University Health

Community Health Needs Assessment (CHNA) and Implementation Strategy for Bexar County

2026 – 2028

Prepared by the Institute for Public Health
Approved by the University Health Board of Managers
March 2026

University Health

Community Health Needs Assessment (CHNA) and Implementation Strategy

Executive Summary

Part 1: Summary of the Bexar County Community Health Needs Assessment (CHNA)

The Community We Serve The mission of University Health is to improve the good health of the community through high-quality, compassionate patient care, innovation, education and discovery. Our vision is to be one of the nation's most trusted health institutions. University Health primarily serves the residents of Bexar County, which is the focus of this community health needs assessment (CHNA).

Assessing Community Needs For nearly 30 years, University Health has partnered with other local hospitals and organizations in Bexar County to produce a shared CHNA. This is accomplished through mutual funding and support of the Health Collaborative. The Health Collaborative takes a comprehensive look at health to include the "upstream" drivers and "downstream" impacts. Local data are collected from available public use files, reports, focus groups and key informant interviews. The data are disaggregated to identify and describe health disparities and are grouped into three categories of priorities:

- **What We Need for Health**
- **How We are Taking Care of Ourselves**
- **How We are Faring**

Part 2: University Health's Community Health Implementation Strategy

Institute for Public Health In March 2022, University Health launched the Institute for Public Health. The mission of the Institute is to promote health, prevent disease and prolong life in our community through a compassionate, collaborative, trauma-informed, data-driven and evidence-based approach. The Institute aligns and coordinates how University Health addresses community needs and helps patients achieve optimal health.

Strategies Aligned with Community Needs University Health employs a comprehensive approach to address community needs and improve health for residents of Bexar County and beyond. While our primary focus is on the delivery of high-quality health care to our patients, we are increasingly moving "upstream" and working to promote healthy behaviors, reduce harms and address non-medical drivers of health faced by our patients and community at large, especially where the greatest disparities are found. University Health's Implementation Strategy leverages our organizational structure, culture and assets. It is aligned with the three categories of priorities identified in the CHNA.

University Health is proud to invest in these strategies, programs and initiatives that improve the good health of our community. We seek to continuously improve how we listen to and understand these needs, engage patients and partners in this work, measure the impact of our efforts and share lessons learned.

Part 1: Summary of the Bexar County Community Health Needs Assessment (CHNA)

The Community We Serve

Bexar County Hospital District, dba University Health, is located in San Antonio, Texas, and primarily serves the residents of Bexar County, which is the focus of this community health needs assessment (CHNA). University Health includes more than 50 locations across Bexar County. Additionally, as the primary teaching facility for UT San Antonio and a Level I trauma center for adults and pediatrics in South Texas, we serve many patients outside of Bexar County who are referred or transported to us for specialized services.

As the only locally owned and operated health system in San Antonio and Bexar County, University Health takes to heart its responsibility to serve the health needs of our community today and into the future.

The mission of University Health is to improve the good health of the community through high-quality, compassionate patient care, innovation, education and discovery.

Thinking beyond medicine, we remain committed to healing, advancing knowledge and discovery, preventing disease, promoting health and prolonging life.

The population of Bexar County, at more than two million, has grown 4% since 2019. The age distribution has remained stable: roughly 24% of the population is children under 18 years of age, 62% is adults ages 18-64 years and 13% is adults ages 65 years and older. Sixty percent of the population is of Hispanic ethnicity, 26% identifies as White, 8% as Black or African American, and 3% as Asian. Median household income in 2023 was $69,807, an 18% increase since 2019. The median household income is $54,349 for African Americans, $62,474 for Hispanics and $90,053 for whites. For adults over 24 years of age, 13% have less than a high school education and 42% have at least an associate's degree, which is an improvement in educational attainment since the last assessment. About 10% of Bexar County's civilian adult population is military veterans. Sixteen percent of residents live with one or more disabilities. Eighteen percent are food insecure, up from 13.9% in 2019. Disparities by race/ethnicity and geography persist on nearly every socioeconomic measure.

Assessing Community Health Needs

For nearly 30 years, University Health has partnered with other local organizations to produce a Bexar County CHNA through mutual funding and support of the Health Collaborative.[1] This nonprofit organization facilitates the development of the CHNA with leadership from its Board of Directors, which includes representation from major health systems (including University Health), local universities, a nonprofit managed care organization, the San Antonio Metropolitan Health District, the Bexar County Public Health Department and other community organizations. The full 2025 CHNA is available on University Health's website and in printed form upon request.

[1] http://healthcollaborative.net/

The Health Collaborative takes a comprehensive look at health to include the upstream drivers and downstream impacts and incorporates data and input broadly from across the community. Contracted nonprofit data intermediary, Community Information:NOW (CI:NOW), extracts local data from available public use files and reports, which are disaggregated by race/ethnicity, age group, sex and geography (such as ZIP codes or census tracts) to describe disparities. Concurrently, insights from stakeholders and key informants are obtained through surveys, focus groups and interviews. This component is referred to as the "community voice." These quantitative and qualitative data are combined into the final CHNA, which aims to summarize both needs and assets of Bexar County residents.

Identified Community Needs

The Bexar County CHNA includes over 250 pages of tables, graphs, maps and community voice. Each provides a glimpse into the residents and neighborhoods of Bexar County and the challenges they face. Big picture conclusions emerge from this assessment and are organized into three categories:

- **What we need for health** Basic needs and root causes demand our attention. Issues like food security, decent housing, jobs with a livable wage and literacy/education are all foundations of health and well-being. Food insecurity and housing instability were raised often by community members. The same was true for extreme weather, including unrelenting and concentrated heat, extreme cold as in 2021, or deadly flooding as in recent months. All of these factors intersect, and the most vulnerable residents are hit hardest by disasters and face the greatest barriers to recovery.

- **How we are taking care of ourselves** Access to health care and prevention is critical. Our community continues to suffer the social, economic and health harms caused directly and indirectly by the COVID-19 pandemic. While we saw improved rates of many health-related behaviors in the years leading up to the pandemic – for example, preventive care utilization like prenatal care visits and school-age vaccinations – those gains have since slipped away.

- **How we are faring** Heart disease, cancer, diabetes and accidents are leading causes of death that can be prevented and managed to prolong life. Rates of obesity, preterm and low-birth-weight infants and maternal mortality continue to be high, and disparities exist across gender, race/ethnicity and geography. A large proportion of our community is suffering mentally and emotionally. Concern about mental health was shared in focus group discussions and key informant interviews. Mental health challenges are widespread across demographic groups and neighborhoods. Appropriate care is not always easy to access, even for those with insurance and the means to afford out-of-pocket expenses.

The following tables detail the findings for selected measures within each category.

