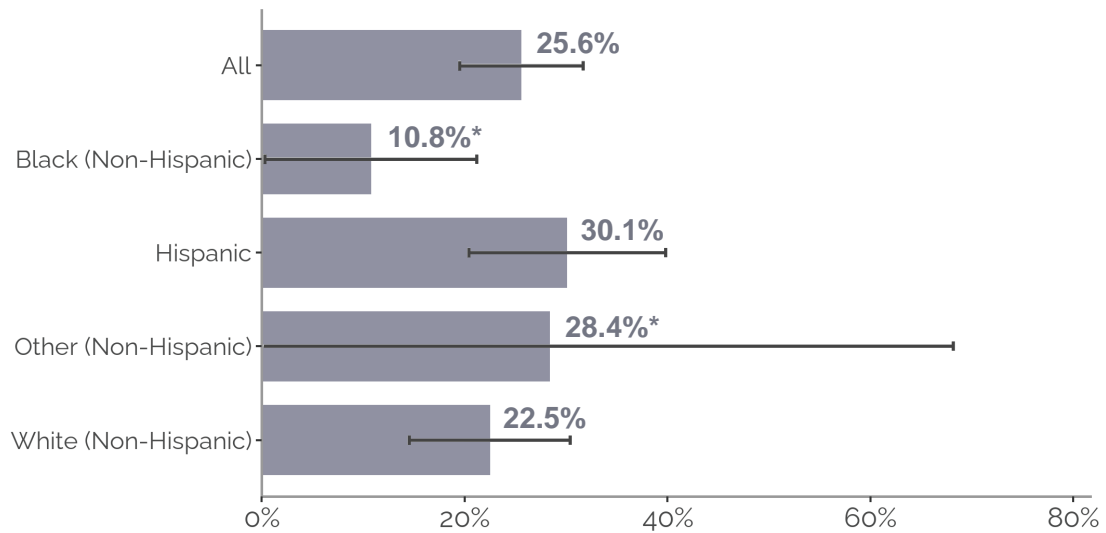
Bexar County, Texas

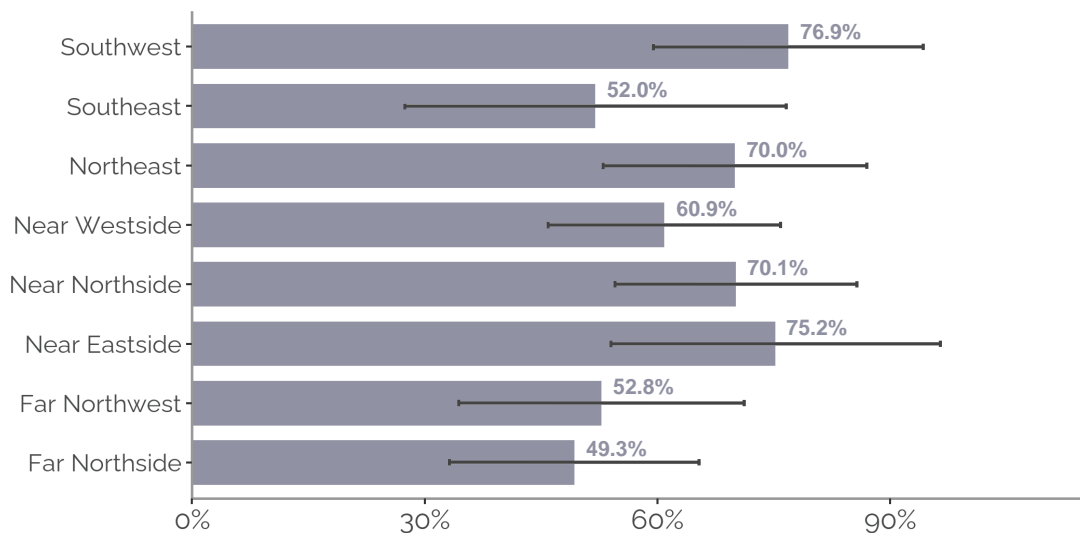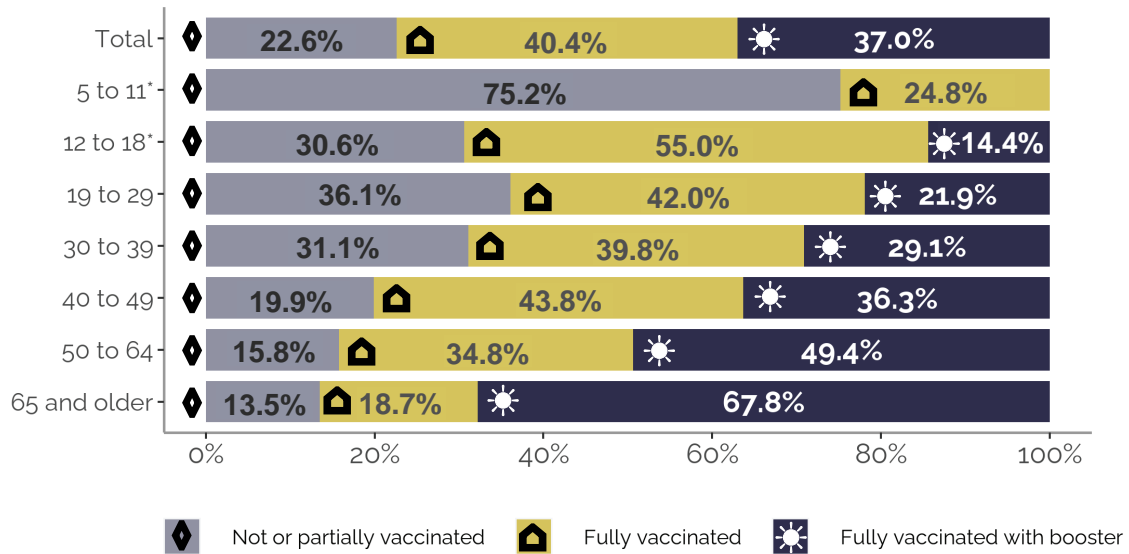|	
All	25.6%
Black (Non-Hispanic)	10.8%*
Hispanic	30.1%
Other (Non-Hispanic)	28.4%*
White (Non-Hispanic)	22.5%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Even combining multiple years of data, all confidence intervals in Figure 2.19 overlap, making it difficult to determine differences among sectors. The Near Northside sector likely truly has a higher rate than the Southwest, Far Northwest, Far Northside, and Near Eastside sectors.

Fig. 2.19 Percent of women 50+ who have had a mammogram within the past two years, by sector, 2015-2020
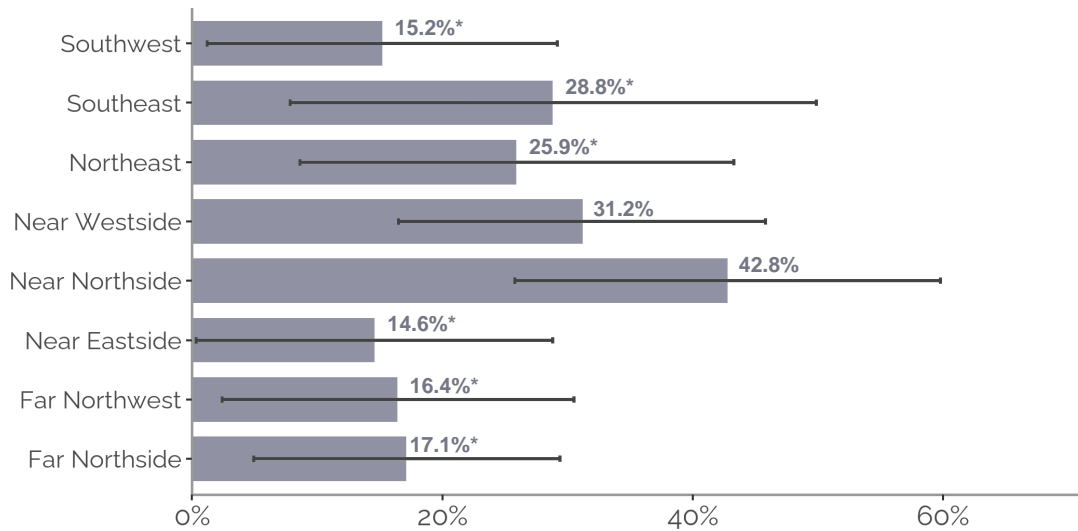
Bexar County, Texas

Sector	Value
Southwest	15.2%*
Southeast	28.8%*
Northeast	25.9%*
Near Westside	31.2%
Near Northside	42.8%
Near Eastside	14.6%*
Far Northwest	16.4%*
Far Northside	17.1%*

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.20 Percent of women 21+ who have ever had a Pap test, by race, 2015-2020
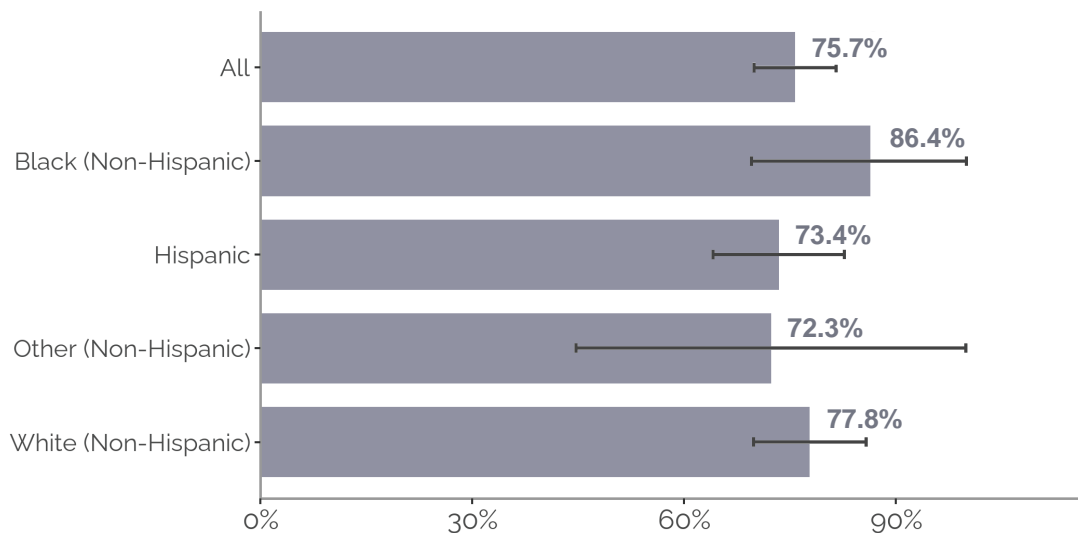
Bexar County, Texas

Race	Value
All	75.7%
Black (Non-Hispanic)	86.4%
Hispanic	73.4%
Other (Non-Hispanic)	72.3%
White (Non-Hispanic)	77.8%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

In Bexar County overall about three in four women 21 and older have ever had a Pap test screening for cervical cancer (Figure 2.20). No differences can be determined among race/ethnicity groups because the confidence intervals all overlap almost entirely.

At an estimated nine in 10 female respondents, the Northeast sector clearly has a higher Pap test rate than the Near Westside, Near Northside, and Near Eastside sectors, and possibly the Far Northwest sector as well (Figure 2.21).

Fig. 2.21 Percent of women 21+ who have ever had a Pap test, by sector, 2015-2020
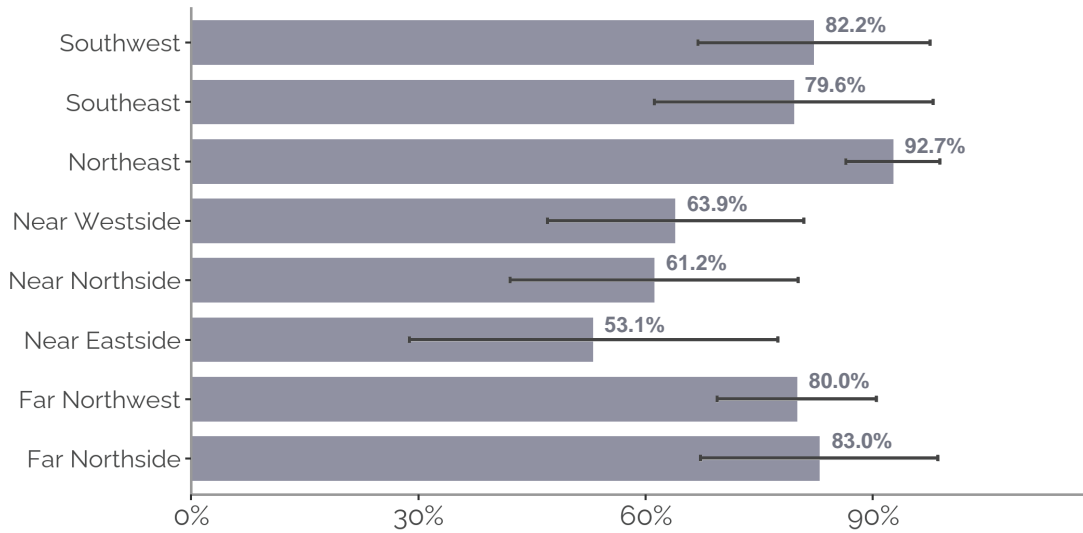
Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

HIV TESTING

About half of Bexar County respondents report ever having been tested for HIV (Figure 2.22). There is a statistically significant difference between the rate for Black or African Americans and both Hispanics and whites.

Fig. 2.22 Percent of adults ever tested for HIV, by race, 2015-2020

Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.23 Percent of adults ever tested for HIV, by sector, 2015-2020
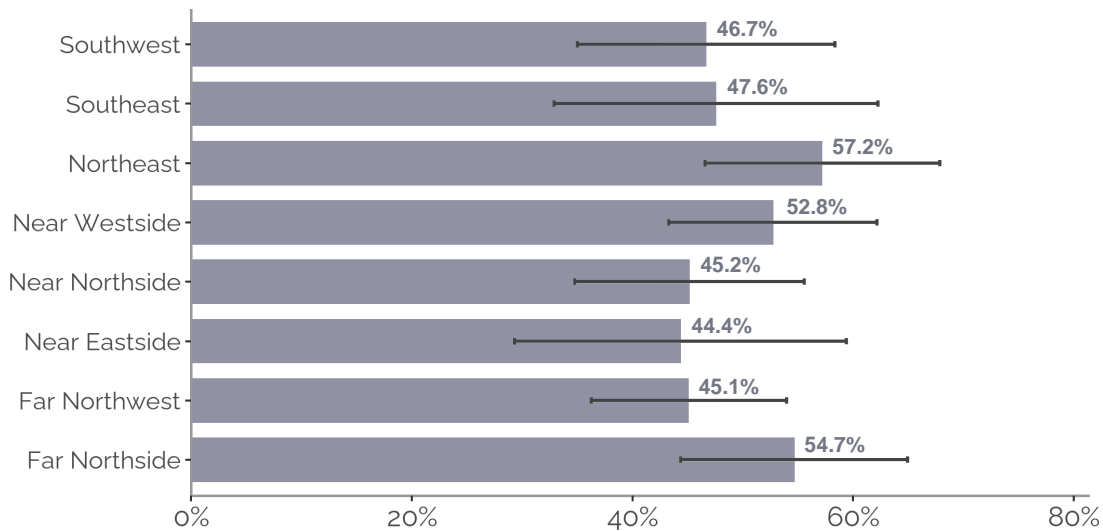
Bexar County, Texas

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Despite combining multiple years of data to reduce uncertainty in the estimates, all confidence intervals for this measure overlap substantially (Figure 2.23). There are no clear differences among sectors.

VACCINATIONS

Seven in 10 county respondents 65 and older report ever having had a pneumonia vaccination (Figure 2.24), which need only be given once. There may be a true difference between Hispanics and whites for this measure.

Fig. 2.24 Percent of adults 65 and older who have ever had a pneumonia vaccination, by race, 2015-2020

Bexar County, Texas

Race	Percent
All	72.3%
Black (Non-Hispanic)	67.6%
Hispanic	65.6%
Other (Non-Hispanic)	50.5%*
White (Non-Hispanic)	81.7%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.25 Percent of adults 65 and older who have ever had a pneumonia vaccination, by sector, 2015-2020
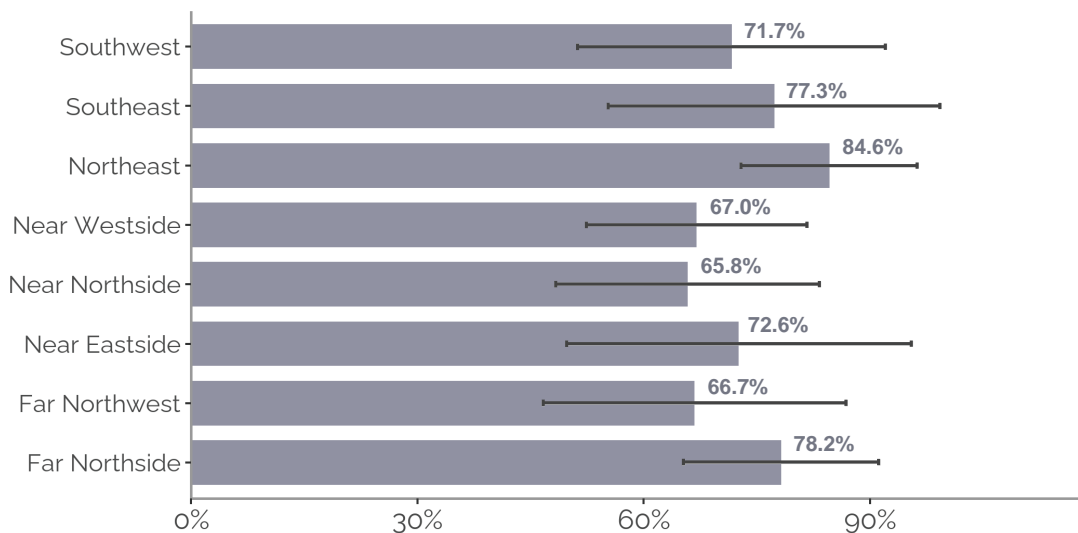
Bexar County, Texas

Sector	Percent
Southwest	71.7%
Southeast	77.3%
Northeast	84.6%
Near Westside	67.0%
Near Northside	65.8%
Near Eastside	72.6%
Far Northwest	66.7%
Far Northside	78.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Even after combining multiple years of data to reduce uncertainty in the estimates, all confidence intervals overlap substantially (Figure 2.25). There are no clear differences among sectors.

About six in 10 Bexar County respondents 65 and older report having had a flu shot in the past year (Figure 2.26). It is difficult to determine differences among groups because the confidence intervals overlap, but it appears that white respondents may have a higher rate than Black respondents.

Fig. 2.26 Percent of adults 65 and older who had a flu shot within the past year, by race, 2015-2020

Bexar County, Texas

All — 62.7%
Black (Non-Hispanic) — 42.1%
Hispanic — 62.5%
Other (Non-Hispanic) — 38.7%*
White (Non-Hispanic) — 67.2%
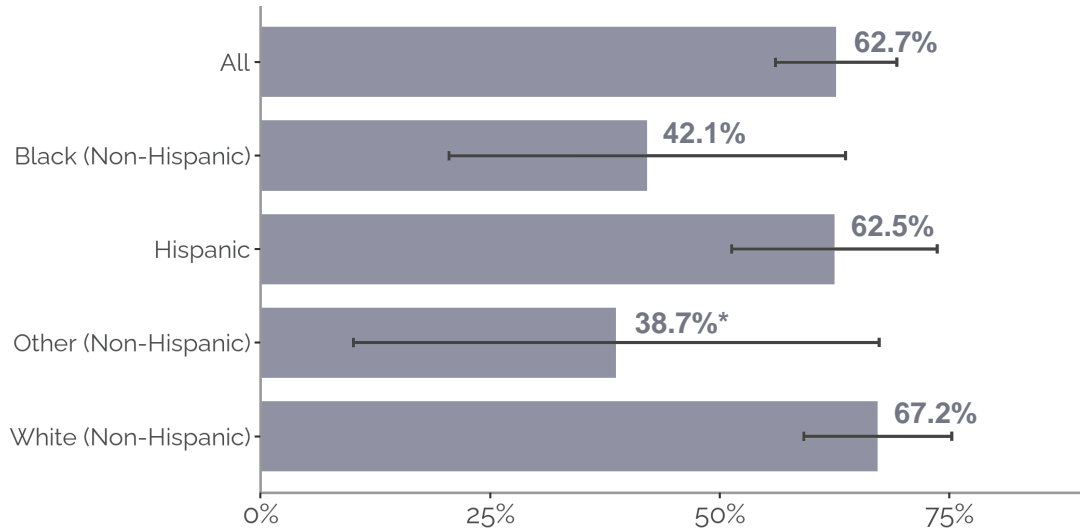
*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.27 Percent of adults 65 and older who had a flu shot within the past year, by sector, 2015-2020

Bexar County, Texas

Southwest — 76.9%
Southeast — 52.0%
Northeast — 70.0%
Near Westside — 60.9%
Near Northside — 70.1%
Near Eastside — 75.2%
Far Northwest — 52.8%
Far Northside — 49.3%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

The Southwest sector may have a higher flu shot rate than the Far Northside (Figure 2.27), but overlapping confidence intervals mean no clear different among sectors.

**Fig. 2.28 Percent of COVID-19 vaccine-eligible population by vaccination status and age group, May 16, 2022**

Bexar County, Texas

Age group	Not or partially vaccinated	Fully vaccinated	Fully vaccinated with booster
Total	22.6%	40.4%	37.0%
5 to 11*	75.2%	24.8%	
12 to 18*	30.6%	55.0%	14.4%
19 to 29	36.1%	42.0%	21.9%
30 to 39	31.1%	39.8%	29.1%
40 to 49	19.9%	43.8%	36.3%
50 to 64	15.8%	34.8%	49.4%
65 and older	13.5%	18.7%	67.8%

◆ Not or partially vaccinated   ⌂ Fully vaccinated   ☀ Fully vaccinated with booster

Source: San Antonio Metropolitan Health District
Prepared by CI:Now for The Health Collaborative

Overall, 77.4% of Bexar County residents five and older are fully vaccinated against COVID-19, having received two doses, and 37% of residents five and older have received a booster dose (Figure 2.28). COVID-19 vaccination rates vary substantially by age group, with the lowest percentage (64%) fully vaccinated in the 19 to 29 age group and the highest (87%) in the 65 and older age group – the group that has suffered the greatest COVID-19 mortality. At just 14%, the COVID-19 booster rate is lowest in the 16 to 18 age group, about one-fifth as high as the 68% booster rate in the 65 and older age group.

LEARN MORE ABOUT COVID-19 VACCINATION RATES

San Antonio Metropolitan Health District: *COVID-19 weekly vaccination report*[1]

[1]San Antonio Metropolitan Health District. (2022). COVID-19 weekly vaccination report. Available online at **https://covid19.sanantonio.gov/Reports-Statistics/Dashboards-Data/Vaccination-Statistics#weekly-report**

Fig. 2.29 Percent of COVID-19 vaccine-eligible population by vaccination status and sex, May 16, 2022

Bexar County, Texas

Female
◆ 18.9% ⌂ 41.1% ☀ 40.0%

Male
◆ 27.7% ⌂ 37.4% ☀ 34.9%

0%   20%   40%   60%   80%   100%

◆ Not or partially vaccinated   ⌂ Fully vaccinated   ☀ Fully vaccinated with booster

COVID-19 vaccination rates also vary by sex, with females more likely than males both to be fully-vaccinated and to be boosted (Figure 2.29). Not shown in this chart are 124 residents of other sex and 1,117 persons for whom sex was not recorded.

Fig 2.30 Fully vaccinated COVID-19 vaccine-eligible population by race/ethnicity, May 16, 2022

Bexar County, Texas

Figure 2.30 presents COVID-19 vaccination data in a different way, comparing the race/ethnicity breakdown of the fully vaccinated population to the race/ethnicity breakdown of the county's vaccine-eligible population. Each gray bar represents that race/ethnicity group's share of the vaccine-eligible population. Where the dark purple-gray bar extends farther than the light gray bar, then, that group is over-represented among the fully-vaccinated population. Where the dark purple-gray bar falls short of the light gray bar, that group is under-represented among the fully-vaccinated population. Either case represents a disparity in vaccination rate.

This chart should be interpreted with caution because of the very high percent of the fully vaccinated population coded as "other" race/ethnicity. If each fully vaccinated person's race/ethnicity were recorded and coded in the same way that the Census Bureau records and codes race/ethnicity for the population, most of that fully vaccinated "other" group would be distributed across the Asian, Black, Hispanic, and white groups. It is impossible to know, though, how uneven that distribution would be.

Fig. 2.31 NIS-Child immunization coverage estimates for the 4:3:1:3*:3:1:4 series

Bexar County, Texas
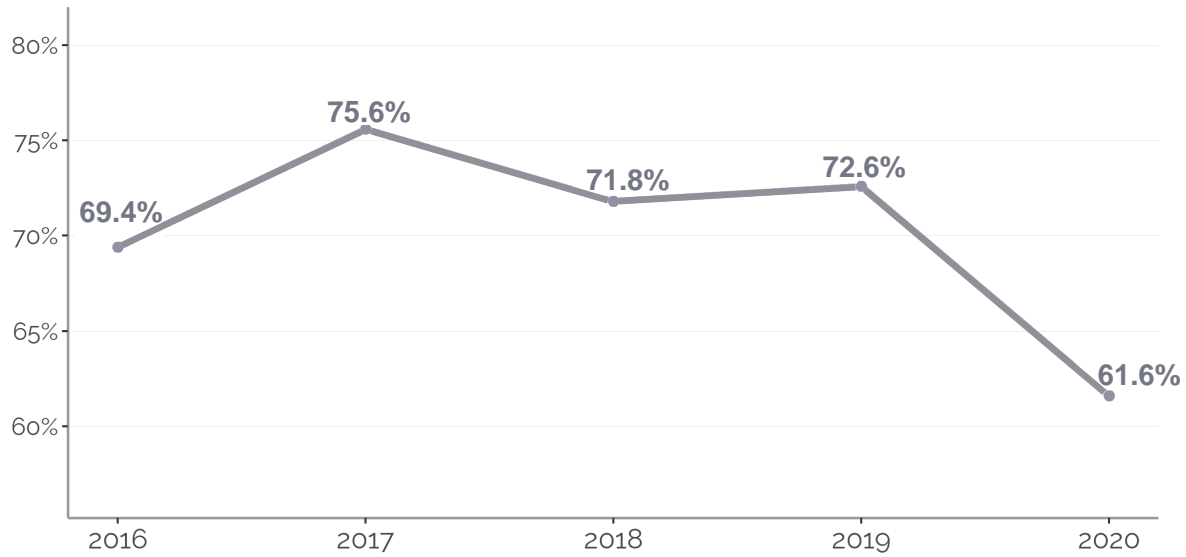
Bexar County children's 4:3:1:3*:3:1:4 series vaccination rate dropped 15% in 2020 (Figure 2.31). That drop mirrored a COVID-19 pandemic effect seen nationally[2] and deepened the existing gap compared to a five-year high of 76% in 2017. The immunization series includes at least 4 DTaP, 3 polio, 1 MMR, 3 Hib (3 or 4 doses depending on vaccine type), 3 Hep B, 1 varicella, and 4 PCV13 doses.

[2] See for example DeSilva, M.B., Haapala, J., Vazquez-Benitez, G., et al. (2022). Association of the COVID-19 pandemic with routine childhood vaccination rates and proportion up to date with vaccinations across 8 US health systems in the Vaccine Safety Datalink. JAMA Pediatrics, 176(1):68–77. Available online at **https://jamanetwork.com/journals/jamapediatrics/fullarticle/2784888**

The percent of teens aged 13 to 17 appropriately vaccinated against HPV between 2016 and 2020 (Figure 2.32). The reason for the increase from 2019 to 2020 is not known, particularly given that year's decline in vaccination rates among younger children.

Fig. 2.32 Percent of all (13-17) appropriately vaccinated against HPV (two- or three- dose regiment depending on age)
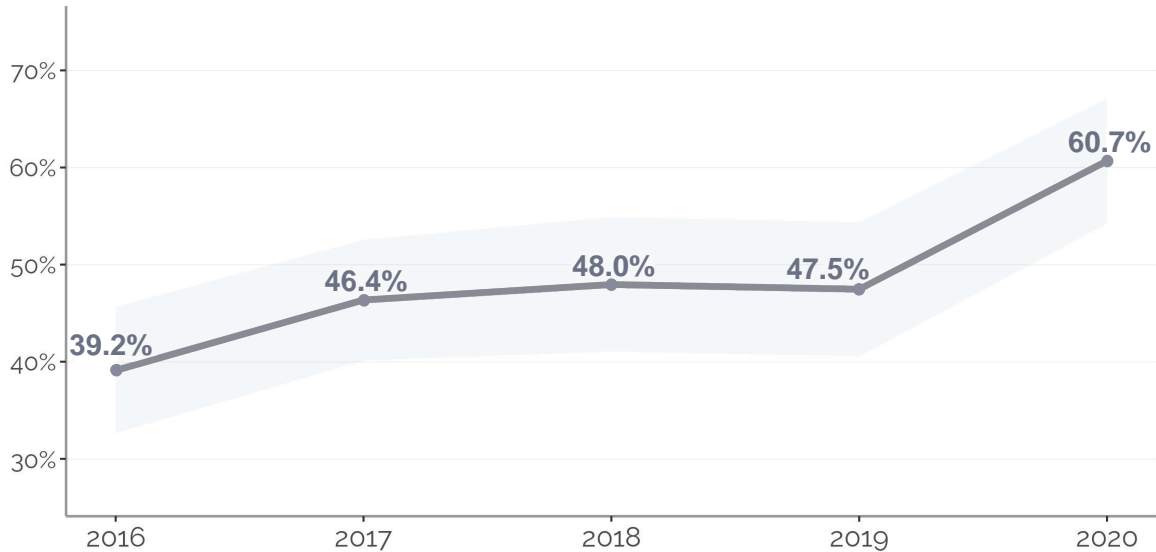
Bexar County, Texas

Fig. 2.33 Percent of all (13-17) appropriately vaccinated against HPV by sex (two- or three- dose regiment depending on age)
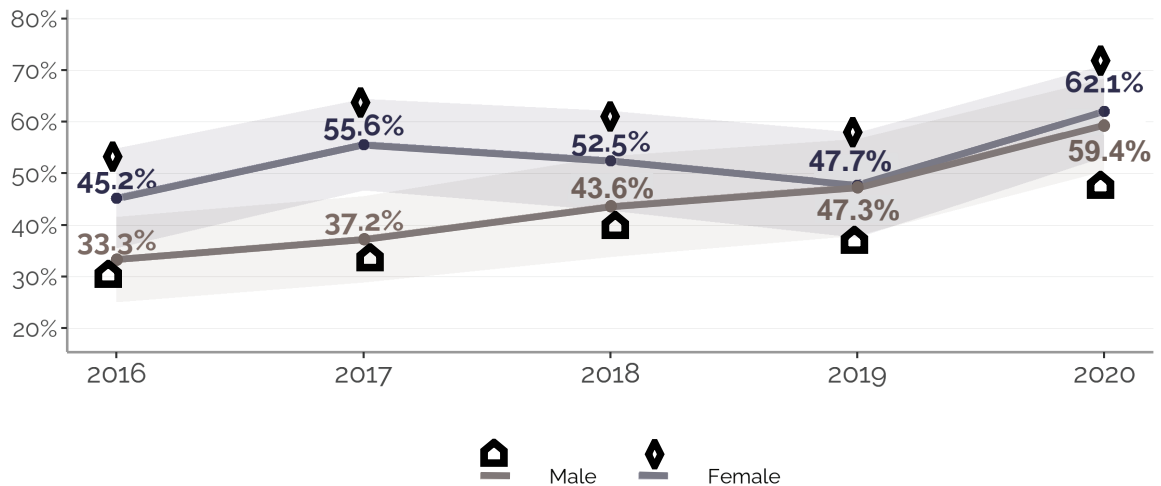
Bexar County, Texas

While the HPV vaccination rate increased among females between 2016 and 2020 (Figure 2.33), much of the five-year gain in the overall rate can be attributed to the rising rate among males. Virtually equal rates in 2019 and 2020 erased the HPV vaccination gap between males and females.

HEALTH-RELATED BEHAVIORS
HEALTHY EATING

Just under 20% of adult BRFSS respondents reported consuming fruits and vegetables five or more times per day (Figure 2.34). The percentage among "other" race respondents is lower than among Hispanics, whites, or the county as a whole.

Fig. 2.34 Percent of adults who consumed fruits and vegetables 5+ times per day, by race, 2015-2020
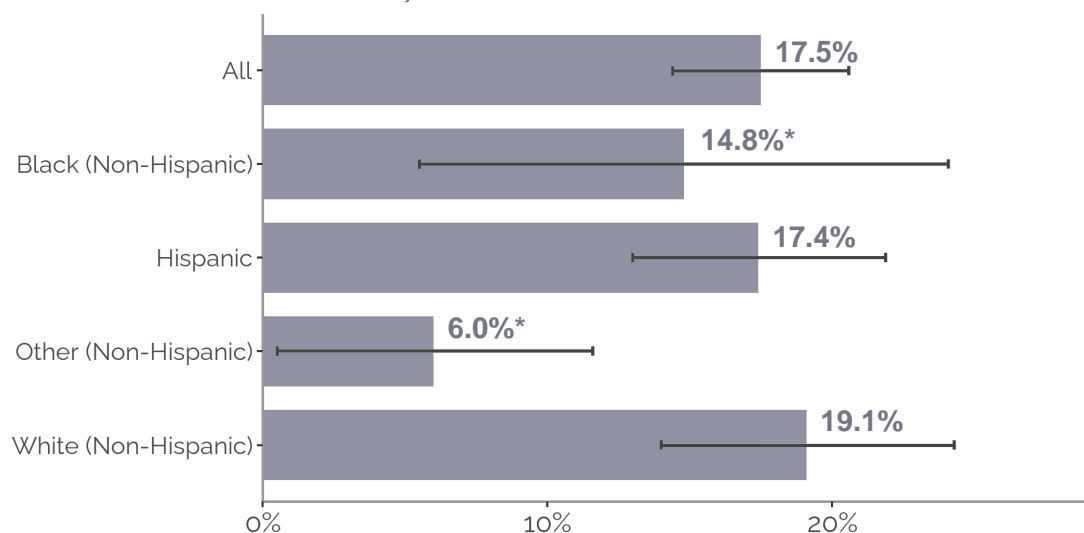
Bexar County, Texas

Race	Percent
All	17.5%
Black (Non-Hispanic)	14.8%*
Hispanic	17.4%
Other (Non-Hispanic)	6.0%*
White (Non-Hispanic)	19.1%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

COMMUNITY VOICE

"Your parents play a big role in your eating habits, like I know one of my family members, she always makes sure what they [her twin babies] eat is healthy. They should make sure that they have their greens and eat fruits. At a young age, you wanna make sure that you provide them with healthy food."

– Youth Participant

Despite combining multiple years of data to reduce uncertainty in the estimates, all confidence intervals for this measure overlap substantially (Figure 2.35). There are no clear differences among sectors.

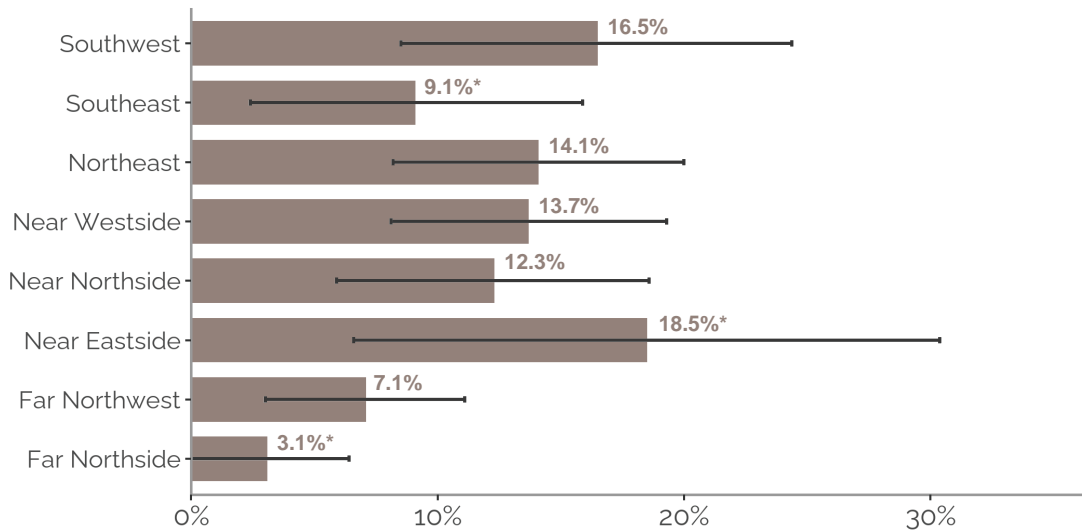### Fig. 2.35 Percent of adults who consumed fruits and vegetables 5+ times per day, by sector, 2015-2020
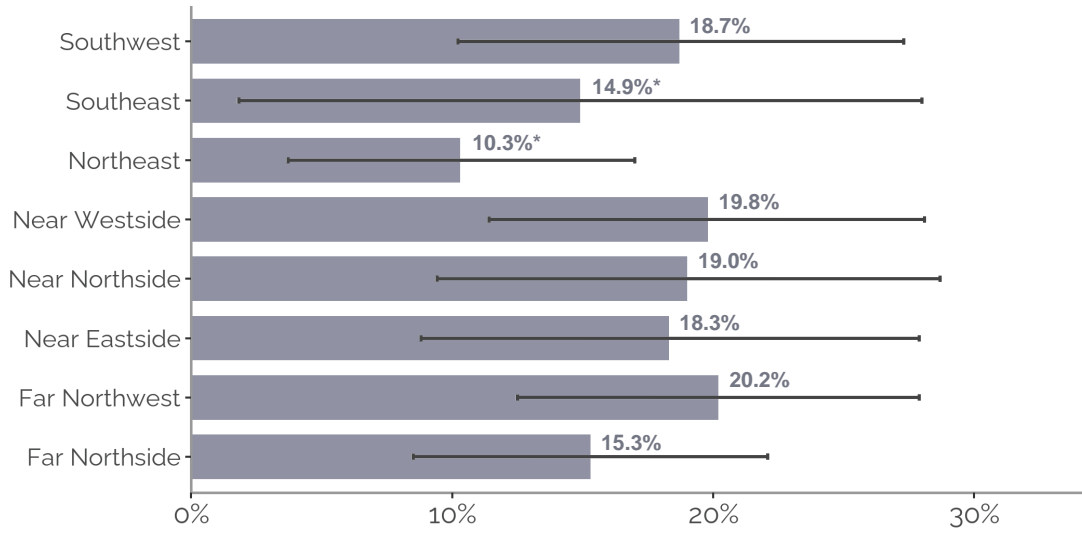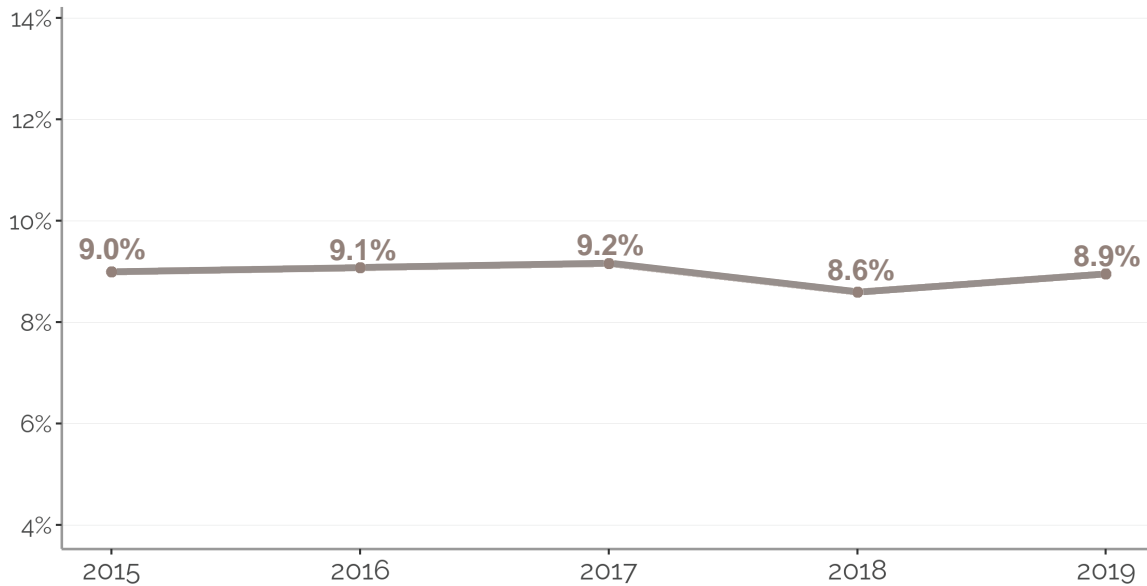
Bexar County, Texas

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

PHYSICAL ACTIVITY

Just under half of respondents reported participating in at least 150 minutes of aerobic physical activity per week (Figure 2.36). With overlapping confidence intervals, the data shows no clear differences among race/ethnicity groups.

