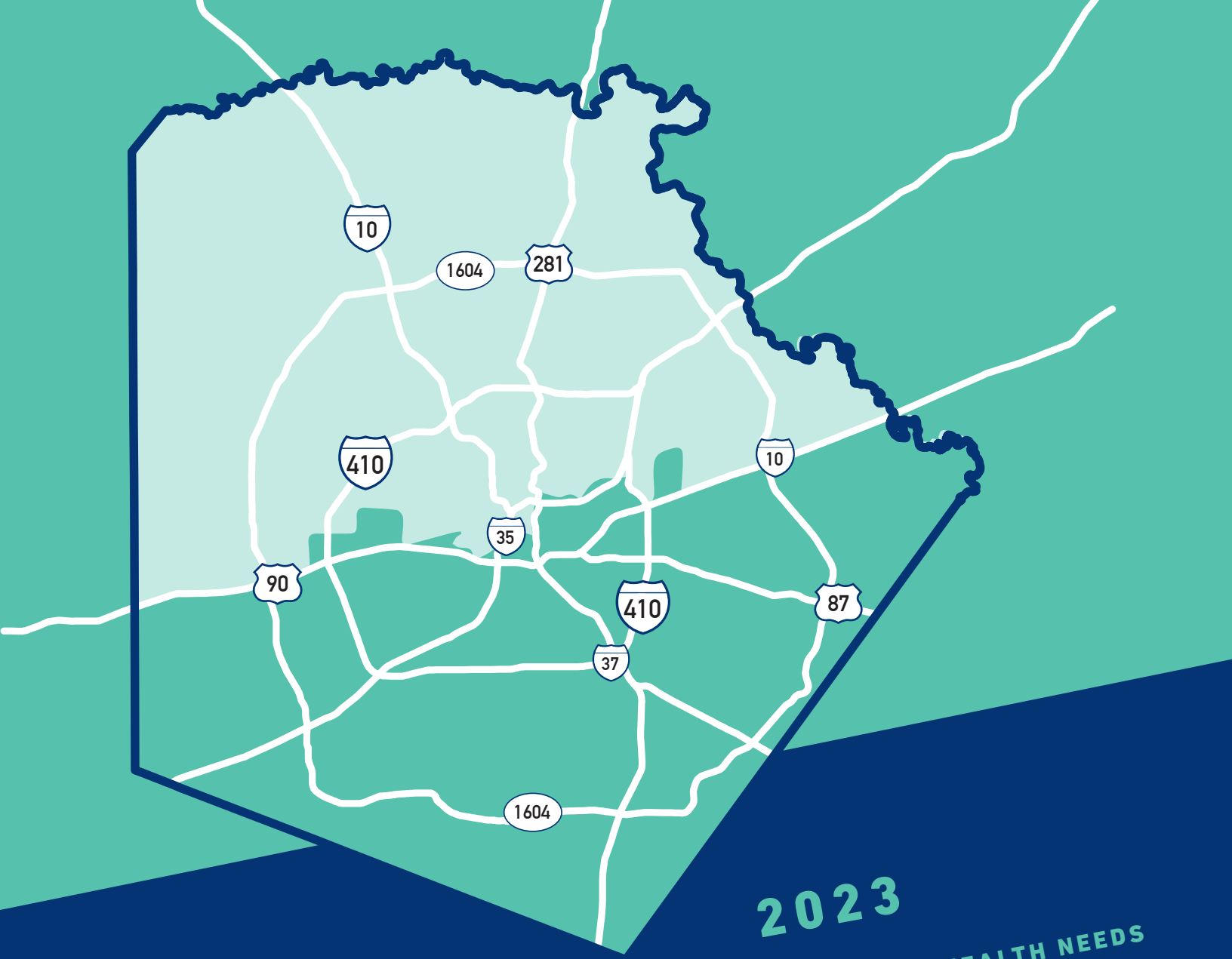

SOUTH BEXAR COUNTY

2023 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

University Health

For more than 55 years, University Health has been committed to improving the good health of the Bexar County community through high quality, compassionate patient care, innovation, education and discovery. Our network of health care services includes dozens of primary, specialty and walk-in centers, mobile health units and an academic hospital that has earned its place among the top in the nation. University Hospital is proud to serve as the region's only Level I trauma center for both adults and children. During the COVID-19 pandemic, University Health delivered accurate, timely and evidence-based information and services to our community on all aspects of the virus, including prevention, testing and treatment.

Through this work, we have seen first-hand the vast social, economic and health disparities that exist across Bexar County, including poverty rates, disease prevalence and life expectancy. In March 2022, alongside Judge Nelson Wolff, our County Commissioners and other local partners, University Health announced a renewed focus on eliminating these disparities. We proudly launched our Institute for Public Health, which represents our commitment to promoting health, preventing disease and prolonging life in our community through programs, services and partnerships. With the generous support of Bexar County and funding from the American Rescue Plan Act, we are building two new clinics to improve access to primary and specialty care and address non-medical drivers of health for residents who live in medically underserved areas of Bexar County. Additionally, we are designing a new 180-bed hospital, which will be built adjacent to Texas A&M University-San Antonio.

To ensure these new programs and services are culturally appropriate, community-based and data-driven, University Health set forth to understand the needs and listen to the voices of residents living in the southern half of Bexar County. With the support of Congressman Joaquin Castro and the United States Health Resources and Services Administration (Grant number 22GE1HS45833), our Institute for Public Health led this community health needs assessment (CHNA) with the vision that it would be the most comprehensive analysis of South Bexar County ever conducted.

University Health is honored to share this CHNA report, which describes the challenges and priorities of these communities and highlights their assets and resiliency. Addressing the disparities presented in this CHNA requires a multi-faceted approach that spans well beyond the delivery of health care services. With this report, University Health aims to amplify existing public health efforts and encourage new long-term cross-sector strategies that promote health, achieve equity and expand economic growth and sustainability.

Respectfully,

George B. Hernández Jr.
President and CEO

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EXECUTIVE SUMMARY

University Health partnered with Community Information Now (CI:Now), a nonprofit local data intermediary based in San Antonio, Texas, to conduct a community health needs and assets assessment for the southern portion of Bexar County. Called "South Bexar County" or just "South Bexar" in the report, the area of interest lies south of the I-10/Highway 90 line.

University Health's Institute for Public Health (IPH) and CI:Now worked together closely to compile and analyze data to help University Health and Bexar County stakeholders better understand the drivers of health, health conditions, health-related challenges and assets, and health priorities across South Bexar County. The assessment includes three different kinds of information:

- trended and disaggregated data for about 120 indicators drawn by CI:Now from over 20 data sources;
- information gathered by the University Health IPH on a wide array of area assets (e.g., health facilities, libraries, schools and churches) that can support health and well-being; and
- key themes and illustrative quotes emerging from CI:Now's thematic analysis of transcripts of five focus groups organized by University Health IPH and facilitated by CI:Now.

The report's data narrative is organized in three sections:

1. **People and Living Arrangements**, summarizing basic demographic and household information;
2. **Social and Economic Drivers of Health**, tying back to Healthy People 2030 social determinant domains; and
3. **Health Conditions**, presenting indicators for key topics such as child health and chronic disease.

SELECTED DATA PATTERNS AND TRENDS

The data analyzed for this assessment is too extensive to summarize here, but several important patterns and themes emerge.

- **Demographically, South Bexar County is both similar to and different from Bexar County.** South Bexar County is more heavily Hispanic and less racially diverse than Bexar County overall, but the proportion of population that is Black or African American is similar to the county overall. The age breakdown is similar to the county as a whole, though it varies within South Bexar County. Compared to the county overall, a higher proportion of South Bexar households are multigenerational. The population is growing, but not as fast as the county population overall. The percentage of people aged five and older who have limited English proficiency is 39% higher than in Bexar County overall, but the Bexar and South Bexar percentage of population who are U.S. citizens by birth or naturalization are virtually identical. Population density across South Bexar County varies dramatically, ranging from fewer than 860 per square mile to six times that many.
- **South Bexar County is challenged with regard to the factors that boost or harm health and well-being.** The poverty rate is high in comparison to the county, state and nation, especially among children and youth. Nearly 4 in 10 households are working but have limited financial assets and struggle to stretch their incomes to cover basic expenses. As in Bexar County overall, about half of renter households and one-fifth of owner households are considered housing cost-burdened, but South Bexar County households are a bit more likely than county households to own their own homes. Pre-kindergarten participation rates are as high in South Bexar as in the county overall, but South Bexar primary and secondary school students are more likely to be chronically absent from school. The high school graduation rate is about the same as the county overall, but across the whole of the population aged 25 and over, the proportion of people without a high school diploma or GED is nearly twice that in Bexar County overall. One in six renter households lacks access to a vehicle, and many areas lack access to public transportation. Fewer South Bexar residents have health insurance, and fewer households have broadband internet. South Bexar County has scarcer resources and services to support health, with lower food access, less accredited childcare capacity and fewer health care providers.

- **These challenges show up as disparities in many but not all health conditions**, with South Bexar County residents not faring as well as Bexar County residents on some measures. Although relatively small, the differences begin early in life. South Bexar County births are less likely to be to mothers who received first-trimester prenatal care and more likely to be premature or low birth weight. South Bexar kindergartners are more likely to be assessed as vulnerable in physical health, though not in emotional maturity or social competence. Compared to county school districts overall, a greater proportion of kindergartners and seventh graders in South Bexar County school districts have received DTP/DTaP/DT/Td vaccination. However, South Bexar residents are less likely to have been vaccinated against COVID-19 and were more likely to be hospitalized for and to die from COVID-19 in 2020 and 2021, although the mortality gap closed in 2022. In most age groups, hospitalization rates among residents of South Bexar ZIP codes are equal to or higher than those among county residents overall for asthma, cerebrovascular disease, hypertension and especially diabetes. Although South Bexar County hospitalizations for mental illness and for injury and poisoning (which includes drug overdose) are lower than the county, the South Bexar rates are nearly as high as those for diabetes (all ages). South Bexar shoulders a higher rate of pedestrian serious injury and death, as well as higher rates of motor vehicle crash injury and death, particularly for crashes where alcohol, drugs or vehicle speed were a cause. South Bexar rates are 30% to 50% higher than county rates overall for family violence, reported child abuse or neglect, homicide and manslaughter and violent crime overall, but the rate for sexual assault mirrors the county rate. Age-adjusted rates were not available, but the crude death rate for South Bexar County is about 22% higher than the county rate overall.
- **The available data leaves important gaps in our understanding.** Small-area (sub-county) data that is both current and trustworthy is generally lacking for a number of important issues as diverse as transportation barriers, environmental health hazards, disabled-accessible housing, diabetes prevalence, depression and anxiety prevalence and maternal death. Because so much data comes from surveys, data is also lacking for smaller population groups in South Bexar County, including American Indians or Alaska Natives, Asians, Native Hawaiian or Other Pacific Islanders and people who identify as being of more than one race and/or as of racial group not offered as an option in the survey. Finally, as described in more detail in Appendix C: Technical Notes and Reference Maps, analysis of demographic and geographic disparities was challenged by the need to protect privacy by suppressing or masking small numbers that could identify individual people. When the data is already for a small area like a census tract or ZIP code and is further broken out by demographics like race/ethnicity or age group, disaggregated totals become quite small and are suppressed by the data source. Examples include the number of births to teens ages 15 to 19 in ZIP code 78211, or number of deaths for Black or African American women in ZIP code 78210.

COMMUNITY PRIORITIES

This Community Health Needs Assessment presents many opportunities for improving health outcomes and reducing risk factors and disparities that exist in South Bexar County. To understand where to focus initial efforts, a total of 56 South Bexar County residents and a five-member University Health expert panel rated issues as higher or lower priority in three separate categories: **Health Drivers, Health Conditions** and **Solutions and Strategies**. Resident input was gathered using a brief paper survey at community venues and events, while the University Health panel provided input via a digital survey. The information gathered was integrated into a single set of priorities in each category as shown below, but issues were not ranked within each category.

Health Drivers	• Food security (including nutrition and healthy eating) and exercise • Getting good health care when you need it (including health insurance, affording prescription costs and provider availability) • Finances (including income and employment) • Education and literacy level (including early childhood development, college/career readiness and job training) • Housing stability (including affordability, safety and disabled accessibility)
Health Conditions	• High blood pressure, heart disease and stroke • Diabetes and pre-diabetes • Overweight and obesity • Behavioral health (including depression, anxiety, post-traumatic stress disorder and substance use) • Pregnancy, prenatal and postpartum health and family planning • Injury and trauma (including family violence, abuse and neglect)
Solutions and Strategies	• Preventive and primary care (including vaccinations, screening, wellness visits and prenatal visits) • Specialty care • Urgent care • Help with coordinating care or dealing with the health care system (including interpretation and translation for languages other than English) • Help with connecting to social services and community organizations for assistance with transportation, housing, food, internet or other needs • Health education, health literacy and community outreach

Along with access to health care, the **Health Drivers** category includes several fundamental social and economic determinants of health, including education, finances, food security and housing stability. The **Health Conditions** priorities include a number of chronic physical illnesses; behavioral health conditions; family violence, injury, abuse and neglect; and perinatal health and family planning. Priority issues in the **Strategies and Solutions** category include preventive/primary, specialty and urgent care; help connecting to and navigating both health care and social service systems and resources; and health education, health literacy and community outreach.

NEXT STEPS

In 2022, University Health launched the Institute for Public Health (IPH). The mission of the IPH 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 IPH serves as a critical hub for University Health, connecting patients with targeted education and resources. It also actively connects our internal staff, services and programs with external community partners. The IPH aligns and coordinates how University Health addresses community needs and helps patients achieve optimal health through delivery of the 10 essential public health services.

In March 2023, University Health's Board of Managers approved its implementation strategy to address the needs of Bexar County. University Health will leverage these strategies and work with our community partners to target the specific needs of South Bexar County. Already, the findings from this report are informing the design of two new clinics and a hospital University Health is constructing in this region. These facilities will prioritize public health, increasing access to care and coordination with local partners and social services to achieve health equity. Through these efforts, University Health will continue to engage residents and stakeholders, ensuring programs and services are developed and implemented to address the highest priorities identified in this assessment.

INTRODUCTION

University Health partnered with Community Information Now (CI:Now), a nonprofit local data intermediary based in San Antonio, Texas, to conduct a community health needs and assets assessment for the southern portion of Bexar County.

The geography of interest for this report, called "South Bexar County" or just "South Bexar," is the area south of the I-10/Highway 90 line. This area includes all or part of those areas of the county more traditionally known as "Southside" and "Eastside" by community residents. Depending on the data available, the indicator uses the ZIP codes, census tracts or school districts that fall mostly or entirely below the defined roadways[1].

Wherever possible the percentage or rate for South Bexar County is directly compared to the rate for Bexar County overall[2]. It should be noted that South Bexar County is compared to Bexar County as whole, inclusive of South Bexar County. Although the South Bexar County population makes up only 25% of the Bexar County population, South Bexar County conditions still affect the overall county rate. For most indicators the disparities seen would be greater if the comparison geography was the area north of the I-10/Highway 90 line rather than the county overall.

The assessment includes three different kinds of information:

- trended and disaggregated data for about 120 indicators drawn by CI:Now from 22 data sources;
- information gathered by University Health Institute for Public Health (IPH) on a wide array of area assets (e.g., health facilities and libraries, schools and churches) that can support health and well-being; and
- key themes and illustrative quotes emerging from CI:Now's thematic analysis of transcripts of five focus groups organized by the IPH and facilitated by CI:Now. The focus groups were hosted by the Carver Library, Family Service, Dr. Robert L.M. Hilliard Center, Texas A&M University-San Antonio, and the Miracle Center Church.

University Health selected the specific indicators to include in this report, guided by the goals of the assessment, the availability of recent small-area data and in consideration of the project's timeline and budget. The report's data narrative, with selected quotes from the focus group conversations, contains three sections:

1. **People and Living Arrangements**, summarizing basic demographic and household information;
2. **Social and Economic Drivers of Health**, tying back to the Healthy People 2030 social determinant domains; and
3. **Health Conditions**, presenting indicators for key topics such as child health and chronic disease.

Priorities and Next Steps highlights priorities identified by community members and University Health leaders and outlines proposed next steps. The **Acknowledgments** section recognizes the contributions of the many people and organizations that contributed to this assessment. **Appendix A: Summary of Themes from Focus Groups** provides a full narrative description of themes that emerged from the focus groups along with participant demographics. The focus group guides are included as **Appendix B. Appendix C: Technical Notes and Reference Map**s offers more detailed information about data sources, analysis methods and map geographies.

[1]Please see **Appendix C: Technical Notes and Reference Maps** for more detail on ZIP codes and census tracts used

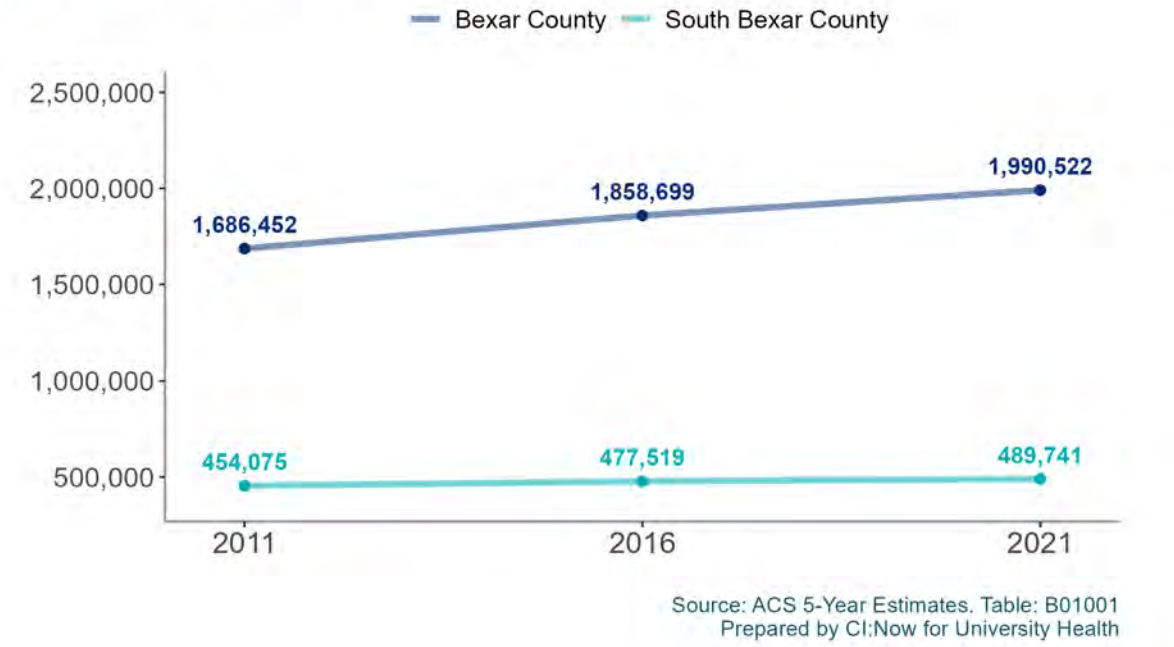
[2]Differences between the two geographic areas were not tested using statistical methods.

POPULATION CHARACTERISTICS

TOTAL POPULATION GROWTH

The South Bexar County area, defined for this report as south of the I-10/Highway 90 line, is home to nearly half a million people, or 25% of the total Bexar County population (Figure 1.1). The South Bexar population has grown by 8% over the past decade, slower than the 18% growth in Bexar County overall.

Fig. 1.1 Total population



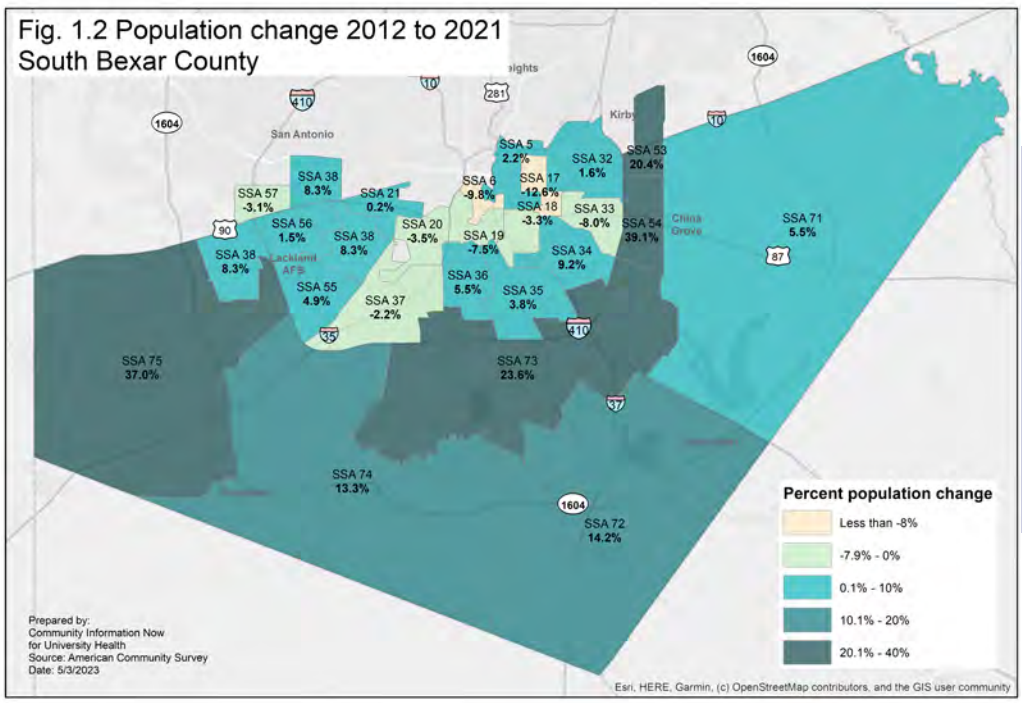
Source: ACS 5-Year Estimates. Table: B01001
Prepared by CI:Now for University Health

ABOUT ERROR BARS

Any time an estimate is created from a survey sample rather than a 100% count of the population, as is the case for many of the indicators in this report, that estimate has an associated margin of error. That margin of error (MOE) is a measure of how much uncertainty there is. For example, if the estimate is 27% ± 3%, we can feel relatively confident that the true value is between 24% and 30%. Generally, the smaller the sample size, the wider the margin of error. Estimates with wide margins of error should be interpreted with caution, or "taken with a grain of salt." The charts in this report show margins of error with error bars, small gray lines in a bar chart, or with error bands, which are shaded bands along a trend line in a line chart. Note, if the error bars or error bands of two estimates overlap, we cannot be sure there is any real difference between the two values, even if the estimates themselves are far apart.