What We Need for Health
Financial Security Bexar County median household income increased between 2019 and 2023, but is still lower than Texas and the U.S., and stark racial/ethnic disparities are evident.
Health insurance In 2022, the uninsured rate for Bexar County held steady at 17%, but remains lower than the national average, and disparities by race/ethnicity and age are evident.
Educational attainment Thirteen percent of the Bexar County population, who are 25 years and older have less than a high school education, which is an improvement over previous years, but remains lower than the national average. Geographic disparities persist.
Housing security Thirty-seven percent of renter-occupied households and 13% of owner-occupied households under 200% of the Federal Poverty Level are considered "housing-cost burdened" due to spending more than 30% of their income on housing.
Food security In 2023, 19% of the total population was food insecure, up from 14% in 2019, and higher than the national average. Disparities by race/ethnicity and geography persist.
How We are Taking Care of Ourselves
Substance use Seven percent of adults reported heavy alcohol use in the past month. Twelve percent of adults currently smoke. Race/ethnicity and gender disparities exist for prescription opioid use. Hospital discharge rates for opioid poisonings are declining for all ages, but a wider measure of drug poisoning discharge rate is increasing for patients under 18 years old.
Healthy eating and activity Fifteen percent of adults reported consuming five servings of fruits and vegetables per day. Thirty-seven percent of adults participated in 150 minutes or more of aerobic physical activity per week, lower than the national average. Only 28% of adults have a Body Mass Index within a healthy range, with race/ethnicity disparities present.
Preventive and primary care An estimated 72% of respondents reported visiting a medical provider in the last year. Sixteen percent of Bexar County adults reported they were not able to see a doctor in the past 12 months due to cost. Disparities by race/ethnicity and gender persist.
Immunizations Ninety-three percent of children age 35 months and younger were up to date on recommended immunizations in 2023, up from 76% in 2019. Sixty-three percent of adults had a flu shot in the last year, but race/ethnic disparities are present.
Cancer screenings An estimated 69% of women ages 40 years and older had a mammogram within the past two years. Sixty-three percent of eligible women had a Pap cervical cancer screening. Seventy-four percent of adults age 45 and older are up to date on recommended colon cancer screening.
Prenatal care An estimated 60% of 2023 births were to mothers who received prenatal care in the first trimester, down from 75% in 2019. Disparities by race/ethnicity, geography and age persist. The severe maternal morbidity hospital discharge rate varies by age and race/ethnicity.
Dental care Sixty-two percent of adults reported visiting a dentist or dental clinic in the past year. Geographic disparities are evident.
How We are Faring
Chronic disease management An estimated 15% of adults reported having diabetes, 7% reported having heart disease and 4% reported cerebrovascular disease. Hypertension, cerebrovascular disease and diabetes have the highest rates of hospitalizations after mental illness and injury. Disparities by race/ethnicity persist.
Cancer The types of cancers with the highest incidence rates (per 100,000 population) include breast (121.1), prostate (67.5), colon and rectum (40.3) and lung (35.8).

Infectious disease Incidence rates for chickenpox, mumps, pertussis, HIV and syphilis have all increased since 2020.
Low birth weight and premature birth In 2023, 8.9% of births were low birth weight and 11.8% of births were preterm, both relatively unchanged since 2019. Low birth weight births for Black women are double that of white women. The teen birth rate continues to decline, but disparities by race/ethnicity persist. The infant death rate per 1,000 births has risen to 6.5, up from 5.3 in 2020, and is correlated with the amount of prenatal care received. Disparities by maternal and paternal race/ethnicity and educational attainment persist.
Mental illness Twenty-five percent of adults report having a depressive disorder. Thirty-two percent of adults report having five or more days of poor mental health in the past month, with disparities by gender. Hospital discharges for mental illness also vary widely by age and race/ethnicity and exceed hospital discharge rates for individual chronic diseases.
Injury Hospital discharges rate for injury have declined since 2019 for all age groups, but vary widely by race/ethnicity. Emergency visits have increased, also varying by race/ethnicity and age.
Mortality The top two causes of death across all race/ethnic groups and genders are heart diseases and malignant neoplasms, but the rates vary widely within each subgroup. COVID-19 ranks third for Hispanics and Asian males. Accidents rank high for Black and white males. White women have high rates of death from Alzheimer's disease. Other leading causes of death vary by subgroup.

Leading Causes of Death (Rates per 100,000 population), 2017-2022

	Asian		Black		Hispanic		White	
Leading Causes of Death	Female	Male	Female	Male	Female	Male	Female	Male
Accidents	11.0	21.7	27.7	62.4	25.4	57.7	50.7	80.0
Alzheimer's disease	19.6	8.4	38.9	18.5	40.3	15.8	87.2	39.4
Assault (homicide)	*	*	6.7	48.0	*	14.3	*	*
Cerebrovascular disease	32.5	17.5	53.1	39.4	37.8	34.8	75.0	56.4
Chronic lower respiratory diseases	9.8	*	31.7	27.4	14.4	13.1	73.3	62.8
COVID-19	14.7	28.7	43.5	45.7	63.6	86.6	47.9	68.7
Diabetes mellitus	11.0	13.3	38.7	38.4	30.5	35.2	25.4	35.7
Heart diseases	69.3	72.8	175.5	211.5	112.7	149.9	244.0	316.9
Malignant neoplasms	77.2	69.3	144.8	145.7	99.3	115.4	208.2	234.4

*Not listed in subgroup's top ten leading causes of death

Input from Focus Group and Community Leaders

The 2025 Bexar County CHNA incorporated qualitative analyses of four focus groups of community members and six key informant interviews with leaders of local health and social services organizations. The focus groups and interviews were moderated by CI:NOW.

Vulnerable populations Foremost, when participants spoke about difficulties, they also discussed how all of these are exacerbated for vulnerable populations. This included youth, the elderly or those living in assisted living,

unhoused people, disabled populations, those who were formerly incarcerated and/or on probation and residents of the South Side of Bexar County.

Residents struggle with poverty, economic mobility, maintaining employment with a livable wage and financial literacy. Key informants discussed how one way or another, residents need better access to a steady, sustainable, thriving income, as well as the knowledge of how to maintain it. Not having enough income to thrive means people are unable to afford their survival necessities – like food, housing and health care – as well as the basic needs to provide a healthy, happy life. Lack of money is a barrier to medical care, nutritious food, education and more, which all affect people's ability to care for their health.

Community leaders expressed a deep understanding that it takes more than one thing to help people, but rather a conglomeration of interconnected strategies, such as economic development, job training, supporting small businesses, food security, transportation, sustainable infrastructure during population growth, accessible health care and more. This is reflected in their roles, as they and their organizations frequently assist communities with more than just one aspect of their lives.

Barriers to good health Focus group participants had concerns about safety impacting their ability to live a healthy life with their families. This included wanting more services that offered education about addiction and substance abuse, addressing domestic violence and gun violence, having fewer loose animals in their neighborhoods and dealing with theft. Providing more community resources was often seen as an upstream solution that helped address disparities before they worsened, which was better than downstream solutions which addressed problems after their damaging effects.

Focus group participants wanted more assistance and training to find "good" jobs, so that they could increase their earning potential and afford basic necessities – like stable housing, food and transportation to doctor appointments and activities. Employment was difficult to maintain for some participants because their benefits did not allow them to work more than a certain number of hours. But without working more, they could not afford other needs.

A very common topic was the necessity for accessible, affordable and diverse housing in Bexar County. Especially as the population expands in parts of the County, the economic development and housing needs also grow. Housing insecurity is a barrier to health care and well-being because people cannot focus on their health if they are worried about shelter, which is often a more immediate need.

During the Great Texas Freeze in February 2021, many were left without power for days. This was during the height of COVID-19, and it opened many people's eyes to the structural problems their communities had, and still have, in dealing with extreme weather conditions. As mentioned earlier, these problems were exacerbated for vulnerable populations, such as the elderly and those lacking housing. Participants felt there should be more social services dedicated to paying people's electric bills, providing fans and offering more accessible warming centers.

Food security was a theme that focused on having access to healthy, diverse, affordable and close food options, which in turn affects people's health and wellness. While "healthy food" was defined differently based on people's health needs, often it was described as being able to access fresh vegetables and quality products.

The last prominent barrier to health care and well-being was childcare. This was framed in an overall conversation about how parents and guardians, including grandparents raising grandchildren, need more assistance with

childcare, especially when the parent or guardian has to work. Not having adequate childcare was often a distraction and a barrier to other health-related behaviors, like providing nutritious meals and having time for wellness.

Focus group participants discussed community resources – like churches, organizations that provide educational and employment opportunities, food pantries, housing programs and more – and they would also exchange information with each other in real time as they identified needs of other participants. Participants also spoke about the barriers to accessing those resources. They recognized that some of the services are available, but not necessarily accessible for various reasons, and some services were neither available nor accessible.

