2013
Bexar County
Community Health Assessment
Executive Summary
EXECUTIVE SUMMARY

Introduction

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

Methods

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

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

Demographic, Social and Physical Environment

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

- **Overall Population**: Bexar County has experienced consistent growth in the past several decades, although the rate of growth is slowing. The 2010 population was approximately 1.7 million people, and is expected to grow by 7-10% in the next two decades.

- **Gender Composition**: Women slightly outnumber men in all but one subsector (Southwest) of Bexar County.

- **Age Distribution**: Although young people make up the largest percent of the population, the older adult population in Bexar County is increasing. Residents largely described their communities as multi-generational and many reported long historical ties to the community.

- **Racial and Ethnic Diversity**: With 58% of residents identifying as Hispanic, Bexar County is considerably more diverse than Texas overall. Assessment participants cited diversity as a strength of Bexar County, although levels of diversity varied across subsectors.

- **Educational Attainment**: While Bexar County is undertaking new efforts to improve education, educational quality and opportunity vary across the county, as do levels of educational attainment. Approximately 44% of Bexar County residents have a high school degree or less.

- **Income, Poverty, and Employment**: Even though Texas was not as hard hit by the economic downturn as the rest of the country, economic prosperity varies across Bexar County. Rates of poverty have increased among families with children and single female-headed households, and wide disparities in income exist between subsectors. Unemployment rates in San Antonio have remained below those of Texas and the U.S. (see Figure 1).

![Figure 1: Unemployment Rates (%), Texas & San Antonio, 2010-2012](source: U.S. Bureau of Labor Statistics, 2010-2012)
Housing: Housing stock in Bexar County is relatively new; the majority of housing stock was built after 1970. Bexar County has suffered higher foreclosure rates (1 in every 1,272 households) than Texas (1 in every 1,754 households) but lower than the U.S. overall (1 in every 869 households).

Transportation: The vast majority of Bexar County residents travel to and from work by car, and do not carpool. Transportation is a major concern among residents in more rural parts of Bexar County and those with limited mobility and transportation opportunities. Transportation resources were described as “limited” especially in rural areas where buses were reported to come infrequently.

Urbanicity: Bexar County is primarily urban with over 95% of residents living in urban areas, although southern subsectors are more rural.

Air and Water Quality: Days with poor air quality due to fine particulate matter have decreased since 2005, while the days with poor air quality due to ozone have increased. Data about drinking water safety indicate that no one in Bexar County obtained their water from a public water system with health-based violations, compared to 6% of the population of Texas who obtained their drinking water through such sources.

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

Diversity: A large Hispanic population and recent influx of immigrant groups has contributed to making Bexar County a “melting pot”, which stakeholders viewed as a strength. Many people expressed that the county’s rich culture and diversity helped create a strong, cohesive community.

Community Cohesion: Stakeholders repeatedly cited the strong social capital and cohesion in the Bexar County community. A strong family orientation and culture as well as the faith community were seen as playing a significant role in fostering connections between community members.

Physical Activity Environment: According to many assessment participants, Bexar County has made significant improvements in the physical activity environment. People cited the growing number of recreational facilities, such as Greenway Trails and bike rentals, in addition to county-sponsored events, such as Cyclovia and Fitness in the Park.

Health Care Services: Bexar County has increasingly become known for its high-quality health care facilities and services, including expanded children’s healthcare facilities and an effective group of community health workers.

“I have seen changes in attitude and activity; I see more people that are out and about exercising, jogging, and biking.”
— PUBLIC HEALTH PROFESSIONAL
Health Outcomes — Hospitalizations and Mortality

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

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

• **Overall Leading Causes of Hospitalization:** Hospitalization rates for Bexar County (111 per 1,000 people in 2011) have remained stable in recent years. Mental disorders and injury/poisoning accounted for the largest proportion of hospitalizations.

• **Overall Leading Causes of Death:** Mortality rates vary geographically and demographically across Bexar County. The Near Eastside and Southeast subsectors experience the highest mortality rates in the county—7.4 per 1,000 people and 6.1 per 1,000 respectively in 2011. Black and White residents are also disproportionately affected with mortality rates of 6.0 per 1,000 people and 5 per 1,000 people respectively in 2011. Across populations, cancer and heart disease account for the largest number of deaths in Bexar County.