STATISTICAL SMALL AREAS (SSAS) IN MAPS

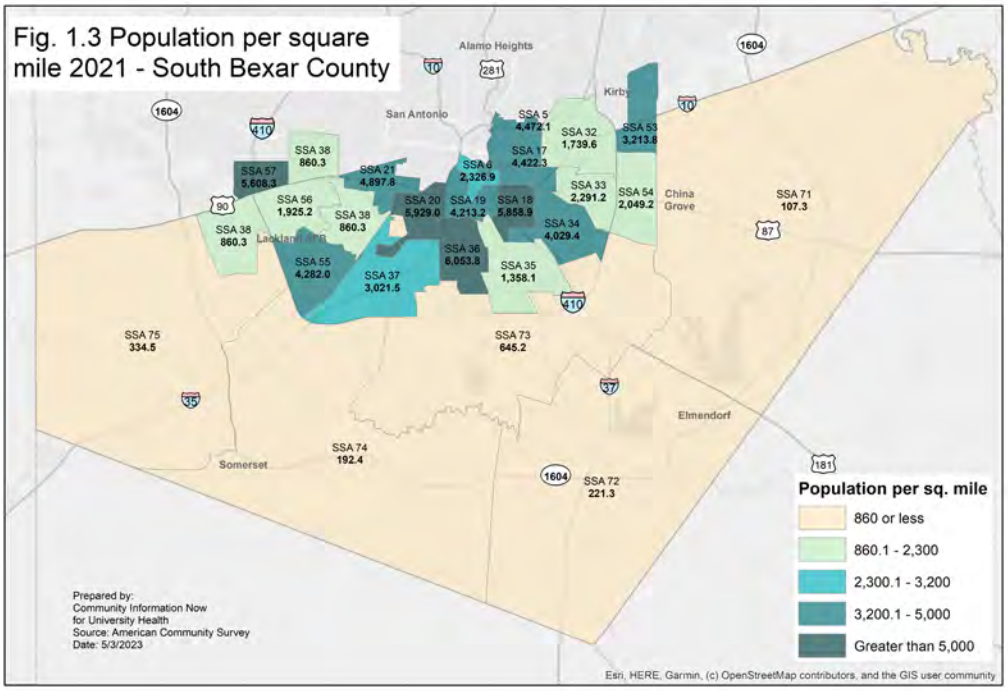
SSAs, or Statistical Small Areas, are clusters of adjacent census tracts grouped together using statistical methods. CI:Now recently developed SSAs to retain the size advantages of ZIP codes – less data suppression and smaller margins of error – but with more meaningful boundaries than those created for efficient mail delivery. Much more information about SSAs can be found in **Appendix C: Technical Notes and Reference Maps.**



Population growth has varied across South Bexar (Figure 1.2). Areas lying just outside Loop 410 have for the most part seen substantive growth of over 20%, while many central-city areas have actually lost population.

POPULATION DENSITY

Population density, or the number of people per square mile, differs greatly across Bexar County (Figure 1.3). The greatest diversity in population density is in South Bexar, with semi-rural areas outside of Loop 1604 being home to 500 or fewer people per square mile, as compared to some areas near or straddling the northern boundary of the South Bexar area with over 5,000 people per square mile.

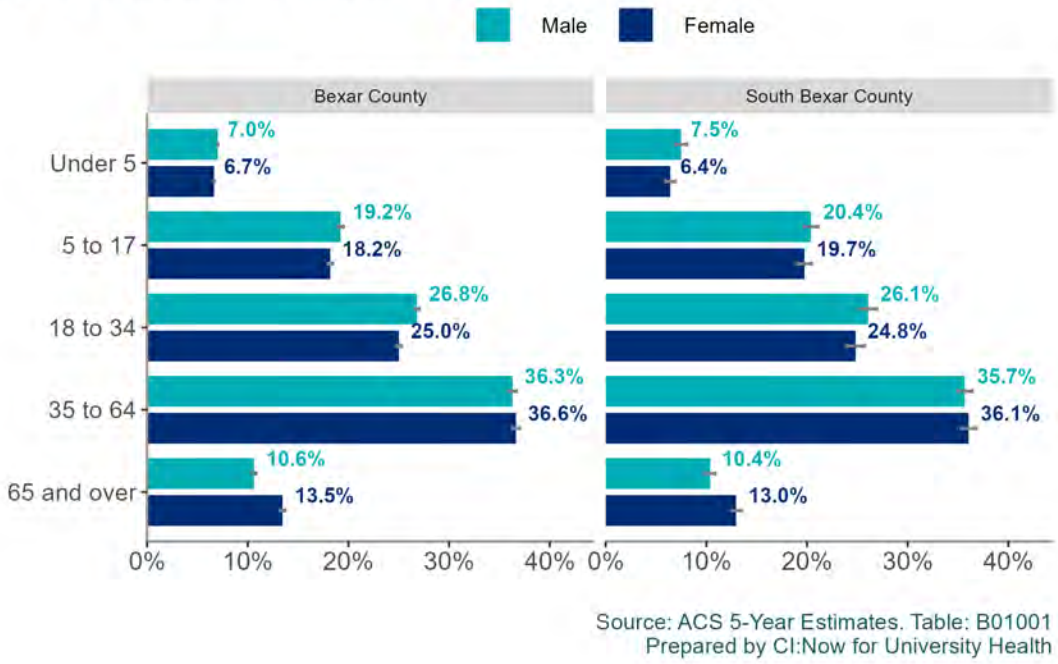


[5]U.S. Census Bureau. (n.d.) Census QuickFacts. Available online at **https://www.census.gov/quickfacts/fact/table/US/PST045221.**

POPULATION BY AGE AND SEX

The age distribution in South Bexar is similar to that in Bexar County overall. Although not shown in the detailed age groups (Figure 1.4), about 27% of the South Bexar population is under the age of 18 as compared to 26% in Bexar County. About 12% of the population is 65 and older in both South Bexar and Bexar County. As is typically the case in higher age groups, South Bexar females outnumber males in the 65-and-older group.

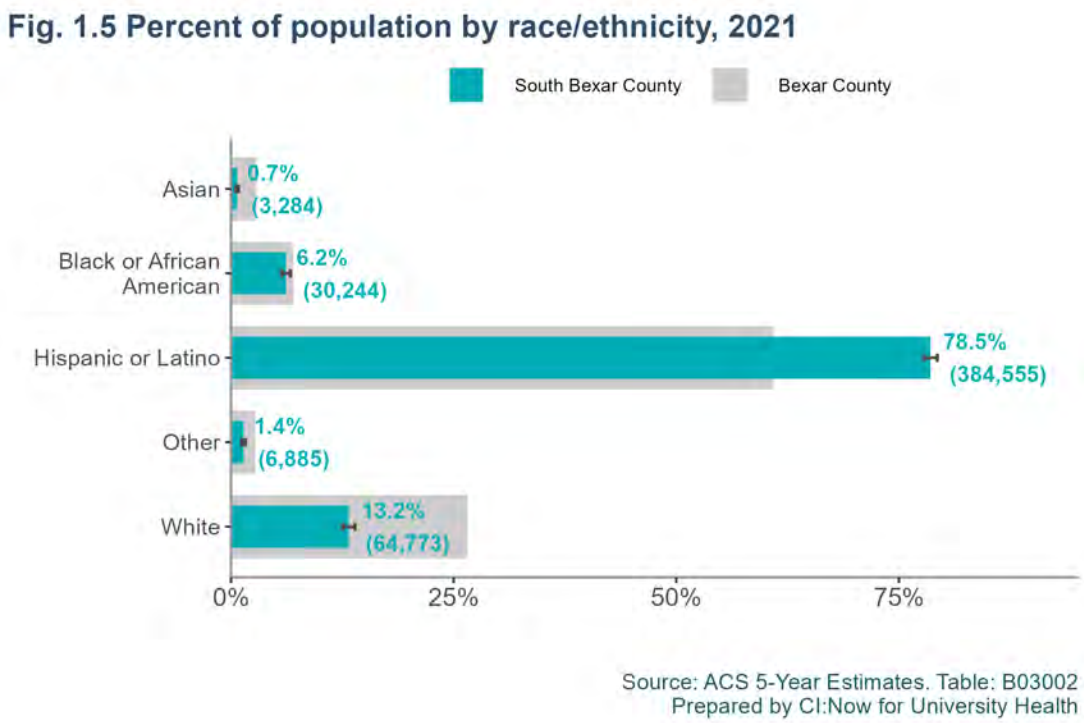
Fig. 1.4 Percent of population by age and sex, 2021



Source: ACS 5-Year Estimates. Table: B01001
Prepared by CI:Now for University Health

POPULATION BY RACE/ETHNICITY

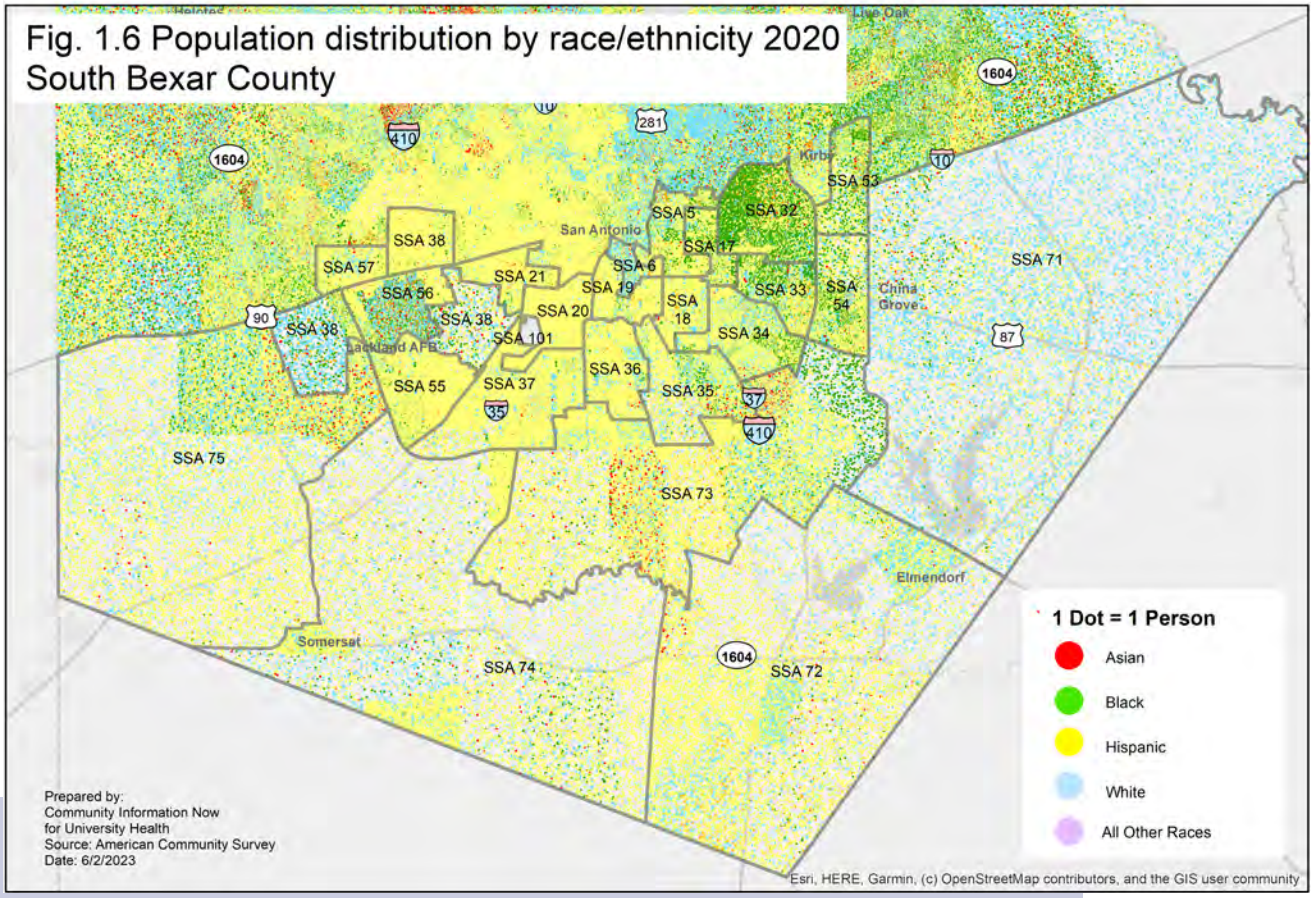
Figure 1.5 shows the number and percent of South Bexar residents by race/ethnicity group and each group's percent of South Bexar population. The teal bar represents the percentage of each race/ethnicity group in the South Bexar County population, with the population size in parentheses. The gray bars represent the percentage for Bexar County overall. Hispanics make up about 79% of the South Bexar population, as compared to 61% in Bexar County overall. The percent of South Bexar population that is Black or African American is similar to the county overall (6% vs. 7%). South Bexar has a much lower proportion of population that is non-Hispanic white (13% vs. 26%) or Asian (fewer than 1% vs. 3%). The "other" category (1.4%) includes the Census categories of American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Two or More Races, and Some Other Race.



Culture and race/ethnicity were important factors during the focus groups.

"And in San Antonio, so diverse. Knowing everybody, understanding and being sympathetic, and respectful, and mindful of social norms and culture - sensitive to different things. What's acceptable to me might not be acceptable to you. What traditions I have might not be the same as your traditions. Being mindful and respectful."

– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group, describing the importance of social services being mindful of culture as it pertains to social norms.



The dot-density map in Figure 1.6 illustrates both distribution of overall population across the South Bexar area and relative concentrations of different race/ethnicity groups. Hispanics are well-represented across the entire area, while Black or African American and white residents are more concentrated in the eastern half of the area and in or near military bases.

AGE DEPENDENCY RATIOS

The age dependency ratio (Figure 1.7) is a measure of how many younger and older people there are for every working-age adult, and this report uses age 18 as the lower cutoff for working-age. In global terms, though, the measure helps show whether the working population is large enough to support the non-working population through taxes and other means, and it can also give a sense of caretaking responsibility.

WHY AGE DEPENDENCY RATIOS MATTER

Imagine two hypothetical households: Household A, composed of a single working-age adult, four children and an older grandparent, and Household B, composed of two working-age adults, two children and no older grandparent. Although an oversimplification, it is easy to see how Household A might have very different resources and challenges compared to Household B. In this scenario Household A has a much higher age dependency ratio (five "dependent" people per one working-age adult) than does Household B (one "dependent" person per working-age adult).

Both households have child-related expenses and caregiving responsibilities, but Household A has roughly twice the child-related expenses and caregiving responsibilities as Household B, plus the expenses and caregiving responsibilities related to having an older adult in the home. At the same time, Household A with one working-age adult has only one income available, while Household B has two. Both households have housing and transportation costs, but Household A has half as much income as Household B to cover those costs. Both households have housekeeping and home maintenance responsibilities, but Household A has half as many working-age adults to handle those responsibilities as does Household B.

This same concept can be translated to a local, state or national level. For example, in general working-age adults as a group are more likely than children or older people to contribute to Social Security and to the tax base, which affects local infrastructure, municipal services and school budgets. Workforce implications arise, as children are more likely to need to be in childcare and/or in school, and older adults may be more likely to need home health, long-term residential care or other supportive services. Effects on health might be immediate, for example, if stretched-thin adults are unable to manage a child's asthma or an older person's post-hospitalization care, their chronic stress could lead to depression. The effects might also be longer-term, such as when vaccination rates decline among younger children or a higher number of older adults age in isolation and loneliness without help with daily activities.

Of course, not all people 18 to 64 work, and many workers are younger than 18 or older than 64. Further, many adults 65 or older are in good health with no disability, while working-age adults may be disabled and in poor health. Both issues are common criticisms of the measure.

South Bexar's overall age dependency ratio decreased over the 10-year period from 67.1 to 63.1, meaning there are now fewer younger or older people for every adult aged 18 to 64. The differences between South Bexar, Bexar County as a whole and the U.S. overall are evident in the two separate components of the age dependency ratio: the child dependency ratio (Figure 1.8) and the old-age dependency ratio (Figure 1.9). For comparison, the 2021 U.S. child dependency ratio and old-age dependency ratio are 36.6 and 26.1, respectively.

During the focus groups, participants desired better care for the elderly and an easier way to care for their children. There was a need for a well-rounded form of intergenerational care within families.

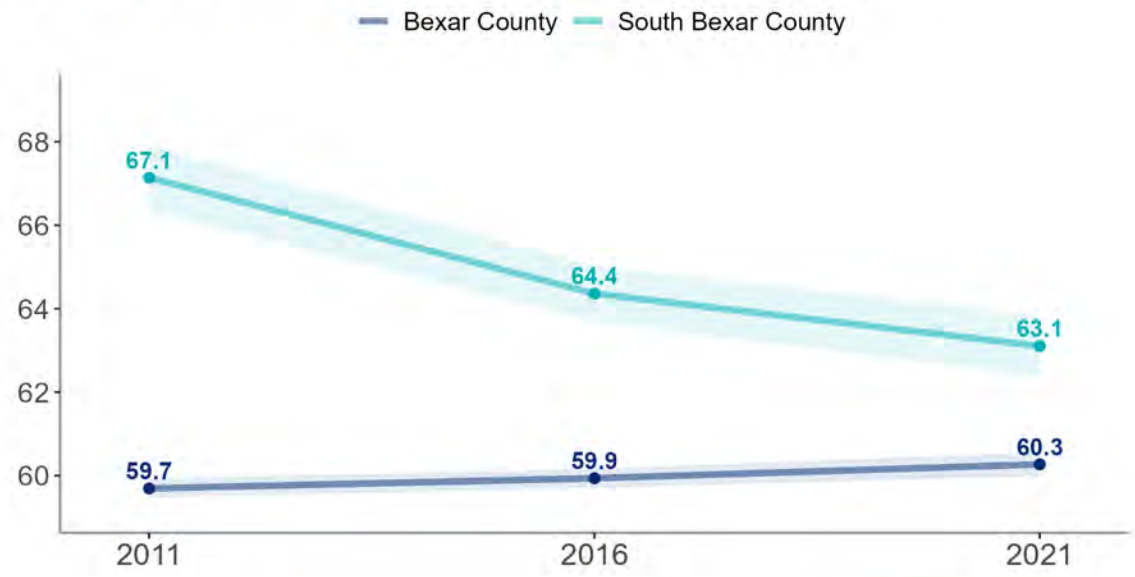
"Childcare is a big barrier. I work with a lot of single parents sometimes. And, for example, there's this one mom that I work with. She has an autistic child... He's nonverbal. Transportation and childcare. She's not able to work on the weekends and make more money."

– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group

"...The extent that the architects designing the location of the community centers can locate those centers in a hub that is near to a City Senior Center. If the medical center is a medical center, because everything around is medical, then an ideal community center would be near a senior center and near a little shopping center with a grocery store... whether you have a car, or whether you are on Via, or whatever, you're near those other things that you use. That would be ideal for me."

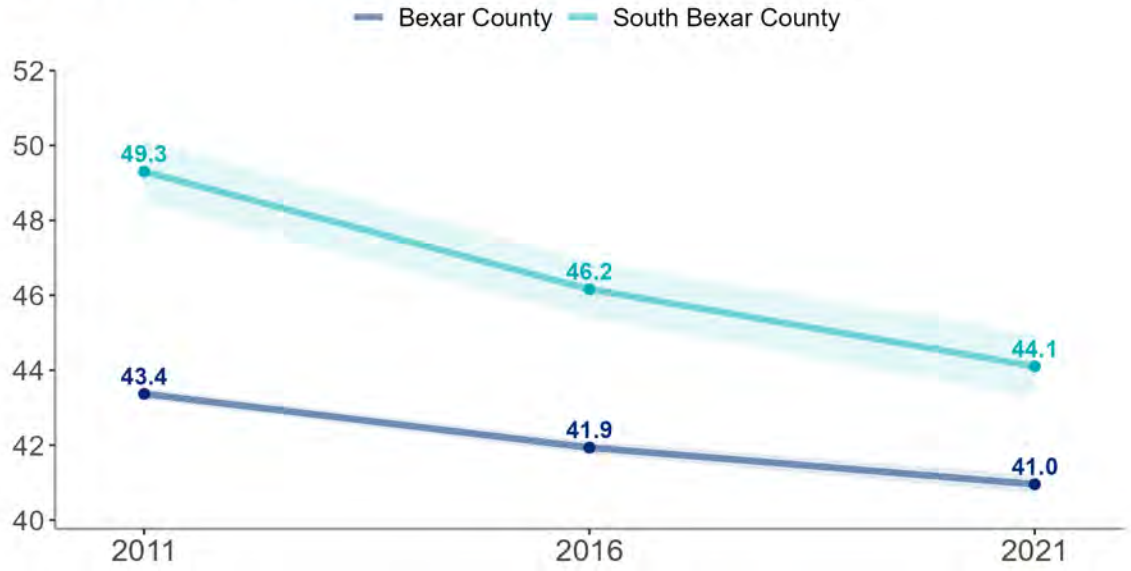
– Speaker A in the Carver Library Focus Group

Fig. 1.7 Age dependency ratio



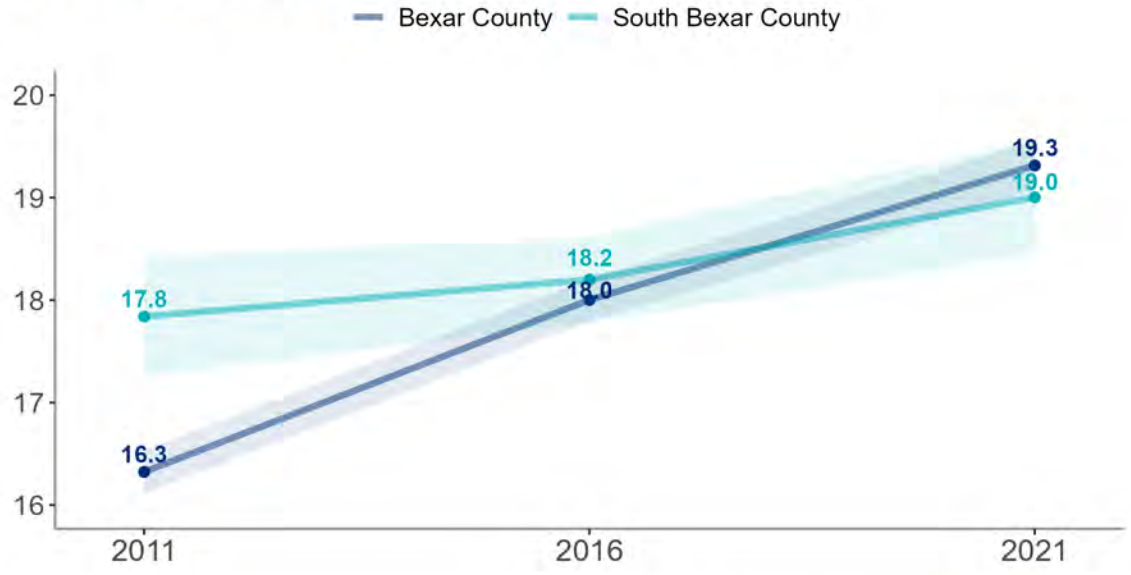
Source: ACS 5-Year Estimates. Table: B01001
Prepared by CI:Now for University Health