Access to health care Most of the focus group and key informant conversations about health care revolved around inaccessible health insurance, high medical costs and difficulty finding doctors and specialists. Some of the barriers to accessing health insurance included confusion about Medicaid and Medicare, as they had different coverage criteria, and some participants recently had to switch from one to the other. This also indicated some difficulties with health literacy, as participants did not always feel confident in their abilities to find insurance-covered doctors or understand their next steps to addressing health concerns. Making the process even more burdensome was the geographic disparity of specialists. Many participants had to travel to North Bexar County to access their specialists, which was more difficult for those who didn't drive or have access to vehicles. While there are community health workers to help people understand their resources and coverage, many residents are not aware of what to do or where to begin.

Geographic disparities There are geographic disparities in health care access for communities in rural areas, the South Side and the West Side of the county. Additionally, the most vulnerable populations mentioned were racial/ethnic minorities, immigrants/refugees, people with language barriers, unhoused people, youth, the elderly, those who were incarcerated or on probation, people who struggle with substance use and veterans. There was general discussion about how the county has geographic disparities in the ratio of providers to residents, as well as infrastructure like parks, potable water and social services. For rural areas, in particular, there was discussion about digital equity and access and how a lack of technological infrastructure affects their access to health care, work, education and other resources. Some parts of Bexar County, like the rural areas, were not fully equipped to deal with population growth, and this has led to a deficit in infrastructure and services in those areas. This includes public transportation not servicing enough areas, not enough parks, sidewalks, streetlights and walkable areas, as well as a lack of access to potable water.

Key informants discussed how a common barrier to health care was a shortage of health care providers in distinct parts of the county including rural areas, the South Side or the West Side of Bexar County. Often, residents need to arrange transportation to get to another part of the county to see their doctors and specialists, or they would miss out on health care altogether due to a shortage of health providers in their area. This would lead to a lack of timely preventive, primary and specialty care and reduced general well-being.

Impact Evaluation

Following release of the 2022 CHNA, University Health adopted a Community Health Implementation Strategy in 2023 focused on three community priorities: Social Determinants of Health, Health Behaviors and Risks, and Health Care, Disease and Mortality. University Health invested in a targeted set of activities and programs within each category. The following tables describe the scope and impact of each program.

Social Determinants of Health	
Programs	**Impact**
Screening for Social Determinants of Health (SDOH)	University Health has made it a priority to screen all admitted patients ages 18 years and older for food, housing, transportation, utilities and intimate partner violence. In 2025, 76% of admitted adult patients were screened for SDOH.
Institute for Public Health Website	In February 2024, University Health launched the Institute for Public Health website to engage and inform the community about important health topics, health disparities, programs and services. Since its launch, the site has received over 70,000 visits.
South Bexar CHNA	In 2023, the Institute for Public Health conducted a health needs assessment focused specifically on South Bexar County. This first-of-its-kind report provided insight into the community health needs of the geographic region south of the Interstate 10 / Highway 90 line.
Patient Navigators	Through the Mama Bexar and Baby Bexar grant programs, University Health expanded its patient navigator team, strengthening targeted support for prenatal individuals.
Connecting Kids to Coverage	The Connecting Kids to Coverage program provided education and Medicaid and Children's Health Insurance Program (CHIP) enrollment and retention services for eligible children and parents through culturally sensitive events. From July 2022 through June 2025, 3,098 children were enrolled in Medicaid or CHIP, 3,605 children received assistance with coverage renewals and 2,883 pregnant individuals were enrolled in Medicaid for Pregnant Women or CHIP Perinatal.
CareLink and Charity Care	CareLink played a critical role in expanding access to care for uninsured Bexar County residents who are not eligible for private or public coverage. In 2025, 34,550 unique individuals were enrolled in the program.
Refugee Health Services	In 2024, the refugee health clinic supported refugees with health histories, mental health assessments, physical exams, vaccinations, lab work and infectious disease screenings totaling around 4,850 visits.
Epic Link	University Health expanded the use of Epic Link to community partners who address health-related social needs, enabling more seamless referrals and improved coordination of care. Over the past three years, the San Antonio Food Bank and Family Service began receiving referrals through Epic Link, enhancing timely support and strengthening collaboration between health care and community services.

Hospital at Home	Since 2021, the Hospital at Home program has provided in-home hospital care to more than 3,400 patients, enhancing the patient experience and freeing up more than 17,500 hospital beds for more acute patients.
School-Based Health	University Health expanded its network of school-based health centers from five to eight clinics. These school-based health centers met the health needs of students and their families, and improved access to care within the communities they serve.
Value-Based Payment and Quality Improvement Advisory Committee	In 2024, Institute for Public Health Vice President Dr. Carol Huber chaired this statewide committee, which issued biennial legislative recommendations for alternative payment models, rural access, non-medical drivers of health and improved data sharing to support value-based care.
Bexar Health Coalition	University Health participated in this coalition of community organizations to advocate for policies and funding that supported access, health equity, improved health outcomes and the social determinants of health.

Health Behaviors and Risks	
Programs	**Impact**
Opioid Treatment & Recovery Services (OTRS)	The OTRS program expanded access to Medications for Opioid Use Disorder (MOUD), helping reduce illicit opioid use and prescription opioid misuse. In 2025, the program exceeded its goal of serving at least 85 individuals by 50%, reflecting the significant unmet need in the community.
Substance Misuse Awareness & Sexual Health (SMASH)	The SMASH program provided substance misuse education combined with HIV and hepatitis programming to reduce infections and increase protective factors among racial and ethnic minority males at risk for HIV/AIDS. In 2025, the program served more than 90 individuals.
How I Stay Safe	How I Stay Safe provided injury prevention lessons to children 4-12 years of age, emphasizing the importance of safety at home, on the road and at school. In 2025, 1,442 students across Bexar County participated in the program.
Injury Prevention	University Health's Injury Prevention program offered classes on child passenger safety, violence prevention, gun safety and Stop the Bleed, providing evidence-based education to reduce injuries and injury-related deaths. In 2025, the program distributed 737 car seats and conducted 258 injury prevention programs, reaching over 47,800 individuals through education on burn prevention, car seat safety, fall prevention, gun safety, motor vehicle crash prevention and pedestrian safety.
Texas Home Visiting (THV) - Healthy Families Bexar	The THV program served 125 families, improving maternal and child health, supporting child development and school readiness and enhancing overall family well-being through home visits, parent education and community-based strategies designed to reduce risks and strengthen outcomes for young children and families.
Salud Por Vida	In 2025, the Salud por Vida (Health for Life) program educated 235 individuals on self-management practices and healthy lifestyle behaviors, strengthening diabetes and hypertension self-management.
FitLink	The FitLink program increased physical activity among CareLink participants, contributing to improved overall health.

Health Care, Disease and Mortality	
Programs	**Impact**
Ryan White	The Ryan White programs at University Health provided ongoing access to primary care and support services for uninsured, underinsured and low-income individuals living with HIV. These programs improved access to HIV treatment, offered support groups and educational activities and helped individuals connect with essential resources such as housing and utilities.
Texas Wears Condoms	The Texas Wears Condoms grant-funded program provided free condoms and HIV test kits to individuals across Texas. Their program increased knowledge, reduced stigma around condom use and supported efforts to prevent HIV and other sexually transmitted infections.
Clinical Research Department	The Clinical Research Department supported the prevention, detection and treatment of disease by offering clinical trials to advance scientific discovery and improve care for patients with the following conditions: cystic fibrosis, diabetes and cancer.
Managing your Medication Therapy	University Health's Medication Therapy Management program helped patients with multiple chronic conditions improve medication adherence and reduce hospital readmissions.
Breast and Cervical Cancer Services	University Health expanded access to care and treatment for 669 individuals through the Breast and Cervical Cancer Services grant.
Mobile Mammography	University Health's mobile mammography unit expanded access to cancer screenings in community settings, delivering 1,530 screenings in 2025.
Mujeres Con Confianza	The Mujeres con Confianza program provided 741 women with culturally responsive education on endometriosis, fibroids, and polycystic ovary syndrome to help reduce reproductive health disparities.
Mommies Program	University Health, in collaboration with the Center for Health Care Services, provided comprehensive substance use disorder treatment and prenatal support to mothers, helping improve maternal and infant health outcomes.
Texas Collaborative for Healthy Moms and Babies (TCHMB)	University Health sponsored the 2025 Annual Summit hosted by the TCHMB in Austin, continuing our support of the Collaborative's mission to advance health care quality and patient safety for all Texas mothers and babies through partnership and collaboration.