**FIGURE 2: YEARS OF POTENTIAL LIFE LOST (PER 100,000 POPULATION), BY CAUSE OF DEATH, BEXAR COUNTY, 2009-2011**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>227</td>
<td>153</td>
<td>191</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>321</td>
<td>292</td>
<td>248</td>
</tr>
<tr>
<td>Suicide</td>
<td>406</td>
<td>355</td>
<td>382</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>391</td>
<td>394</td>
<td>442</td>
</tr>
<tr>
<td>Diabetes</td>
<td>645</td>
<td>713</td>
<td>778</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3161</td>
<td>3027</td>
<td>3258</td>
</tr>
<tr>
<td>Cancer</td>
<td>4706</td>
<td>5106</td>
<td>5165</td>
</tr>
</tbody>
</table>

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

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

• **Healthy Eating:** Limited access to healthy foods, an abundance of fast food establishments, and an unhealthy food culture make healthy eating difficult for Bexar County residents. Recent surveys showed that just one in five Bexar County adults ate more than three vegetables per day and only one in ten ate more than 3 fruits per day. Two out of ten youth in Bexar County consumed five or more fruits and vegetables per day, and nearly one in four youth drank at least one soda per day in 2013.

• **Active Living:** Although the physical activity environment and attitudes are beginning to improve, levels of physical activity have declined in recent years. Numerous stakeholders mentioned the increase in opportunities for physical activity in Bexar County, citing new Greenway Trails and community events, such as Fitness in the Park. However, only 72% of adults reported engaging in some type of activity for exercise in 2012. Rates of physical activity among youth have been stable in the past few years, although regular participation in physical education in schools has declined from 55% in 2010 to 47% in 2013.

• **Obesity:** While population obesity rates have started to decrease in adults and youth, obesity and related chronic diseases are still primary concerns among the Bexar County community.

Healthy Child and Family Development

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

• **Birth Rates:** Teen birth rates are declining across Bexar County, from 5.7% in 2003 to 3.9% in 2011. However, births to single mothers are on the rise, increasing from 37.3% in 2003 to 44.0% in 2011.

• **Prenatal Care:** the proportion of Bexar County mother receiving late or no prenatal care doubled from 14% in 2003 to 29% in 2011.

• **Birth Outcomes:** While negative birth outcomes have remained stable overall, Black women disproportionately experience preterm and low-birth-weight births.

• **Infant and Child Mortality:** The leading causes of death for infants and children are conditions originating in the perinatal period, which include birth trauma and infections. Infant and child mortality have decreased slightly, although Black residents still experience worse outcomes than the population overall. The Near Westside of Bexar County has consistently experienced higher infant mortality rates than most other subsectors.

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

— **PUBLIC HEALTH PROFESSIONAL**

“A lot of young people are having babies. I call them babies raising babies.”

— **HEALTH CARE PROVIDER**
Safe Communities

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

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

• **Crime/Sense of Safety:** Residents across Bexar County mentioned crime and violence as issues of concern, despite both violent and property crime rates having declined in the past few years.

• **Safety and Injury:** Injury and poisoning is the second leading cause of hospitalizations in Bexar County, and rates are particularly high in the Near Eastside, Southeast, and Near Westside subsectors. Quantitative data indicate that 92% of Bexar County youth rarely or never wear a bike helmet, 14.4% carry a weapon, and 16.2% are bullied at school in 2013. White residents of Bexar County experienced the highest premature mortality rate due to unintentional injuries (578 years of potential life lost per 100,000 people) while Black residents experienced the highest premature mortality rate due to homicide (623 years of potential life lost per 100,000 people) in 2011.

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

— COMMUNITY RESIDENT

Behavioral and Mental Well-being

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

• **Mental Health:** County leaders and residents view mental health as a critical issue in Bexar County. Economic stress on adults and academic and social pressures on youth were mentioned as contributors to increased hospitalizations for mental disorders, particularly on the Near Eastside, and increased attempted and completed suicides. Almost nine percent of Bexar County youth attempted suicide in 2013, and the adult suicide rate was 12.5 per 100,000 people in 2011.

• **Substance Abuse:** Substance abuse was also noted as a concerning public health issue; while tobacco use has declined in Bexar County, alcohol and prescription drug use were viewed as on the rise. In 2012, 22% of Bexar County adults reported binge drinking, particularly men, young adults 18-29, and people with household incomes greater than $50,000. Two-thirds of youth reported that they had ever drunk alcohol and slightly more than one-third of youth reported being current drinkers in 2013. Among youth, use of all other drugs has declined from 2010 to 2013.
**Sexual Health**

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

- **Teen Pregnancy:** Limited sex education in schools and cultural acceptability were mentioned as having led to high teen birth rates, although rates are decreasing among all racial and ethnic groups in Bexar County. The birth rate to teens ages 15 to 19 declined between 2009 to 2011, from 45.2 births per 1,000 women to 45.2 births per 1,000 people.

- **Youth Sexual Behavior:** Youth sexual behaviors have fluctuated — while fewer youth in 2013 (45.6%) than in 2010 (47.4%) report that they have ever had sex, slightly more youth report that they are currently sexually active (41.3% in 2013 vs. 35.0% in 2010). In 2013, of those youth who are sexually active, 22% report that they used no form of birth control.