Fig. 1.8 Child dependency ratio



Source: ACS 5-Year Estimates. Table: B01001
Prepared by CI:Now for University Health

Fig. 1.9 Old-age dependency ratio

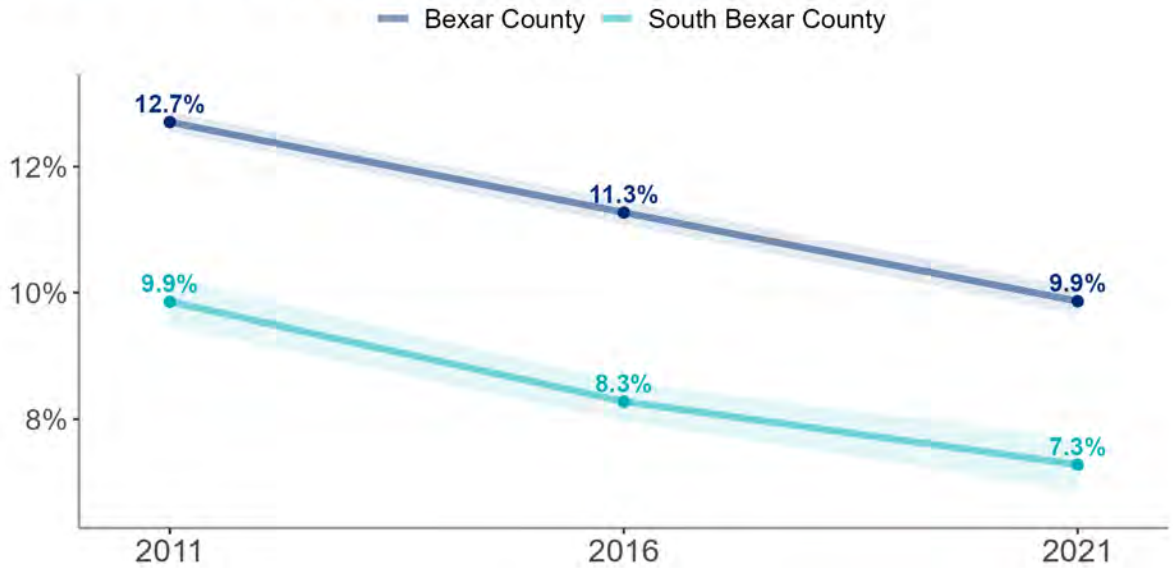


Source: ACS 5-Year Estimates. Table: B01001
Prepared by CI:Now for University Health

VETERAN STATUS

A lower proportion of South Bexar residents (7%) are veterans compared to Bexar County overall (10%) though both proportions have decreased somewhat in the 10-year period analyzed (Figure 1.10). However, the South Bexar proportion is still substantial and slightly higher than the 6.4% in both Texas and the United States. Veterans have access to different health care systems and resources, including Veterans Health Administration hospitals and outpatient clinics and the Department of Defense TRICARE health care program.

Fig. 1.10 Percent of population with veteran status



Source: ACS 5-Year Estimates. Table: B21001
Prepared by CI:Now for University Health

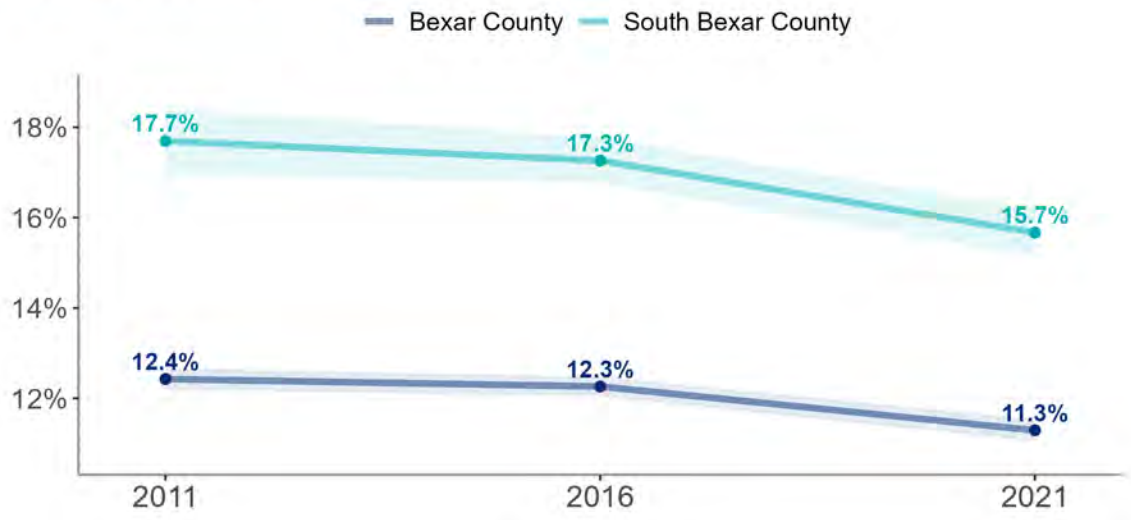
[7]Intercultural Development Research Association. (dates vary). Multiple education research resources. Available online at **https://www.idra.org/research/**

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

ENGLISH LANGUAGE PROFICIENCY

Although the proportion is declining, about 16% of South Bexar's population aged 5 years and older speak English less than "very well" (Figure 1.11), as compared to 11% of the Bexar County population overall. The highest concentrations of people with limited English proficiency (Figure 1.12) are west and southwest of downtown inside Loop 410. For this measure drawn from the American Community Survey, "limited English proficiency" means that a person speaks English less than "very well."

Fig. 1.11 Percent of population 5 years or older with limited English proficiency



Source: ACS 5-Year Estimates. Table: B16004
Prepared by CI:Now for University Health

English/Spanish language barriers were a substantial topic during the focus groups.

"When you're making an appointment, like my mom speaks English, but she wants to speak Spanish most of the time. It's important for her to find someone who will understand how she feels. She can't express herself so much in English. She's gonna do it in Spanish so I think that it's important."

– Speaker C in the Family Service Focus Group

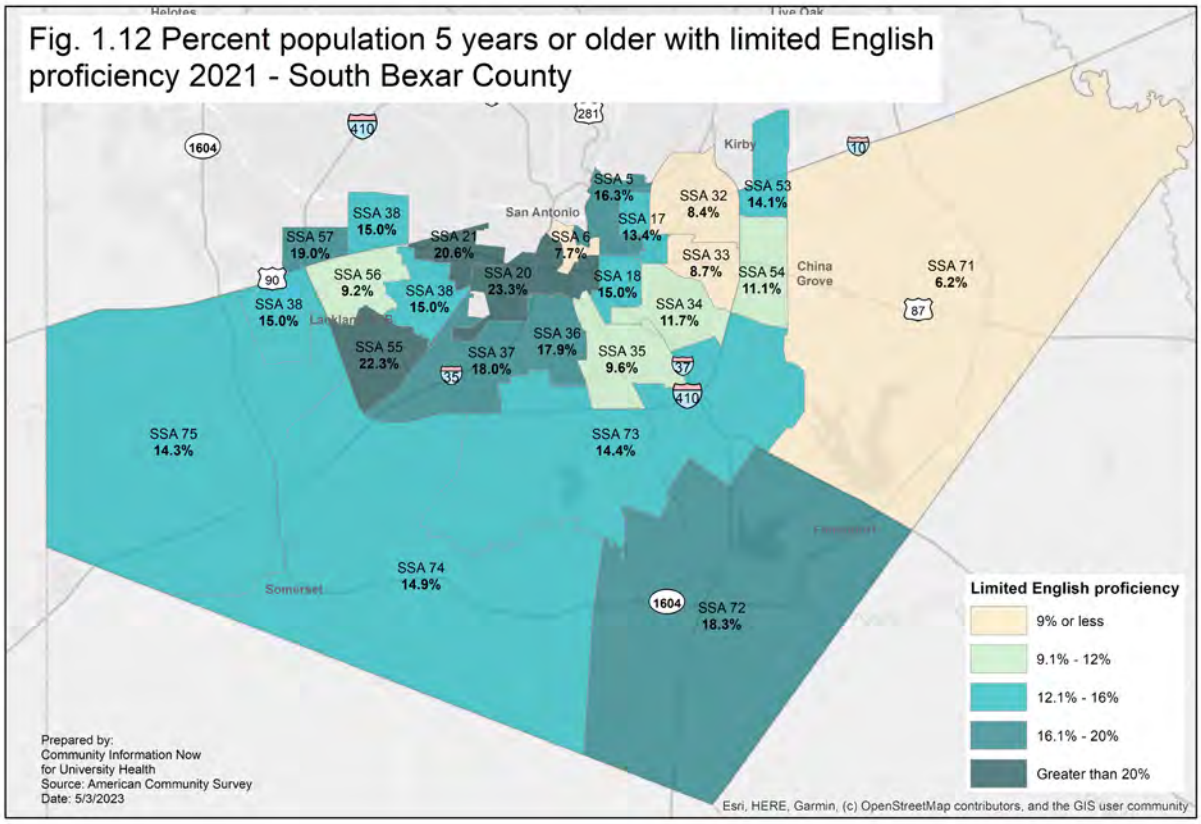


Fig. 1.12 Percent population 5 years or older with limited English proficiency 2021 - South Bexar County
Helotes
Live Oak
Kirby
San Antonio
China Grove
Somerset
Lanklam
SSA 5 16.3%
SSA 32 8.4%
SSA 53 14.1%
SSA 38 15.0%
SSA 17 13.4%
SSA 57 19.0%
SSA 21 20.6%
SSA 6 7.7%
SSA 33 8.7%
SSA 54 11.1%
SSA 71 6.2%
SSA 56 9.2%
SSA 20 23.3%
SSA 18 15.0%
SSA 38 15.0%
SSA 38 15.0%
SSA 34 11.7%
SSA 55 22.3%
SSA 36 17.9%
SSA 37 18.0%
SSA 35 9.6%
SSA 75 14.3%
SSA 73 14.4%
SSA 74 14.9%
SSA 72 18.3%
1604
410
281
10
90
87
35
37
Limited English proficiency
9% or less
9.1% - 12%
12.1% - 16%
16.1% - 20%
Greater than 20%
Prepared by:
Community Information Now
for University Health
Source: American Community Survey
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

DISABILITY

About 19% of the South Bexar population overall reports having a disability of some kind (Figure 1.13), as compared to 15% in Bexar County overall and 12% in Texas. For South Bexar County, the proportion reaches nearly half in the 65 and older age group. The six types of disabilities asked about in this American Community Survey question are:

- **Hearing difficulty.** Deaf or having serious difficulty hearing;
- **Vision difficulty.** Blind or having serious difficulty seeing, even when wearing glasses;
- **Cognitive difficulty.** Having difficulty remembering, concentrating or making decisions because of a physical, mental or emotional problem;
- **Ambulatory difficulty.** Having serious difficulty walking or climbing stairs;
- **Self-care difficulty.** Having difficulty bathing or dressing; and
- **Independent living difficulty.** Because of a physical, mental or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.[1]

Participants desired better programs and resources to care for themselves and their loved ones with disabilities.

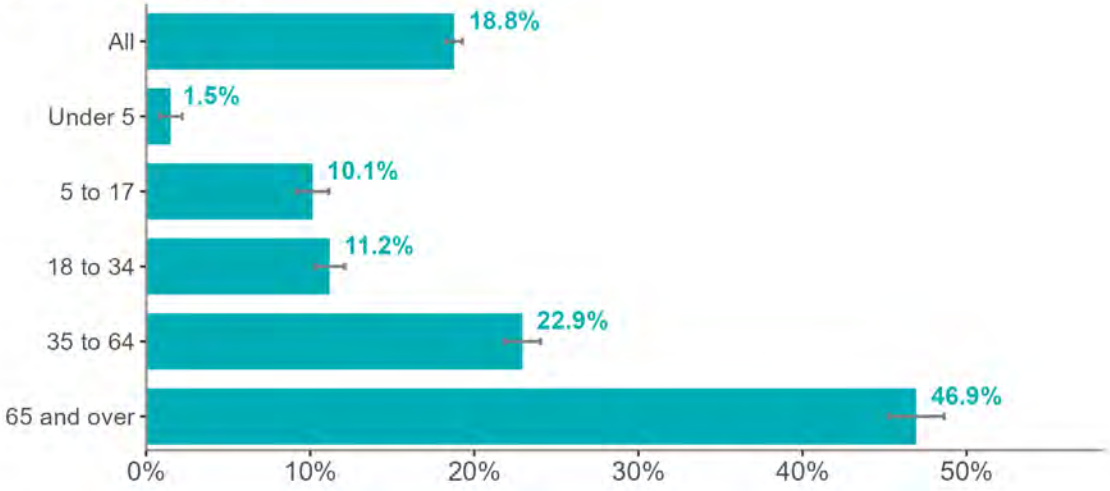
"I have family members that utilize those programs like the Via Link, or there are some through the insurance programs, [but] you can only bring one person - some of them you can't bring anyone at all to help you. My mom is blind, so she requires someone and her insurance doesn't allow her to bring an assistant... I mean that is a big deal when you are 80-something years old and sitting in a waiting room for three hours."

– Speaker B in the Texas A&M University-San Antonio Focus Group

[1]U.S. Census Bureau. (2021, November 21). How disability data are collected from the American Community Survey. **https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html**

Fig. 1.13 Percent of civilian, non-institutionalized population with a disability, 2021

South Bexar County

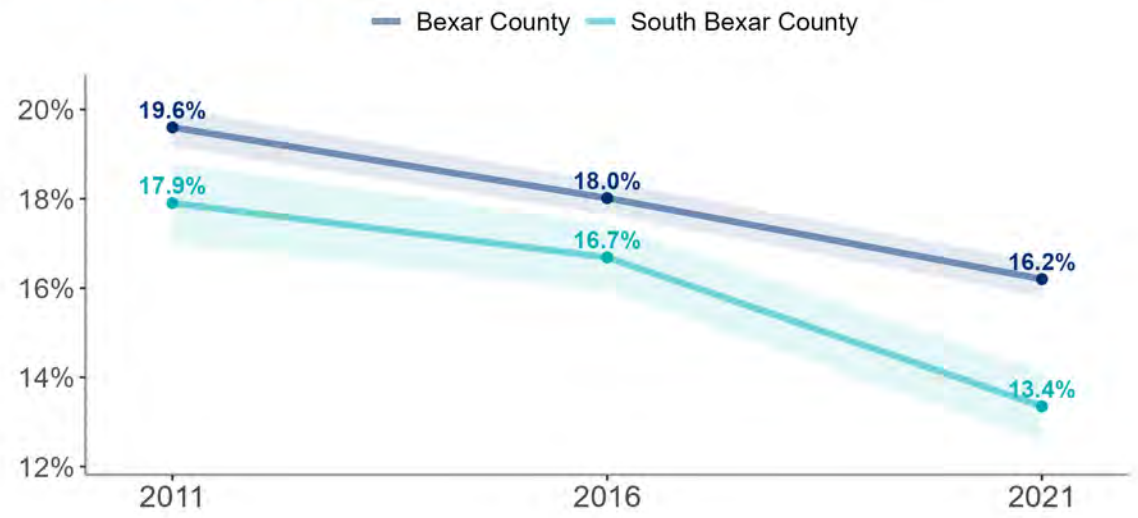


Source: ACS 5-Year Estimates. Table: B18101
Prepared by CI:Now for University Health

RESIDENTIAL MOBILITY

Figure 1.14 trends the percent of population 1 year or older who moved to their current residence in the past year. It is worth noting that someone could move from another country or another block on the same street, so the meaning of residential mobility depends a lot on context. Low residential mobility can be positive or negative. On the one hand, it can point to tighter social networks within a neighborhood and less change or disruption in people's lives. On the other hand, it can be due to low economic growth or a shortage of affordable housing that prevents people from transitioning from renting to owning a home.

Fig. 1.14 Percent of population 1 year or older who moved to current residence in the past year

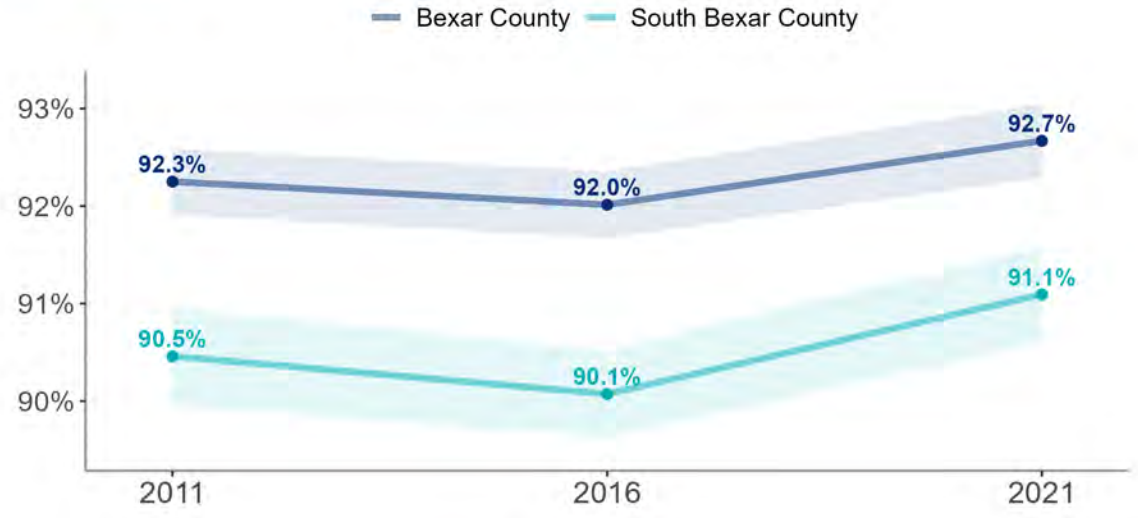


Source: ACS 5-Year Estimates. Table: B07003
Prepared by CI:Now for University Health

U.S. CITIZENSHIP

At 91% in 2021 (Figure 1.15), the proportion of population that is a U.S. citizen by birth or naturalization is consistently lower in South Bexar than in Bexar County overall. That difference is small and may be narrowing somewhat in recent years, however.

Fig. 1.15 Percent of population who are U.S. citizens by birth or naturalization



Source: ACS 5-Year Estimates. Table: B05001
Prepared by CI:Now for University Health

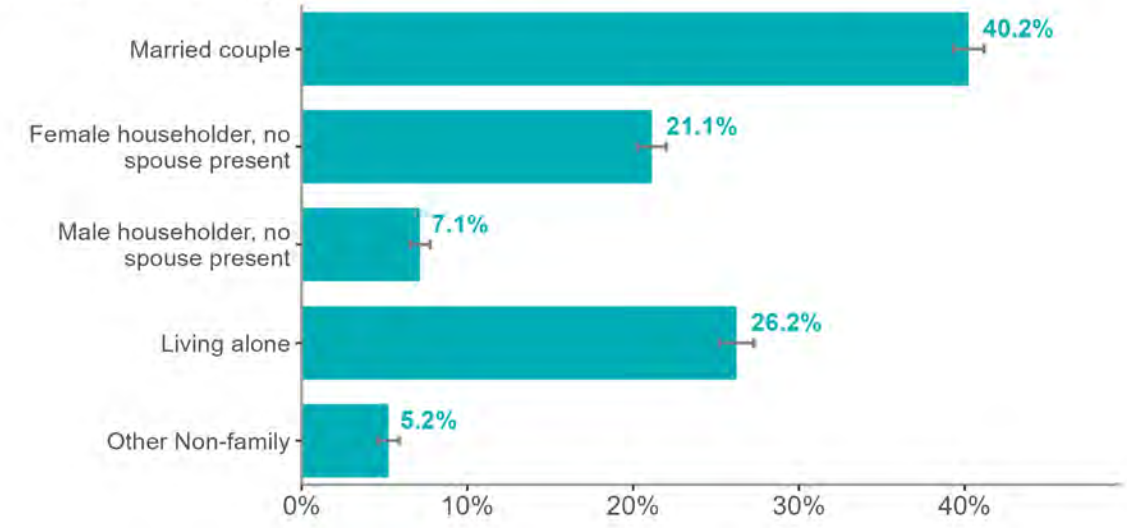
HOUSEHOLDS AND FAMILIES

MARITAL STATUS

About 40% of South Bexar households are married-couple households (Figure 1.16) and another 28% have a householder – most commonly female – living with at least one family member and no spouse. A "family member" as defined by the Census Bureau is someone related to the householder by birth, marriage or adoption, but these and married-couple family households may or may not have children living in the home. It is also important to note that unless they report being married, regardless of gender, two parents or other long-term partners living together will be counted as a single householder with no husband or wife present. In 26% of households, the householder lives alone. "Other non-family" households are those households with two or more residents who are not related to each other.

Fig. 1.16 Percent of households by type of household, 2021

South Bexar County



Source: ACS 5-Year Estimates. Table: B11001
Prepared by CI:Now for University Health

MULTIGENERATIONAL HOUSEHOLDS

Compared to Bexar County's overall 11% (Figure 1.17), 17% of South Bexar households are multigenerational, defined in this report as at least three generations of related family members living together. The spike labeled as 2016 is noteworthy because this indicator requires the use of the American Community Survey five-year rather than one-year estimates, "2016" means the five-year period from 2012 to 2016. Thus, that uptick may reflect the effects of the Great Recession on living arrangements.

Multigenerational households offer a level of social support that can make it easier to access health care services.