Fig. 2.36 Percent of adults participating in 150 minutes or more of aerobic physical activity per week, by race, 2015-2020
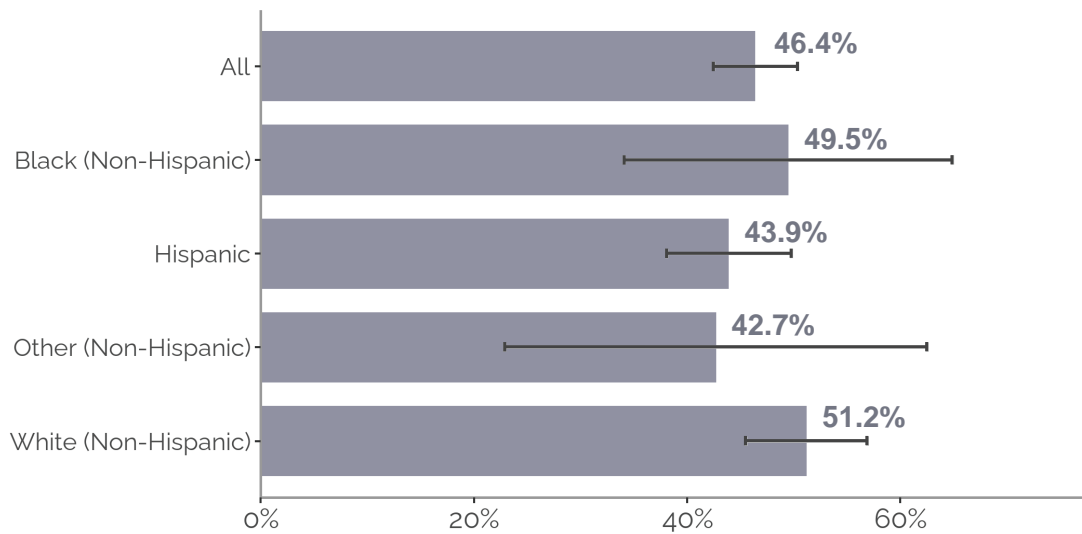
Bexar County, Texas

Race	Percent
All	46.4%
Black (Non-Hispanic)	49.5%
Hispanic	43.9%
Other (Non-Hispanic)	42.7%
White (Non-Hispanic)	51.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.37 Percent of adults participating in 150 minutes or more of aerobic physical activity per week, by sector, 2015-2020
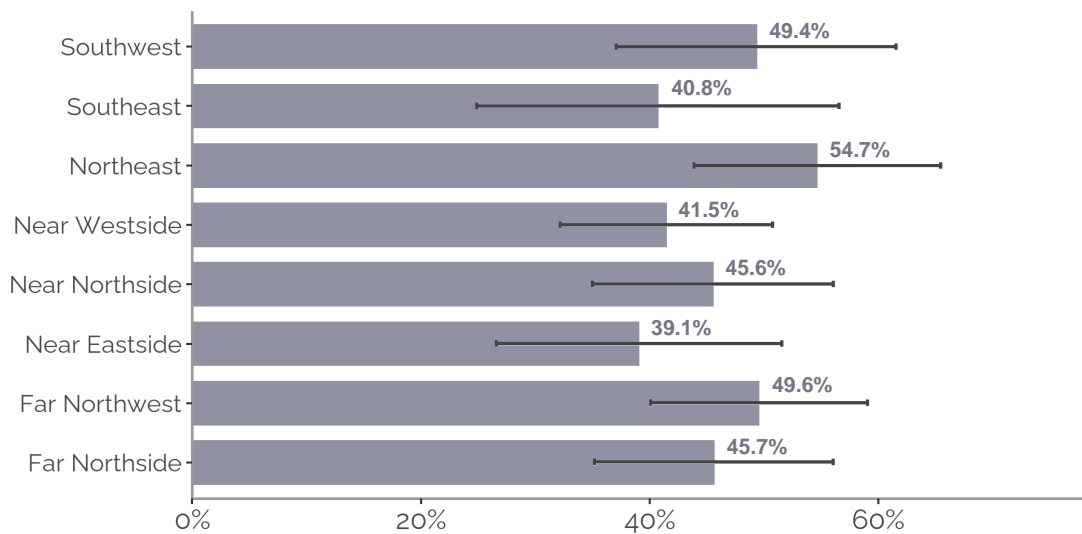
Bexar County, Texas

Sector	Percent
Southwest	49.4%
Southeast	40.8%
Northeast	54.7%
Near Westside	41.5%
Near Northside	45.6%
Near Eastside	39.1%
Far Northwest	49.6%
Far Northside	45.7%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Even after combining multiple years of data to reduce uncertainty in the estimates, all confidence intervals for this measure overlap substantially (Figure 2.37). The data shows no clear differences among sectors.

OPIOID PRESCRIPTIONS

The reason for the increase in opioid prescriptions per 1,000 adults in 2019 is not known, but the 2020 rate is a 19% drop from 2016 (Figure 2.38). Put another way, 2020 saw 44 opioid prescriptions for every 100 adults in Bexar County.

Fig. 2.38 Rate of opioid prescriptions per 1,000 adults in the past 12 months
Bexar County, Texas
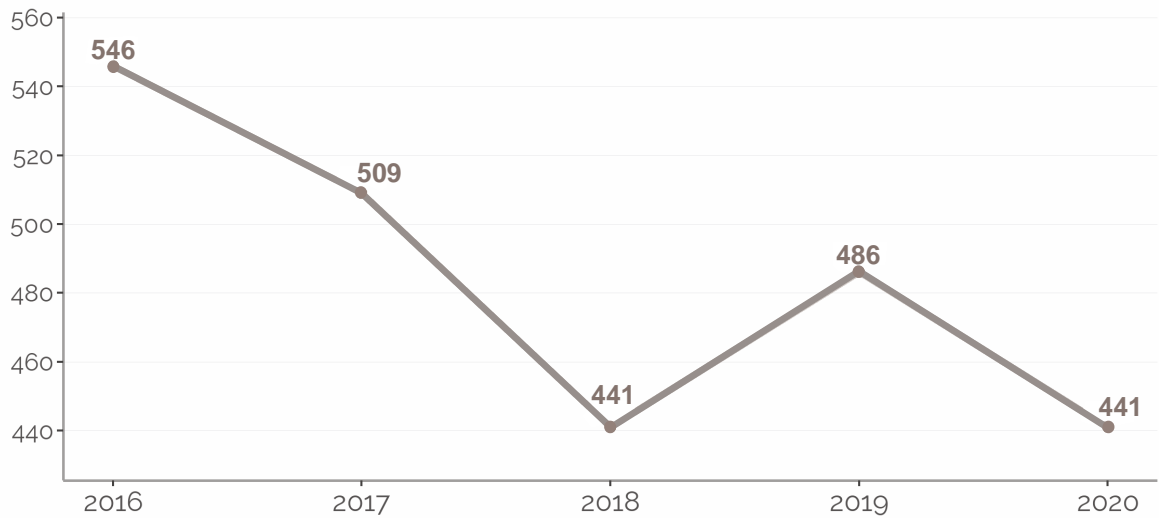
Source: Centers for Disease Control and Prevention
Prepared by CI:Now for The Health Collaborative

ALCOHOL USE

The BRFSS survey defines heavy drinking as consuming 15 or more drinks per week for men or eight or more drinks per week for women.[3] Just 6% of respondents report drinking that meets that definition in the past month (Figure 2.39). The only race/ethnicity group that is clearly different is Black or African Americans, among whom 0.02% reported heavy alcohol use in the past month.

Fig. 2.39 Percent of adults who reported heavy alcohol use in last month, by race, 2015-2020
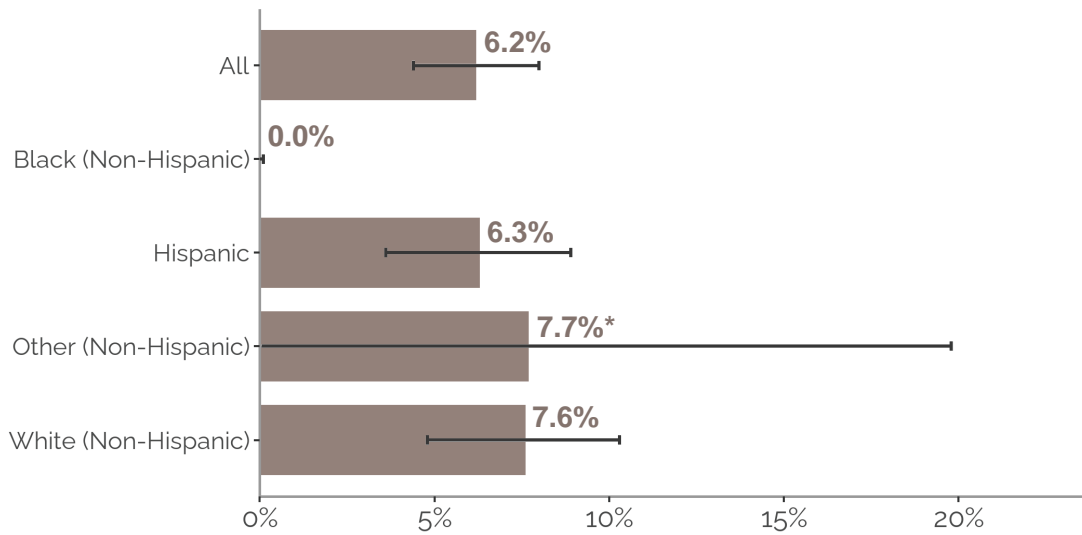
Bexar County, Texas

Race	Percent
All	6.2%
Black (Non-Hispanic)	0.0%
Hispanic	6.3%
Other (Non-Hispanic)	7.7%*
White (Non-Hispanic)	7.6%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 2.40 Percent of adults who reported heavy alcohol use in last month, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	7.4%*
Southeast	7.8%*
Northeast	5.8%*
Near Westside	3.7%*
Near Northside	4.3%*
Near Eastside	8.5%*
Far Northwest	5.6%*
Far Northside	8.2%*
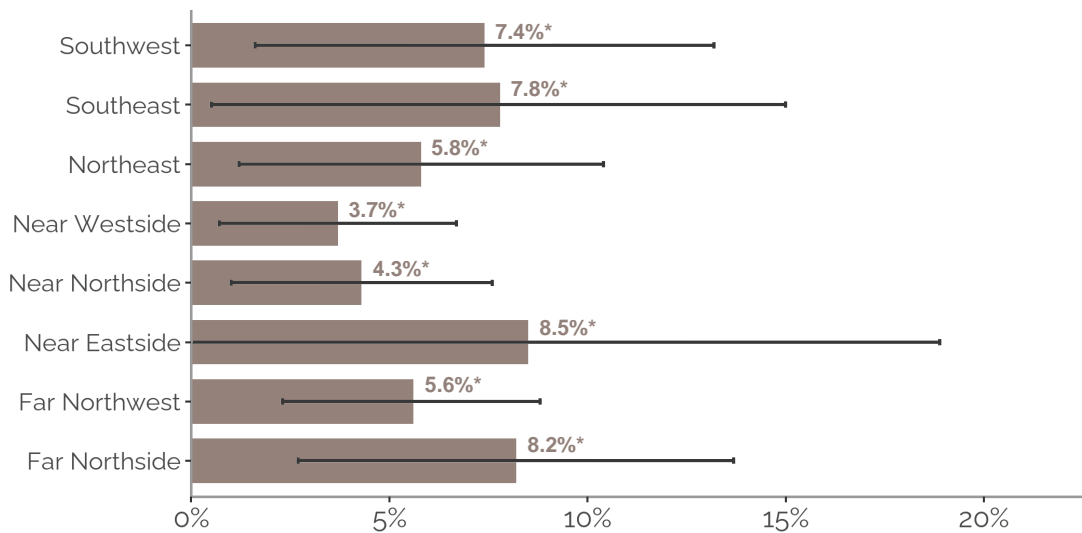
*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

All confidence intervals for heavy drinking overlap substantially (Figure 2.40). The data shows no clear differences among sectors.

[3]Centers for Disease Control and Prevention. (2022). Data on excessive drinking. Available online at **https://www.cdc.gov/alcohol/data-stats.htm**

All confidence intervals for heavy drinking overlap substantially (Figure 2.40). The data shows no clear differences among sectors.

Fig. 2.40 Percent of adults who reported heavy alcohol use in last month, by sector, 2015-2020
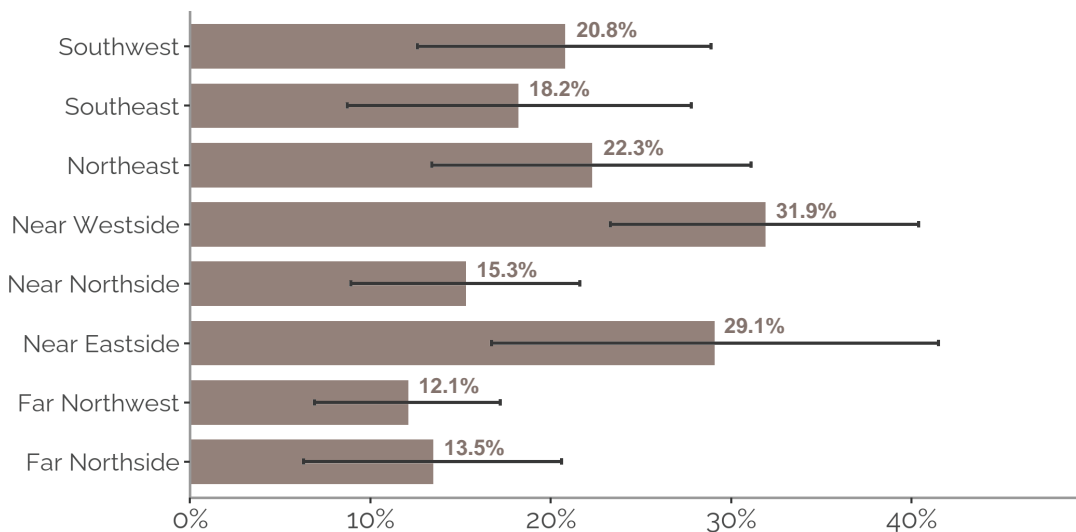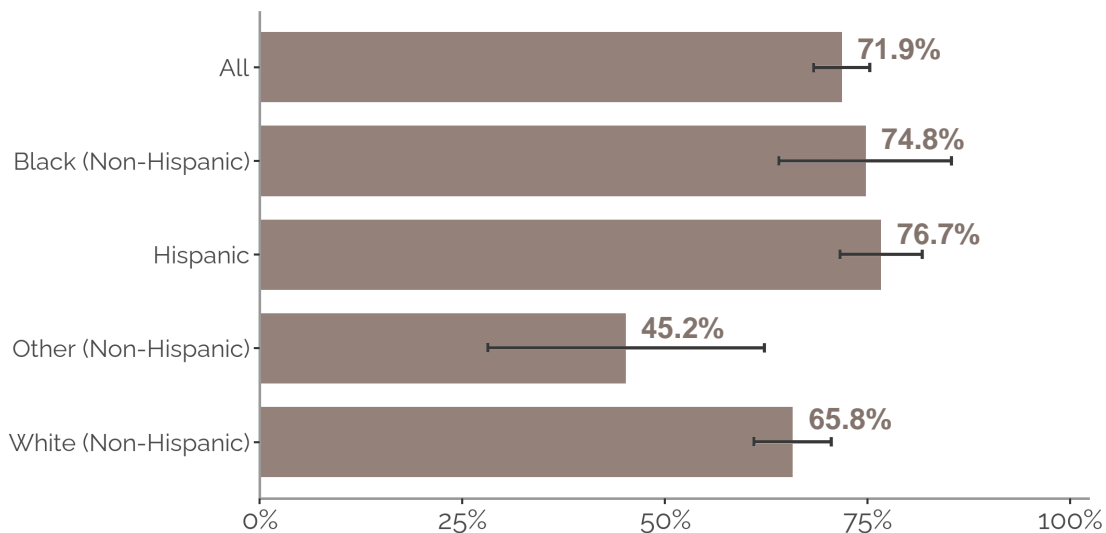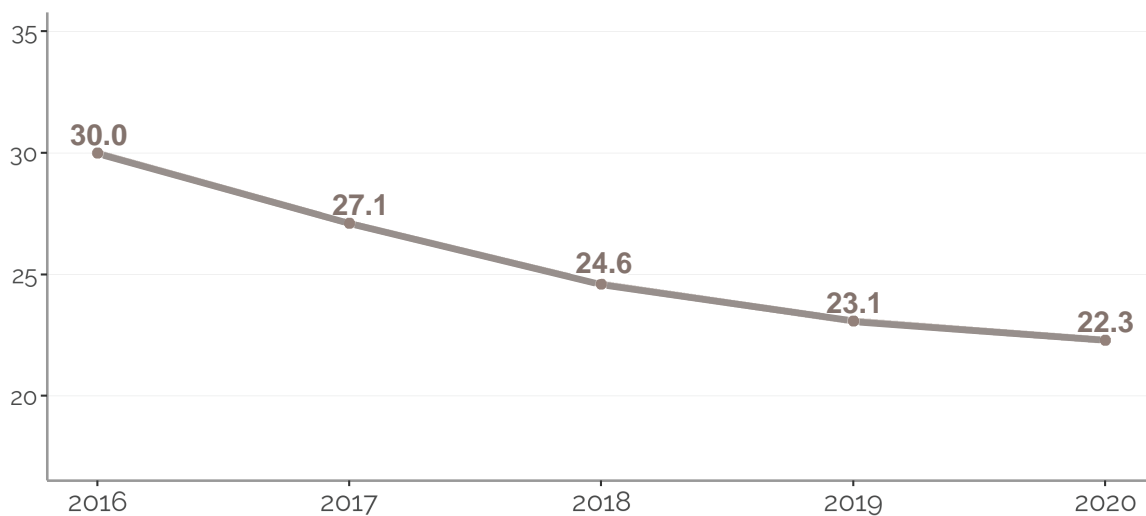
Bexar County, Texas
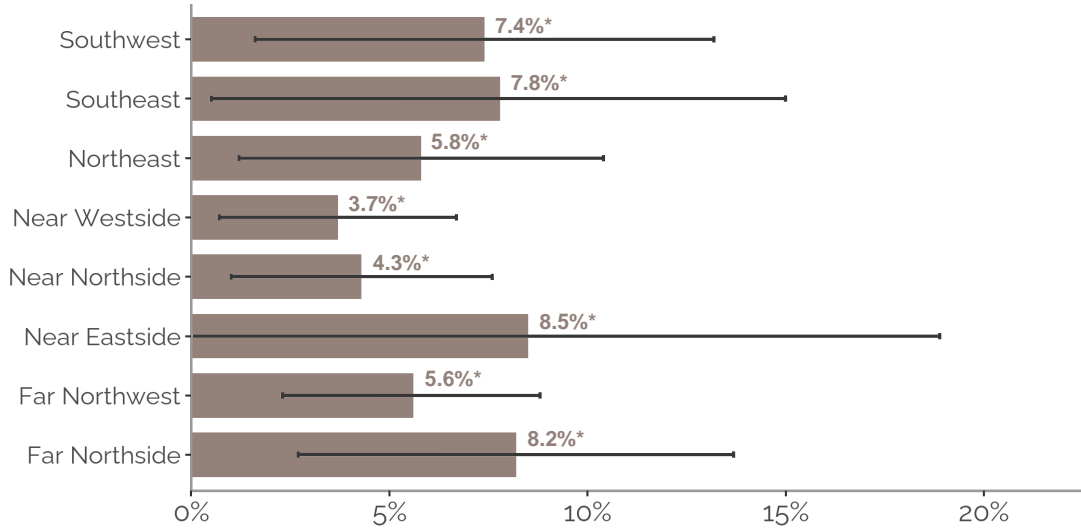
*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

SMOKING

About 12% of respondents report current smoking (Figure 2.41). There are no clear differences among race/ethnicity groups.

Fig. 2.41 Percent of adults who currently smoke, by race, 2015-2020
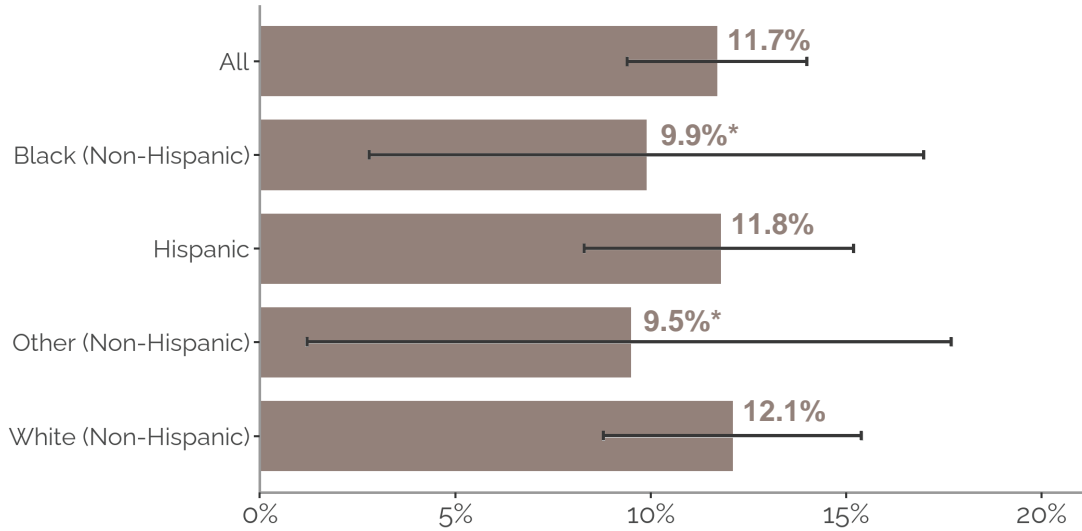
Bexar County, Texas

Race	Percent
All	11.7%
Black (Non-Hispanic)	9.9%*
Hispanic	11.8%
Other (Non-Hispanic)	9.5%*
White (Non-Hispanic)	12.1%

Fig. 2.42 Percent of adults who currently smoke, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	16.5%
Southeast	9.1%*
Northeast	14.1%
Near Westside	13.7%
Near Northside	12.3%
Near Eastside	18.5%*
Far Northwest	7.1%
Far Northside	3.1%*

Despite wide confidence intervals, current smoking appears far less prevalent in the Far Northside sector than in all other sectors except the Southeast and Far Northwest sectors (Figure 2.42).

HEALTH STATUS AND DISABILITY

Differences among race/ethnicity groups are hard to interpret because of wide margins of error in the best available data (Figure 3.1), but it appears that about one in six adults reports being kept from usual activities for five or more days a month due to poor mental or physical health.

Fig. 3.1 Percent of adults kept from usual activities for 5+ days a month due to poor physical or mental health, by race, 2015-2020
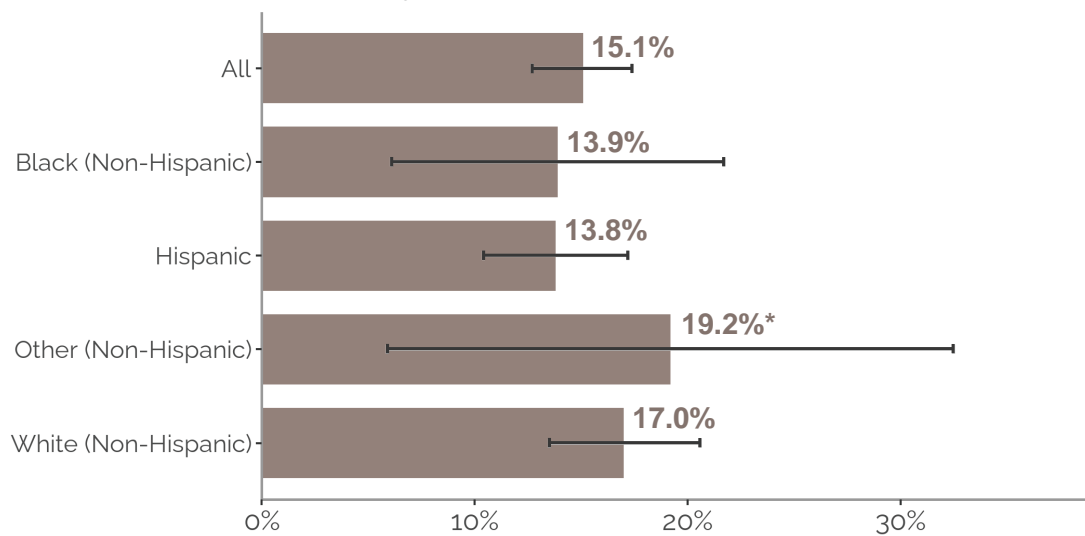
Bexar County, Texas

Race/Ethnicity	Percent
All	15.1%
Black (Non-Hispanic)	13.9%
Hispanic	13.8%
Other (Non-Hispanic)	19.2%*
White (Non-Hispanic)	17.0%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

As with race/ethnicity, differences among geographic sectors are hard to interpret because of wide margins of error for this indicator (Figure 3.2). However, the near west side is likely truly different from the near north side.

Fig. 3.2 Percent of low birth weight births
Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Fig. 3.3 Percent of civilian non-institutionalized population with a disability
Bexar County, Texas
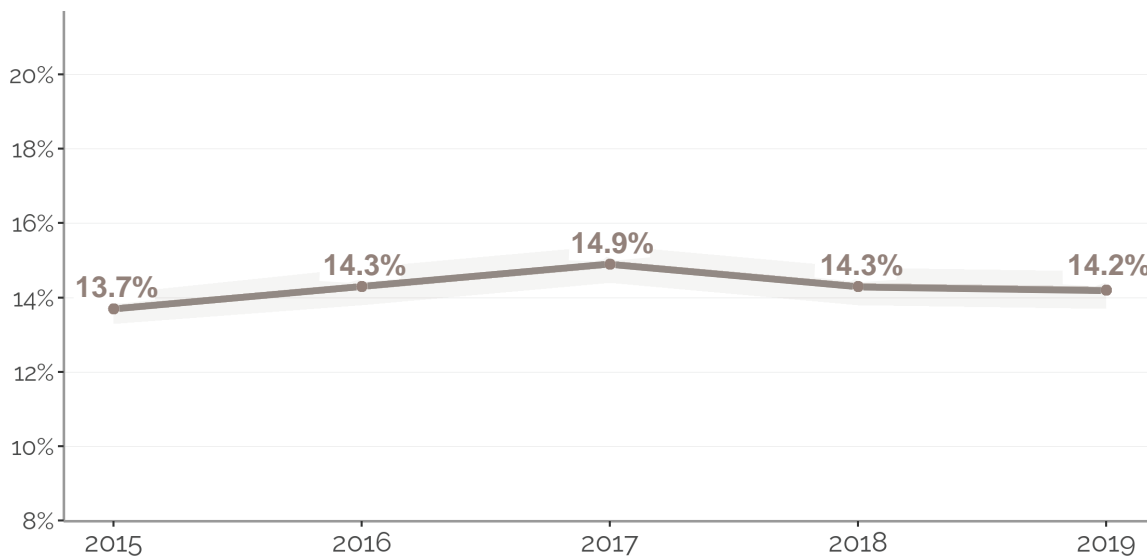
Source: ACS 1-Year Estimates. Table: C18101
Prepared by CI:Now for The Health Collaborative

The percent of non-institutionalized civilians with a self-reported disability of some kind remained flat between 2015 and 2019 (Figure 3.3).

Fig. 3.4 Percent of civilian noninstitutionalized population with a disability by age, 2019

Bexar County, Texas

Age	Percent
Under 5	0.8%
5 to 17	7.2%
18 to 34	8.1%
35 to 64	15.5%
65 to 74	31.6%
75 and over	54.9%
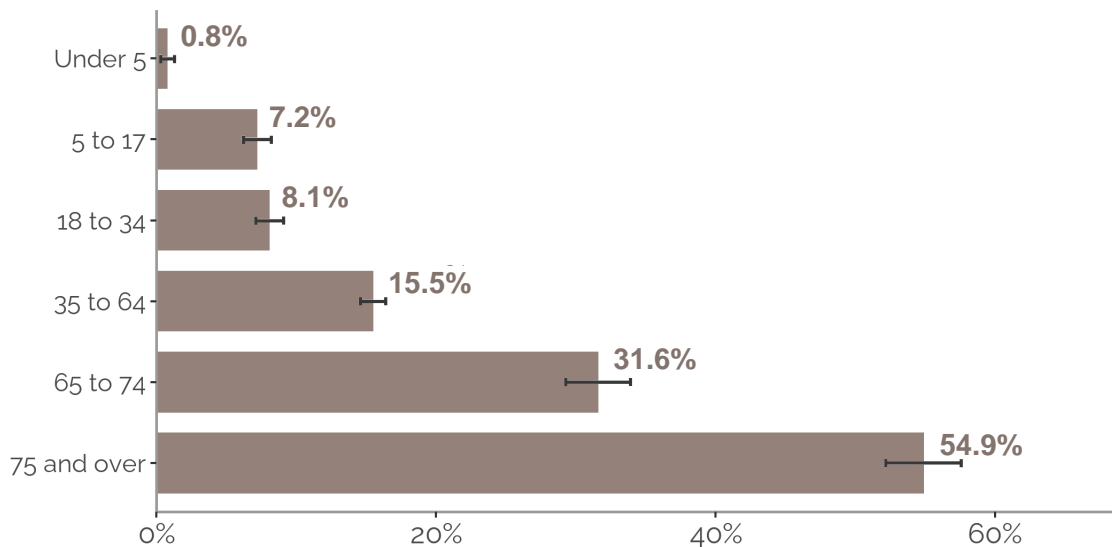
Source: ACS 1-Year Estimates. Table: B18101
Prepared by CI:Now for The Health Collaborative

As one might expect, self-reported disability is highest in the populations aged 65 to 74 and 75 and older (Figure 3.4). However, about one in six people aged 35 to 64 also reports a disability.

Disability rates are fairly high everywhere but the far north side (Figure 3.5). At more than one in five people, self-reported disability is most common in ZIP codes southwest and southeast of downtown inside Loop 1604.

Fig. 3.5 Percent of civilian non-institutionalized population with a disability, 2020
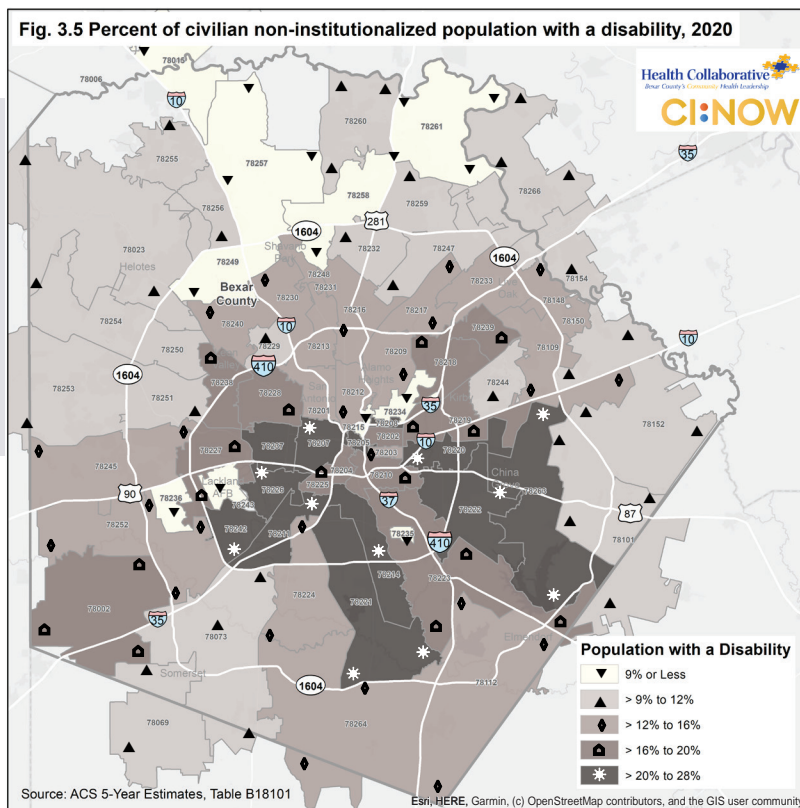
Population with a Disability
- ▼ 9% or Less
- > 9% to 12%
- ◆ > 12% to 16%
- ⌂ > 16% to 20%
- ✳ > 20% to 28%

Source: ACS 5-Year Estimates, Table B18101

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Differences among race/ethnicity groups are hard to interpret because of wide margins of error in the best available data (Figure 3.6). Overall it appears that about one in five adults reports being in fair or poor (versus better) health. The proportion may be higher among Hispanics than among whites.

Fig. 3.6 Percent of adults with self-reported fair or poor health versus better health, by race, 2015-2020
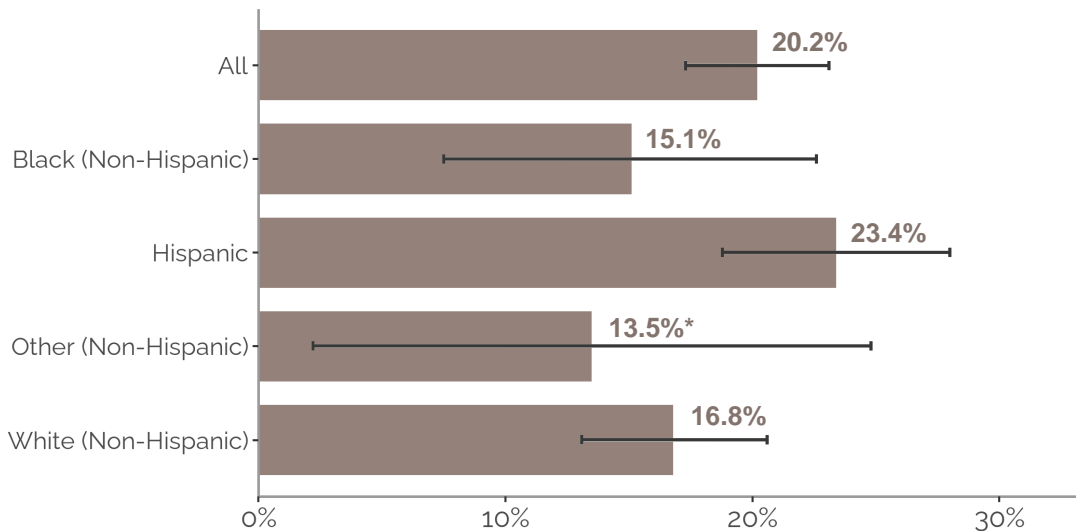
Bexar County, Texas

Race	Percent
All	20.2%
Black (Non-Hispanic)	15.1%
Hispanic	23.4%
Other (Non-Hispanic)	13.5%*
White (Non-Hispanic)	16.8%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.7 Percent of adults with self-reported fair or poor health versus better health, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	20.8%
Southeast	18.2%
Northeast	22.3%
Near Westside	31.9%
Near Northside	15.3%
Near Eastside	29.1%
Far Northwest	12.1%
Far Northside	13.5%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Despite wide margins of error, the Near Westside sector clearly has a higher rate of self-reported poor or fair health than does the Near Northside, the Far Northside, or the Far Northwest sectors (Figure 3.7).

OVERWEIGHT AND OBESITY

Rates of overweight and obesity are high in every race/ethnicity group, estimated at about seven of every 10 people for the county adult population overall (Figure 3.8). Those rates appear lower among people of "other" race and among whites than among Hispanics and likely Black or African Americans as well.

Fig. 3.8 Percent of adults by BMI category (overweight and obese), by race, 2015-2020

Bexar County, Texas

Category	Percent
All	71.9%
Black (Non-Hispanic)	74.8%
Hispanic	76.7%
Other (Non-Hispanic)	45.2%
White (Non-Hispanic)	65.8%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.9 Percent of adults by BMI category (overweight and obese), by sector, 2015-2020
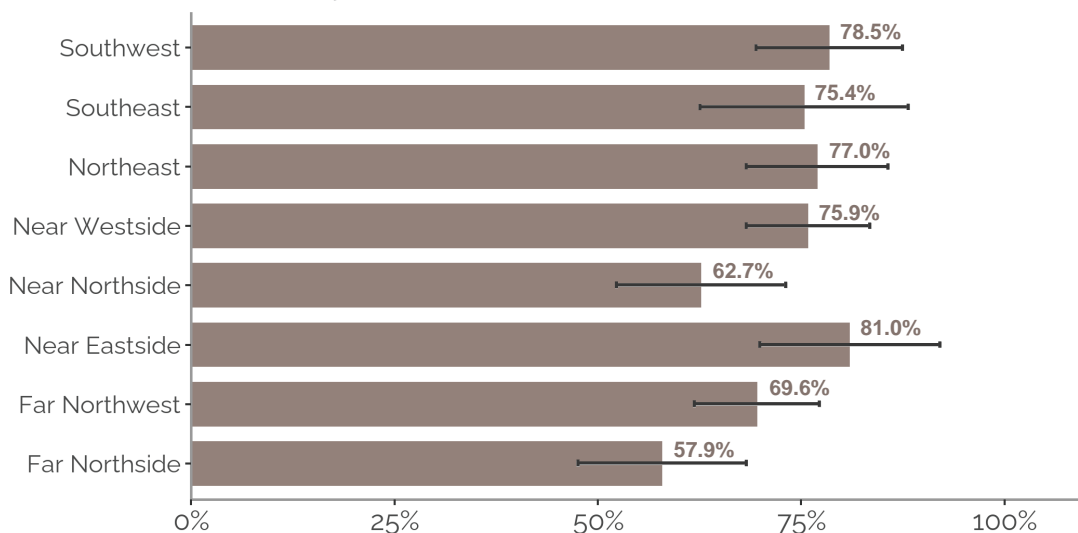
Bexar County, Texas

Sector	Percent
Southwest	78.5%
Southeast	75.4%
Northeast	77.0%
Near Westside	75.9%
Near Northside	62.7%
Near Eastside	81.0%
Far Northwest	69.6%
Far Northside	57.9%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Overweight and obesity are least common in the Far Northside sector (Figure 3.9). That sector shows a statistically significant difference from the Southwest, Near Westside, Northeast, and Near Eastside sectors.

REPRODUCTIVE AND SEXUAL HEALTH
MATERNAL CHARACTERISTICS

Bexar County's teen birth rate continues to decline (Figure 3.10), mirroring the national trend.[1] The rate decreased between 2016 and 2020 by about 24% in the U.S. as a whole[2] and 26% in Bexar County.

Fig. 3.10 Number of births to mothers aged 15-19 per 1,000 females
Bexar County, Texas

[1]US DHHS OSH Office of Population Affairs. (n.d.) Trends in teen pregnancy and childbearing. Available online at **https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing**

[2]Osterman, M.J.K, Hamilton, B.E., Martin, J.A., et al. Births: Final data for 2020: Table 2. National Vital Statistics Reports, 70(17). Available online at **https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf#tab02**

Fig. 3.11 Number of births to mothers aged 15-19 per 1,000 females by race, 2020

Bexar County, Texas
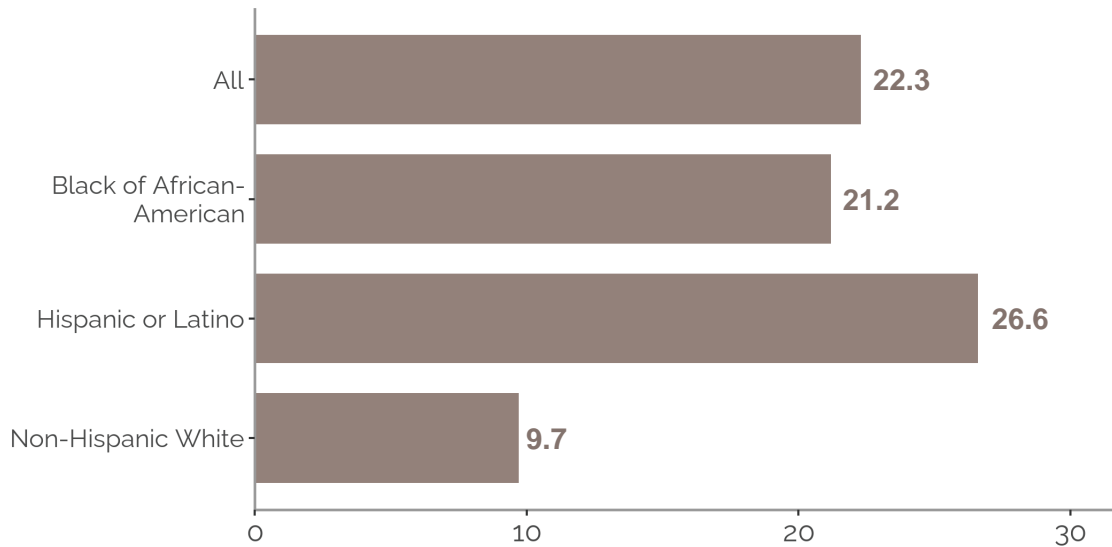
Source: CDC Wonder Natality Files & NCHS Bridged Race Population Estimates
Prepared by CI:Now for The Health Collaborative

The birth rate among 15- to 19-year-old females is highest among Hispanics (Figure 3.11), with nearly three times the rate among whites. The rate among Black or African American teens is more than twice the rate among whites.

The teen birth rate is highest in ZIP codes 78210 on the near east side and ZIP codes 78211 and 78224 to the southwest (Figure 3.12). Data for ZIP codes with few teen births was suppressed by the data source.