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

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**FIGURE 3: SEXUALLY TRANSMITTED DISEASES (CASES), BY RACE/ETHNICITY, BEXAR COUNTY, 2009-2011**

![Graph showing sexually transmitted diseases cases by race/ethnicity and year from 2009 to 2011.](image_url)

**Source:** San Antonio Metropolitan Health District, 2009-2011
Communicable Disease

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

Older Adult Health

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

- **Older Adult Morbidity and Mortality:** Bexar County’s population is aging and largely experiencing morbidity and mortality from heart disease and stroke. Overall mortality rates among older adults have remained steady in recent years, and are highest in the Near Eastside and Far Northwest subsectors and among older White residents. In 2012, nearly one quarter (23%) of adults ages 65 and older reported that they had cardiovascular disease and nearly one third (31%) reported that they had diabetes. One third of seniors reported fair or poor health status in 2012.

- **Older Adult Access to Services:** Expanded mental health and chronic disease management services are of primary concern to seniors and social service providers. Seniors also expressed several barriers to accessing care, including transportation to health and social services, availability of providers who accept Medicare patients, and the high cost of medication.

Chronic Disease Outcomes

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

- **Heart Health:** Heart disease is the leading cause of death in the U.S. and is a concern in Bexar County as well. In 2012, six percent of adults reported that they had heart disease and nearly seven percent reported that they had cardiovascular disease. Hospitalization rates for heart diseases were highest in the Near Eastside and Southeast subsectors and among the Black and White populations.

- **Asthma:** Approximately six percent of Bexar County adults reported that they had asthma in 2012.

- **Diabetes:** In 2012, over one in ten Bexar County adults reported that they had been diagnosed with diabetes. Nearly twice as many female residents (14.8%) than male residents (7.8%) reported being diagnosed with diabetes. Hospitalizations and premature mortality due to diabetes increased in recent years, with the Near Eastside subsector and Black population being disproportionately affected.

“I see a lot of people with missing limbs and know that’s diabetes-related.”

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

**Access to Health Care**

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

• **Resources and Use of Health Care Services**: Bexar County’s health resources are growing — from children’s hospitals to worksite wellness programs to community health workers. Although these resources are seen as high quality, they are not equally distributed across the county. Some residents reported that many health care facilities are located away from communities that could most benefit from them.

• **Challenges to Accessing Health Care Services**: Stakeholders cited insurance, cost, and provider availability as barriers to care. Twenty-seven percent of Bexar County adults reported that they were uninsured in 2012. Residents also mentioned the difficulty of paying for insurance, health services, and medications as well as the growing number of physicians who will not accept patients with Medicaid or Medicare. In 2012, 19% of adults in Bexar County reported that they delayed medical care because of cost and 31% reported that they had no regular source of care.
Quality of Care: Stakeholders noted several issues related to quality of care, including differences in care based on what insurance a person has and lack of coordination between health and social service providers.

Community Vision for the Future

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

Enhanced Environments to Support Health: While residents reported progress in the areas of healthy eating and physical activity, they believed more needed to be done across the county. Improvements to roads, street lights, and sidewalks were mentioned as needed improvements in many neighborhoods. Reinstating physical activity in schools was also a vision for the future.

Support Services for Youth, Elderly, and Other Vulnerable Populations: Residents frequently cited the need for more activities and services especially for teens and seniors. Teens specifically asked for activities that focus on preventing substance use, bullying, and teen pregnancy. The needs of seniors focused on more comprehensive services at senior centers as well as outreach and programming for home-bound seniors.

More Health Education: A consistent theme across assessment participants was the need to publicly disseminate more health information about different health topics and how to navigate the health system. Residents suggested outreach and communication through churches, neighborhood associations, and community health workers.

Focus on Prevention: Stakeholders envisioned a greater emphasis on prevention in the future. As one interviewee stated, “we don’t focus enough on a prevention and wellness model. Our focus needs to be on keeping people healthy.” Stakeholders wished for a unified approach and consistent messaging from the community and county leadership.

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

Key Overarching Themes and Conclusions

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

- Bexar County strongly values its residents and the social capital they represent.
- As in previous assessments, data on morbidity and mortality distribution consistently follow social and economic patterns.
- Improvements in the physical activity environment have had positive impacts on obesity, but physical activity and nutrition are considered major health concerns.
- Early intervention can help alter the health trajectory of young children.
• With high rates of teen pregnancy and increasing rates of sexually transmitted diseases, sexual health is of growing importance to the community.

• Mental health is viewed as a critical and growing issue with a need for more resources to impact change.

• Changes in the health care system, through new programs, hospital facilities, and policy, are working to improve access.

• Community members envision a healthier Bexar County that is built on collaborative efforts.
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On behalf of the Board of Directors of The Health Collaborative

Thank you for attending the Community Leaders Breakfast and Release of the 2013 Bexar County Community Health Assessment

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