Speaker C in the Dr. Robert L.M. Hilliard Center Focus Group: ***Yeah. I have language barrier. But my daughter, you know she talked English. So, I take her with me.***

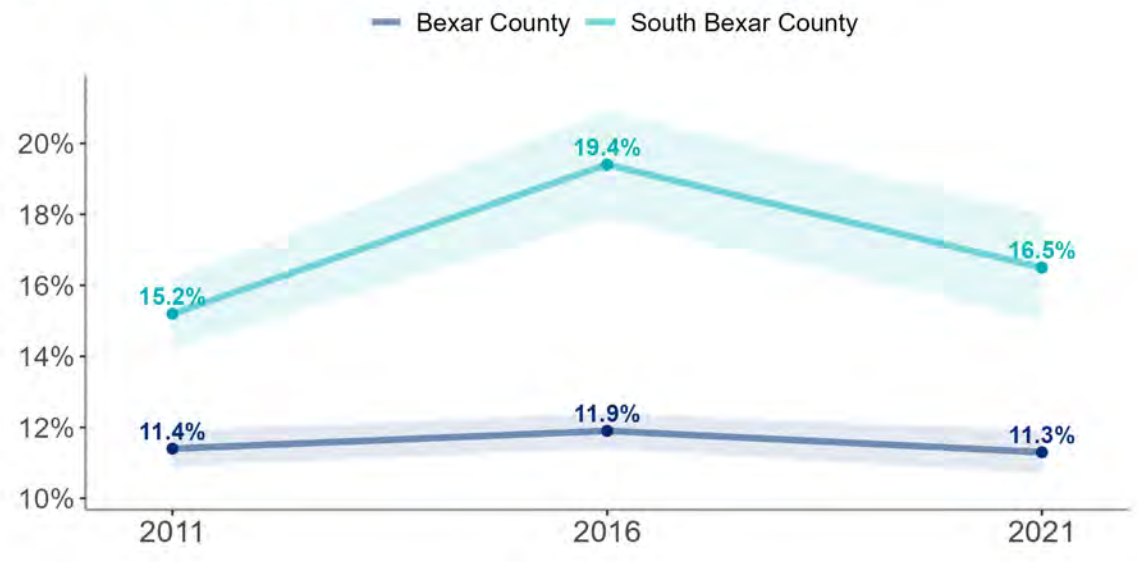
Moderator: ***Is she able to go with you everywhere?***

Speaker C: ***Mostly, but not anymore… she just started the college… Sometimes I cannot drive either.***

Moderator: ***So, what do you do if she can't go?***

Speaker C: ***I wait.***

Fig. 1.17 Percent of households that are multigenerational

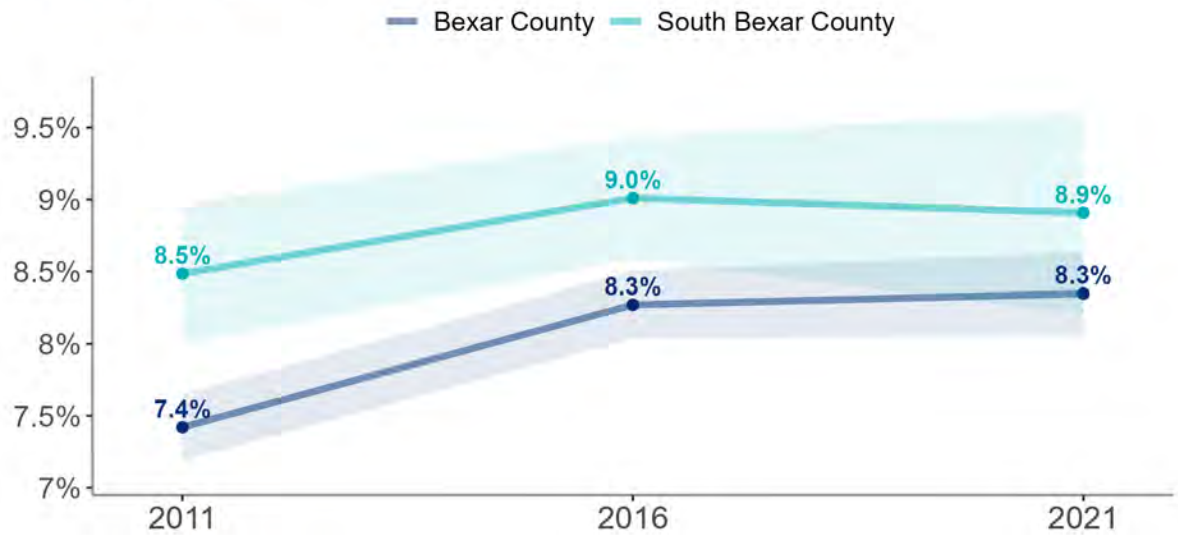


Source: IPUMS USA, University of Minnesota
Prepared by CI:Now for University Health

OLDER PEOPLE LIVING ALONE

At the beginning of the 10-year period analyzed, the proportion of householders who are 65 or older and living alone was higher in South Bexar than in Bexar County (Figure 1.18), and that difference was statistically significant. That gap has closed, though, and the overlapping error bands indicate that the small difference in estimates is no longer statistically significant. Those householders are most likely to be found in south-central and southeast neighborhoods inside Loop 410 (Figure 1.19).

Fig. 1.18 Percent of households where householder is 65 or older and living alone



Source: ACS 5-Year Estimates. Table: B11007
Prepared by CI:Now for University Health

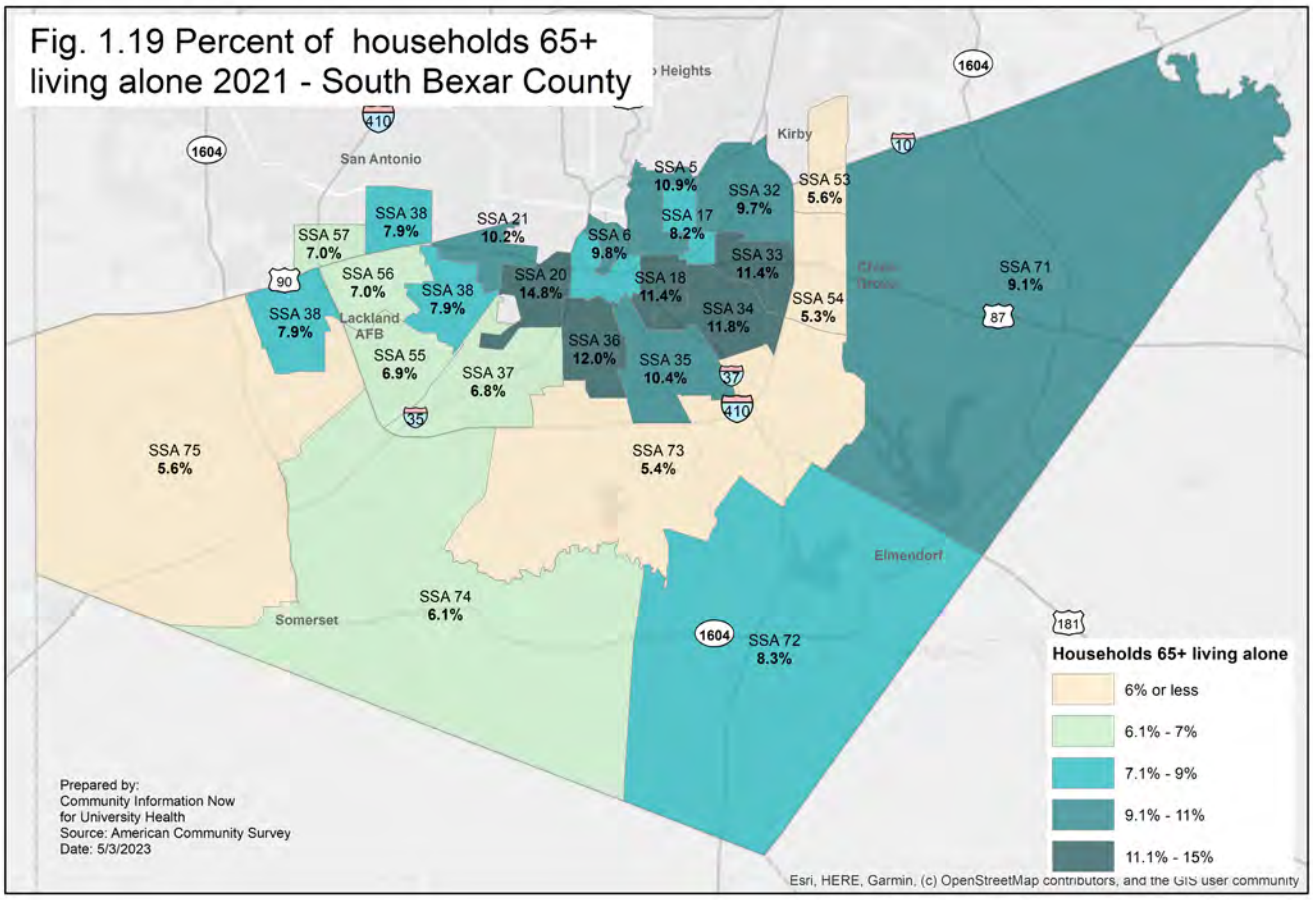


Fig. 1.19 Percent of households 65+ living alone 2021 - South Bexar County
San Antonio
Kirby
Lackland AFB
Somerset
Elmendorf
SSA 5 10.9%
SSA 32 9.7%
SSA 53 5.6%
SSA 38 7.9%
SSA 21 10.2%
SSA 17 8.2%
SSA 6 9.8%
SSA 57 7.0%
SSA 33 11.4%
SSA 56 7.0%
SSA 20 14.8%
SSA 18 11.4%
SSA 71 9.1%
SSA 38 7.9%
SSA 38 7.9%
SSA 34 11.8%
SSA 54 5.3%
SSA 36 12.0%
SSA 55 6.9%
SSA 37 6.8%
SSA 35 10.4%
SSA 75 5.6%
SSA 73 5.4%
SSA 74 6.1%
SSA 72 8.3%
Households 65+ living alone
6% or less
6.1% - 7%
7.1% - 9%
9.1% - 11%
11.1% - 15%
Prepared by:
Community Information Now
for University Health
Source: American Community Survey
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

ECONOMIC STABILITY

POVERTY

The poverty rate for South Bexar as a whole is about 22% (Figure 2.1), 47% higher than the 15% for Bexar County overall. In South Bexar County, females (24%) are more likely than males (21%) to be living in poverty. For Bexar County overall, those percentages are 16% and 13%, respectively. Although the poverty rate is lower among males than among females in both geographies, the disparity between South Bexar County and Bexar County overall is greater for males.

The Census Bureau defines and calculates poverty somewhat differently from the U.S. Department of Health and Human Services, but the thresholds are still specific to family size and composition. Following are some examples of Census Bureau-defined poverty thresholds for 2021:

- A person 65 or older living alone: $12,996
- Two adults under 65, no children: $18,145
- A family of four, including two related children: $27,479
- A family of five, including four related children: $31,843

Affordability was the most common barrier to health care services. Some participants chose to not receive treatment because they could not afford the cost.

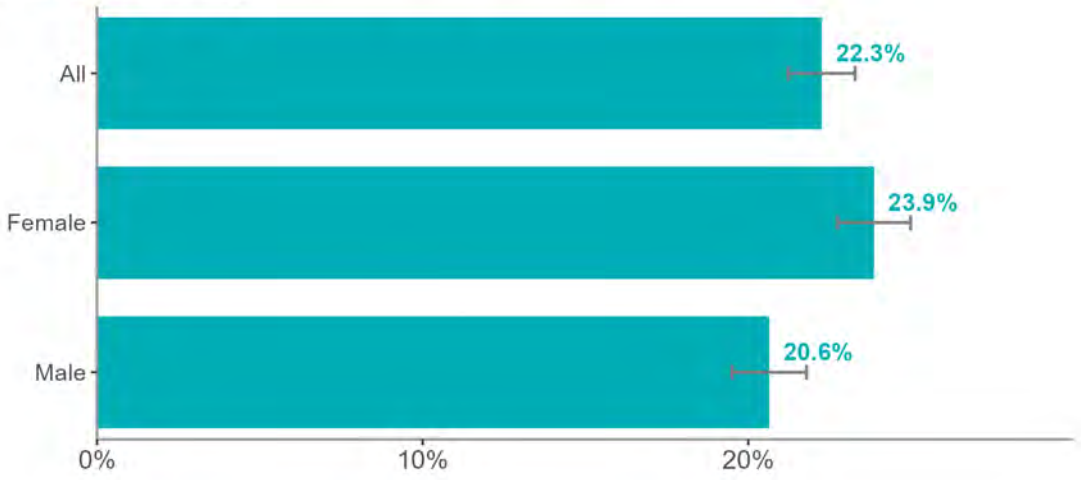
Moderator of the Family Service Focus Group: ***Have you found medical care or looked for medical care for that [condition]?***

Speaker E: ***No, it's too expensive. They wanted to give me a shot… but that shot was $3,000. You can get that $3,000, or to go get the MRIs, it's going to be $5,000. I can't do any of that… So, I kind of said I'm just going to recover on my own if I can, and I had a cast on for four months.***

[2]U.S. Census Bureau. (2023, January 30). How the Census Bureau measures poverty. **https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html**

Fig. 2.1 Percent of population for whom poverty status is determined with income below the poverty level by sex, 2021

South Bexar County

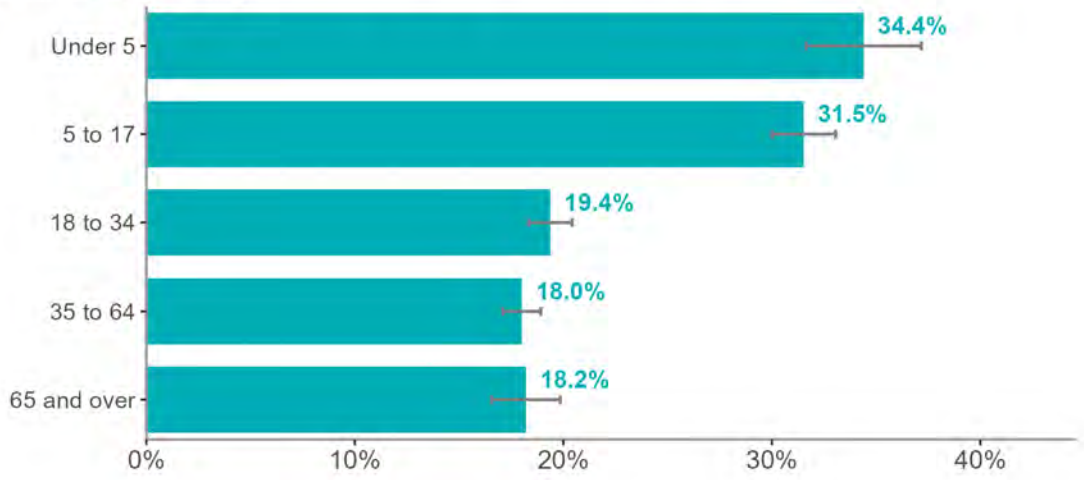


Source: ACS 5-Year Estimates. Table: B17001
Prepared by CI:Now for University Health

About one-third of South Bexar children under 18 live in poverty, as compared to 18% to 19% in all other age groups (Figure 2.2). In Bexar County overall, the poverty rates are 25% for children under 5, 21% for children 5 to 17 and 12% for people 65 and older. Very wide margins of error for smaller race/ethnicity groups make comparisons difficult (Figure 2.3), but the poverty rates are higher among people who are Black or African American (27%), Hispanic or Latino (23%) or "Some other race" (22%) than among people who are white (16%), and that difference is statistically significant. The South Bexar SSAs with the highest proportions of population in poverty are east of downtown and along the South Presa Street corridor (Figure 2.4).

Fig. 2.2 Percent of population for whom poverty status is determined with income below the poverty level by age group, 2021

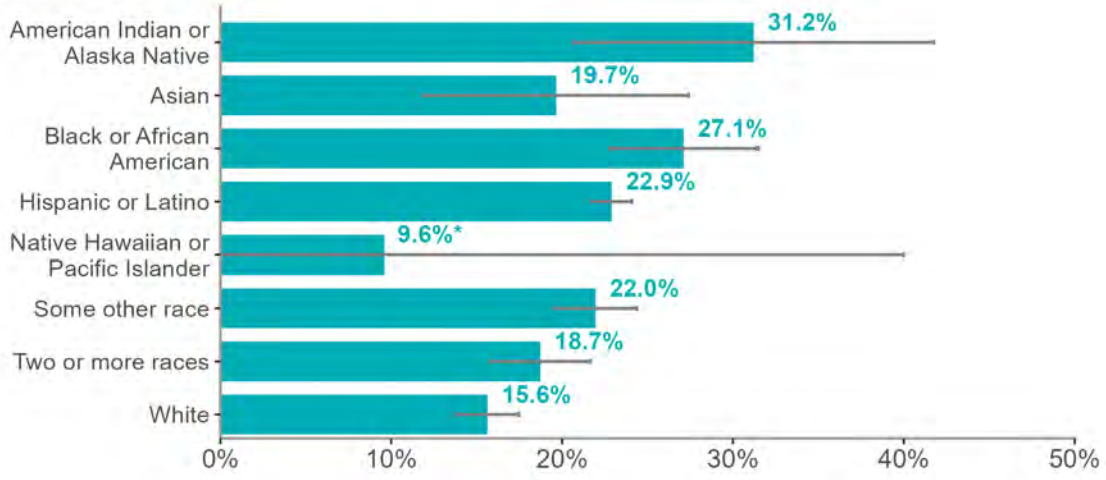
South Bexar County



Source: ACS 5-Year Estimates. Table: B17001
Prepared by CI:Now for University Health

Fig. 2.3 Percent of population for whom poverty status is determined with income below the poverty level by race/ethnicity, 2021

South Bexar County



*Unreliable: Error is too large relative to estimate
Source: ACS 5-Year Estimates. Table: B17001 B-I
Prepared by CI:Now for University Health

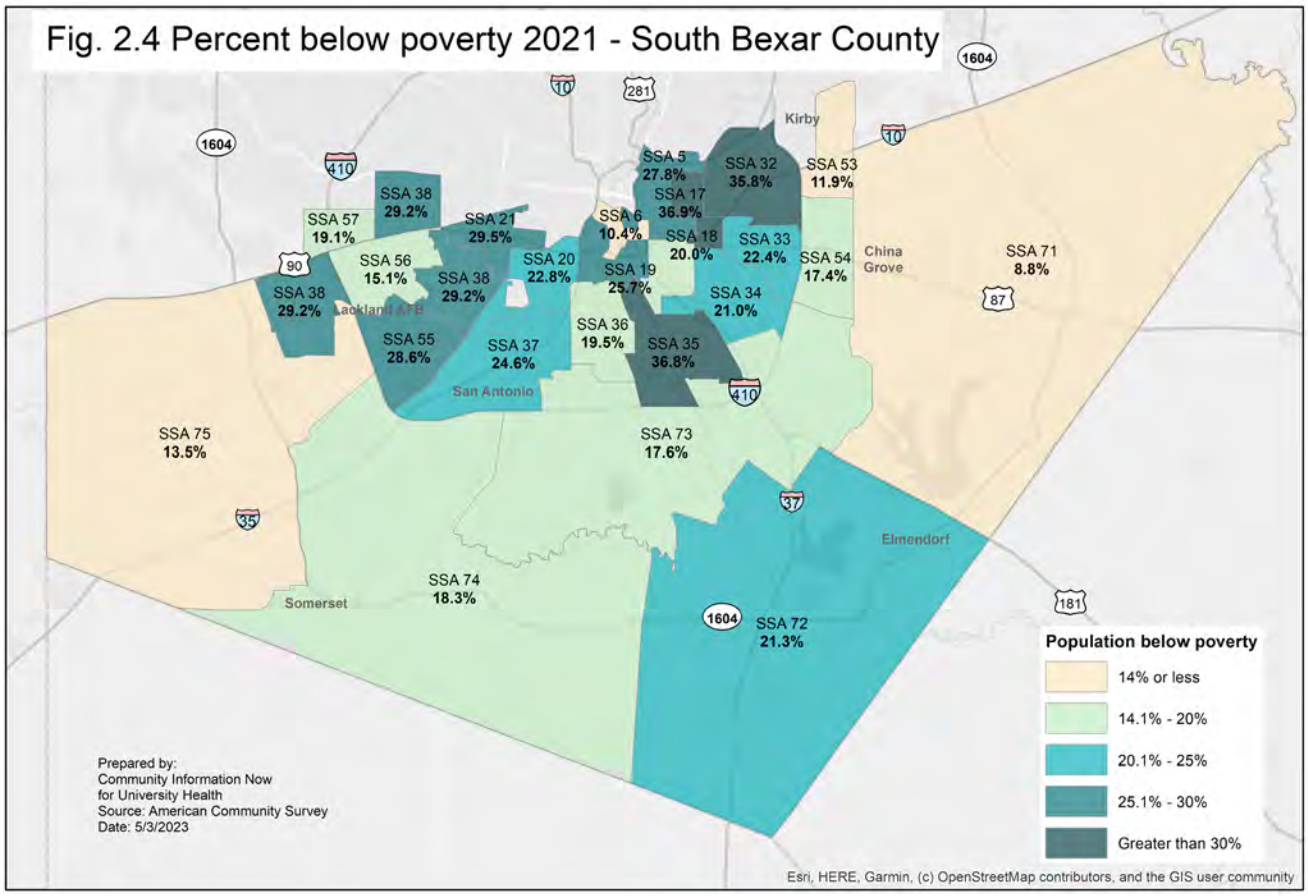


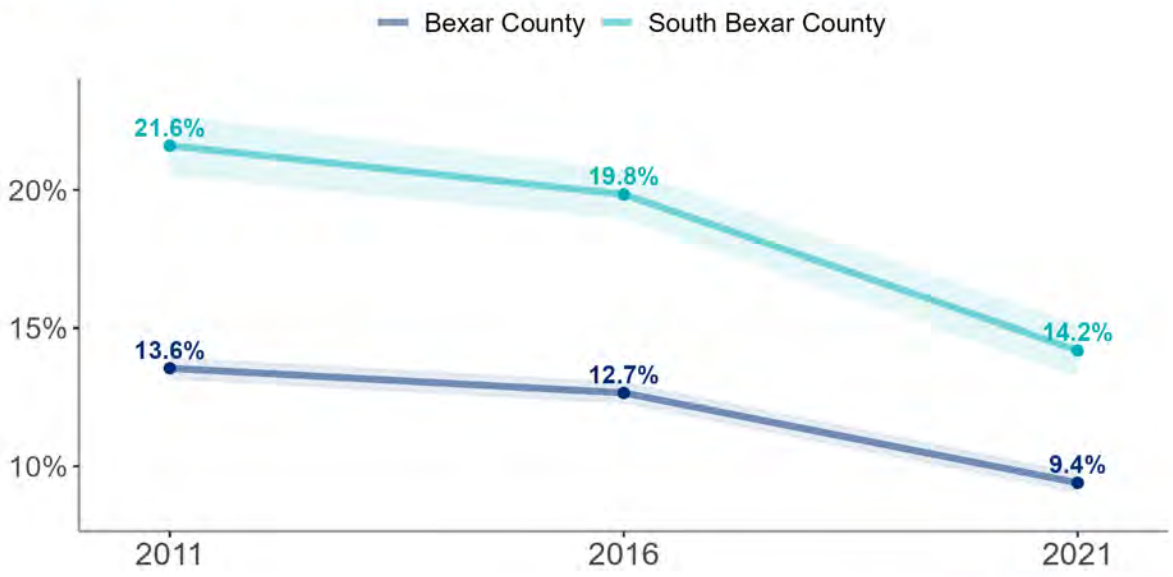
Fig. 2.4 Percent below poverty 2021 - South Bexar County
1604
10
281
Kirby
410
SSA 38
29.2%
SSA 57
19.1%
SSA 21
29.5%
SSA 5
27.8%
SSA 32
35.8%
SSA 53
11.9%
SSA 17
36.9%
SSA 6
10.4%
SSA 18
20.0%
SSA 33
22.4%
SSA 54
17.4%
China Grove
SSA 71
8.8%
90
SSA 56
15.1%
SSA 38
29.2%
SSA 20
22.8%
SSA 19
25.7%
SSA 38
29.2%
Lackland AFB
SSA 34
21.0%
87
SSA 36
19.5%
SSA 55
28.6%
SSA 37
24.6%
SSA 35
36.8%
San Antonio
SSA 75
13.5%
SSA 73
17.6%
35
37
Elmendorf
SSA 74
18.3%
Somerset
181
1604
SSA 72
21.3%
Population below poverty
14% or less
14.1% - 20%
20.1% - 25%
25.1% - 30%
Greater than 30%
Prepared by:
Community Information Now
for University Health
Source: American Community Survey
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

INCOME RELATIVE TO AREA MEDIAN INCOME

Poverty and income as a percent of poverty level are commonly used measures in health and human services eligibility, but housing assistance eligibility is often determined by percent of area median income, or AMI. The "area" for the measure is the large San Antonio-New Braunfels Metropolitan Statistical Area geography, which includes higher-income areas outside Bexar County. Common housing affordability and assistance eligibility thresholds for family income are 30% of AMI – or just "30% AMI" in shorthand – 60% AMI, 80% AMI and 120% AMI. Each year the U.S. Department of Housing and Urban Development (HUD) sets the AMI and percent-AMI income limits for one-person to eight-person families. For the San Antonio-New Braunfels area, AMI for a four-person family was $59,900 in 2011, $62,100 in 2017, and $74,100 in 2021.