Fig. 3.12 Number of births to mothers aged 15-19 per 1,000 females, 2019

Source: Texas Department of State Health Services via City of San Antonio Metropolitan Health District.
Note: Zipcodes with less than 20 teen births have been suppressed

Teen Birth Rate
per 1k females age 15 to 19
- ▼ 20 or less
- ▲ > 20 to 30
- ◆ > 30 to 40
- ⬠ > 40 to 50
- ✳ > 50 to 65
- Suppressed

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
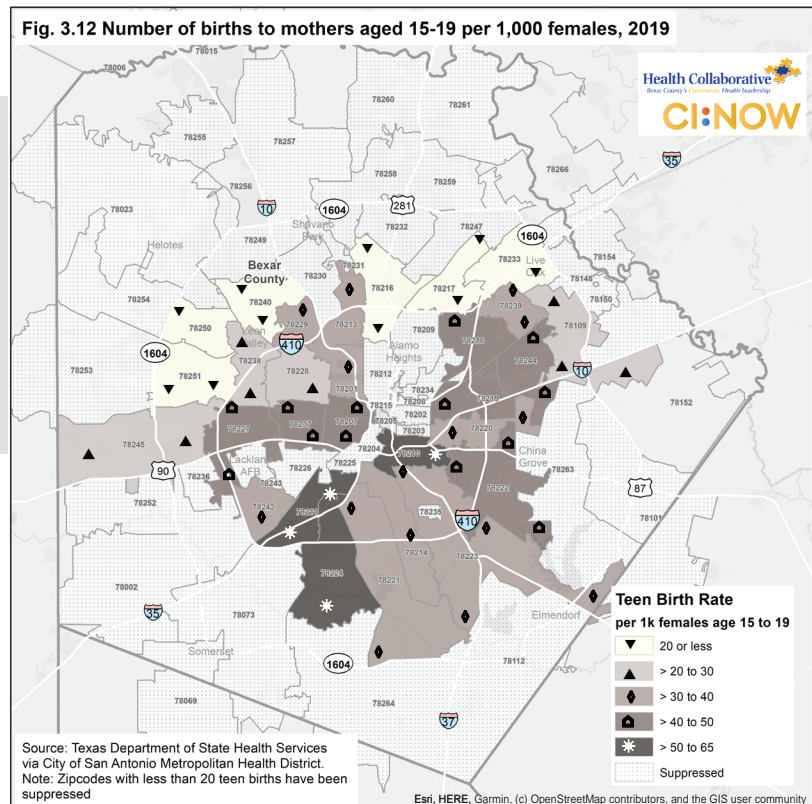
The trend in percent of births that are to mothers who were obese (with a BMI of 30 or higher) before pregnancy has remained fairly flat since 2016 (Figure 3.13), hovering around 30%.

Fig. 3.13 Percent of births to mothers aged 15 to 44 with a BMI greater than or equal to 30 before pregnancy

Bexar County, Texas
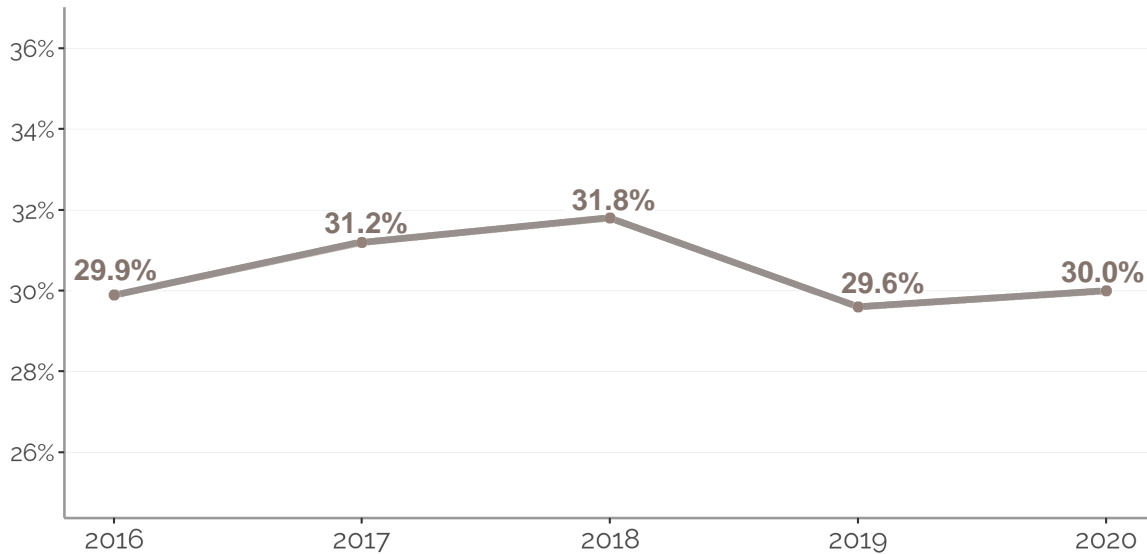
Source: CDC Wonder Natality Files
Prepared by CI:Now for The Health Collaborative

Fig. 3.14 Percent of births to mothers with a BMI greater than or equal to 30 before pregnancy by age group, 2020

Bexar County, Texas
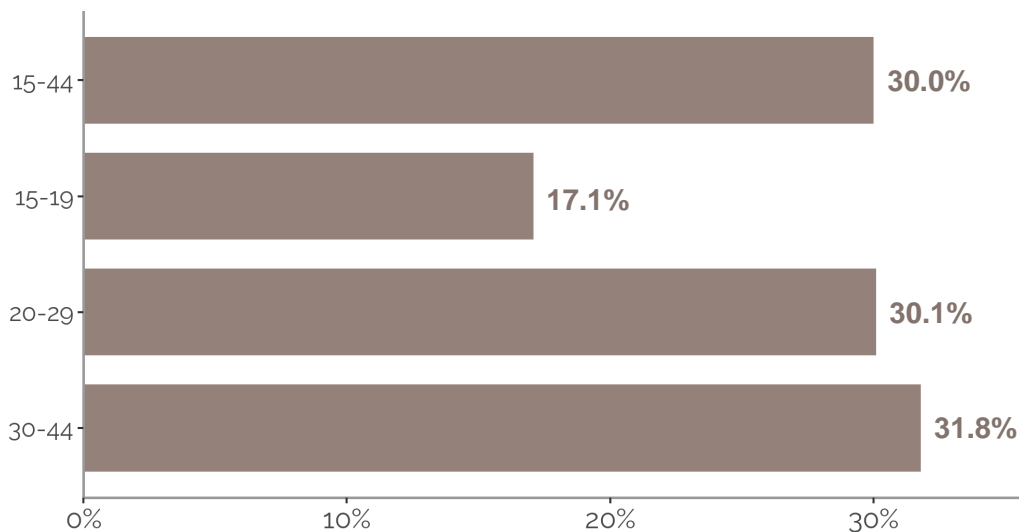
Source: CDC Wonder Natality Files
Prepared by CI:Now for The Health Collaborative

The likelihood of being obese before pregnancy is much higher in the 20-29 and 30-44 age groups than in the 15-19 age group (Figure 3.14). Still, however, about one in six teen mothers was obese before pregnancy.

Fig. 3.15 Percent of births to mothers with a BMI greater than or equal to 30 before pregnancy, 2019

Births to Mothers - Obese
BMI greater or equat to 30

▼	14% or Less
▲	> 14% to 24%
◆	> 24% to 30%
⬠	> 30% to 35%
☀	> 35% to 45%

Source: Texas Department of State Health Services via City of San Antonio Metropolitan Health District. Note: Zipcodes with less than 20 births have been suppressed

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
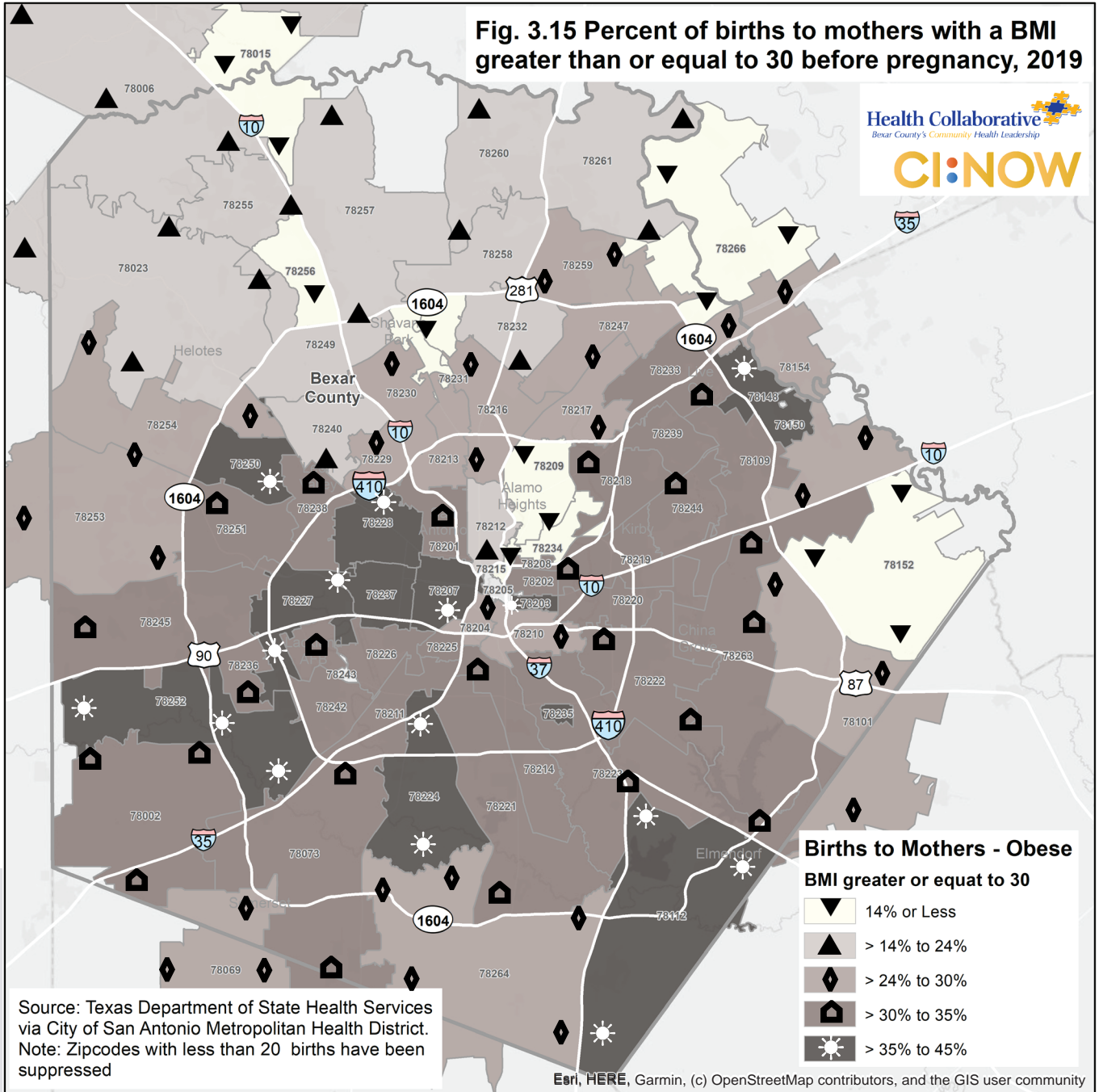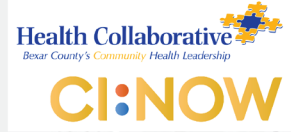
The highest rates of maternal obesity are in ZIP codes scattered across the county (Figure 3.15). Four, however, are clustered on the near west side. The lowest rates are on the far north side, the far east side, and 78209 (Alamo Heights).

PRENATAL CARE

The percent of births for which prenatal care began in the first trimester increased steadily between 2016 and 2019 (Figure 3.16), but overall, more than one in three women were not beginning prenatal care in the first trimester. Once more recent data becomes available, 2020 and 2021 will likely show adverse effects from the COVID-19 pandemic.

Fig. 3.16 Percent of births to mothers who received prenatal care in the first trimester

Bexar County, Texas
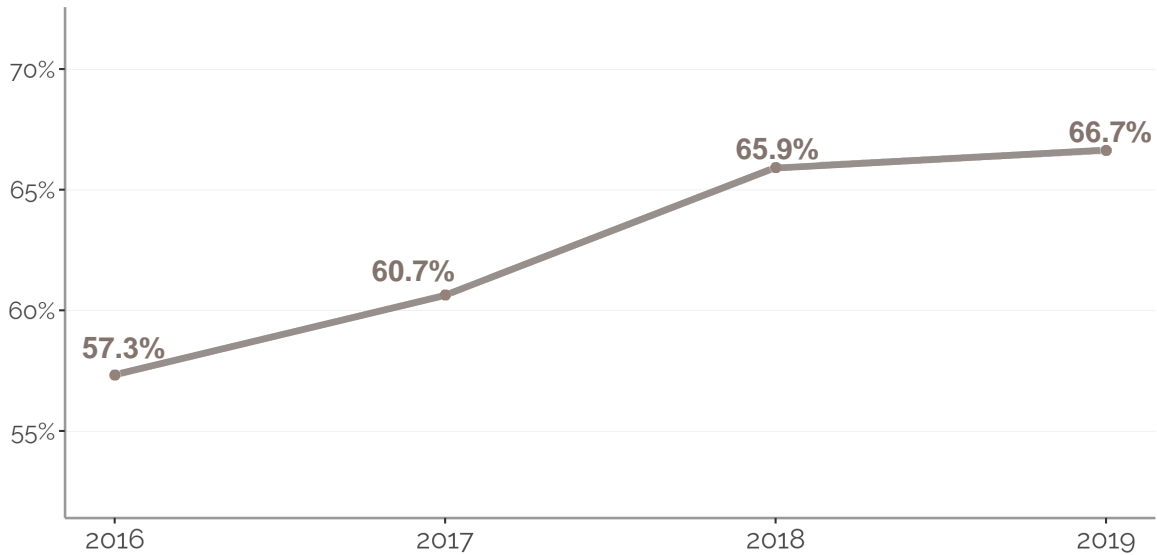
Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

**Fig. 3.17 Percent of births to mothers receiving prenatal care in the first trimester by age (3-year average), 2017-2019**
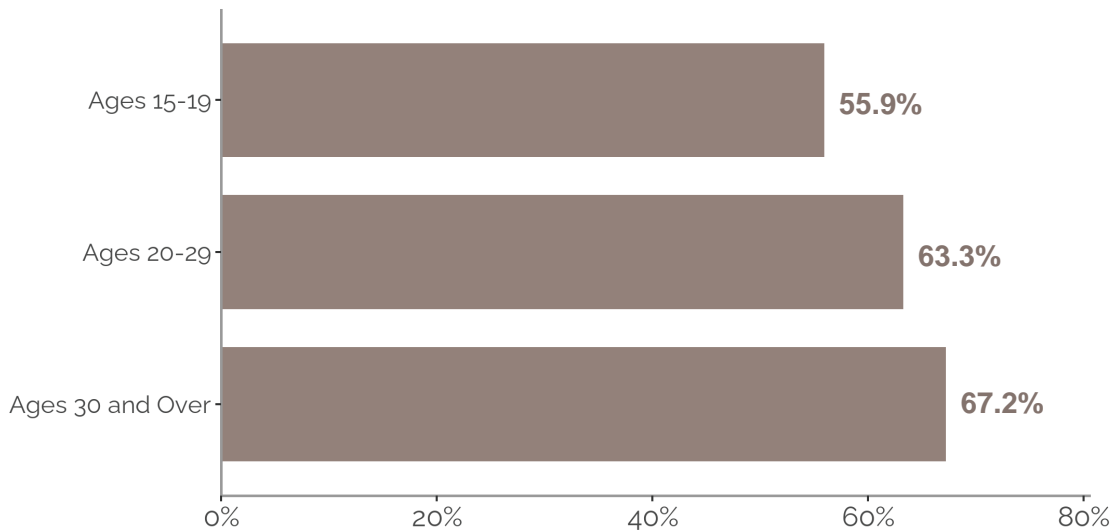
Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

At 67%, Mothers aged 30 and over are about 20% more likely than teen mothers to begin prenatal care in the first trimester (Figure 3.17).

Fig. 3.18 Percent of births to mothers who received no prenatal care

Bexar County, Texas
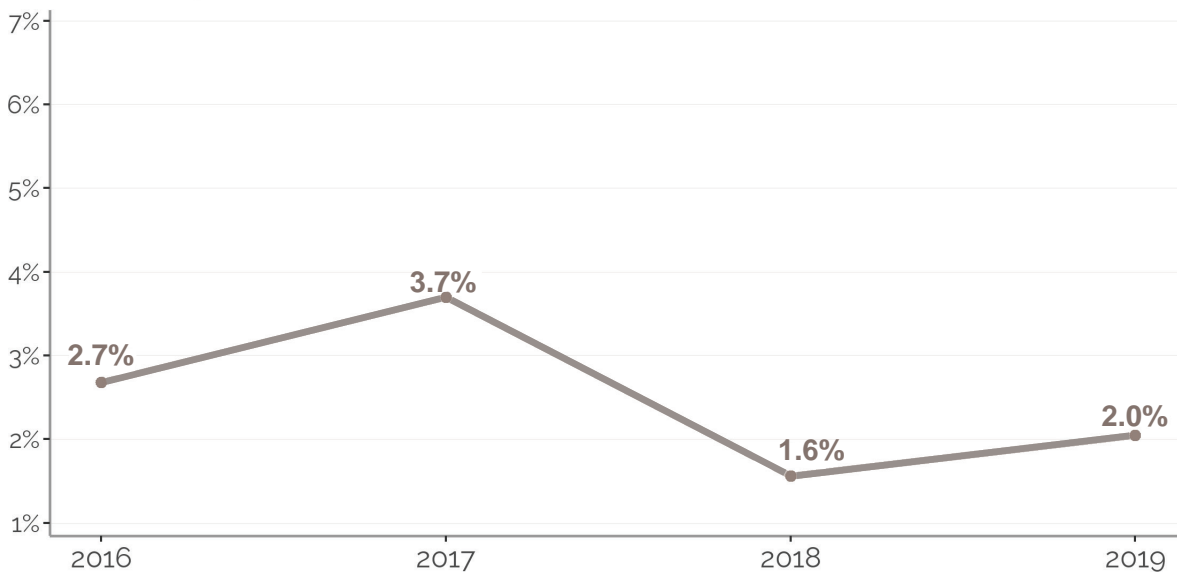
Again, the most recent data available predates the COVID-19 pandemic, but the proportion of births with no prenatal care at all has held fairly steady since 2016, ranging between 2% and 4% (Figure 3.18).

At more than 4%, the percent of births that follow no prenatal care is highest in ZIP codes 78208, 78220, and 78263 on the east side; 78204 on the west side; and 78264 on the south side (Figure 3.19).

Fig. 3.19 Percent of births to mothers who received no prenatal care, 2019

Births with No Prenatal Care
- 1% or Less
- > 1% to 2%
- > 2% to 3%
- > 3% to 4%
- > 4% to 6%

Source: Texas Department of State Health Services via City of San Antonio Metropolitan Health District.
Note: Zipcodes with less than 20 births have been suppressed

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

BIRTH OUTCOMES

The prevalence of low birth weight was steady at about 9% between 2015 and 2019 (Figure 3.20). This data predates the COVID-19 pandemic, however, and the trend may see an uptick in 2020 or 2021.

Fig. 3.20 Percent of low birth weight births
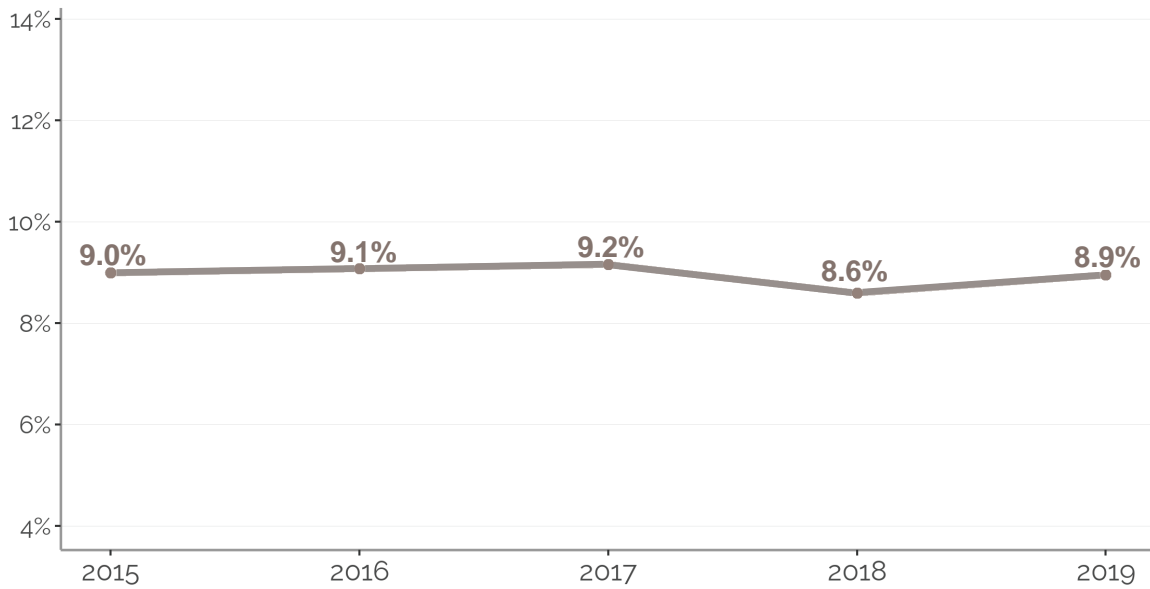
Bexar County, Texas

9.0%   9.1%   9.2%   8.6%   8.9%

Fig. 3.21 Percent of low birth weight births by age (3-year average), 2017-2019
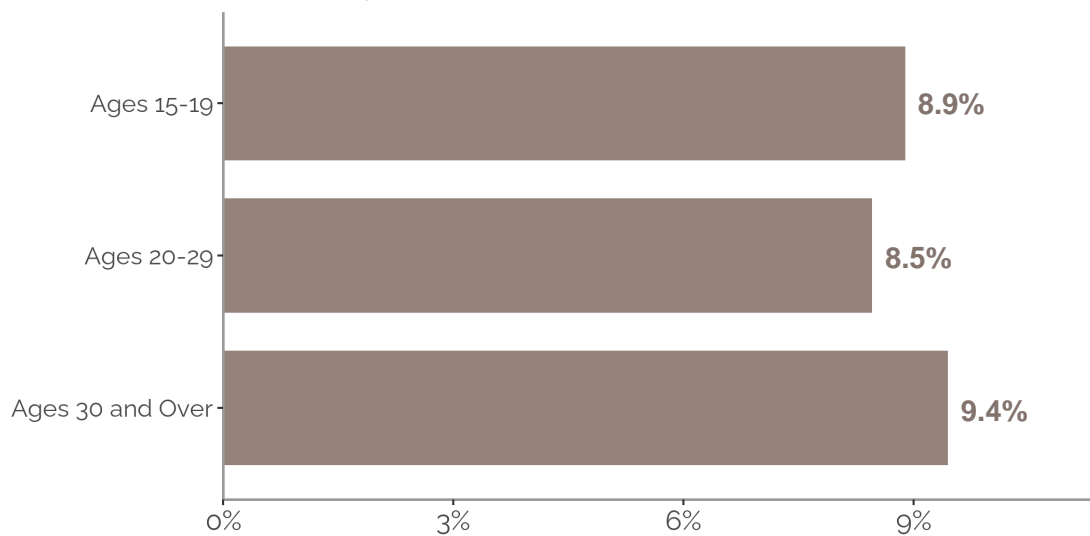
Bexar County, Texas

Ages 15-19 — 8.9%

Ages 20-29 — 8.5%

Ages 30 and Over — 9.4%

The prevalence of low birth weight is similar among all three age groups (Figure 3.21).

The percent of births that are pre-term hovered at 12% to 14% between 2015 and 2019 (Figure 3.22). As with low birthweight, however, 2020 or 2021 may see an increase in premature births once more recent data are available.
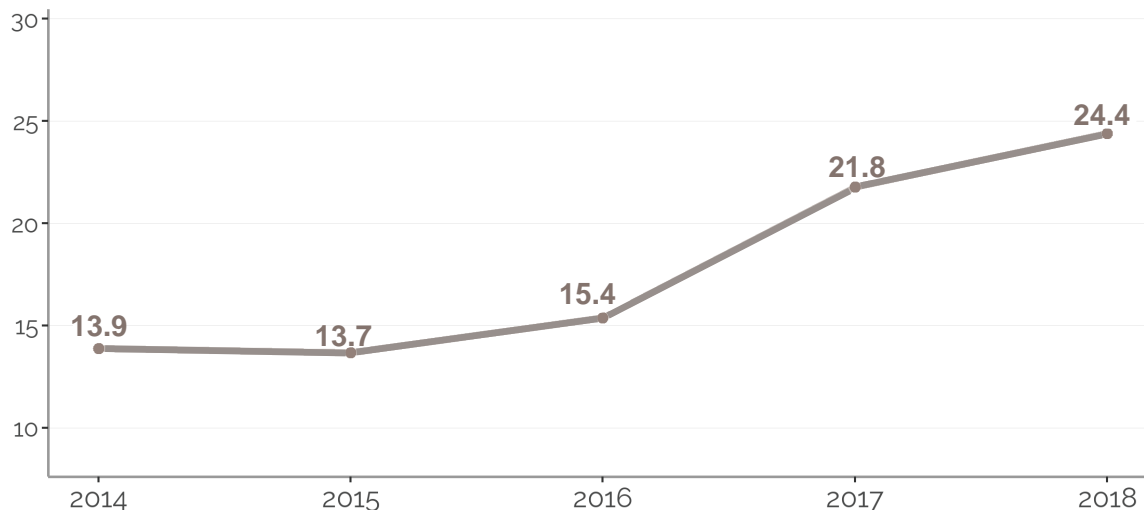
Fig. 3.22 Percent of pre-term births

Bexar County, Texas
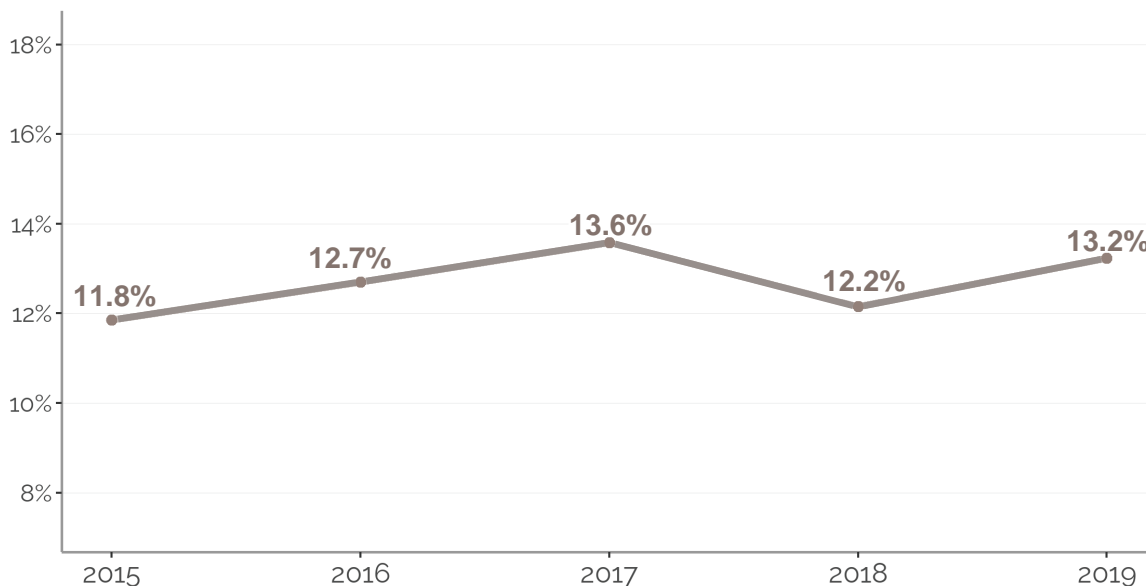
Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

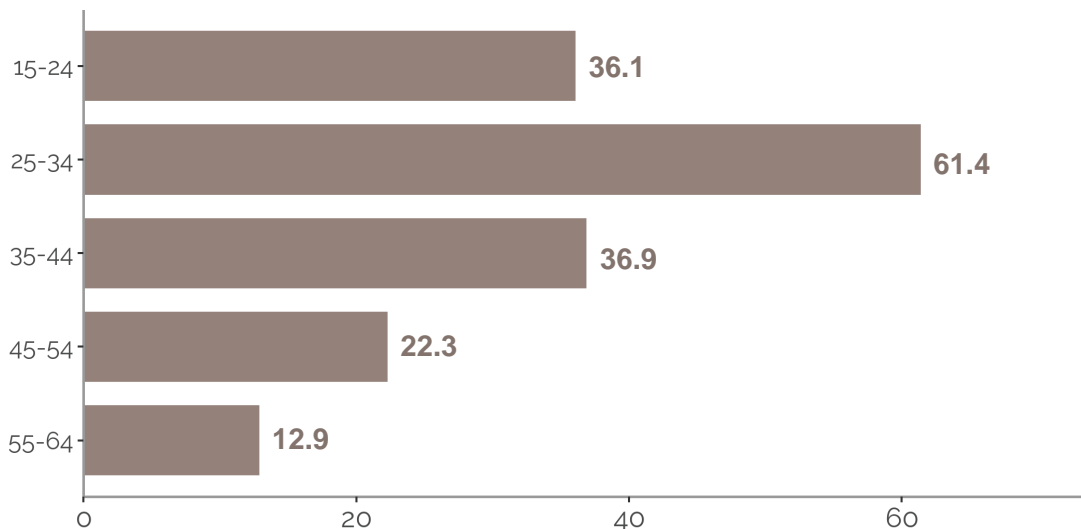**Fig. 3.23 Percent of pre-term births by age (3-year average), 2017-2019**
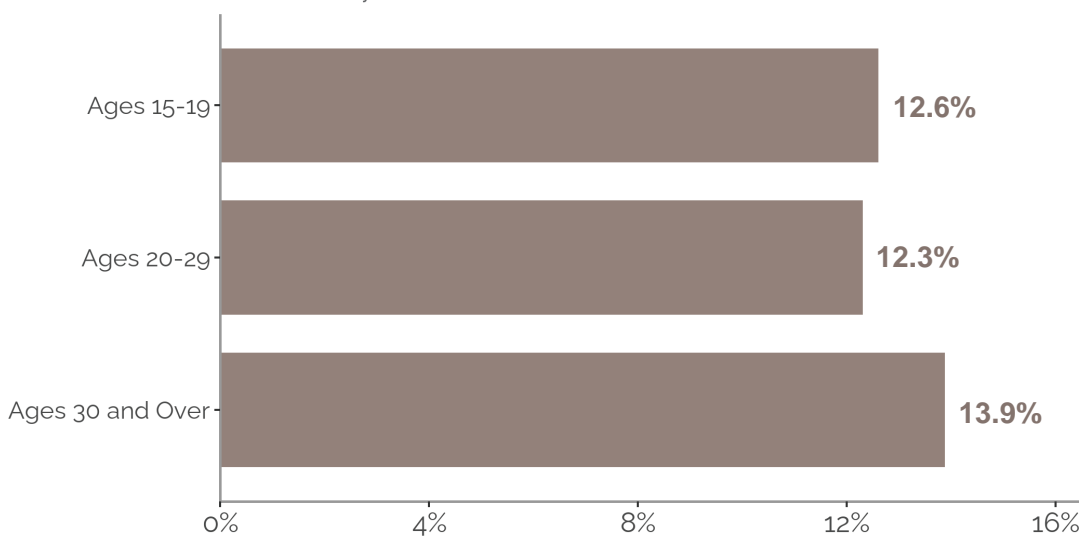
Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

The percent of births that are pre-term does not substantively differ by age group, but premature birth is most likely among births to mothers 30 and older (Figure 3.23).

SEXUALLY TRANSMITTED INFECTIONS

The most recent data available in this section is generally for 2018, predating the COVID-19 pandemic. The effects of the pandemic on transmission, screening, detection, and case investigation are not yet known. However, as testing is conducted in primary care settings, mobile settings, as part of the blood donation process, and even in emergency departments, any decrease in care utilization will decrease testing and detection rates. The effect is likely to be an incidence rate that significantly underestimates the true burden of illness.

Chlamydia incidence increased substantially in 2015 and 2016 and then dropped even more sharply in 2017 and 2018 (Figure 3.24). No specific drivers of the trend are known. The trend for chlamydia is influenced by changes from year to year in who accesses care and is tested.[3] This most recent available data predates the COVID-19 pandemic, and screening and diagnosis were likely affected for 2020 and 2021.

Fig. 3.24 Number of new cases of Chlamydia per 100,000 population
Bexar County, Texas
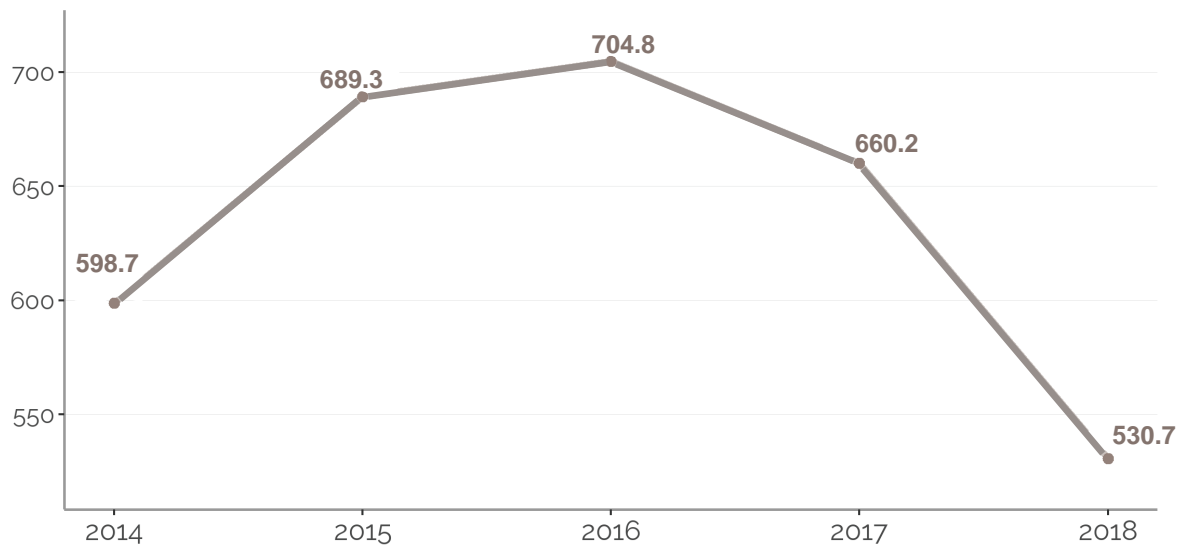
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[3] R. Espinoza, Chief of Epidemiology, San Antonio Metropolitan Health District, personal communication, June 2, 2022.

The newly-diagnosed chlamydia case rate is highest by far in the 15 to 24 age group. That incidence of 2,246 per 100,000 population is nearly 10 times as high as the 35 to 44 age group (Figure 3.25).

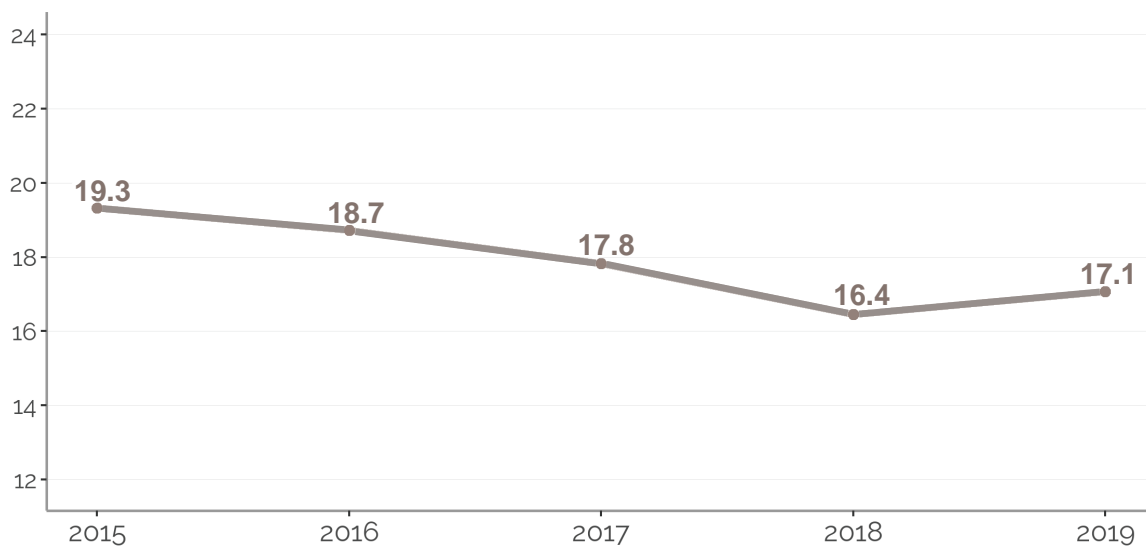**Fig. 3.25 Number of new cases of Chlamydia by age per 100,000 population, 2018**
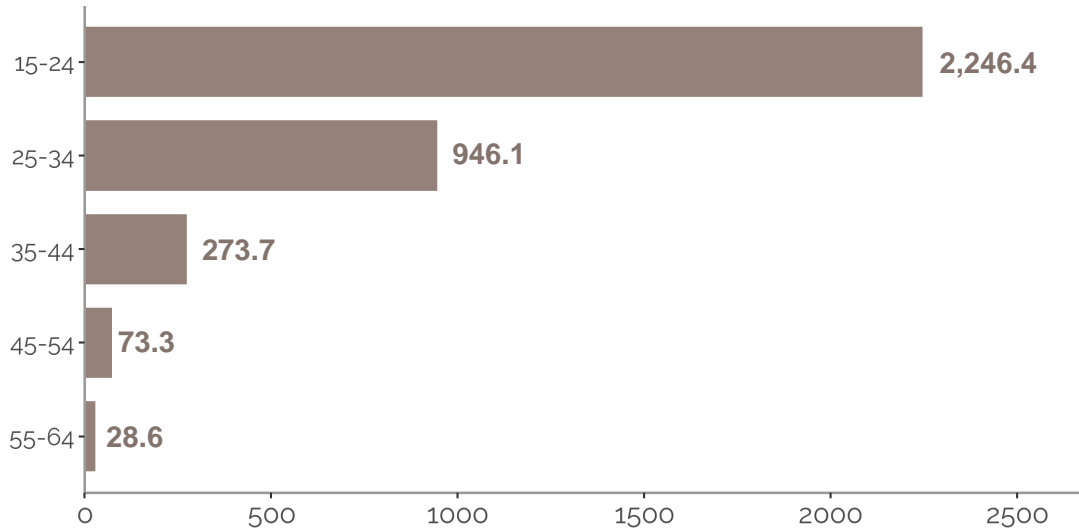
Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative
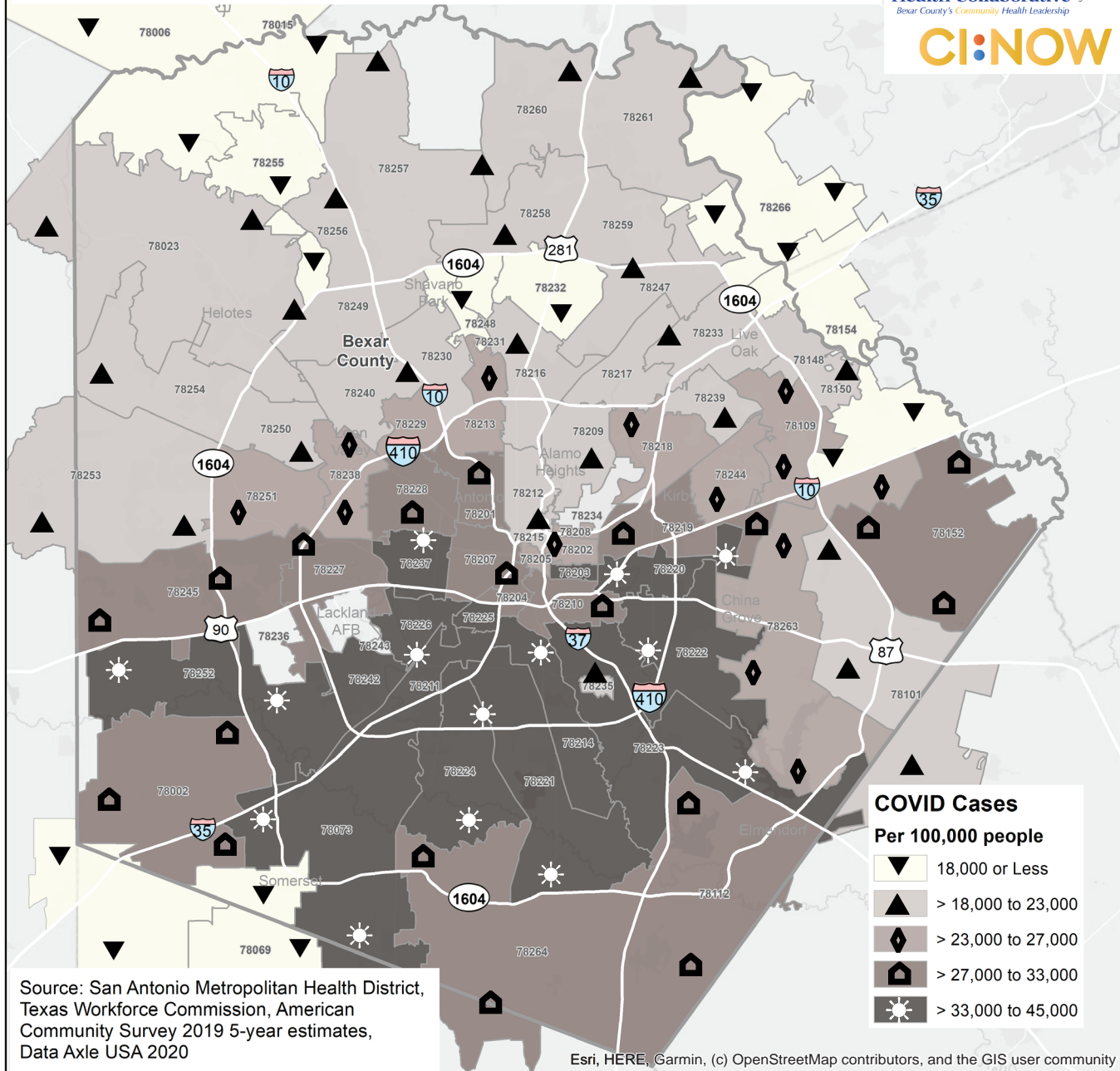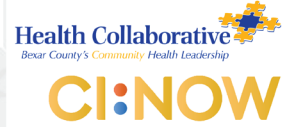
Fig. 3.26 Number of new cases of Gonorrhea per 100,000 population
Bexar County, Texas
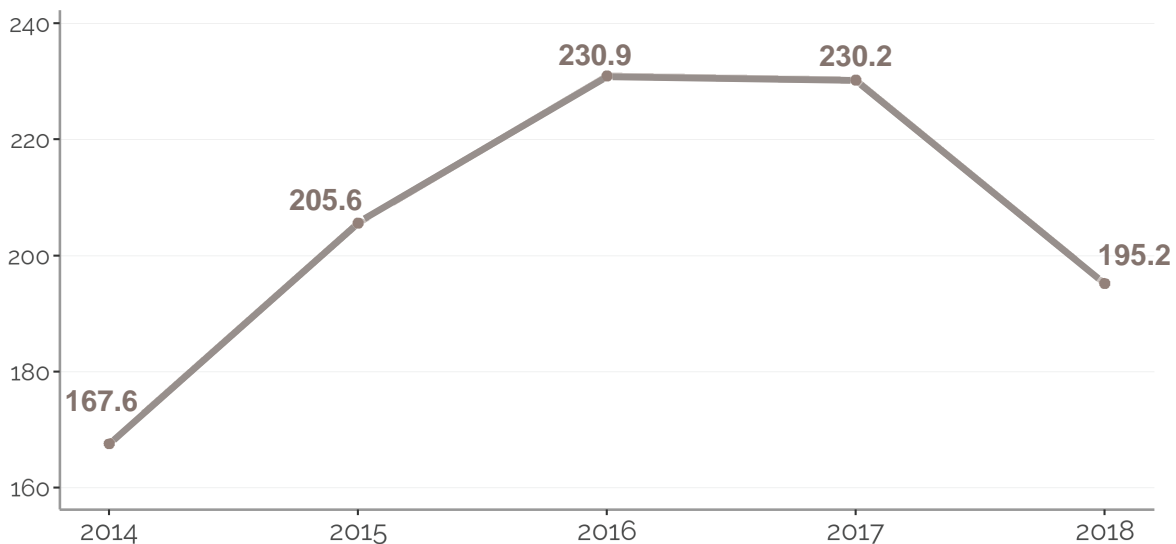
Source: Texas Department of State Health Services
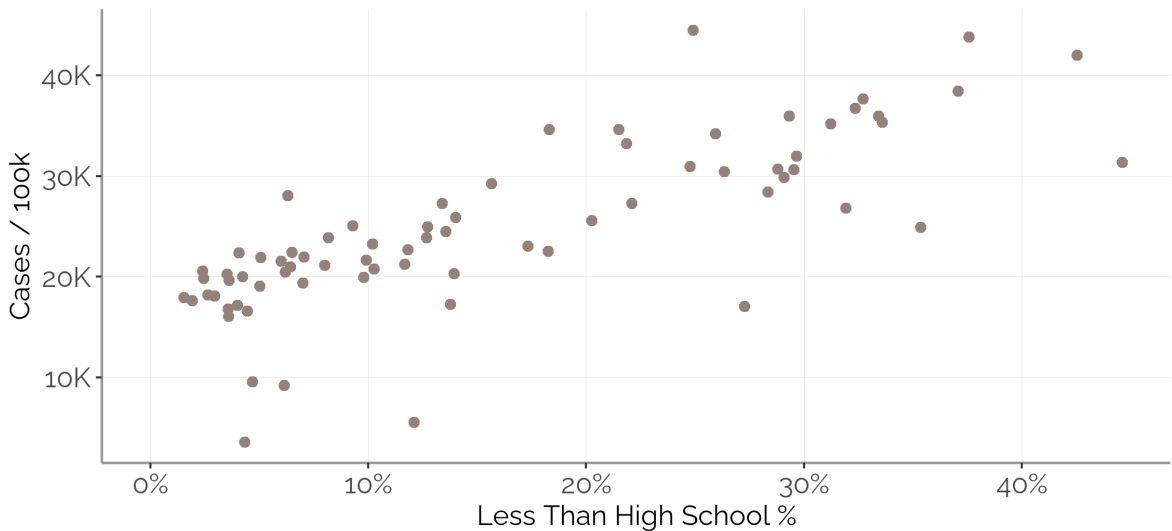Prepared by CI:Now for The Health Collaborative

The trend line for gonorrhea mirrors that of chlamydia through 2018, prior to the pandemic (Figure 3.26). As with chlamydia, the San Antonio Metropolitan Health District is unable to conduct public health case investigation and follow-up for gonorrhea, so the reasons for this curve are not clear.