Part 2: University Health's Community Health Implementation Strategy

Overview

The 2025 Bexar County Community Health Needs Assessment (CHNA), conducted by the Health Collaborative in coordination with key partners, identified three categories of community needs for Bexar County: What We Need for Health; How We Are Taking Care of Ourselves; and How We Are Faring. For each category of need, the CHNA highlighted multiple priority areas.

University Health is committed to serving the people of Bexar County, achieving optimal health and reducing disparities by addressing these needs with investments, programs and initiatives outlined in this implementation strategy. As the county-owned nonprofit health system, all of University Health's resources are committed to improving the health of our patients and community. The physical assets, team members, supplies, grant funding, programs, sponsorships and other investments are approved by the Board of Managers and Bexar County Commissioners Court through the annual budget process.

In 2022, University Health launched the Institute for Public Health, led by Vice President Dr. Carol Huber. The Institute leads the development, communication and evaluation of the Implementation Strategy with guidance and support from University Health's interdisciplinary Health Equity Leadership Team.

University Health Facilities and Resources

For more than 100 years, University Health has been here to heal, improve health, lead, innovate and advance the practice of medicine. Above all, the people of University Health serve all who entrust us with their health and lives with the highest-quality care, respect and compassion. As the only locally owned and operated health system in San Antonio and Bexar County, University Health takes to heart its responsibility to serve the health needs of our community today and into the future.

Doing business today as University Health, we are officially the Bexar County Hospital District. While Bexar County is in our name, we are a separate governmental entity and a political subdivision of the State of Texas. We are governed by a seven-member Board of Managers, who are appointed by the Bexar County Commissioners Court. Thanks to strong leadership and support, our network of health care services includes dozens of primary, specialty and urgent care centers, mobile health units and an academic hospital that has earned its place among the top in the nation and recognized as the most preferred hospital in San Antonio.[2] University Hospital is proud to serve as the region's only Level I trauma center for both adults and children. Our Women's & Children's Hospital is the region's first hospital dedicated exclusively to the unique needs of women, children and babies. Services include the Harvey E. Najim Children's Emergency Department, a 24/7 Women's Center for OB/GYN emergencies, a Level IV NICU, a Level IV maternity center and a dedicated inpatient unit with all of the technology and specialized teams needed to care for even the most complex medical needs. In 2027, University Health will open two new community hospitals aimed at improving health and access to care in the south and northeast areas of Bexar County.

[2] NRC Health Market Insights 2021

The Robert B. Green Campus in downtown San Antonio serves as the hub for our ambulatory care network. In addition to our hospitals and network of health centers, University Health also includes:

- Community First Health Plans, the only local nonprofit managed care plan serving people in Bexar County and surrounding communities.
- University Medicine Associates, a nonprofit provider group practice caring for adults and children in University Health locations across the community.
- University Health Foundation, a 501c3 charitable organization supporting the University Health mission.

All University Health locations and providers are connected through Epic, the most robust electronic health records system. With Epic, complete medical records are immediately available for the health care team at every visit. University Health's patient portal and smartphone applications allow patients to book appointments, message their doctors, refill prescriptions, view test results and so much more.

As a business, University Health employs more than 12,000 individuals, most of whom are residents of Bexar County. In 2023, University Health invested more than $1.1 billion in their wages and benefits, which they reinvested into our local economy. Recognizing that our employees are also valuable members of our community, our Employee Health and Wellness program supports them and gives them more tools to stay safe and healthy.

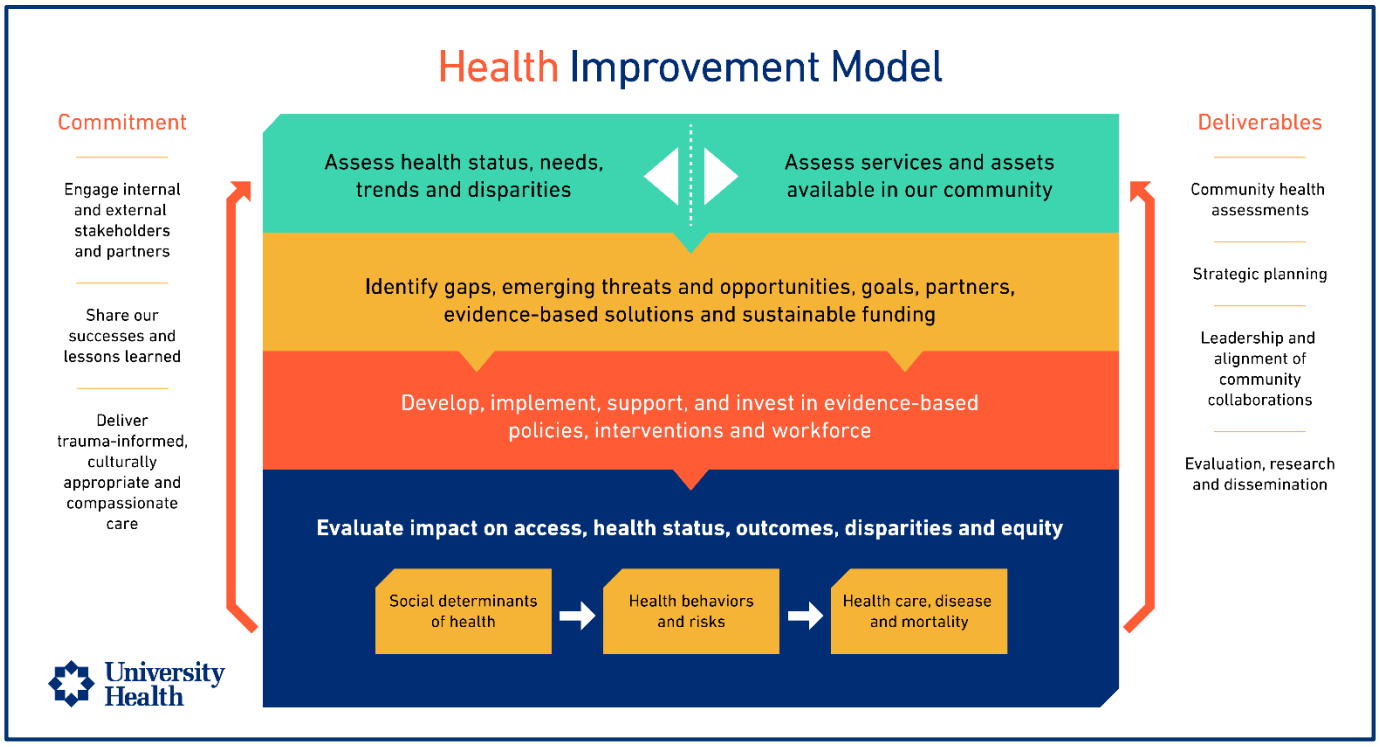
Our Procurement Services contracts for goods and services with a targeted focus on local companies, using our capital to catalyze the Bexar County community. Our Protective Services unit works daily to keep our staff and patients safe. Our Spiritual Services team provides critical grief and spiritual support to patients and staff who face unexpected trauma, long-term health issues and the stresses that come with caregiving.

In 2025, the Perryman Group reported that University Health, through fulfilling its primary mission of providing care to the people of the Bexar County area, generates a significant economic stimulus from its construction projects, ongoing operations and uncompensated care.

Community Health Implementation Strategy

University Health employs a comprehensive approach to address community needs and improve health for residents of Bexar County and beyond. While our primary focus is on delivering high-quality health care to our patients, we are increasingly moving "upstream." This means we are working to promote healthy behaviors, reduce harms and address health-related social needs for our patient population and adverse non-medical drivers of health in our community, especially where the greatest disparities are found.