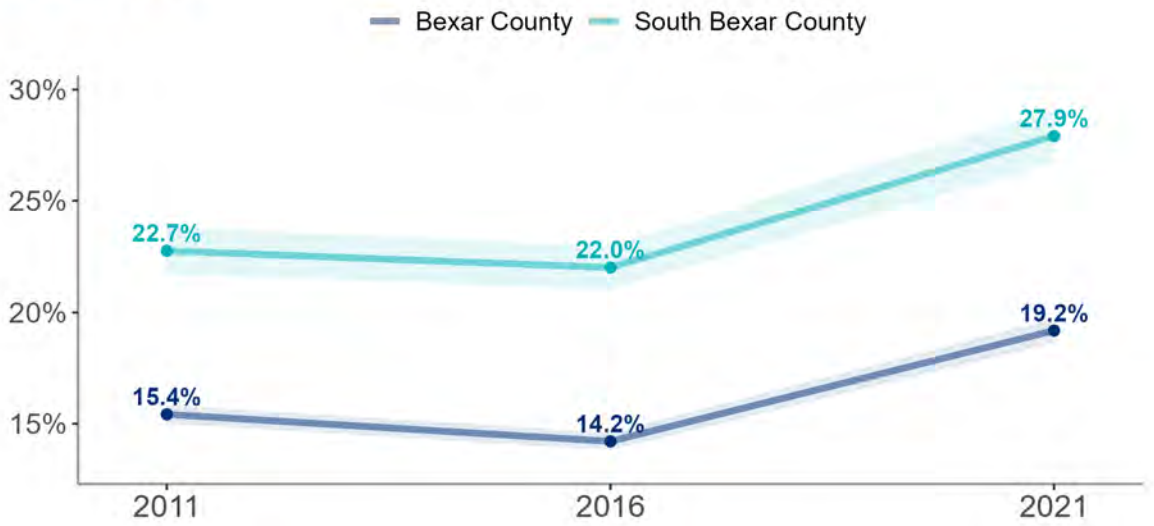
Figures 2.5, 2.6 and 2.7 chart the trend in percent of families with lower incomes including those below 30% AMI, between 30% and 60% AMI, and between 60% and 80% AMI. In both South Bexar and Bexar County overall, the proportion of families between 30% and 60% AMI has increased while the proportions in the other two categories have decreased somewhat over the period examined. The South Bexar County proportion is consistently higher than Bexar County overall across the board, although the disparity between the two has decreased in the below 30% AMI category.

Fig. 2.5 Percent of families with income below 30% AMI*



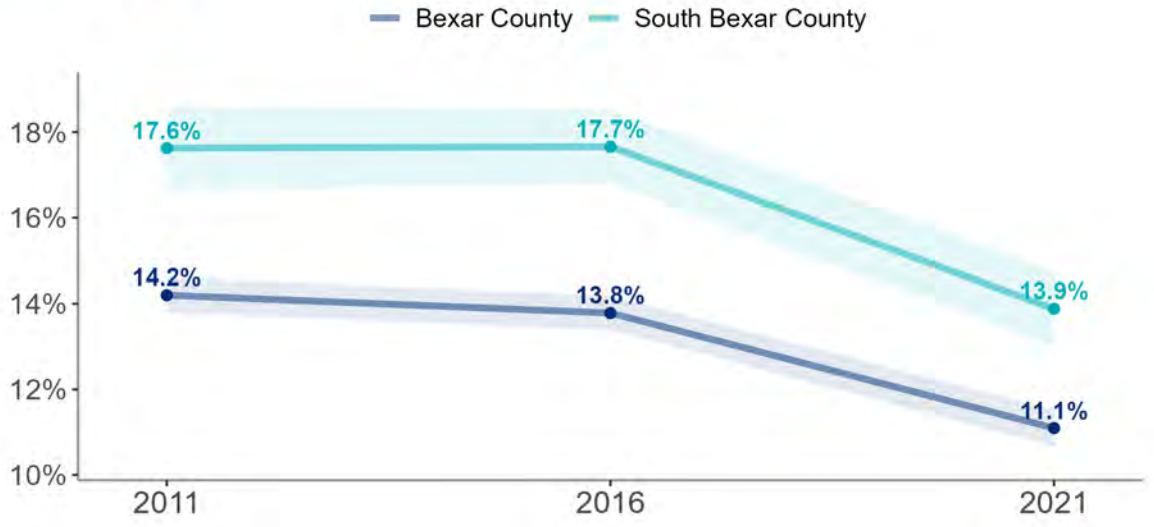
*Area Median Income
Source: ACS 5-Year Estimates. Table: B19101
Prepared by CI:Now for University Health

Fig. 2.6 Percent of families with income between 30% and less than 60% AMI*



*Area Median Income
Source: ACS 5-Year Estimates. Table: B19101
Prepared by CI:Now for University Health

Fig. 2.7 Percent of families with income between 60% and less than 80% AMI*



*Area Median Income
Source: ACS 5-Year Estimates. Table: B19101
Prepared by CI:Now for University Health

ALICE HOUSEHOLDS

Two criticisms of the poverty measure are: 1) it reflects only extreme poverty, not addressing the large proportion of families who are working and have income but are struggling to make ends meet, and 2) it fails to take into account the cost of living for a family. ALICE is an acronym for Asset Limited, Income Constrained, Employed. The ALICE measure is intended to shine a light on the proportion of families who make enough to be above the poverty level and are ineligible for many types of public assistance, but do not make enough to get by.[3] Figure 2.8 shows the ALICE "Stability Budget" for different Bexar County household compositions in 2021. More information about the Survival Budget and Stability Budget expenses and methodology can be found on the United for ALICE website.[4]

Figure 2.8 ALICE household stability budget, 2021

Bexar County

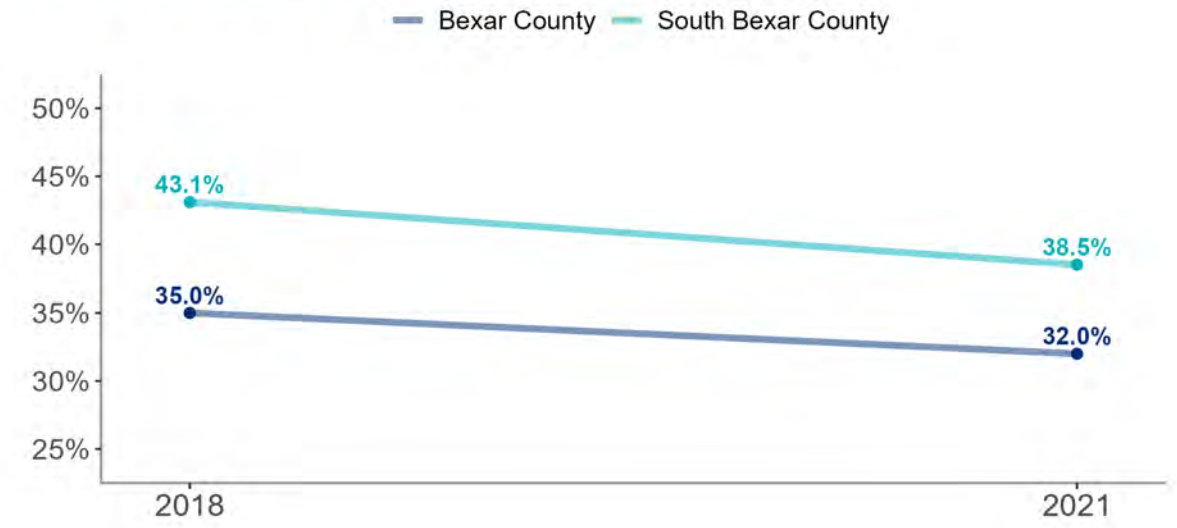
ALICE Household Stability Budget, Bexar County, Texas, 2021

Monthly Costs and Credits	Single Adult	Two Adults	Two Adults, Two Children	Two Adults, Two in Child Care
Housing - Rent	$1,127	$1,326	$1,699	$1,699
Housing - Utilities	$154	$239	$292	$292
Child Care	$0	$0	$594	$1,692
Food	$545	$1,013	$1,801	$1,563
Transportation	$893	$1,093	$1,356	$1,356
Health Care	$185	$480	$770	$770
Technology	$125	$160	$160	$160
Miscellaneous	$303	$431	$667	$753
Savings	$303	$431	$667	$753
Tax Payments	$514	$651	$1,161	$1,347
Tax Credits	$0	$0	($797)	($1,267)
Monthly Total	$4,149	$5,824	$8,370	$9,118
ANNUAL TOTAL	$49,788	$69,888	$100,440	$109,416
Hourly Wage	$24.89	$34.94	$50.22	$54.71

[3]United Way of Northern New Jersey. (2023). **https://www.unitedforalice.org/meet-alice**
[4]United Way of Northern New Jersey. (2023). United for ALICE: Research center - methodology. **https://www.unitedforalice.org/methodology**

The proportion of households that are ALICE has decreased slightly since the measure was first calculated in 2018, but it remains high at 39% for South Bexar and 32% for Bexar County overall (Figure 2.9). Looking only at South Bexar households in 2018, as the race/ethnicity breakout is not yet available for 2021, the proportion of Hispanic or Latino households that are ALICE exceeds half, as compared to a quarter of Asian households in South Bexar (Figure 2.10). ALICE households are common throughout South Bexar (Figure 2.11), and high concentrations of ALICE households are found in several ZIP codes scattered across South Bexar.

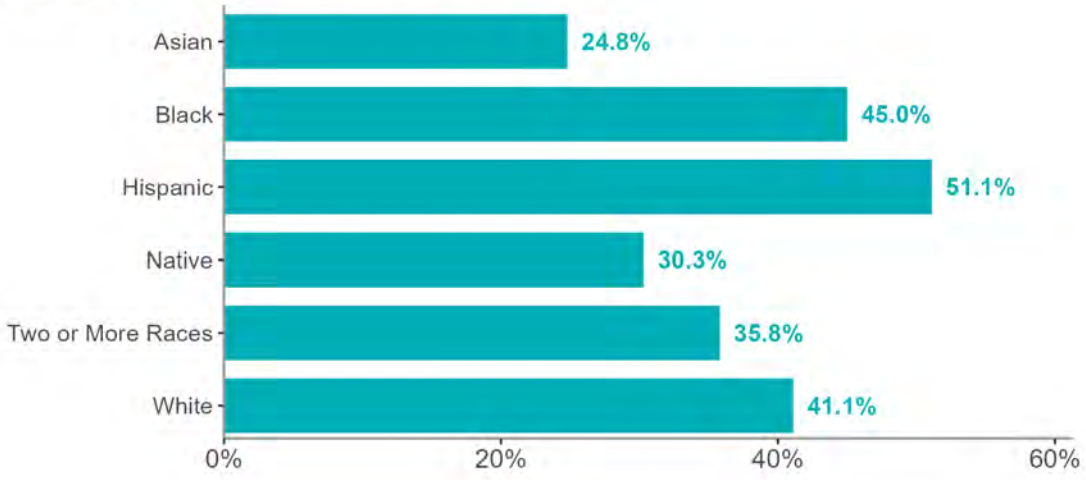
Fig. 2.9 Percent of households that are ALICE (asset limited, income constrained, employed)



Source: United Way ALICE
Prepared by CI:Now for University Health

Fig. 2.10 Percent of households that are ALICE (asset limited, income constrained, employed) by race, 2018

South Bexar County



Source: United Way ALICE
Prepared by CI:Now for University Health

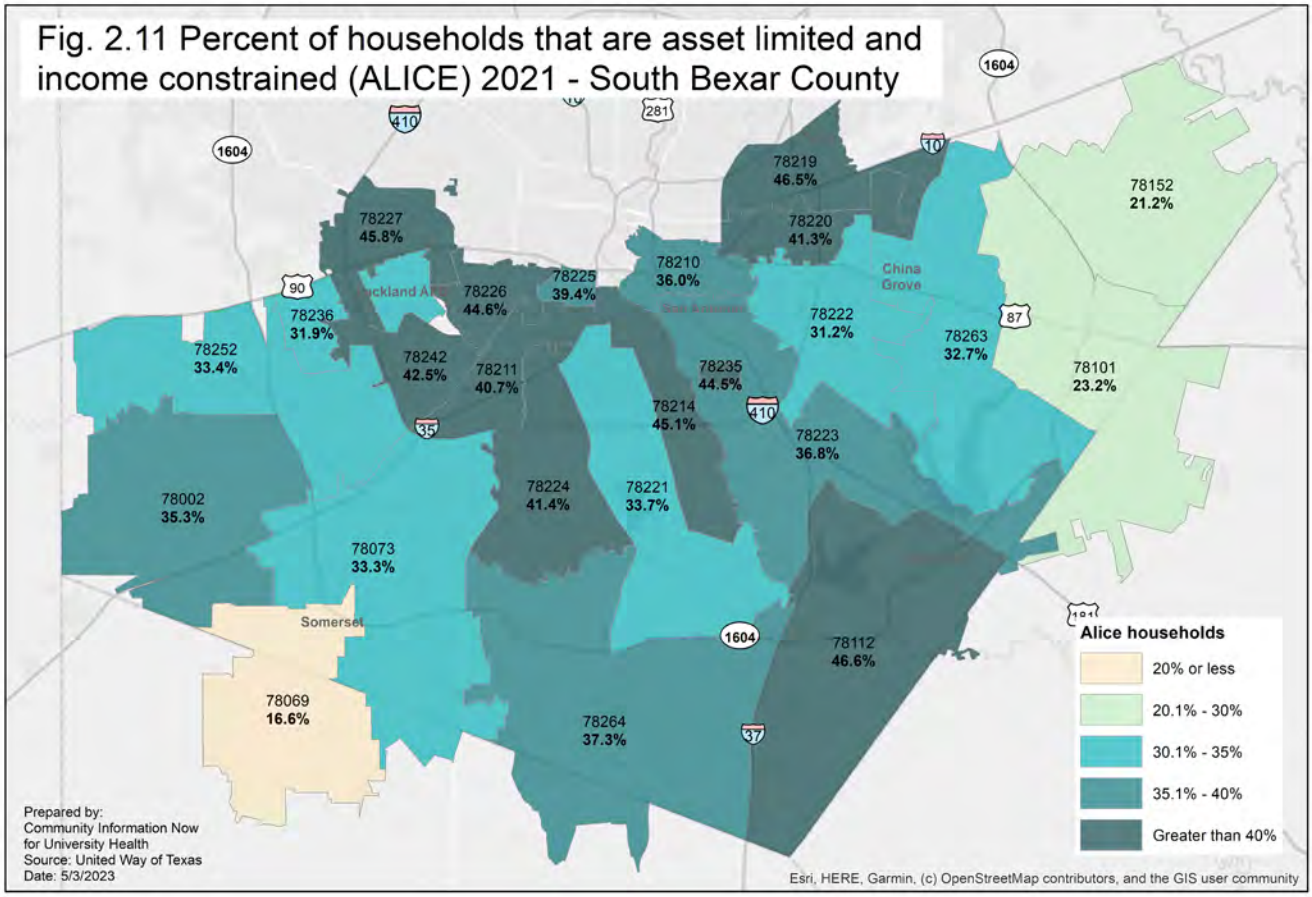
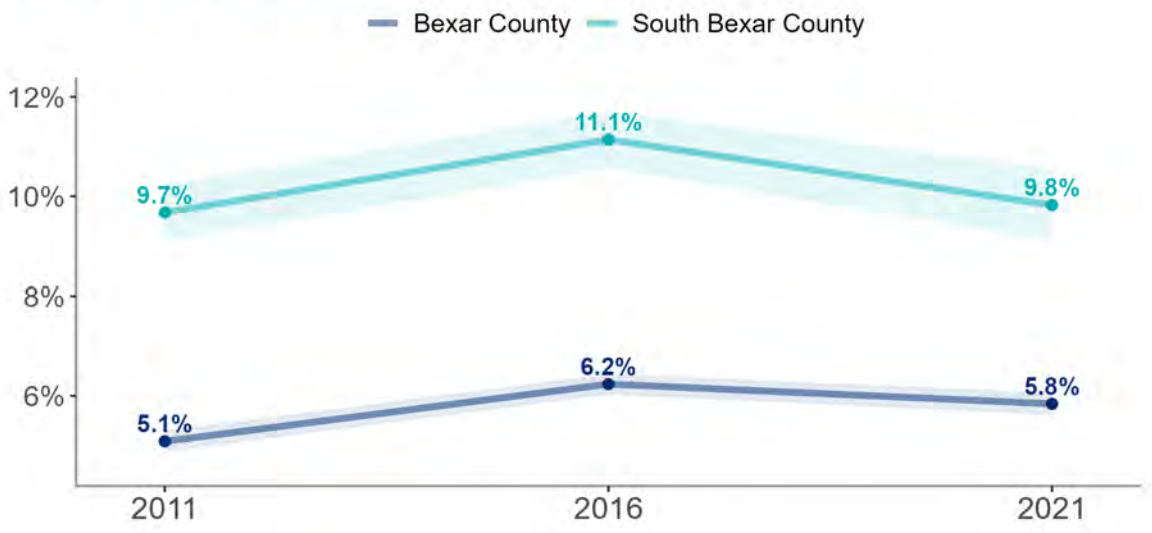


Fig. 2.11 Percent of households that are asset limited and income constrained (ALICE) 2021 - South Bexar County
1604
410
281
1604
10
78219
46.5%
78152
21.2%
78227
45.8%
78220
41.3%
78210
36.0%
China Grove
90
78226
44.6%
78225
39.4%
78236
31.9%
78222
31.2%
87
78263
32.7%
78252
33.4%
78242
42.5%
78211
40.7%
78235
44.5%
78101
23.2%
78214
45.1%
410
35
78223
36.8%
78002
35.3%
78224
41.4%
78221
33.7%
78073
33.3%
Somerset
1604
78112
46.6%
78069
16.6%
78264
37.3%
37
Alice households
20% or less
20.1% - 30%
30.1% - 35%
35.1% - 40%
Greater than 40%
Prepared by:
Community Information Now
for University Health
Source: United Way of Texas
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

SUPPLEMENTAL SECURITY INCOME

Because it is available only to people who are low-income or disabled, receipt of Supplemental Security Income (SSI) is another common measure of financial instability. Although the measure stayed fairly flat for both geographic areas in the past 10 years for which data is available, twice as many South Bexar households receive SSI in comparison to Bexar County overall (Figure 2.12).

Fig. 2.12 Percent of households receiving Supplemental Security Income in the past year



Source: ACS 5-Year Estimates. Table: B19056
Prepared by CI:Now for University Health

LABOR FORCE PARTICIPATION

Labor force participation, measured for the population aged 16 and older, is defined by the Census Bureau as being either employed or unemployed and looking for work. People not in the labor force include (among others) students, stay-at-home parents, people with a disabling condition that prevents work, retired people and people with some kind of criminal background that so greatly limits employment opportunities that they have stopped trying to find work. Labor force participation has remained fairly flat in both South Bexar and Bexar County overall (Figure 2.13).

Participants desired more opportunities for employment closer to home.