At 599.3 and 454.3 per 100,000, respectively, gonorrhea incidence is highest in the 15 to 24 and 25 to 34 age groups (Figure 3.27). The disparity by age is not nearly as pronounced as with chlamydia, however.

Fig. 3.27 Number of new cases of Gonorrhea by age per 100,000 population, 2018
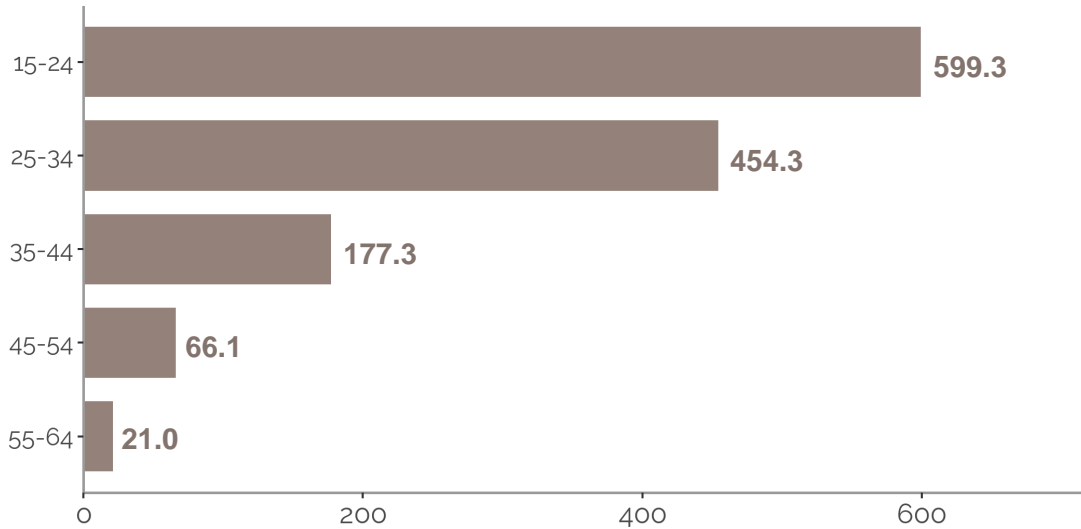
Bexar County, Texas

Fig. 3.28 Number of new cases of primary and secondary Syphilis per 100,000 population
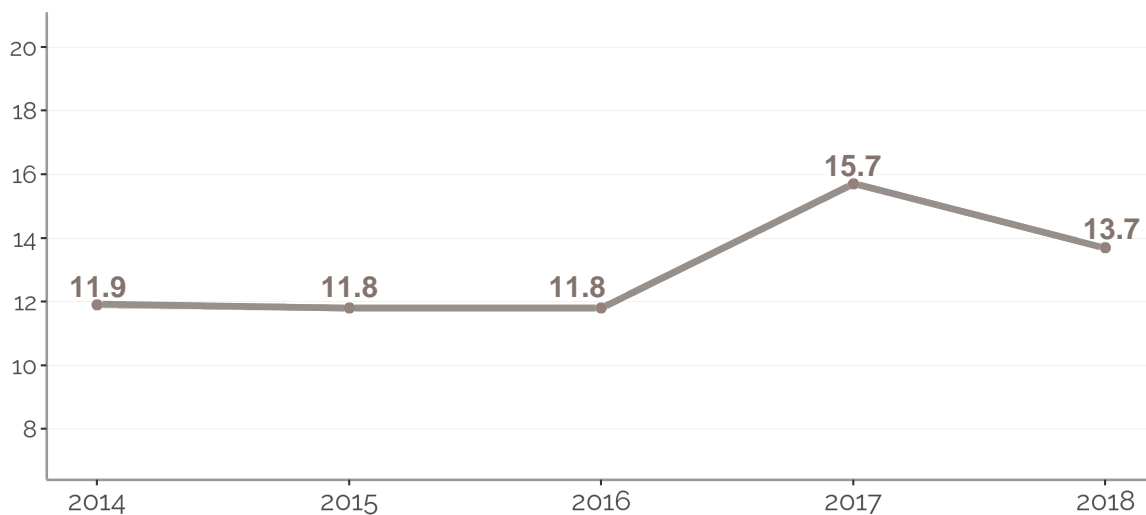
Bexar County, Texas

After holding steady at less than 12 new cases per 100,000 population from 2014 to 2016, 2017 and 2018 saw some increase in primary and secondary syphilis (Figure 3.28). The increased incidence in 2017 may be an artifact of increased testing through outreach and partner treatment, but some year-to-year variation in the trend is expected.[4]

[4] R. Espinoza, Chief of Epidemiology, San Antonio Metropolitan Health District, personal communication, June 2, 2022.

At 32.7 new cases per 100,000 population, primary and secondary syphilis incidence is highest in 15 to 24 age group and declines with increasing age (Figure 3.29), dropping by more than half in the 45 to 54 age group.

Fig. 3.29 Number of new cases of primary and secondary Syphilis by age per 100,000 population, 2018
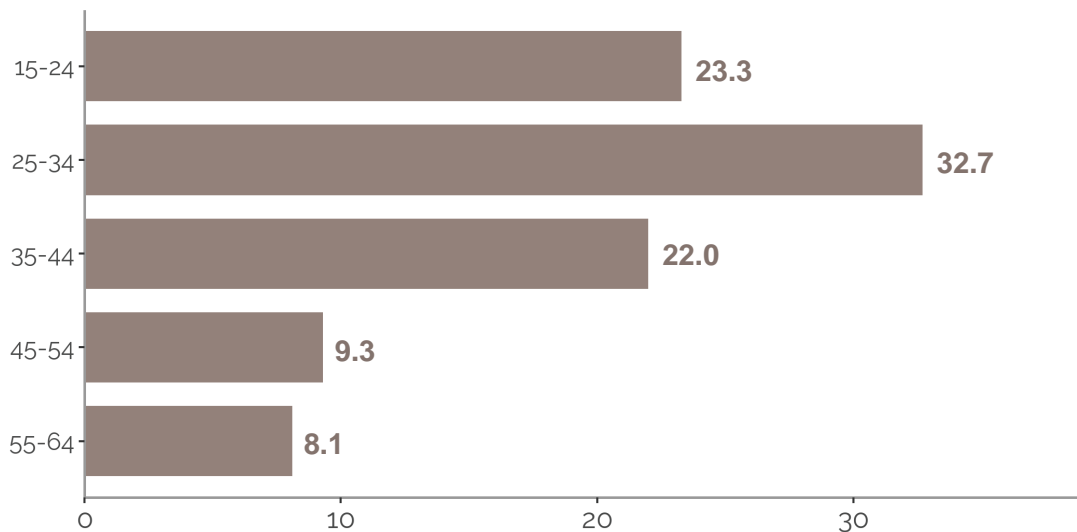
Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Fig. 3.30 Number of new cases of early latent Syphilis per 100,000 population

Bexar County, Texas

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Latent syphilis is the stage of syphilis disease following primary and secondary syphilis, in which no visible symptoms are present, and "early" means the infection is determined to have occurred within the past 12 months.[5] Between 2015 and 2018 early latent syphilis incidence rose 75% to 24.4 per 100,000 (Figure 3.30). The drivers of this trend are unclear.

[5]Centers for Disease Control and Prevention. (2022.) Syphilis – CDC fact sheet (detailed). Available online at **https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm**

At 61.4 new cases per 100,000 population, early latent syphilis incidence is highest in the 25 to 34 age group (Figure 3.31), a later age than for the other sexually transmitted infections discussed earlier in this report.

Fig. 3.31 Number of new cases of early latent Syphilis by age per 100,000 population, 2018

Bexar County, Texas

Fig. 3.32 Number of new cases of HIV per 100,000 population
Bexar County, Texas

HIV incidence declined by 15% between 2015 and 2018 but ticked up slightly to 17.1 per 100,000 in 2019 (Figure 3.32).

Like early latent syphilis, HIV incidence is most common by far in the 25 to 34 age group, with rates about half again as high as in the 15 to 24 and 35 to 44 age group (Figure 3.33).

Fig. 3.33 Number of new cases of HIV by age per 100,000 population, 2019

Bexar County, Texas
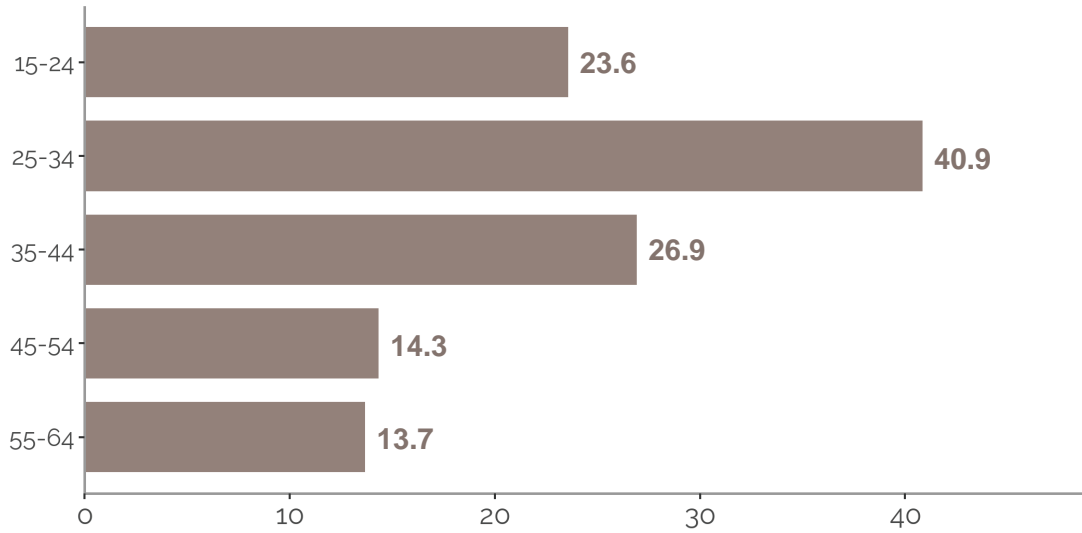
Age	Rate
15-24	23.6
25-34	40.9
35-44	26.9
45-54	14.3
55-64	13.7

Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Fig. 3.34 COVID-19 case rate per 100,000 population, as of April 2022

COVID Cases
Per 100,000 people

▼ 18,000 or Less
▲ > 18,000 to 23,000
◆ > 23,000 to 27,000
⬠ > 27,000 to 33,000
☀ > 33,000 to 45,000

Source: San Antonio Metropolitan Health District, Texas Workforce Commission, American Community Survey 2019 5-year estimates, Data Axle USA 2020

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

The San Antonio Metropolitan Health District puts the COVID-19 cumulative case rate at 26,845 per 100,000 population as of late April 2022. The ZIP codes with the highest cumulative COVID-19 confirmed case rates are concentrated in the southern half of the county, and the geographic disparity is quite dramatic (Figure 3.34).

Fig. 3.35 COVID-19 cases and percent less than high school education zip code correla
Bexar County, Texas
Correlation coefficient: 0.78

Source: San Antonio Metropolitan Health District,
American Community Survey 2019 5-year estimates
Prepared by CI:Now for The Health Collaborative

Figure 3.35 is a scatterplot of percent of population 25 and older with less than a high school diploma or GED against COVID-19 case rate as of late May 2022. Each plotted dot is a ZIP code. At 0.78, the correlation coefficient is high and positive, meaning that ZIP codes where a higher proportion of the population did not finish high school had a higher rate of COVID-19 cases.

LEARN MORE ABOUT COVID-19 CASES

San Antonio Metropolitan Health District: *COVID-19 Monthly Epidemiological Report*[6]

[6]San Antonio Metropolitan Health District. (2022). COVID-19 monthly epidemiological report. Available online at **https://covid19.sanantonio.gov/Reports-Statistics/Dashboards-Data/Epidemiological-Reports**

Figure 3.36 is a scatterplot of percent of population 25 and older with an Associate's degree or higher against COVID-19 case rate as of late May 2022. At -0.71, the correlation coefficient is equally high as in Figure 3.35 [previous] but negative, meaning that ZIP codes where a higher proportion of the adult population has a college degree has a lower rate of COVID-19 cases. Taken together, these two charts show a tremendous disparity by education level in COVID-19 case rate.

Fig. 3.36 COVID-19 cases and percent associate's or higher education zip code correla
Bexar County, Texas
Correlation coefficient: -0.71
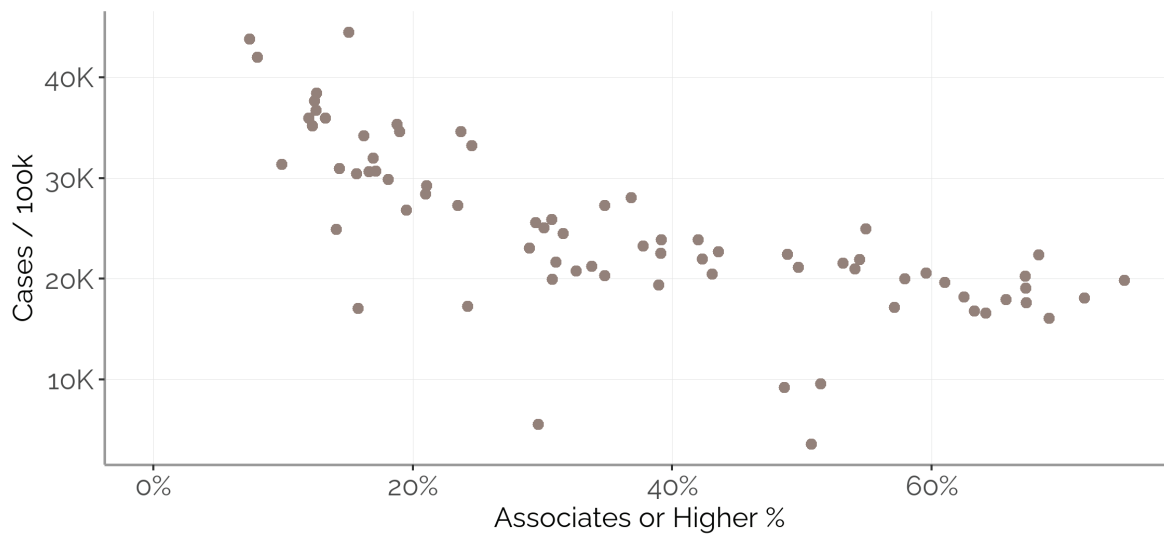
Source: San Antonio Metropolitan Health District,
American Community Survey 2019 5-year estimates
Prepared by CI:Now for The Health Collaborative

OTHER COMMUNICABLE DISEASE

Although the numbers remain low and thus may not indicate reason for concern, the incidence of pertussis, Hepatitis A, and Hepatitis B have all increased since 2015 (Figure 3.37). Hepatitis A incidence for 2018 is an unstable rate and suppressed by the data source, but the 2019 figure is nearly double the rate for 2015. Hepatitis B incidence is suppressed for 2019, but the 2018 rate is four times the rate for 2015. All three of these infections are vaccine-preventable, and upward trends are predictable given the downward trend in the children's 4:3:1:3*:3:1:4 series vaccination rate described earlier in Section 2.

Fig. 3.37 Rate of Pertussis, Hepatitis A and Hepatitis B per 100,000 population

Bexar County, Texas

| | Hepatitis A | Hepatitis B | Pertussis |
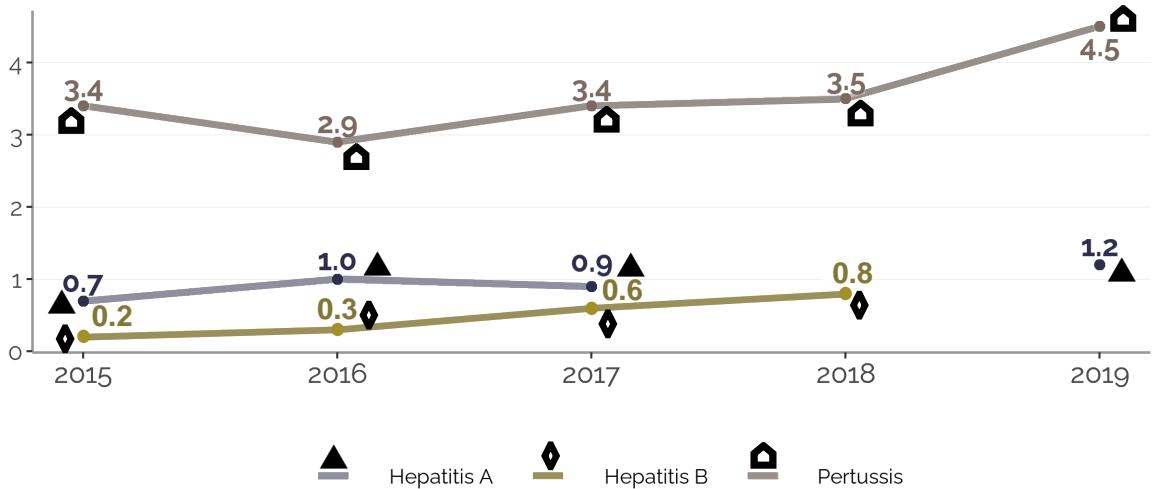
**Suppressed
Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

The upward trend in mumps incidence is even more dramatic than for pertussis, Hepatitis A, and Hepatitis B (Figure 3.38). The rate is unstable and suppressed for 2018, but the 2017 rate is 13 times higher than the rate for 2015 and 2016, and the 2019 rate is 25 times higher. On the other hand, the incidence of Varicella, which causes chickenpox and shingles, decreased 30% between 2015 and 2019. Both infections are vaccine-preventable.

Fig. 3.38 Rate of Varicella and Mumps per 100,000 population
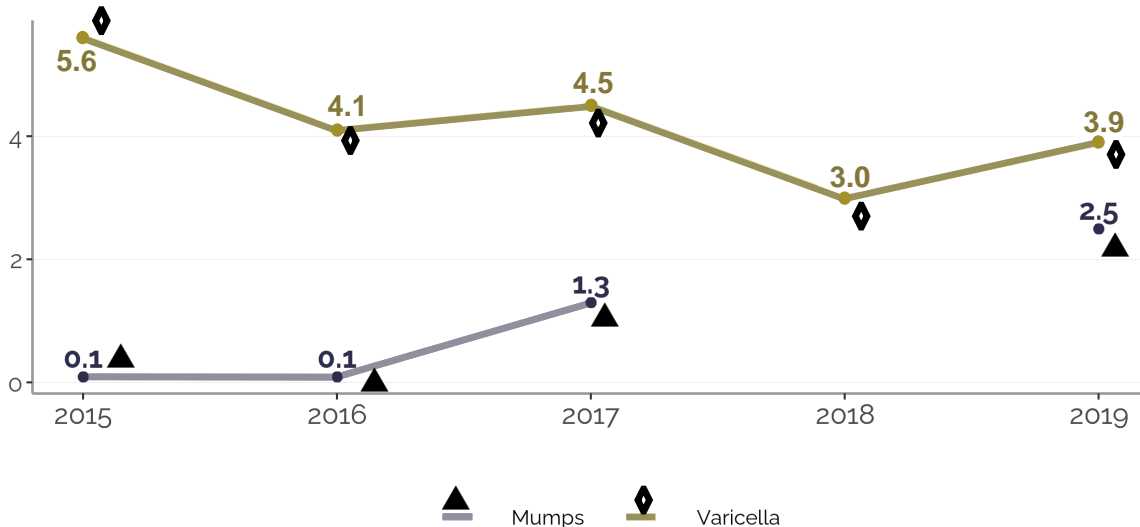
Bexar County, Texas

Mumps   Varicella

Fig. 3.39 Rate of Haemophilus influenza per 100,000 population
Bexar County, Texas
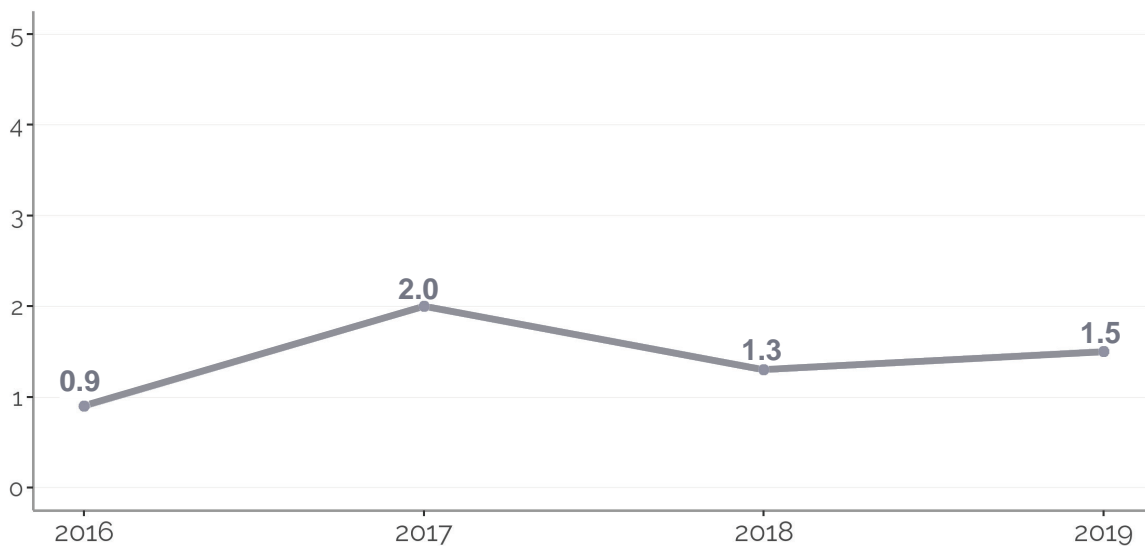
A bacterium that can cause severe infection, especially in infants and young children, Haemophilus influenza (including Hib) incidence has bounced between 0.9 and 2.0 per 100,000 between 2016 and 2019. No clear trend is evident (Figure 3.39).

TOOTH LOSS

Many of the charts that follow in this section represent data from the Behavioral Risk Factor Surveillance System (BRFSS), a household telephone survey of adults with a very small sample size for Bexar County. Because the sample size is so small relative to the size of the adult population, even with multiple years of data combined, each BRFSS estimate has a good bit of uncertainty. The true value may lie anywhere in the range of the estimate's confidence interval, which is represented as a horizontal gray line in each bar of the chart. When the confidence intervals (gray lines) for two estimates overlap, one cannot be sure that there is truly any difference between the two estimates. That issue will arise over and over again the narrative describing these charts.

Fig. 3.40 Percent of adults having one or more teeth removed because of decay or disease, by race, 2015-2020
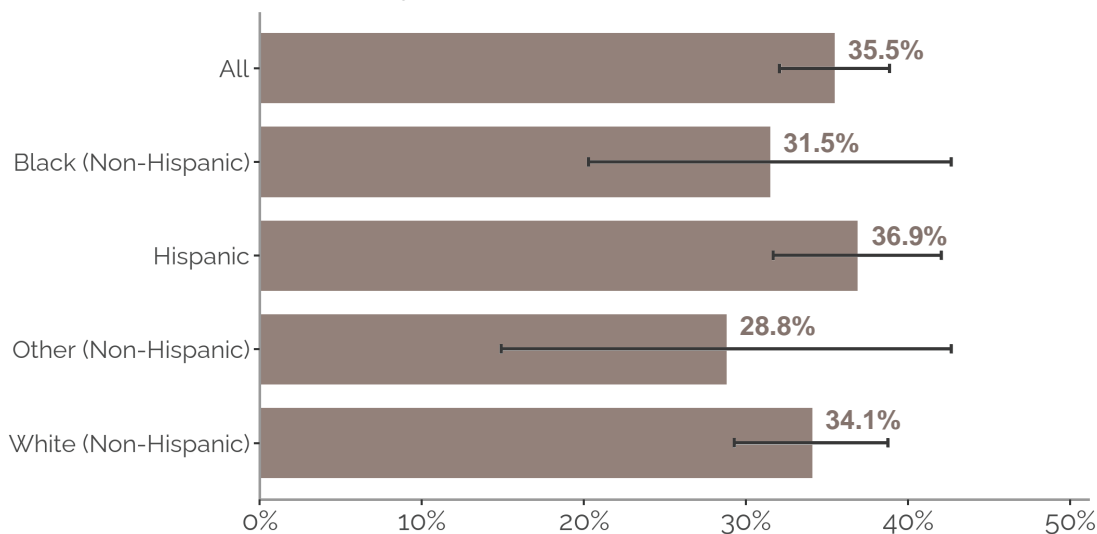
Bexar County, Texas

Race	Percent
All	35.5%
Black (Non-Hispanic)	31.5%
Hispanic	36.9%
Other (Non-Hispanic)	28.8%
White (Non-Hispanic)	34.1%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Overall, an estimated 36% of Bexar County adults has had at least one tooth removed (Figure 3.40). Even combining multiple years of data, differences among groups are hard to interpret because of wide margins of error, but the difference do not appear substantive.

Again, differences among groups are hard to interpret because of wide margins of error, but the Near Westside sector clearly has a higher rate than the Far Northside sector (Figure 3.41). With only minimal overlap in margins of error, the Near Westside is likely higher than the Near Northside and Far Northwest as well.

Fig. 3.41 Percent of adults having one or more teeth removed because of decay or disease, by sector, 2015-2020
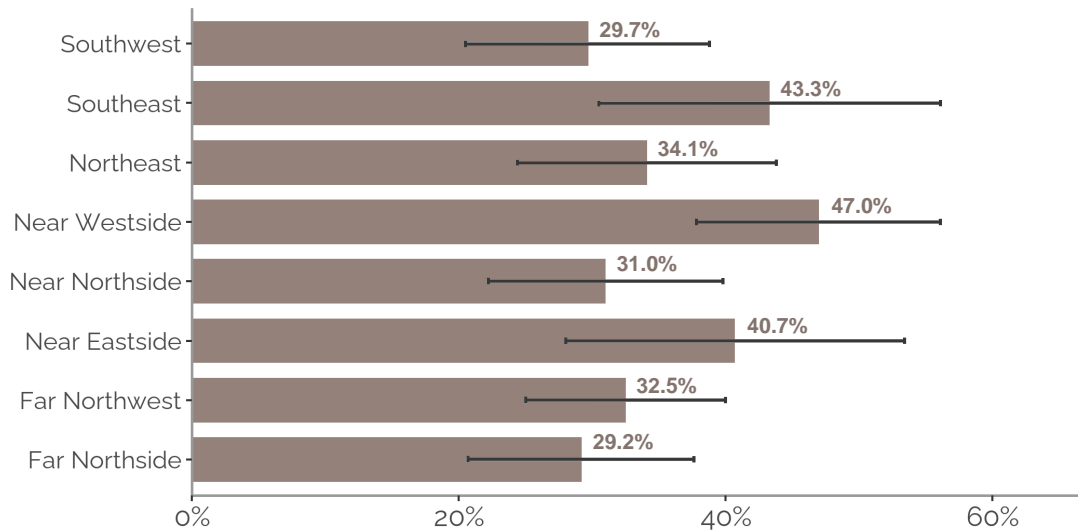
Bexar County, Texas

Sector	Percent
Southwest	29.7%
Southeast	43.3%
Northeast	34.1%
Near Westside	47.0%
Near Northside	31.0%
Near Eastside	40.7%
Far Northwest	32.5%
Far Northside	29.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

CHILD BLOOD LEAD POISONING

The rate of testing for lead poisoning in children 14 and younger rose substantially in 2016 and then declined again in 2017 and 2018 (Figure 3.42). It is likely that the spike and subsequent drop were driven by grant- and Medicaid 1115 waiver-funded projects that ended by 2018.

Fig. 3.42 Rate of children 0-14 tested for lead poisoning per 10,000 population
Bexar County, Texas
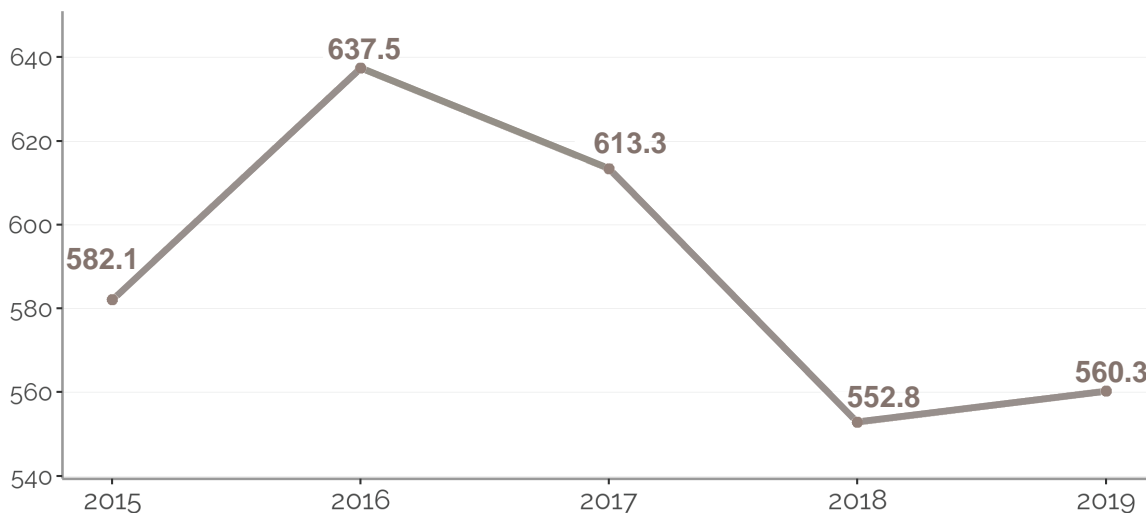
Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Fig. 3.43 Percent of tested children aged 0-5 with elevated blood lead levels

Bexar County, Texas
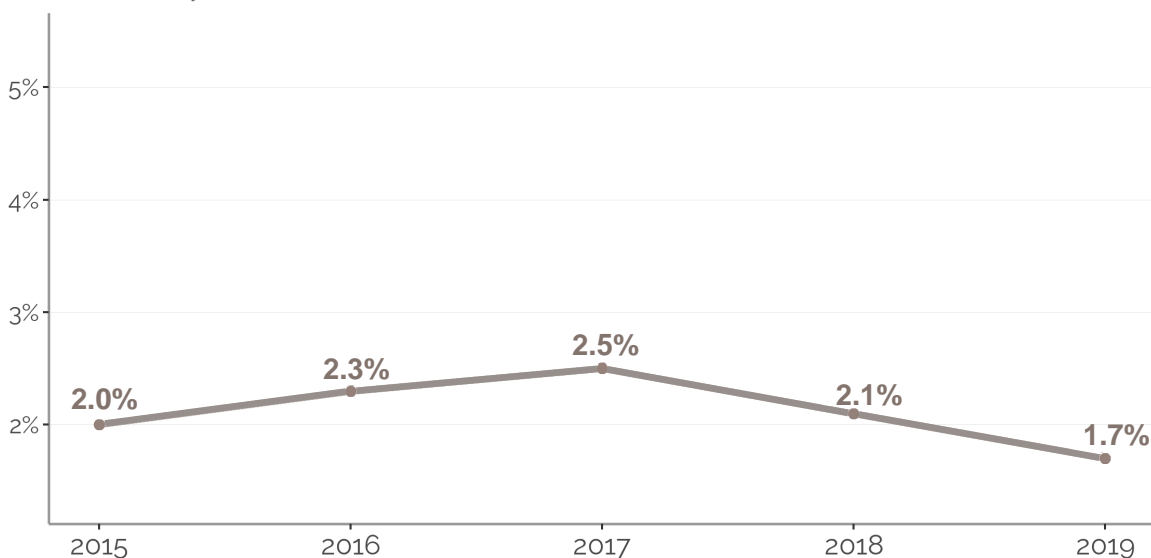
Source: Texas Department of State Health Services
Prepared by CI:Now for The Health Collaborative

Of those children tested, the percent identified as having elevated blood lead levels hovered between 1.7% and 2.5% (Figure 3.43) in the 2015-2019 five-year period.

ASTHMA

Another issue with the BRFSS dataset is that the survey is by self-report, and people may or may not report accurately. Many questions are phrased as "Have you ever been told by a doctor, nurse, or other health professional that you have…?" a disease. Answering yes to that question requires that the person had access to care, utilized care, was formally diagnosed with the disease (regardless of the reason for the visit), understood the diagnosed, and remembered the diagnosis months or years later. For that reason, the estimates in these next several BRFSS charts should likely be considered underestimates.

Fig. 3.44 Percent of adults who reported being told they have asthma by a doctor, nurse, or other health professional, by race, 2015-2020
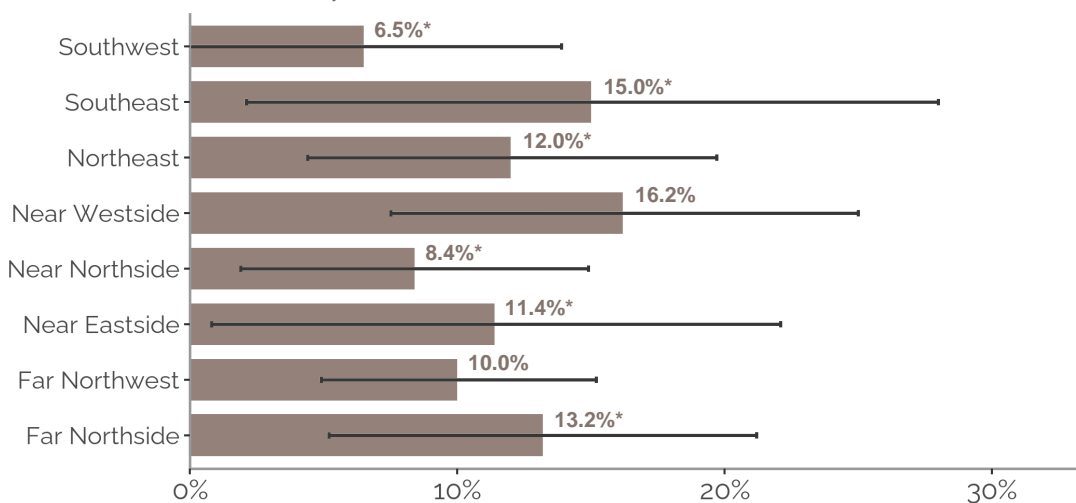
Bexar County, Texas
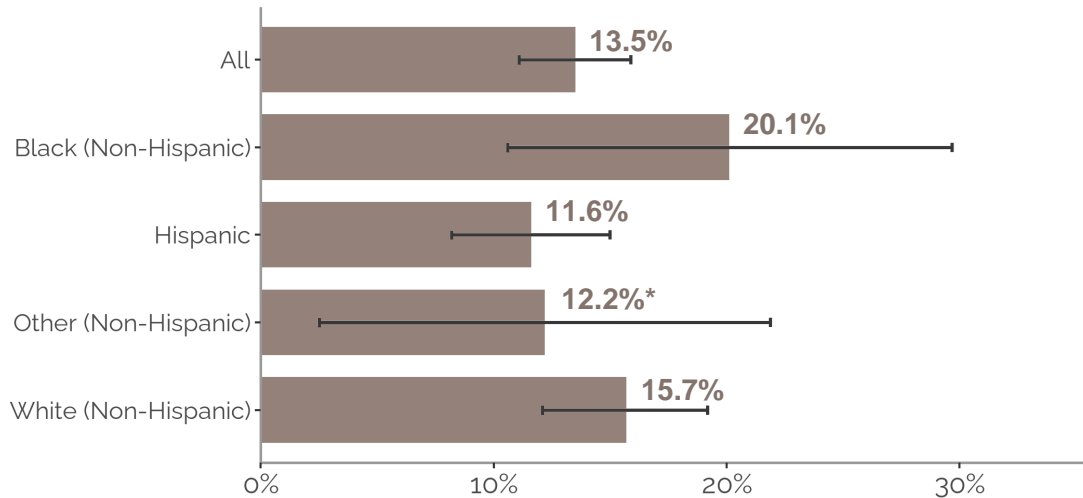
*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Overall, an estimated 14% of Bexar County residents report ever having been told by a health professional that they have asthma (Figure 3.44). That figure appears dramatically higher for Black or African American adults, but because the confidence intervals overlap, once cannot be certain of that difference.

Again, even combining multiple years of data, the confidence intervals by sector are wide and overlap (Figure 3.45). One cannot be certain of any difference among sectors.