In 2022, University Health created the Institute for Public Health. Its mission is to promote health, prevent disease and prolong life in our community through a compassionate, collaborative, trauma-informed, data-driven and evidence-based approach. The Institute serves as a critical hub for University Health, connecting patients with targeted health education and resources. The Institute is a resource for all University Health leaders and assists the organization to serve the areas of greatest need with the efficient use of resources in a comprehensive way. It actively connects our internal services and programs with external community partners. The Institute uses its health Improvement model framework to align and coordinate how University Health addresses community needs and helps patients achieve optimal health.



University Health is committed to advancing health equity as outlined in Corporate Policy 2.19. To support this commitment, a multidisciplinary Health Equity Leadership Team, led by the Institute for Public Health, works with colleagues and partners to coordinate and promote health equity initiatives.

The Institute and the Health Equity Leadership Team developed this Implementation Strategy, which is organized to align with the 2025 Community Health Needs Assessment. For each category of need, we identified the priorities and goals, followed by specific strategies, programs and initiatives. Many of University Health's programs address multiple priority areas, though each is listed only once.

University Health will regularly monitor and update this Implementation Strategy to address emerging community needs and ensure alignment with the organization's structure, culture and resources.

University Health's Community Health Implementation Strategy 2026-2028

What We Need for Health

Reduce barriers and improve community conditions that support good health

Food ◆ Housing ◆ Environment ◆ Employment ◆ Income ◆ Financial Literacy

Connect patients to programs that address health-related social needs	Partner with community-based organizations to address adverse non-medical drivers of health	Support opportunities for economic growth

How We are Taking Care of Ourselves

Improve access to care & services that promote prevention, disease management & overall well-being

Access to Care ◆ Preventive & Primary Care ◆ Immunizations ◆ Cancer Screenings
Healthy Eating & Exercise ◆ Injury Prevention & Safety

Ensure access to prevention, early detection and primary care services	Provide coordinated care and services that support disease prevention and management

How We are Faring

Improve health outcomes and reduce health disparities

Mental Health ◆ Substance Use ◆ Infectious Diseases
Chronic Diseases ◆ Maternal Health

Expand behavioral health service capacity in priority areas and improve coordination to community resources	Reduce the spread of infectious diseases	Improve care practices to manage chronic diseases	Improve maternal health by providing comprehensive education, supportive services, health care and navigation

What We Need for Health

Goal: Reduce barriers and improve community conditions that support good health

Strategy: Connect patients to providers that address health-related social needs

Access to food, housing and transportation resources significantly impacts health. Patients with fewer resources often experience poorer health. Limited resources can force individuals to choose between health care and basic living essentials. Improving navigation to community resources helps patients receive timely and coordinated services that address their needs beyond clinical care. University Health partners with community organizations to understand these gaps, identify available resources and make efficient connections so patients have a fair opportunity to achieve their highest level of health.

- **Standardized Screening and Documentation –** University Health screens all hospital patients ages 18 years and older for needs related to food, housing, transportation, utilities and safety, in line with Joint Commission standards. Our electronic health record is configured to document these screenings in a consistent manner.
- **Care Coordination –** University Health's care coordination program includes social workers, nurse case managers and community health workers dedicated to addressing patients' clinical and social needs, reducing barriers to care and ensuring seamless, whole-person care across all settings.
- **Epic Link and FindHelp.org –** University Health uses bi-directional referral platforms to streamline the referral process, reduce delays and duplication and enhance communication between health care teams and community-based organizations, making it easier for patients to get timely support.
- **Affordable Health Care Coverage –** University Health assesses patients' health coverage and assists with enrollment in health insurance and other financial assistance programs.
    - **CareLink and Charity Care –** These financial assistance programs make access to health care more affordable for those who do not qualify for other types of coverage.
    - **Connecting Kids to Coverage –** This program works to reduce the number of children who are eligible for, but not enrolled in, Medicaid and the Children's Health Insurance Program (CHIP).
    - **Community First Health Plans –** The local nonprofit health plan owned by University Health serves people in Bexar County and surrounding communities and offers coverage through Medicaid, Medicare, CHIP, Marketplace and other programs.

Access to Care

Program Spotlight

Connecting Kids to Coverage

The Connecting Kids to Coverage program at University Health improves access to care by enrolling eligible children and pregnant individuals in health coverage. The program assists families with Medicaid and CHIP enrollment for children and supports pregnant individuals with applications for Medicaid for Pregnant Women or CHIP Perinatal. By meeting families where they are, the team provides education, guides them through the enrollment process and follows up until applications are completed. By June 2026, approximately 2,300 children are projected to be enrolled in Medicaid or CHIP, helping families access vital health coverage.

Strategy: Partner with community-based organizations to address adverse non-medical drivers of health

Partnerships between health care providers and community-based organizations such as local food banks, diaper banks and public housing agencies are essential to improving health outcomes. University Health works with organizations including the San Antonio Food Bank, Family Service, Soarion Federal Credit Union and Hope at Heart to deliver programming and resources such as nutrition education, workforce training, financial literacy and housing and utility assistance.

- **Partnership Integration Framework –** University Health's partnership framework guides how we identify opportunities to partner with community organizations and assess integration levels.
- **University Health Vida and Wheatley –** University Health is partnering with community-based organizations to co-locate and provide services and programming to the community at University Health Vida and Wheatley.
- **Community Collaboratives and Coalitions –** University Health participates in numerous coalitions and collaboratives to align efforts with community partners, share expertise and resources and collectively address complex health and social needs. Examples include the Health Collaborative, Center for Health Empowerment in South Texas (CHEST) and the Health Equity Network.
- **University Health Foundation –** The University Health Foundation helps businesses and community members connect through their individual charitable interests. The Foundation supports special projects and funds including primary care, spiritual health, pediatric services, injury prevention, child life and neonatal intensive care.
- **Corporate Sponsorships and Partnerships –** University Health sponsors numerous local organizations and their special events, including walks/runs, conferences and symposiums. These organizations are aligned with University Health's mission and often serve as referral partners, providing much-needed social support to our patients.
- **BiblioTech –** University Health partners with BiblioTech to help our patients access online resources.

Partnerships

Program Spotlight

University Health Vida

University Health Vida is a three-story, state-of-the-art health center designed to expand access to primary and specialty care while addressing the non-medical drivers of health that impact the well-being of residents in South Bexar County. The facility serves as a hub for education and community engagement, offering community partners opportunities to host events in Vida's Community Spaces and co-locate services within the Community Commons suite. The Institute for Public Health looks forward to welcoming over 15 community partners into this space in early 2026.

Strategy: Support opportunities for economic growth

Creating pathways to careers for individuals who reflect the communities we serve improves access to care and strengthens the workforce. Investing in a community-rooted workforce of local businesses supports our economy and helps us provide care that is more responsive, equitable and aligned with the needs of the population we serve.

- **Living wage, training and benefits for employees and dependents –** University Health provides a living wage, ongoing training and comprehensive health and retirement benefits for employees and their dependents to support financial stability, promote workforce development and ensure a healthy, engaged and resilient workforce.
- **Pathways to Education and Careers in Health Care –** University Health has made substantial investments in expanding career pathways for current employees and community members.
    - **Residency Training –** As an academic medical center, University Health serves as a residency training site for physicians, pharmacists, nurses and chaplains.
    - **Clinical Rotations –** University Health is a clinical rotation site for seven local school districts, offering hands-on experience across a range of certification programs, including medical assisting, phlebotomy and other allied health roles.
    - **Non-Clinical Placements –** University Health offers internship opportunities for college students seeking experience in non-clinical health industry roles.
    - **Pharmacy Technician Training Program –** University Health offers a pharmacy technician training program to prepare candidates for the Pharmacy Technician Certification Exam and produce job-ready pharmacy technicians.
    - **Workforce Training Programs –** University Health is a partner of the San Antonio Ready to Work Program and Project Quest, hiring dozens of graduates each year from these local workforce training programs.
- **Vendor Engagement and Procurement –** University Health creates opportunities for local and small businesses to compete for and earn contracts for the goods and services we purchase. Our vendor support includes a combination of training and education, outreach and certification.
- **Sustainable Purchasing Practices –** University Health purchases sustainable and environmentally friendly products to reduce our environmental impact and support responsible sourcing practices.