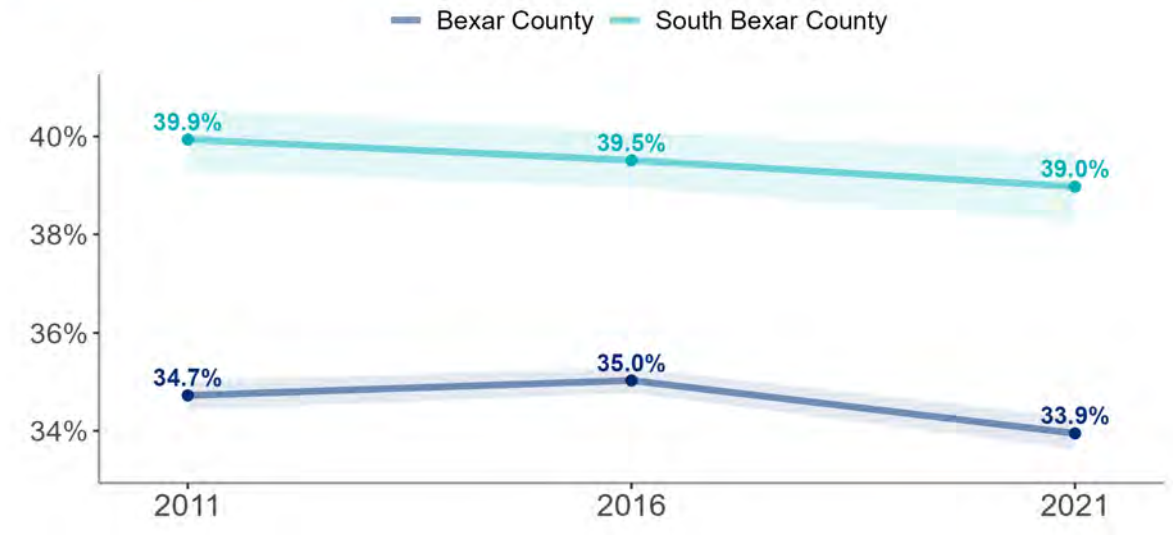
Speaker E in the Texas A&M University-San Antonio Focus Group: ***Employment itself is scarce. I have to continuously look, and even then, they won't take you unless you have certain qualifications. And if you overly qualify they won't hire you at all.***

Speaker B: ***But even just higher opportunities - 'cause again, you have people that stay on this side of town that want to be doctors and nurses and administrators.***

Speaker E: ***And they need that experience but they don't want to hire you for it.***

Speaker B: ***Well in addition to that they don't want to travel that distance. They want to stay close to where their kids are or where their family members are or they just don't want to pay for gas to sit in traffic for an hour.***

Fig. 2.13 Percent of population 16 or older not in the labor force

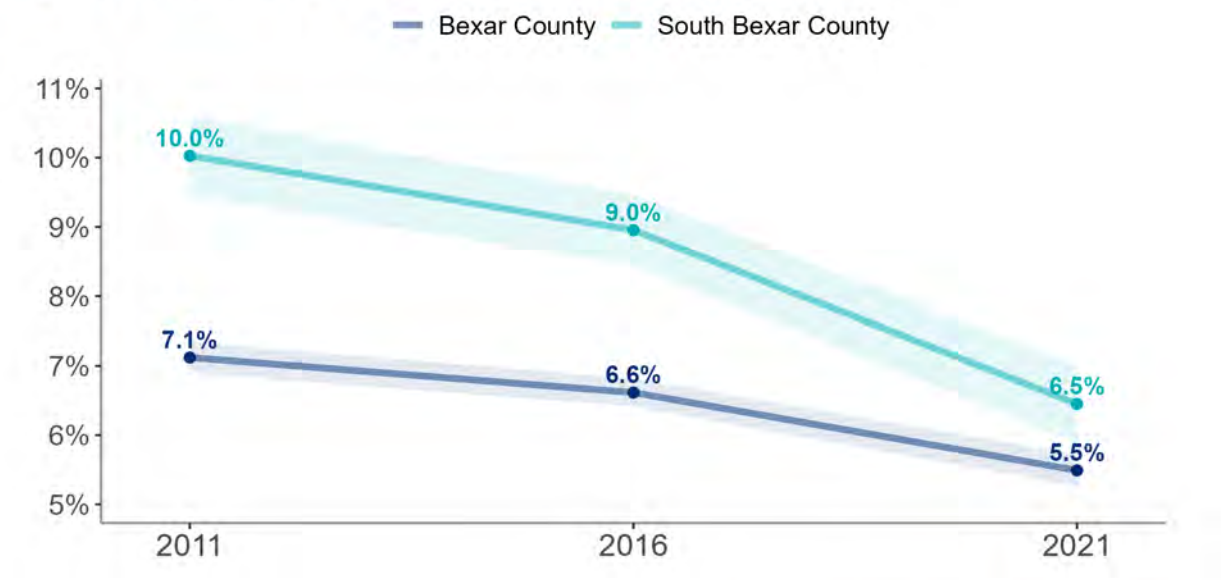


Source: ACS 5-Year Estimates. Table: B23025
Prepared by CI:Now for University Health

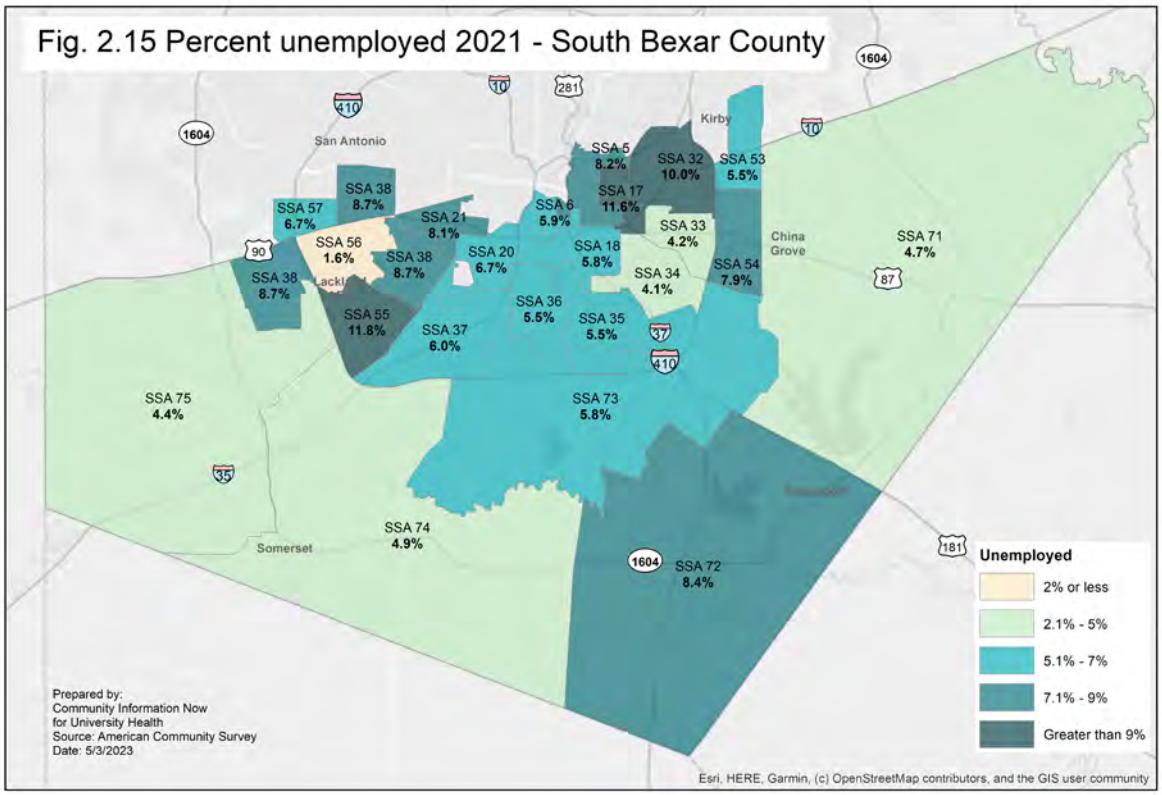
UNEMPLOYMENT

The percent of population aged 16 or older that is unemployed has decreased in both Bexar County and South Bexar (Figure 2.14). The decrease has been more dramatic in South Bexar, and the gap is closing, but the South Bexar rate remains higher than the Bexar County rate. It is important to note that while the unemployment rate can drop because existing residents find employment, it can also drop because people who were already employed, or who are entering a new job, move into the area. The highest rates of unemployment are in areas inside Loop 410, to the east of downtown and in the southwest area near the intersection of Loop 410 and I-35 South (Figure 2.15). Because calculation of the rate for South Bexar requires use of the American Community Survey five-year rather than one-year estimates, the full effect of COVID-19 on employment is likely not apparent in the 2017-2021 estimate.

Fig. 2.14 Percent of population 16 or older unemployed



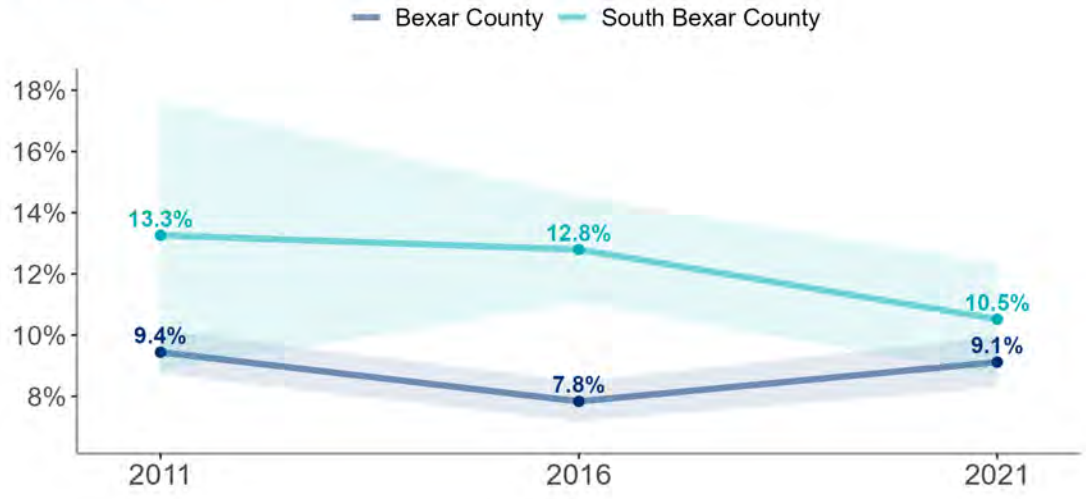
Source: ACS 5-Year Estimates. Table: B23025
Prepared by CI:Now for University Health



OPPORTUNITY YOUTH

The population aged 16 to 19 who are neither employed nor in school, sometimes referred to as "opportunity youth," has remained fairly flat in Bexar County (Figure 2.16). Because the numbers are small for South Bexar, the margin of error for those estimates is wide and the trend is hard to interpret. Non-overlapping error bands in the 2012-2016 period – inclusive of the Great Recession in Bexar County – indicate that the percent was truly quite a bit higher in South Bexar than in Bexar County in that time period. Conversely, overlapping error bands in the 2007-2011 and 2017-2021 periods mean there may not truly be any real difference between South Bexar and Bexar County for those periods. Similarly, there may not have truly been a real decrease in the South Bexar percentage over time.

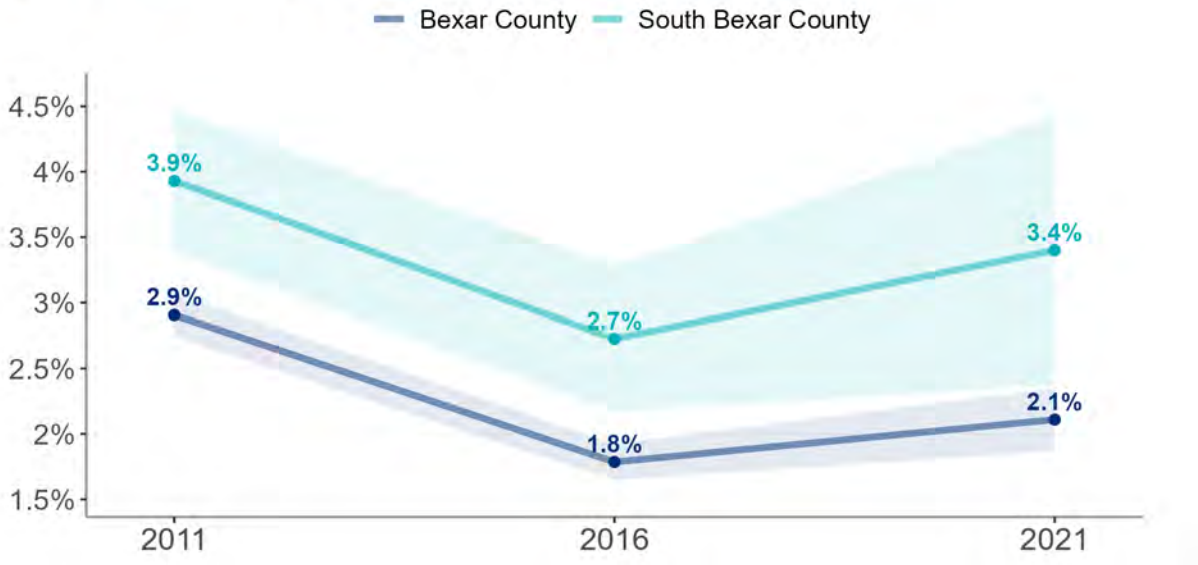
Fig. 2.16 Percent of population aged 16 to19 not in school and not working



Source: ACS 5-Year Estimates. Table: B14005
Prepared by CI:Now for University Health

Active service in the Armed Forces is somewhat more common in South Bexar than in Bexar County overall (Figure 2.17). While the percentage has clearly decreased in Bexar County overall, wide margins of error make interpretation of the South Bexar percentage difficult.

Fig. 2.17 Percent of population 16 or older in the Armed Forces

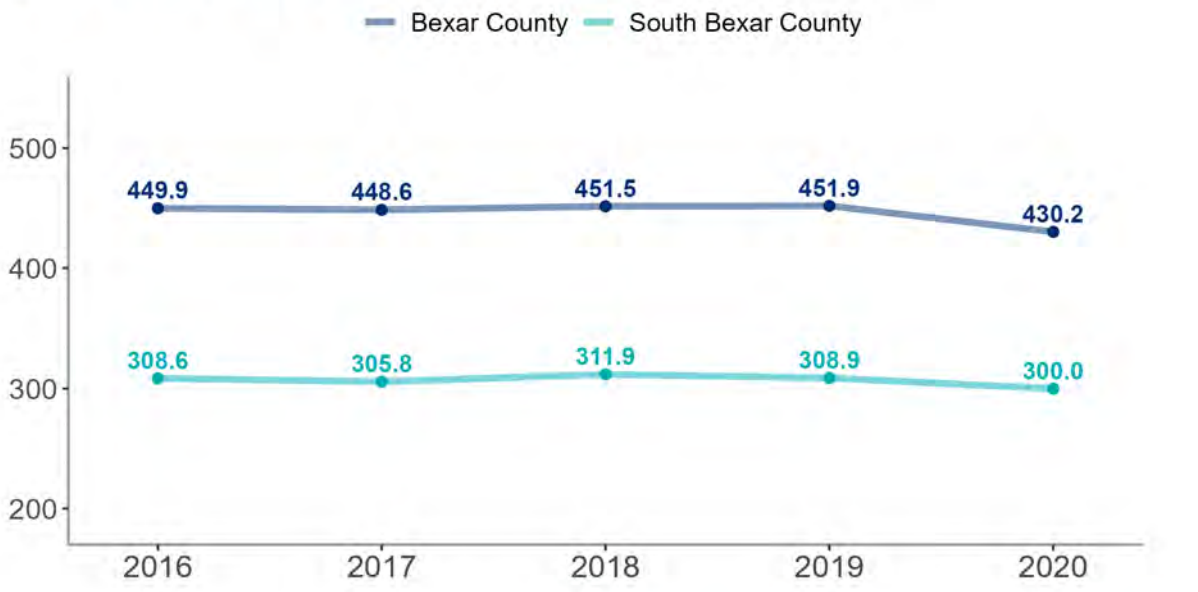


Source: ACS 5-Year Estimates. Table: B23025
Prepared by CI:Now for University Health

JOBS

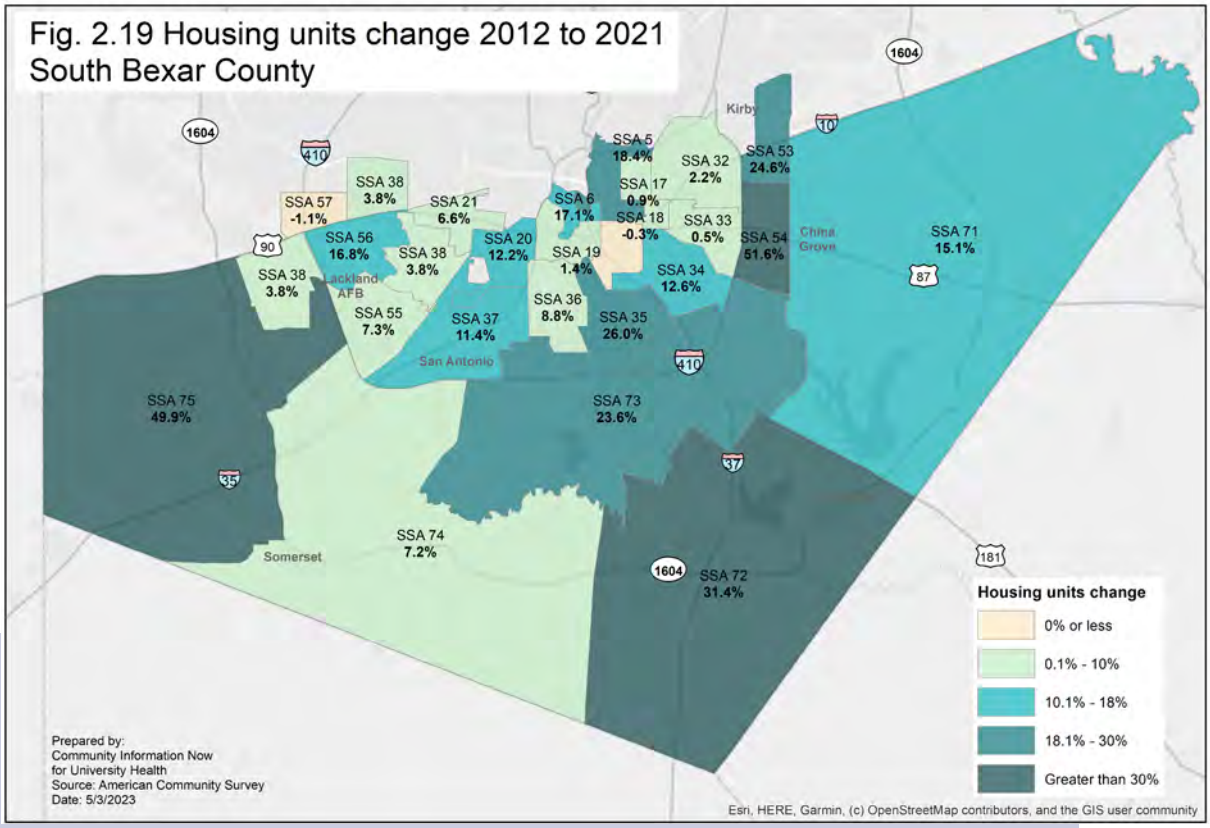
Expressed as jobs per 1,000 people, jobs are more plentiful in Bexar County overall than in South Bexar (Figure 2.18). Unlike survey five-year estimates, the effect of the COVID-19 pandemic begins to appear in the 2020 data point, with about a 3% decrease in South Bexar jobs and about a 5% decrease in Bexar County jobs overall.

Fig. 2.18 Jobs per 1K population



Source: U.S. Census Local Employment Dynamics LODES
Prepared by CI:Now for University Health

HOUSING UNITS



The total number of housing units, whether currently occupied or vacant, grew 13% in South Bexar and 18% in Bexar County overall between 2011 and 2021.[5] The highest growth in number of housing units occurred in the far west portion of South Bexar, to the south along I-37 south of Loop 1604, and along Highway 87 outside Loop 410 (Figure 2.19).

AGE OF HOUSING STOCK

Much of South Bexar's housing stock is older (Figure 2.20), with 40% of occupied units built between 1950 and 1979. Older housing stock represents an important component of affordable housing, but can present safety hazards. The 57% of units built prior to the 1978 ban on lead-based paint are generally considered to present an increased risk for lead poisoning, particularly in young children. Furthermore, asbestos siding was commonly used in the 1940s through 1960s, which presents a respiratory hazard if the siding is broken and creates dust. Deferred maintenance is also a common problem, particularly when household income is stretched to meet everyday expenses, and older units are less likely than new units to have important physical accessibility features like wider doorways, accessible bathrooms and zero-step entrances.

[5]Because the metric requires ACS five-year estimates, the 2011 and 2021 data points cover the periods of 2007-2011 and 2017-2021, respectively. Source: U.S. Census Bureau American Community Survey 5-Year Estimates.

Establishing residency, acquiring housing and paying rent were prominent barriers to participants accessing resources.