Fig. 3.45 Percent of adults who reported being told they have asthma by a doctor, nurse, or other health professional, by sector, 2015-2020
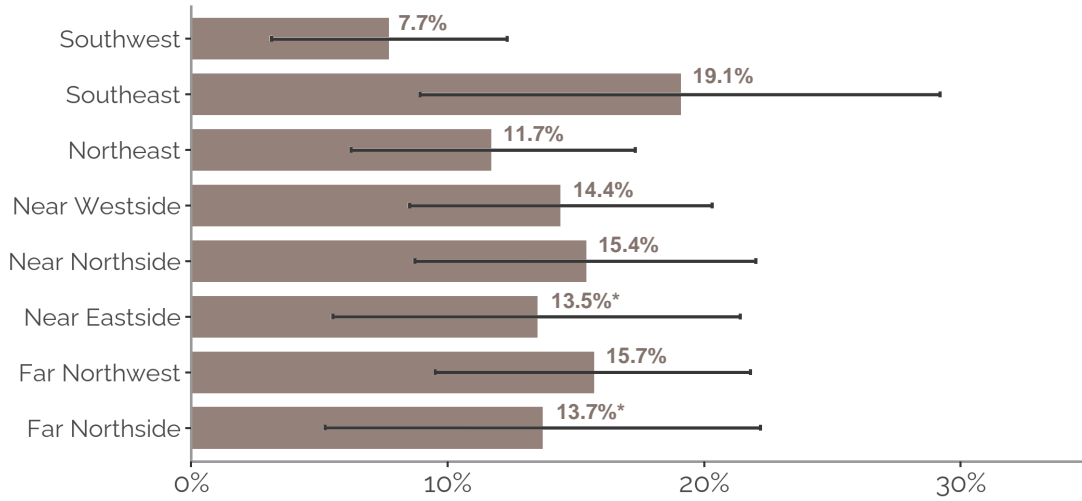
Bexar County, Texas

Sector	Percent
Southwest	7.7%
Southeast	19.1%
Northeast	11.7%
Near Westside	14.4%
Near Northside	15.4%
Near Eastside	13.5%*
Far Northwest	15.7%
Far Northside	13.7%*

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
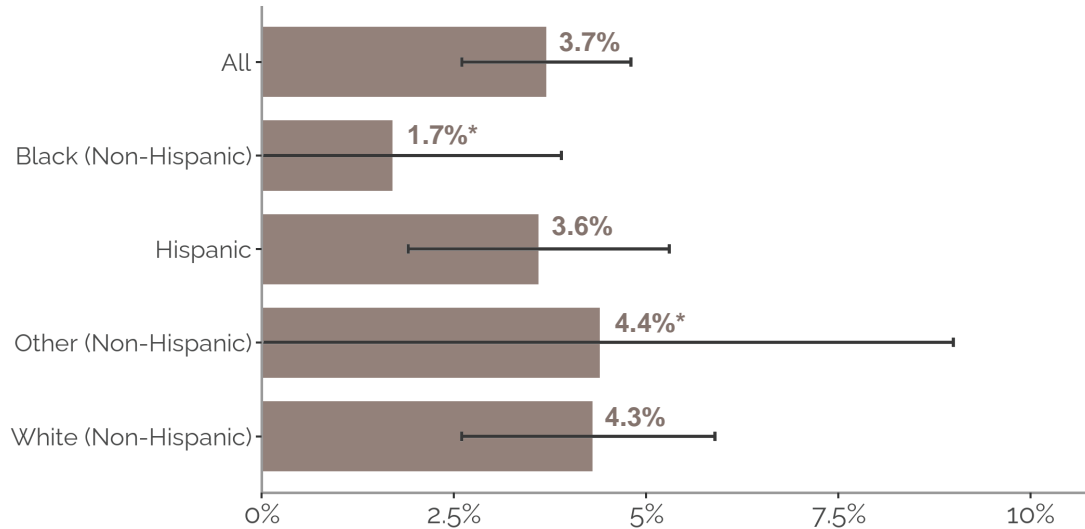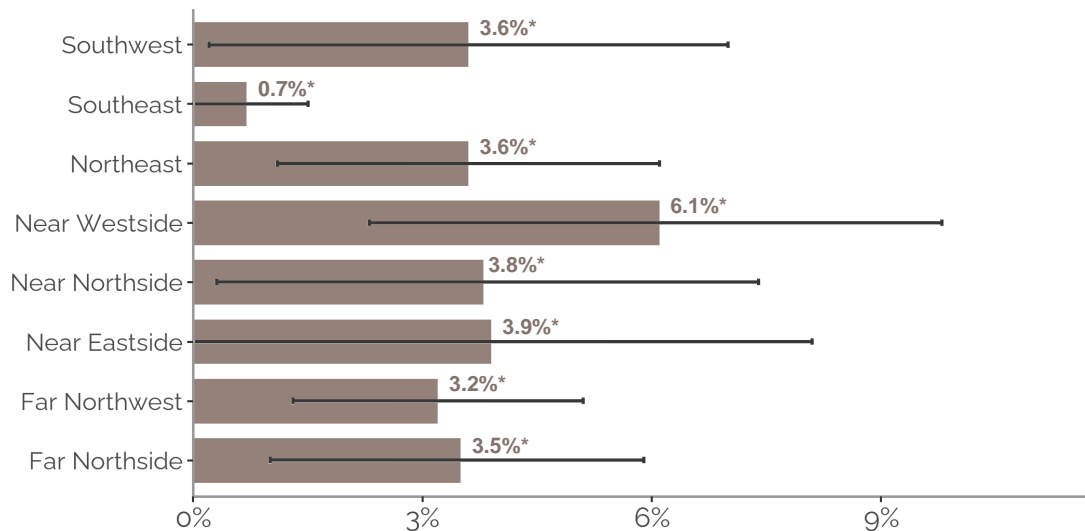Prepared by CI:Now for The Health Collaborative
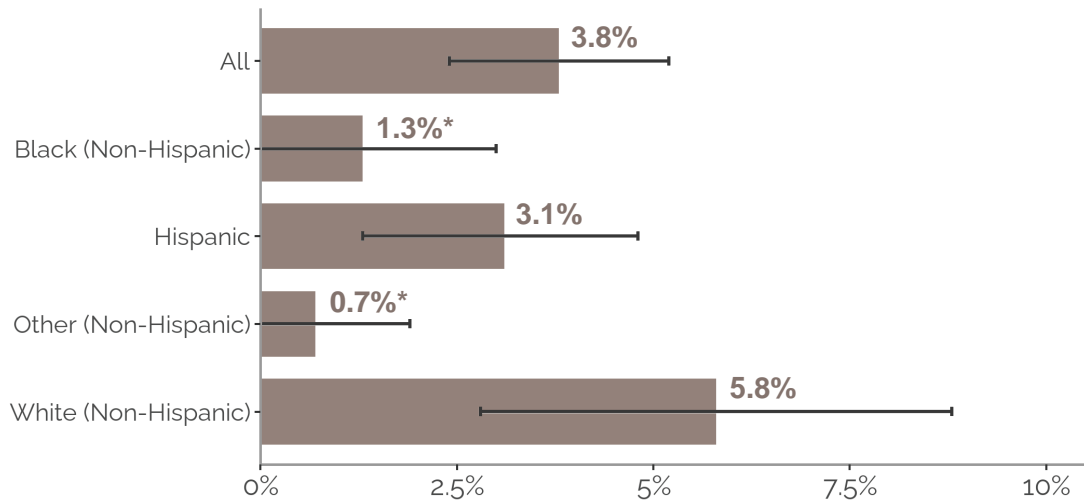
LUNG CANCER

Lung and bronchus cancer incidence (newly-diagnosed cases in a year) is estimated at 42 per 100,000 population for males, 27% higher than the incidence of 33 per 100,000 among females (Figure 3.46). Non-overlapping confidence intervals mean a statistically significant difference exists in the lower rate among Hispanic males as compared to Black or African American and white males. The same pattern holds for females; the estimated incidence among white females is 2.7 times as high as the incidence among Hispanic females.

Fig. 3.46 Age-adjusted lung and bronchus cancer incidence rate by race and sex per 100,000 population, 2018

Bexar County, Texas

	Males	Females
All	41.9	32.8
Black	54.6	39.1
Hispanic	29.9	18.7
White	53.7	50.3

Source: Texas Cancer Registry
Prepared by CI:Now for The Health Collaborative

DIABETES AND PRE-DIABETES

Overall an estimated 13% of Bexar County adults report ever having been told by a health professional that they have diabetes (Figure 3.47). Wide and overlapping confidence intervals make it difficult to determine any difference among race/ethnicity groups.

Fig. 3.47 Percent of adults told by a provider they have diabetes, by race, 2015-2020
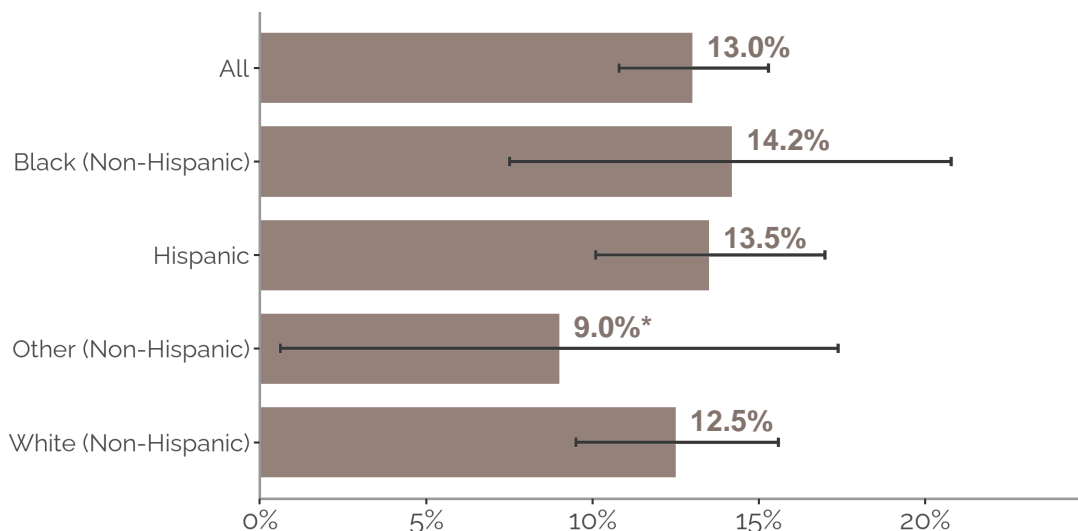
Bexar County, Texas

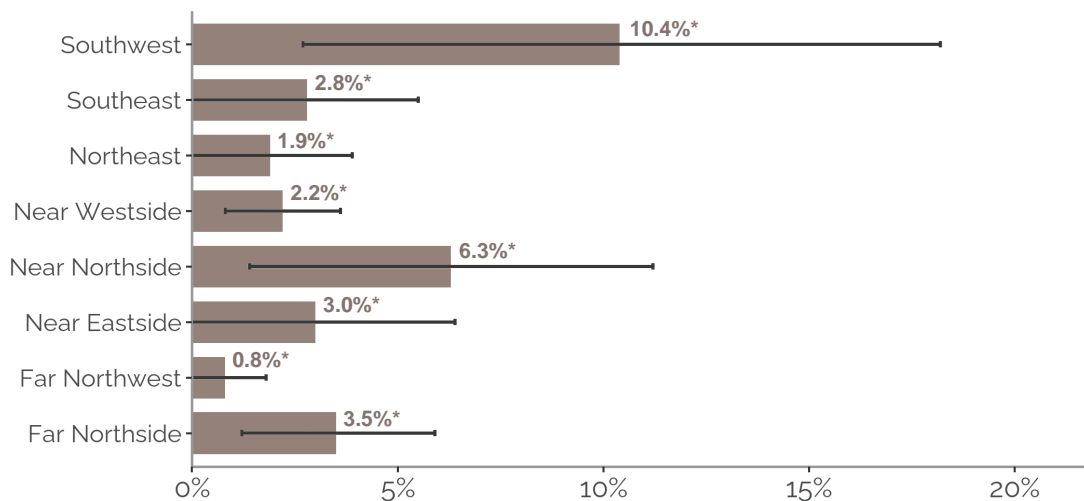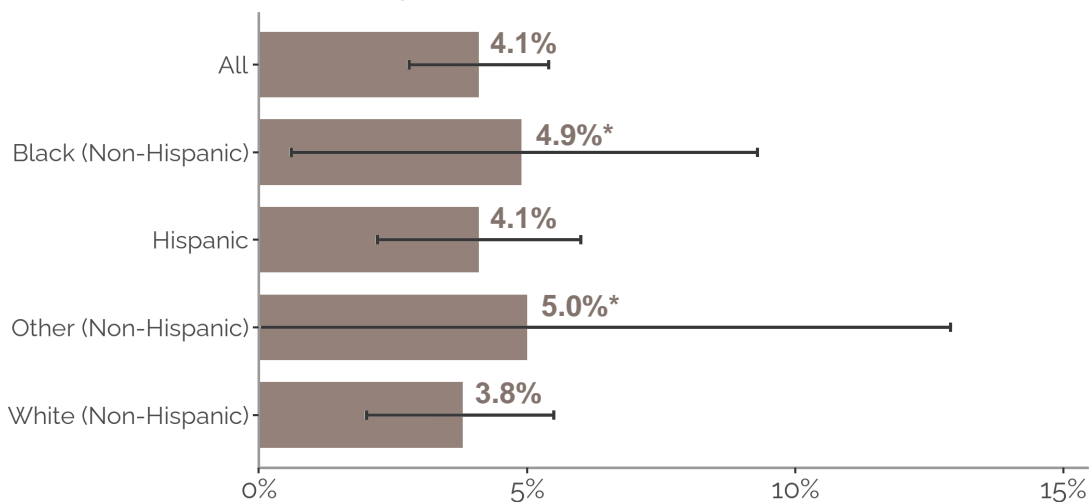| Race	Percent
All	13.0%
Black (Non-Hispanic)	14.2%
Hispanic	13.5%
Other (Non-Hispanic)	9.0%*
White (Non-Hispanic)	12.5%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.48 Percent of adults told by a provider they have diabetes, by sector, 2015-2020
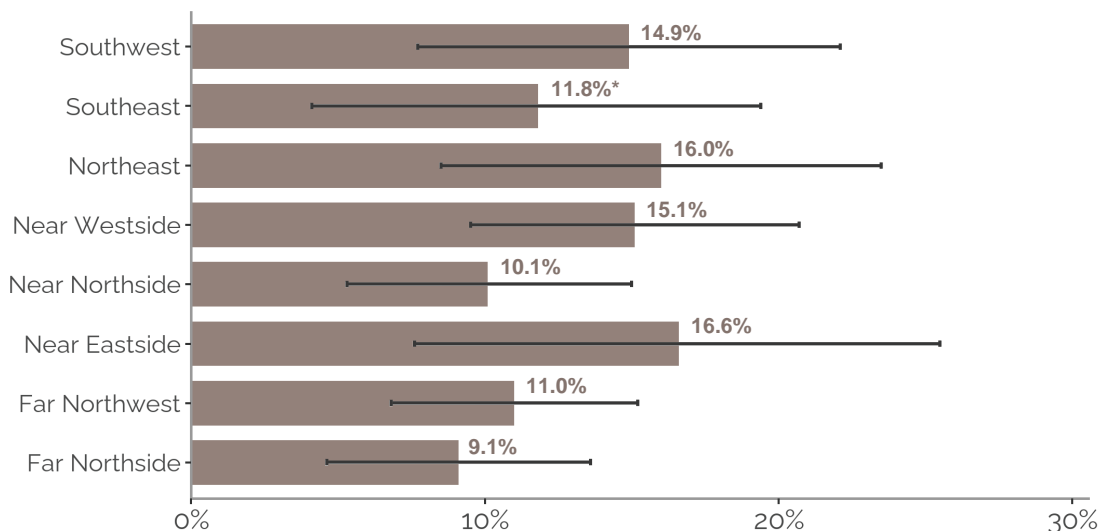
Bexar County, Texas

Sector	Percent
Southwest	14.9%
Southeast	11.8%*
Northeast	16.0%
Near Westside	15.1%
Near Northside	10.1%
Near Eastside	16.6%
Far Northwest	11.0%
Far Northside	9.1%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

As with race/ethnicity, wide and overlapping confidence intervals make it difficult to determine any difference among sectors for this diabetes measure (Figure 3.48).

Overall about 11% of Bexar County adults report ever having been told by a health professional that they have pre-diabetes (Figure 3.49). Wide and overlapping confidence intervals prevent determination of any difference among race/ethnicity groups.

Fig. 3.49 Percent of adults who have ever been told by a doctor or other health professional that they ave with pre-diabetes or borderline diabetes, by race, 2015-2020
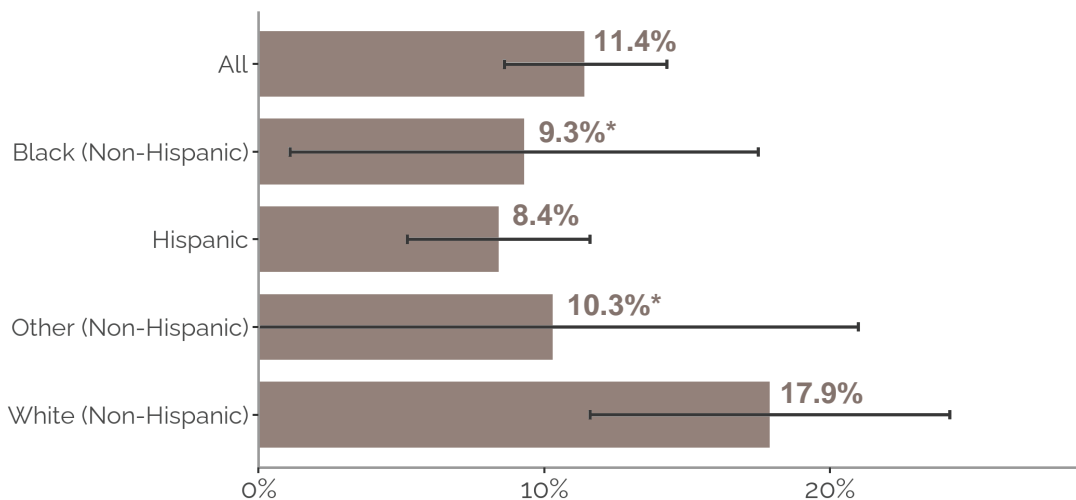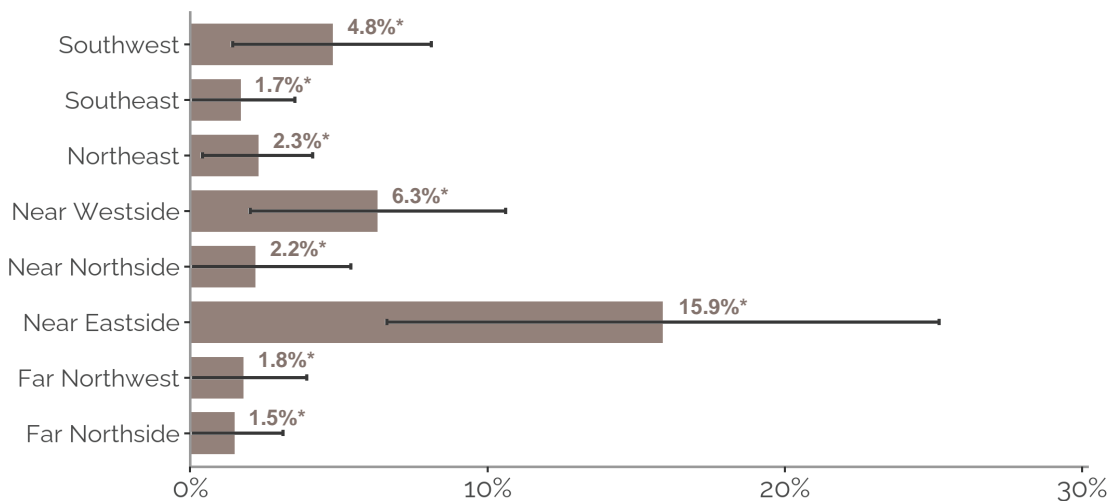
Bexar County, Texas

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.50 Percent of adults who have ever been told by a doctor or other health professional that they ave with pre-diabetes or borderline diabetes, by sector, 2015-2020

Bexar County, Texas

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
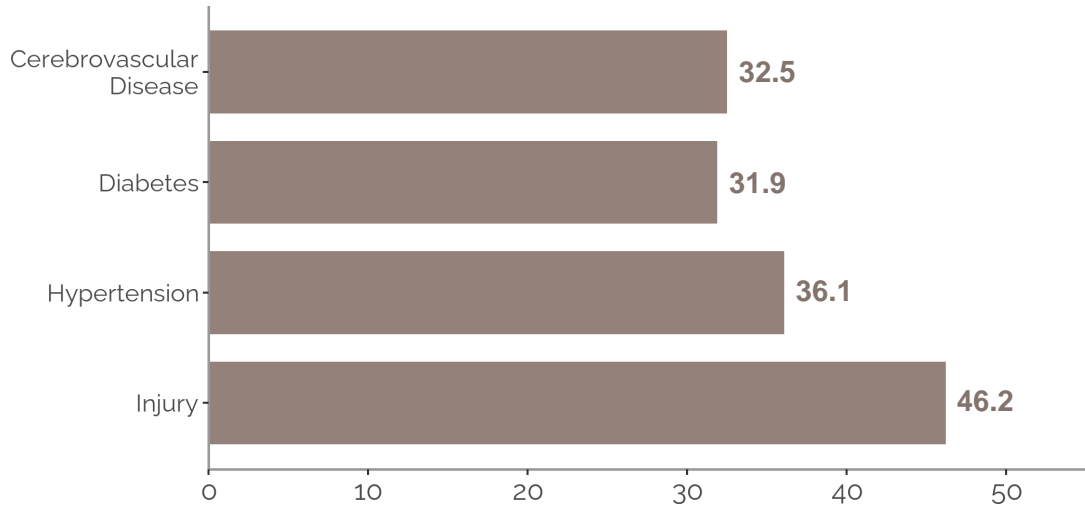Prepared by CI:Now for The Health Collaborative

As with diabetes by sector, wide and overlapping confidence intervals make it difficult to determine any difference among sectors for this pre-diabetes measure (Figure 3.50).

HEART DISEASE AND STROKE

About 4% of Bexar County adults report ever having been told by a health professional that they had angina or coronary heart disease (Figure 3.51).

Fig. 3.51 Percent of adults who have ever been told they had angina or coronary heart disease, by race, 2015-2020

Bexar County, Texas

Race	Percent
All	3.7%
Black (Non-Hispanic)	1.7%*
Hispanic	3.6%
Other (Non-Hispanic)	4.4%*
White (Non-Hispanic)	4.3%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.52 Percent of adults who have ever been told they had angina or coronary heart disease, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	3.6%*
Southeast	0.7%*
Northeast	3.6%*
Near Westside	6.1%*
Near Northside	3.8%*
Near Eastside	3.9%*
Far Northwest	3.2%*
Far Northside	3.5%*

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

The wide and overlapping confidence intervals make it difficult to determine any difference among sectors for this measure of heart disease, but the Southeast sector clearly has a substantially lower rate than the Near Westside sector (Figure 3.52). There may be a real difference between the Southeast and Northeast sectors as well.

As with earlier measures, wide and overlapping confidence intervals prevent determination of any difference among race/ethnicity groups (Figure 3.53).

Fig. 3.53 Percent of adults who have been told by a doctor, nurse, or other health professional that they have had a heart attack, by race, 2015-2020

Bexar County, Texas

All — 3.8%
Black (Non-Hispanic) — 1.3%*
Hispanic — 3.1%
Other (Non-Hispanic) — 0.7%*
White (Non-Hispanic) — 5.8%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.54 Percent of adults who have been told by a doctor, nurse, or other health professional that they have had a heart attack, by sector, 2015-2020

Bexar County, Texas

Southwest — 10.4%*
Southeast — 2.8%*
Northeast — 1.9%*
Near Westside — 2.2%*
Near Northside — 6.3%*
Near Eastside — 3.0%*
Far Northwest — 0.8%*
Far Northside — 3.5%*

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Although the Southwest sector has by far the highest estimate, the wide gray line indicates that that estimate is also the most uncertain (Figure 3.54). Even so, the Southwest sector percentage is statistically-significantly higher than in the Far Northwest sector. The Far Northside sector may be higher than the Far Northwest sector as well.

Overall about 4% of adult BRFSS survey respondents report ever having been told they had a stroke at some point (Figure 3.55), but wide margins of error make it impossible to tell whether there are real differences among race/ethnicity groups

Fig. 3.55 Percent of adults who have ever been told by a doctor, nurse, or other health professional that they had a stroke, by race, 2015-2020

Bexar County, Texas

Race	Percent
All	4.1%
Black (Non-Hispanic)	4.9%*
Hispanic	4.1%
Other (Non-Hispanic)	5.0%*
White (Non-Hispanic)	3.8%

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Fig. 3.56 Percent of adults who have ever been told by a doctor, nurse, or other health professional that they had a stroke, by sector, 2015-2020

Bexar County, Texas

Sector	Percent
Southwest	4.8%*
Southeast	1.7%*
Northeast	2.3%*
Near Westside	6.3%*
Near Northside	2.2%*
Near Eastside	15.9%*
Far Northwest	1.8%*
Far Northside	1.5%*

*Unreliable: Error is too large relative to estimate
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CI:Now for The Health Collaborative

Compared to other sectors, a much higher proportion of respondents in the Near Eastside sector report ever having been told they had a stroke (Figure 3.56). The difference is statistically significant for all sectors except the Southwest and Near Westside.

COMMON CAUSES OF HOSPITALIZATION

At 46.2 hospital discharges per 10,000 adults per year, injury is a more common cause of hospitalization among adults than cardiovascular disease, hypertension, or diabetes (Figure 3.57). This data draws from hospital records, not a survey, and thus has no margin of error or confidence interval.

Fig. 3.57 Number of hospital discharges by type per 10,000 adults 18+, 2020

Bexar County, Texas

Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

Fig. 3.58 Number of hospital discharges with a primary discharge diagnosis of diabetes per 10,000 population, 2020
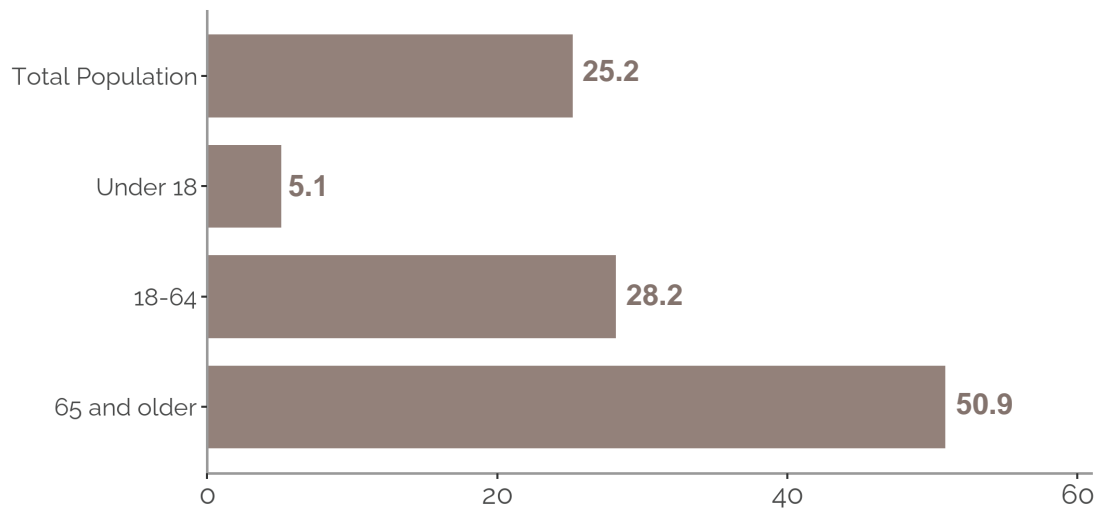
Bexar County, Texas

Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

As noted above, diabetes is a common cause of hospitalization, particularly among older adults (Figure 3.58). That group is hospitalized at a rate of 51 hospital discharges per 10,000 population 65 and older.

Although most common in the older population, injury hospitalizations are fairly common in youth and adults as well (Figure 3.59). Injury hospitalizations among children and teens are especially concerning given that, as described in Section 4, intentional and unintentional injury are the two leading causes of death among young people aged one to 17.

Fig. 3.59 Number of hospital discharges with a primary discharge diagnosis of injury per 10,000 population, 2020
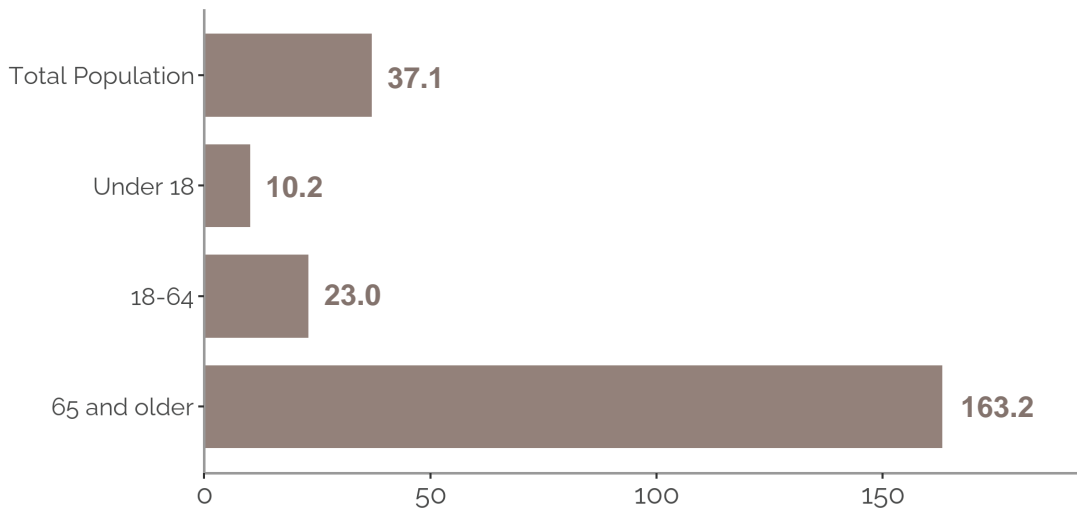
Bexar County, Texas

Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

Fig. 3.60 Number of hospital discharges with a primary discharge diagnosis of cerebrovascular disease per 10,000 population, 2020
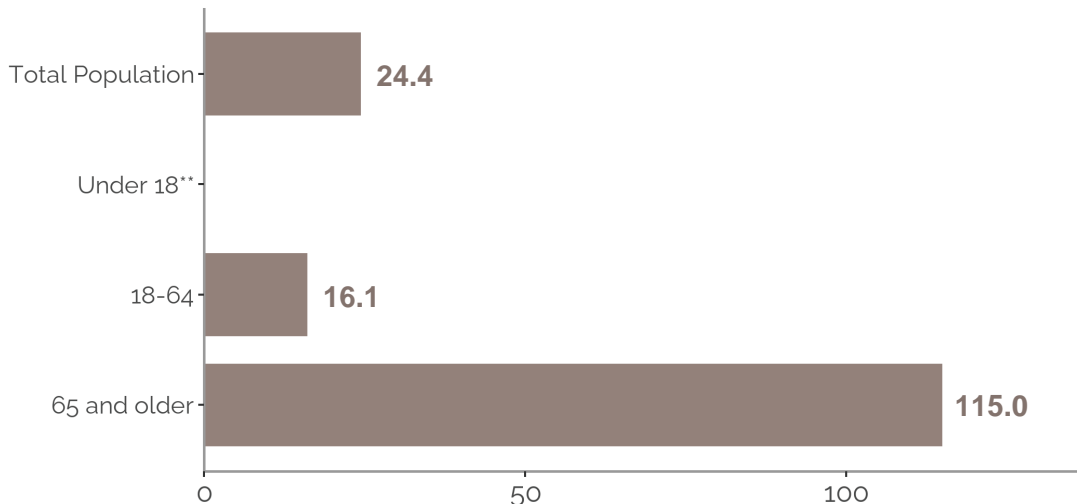
Bexar County, Texas

**Suppressed
Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

The rate of cerebrovascular disease hospitalization is 24.4 discharges per 10,000 population, a rate that would be much higher were children and teenagers excluded from the calculation. These hospitalizations are most common in the older population but also occur in adults aged 18 to 64 (Figure 3.60).

The same pattern as cerebrovascular hospitalization is seen for hospitalizations for hypertension and ischemic heart disease (Figure 3.61). These hospitalizations are most common in the older population, at 121.0 discharges per 10,000 population 65 and older.

Fig. 3.61 Number of hospital discharges with a primary discharge diagnosis of hypertension or ischemic heart disease per 10,000 population, 2020
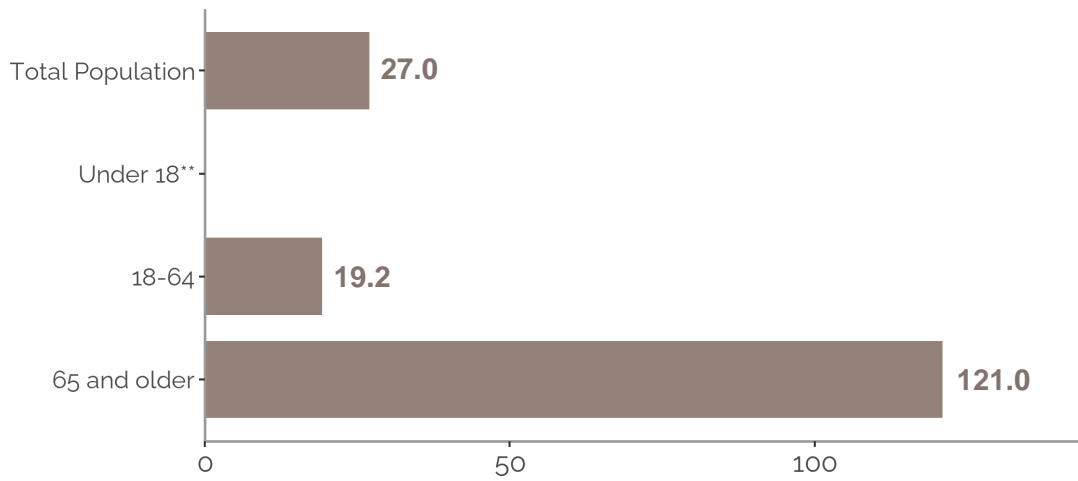
Bexar County, Texas

**Suppressed
Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

MENTAL ILLNESS

Fig. 3.62 Number of hospital discharges with a primary discharge diagnosis of mental health/behavioral disorder per 10,000 population, 2020
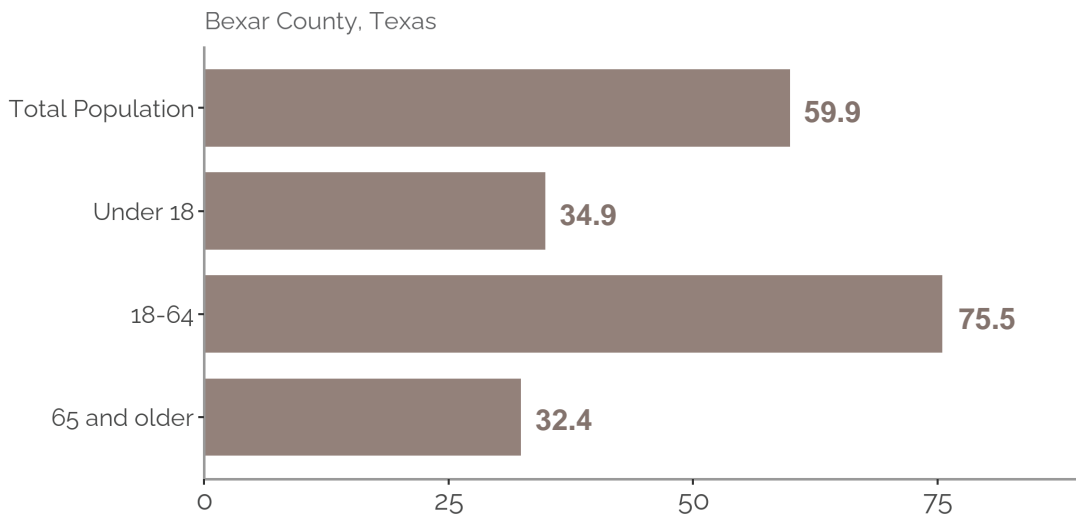
Bexar County, Texas

Category	Value
Total Population	59.9
Under 18	34.9
18-64	75.5
65 and older	32.4

Source: Texas Hospital Inpatient Discharge Public Use Data File, 2020, Texas Department of State Health Services Center for Health Statistics, Austin, Texas
Prepared by CI:Now for The Health Collaborative

The rate of hospital discharges with a primary discharge diagnosis of a mental health or behavioral disorder is 59.9 per 10,000 (Figure 3.62). Although twice as high in the population aged 18 to 64, the rate is a sizable 34.9 per 10,000 among young people under 18 years.

Based on data from the National Survey on Drug Use and Health (NSDUH), the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 15.0% (17.6%-20.5%) of people 18 and older had any mental illness in the past year, and that 12.5% (10.5% - 15.1%) of people 18 and older received mental health services in the past year.[7] Unfortunately, region 8 – which includes Bexar and 27 other counties – is the smallest geography available. Because of geographic barriers to care, the treatment rate within Region 8 is likely higher in Bexar County and lower in rural areas with fewer mental health services available.

[7]Available online at **https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports**

Focus group participants felt that more awareness and education around mental health would help de-stigmatize the topic. It can be difficult to talk about mental health because "some people don't take it seriously, and they think that you're doing it for attention" (Youth Participant, CHNA Focus Group with The Health Collaborative, 2022). One way that participants speculated about improving the stigma around mental health was to use social media to their advantage:

> **"I feel like something could be like promoting to get help through social media and stuff like that, because I know that social media is a really big thing right now in the time that we are in. I feel like if maybe there was promotions like to help people, that would be something that would really benefit a lot of others."** – *Youth Participant*

LEARN MORE ABOUT MENTAL ILLNESS AND SUBSTANCE ABUSE

H.E. Butt Foundation: *Bringing Faith and Mental Health Together: An Inventory of Faith and Mental Health Initiatives in San Antonio and Nationally*[8]

Meadows Mental Health Policy Institute: *Bexar County Children and Youth Rapid Behavioral Health Assessment*[9]

PRC Region 8: *Regional Needs Assessment*[10]

COMMUNITY VOICE

"I would say, what comes to mind for me with a healthy child from the family development would be your parents, because they affect the way you think and see things, and some of those ideas can be toxic in a way. So I think that for a child to develop over time they need to try and open their mindset, because maybe it was stuck in one place due to their parents."

– Youth Participant

[8]H.E. Butt Foundation. (2019). Bringing faith and mental health together: An inventory of faith and mental health initiatives in San Antonio and nationally. Available online at **https://hebfdn.org/wp-content/uploads/sites/7/2019/08/MMHPI_HEBFDN-Faith-and-Mental-Health-Inventory-Executive-Summary.pdf**

[9]Meadows Mental Health Policy Institute. (2019). Bexar County Children and Youth Rapid Behavioral Health Assessment. Available online at **https://saafdn.org/wp-content/uploads/2020/09/Bexar-County-Children-and-Youth-Rapid-Behavioral-Health-Assessment-Reduced-File.pdf**

[10]PRC Region 8. (2020). Regional Needs Assessment. Available online at **https://prcregion8.org/data/**

TRAFFIC ACCIDENT INJURIES

Fig. 3.63 Traffic accidents causing incapacitating injuries for pedestrians per 100,000 population
Bexar County, Texas

The rate of traffic accidents causing incapacitating injuries for pedestrians decreased steadily until 2020 and then rose substantially in 2021 (Figure 3.63).

The traffic accident pedestrian injury rate is highest in ZIP codes 78215 (Figure 3.64), which includes lower Broadway, the Pearl Brewery, and the Museum Reach of the Riverwalk; 78205, which includes downtown; 78208, which includes an urban stretch of I-35 and the Union Pacific railyard; and 78219, which includes the AT&T Center, industrial areas in Kirby, and the area around the San Antonio Military Medical Center (SAMCC) Hospital.