Education

Program Spotlight

Pharmacy Technician Training Program

The Pharmacy Technician Training Program at University Health offers individuals an opportunity to build a career as a health care professional in a high demand field. The goal of this accredited program is to provide a comprehensive training to prepare for the Pharmacy Technician Certification Exam and produce job-ready pharmacy technicians. The 12-week, 480-hour program includes didactic education, simulation-based training, experiential learning and certification exam preparation. Enrolled students are hired as Registered Pharmacy Technician Trainees. The program has already trained over 70 individuals, and cohort sizes have been expanded to support continued growth in interest.

How We are Taking Care of Ourselves

Goal: Improve access to care and services that promote prevention, disease management and overall well-being

Strategy: Ensure access to prevention, early detection and primary care services

Providing timely access to prevention, screening and primary care services improves health outcomes, reduces the burden of chronic and acute conditions and promotes long-term wellness. By prioritizing early detection and comprehensive care, we help patients receive equitable, coordinated and high-quality services that support healthier lives.

- **University Health Clinics and Hospitals –** University Health delivers high-quality care across Bexar County through a network of clinics and a centrally located main campus that includes University Hospital, the Women's & Children's Hospital and the Level I Trauma Center. Two community hospitals will open in 2027.
- **Mobile Clinics –** The healthyUexpress fleet brings primary care to families in their own neighborhoods. This mobile service allows community members to schedule appointments for preventive health services, diagnostics and treatment.
- **Health Fairs –** University Health participates in health fairs throughout Bexar County and beyond. More than 30 programs and service lines provide education, screenings, vaccinations and resource navigation support to community members who attend.
- **Telehealth –** Patients who experience transportation barriers may be accommodated through the use of telemedicine appointments and messaging with their provider through MyChart. MyChart is the digital application available through Epic that allows patients to communicate with providers and efficiently schedule appointments.
- **Pharmacy Services**
    - **Mail Order –** At University Health, we provide mail-out and delivery services for medications on our preferred drug list to patients free of charge.
    - **CareLink Medication Assistance Program –** Through the medication assistance program, CareLink members can get assistance obtaining prescription drugs that are not available through CareLink.
    - **Pharmacy Wellness Wednesdays –** University Health's Robert B. Green Campus Pharmacy location hosts regular health fairs where patients can receive free screenings, consult with pharmacists and stay up to date on recommended vaccinations.
- **Interpreter Services –** These services promote clear communication between the patients and care teams.
- **Violence and Injury Prevention Programs –** University Health partners with community organizations on programs designed to prevent trauma and support safer driving, streets and homes. We host classes on how to install car seats. We visit schools and educate teens about the consequences of distracted driving. We help older adults avoid falls, which is a major cause of disability and death.

- **Safe Kids San Antonio –** This coalition, led by University Health, implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.
- **GunSafety4Bexar –** GunSafety4Bexar provides information to prevent unintentional firearm injuries in homes. Gun locks are distributed free of charge to the public. University Health partners with the Bexar County Sheriff's Office Crime and Prevention Program on this initiative.
- **Be SMART for Kids –** Be SMART is a framework for having conversations around secure gun storage in homes and vehicles – Secure, Model, Ask, Recognize, Tell. University Health facilitates this program by request throughout the community.
- **Hospital-based Violence Intervention –** University Health created and launched a hospital-based violence intervention program to support survivors of violence and reduce retaliatory violence, in partnership with the City of San Antonio Metropolitan Health District's Office of Violence Prevention and Brooke Army Medical Center.
- **Stop the Bleed –** This program empowers individuals to provide an immediate response to life-threatening bleeding until emergency responders arrive.
- **Burn and Scald Prevention –** University Health provides burn and scald education by delivering targeted educational programs, participating in Burn Awareness Week and National Fire Prevention Week and engaging families at community events and health fairs.
- **Buckle UP! Child Passenger Safety Program –** This program helps families obtain the necessary resources to properly secure their children and keep them safe in a crash. University Health uses a comprehensive model that includes car seat distributions for disadvantaged families, community education and outreach events, car seat installation assistance, motor vehicle crash car seat replacement, special needs child passenger safety support and ongoing technician training and skills development.
- **Drive Now. Text L8R. –** This University Health program includes an interactive presentation and a hands-on experience, either with a simulator or an on-campus driving course. We provide programs through an assembly or classroom presentation.
- **Walk This Way –** This education program highlights common dangers and fall hazards to young pedestrians, as well as how to anticipate and avoid dangerous situations in

Violence Prevention

Program Spotlight

Project Inspire San Antonio

Project Inspire San Antonio is a transformative mentorship program that supports youth ages 12–17 years who have been directly affected by firearm-related violence. The program aims to prevent and reduce firearm violence by fostering meaningful relationships, building life skills and promoting community engagement. This initiative is a collaboration between University Health, UT San Antonio and the Bexar County Juvenile Probation Department, bringing together medical professionals, youth advocates and community partners to address firearm-related injuries through prevention and empowerment. In January 2026, the program graduated its first cohort of six participants.

and around motor vehicles. Children and teens learn practices that make sidewalks, bus stops and driveways safer for the whole family.

  - **How I Stay Safe –** This annual contest helps teachers incorporate injury prevention lessons into their curriculum to promote injury prevention awareness with kids ages 4-12 years and reinforce the importance of practicing safety at home, on the road and at school.

- **Grant Programs –** Numerous grant-funded initiatives expand access to preventive, reproductive and women's health services for underserved populations, including but not limited to:

  - **GetFIT+ –** This program offers colorectal and cervical cancer screenings to underserved populations in Bexar and Maverick counties.

  - **Breast and Cervical Cancer Services –** This grant provides funding for breast and cervical screenings and diagnostic services to low-income patients in the community.

  - **Title V Prenatal –** This program provides medical and dental services to pregnant patients up to 60 days (medical) while awaiting CHIP Perinatal/Medicaid assistance or 3 months (dental) after giving birth.

  - **Title V Child –** This program provides medical and dental services for youth ages 21 years and younger.

  - **Healthy Texas Women –** This grant provides women's health and family planning at no cost to eligible women in Texas.

  - **Family Planning –** This program provides quality, comprehensive, low-cost and accessible family planning and reproductive health care services to women and men in Texas.

  - **Every Body Texas Title X Project –** This program provides a broad range of family planning and related preventive health services for low-income or uninsured individuals.

Strategy: Provide coordinated care and services that support disease prevention and management

Delivering integrated, patient-centered care helps prevent illness, manage chronic conditions and improve overall health outcomes. By coordinating medical, behavioral and social services, we help patients receive the right care at the right time, supporting long-term wellness and reducing avoidable complications.

- **University Health Media Channels –** University Health uses multiple communication channels to share information on health conditions, emerging health trends and to highlight patient stories.

  - **Institute for Public Health Website –** This website engages and informs the community about important health topics, health disparities, programs and services.

  - **HealthFocus SA Blog –** This online resource is a trusted source with health news, information for patients and featured patient stories.

  - **University Health Social Media –** Our social media platforms act as channels to deliver educational, informational and inspirational content to our community. This includes content from our blog, health related infographics, information about crisis response, upcoming health events and patient stories.

- **News Media Communications –** University Health maintains ongoing relations with local, state and national news media and stores press releases in a publicly available online newsroom.
- **University Health Library –** Our online library contains detailed information on a wide range of health conditions, illnesses and treatments.