Moderator in the Dr. Robert L.M. Hilliard Center Focus Group: ***In what ways does your current housing affect your ability to live healthy and safe?***

Speaker A: ***So, for example, if you're not in a shelter, or you're just living with someone - which is still really technically homeless - If you don't have anything tied to that residence with them, then they don't service you. Well, that's the issue that I had. So, I'm pretty sure other people have it.***

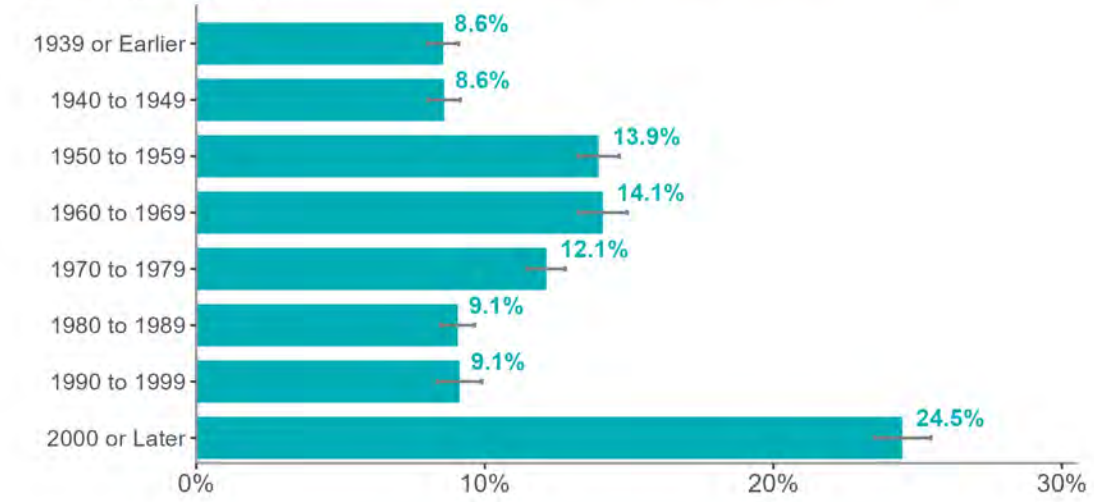
Speaker B: ***Yeah, I run into that a lot. I run into where parents are doubling up with another family. The family is receiving benefits, but they're only receiving benefits for their household, so they're not able to receive benefits. One, because they might not qualify or meet the criteria, but two, when they go to the Food Bank, the Food Bank doesn't turn them down. They'll get food, but when they go to other food pantries, they're not able to provide proof of residency. They're not able to provide any other documentation. A lot of times they ask them, 'Well, where do you live?' 'Well, I live with my sister.' 'Well, where's your sister's income?'***

Moderator: ***Do you all have any other examples of how housing affects your ability to live well and happy?***

Speaker C: ***I notice like renting. It's very, very difficult. I cannot afford it, because the housing. The fixed income. Your income, supposed to be $1,500. I get $1,000 for the month. How I'm gonna do it at the end?***

Fig. 2.20 Percent of occupied housing units by year built, 2021

South Bexar County

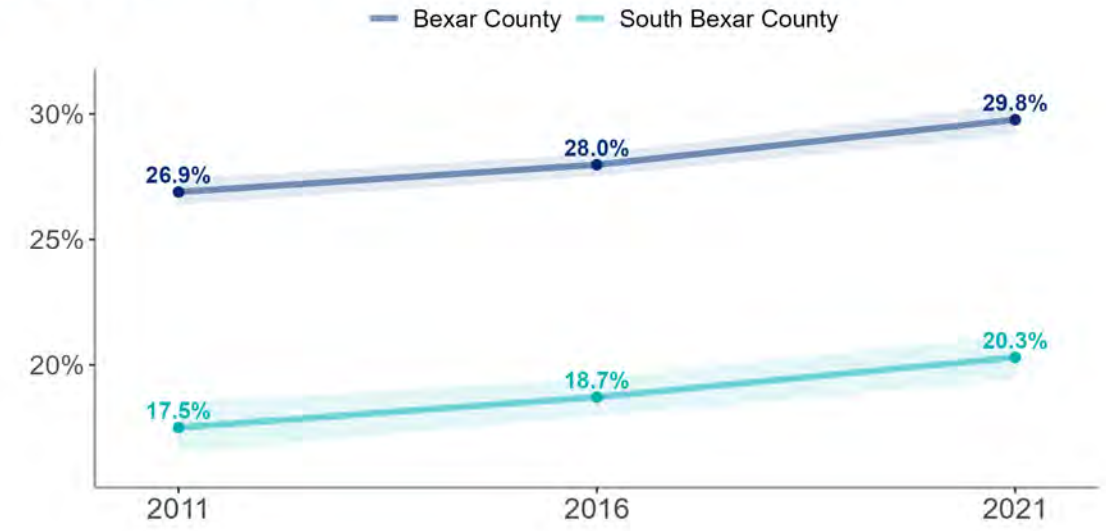


Source: ACS 5-Year Estimates. Table: B25036
Prepared by CI:Now for University Health

MULTI-FAMILY UNITS

The percent of housing units that are multi-family units has grown slightly in both South Bexar and Bexar County overall (Figure 2.21). Multi-family units include apartment and condominium buildings, townhouses, converted motels and motor courts, duplexes or fourplexes, and older single-family homes divided into multiple units.

Fig. 2.21 Percent of housing units that are multi-family units

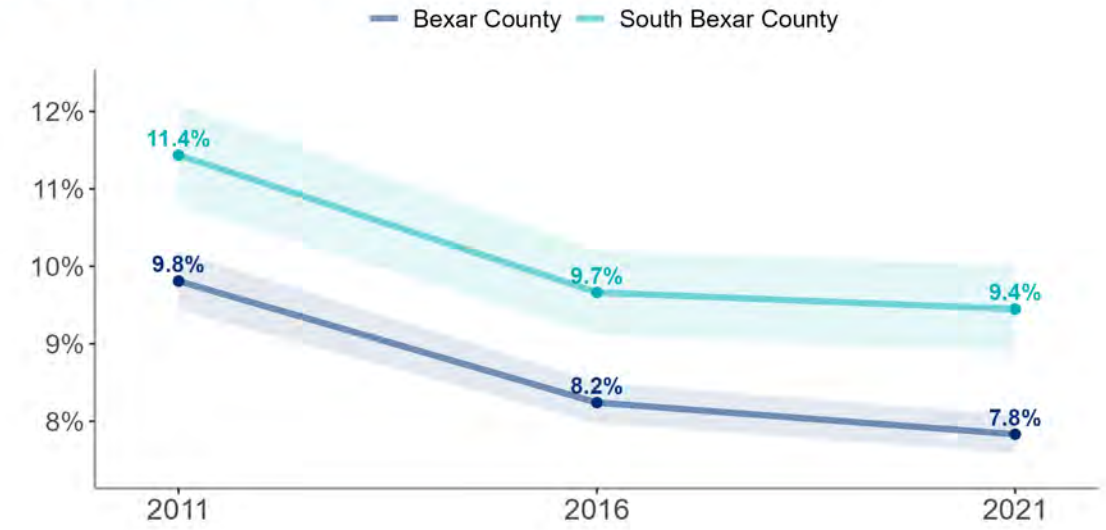


Source: ACS 5-Year Estimates. Table: B25024
Prepared by CI:Now for University Health

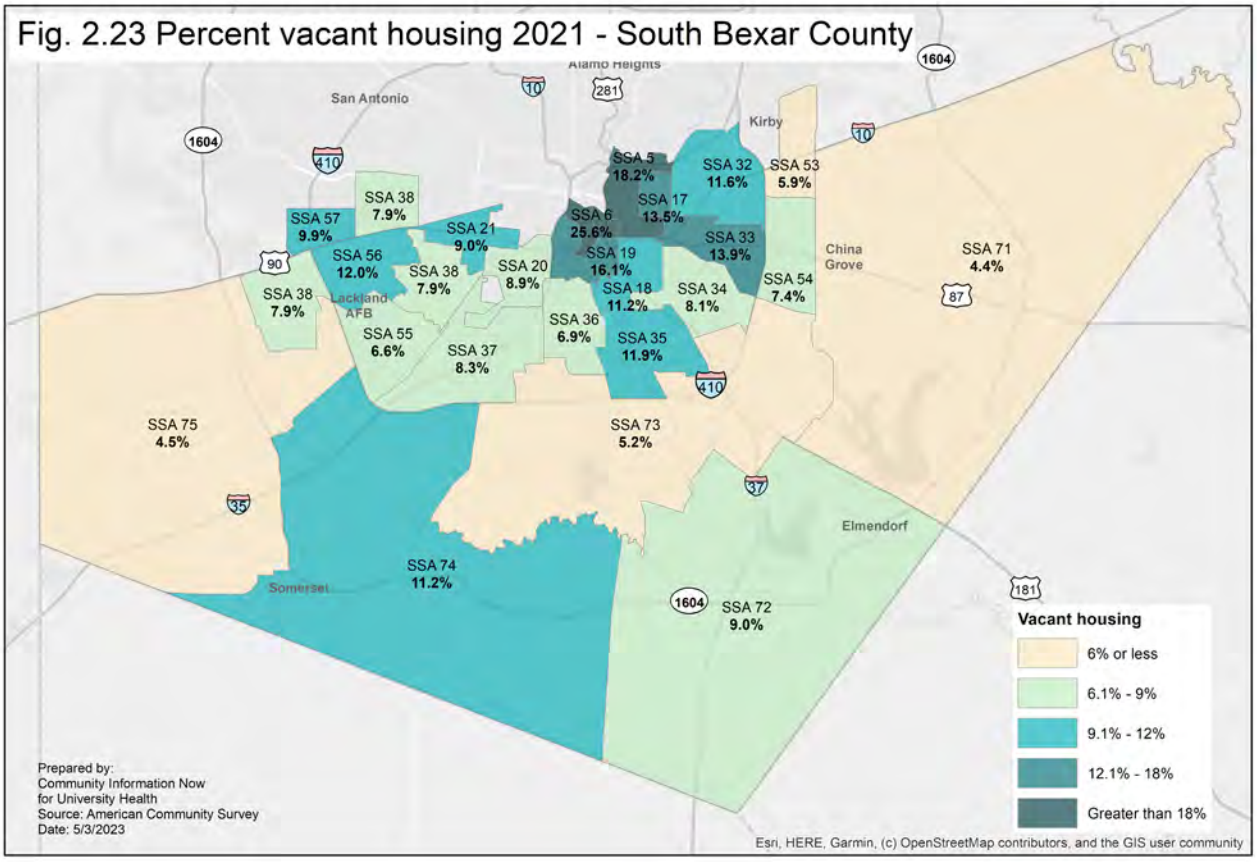
VACANT HOUSING

The percent of housing units that are vacant (Figure 2.22) has declined by about the same rate in both South Bexar and Bexar County overall. The vacancy rate in South Bexar has consistently remained 17% to 20% higher than in Bexar County overall. Units can be vacant for a number of reasons; depending on context, vacant units may represent neighborhood blight and safety concerns or a newly built housing development that is not yet fully occupied. South Bexar vacancy rates are highest in older neighborhoods just east and south of downtown (Figure 2.23).

Fig. 2.22 Percent of housing units that are vacant



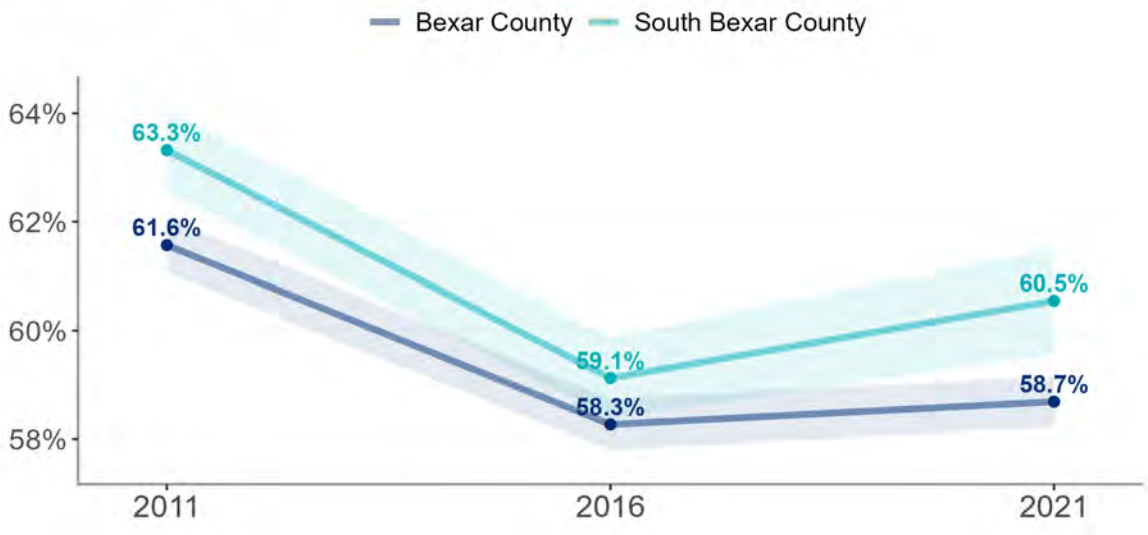
Source: ACS 5-Year Estimates. Table: B25002
Prepared by CI:Now for University Health



OWNER OCCUPANCY

Excluding vacant units, the percent of units that are owner-occupied rather than rented has typically been higher in South Bexar than in Bexar County overall (Figure 2.24). However, that gap narrowed in the 2012-2016 period to the point that the margins of error overlap, meaning there may be no difference at all between the South Bexar and Bexar County percentages for that period. The percentage declined in both South Bexar and Bexar County overall between the 2007-2011 and 2017-2021 measurement periods and currently stands at about 61% in South Bexar, with the remaining 39% of occupied units being rented.

Fig. 2.24 Percent of occupied housing units that are owner-occupied

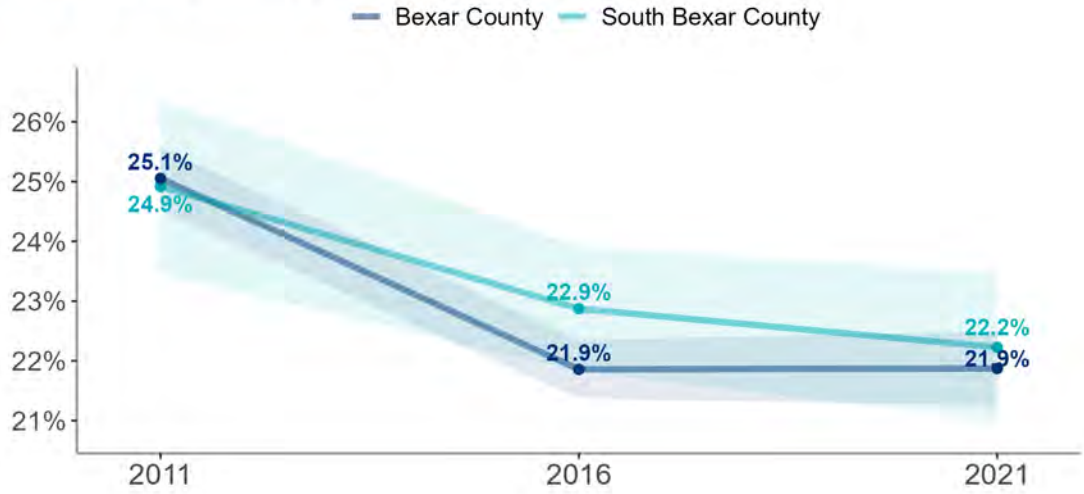


Source: ACS 5-Year Estimates. Table: B25003
Prepared by CI:Now for University Health

HOUSING COST BURDEN

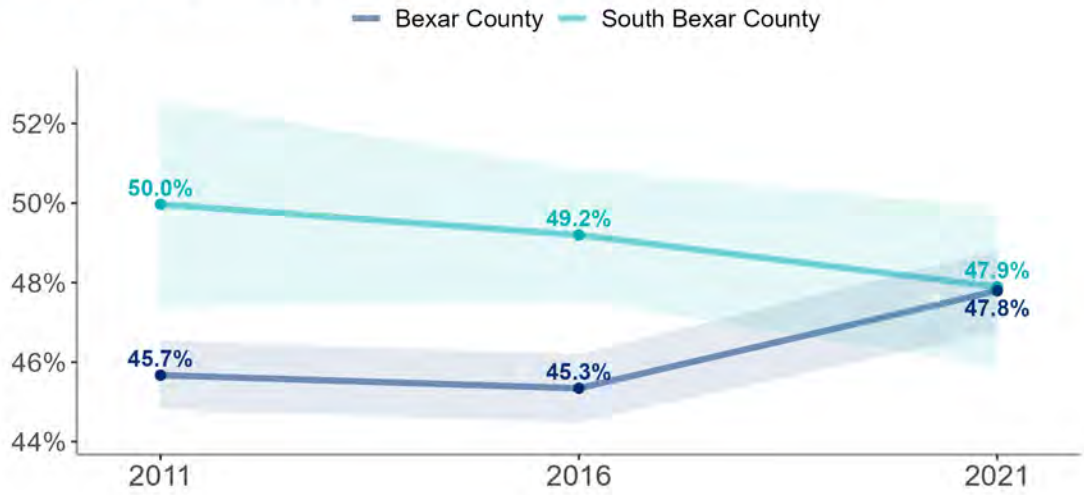
A household is considered "housing cost-burdened" if housing costs take up more than 30% of household income. The most recent data available indicates that about 22% of owned-home households are housing cost-burdened in both South Bexar and Bexar County overall (Figure 2.25). That percentage decreased slightly in Bexar County, but wide margins of error make the South Bexar trend hard to interpret. It should be noted that the effect of the COVID-19 pandemic and recent inflation will not be fully reflected in the 2017-2021 data point for either owner or renter households. Compared to owner households, about twice as many renter households are housing cost-burdened in both South Bexar and Bexar County overall (Figure 2.26). In the past 10 years that percentage was consistently higher in South Bexar compared to Bexar County, but with a sharp uptick in renter cost-burden in the 2017-2021 measurement period, that gap may have closed.

Fig. 2.25 Percent of owner-occupied housing units where housing costs are 30% or more of household income



Source: ACS 5-Year Estimates. Table: B25106
Prepared by CI:Now for University Health

Fig. 2.26 Percent of renter-occupied housing units where housing costs are 30% or more of household income

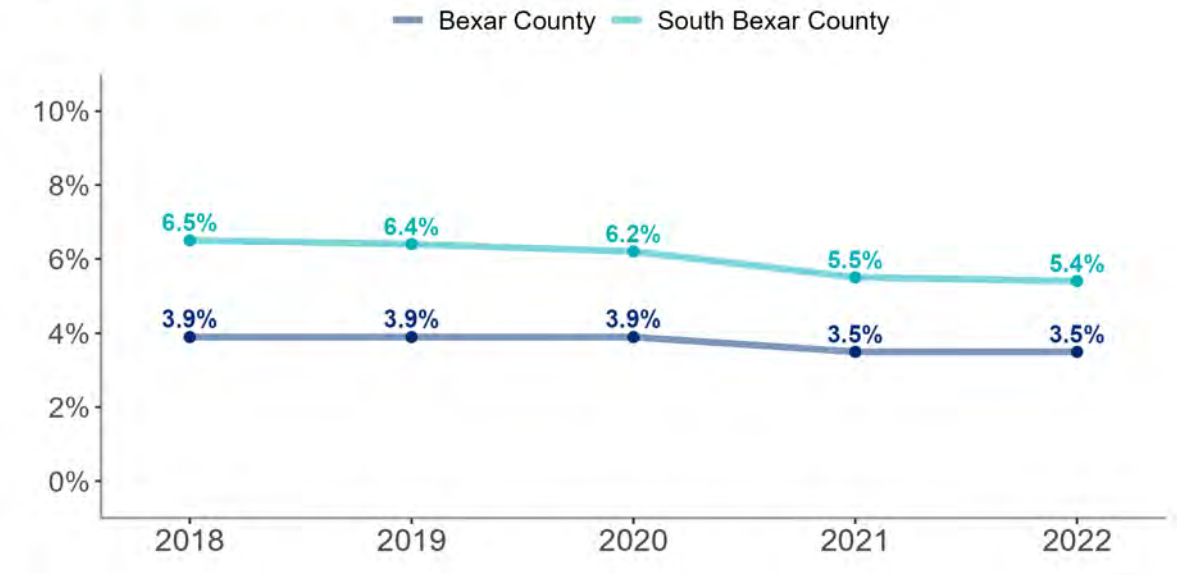


Source: ACS 5-Year Estimates. Table: B25106
Prepared by CI:Now for University Health

SUBSIDIZED HOUSING

The percentage of housing units that are subsidized in some way is consistently higher in South Bexar than in Bexar County overall (Figure 2.27), and has decreased in both areas in recent years. "Subsidized" in this U.S. Housing and Urban Development (HUD) dataset refers to a wide variety of programs and subsidies that include Section 8 Housing Choice Vouchers, dedicated public housing units, tax credits like the Low-Income Housing Tax Credit (LIHTC) and direct loans. It does not include other ways of addressing housing costs that have received significant media attention in recent years, such as caps on property tax appraisal increases and pandemic-era short-term rental assistance.

Fig. 2.27 Percent of housing units subsidized



Source: US HUD Neighborhood Housing Preservation Database; ACS 5-year Estimates, Table: DP04
Prepared by CI:Now for University Health

FOOD ACCESS

Feeding America's Map the Meal Gap calculations indicate that about 40% of all South Bexar residents have low food access (Figure 2.28), as compared to 34% of Bexar County residents overall. Unfortunately, the data is available by race and by ethnicity separately, rather than nested categories of Hispanic by race and non-Hispanic by race. For that reason, it is impossible to quantify low food access specifically for South Bexar or Bexar County non-Hispanics, as each race group includes both Hispanics and non-Hispanics. Prior to the 2020 Decennial Census, most Bexar County Hispanics reported themselves as being racially white, which means that the white resident category in the following chart is likely the percentage most affected by the inability to break out race by ethnicity. A sizable proportion of every South Bexar group has low food access, but the percentage is highest (42%) among Black or African American residents.

Participants defined healthy foods as fresh fruits, vegetables, fish and foods that accommodated various diets, such as low sodium or gluten-free. Many participants felt they did not have access to these foods due to availability and cost.