Fig. 3.64 Traffic accidents causing incapacitating injuries for pedestrians per 100,000 population, 2019-2021

Source: Texas Department of Transportation
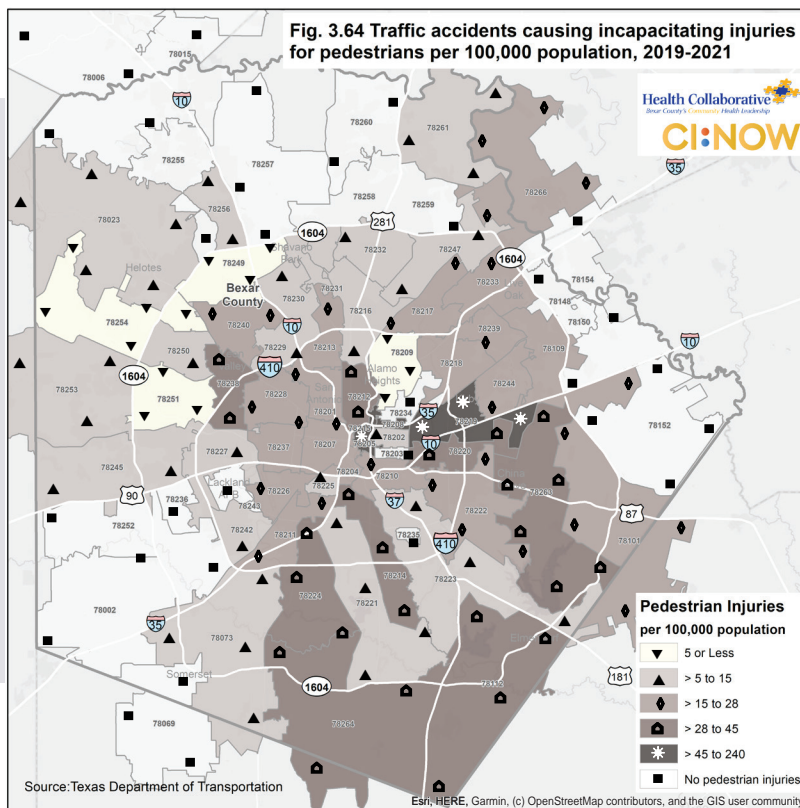
Fig. 3.65 Traffic accidents causing incapacitating injuries for cyclists per 100,000 population
Bexar County, Texas
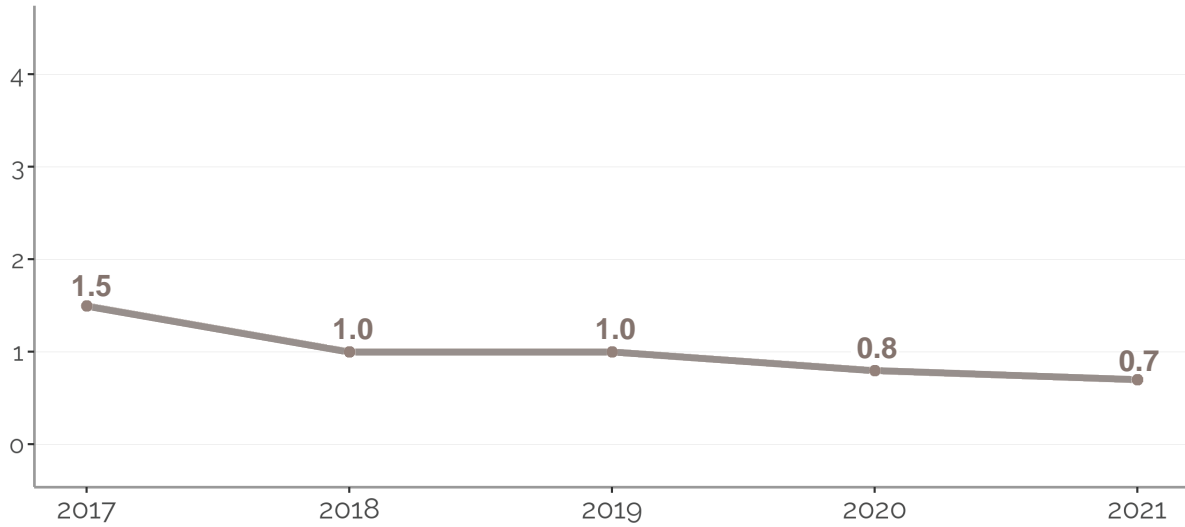
Source: Texas Department of Transportation
Prepared by CI:Now for The Health Collaborative

The rate of traffic accidents causing incapacitating injuries for cyclists has dropped by about half since 2017, but that trend should be interpreted with caution given that the actual numbers are fairly small – 15 for 2021 (Figure 3.65). Per Texas state law, micro-mobility devices like scooters are classified as bicycles and so are included in this measure.

Fig. 3.66 Traffic accidents causing incapacitating injuries for cyclists per 100,000 population, 2019-2021

Source: Texas Department of Transportation

Cyclist Injuries 2019-2021
per 100,000 population
▼ 3 or Less
▲ > 3 to 5
◆ > 5 to 12
⬠ > 12 to 20
✳ > 20 to 35

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
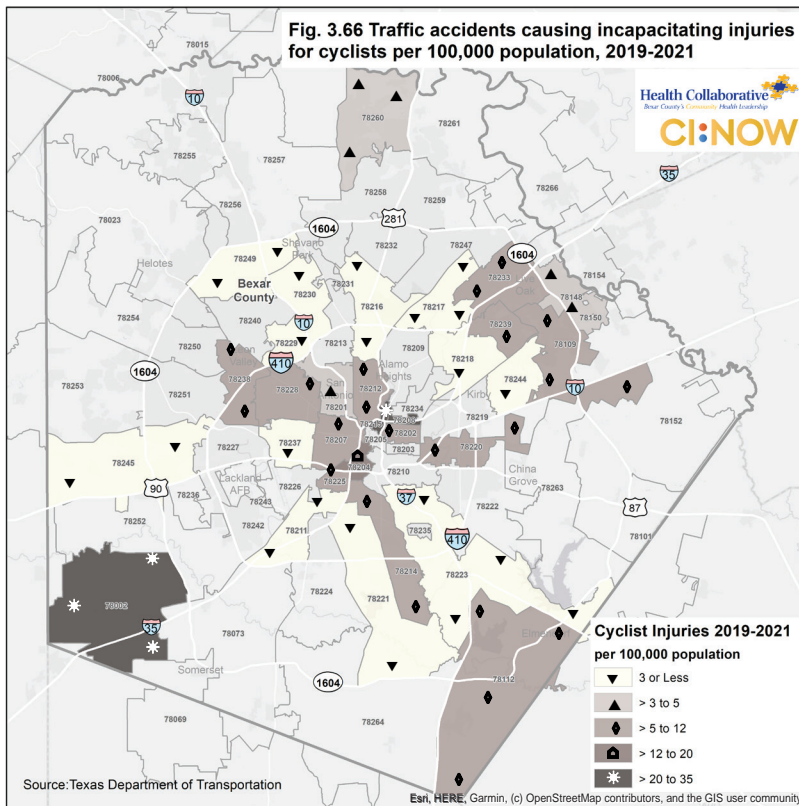
The traffic accident cyclist injury rate is highest in ZIP codes 78215 (Figure 3.66), which includes lower Broadway, the Pearl Brewery, and the Museum Reach of the Riverwalk; 78208, which includes an urban stretch of I-35 and the Union Pacific railyard; and 78002, which includes a rural stretch of I-35 between Von Ormy and Lytle. These rates should be interpreted with caution given the small actual numbers.

SEXUAL ASSAULT

Fig. 3.67 Sexual assault crimes committed per 100,000 population
Bexar County, Texas
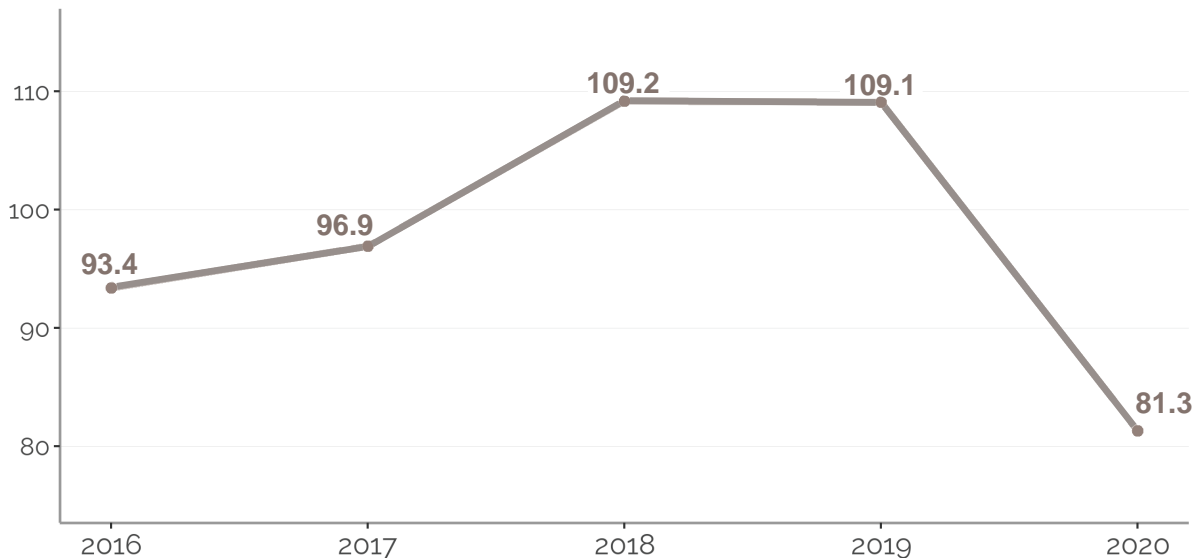
The rate of reported sexual assault dropped significantly during the first year of the pandemic (Figure 3.67). "Stay at home" orders and widespread business and school closures during the COVID-19 pandemic in 2020 may have influenced this trend, but this measure is also vulnerable to changes in proportion of sexual assaults that are reported.

The ZIP code with the highest reported sexual assault rate is downtown (Figure 3.68), but that rate should be interpreted with caution because of the small population denominator. Other high rates are seen in ZIP code 78207 on the near west side and in 78229 in the Medical Center area. It is important to note that a large proportion of sexual assaults go unreported, and the reporting rate is likely uneven across the county.

Fig. 3.68 Sexual assault crimes committed per 100,000 population, 2020

Sexual Assault Rate
per 100,000 population
- 34 to Less
- > 34 to 62
- > 62 to 140
- > 140 to 270
- > 270 to 1,132

Source: San Antonio Police Department
Note: Zip codes that do not have a majority of land inside the SAPD service area are excluded from analysis.
Zipcodes with less than 10 events have been suppressed

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
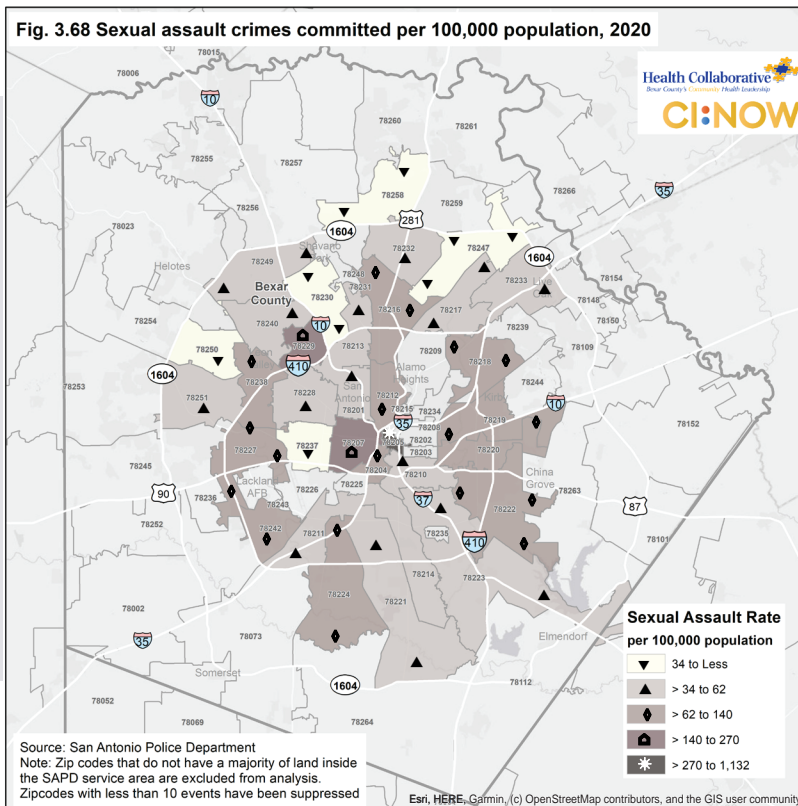
CHILD AND ADULT ABUSE AND NEGLECT

Child Protective Services staffing and caseloads may hinder investigation and victims being either confirmed or ruled out, so it is important to track initial reports of child abuse and neglect, not just confirmed victims. The report rate declined sharply during COVID (Figure 3.69), likely because school personnel are often the people who see and report signs of abuse/neglect when school is held in person.

Fig. 3.69 Number of child abuse or neglect reports per 10,000 children aged 0-17
Bexar County, Texas

Fig. 3.70 Number of confirmed child abuse or neglect victims per 1000 children aged 0-17
Bexar County, Texas

Although the rate of child abuse and neglect reports fell dramatically during the pandemic, the rate of confirmed victims held steady (Figure 3.70). Again, a victim can only be either confirmed or ruled out if the report is assigned for investigation and the investigation is timely completed.

Fig. 3.71 Number of confirmed child abuse or neglect victims per 1000 children aged 0-17, 2020

Child Abuse and Neglect

Confirmed Victims per 1k age 0-17

▼	5 or Less
▲	> 5 to 10
◆	> 10 to 15
⌂	> 15 to 23
☀	> 23 to 33

Source: Texas Department of Family and Protective Services
Note: Some zipcodes have been suppressed for confidentiality purposes

Esri, HERE, Garmin, (c) OpenStreetmap contributors, and the GIS user community

Confirmed child abuse/neglect is concentrated in the central city and inner-ring suburbs. (Figure 3.71)

We can't know to what degree it happens in Bexar, but both reports and investigations can be influenced by class and race bias.

As with child abuse and neglect, it is important to track reports of adult abuse or neglect, not just confirmed victims, because Adult Protective Services staffing and caseloads may hinder investigation and victims being either confirmed or ruled out. The rate of adult abuse or neglect reports remained flat between 2016 and 2019 and dropped slightly in 2020 and 2021 (Figure 3.72).

Fig. 3.72 Number of adult abuse or neglect reports per 1,000 adults
Bexar County, Texas

Fig. 3.73 Number of confirmed adult abuse or neglect per 1,000 adults
Bexar County, Texas

As with child abuse or neglect, the rate of confirmed victims of adult abuse or neglect held steady despite the decrease in reporting during the pandemic (Figure 3.73).

SECTION 4: DEATH

Although death rates are low among children and teens (Figure 4.1), the leading cause of death is homicide, including homicide with a weapon. Accidents (unintentional injury) are the second-leading cause. Because of low numbers, death rates for suicide and cancer are unstable and were suppressed by the data source. Infants under 1 year of age are not included in this chart.

Fig. 4.1 Leading causes of death for ages 1-17, crude rate per 100,000, 2020
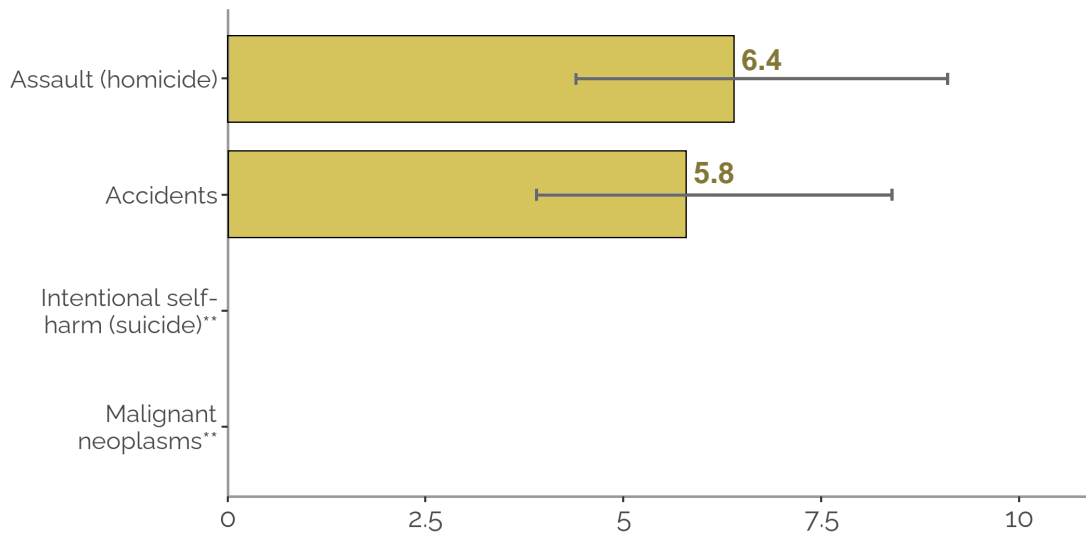
Bexar County, Texas

Cause	Rate
Assault (homicide)	6.4
Accidents	5.8
Intentional self-harm (suicide)**	
Malignant neoplasms**	

**Suppressed
Source: CDC Wonder Online Data, Underlying Cause of Death
Prepared by CI:Now for The Health Collaborative

COVID-19 was the third-leading cause of death among both adult (Figure 4.2) and older adult (Figure 4.3) age groups in 2020. Heart disease and cancer remain the leading causes of death in both age groups.

Fig. 4.2 Leading causes of death for ages 18-64, crude rate per 100,000, 2020
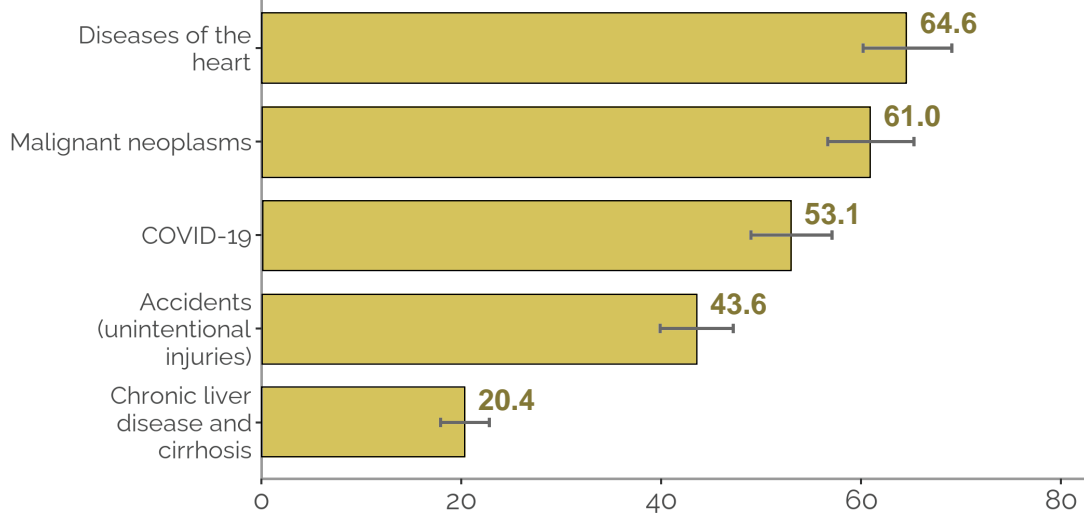
Bexar County, Texas

Cause	Rate
Diseases of the heart	64.6
Malignant neoplasms	61.0
COVID-19	53.1
Accidents (unintentional injuries)	43.6
Chronic liver disease and cirrhosis	20.4

Source: CDC Wonder Online Data, Underlying Cause of Death
Prepared by CI:Now for The Health Collaborative

Fig. 4.3 Leading causes of death for ages 65 or older, crude rate per 100,000, 2020
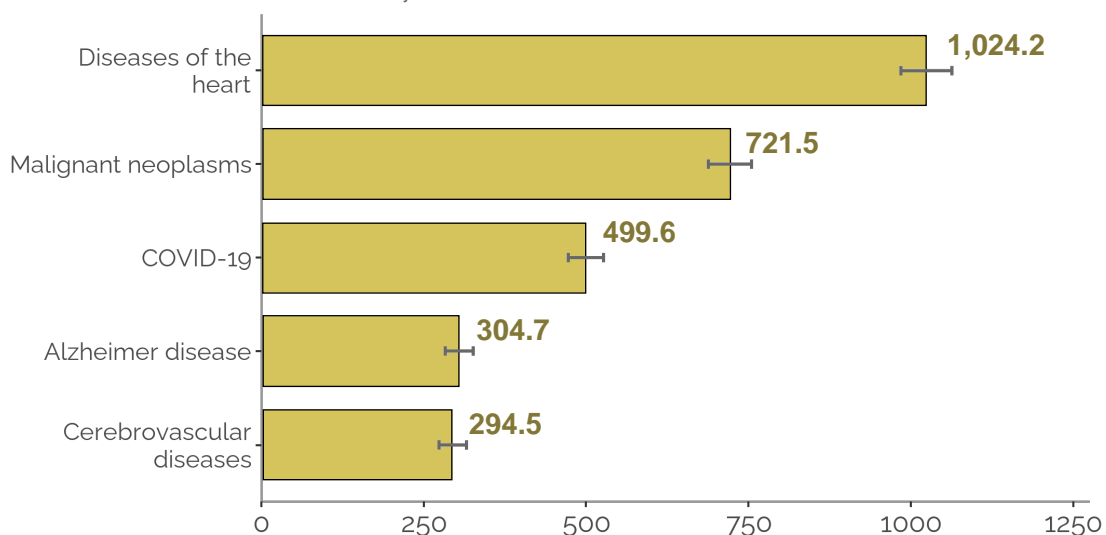
Bexar County, Texas

Cause	Rate
Diseases of the heart	1,024.2
Malignant neoplasms	721.5
COVID-19	499.6
Alzheimer disease	304.7
Cerebrovascular diseases	294.5

Source: CDC Wonder Online Data, Underlying Cause of Death
Prepared by CI:Now for The Health Collaborative

COVID-19

Fig: 4.4: Percent COVID-19 deaths by race and ethnicity, January 31, 2022 (N = 4,543, 609 cases missing race/ethnicity)

Bexar County, Texas
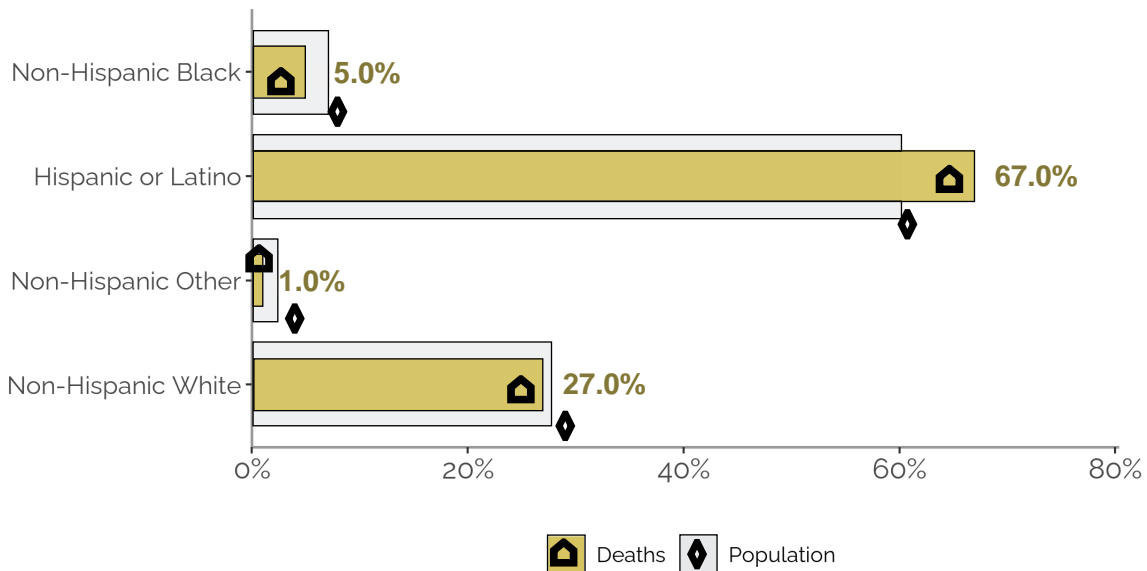
Deaths ⬦ Population

The number continues to rise, but as of late April 2022, the Texas Department of State Health Services put COVID-19 deaths at 305.5 per 100,000 population in Bexar County. (Figure 4.4) shows percent of total deaths among confirmed COVID-19 cases were among each race/ethnicity group as of January 2022. Sixty-seven percent of deaths were among Hispanics. As Hispanics make up just 61% of Bexar County population, shown as a gray bar, Hispanics are over-represented among COVID-19 deaths. Black or African Americans are slightly under-represented (5% of deaths vs. 7% of population), while whites are equally represented (27% of deaths and 27% of population). It is important to note that race/ethnicity was missing for 13% of the 4,543 cases in this chart, pointing to the national, state, and local challenge of disaggregating COVID data by race/ethnicity. Another important consideration is that COVID-19 death data includes only confirmed cases, not any deaths without COVID-19 confirmed, and not any deaths that were indirectly due to COVID-19, such as a heart attack patient who could not secure a bed in an overcrowded hospital intensive care unit.

LEARN MORE ABOUT COVID-19 DEATHS

San Antonio Metropolitan Health District: *COVID-19 Monthly Epidemiological Report[1]*

[1] San Antonio Metropolitan Health District. (2022). COVID-19 monthly epidemiological report. Available online at **https://covid19.sanantonio.gov/Reports-Statistics/Dashboards-Data/Epidemiological-Reports**

Fig. 4.5 Percent COVID-19 deaths, as of April 2022
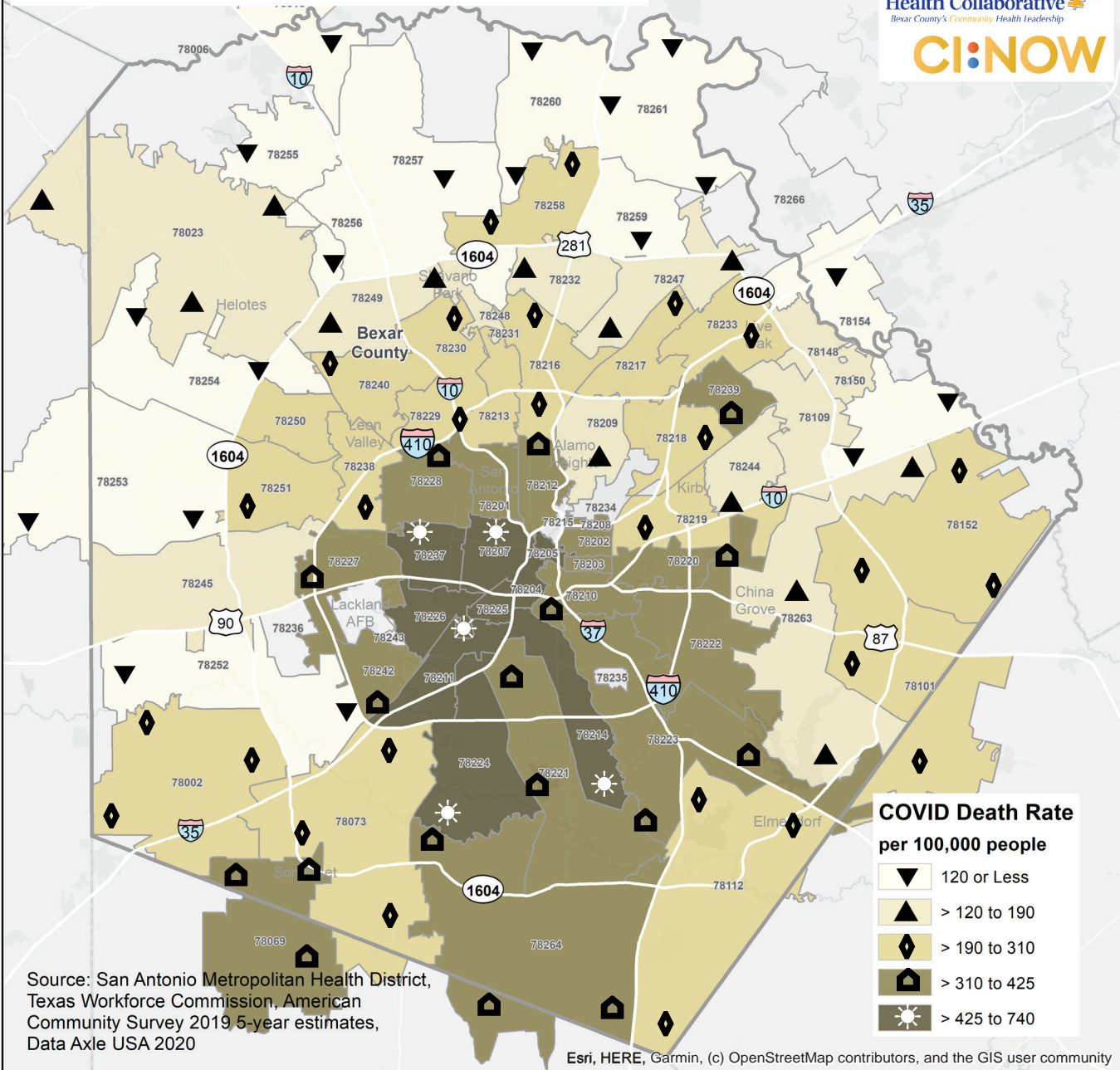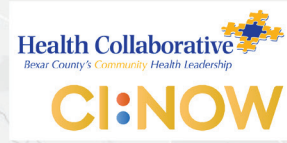
COVID Death Rate
per 100,000 people

- ▼ 120 or Less
- ▲ > 120 to 190
- ◆ > 190 to 310
- ⌂ > 310 to 425
- ☀ > 425 to 740

Source: San Antonio Metropolitan Health District, Texas Workforce Commission, American Community Survey 2019 5-year estimates, Data Axle USA 2020

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COVID-19 death rates are highest in ZIP codes on the south and west sides inside Loop 410 (Figure 4.5). Most of the ZIP codes with the lowest death rates were in the outer-ring suburbs outside Loop 1604 on the northwest and north sides of the county.

(Figure 4.6) is a scatterplot of percent of older population that is Hispanic and COVID-19 death rate as of May 2022. Each plotted dot is a ZIP code. At 0.77, the correlation coefficient is high and positive, meaning that ZIP codes where a higher proportion of the older population is Hispanic had a higher rate of COVID-19 deaths.

Fig. 4.6 COVID-19 deaths and percent Hispanic 65 or older zip code correlation
Bexar County, Texas
Correlation coefficient: 0.77
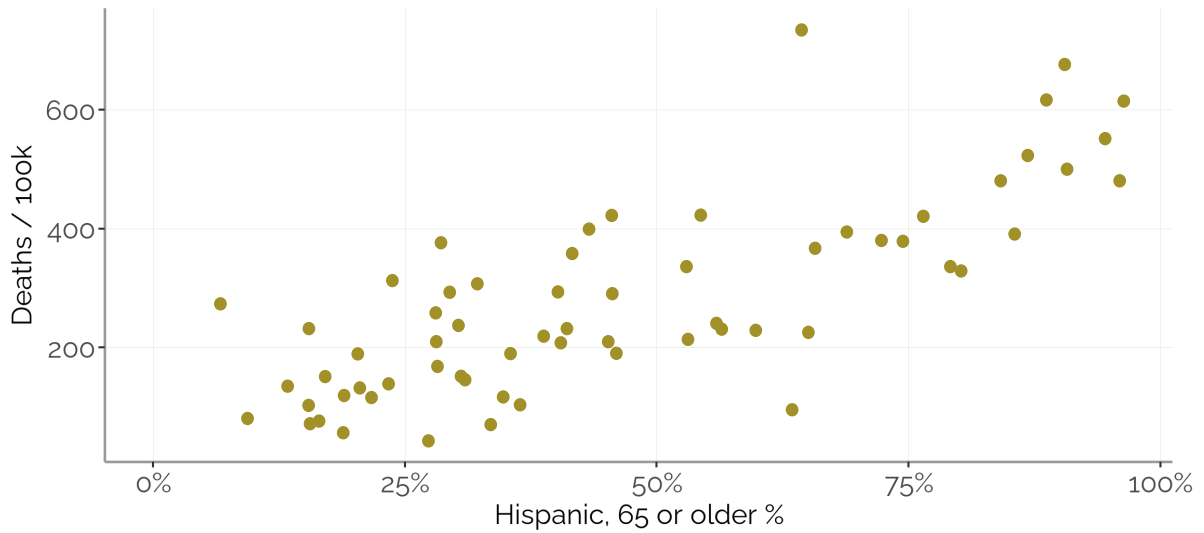
Source: San Antonio Metropolitan Health District,
American Community Survey 2019 5-year estimates
Prepared by CI:Now for The Health Collaborative

Fig 4.7 COVID-19 deaths and percent non-Hispanic White 65 or older zip code correla
Bexar County, Texas
Correlation coefficient: -0.76
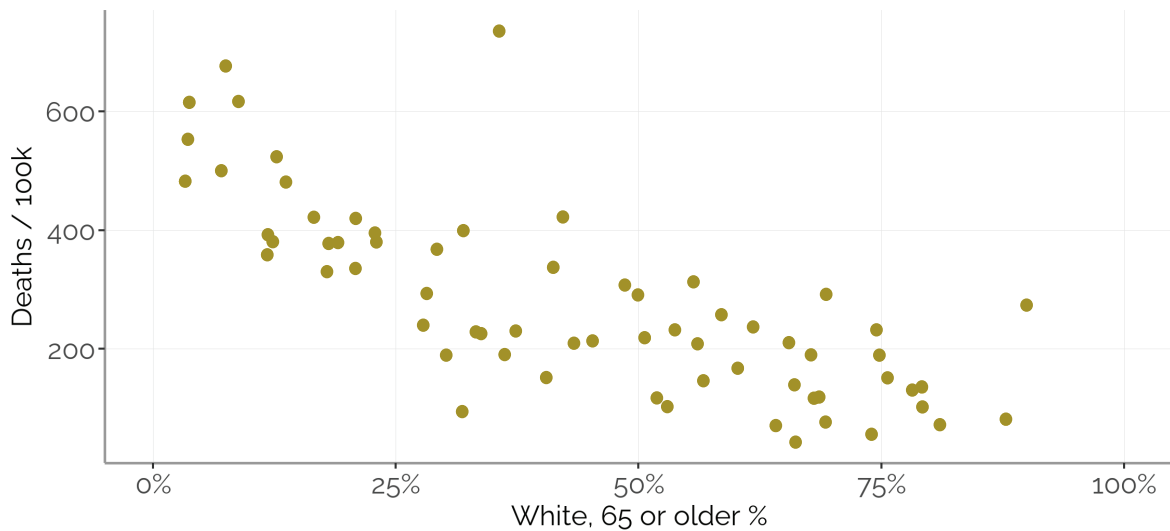
Source: San Antonio Metropolitan Health District,
American Community Survey 2019 5-year estimates
Prepared by CI:Now for The Health Collaborative

(Figure 4.7) is a scatterplot of percent of older population that is white and COVID-19 death rate as of May 2022. At -0.76, the correlation coefficient is equally high but negative, meaning that ZIP codes where a higher proportion of the older population is white had a lower rate of COVID-19 deaths. Taken together, these two scatterplot charts show a tremendous racial disparity in COVID-19 deaths among the population 65 and older.

CANCER

At nearly twice the rate, males have higher (statistically significant) age-adjusted mortality rates of lung and bronchus cancer than do females (Figure 4.8), and males appear to have higher rates in all race/ethnicity groups. Hispanics, particularly females, appear to have lower lung and bronchus cancer mortality rates than other race/ethnicity groups for which data is available.

Fig. 4.8 Age-adjusted lung and bronchus cancer mortality rate by race and sex per 100,000 population, 2018
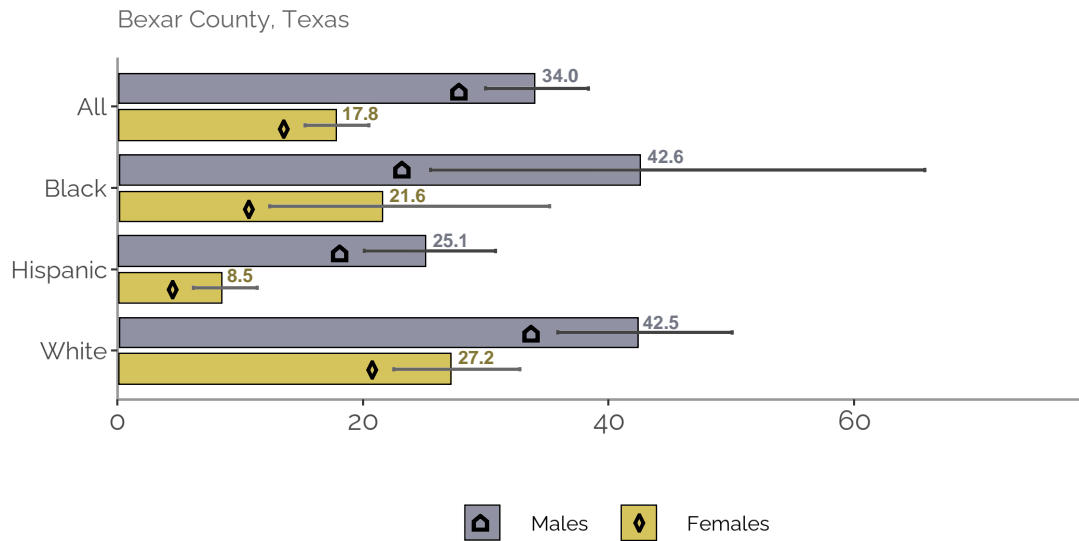
Bexar County, Texas

Source: Texas Cancer Registry
Prepared by CI:Now for The Health Collaborative

INFANT MORTALITY

The overall infant mortality rate for Bexar County is 6.2 infant deaths per 1,000 live births. Racial disparities in infant mortality are clear, with the Black or African American population shouldering roughly twice or more the infant rate as other race/ethnicity groups (Figure 4.9).

Fig. 4.9 Infant mortality rate per 1,000 births by race and ethnicity of mother, 2010-2019

Bexar County, Texas
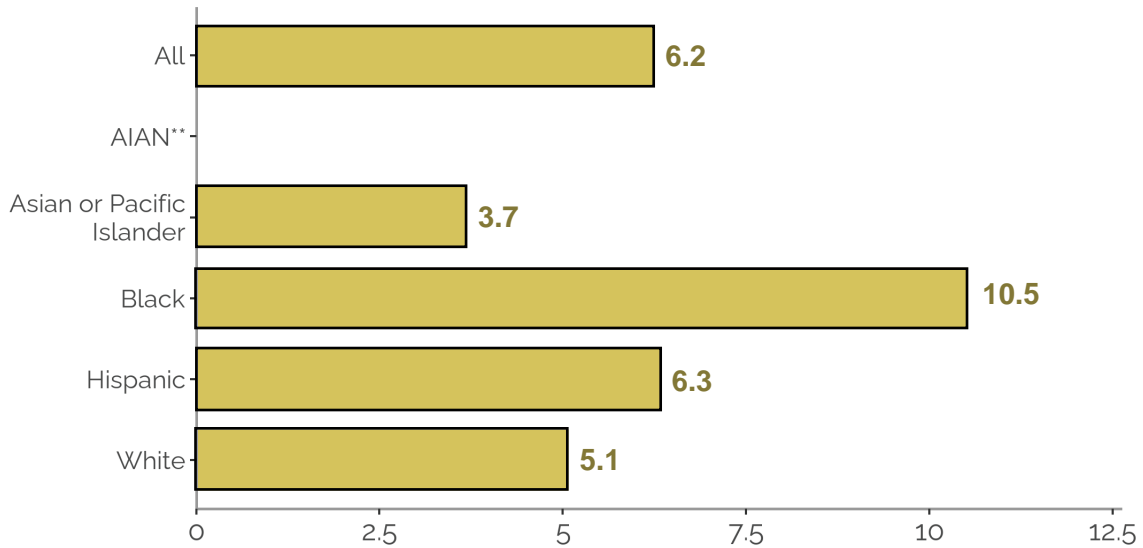
Group	Rate
All	6.2
AIAN**	
Asian or Pacific Islander	3.7
Black	10.5
Hispanic	6.3
White	5.1

**Suppressed
Source: CDC Wonder Linked Birth/Infant Death Records, 2007-2019
Prepared by CI:Now for The Health Collaborative

Fig. 4.10 Number of infant deaths per 1,000 births by race of mother (3-year average)

Bexar County, Texas
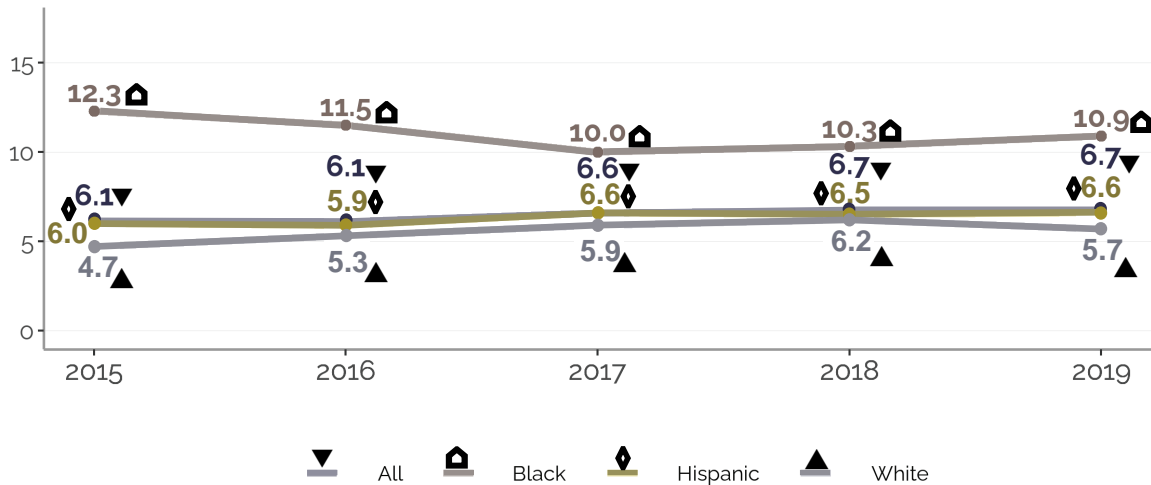
	2015	2016	2017	2018	2019
Black	12.3	11.5	10.0	10.3	10.9
All	6.1	6.1	6.6	6.7	6.7
Hispanic	6.0	5.9	6.6	6.5	6.6
White	4.7	5.3	5.9	6.2	5.7

▼ All　⌂ Black　◇ Hispanic　▲ White

Source: CDC Wonder Linked Birth/Infant Death Records, 2007-2019
Prepared by CI:Now for The Health Collaborative

Infant mortality rates have increased slightly in all groups except for Black or African Americans, among whom the rate has decreased about 11% since 2015 (Figure 4.10)

OVERDOSE AND POISONING

It's not possible to separate drug overdose deaths from other chemical poisonings in the available dataset, but the overall crude rate due to poisoning has increased since 2016 (Figure 4.11).