- **SaludArte: Art of Healing –** This program was established in 2010 with the goal to harness the power of art to foster healing, compassion, hope and trust in a medical setting.
- **Disease Management Programs and Other Classes**
  - **Medication Therapy Management –** This University Health program helps patients with multiple chronic conditions manage their medications and aims to increase patient comfort and safety by reducing the possibility for drug-related complications.
  - **Childhood Asthma Education –** Asthma education classes, led by respiratory therapists, are presented twice a month at the Robert B. Green Campus.
  - **Diabetes Education –** University Health's diabetes education program is recognized by the American Diabetes Association and provides patients with the skills necessary to improve their quality of life by covering the following topics: diabetes basics, nutrition, blood glucose testing, medications, physical activity and complication prevention.
  - **Diabetes in Pregnancy Education –** Diabetes educators help patients plan and review how to manage their diabetes during pregnancy and includes individual follow-up visits throughout pregnancy until delivery and group classes on a variety of topics.
  - **Patient Education –** This team offers individual appointments with a registered nurse, registered dietitian or health educator to discuss topics including weight management, meter training, insulin use, healthy eating, medication, gestational diabetes, hyperglycemia, hypertension, hypoglycemia and tube feeding.
  - **CareLink Salud Por Vida –** This program provides classes to CareLink members on healthy living, including adopting healthy eating habits, exercise and more.
  - **Smoking Cessation Program –** University Health pharmacists provide individualized smoking cessation sessions for people looking to quit using tobacco products.

Physical Activity

Program Spotlight

Fitness Center

University Health's Fitness Center at the Texas Diabetes Institute offers patients a safe and supportive environment to become more active and improve their health. During their first visit, participants complete a personal assessment, and a fitness expert designs an individualized exercise plan tailored to their goals. Onsite nurses monitor blood sugar and blood pressure before and after exercise, allowing participants to track progress and stay motivated. The Fitness Center also fosters community by offering group classes, such as Fit-U and arthritis-focused sessions. In 2025, the Fitness Center reported 11,086 individual visits, with class participation totaling nearly 1,000. In 2026, the team plans to expand services to offer strength training instruction and group exercise classes tailored for patients with cancer.

  - **Community Care Clinical (C3) Pharmacy –** This program helps patients address factors affecting medication adherence and enhances medication safety during care transitions to improve health outcomes and reduce emergency room visits and hospital admissions.

- **University Health Fitness Center –** Fitness professionals provide patients with personally designed exercise plans and supervised training to help meet wellness goals safely.
- **Pediatric Nutrition Counseling –** University Health dietitians support pediatric patients' treatment by recommending health options and carefully managing their nutritional intake.
- **Trauma-Informed Care –** University Health trains team members and community organizations to understand what it means to be trauma-informed and how to implement these principles in the workplace.
- **Care Navigation Programs**
  - **Pharmacy Liaisons –** These team members help patients access financial assistance programs to assist with co-payments and prior authorizations.
  - **Transitions of Care –** This patient navigation program identifies patients at high risk for readmission and delivers targeted interventions, education, connections to resources and warm handoffs to ambulatory care to support a smooth transition and improved health outcomes.
  - **CareLink Medical Management –** This CareLink program supports patients in reducing emergency department visits and hospital readmissions through navigation, patient education and connections to community and clinical resources.
  - **Senior Services –** University Health's dedicated team assists with Medicare Annual Wellness Visits, Medical Power of Attorney, Advance Directives and hosts Medicare Information Sessions.
  - **Pregnancy Support Services –** Patient navigators assist patients throughout the prenatal period and help arrange transportation to appointments.

How We are Faring

Goal: Improve health outcomes and reduce health disparities

Strategy: Expand behavioral health service capacity in priority areas and improve coordination to community resources

Increasing access to behavioral health services and strengthening connections to community resources addresses gaps in care, supports mental wellness and enhances overall health outcomes. By expanding capacity and improving coordination, we help individuals receive timely, comprehensive and equitable support for behavioral health needs.

- **Behavioral Health Clinics –** University Health offers behavioral health services in seven locations across Bexar County.
- **South Texas Crisis Collaborative (STCC) –** This community coalition organizes and provides timely and appropriate crisis stabilization services. It includes funding for residential treatment, emergency psychiatric beds, a Rapid Access Clinic, a domestic violence call-in system and more.
- **Grant Programs –** These grant-funded initiatives support mental health, suicide prevention and substance use disorder services by expanding access to comprehensive whole-person care, prevention and treatment for underrepresented, at-risk and underserved populations across Bexar County.
  - **University Health Mental Wellness Institute (Bexar Necessities) –** This program provides clinical mental health and substance use counseling, behavioral health consultation, social work and psychiatric services.
  - **Comprehensive Suicide Prevention Blueprint for Adults and Youth (CoSPLAY) –** The CoSPLAY program provides suicide prevention services for Bexar County residents between ages 10-24 years who may also identify as LGBTQ+.
  - **Helping Underrepresented Populations with Substance Abuse Treatment and Linkage to Care (HUSTLE/NewStart) –** The HUSTLE program increases engagement in care for underrepresented individuals with substance use disorders and/or co-occurring substance use and mental health disorders who are at risk for or living with HIV/AIDS and receive HIV/AIDS services and treatment.
  - **Overdose Treatment and Recovery Services (OTRS) –** This program helps expand or enhance access to medications for opioid use disorder, decreasing illicit opioid use and prescription opioid misuse.

Substance Use

Program Spotlight

Overdose Treatment and Recovery Services (OTRS)

The Overdose Treatment and Recovery Services (OTRS) grant program is delivered by an experienced, multidisciplinary team dedicated to supporting individuals living with opioid use disorder. Serving a 28-county region, the program provides medications for opioid use disorder, outpatient counseling, peer recovery support, case management, harm reduction services and HIV testing. In 2026 the program anticipates serving a minimum of 85 individuals.

- **Substance Misuse Awareness and Sexual Health (SMASH) –** The SMASH program prevents substance misuse and transmission of HIV or hepatitis among men ages 18 years and above living in Bexar County who are at risk for substance abuse and HIV/AIDS.
- **Texas Opioid Abatement Fund Council Naloxone Program (TX-OP) –** The TX-OP Program performs statewide distribution of naloxone, an opioid overdose treatment, and conducts training on its administration to distributing partners.

Strategy: Reduce the spread of infectious diseases

Preventing and controlling infectious diseases, including community-acquired and hospital-acquired infections, protects patients, team members and the broader community.

- **Achieving Zero –** University Health's Achieving Zero campaign aims for zero incidents of hospital-acquired infections during patient hospitalizations.
- **Family Focused AIDS Clinical Treatment Services (FFACTS) Clinic –** The FFACTS clinic is an outpatient HIV/AIDS clinic that provides medical care, case coordination and social support services for people living with HIV/AIDS and their families.
- **Grant programs –** These grant-funded initiatives support HIV prevention, treatment and supportive services by expanding access to comprehensive, whole-person care for low-income, uninsured and underserved populations.
  - **Ryan White (Parts A, B and D) –** This program provides optimal care and treatment for people living in the San Antonio transitional grant area with HIV/AIDS who are low-income, uninsured and underserved, improving their health outcomes. Part D targets women, infants, children, youth and affected family members.
  - **The Housing Opportunities for Persons with AIDS (HOPWA) –** The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income people living with HIV/AIDS and their families.
  - **Ending the HIV Epidemic Operation BRAVE –** This program improves access to HIV treatment.
  - **Bexar All-Inclusive –** This program provides a whole-person care approach to improve well-being with a special emphasis on HIV prevention and treatment outcomes. It includes navigation services to link patients to medical and social support resources, such as testing and housing services.

Sexually Transmitted Infections

Program Spotlight

University Health FFACTS Clinic

University Health's FFACTS Clinic, funded in part by the Ryan White Treatment and Modernization Act, provides comprehensive HIV/AIDS care in partnership with UT San Antonio. Services include primary and specialty medical care, case management, behavioral health support, Pre-exposure prophylaxis (PrEP) and rapid start services, pharmacy and substance use counseling, as well as women's, pediatric and specialty care. The clinic also partners with community agencies to support transportation and housing needs, delivering confidential, whole-person care that addresses medical, emotional and financial well-being.

- **Texas Wears Condoms (TWC) –** This program offers activities to control and prevent the spread of HIV/AIDS. Prevention strategies include condom distribution and health education. These strategies target people who are at greater risk of acquiring and/or transmitting the HIV infection.
- **GILEAD FOCUS Program –** GILEAD FOCUS provides adult routine screening for HIV in the Emergency Department and HIV/hepatitis screening in ambulatory clinics. Navigators help patients who test positive link to treatment.

Strategy: Improve care practices to manage chronic diseases

Enhancing care practices for chronic disease prevention and management helps patients achieve better health outcomes and reduces complications over time. By implementing evidence-based interventions, care coordination and patient education, we support long-term wellness and empower individuals to actively manage their health.

- **Disease Management and Value-Based Care Programs –** These programs focus on proactively managing chronic conditions through coordinated, evidence-based care to improve patient outcomes, reduce avoidable utilization and align care delivery with value, quality and long-term health goals.
- **Certifications, Awards and Recognitions –** University Health's recognitions demonstrate our commitment to managing chronic conditions through standardized, evidence-based approaches that improve outcomes, enhance care coordination and support patient health. Notable examples include the Comprehensive Stroke Center designation, the American Heart Association's Get With The Guidelines - Stroke Gold Plus and American Heart Association Target: Stroke & Type 2 Diabetes Honor Roll Elite.
- **Clinical Trials and Research –** Since 1968, University Health has been proud to be on the leading edge of research. Each clinical trial is designed to help prevent, detect or treat diseases and improve care. We are currently conducting trials on cystic fibrosis, diabetes, mammography, oncology and pediatric hematology.
- **Specialty Clinics –** Equipped with the latest technology and a team of experts, our specialty facilities support patients at every stage of their health journey.
  - **Texas Diabetes Institute –** Texas Diabetes Institute is one of the largest and most comprehensive centers in the U.S. dedicated to the research, prevention and treatment of diabetes, as well as endocrine conditions.
  - **University Health Limb Salvage Clinic –** This new clinic provides access to the latest technologies, treatment options and research related to diabetes care. Specialists work together to protect the quality of life of patients by preserving their mobility and preventing amputation.

Chronic Disease Management

Program Spotlight

Comprehensive Stroke Center

University Hospital offers the most comprehensive stroke care in San Antonio. As a designated comprehensive stroke center, we provide 24/7 access to advanced technology, expert teams and immediate treatment when stroke symptoms occur. Patients benefit from a specialized neurocritical care unit, a dedicated stroke unit, advanced surgical suites and healing spaces that support recovery. From emergency treatment through rehabilitation, our stroke team uses the latest advances in care to help patients recover and return to their best possible quality of life.

- **University Health Women's Heart Center –** This center is dedicated to diagnosing and treating heart disease in women in all stages of life.
- **University Health Structural Heart and Valve Center –** Here a team of specialists provide advanced, patient-centered care for those diagnosed with complex valvular and structural heart diseases, including advanced imaging and diagnostics, access to clinical trials and innovative treatment options.

Strategy: Improve maternal health outcomes by providing comprehensive education, supportive services, health care and resource navigation

Delivering comprehensive education, supportive services and guided navigation helps expectant and new mothers access timely, high-quality care. By addressing medical, social and educational needs, we promote healthier pregnancies, safer deliveries and stronger maternal and infant health outcomes.

- **The Women's & Children's Hospital –** The Women's & Children's Hospital is the region's first hospital dedicated exclusively to the unique needs of women, children and babies. Services include the Harvey E. Najim Children's Emergency Department, a 24/7 Women's Center for OB/GYN emergencies, a Level IV NICU, Level IV maternity center and dedicated inpatient unit with the technology and specialized teams needed to care for even the most complex medical needs.
- **Certifications, Awards and Recognitions –** University Health's multiple designations reflect our commitment to high-quality, safe and equitable maternal care, recognizing adherence to evidence-based practices that improve outcomes for mothers and infants across the continuum of care. Examples include Level IV Maternal Health, Level IV Neonatal Intensive Care Unit, Baby-Friendly Facility and recognition as a 2026 U.S. News & World Report High Performing Hospital in Maternity Care.
- **Maternal Health Quality Metrics and Value-Based Care Programs –** These programs use standardized performance measures to monitor and improve maternal outcomes, promote evidence-based care and ensure care is delivered efficiently and equitably, with a focus on value, accountability and continuous improvement.
- **CareforMom –** The CareforMom Program covers medical services for women who have given birth at University Health. Membership starts the day after the baby is born and lasts for 12 months.
- **A Mother's Place –** The John L. Santikos Charitable Foundation Mother's Place provides breast milk storage, customized infant nutrition, lactation support and pumping stations for new moms. Here, certified neonatal nutritionists supplement mothers' breast milk with the nutrients that infants in the NICU need to flourish.
- **CenteringPregnancy –** This program, partially funded by the March of Dimes, offers group prenatal care with other moms-to-be and instruction on newborn care, nutrition and more. University Health is the only non-military health system in San Antonio to offer the innovative CenteringPregnancy program in our area.
- **MyChart Pregnancy Care Companion –** This tool, connected to the electronic health record, lets patients monitor their baby's development, receive timely reminders for prenatal visits and access helpful pregnancy information.

Maternal and Infant health

Program Spotlight

Baby Bexar Grant Program

University Health's Baby Bexar Program aims to improve maternal and infant health outcomes by expanding wraparound services, such as tailored health education, mental health support and transportation, to address non-medical drivers of health and reduce the impact of obesity, hypertension and diabetes on pregnancy and birth outcomes. Community collaborators include Catholic Charities' Birth Doulas of San Antonio and Family Service. In partnership with these organizations, the program team delivers medical care while also connecting women and families to supportive services through a culturally responsive and trauma-informed approach. In 2026, the program is projected to serve 1,133 pregnant individuals.

- **Grant Programs –** These grant-funded initiatives expand access to comprehensive maternal, infant and family health services by supporting patient navigation, home visiting, disease management, behavioral health and preventive care.
  - **Texas Nurse-Family Partnership (TNFP) –** Nurse-Family Partnership is a voluntary, free mother and child health program. First-time moms receive assistance from early pregnancy until the child is two years old.
  - **Texas Home Visiting (THV) Healthy Families Bexar –** The THV program enhances maternal and child health, child development, children's school readiness and family well-being. The THV program includes home visiting programs, parent education and support, and community-level approaches to reduce risks and improve outcomes for young children and families.
  - **Mama Bexar –** The Mama Bexar Program aims to improve maternal health outcomes by implementing integrated maternal health services supported by patient navigation services for pregnant and postpartum people seen at University Health.
  - **Baby Bexar –** This program is designed to help improve maternal and infant health outcomes by increasing access to health care, including mental health care and addressing the adverse effects of obesity, hypertension and diabetes on pregnancy, maternal and infant health outcomes.
  - **Mommies Program –** The Mommies Program at University Health helps pregnant women with substance use concerns get critical prenatal care and have the healthiest possible pregnancy and baby.
  - **Family Planning Program –** This program provides quality, comprehensive, low-cost and accessible family planning and reproductive health care services to women and men in Texas.
- **Statewide Learning Collaboratives –** University Health participates in statewide learning collaboratives related to maternal health to share best practices, stay informed on emerging evidence and learn from peers across the state.
  - **Texas Alliance for Innovation on Maternal Health (AIM) –** University Health participates in this statewide initiative which helps hospitals and communities improve maternal safety by implementing best practices, with the goal of ending preventable maternal deaths and severe maternal morbidity.
  - **Texas Collaborative for Healthy Mothers and Babies (TCHMB) –** The mission of this collaborative is to advance health care quality and patient safety for all Texas mothers and babies through the collaboration of health and community stakeholders.

Looking ahead

University Health is proud to invest in these strategies, programs and initiatives that improve the good health of our community. We seek to continuously improve how we listen to and understand needs, engage patients and partners in this work, measure the impact of our efforts and share lessons learned.