Fig. 4.11 Deaths due to poisoning by chemical substance including drugs (crude death rate)
Bexar County, Texas
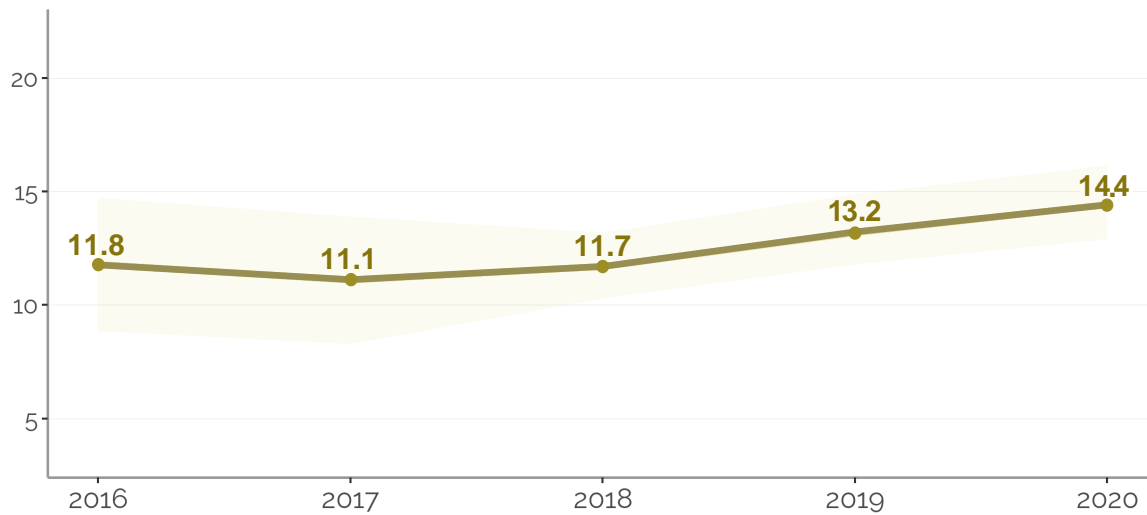
SUICIDE

The rate of suicide for the county as a whole is estimated at 19.4 per 100,000 population for males and 4.9 per 100,000 population for females. The rate among males is nearly four times that of females and is highest in the 15 to 34 age group (Figure 4.12).

Fig. 4.12 Suicide rate by age and sex per 100,000 population, 2020

Bexar County, Texas

Male   Female
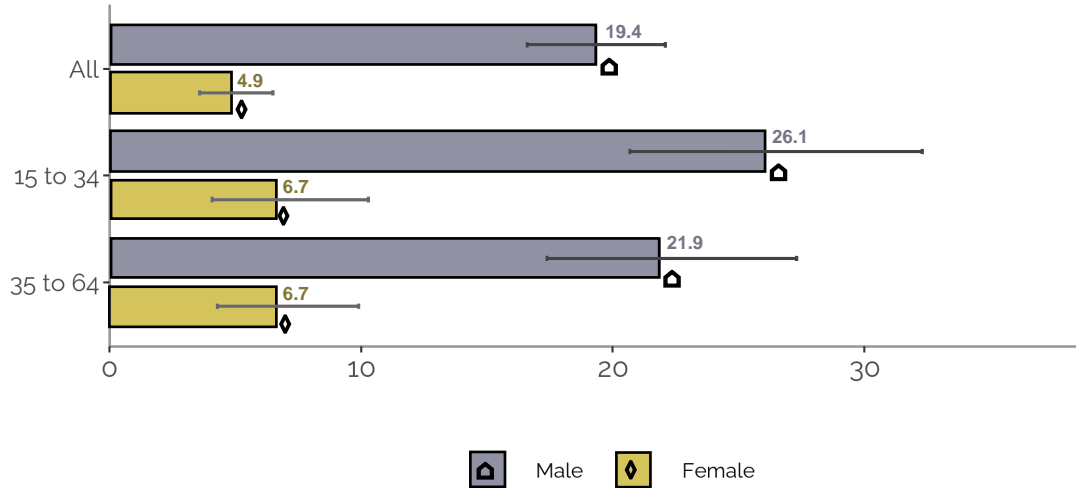
Age breakdowns are crude rates. All other rates are age adjusted
Source: CDC Wonder Online Data, Underlying Cause of Death
Prepared by CI:Now for The Health Collaborative

Fig. 4.13 Suicide age-adjusted rates by race per 100,000 population, 2020
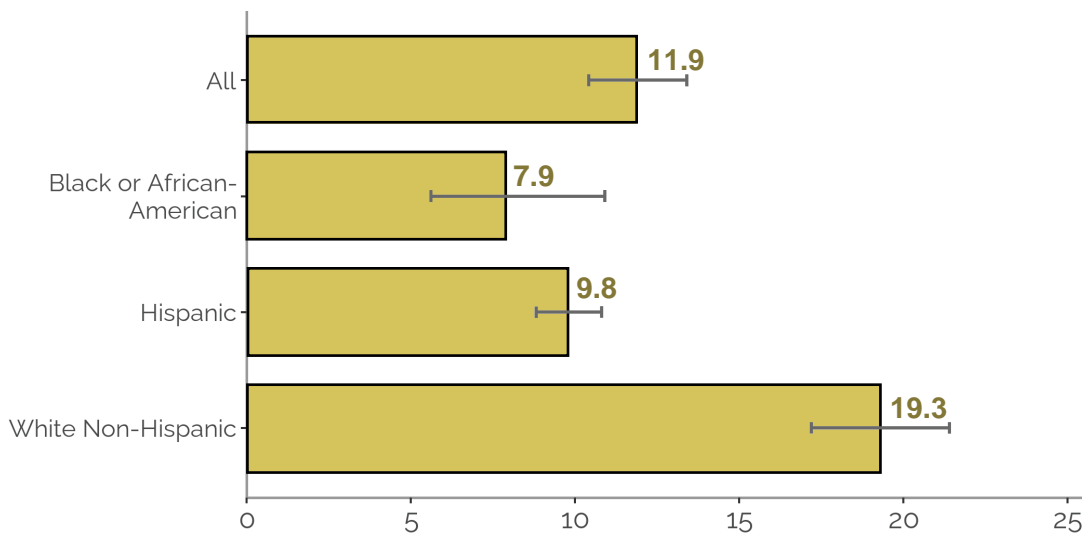
Bexar County, Texas

Source: CDC Wonder Online Data, Underlying Cause of Death
Prepared by CI:Now for The Health Collaborative

The suicide rate among whites is about twice as high as other race/ethnicity groups for which data is available (Figure 4.13).

TRAFFIC ACCIDENT FATALITIES

The rate of traffic accidents causing cyclist death has remained relatively flat over the past five years (Figure 4.14), but the uptick from 2020 to 2021 is a larger year-over-year change than that seen in any other year. This trend should be interpreted with caution because the number of cyclist traffic fatalities is low.

Fig. 4.14 Traffic accidents causing fatalities for cyclists per 100,000 population
Bexar County, Texas

Source: Texas Department of Transportation
Prepared by CI:Now for The Health Collaborative

Fig. 4.15 Traffic accidents causing fatalities for cyclists per 100,000 population, 2019-2021

Source: Texas Department of Transportation

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Cyclist Fatalities
per 100,000 population

- 2 or Less
- > 2 to 3
- > 3 to 5
- > 5 to 8
- > 8 to 19
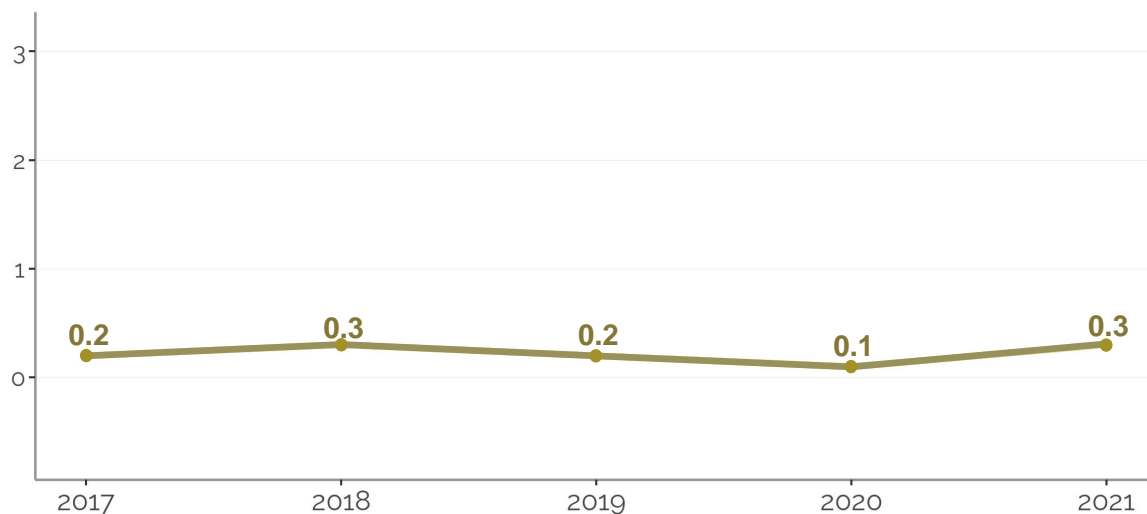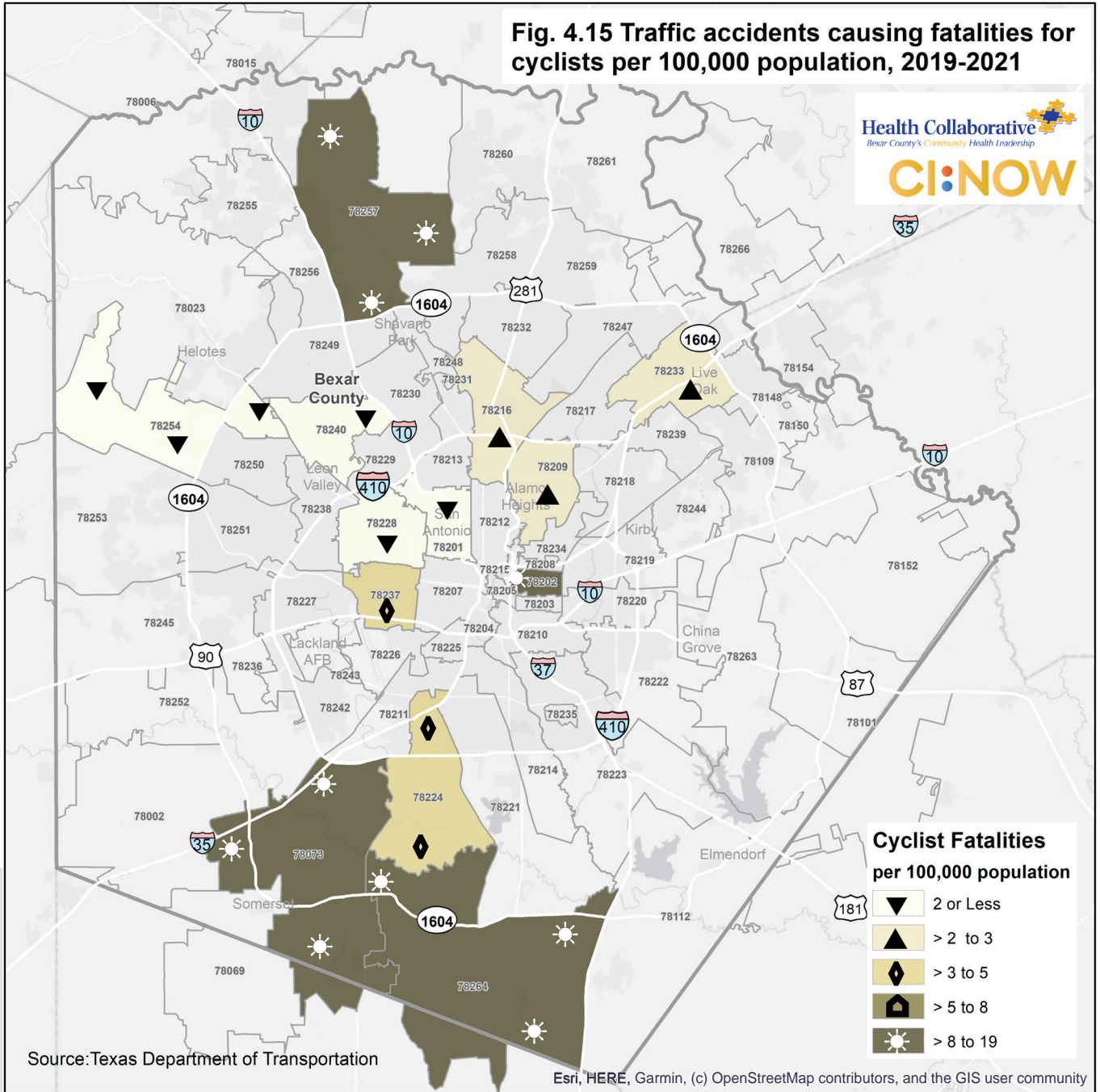
The reason for the geographic pattern in cyclist fatalities is not clear (Figure 4.15), with high rates in the far south side, near east side, and far north side of the county. This map should be interpreted with caution because the number of cyclist traffic fatalities is low.

Fig. 4.16 Traffic accidents causing fatalities for pedestrians per 100,000 population

Bexar County, Texas
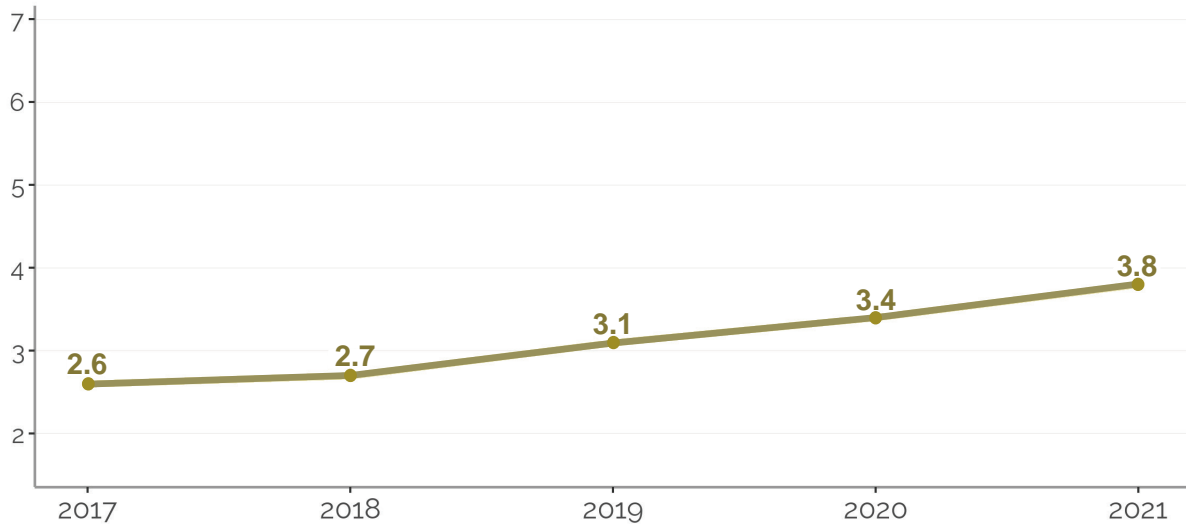
Fatal traffic accidents for pedestrians got media attention during COVID, but the annual rate has increased every year since 2017 (Figure 4.16).

Fig. 4.17 Traffic accidents causing fatalities for pedestrians per 100,000 population, 2019-2021

Pedestrian Fatalities per 100,000 population
- >0.1 to 5
- > 5 to 14
- > 14 to 33
- > 33 to 68
- > 68 to 270

Source: Texas Department of Transportation

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
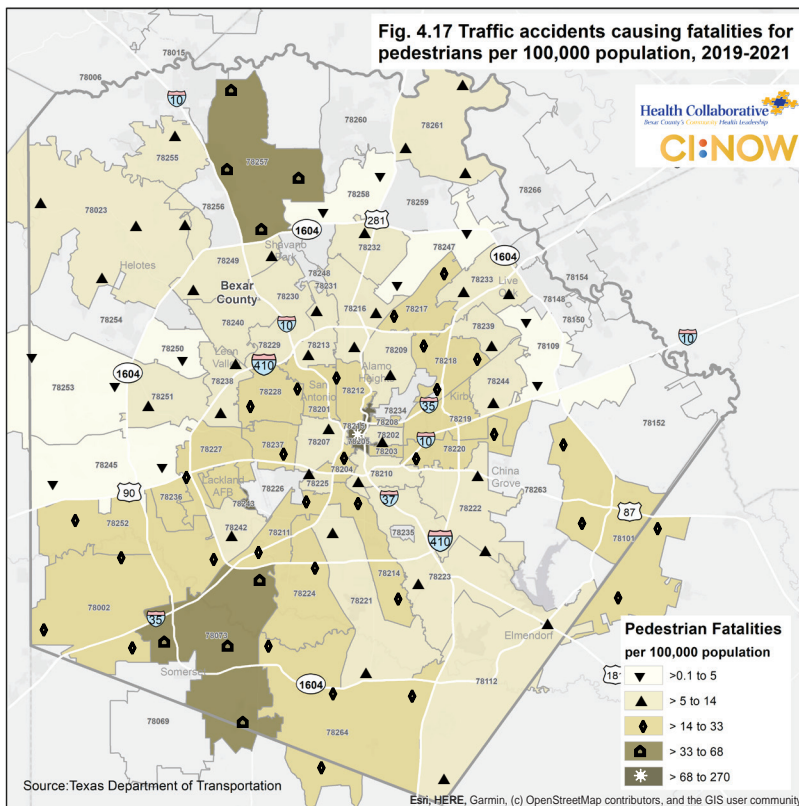
The map (Figure 4.17) should be interpreted with some caution because of low numbers, but the highest rates of pedestrian traffic fatalities by ZIP code are in 78205 (downtown) and 78215 (lower Broadway/Pearl Brewery area), perhaps not surprising given the relatively heavier pedestrian activity in those areas. The reason for the high rates in the southwest and far north sides of the county are less clear.

LIFE EXPECTANCY

Fig. 4.18 Life expectancy (3-year average)
Bexar County, Texas
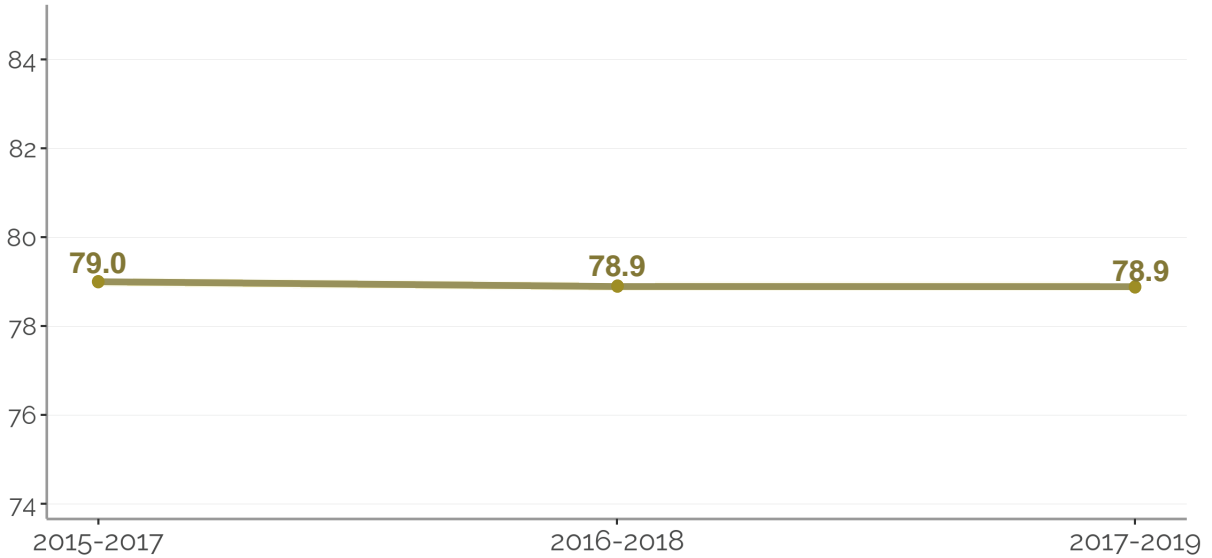
Calculated as a three-year average, overall life expectancy was relatively flat from 2015-2017 to 2017-2019 (Figure 4.18). Unfortunately, the most recent available data pre-dates the COVID-19 pandemic. Local life expectancy likely dropped significantly during the pandemic, and racial disparities likely widened, if Bexar County followed the national trend.[2]

Fig. 4.19 Life Expectancy, 2017

Prior to COVID-19, long life expectancy was concentrated on the north and northwest sides, while shorter life expectancy was concentrated on the east and west sides (Figure 4.19). That geographic disparity has likely grown during the pandemic.
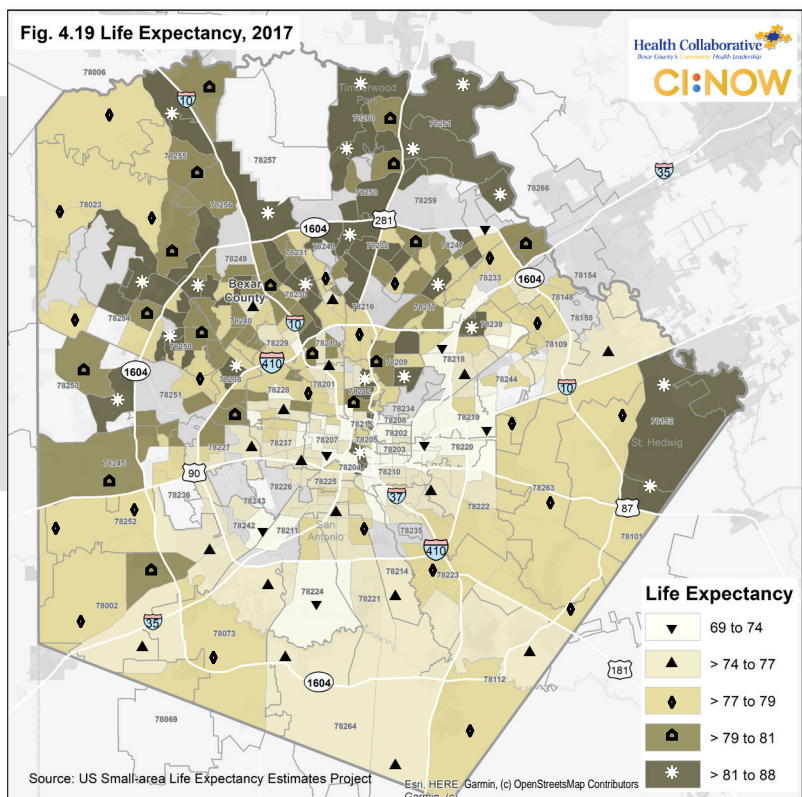
Life Expectancy
▼ 69 to 74
▲ > 74 to 77
♦ > 77 to 79
⌂ > 79 to 81
✳ > 81 to 88

Source: US Small-area Life Expectancy Estimates Project

Esri, HERE, Garmin, (c) OpenStreetMap Contributors Garmin, (c)

[2]See for example Andrasfay, T. and Goldman, N. (2021). Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. PNAS, 118 (5). Available online at **https://www.pnas.org/doi/10.1073/pnas.2014746118**

WHAT ISSUES STAND OUT?

A handful of issues stand out1 in each of the latter four sections, as shown in the diagram on the following page. Highlighted issues were selected by the Community Health Needs Assessment Steering Committee through an indicator rating survey. Respondents' decisions were informed both by the full array of quantitative assessment data and by each member's own understanding of health and well-being in Bexar County.

Although COVID-19 deaths specifically are addressed below, it bears noting that no issue addressed in this assessment was unaffected by the pandemic. Most existing social and economic problems deepened, existing inequities grew starker, and years of recent progress were partly or entirely erased. Much of the available data predates the pandemic, and its effects will not be fully understood for years or perhaps decades.

SOCIAL AND INSTITUTIONAL INEQUITIES

Find data in report Sections 1 through 4

Inequities, particularly racial/ethnic inequities, stood out as an overarching problem across health issues. Wherever the data made it possible, indicators in the report are broken out by race/ethnicity, age group, and sex, and differences by group are pointed out in the narrative. Some examples of clear racial/ethnic inequities are included in the highlighted issues reviewed below.

It must also be noted here that any understanding of local inequities depends on equity in the data itself. Much of the data used to build this report is not equitable. Although weighting and other statistical methods are used to minimize the effects, the quality and timeliness of the U.S. Census Bureau's American Community Survey and the Behavioral Risk Factor Surveillance System (BRFSS) survey datasets used heavily in this report are very vulnerable to the following dangers:

- low public investment in data collection, analysis, and testing;

- bias built into the survey methods and instruments themselves;

- policy and messaging on how the collected data will be used; and

- differences among different population groups in response rate (whether they respond at all) and response bias (what they disclose relative to what is actually true).

Although those two example datasets are much less talked about, the same kinds of problems are evident in the better-known 2020 Decennial Census effort. It is imperative that the U.S., states, and localities invest in collection and quality assurance of the data on which they will rely to make decisions and allocate resources.

Racial/ethnic inequities

Low income & poverty
Unemployment
Affordable housing
Poor air quality
Rapidly growing population
Low educational attainment
Food insecurity
Lack of health insurance

Substance use
Unhealthy eating

Low birthweight
Premature birth
Mental Illness
Abuse and neglect

Child homicide
Child accidental deaths
Heart disease deaths
Cancer deaths
COVID-19 deaths
Deaths from substances
Life expectancy

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM   DOWNSTREAM

SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins

Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

Social Environment
Experience of Class, Racism, Gender, Immigration
Culture • Ads • Media
Violence

Service Environment
Health Care
Education
Social Services

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Individual Health Education

Health Care

Case Management

POLICY

Cancer screening
Prenatal care
Preventive & primary care
Dental care
Chronic disease management

Emerging Public Health Practice   Current Public Health Practice

COMMUNITY VOICE

"And I firmly believe again, having done this now in four states, that it does require… re-engineering resources so that there's a better balance… so east, west, and south in the city, there's a reason why we see the disproportionate burden of diabetes or the disproportionate burden of HIV or the disproportionate burden of those who contracted COVID. Well, it's tied to what's in those zip codes, in those census tracts, in those neighborhoods. Unless we re-engineer an ecosystem that redeploys resources to the areas of highest need, these patterns will not change. I would say the opportunity is to revisit what's in these different neighborhoods, it's to revisit and support partners on the ground, but it's also making sure that we're using the tools at our disposal, like the data available in real time, so that we can redeploy resources to the areas of highest need."

– Dr. Claude Jacob, Director, San Antonio Metropolitan Health District

LIVING CONDITIONS

Find data in report Section 1: Community Conditions

Fundamental root causes of poor health outcomes, health behaviors, and even other social and economic determinants of health, **low income and poverty** were among the most highly prioritized issues in this assessment. Stark racial/ethnic and sex disparities are evident in the data as well, with females, Black or African Americans, Hispanics, and other smaller race/ethnicity groups in Bexar County shouldering a higher burden of low income and poverty than males, Asians, and whites. A closely related priority is **unemployment,** which must go hand-in-hand with labor force participation. In Bexar County in general, non-whites and females face greater economic instability due to unemployment and barriers to labor force participation, defined as either employed or seeking work. Employment is also related to **lack of health insurance,** another priority issue identified, as about half of insured people have insurance through their employer. Disparities by race/ethnicity are evident in health insurance coverage.

Low educational attainment is another root cause that affects health outcomes, health behaviors, and even other social and economic determinants of health and shows stark racial/ethnic disparities. Like low income, low educational attainment can affect health either directly or indirectly through another issue. For example, data on COVID-19 show a ZIP-code level correlation between low educational attainment and COVID-19 cases, likely in part due to many jobs with lower educational requirements being designated essential when other workers were being moved to a work-from-home format.

Several issues related to natural and built environment emerged as high priorities. One is **housing insecurity.**

Bexar County is experiencing an increasingly acute shortage of affordable housing, especially but not only for low- and moderate-income residents. The available data shows that renters and People of Color are especially likely to experience housing cost-burden, and these disparities are likely to have widened during the COVID-19 pandemic. Food insecurity also rose to the top as a priority issue, and indeed San Antonio made national headlines for extremely long queues of cars lined for food assistance in 2020 and 2021. The data source used in this document marries the geographic access and economic access aspects of **food insecurity**. With job losses and medical emergencies during the pandemic, economic access has worsened in recent years. The last issue in the natural and built environment is **poor air quality,** which has been a high-profile local issue for years. Some aspects of air quality temporarily improved with dramatically reduced driving in 2020, but the longer-term trend and problem are unchanged.

A factor exacerbating all other health issues is Bexar County's **rapidly growing population**. Unless population growth is met with a focus on equity and systematic growth in supports for health and well-being across the BARHII continuum, health outcomes will suffer. Complicating the ability to assess conditions and measure progress, a substantial portion of Bexar County's growth is due to in-migration for good jobs and a relatively lower cost of living. These in-migrants tend to have higher incomes and higher education, which can result in improvements in snapshot measurements over time without meaningful positive changes having been experienced by longtime residents.

RISK BEHAVIORS

Find data in report Section 2: Access to Care, Preventive Care, and Health Behavior

Substance use, particularly opioid use, emerged as a priority in this category. **Unhealthy eating** is another priority health behavior, captured in this report as eating sufficient fruits and vegetables. Although data on substance abuse is scarce, racial/ethnic inequities are likely present, if for no other reason than unequal access to prevention and treatment. Although not discussed in this report, substance use also has inequitable criminal justice consequences depending on race/ethnicity.[1] Unequal access to health supports is also true for unhealthy eating, closely related to the food insecurity priority discussed earlier that incorporates a measure of access to healthy food as well as a measure of ability to afford it.

HEALTH CARE

Find data in report Section 2: Access to Care, Preventive Care, and Health Behavior

Many forms of **preventive and primary care,** including **cancer screening, prenatal care, dental care,** and **chronic disease management** emerged as priorities. Most of these services show racial/ethnic disparities in access and utilization, as well as in the health outcomes that preventive and primary care are intended to prevent or manage. Although the full impact of the pandemic on preventive and primary care utilization and subsequent health outcomes is not yet known, it is certain that utilization declined.

DISEASE AND INJURY

Find data in report Section 3: Well-Being, Illness, and Injury

Two birth outcomes emerged as priorities: **low birthweight** and **premature birth.** Both are negatively impacted by late or inadequate prenatal care, a priority issue discussed earlier, and data for both shows evidence of racial/ethnic inequities. Mental illness was another priority area identified, for which the data are extremely inadequate, including for disparities among population groups, the notable exception being death by suicide. **Child and adult abuse and neglect** stood out as well. Children in particular are vulnerable to ongoing abuse and neglect when the usual people who notice and report it, like school personnel, do not see and spend time with children, as was the case during the pandemic when learning was conducted virtually. The danger of abuse and neglect in both age groups may have been exacerbated during the pandemic when family members who normally go to work or school outside the home cannot, particularly in the context of extreme economic and health stressors.

COMMUNITY VOICE

A healthy family looks like *"a family that has no barriers… remove barriers of poverty, the barriers of lack of access to healthcare, mental health – just a family that has all of those barriers removed so that they can live into their full potential."*

- Patricia Mejia, Vice President of Community Engagement and Impact, San Antonio Area Foundation

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[1] See for example Community Information Now for the San Antonio Area Foundation and San Antonio Area African American Community Fund. (2022). State of the African American community in San Antonio and Bexar County. Available online at **https://saafdn.org/nonprofits/nonprofit-resources/research-publications/** **https://cinow.info/wp-content/uploads/Infographic-State-of-the-African-American-Community-in-San-Antonio-and-Bexar-County-rev-ed.pdf**

MORTALITY

Find data in report Section 4: Death

The leading causes of death for both children and adults stood out as priorities. For children and teens aged one year and older those top two causes are **homicide,** including homicide by gunshot, and **accidents.** For adults the top three causes are **heart disease, cancer,** and **COVID-19,** which displaced other longtime causes to take the number 3 slot. Premature heart disease and cancer mortality are impacted by utilization of preventive and primary care, chronic disease management, and cancer screening, all priorities discussed above. Another priority cause of death was **deaths from substances,** related to the substance use priority discussed above. Unfortunately, the data source does not distinguish deaths from drug overdose from deaths from other kinds of poisonings.

Death directly from COVID-19 was especially common in the 65 and older age group, but the negative effect of COVID-19 on access to emergency departments and intensive care unit beds doubtless had an impact on other causes of death among people of all ages.[2] **Life expectancy**, the cumulative result of all upstream drivers, also rose to the top among issues identified in the assessment. Inequities by both race/ethnicity and sex have long been apparent in life expectancy figures, and evidence is emerging that these gaps were widened by the COVID-19 pandemic.[3]

WHAT'S NEXT?

The next step in the assessment-planning-action cycle is to reconvene the community to explore the assessment data, agree on community-wide priorities, and create and implement a workplan with action strategies and roles for a wide array of community stakeholders.[4] That process will begin late in 2022 in preparation for release of the new Healthy Bexar Plan 2023.

COMMUNITY VOICE

"I think about the alignment of our efforts. And it's because sadly, when resources are finite, we have reengineered space where we tend to compete for the resources rather than collaborate. And my limited experiences of doing this for over 25 years, that's not sustainable when you're trying to compete for limited resources. It's like fighting over crumbs. No one's fed when you do that. So, it is imperative that we align our work. City-county, county-city, and whomever else that we have in our networks."

– Dr. Claude Jacob, Director, San Antonio Metropolitan Health District

2020 HEALTHY BEXAR COMMUNITY HEALTH IMPROVEMENT PLAN FOCUS AREAS

Behavioral and Mental Well-Being. The Bexar County community is committed to hope and recovery through open conversations on emotional wellness, substance-related disorder and mental health, by providing integrated preventive care and clinical treatment that is community based and family and youth guided.

Healthy Child and Family Development. Bexar County residents will be healthy and have timely access to and utilization of quality resources needed for lifelong success.

Healthy Eating and Active Living. All Bexar County residents will flourish in a community that encourages healthy eating and active living.

Safe Communities. Bexar County will be recognized as one of the safest places to live, work, play, and thrive for all.

Sexual Health. The Bexar County community will be sexually healthy without abuse, disease, or stigma.

(New) Housing Security. Results statement to be developed

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[2]See for example Woolf, S.H., Chapman, D.A., Sabo, R.T., and Zimmerman, E.B. Excess deaths From COVID-19 and other causes in the US, March 1, 2020, to January 2, 2021. JAMA. 2021;325(17):1786–1789. Available online at **https://jamanetwork.com/journals/jama/fullarticle/2778361**

[3]See for example Andrasfay, T. and Goldman, N. (2021). Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. PNAS, 118 (5). Available online at **https://www.pnas.org/doi/10.1073/pnas.2014746118**

[4]Find reports and plans **at http://healthcollaborative.net/reports/**

APPENDIX A: COMMUNITY VOICE

The qualitative analysis for the 2022 Bexar County Community Health Needs Assessment was based on five focus groups and five key informant interviews from community members, including community health workers, people over 65, young adults 15 to 18, and Mayor Ron Nirenberg. The focus groups and interviews were moderated by staff at The Health Collaborative and analyzed by Community Information Now (CI:Now). Using a grounded theory framework and the software Dedoose, CI:Now performed open coding as an initial way of identifying general themes, axial coding as a way of connecting the themes into categories and subcategories, and selective coding to identify final themes.

Healthy child and family development, housing, and mental and emotional health were the priority topics of the focus groups and interviews. There were many themes that emerged from each of these, as shown below. It should be noted even if the pandemic was not specifically mentioned in each theme, every experience the participants had was colored by the pandemic in some way.

HEALTHY CHILD AND FAMILY DEVELOPMENT HEALTHCARE AND HEALTH PROGRAMS

There are many options for healthcare, health programs, and health initiatives in Bexar County, as Mayor Ron Nirenberg and community health workers explained. Mayor Nirenberg has a Fitness Council initiative that "elevates issues of public health, physical health, mental health, and general wellness" (Mayor Ron Nirenberg, CHNA Interview with The Health Collaborative, 2022). However, community health workers noted there are difficulties with clients accessing health services and healthcare. There are barriers in general awareness, transportation, waitlists, time, and affordability. Further, a key informant from Southside Independent School District provided a great example of how health programs could better reach the community.

> *"I think [health care provider] does amazing work, However, at our school district, in the first round that they were there, what was really a barrier to service was the operating hours of that clinic. I think that providers need to provide service to people when the people need it, not close for lunch or take days off when it's convenient to the providers. Because they were closed at lunch, and people wanted to take their children to get checkups, or maybe they might have COVID, whatever the medical need was, they were turned away, and they were never open on Saturdays. And so, the service went down."* – School District Staff

An additional barrier to health resources is knowledge that the resource exists at all. The focus group of seniors 65-and-older noted how they rely on one another for information about city resources on nutrition and chronic health conditions, such as diabetes. While they appreciate having access to health information, without one another, they don't know how they would quickly disperse the knowledge.

This speaks towards participants wanting more engagement between the community and those offering health resources. Community health workers want their clients to be able to access services, such as dental care, easily without having to wait several months or being told by multiple dental care providers that they are not accepting new patients.

> *"I do run into good dental resources, affordable dental care. When I call Haven for Hope, they always say - and it has been 3 years - they're not taking any more new patients. When I call the [inaudible] clinic, they say, we're not taking any more new patients. When I call [health care provider], where they have a dental plan, or [health care provider], the way their system works, they only open the appointments for up to a month, or up to 2 months. So, if they're booked for 2 months, they say we cannot take any appointments, you have to call us back early morning to see if those appointment slots are open and then we will let you know… So, I think that's a very, very inefficient system."* – Community Health Worker

It is not enough to provide resources. Participants would like more effort placed in linking resources to the community by increasing capacity of current health providers, increasing awareness of health initiatives, especially to those with barriers in language and technology, and meeting citizens where they are in terms of schedules, transportation, and income.

INCOME DISPARITIES

It is widely recognized by participants that money plays a large role in people's access to healthy foods. They understood the importance of eating healthy and saw a need for the community, especially children, to eat more vegetables. Some felt schools should have a larger role in setting an example of healthy eating. However, income and how it is unequally stratified across place in Bexar County has affected people's ability to live healthy lives. This is why Patricia Mejia, Vice President of Community Engagement and Impact at the San Antonio Area Foundation, notes that "75-plus percent of our 2020-2022 responsive grant funds are intended to go to the ZIP codes that are most distressed" (Patricia Mejia, CHNA Interview with The Health Collaborative, 2022). To Ms. Mejia, a healthy child and family looks like "a family that has no barriers… remove barriers of poverty, the barriers of lack of access to healthcare, mental health – just a family that has all of those barriers removed so that they can live into their full potential." The effects of place on access to health resources were also discussed by City of San Antonio Mayor Ron Nirenberg.

> *"One other issue I should have put in with regard to census tracks is the knowledge or awareness of nutrition and food. The availability of nutritious food, and the prevalence of food deserts also continues to be a challenge."* – Mayor Ron Nirenberg

Other participants noted how wealthier sides of town have more variety and access to healthy foods, making it clear that income and place are closely related in Bexar County, creating disparities across economic and social conditions of health.

PARENT-CHILD RELATIONSHIPS

Parents have a large impact on how their children view health and engage with healthy behaviors. Participants felt strongly about the responsibility of parents to set a good example for their children by eating and providing healthy foods. Children also indirectly affect parents' health through access to childcare and employment, as this community health worker explained about their client:

> *"The child is 12 years old so she was trying to get a job that would allow her to work within the school hours so that she could pick up this child from school. So, she was having challenges with that. But, she's still putting out applications even with the health that she has right now."*
> - Community Health Worker

The client's health was suffering indirectly from the difficulties of finding childcare and employment. Parents need resources to help care for their children so that they can also care for themselves. Further, many participants had much to say about parents needing to value their relationship with their children in a way that benefits the entire family's health.

> *"And one reason [for poor health] is because the lack of health insurance, lack of job resources, the lack of having a father in home. The mother – you know the young kids having children young and don't have the guidance, always causing a rip with mental health, and that is a serious issue."* – Harper's Church Participant
>
> *"We're doing upstream work with both the moms and dads, and not just one or the other. So I think that would be an addition to the conversation about healthy child and family. That parents need those parenting skills."* – Berta Rodriguez, Deputy Director, South Texas Region **of** the Meadows Mental Health Policy Institute
>
> *"I would say, what comes to mind for me with a healthy child from the family development would be your parents, because they affect the way you think and see things, and some of those ideas can be toxic in a way. So I think that for a child to develop over time they need to try and open their mindset, because maybe it was stuck in one place due to their parents."* – Youth Focus Group Participant
>
> *"Your parents play a big role in your eating habits, like I know one of my family members, she always makes sure what they [her twin babies] eat is healthy. They should make sure that they have their greens and eat fruits. At a young age, you wanna make sure that you provide them with healthy food."* – Youth Focus Group Participant

Parent-child relationships are a large factor in healthy child and family development. Participants would like to see health initiatives place more emphasis on strengthening parents' abilities to care for their children, and ultimately themselves as well.

INFRASTRUCTURE, DEVELOPMENT, AND SAFETY

It is easier to live a healthy life when your environment is conducive to healthy behaviors. The lack of infrastructure and development in particular areas and departments in Bexar County has made it difficult for some residents to live healthy lives. San Antonio Metropolitan Health District Director Dr. Claude Jacob, "noticed the lack of infrastructure for disciplines like public health or health departments, because the funding has been very anemic" (Claude Jacob, CHNA Interview with The Health Collaborative, 2022).

The same way income is stratified unequally across place, as is infrastructure and development.

> *"Our community, anytime they see a slab of concrete being poured, they're hoping and crossing their fingers that that's going to be an HEB. That's all this community wants is an HEB, that's all. I hear it all the time, and while they would accept a Walmart corner store they really want HEB. I live near Alamo Heights, and within a two-mile radius of where I live. There are 8 grocery stores but there's nothing for people on in the Southside ISD right, so that disparity is just enormous. Do they welcome development? Yes, they absolutely do."* – Randy Escamilla, Director of Public Relations and Community Engagement, Southside ISD

Additionally, the lack of investment and infrastructure in lower-income areas of Bexar County has led to some participants having concerns for their safety, particularly the people over 65. They noticed the lack of jobs, services, and community engagement.

> *"Participant 1: I think that the most important thing in our neighborhood is safety because I don't see the police driving around like before. I don't know if it's because they're short-staffed or because there are more problems in other areas but here on the West side, I live at Commerce and Trinity, and there is a lot of insecurity. We are afraid to come out to the street.*
>
> *Participant 2: I was on my porch on Saturday, it was like 2 o'clock in the afternoon and I heard at the corner, about 20 gunshots. So, we all ran inside and hid because the gunshots can come into the houses. The police never came."* – People Over 65 Focus Group Participants

When asked what their council representatives could do, one participant responded "They need to help with more programs. They want the support of the people in the neighborhood but then they never, you don't see them anymore. They're only after the vote and then they forget about us" (People Over 65 Focus Group Participant, CHNA Focus Group with The Health Collaborative, 2022). They want to see their representatives clean up their streets, bring higher-wage jobs, and make them feel safer.

MENTAL AND EMOTIONAL HEALTH PROGRAMS AND RESOURCES

Programs and resources were the most common themes for mental and emotional health. Participants explained how mental health resources are sometimes indirect. Reliable transportation is a mental health resource (Community Health Workers Focus Group), programs for domestic and family violence are mental health resources (Mayor Nirenberg Interview), and safe spaces for self-expression are mental health resources (Youth Focus Group). They recognized there are programs available, but they also wished there was a greater emphasis on resources which indirectly affect mental health. Luckily, the city has already begun to implement mental health programs.

> *"The City is deciding to approach mental health and the response to crisis in a different way. They soft-launched the SA-CORE, where any 911 calls coming into the central station is being responded to by a police officer, EMS, and a clinician. And it's plain-clothed individuals who arrive on the scene to approach it from a medical perspective, and then from a mental health perspective. Ensuring that the scene is secure, obviously, safety always being primary for both the individuals and the team that's out there, but I think that from a mental health perspective, safe communities means that we're taking an alternative approach to helping someone who is in a mental health crisis, right. And I think that is a huge step."* – Berta Rodriguez, Deputy Director, South Texas Region of the Meadows Mental Health Policy Institute

Continuing from the general desire for more programs and resources for mental health, the Youth Focus Group specifically wanted more mental and emotional health resources within their schools. They would like spaces to facilitate social support and professionals who are available to help them deal with the isolation they have felt during the pandemic.

> *"What we're missing is just of a form of like a support group, whether it's at school, whether it's at work. We all go through stressors in life, and I feel if the students had support groups at school, and they were surrounded by other people who are going through the same thing, they can really help each other out."* – Youth Participant

> *"I know one of the biggest things that we brought on additionally during the last 2 years has been more of the mental health sessions and bringing in professionals to speak to the students. Because during the pandemic a lot of them felt isolated."* – Participant in Youth Focus Group

While mentioned as a resource they would like in school, social support also emerged as its own theme, which should be re-emphasized. The Youth Focus Group recognized that "just knowing that having someone there is really important, and that you have that support" (Youth Participants, CHNA Focus Group with The Health Collaborative, 2022). It was difficult for them to socialize since they have only recently gone back to in-person instruction, and they would like more opportunities to be around their peers. Many of them have experienced the last two years of their education through a monitor, and it has affected their amount of healthy socialization, with side effects, as explained by this participant in the youth focus group:

> *"Most of their high school career was virtual. This is the first group that's gone back to some normalcy, but I feel like there's still some side effects of going through the pandemic and kind of coming out of it, and that recovery process, and I think it's taken a toll on the mental health. Like in anxiety, depression"* – Youth Focus Group Participant

It was not only the youth focus group that valued social support from their peers:

When asked why many of them live near the medical center, the Afghani immigrants said: "It's kind of like the Afghani community… and then also there's all the medical [services] and everything there. Also, they have family relatives living there so they wanted to be closer there because of the transportation, and because of the language barrier, because of the community that's there." – Afghani Immigrant

When asked if they feel like they get enough social support, participants in the Over-65 Focus Group responded:

> **"Participant X:** *No, from no one. My kids have their careers and they only come by for little things. They don't call me; they have their own things. Not even friends…*
>
> **Participant Y:** *For me, my mom passed away 20 years ago, and I had a lot of support. I didn't have family, but I had the people from hospice. The people from hospice would come talk with me, they would send me letters of support, they sent me a book. They sent me a book titled When a Friend Leaves and it's a beautiful book. It helps you accept what happened… The persons that work for hospice, they are the one who lifted me up. And they used to visit me, even a year later, they would come to talk with me." – People Over 65 Focus Group Participants*
>
> **"She has an older sister that has become a strong support for her and so that, to me is, contributed to family heath, those support systems that you either have or you don't that can make or break you at some point and time, right. I think that, for me, family health means creating a systemic approach to the real issues that these families have."** *– Berta Rodriguez, Deputy Director, South Texas Region of the Meadows Mental Health Policy Institute*

Participants from different age groups and cultural backgrounds agreed that social support was fundamental to health, especially mental health. There were many quotes from individuals experiencing stress, anxiety, and depression as a result of feeling alone and not having access to the mental health resources which may have alleviated them. The pandemic has been a source of isolation for many, and having to experience the normal moments of life – grief, happiness, sadness, self-reflection – by themselves has made it even in more difficult. Youth participants would like to have an environment that fosters support and healthy socialization.

SOCIAL MEDIA AND TECHNOLOGY

Participants felt that more awareness and education around mental health would help de-stigmatize the topic. It can be difficult to talk about mental health because "some people don't take it seriously, and they think that you're doing it for attention" (Youth Participant, CHNA Focus Group with The Health Collaborative, 2022). One way that participants speculated about improving the stigma around mental health was to use social media to their advantage:

> *"I feel like something could be like promoting to get help through social media and stuff like that, because I know that social media is a really big thing right now in the time that we are in. I feel like if maybe there was promotions like to help people, that would be something that would really benefit a lot of others."* – *Youth Participant*

While social media and technology can serve as assets to mental health services, such as with new online ways of accessing a therapist through text, it can also be a hindrance to those who have difficulties accessing computers or internet. There are technological barriers that keep telehealth from being an equitable way of providing health care. The community health workers had many experiences with their clients not being able to access mental health services online.

> *"And with the mental health services, either there's not enough resources out there to provide that service or there's just not enough time available for someone to be able to get in. And so, with a lot of our clients here that is, that does pose a challenge. Location and if there's a zoom provided, some of the clients don't know how to use it… the doctor's office is not going to take the time to show them real quick how to access the zoom, or access the link, or teach them how to get on there. So, there's some other barriers with that as well."* – *Community Health Worker*

There are courses available to help people become more technologically proficient, but not everyone wants to access resources from people who feel like strangers, as the People over 65 focus group discussed:

> *"Moderator: Is there a center around here where they have computers?*
>
> *Participant V: Well, yes, it's right here, the American Sunrise by Henry Cisneros. They offer computer classes on Tuesdays and Fridays, and I already informed everyone. Tuesdays and Fridays from 6:30 to 9:00. And English as a Second Language too. It's there, it's near, and it's free.*
>
> *Moderator: That's very good. And let me ask, if this lady is sharing this information with you regarding computer classes and everything, what prevents you from going there?*
>
> *Participant W: Well, I have been there, but I don't like going there. They have people who are not from this neighborhood. We need people from this neighborhood, you know."* – *People Over 65 Focus Group Participants*

Technology can be a beneficial resource to mental health services, but knowledge and access of it are not evenly distributed across Bexar County. Participants need services offered in multiple ways to help everyone of various backgrounds. While young adults may feel social media is a great tool for de-stigmatizing mental health, other residents feel it can be a hindrance when it is the only option for accessing services. The solution is not as simple as getting everyone educated about computers. People want to feel connected and familiar with those trying to help them, as a way of building upon their sense of community.

HOUSING
AVAILABILITY AND ACCESS

Availability and access are two of the most common barriers to acquiring safe housing. City of San Antonio Mayor Ron Nirenberg notes how much of the housing availability problem is due to "generations of disinvestment" and he and his team are working to "restore equity in communities that have been left out for decades and left out of the conversation for decades" (Mayor Ron Nirenberg, CHNA Interview with The Health Collaborative, 2022). Other participants explained that even though there are housing resources, such as the San Antonio Housing Association, it can take 2 to 5 years to get a response (Community Health Worker, CHNA Focus Group with The Health Collaborative, 2022).

A common barrier to safe housing is income. It can be difficult to gather all the money required to begin living in an apartment, which can include first and last month's rent as well as a security deposit. In addition to income, it can be difficult for some immigrants in Bexar County to wade through the bureaucratic steps it takes to obtain housing assistance.

> **"Moderator**: *When they receive immigration services, do they get placed in in certain housing?*
>
> **Translator:** *No… We look for the apartment anywhere that they can accept them. And, they don't have credit. They don't have a social… they don't have anything. So we show their passports in order to find that apartment, because they see the immigration status first. So, they are accepted only for at least 6 weeks, until we get the social… Correct me, [Participant] knows, that if you don't have a social for each person, they charge $300 [in addition to the rent]." – Afghani Immigrant*

The Afghani immigrant participants also talked about how the housing they have access to is not always clean and safe. Like many residents of Bexar County, immigrants do not have the same social or economic capital that could afford them housing. Mayor Ron Nirenberg recognizes this and is pushing for greater investment in safe, affordable housing for people in Bexar County.

> **"This notion of equity and socioeconomic disparity as central thread lines to public health outcomes. Our push for affordable housing and ensuring, safe, accessible housing for all families of all circumstances is a healthcare priority because we believe that those goals will directly impact, in a positive way, the gap in socioeconomic equity in our community. Same reason why we are really focusing on restoring street infrastructure, sidewalks, drainage primarily in those areas that have been under-invested in. We're gonna track all the progress that we make through the health outcomes of our community."** *– Mayor Ron Nirenberg*

While investment in lower-income communities can help access and availability of housing, it can also make it worse depending on the type of investment. Participants in the People Over 65 Focus Group explained how the only investment they are seeing in their neighborhoods is from gentrification, which is pricing them out of places they have lived their whole lives.

*"**Participant S:** People are arriving to SA from elsewhere and they're buying older houses to renovate them and make the area nice, right. But all of that also raises property taxes, it affects everything.*

***Participant T**: Yes, for instance, right now it takes a lot of money because they are coming from California where housing is very expensive. They sell the one over there and with that money, they can buy three houses here. Yes, and that affects us because the case is that we can't sell our homes in this area for much, and then we can't even afford houses in other areas. That affects us greatly with housing.*

***Participant U:** Housing costs are really high; you can't buy a home for $85,000. They're now over $100,000. And you know what, right here where I live, some are priced at $200 something thousand and they sell." – People Over 65 Focus Group Participants*

Housing access and availability is more complex than simply making more houses or apartments. People in Bexar County need help finding housing, applying for housing, and not losing the housing they already have. Income is the main obstacle participants pointed to as a barrier to safe, clean, and affordable housing.

HOUSING PROGRAMS

To address housing availability and access problems, there are housing programs available to Bexar County residents. However, participants went into detail about some of the setbacks of housing programs:

> *"**There are some that are like government funded, they're actually like Section 8… and those are very restrictive - like if any type of like, change in your life, like whether your income goes up or down, it can be revoked very easily. One client of mine, she had it and the thing is they only give those programs for a year so if they don't qualify the following year, say they made like a thousand dollars extra, they won't have that additional funding or they won't have that additional housing on their own anymore.**" – Community Health Worker*

Other participants echoed the same sentiment that the housing programs are underfunded and don't have the capacity to help all those who need it. Additionally, there are barriers in knowledge and awareness of housing programs. This was felt most strongly by the community health workers focus group. Their clients must know how to update their information, such as address and phone number, because they may miss opportunities to get housing. For some clients, this poses a challenge with technological literacy, especially with most resources needing to be accessed digitally.

> *"**I've seen that the housing system is very… prolonged to the point, if you're not continuously checking in or if somebody doesn't know how to navigate the housing system, the odds are that they're not going to be able to receive services, unfortunately. And so, I wish there was a little more openness with that, and that there was a little more clarity.**" – Community Health Worker*

Access to housing is inequitable, and housing programs can be difficult to navigate. While participants appreciate having resources, like other resources mentioned in this report, housing programs must do more than just exist. Bexar County needs a way of ensuring those most in need of housing are able to get it – safely and affordably.

CROSS-CUTTING THEMES
EQUITY AND THE PANDEMIC

Since many of the interviews and focus groups came from people who work to help with health disparities, there was much awareness about equity and how socioeconomic disparity is a "central thread to public health outcomes" (Mayor Nirenberg, Interview with The Health Collaborative, 2022). Additionally, the pandemic has uncovered, for some, just how inequitable it is to access resources.

> **"I feel like the silver – one of the silver linings of COVID is that people are actually beginning to think of the other, because of that experience that [The freeze in January, 2021] they didn't have internet access and now, 'Oh wow! There's other people who don't have it, and still don't even if they [pay] the bill, It's still not gonna work effectively.'"…"They've suddenly figured out…, 'I live in a community where somebody else doesn't have access to the internet. I didn't know that before and I think that's legitimate.'"** – *Patricia Mejia, Vice President of Community Engagement and Impact at the San Antonio Area Foundation*

The pandemic exacerbated problems that were already present, and, as Mayor Ron Nirenberg observed, "equity and socioeconomic disparity [are] central thread lines to public health outcomes" (Mayor Ron Nirenberg, CHNA Interview with The Health Collaborative, 2022).

COLLABORATION AND FUNDING

As some of the data comes from community health workers, there was a fair amount of information that emerged about what it's like to be involved with people's health from an organizational perspective. Organizations frequently collaborate with one another on projects, and while that can create wonderful opportunities – such as the Mayor's Public Health Committee that was put together during the pandemic to tap into the expertise in the community – collaboration can also slow down progress when organizations don't stop "reinventing the wheel as a community" (Anonymous Participant). Additionally, the funding organizations receive directly affects their ability to provide resources and can also negatively impact their collaborating efforts.

> **"I think about the alignment of our efforts. And it's because sadly, when resources are finite, we have reengineered space where we tend to compete for the resources rather than collaborate. And my limited experiences of doing this for over 25 years, that's not sustainable when you're trying to compete for limited resources. It's like fighting over crumbs. No one's fed when you do that. So, it is imperative that we align our work. City-county, county-city, and whomever else that we have in our networks."** – *Claude Jacob, Director, San Antonio Metropolitan Health District*

However, even if funding sometimes hinders collaboration, participants recognized that partnerships are imperative to reaching communities and ensuring funding was being allocated to the people and areas most in need.

> *"And I firmly believe again, having done this now in four states, that it does require partnerships and collaborations that work. It does require re-engineering resources so that there's a better balance… so east, west, and south in the city, there's a reason why we see the disproportionate burden of diabetes or the disproportionate burden of HIV or the disproportionate burden of those who contracted COVID. Well, it's tied to what's in those zip codes, in those census tracks, in those neighborhoods. Unless we re-engineer an ecosystem that redeploys resources to the areas of highest need, these patterns will not change. I would say the opportunity is to revisit what's in these different neighborhoods, it's to revisit and support partners on the ground, but it's also making sure that we're using the tools at our disposal, like the data available in real time, so that we can redeploy resources to the areas of highest need."* – Claude Jacob, Director, San Antonio Metropolitan Health District

APPENDIX B: GLOSSARY OF DATA TERMS

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NOTE ON USE AND ORIGIN

This Glossary of Common Data Terms was developed by Community Information Now as a non-technical resource for those interested in expanding their functional data vocabulary. This glossary contains commonly used data terms defined in easy-to-understand language. Although the definitions are informal and non-academic, the following academic texts heavily informed their development:

Shryock, H.S., and Siegel, J.S. The Methods and Materials of Demography. San Diego, CA: Academic Press, 1976.

Haupt, A. and Kane, T.T. Population Handbook. Washington, DC: Population Reference Bureau, Inc., 1978.

ADDITIONAL INFORMATION

Below are a few of the free resources available online for those who would like to learn more about data from the basics to advanced concepts and skills.

1. School of Data. **https://schoolofdata.org/handbook/courses/what-is-data/**

2. Data-Pop Alliance. **http://datapopalliance.org/item/what-is-data-literacy/**

3. Oceans of Data Institute. **http://oceansofdata.org/our-work/big-data-big-promise**

A

Administrative data: data generated in the everyday course of business, like sales data in a grocery store, attendance data in a school, or diagnosis data in a doctor's office. Administrative data is a type of secondary data. See Secondary data.

Age distribution: the frequency of different ages or age groups in a population.

Age-adjusted rate: a rate with a calculation applied to allow an "apples to apples" comparison between populations with different age distributions. For example, an older population may have a higher crude death rate than a younger population, even if the younger population is shouldering a greater burden of lethal issues like drug overdose, severe asthma, breast cancer, or homicide. Age-adjusted rates artificially standardize the two populations' crude rates against a single "reference population" so that the confusing influence of age distribution is removed. These rates are useful for comparison purposes only and should not be used to describe a measure for a single population. See Age distribution, Crude rate, Age-specific rate, and Rate.

Age-specific rate: the number of cases or events in a given age group divided by the total population of that age group. See Rate, Age-adjusted rate, and Crude rate.

Aggregate data: individual data records that have been "rolled up" to a summary level. Data can be aggregated in many different ways. Data are often aggregated by geography like zip code or by some characteristic like race/ethnicity or age group.

AISP: acronym for "Actionable Intelligence for Social Policy." AISP is an initiative housed at the University of Pennsylvania that focuses specifically "on the development, use, and innovation of integrated data systems (IDS) for policy analysis and program reform" and not community data in general. See Integrated Data Systems.

Average: the average describes the typical value in a set of values and is calculated as the sum of the values divided by the number of values. It is important to look at the individual values when interpreting because an average can be influenced (skewed) by extreme high or low values in the dataset. The average and Mean are the same thing.

B

Big data: the term is generally intended to mean datasets that are so large or complex that they can't be handled – managed, analyzed, stored, transferred – using traditional data tools. Big data typically means petabytes of data (1,024 terabytes, where a terabyte is 1,024 gigabytes [GB]) or exabytes (1,024 petabytes) of data. By definition, any data that can be worked with using Excel, Filemaker, Access, or a similar tool is not big data. "Big data" is often misused as a buzzword synonymous to data or analytics.

C

(Student) chronic absenteeism: specific measure of how much school a student misses for any reason. A student is considered chronically absent if they have missed more than 10% of enrolled school days.

CIC: acronym for "Community Indicators Consortium." CIC is an organization that offers resources and tools to help communities and practitioners advance the practice and effective use of community indicators to improve quality of life. CIC focuses specifically on community indicators rather than on community data and information systems in general.

Cohort: group that shares a defining characteristic.

Comorbidity: two or more disorders or illnesses occurring in the same person.

Crude rate: total number of cases or events in a specific time period and geography divided by the total population in that time period and geography. See Rate, Age-adjusted rate, and Age-specific rate.

D

Dashboard: a high-level graphic report that provides a summary of related data. "Dashboard" is often misused as a buzzword synonymous with all data visualizations.

Data: broad concept that generally means a collection of values or pieces of information. Among other characteristics, data may be quantitative (numerical) or qualitative (non-numerical, like words or images), raw or processed, record-level or aggregated (grouped), and primary (collected/created for the purpose of answering a question) or secondary (created for some other purpose). "Data" and "indicators" are not the same thing; indicators are calculated from data.

Demography: the study of population dynamics including size, structure, distribution, and how populations change over time due to births, deaths, migration, and aging.

Denominator: number below the line in a common fraction.

E

Ethnicity: classification of a population based on cultural characteristics such as religion, traditions, language, or national origin. Ethnicity is a different concept from Race and is not determined by biology.

Extant data: see Secondary data.

F

Fertility rate: specific rate measuring total number of live births per 1,000 women of reproductive age defined as 15-44 years. See Rate.

H

Health information exchange (HIE): in general, refers to the electronic transfer of health-related information among organizations. The term is commonly used to describe the central database of health-related information as well as the organization that assembles and manages that data.

High school graduation rate: specific rate measuring number of students from a cohort of 9th graders having graduated from high school by their anticipated graduation date per 100 students in the same 9th grade cohort. The cohort includes students who enroll during the second, third, and fourth years. See Cohort and Rate.

I

ICD-10: acronym for "International Classification of Diseases, 10th edition". A system for classifying diseases and injuries developed by the World Health Organization (WHO) and used worldwide to improve comparability of cause of death statistics reported from different countries.

Indicator: general term for a thing that tells us the state or level of something. "Four-year graduation rate" tells us something about how well kids in a high school do and "temperature" tells us something about how hot or cold it is. An indicator isn't necessarily a good indicator. Often used interchangeably with measure. "Indicator" is not synonymous with "data;" indicators are calculated from data.

Integrated data system (IDS): links records across datasets, usually from schools and other human service agencies, using a common identifier to assemble a more complete data "picture" of individual people and/or groups of people like families. Can vary widely in purpose, topic, size, and functionality.

L

Life expectancy (at birth): the average number of years a newborn is expected to live based upon the mortality patterns for the geographic area at the time of birth.

M

Margin of error: when we can't measure all of something, like people in a city, we sample them – measure only some to get an idea (estimate) of what's true for everyone. Sampling introduces error and uncertainty, and the margin of error – for example, "plus or minus three percentage points" – is a measure of how much uncertainty there is. The smaller the sample in relation to the total population, generally, the larger the margin of error.

Mean: see Average.

Median: value in an ordered set of values above and below which there are an equal number of values. This can also be referred to as the 50th percentile.

Mode: most common or most frequent value in a set of values.

Morbidity: can refer to having a disease or a symptom of disease. See Comorbidity. Or, to the amount of disease within a population often expressed as a morbidity rate. See Rate.

Mortality: refers to deaths.

N

Natality: refers to births.

NNIP: acronym for "National Neighborhood Indicators Partnership." NNIP is "a collaborative effort by the Urban Institute and local partners to further the development and use of neighborhood information systems in local policymaking and community building."

Numerator: number above the line in a common fraction.

O

Open data: defined by the Open Knowledge International as data that anyone is "free to use, reuse, and redistribute – subject only, at most, to the requirement to attribute and/or share-alike."

P

p-value: calculated probability that what is being observed in the data has happened by chance. Generally, if the p-value associated with an observation is less than .05 the observation is accepted as statistically significant. A p-value less than .05 indicates a less than 5% chance that what is being observed happened by chance or a more than 95% certainty that chance alone cannot explain the observation. See Statistical significance.

Percent increase/decrease: one way of describing the difference between your current measurement and a past measurement, relating it to the past measurement. The percent change is the difference between the two values, divided by the past value, and it's usually phrased like "percent decrease from prior year" or "percent increase over prior year." For example, if the percent of the population that smokes cigarettes decreased from 19% in 2014 to 17% in 2015, you'd have a 10.5% (percent) decrease, because the difference between 19 and 17 is two, and two divided by 19 is 10.5%.

Percentage point increase/decrease: one way of describing the difference between your current measurement and a past measurement, without relating the change to the past measurement. It's just the difference between the two values, and it's usually phrased as "decrease of X percentage points." If the percent of the population that smokes cigarettes decreased from 19% in 2014 to 17% in 2015, you'd have a two percentage point decrease, because the difference between 19 and 17 is two.

Population: people in a given area.

Proportion: specific type of ratio in which the denominator always includes the numerator. See Ratio.

R

Race: a classification of a population based on biological characteristics.

Range: the difference between the lowest and highest values in a set of values calculated by subtracting the lowest value from the highest.

Rate: the number of cases or events in a specified period of time and geography divided by the population who could have experienced – were "at risk" for – the case or event within that same period of time and geography. Rates are often multiplied by a factor of 1,000, 10,000, or 100,000 just to make the numbers easier to read. (A percentage is just a rate multiplied by a factor of 100.) As an example, the male juvenile arrest [case/event] rate in the US [geography] in 2015 [time] was 3,806.2 [frequency] per 100,000 [multiplier] males age 10-17 [population "at risk" of the case/event].

Ratio: relation of one population subgroup to another subgroup, or to the whole population.

Residence data: data attributed geographically to the usual place of residence without regard to the location the event occurred. For example, births are attributed to the mother's usual residence even if the birth occurred in a different geographic location.

S

Secondary data: existing data that has already been collected by someone else, likely for some purpose different from yours. Two common kinds of secondary data are survey data and administrative data. Also called extant data.

Statistical cut-off: date by which records of vital events for a specific year must be received in order to be included in the statistical analyses for that year.

Statistical significance: likelihood that what is being observed in the data has happened by chance. The more statistically significant an observation is, the less likely it occurred by chance. See p-value.

V

Vital statistics: data on important life events, such as births, deaths, marriages, and migrations.

Y

Years of potential life lost (YPLL75): measure of premature death for a population. YPLL75 is the sum of all the years of life "lost" by individuals in that population who died before age 75. A person who died at age 60 would contribute 15 years to the population's YPLL, a person who died at age 48 would contribute 27 years, and a person who died at 75 or older would contribute zero. The YPLL75 is often reported as a rate. See Rate.

APPENDIX C: TECHNICAL NOTES

QUANTITATIVE CONTENT AND SOURCES

This assessment contains quantitative data on approximately 150 indicators, each disaggregated by race/ethnicity group and sub-county geography (Zip Code Tabulation Area [ZCTA], sector, census tract, or block group) wherever possible. Indicators were also disaggregated by age group and sex where those variables were thought to add critical information. The list of indicators was finalized in February 2022.

The 2019 Bexar County and Atascosa County Community Health Needs Assessment included an extensive list of indicators selected through a consensus process by the broad-based Community Health Needs Assessment Steering Committee. Those indicators covered health outcomes, health behaviors, and "upstream" social, economic, and environmental conditions that affect health.

To make the best use of budget and a shortened timeline, that list was narrowed somewhat for 2022 to prioritize health outcome indicators, and social determinant indicators that were not already better-addressed in some other very recent local report. (References to those other reports are embedded throughout the 2022 assessment.) Indicators for which no new data is available since the 2019 report were eliminated. Some 2019 healthcare access and utilization indicators were cut because they will be covered in much greater detail in a separate report expected to be released in early 2023.

Each indicator source is cited throughout the assessment. The 2019 Assessment draws from too many data sources to list here, but the following sources were used heavily.

- Population and housing data from the U.S. Census Bureau Census 2010 Summary File 1

- Population estimates and projections from the Texas State Demographic Center at the University of Texas at San Antonio

- Physical, social, and economic conditions data from the U.S. Census Bureau American Community Survey One-Year Estimates, Five-Year Estimates, and Supplemental Estimates

- Crime data from the U.S. Department of Justice Uniform Crime Report

- Behavioral Risk Factor Surveillance System (BRFSS), vital statistics, injury, blood lead, hospital discharge, hospital bed, and health professions data from the Texas Department of State Health Services Texas Health Data query system and by special request

- Medicaid and public benefits data from the Texas Health and Human Services Commission

- Mortality data from the CDC WONDER query system

- Motor vehicle crash data from the Texas Department of Transportation

- Communicable disease and vital statistics data from the Texas Department of State Health Services

Staff from these and many other local and state organizations spent considerable time and effort pulling data for the 2022 Assessment and sharing important context and cautions for that data. The Health Collaborative and CI:Now are indebted to these individuals and the agencies who allowed them to share their time and expertise.

QUANTITATIVE ANALYSIS AND LIMITATIONS

Analysis of the data typically consisted of calculating proportions and rates, with margins of error or confidence intervals where appropriate; no statistical testing was required. Margins of error and confidence intervals are displayed throughout the assessment. Margins of error were minimized where feasible by combining multiple years of data. Some indicators are examined geographically by eight sub-county sectors based on Zip Code Tract Areas (ZCTAs), as zip code is a common variable across many local and state datasets. A sector map and ZCTA crosswalk appears in Appendix D. These sectors were developed for the 2013 assessment in response to the problem of small sample sizes, particularly regarding the BRFSS dataset. CI:Now used a non-statistical process to group adjacent ZCTAs with median household incomes (from Census American Community Survey five-year estimates) more similar than not, and with the aim of having a sufficiently large and similar total population size for each sector. The final groupings also considered our own local understanding of our "parts of town" as reflected in the commonly used divisions of north-, south-, east-, and westside. This process was performed again in 2018 and did not indicate any need for changes. Thus, while not ideal, the sector groupings were retained for this assessment.

HOSPITALIZATION TECHNICAL NOTES

We call them hospitalization rates for short, but these indicators reflect hospital discharges, not admissions. The hospital discharge data was downloaded from the Texas Department of State Health Services and the ICD codes that were used for the analysis are listed below.

There are some important limitations to understand with hospital discharge data. The rates are determined by hospitalizations for the disease as the primary diagnosis, not all hospital discharges with that diagnosis. In the case of the asthma hospitalization rate, for example, the intent is to reflect the rate of hospitalizations for an asthma attack, not hospitalizations for heart attacks or car accidents among people who also happen to have diagnosed asthma unrelated to the reason for the hospitalization. Therefore, the rates are not prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person in 78205 goes to the hospital three times for asthma in 2014 then all three visits are included if asthma was the primary diagnosis for the admission during that year.

Because the San Antonio Military Health System does not report their hospitalizations to DSHS, the public data files exclude any federal hospital discharges. Because the military hospital systems account for a large portion of our population, the Bexar County hospitalization data should not be compared to other major cities who do not have large federal hospital exclusions in their datasets.

The hospitalization discharge rates were calculated following the Prevention Quality Indicators (PQIs) methodology provided by the Agency for Healthcare Research and Quality (AHQR) for diabetes, hypertension, and heart failure. The PQIs use data from hospital discharges to identify admissions that might have been avoided through access to high-quality outpatient care. The PQIs are population based and adjusted for covariates. Asthma hospitalizations followed the San Antonio Metropolitan Health District's methodology for diagnosis codes and cerebrovascular disease followed the CDC's definition for ICD-10 diagnosis codes. All population estimates for the rates were calculated from the American Community Survey 1-Year estimates available in Table B01001.

International classification of diseases (ICD-10 codes) used in analysis were selected based on the following methodologies and sources.

Disease	Source
Asthma	J45 per San Antonio Metropolitan Health District
Diabetes long term	https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2018/TechSpecs/PQI_03_Diabetes_Long-term_Complications_Admission_Rate.pdf
Uncontrolled diabetes	https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2018/TechSpecs/PQI_14_Uncontrolled_Diabetes_Admission_ Rate.pdf
Hypertension	https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2018/TechSpecs/PQI_07_Hypertension_Admission_Rate.pdf
Cerebrovascular diseases	https://wonder.cdc.gov/ucd-icd10.html
Heart failure admission rate	https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2018/TechSpecs/PQI_08_Heart_Failure_Admission_Rate.pdf

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM TECHNICAL NOTES

From the CDC User Guide: The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project between all the states in the United States and the Centers for Disease Control and Prevention (CDC). The BRFSS is a system of ongoing health-related telephone surveys designed to collect data on health-related risk behaviors, chronic health conditions, and use of preventive services from the noninstitutionalized adult population (≥18 years) residing in the United States. Since 2011, the BRFSS has been conducting both landline telephone and cellular telephone surveys. All the responses were self-reported; proxy interviews are not conducted by the BRFSS. The data are transmitted to CDC for editing, processing, weighting, and analysis. An edited and weighted data file is provided to each participating state health department for each year of data collection, and summary reports of state-specific data are prepared by CDC. In 2017, an optional module was included to provide a measure for several childhood health and wellness indicators, including asthma prevalence for people aged 17 years or younger.

The BRFSS sample sizes were too small to trend annually so three years of data were combined for analysis with a new weight applied. The Texas State Health Department provided three different datasets for Bexar County. The BRFSS core survey had all years 2018-2020 and the supplemental questions were either asked in odd years (2015, 2017, 2019) or in even years (2016, 2018, 2020). The tables are all labeled as 2015-2020 and include three years within that range.

BRFSS observations marked with an asterisk (*) represent cases in which the Relative Standard Error (RSE) is 30 percent or higher and are statistically unreliable. The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying the result by 100 in order to express it as a percentage. The asterisk (*) may also denote cases with a small sample where we are unable to calculate a RSE.

QUALITATIVE CONTENT AND SOURCES

With substantial input as to focus group goals and potential participants from the CHNA Steering Committee, volunteer focus group participants were selected with an eye toward engaging meaningful and substantive input from medically underserved, low-income, and minority populations. The focus group questions were developed by the Health Collaborative, the CHNA Steering Committee, and the UT Health Houston School of Public Health in San Antonio. The Health Collaborative scheduled five focus groups and six key informant interviews with the help of its partnering agencies: The Mexican American Unity Council; The Razakaar Foundation with interpreter support from Shukriya Hotakay; The House of Neighborly Service; Harper's Chapel Ministries; Meadows Mental Health Policy; San Antonio Area Foundation; Alamo Workforce Solutions; San Antonio Metropolitan Health District; The City of San Antonio; and Southside Independent School District. UTHealth facilitated and recorded the interviews. The interview questions were developed by UTHealth School of Public Health, the Health Collaborative, and the CHNA Steering Committee.

QUALITATIVE ANALYSIS AND LIMITATIONS

The Health Collaborative led and recorded the focus groups. CI:Now then took the audio and transcript files from the focus groups and interviews to perform a thematic analysis using a grounded theory approach2. The qualitative analysis program Dedoose was used for open coding of the data, axial coding to identify categories between and across the data, and selective coding to identify the final themes.

As with the quantitative information, this qualitative information has limitations. The focus groups and interviews conducted for this assessment provide valuable insight into the realities of our community members but do not serve to represent the opinions of the entire population. Because the goal was to explore the priority issues in depth rather than cast a broad but shallow net, likely not all issues important to residents or key informants were mentioned. Finally, the data were collected at one point in time and therefore findings, while directional and descriptive, should not be interpreted as definitive.

ASSESSMENT STAFFING AND PARTICIPANTS

The 2022 Bexar and Atascosa Counties Community Health Needs Assessment was conducted by The Health Collaborative, a nonprofit network of citizens, community organizations and businesses working together to solve critical community health problems. The Health Collaborative's membership is composed of a wide array of organizations including Appdiction Studios, the Baptist Health System, Bexar County Department of Community Resources, CHRISTUS Santa Rosa Health System, the City of San Antonio Metropolitan Health District, Community First Health Plans, Interlex Communications, Methodist Healthcare Ministries of South Texas Inc., Methodist Healthcare System, Our Lady of the Lake University, San Antonio Clubhouse, University Health System, the University of the Incarnate Word, the UT Health Science Center at San Antonio Dept. of

Family & Community Medicine, the YMCA, and community members at large. Nearly all of these organizations provide health care, human services, education, or peer support to Bexar County's medically underserved, low-income, and minority populations. Those that do not represent the general community; the faith-based community; and small, veteran-, and minority-owned business.

The Health Collaborative's volunteer Community Health Needs Assessment (CHNA) Steering Committee provided direction on general approach, scope, potential data sources, data interpretation and highlights, and media messaging. A list of CHNA Steering Committee members with organizational affiliation appears on the inside back cover of this assessment.

The Health Collaborative contracted with Community Information Now (CI:Now), a nonprofit local data intermediary serving south central Texas, for quantitative data collection and analysis, qualitative data analysis, and development of the assessment narrative. The Health Collaborative staff handled all recruitment, scheduling, and moderating of the focus groups and key information interviews. Qualitative analysis was conducted by CI:Now using a grounded theory thematic analysis in the program Dedoose.

APPENDIX D: REFERENCE MAP OF ZIP CODES AND SUB-COUNTY SECTORS
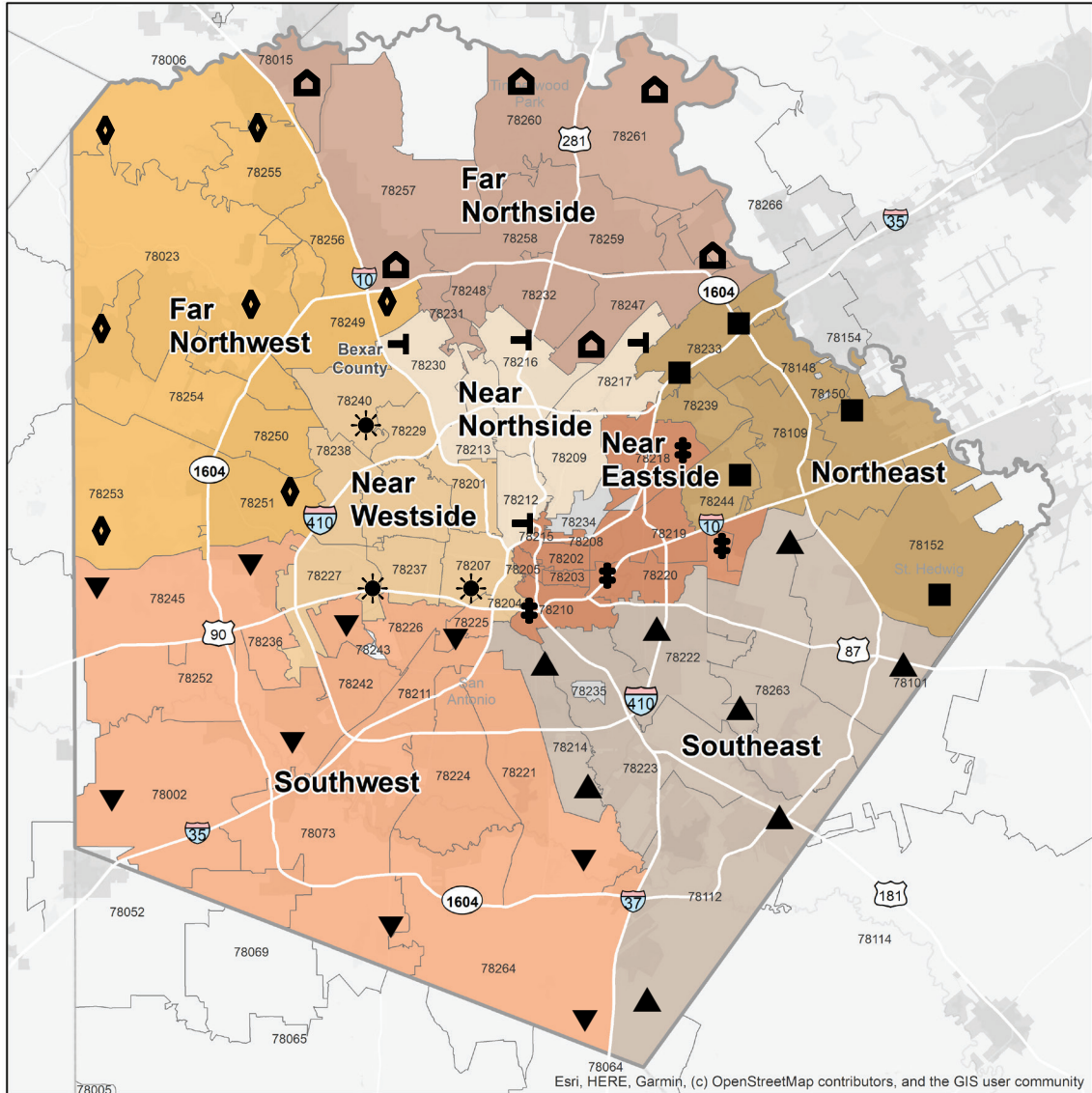
Near Eastside: 78202.78203.78205.78208.78210.78215.78218.78219.78220

Northeast: 78109.78148.78152.78154.78233. 78239.78244

Southeast. 78101.78112.78214. 78222. 78223. 78263

Southwest. 78002. 78069.78073. 78211.78221,78224. 78225, 78226. 78236, 78242. 78245. 78252, 78264

Near Westside: 78201. 78204. 78207. 78227. 78228. 78229. 78237.78238, 78240

Far Northwest: 78006. 78023.78249.78250, 78251.78253,78254.78255. 78256

Near Northside: 78209.78212, 78213, 78216. 78217. 78230

Far Northside: 78015, 78231, 78232. 78247. 78248. 78257. 78258. 78259. 78260, 78261, 78266

APPENDIX E: TABLE OF FIGURES

SECTION 2: ACCESS TO CARE, PREVENTIVE CARE AND HEALTHY BEHAVIORS

SECTION 3: WELL-BEING, ILLNESS & INJURY

SECTION 4: DEATH

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Design by: Nicole Heeti of Designsteinmke

THE 2022 BEXAR COUNTY AND ATASCOSA COMMUNITY HEALTH NEEDS ASSESSMENT IS PRESENTED AS A GIFT TO THE COMMUNITY BY THE BOARD OF DIRECTORS OF THE:

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The Health Collaborative began informally in 1997 when "an Antonio's major healthcare organizations agreed to put aside their competitive business practices to conduct a comprehensive health needs assessment. The evolution in 2000 to an incorporated entity with a long-range strategic plan was in response to the founding members' interest in improving the health status of the community by working together.

The Health Collaborative has developed into a powerful network of citizens, community organizations and businesses. The result is a more robust, less duplicative, more synergistic approach to solving critical community health needs, while efficiently utilizing resources.

For more information about The Health Collaborative, its programs and initiatives, please contact Elizabeth Lutz, Executive Director :

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