Speaker B in the Texas A&M University-San Antonio Focus Group: ***What I was going to say was that one of my big arguments is you talked about 90 to 90 South, there is only three grocery stores. Aside from the small ones the old handy Andy's, La Fiesta, and things like that. But there is only three HEBs on this side of town.***

Speaker C: ***Yeah, my situation is worse. South Bexar County. In our neighborhood, we have Dollar General and a gas station, which neither are remotely reliable for any sort of produce whatsoever. If you want processed foods, go right ahead, there is plenty of that. If you actually want to get food and groceries you have to drive twenty minutes in town.***

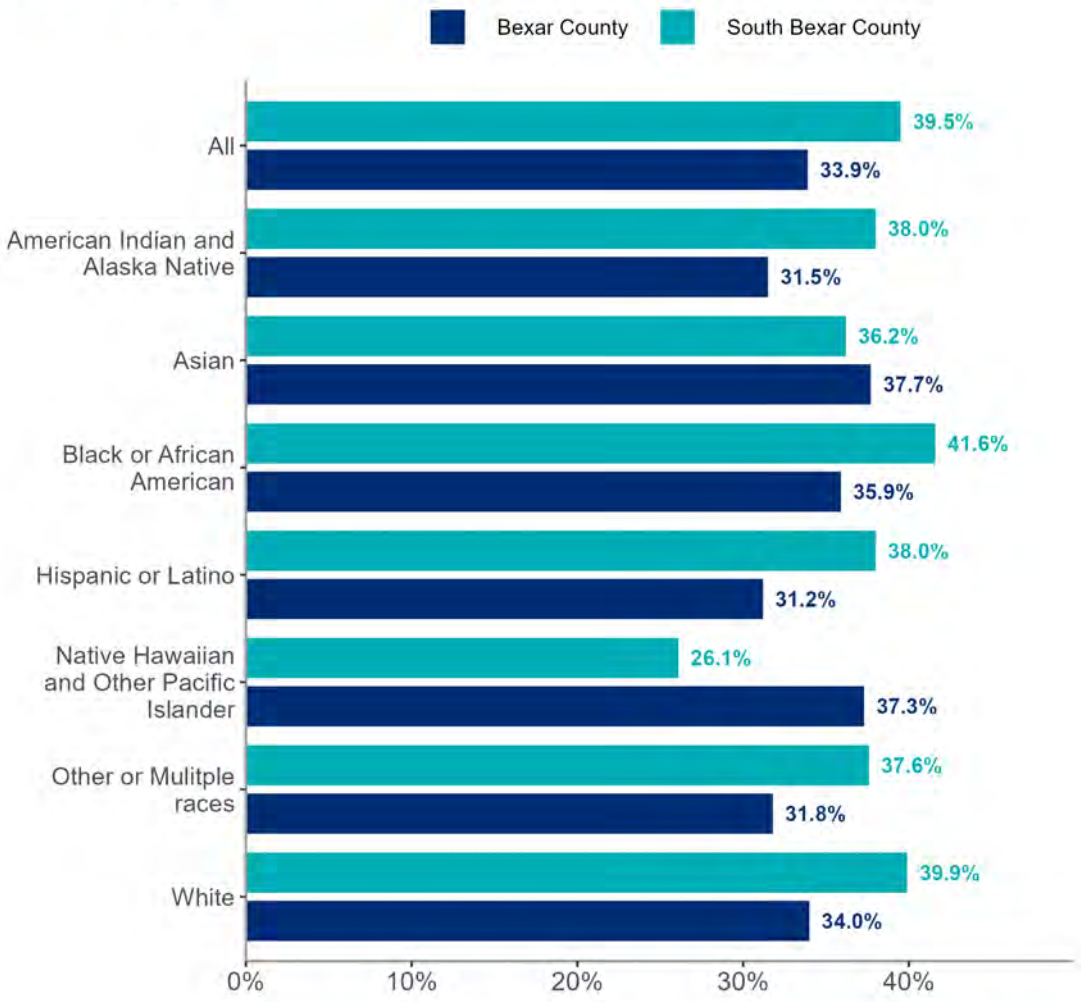
Moderator in the Family Service Focus Group: ***Do you find that healthy food is available nearby? Is it close to you?***

Speaker E: ***That depends.***

Speaker D: ***Not to me.***

Speaker E: ***When you think about it, it's expensive, then gas - I gotta drive over there. You know that's what kinda stops me from getting all that stuff.***

Fig. 2.28 Percent of population with low food access by race/ethnicity, 2019

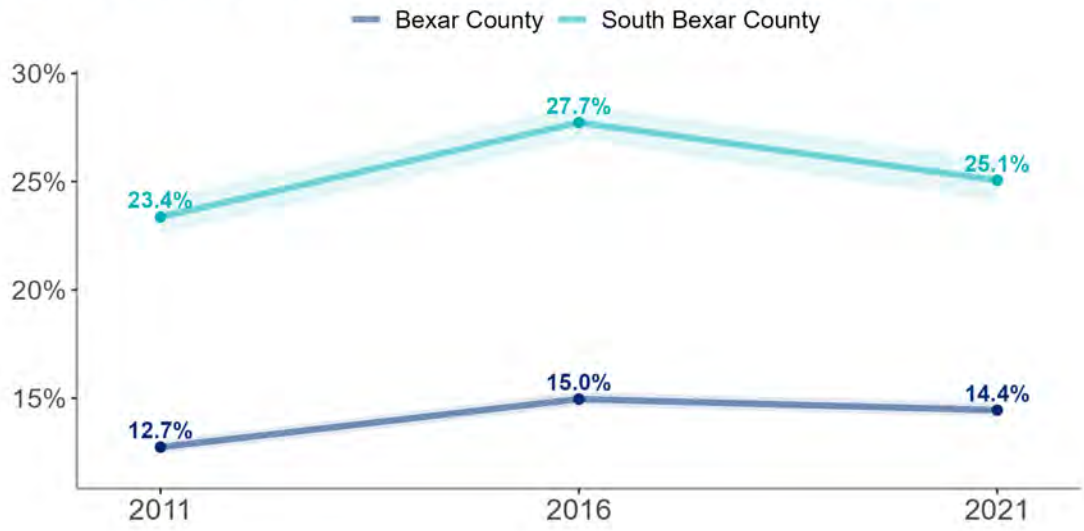


Some tracts are missing data; ethnicity is not separated from race categories
Source: Feeding America, Map the Meal Gap
Prepared by CI:Now for University Health

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

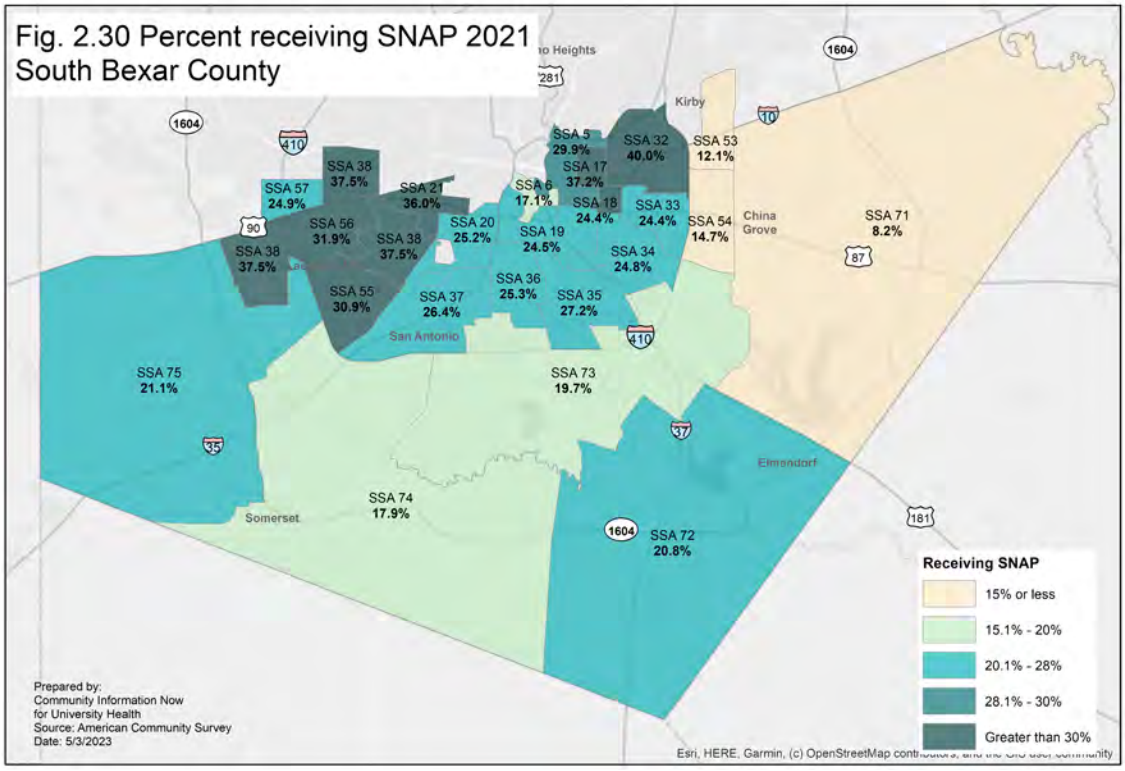
Another measure of food need and security is receipt of Supplemental Nutrition Assistance Program (SNAP) benefits. The percent of households receiving SNAP in the past year has consistently been almost twice as high in South Bexar as in Bexar County overall, with the South Bexar percentage currently at 25% (Figure 2.29). The percent of South Bexar households receiving SNAP is highest east of downtown and to the southwest inside Loop 1604 (Figure 2.30).

Fig. 2.29 Percent of households receiving SNAP in the past year



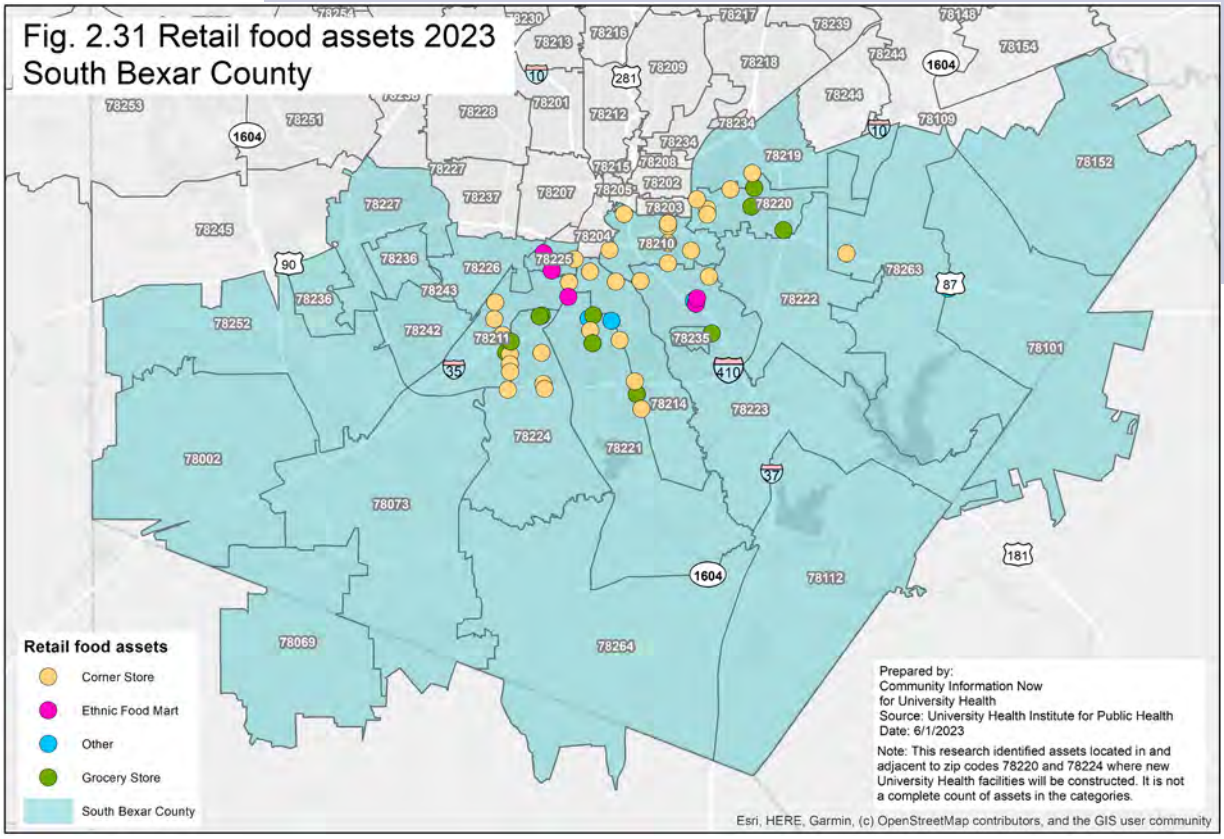
Source: ACS 5-Year Estimates. Table: B19058
Prepared by CI:Now for University Health

Fig. 2.30 Percent receiving SNAP 2021 South Bexar County



RETAIL FOOD OUTLETS

In late 2022 and early 2023 the University Health Institute for Public Health gathered information on an array of different assets and resources in South Bexar, focusing on neighborhoods near likely sites for new University Health facilities. One category of assets inventoried is retail food outlets, including grocery stores, ethnic food markets and corner stores. Again, this list was not intended to be exhaustive, but Figure 2.31 shows the locations of the retail food outlets for which data was gathered. Large portions of South Bexar are without a full-service grocery store or ethnic food market, relying on corner stores with fewer and less healthy options.



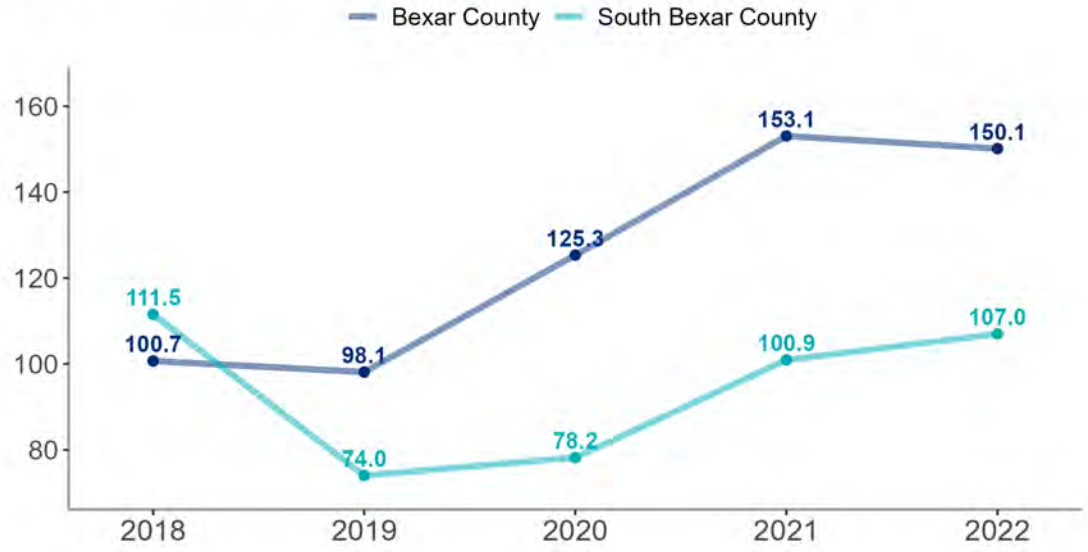
EDUCATION

CHILDCARE

Depending on care type and setting, childcare may be the earliest education a child engages in, and accredited childcare is most likely to offer those supports and programs. Beyond its role in early childhood development, childcare is also critical to parents' or other caregivers' ability to pursue their own educational or employment opportunities.

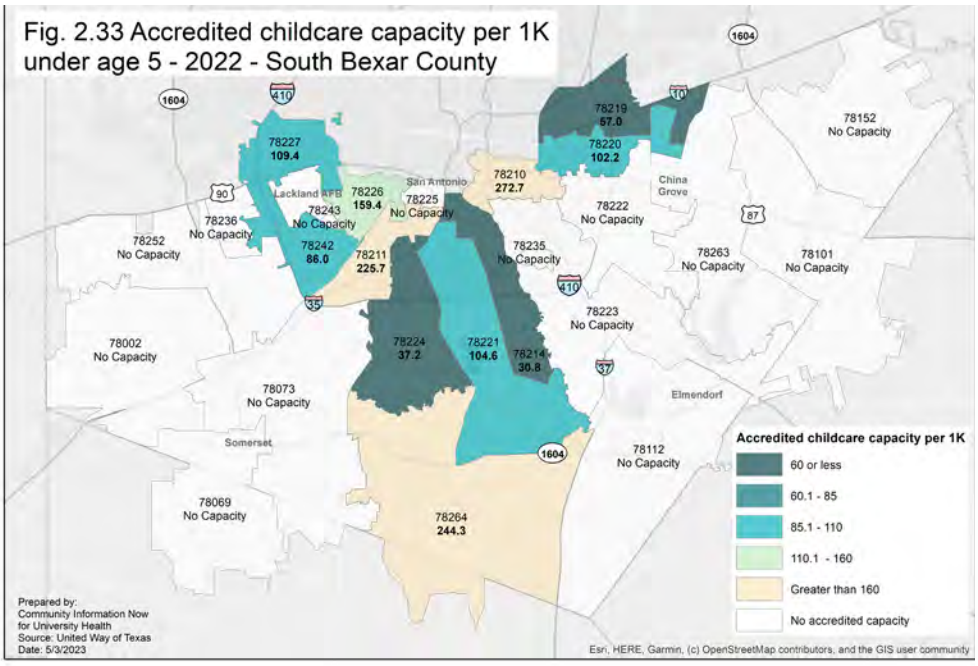
The supply of childcare in general is inadequate in Bexar County, but accredited childcare capacity is especially low. At just 107.0 slots per 1,000 children under 5 years of age, accredited capacity in South Bexar is only 71% of the overall Bexar County capacity of 150.1 per 1,000 (Figure 2.32). Capacity is lowest in the white-shaded areas marked "No accredited capacity" in Figure 2.33, which have no accredited childcare slots at all.

Fig. 2.32 Accredited childcare capacity per 1K children under 5



Source: Texas Health and Human Services and Workforce Solutions Alamo
Prepared by CI:Now for University Health

Fig. 2.33 Accredited childcare capacity per 1K under age 5 - 2022 - South Bexar County



Acquiring reliable childcare was a common barrier to accessing health care services, programs and community resources.

Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group: ***Childcare is a big barrier. I work with a lot of single parents sometimes. And, for example, there's this one mom that I work with. She has an autistic child… He's nonverbal. Transportation and childcare. She's not able to work on the weekends and make more money.***

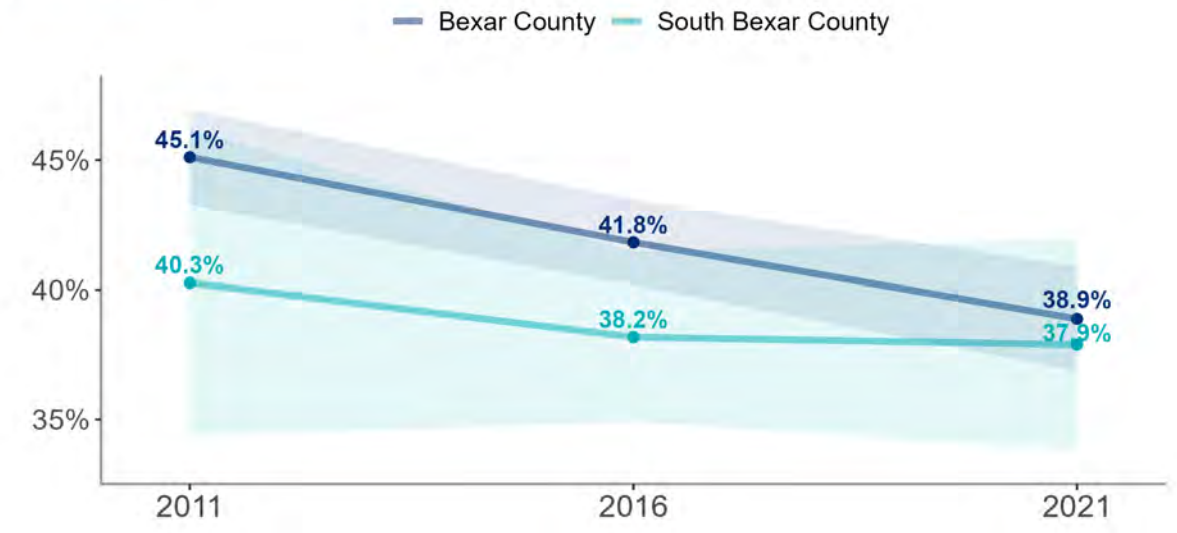
Speaker A: ***And having after hour care. In a lot of other cities, they have 24-hour daycare. You can barely find here. You have single moms who are in the medical field, or just have some type of job that they can't apply for because it's out of the range of when the children are at school, and then it leaves them stuck in a bind…***

Speaker B: ***And then the length that they're on wait lists to get into some of these day cares or daycare assistance. I had a mom, single mom. Mom of three boys, the oldest was 3. He qualified for Pre-K3. However, he had no delays or anything, so she needed day care for all three, and she was on the wait list to get daycare assistance for over a year and nothing was happening.***

PRESCHOOL ENROLLMENT

Figure 2.34 shows the estimated preschool (pre-kindergarten) enrollment in South Bexar and Bexar County. Because the measure looks only at 3- and 4-year-old children, the numbers are small and thus the margins of error are wide, meaning the estimates are uncertain, especially for South Bexar. It appears that the percentage dropped in Bexar County over the period examined, from about 45% to about 39%, but the trend is unclear for South Bexar. It is also unclear whether there was a real difference between South Bexar and Bexar County in any of the time periods measured.

Fig. 2.34 Percent of population 3 to 4 years old enrolled in preschool



Source: ACS 5-Year Estimates. Table: B14003
Prepared by CI:Now for University Health

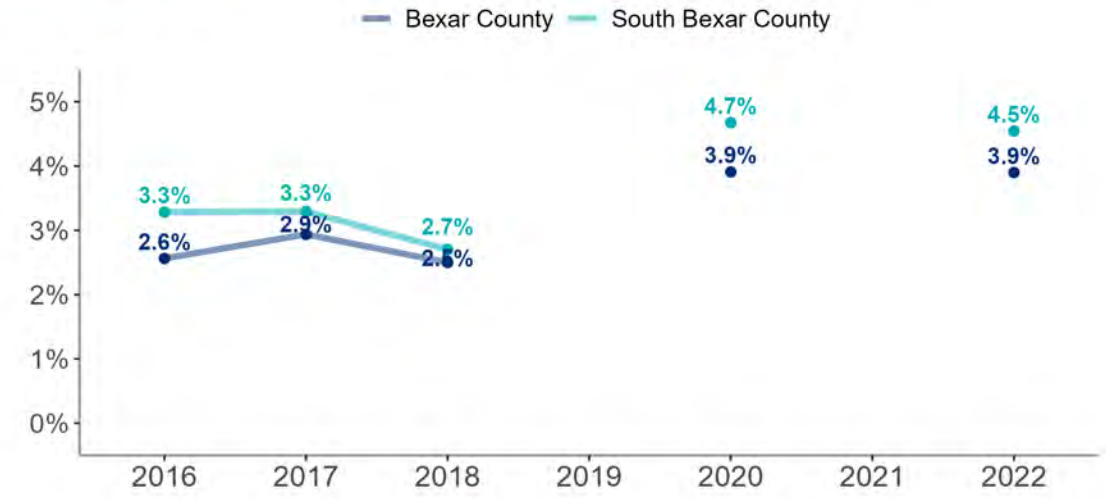
KINDER-READINESS

Several local school districts participate in the United Way of San Antonio and Bexar County-led Early Development Instrument (EDI) kinder-readiness assessment initiative, which generates census tract-level estimates of multiple components of kinder-readiness. The EDI has four domains: Physical Health and Well-being; Social Competence, Emotional Development and Maturity; Language Skills and Cognitive Development; and Communication Skills and General Knowledge. Participation is not required of school districts, and different school districts participate over time.

Nearly 5% of South Bexar kindergartners and 4% of Bexar County kindergartners are identified as "vulnerable" in four or more domains (Figure 2.35), meaning their scores fall in the lowest 10% of the national sample. For an "apples to apples" comparison, the data should not be trended unless the same districts participated each year. For that reason, Figure 2.35 shows disconnected dots for 2020 and 2022 and no dot for 2019 or 2021. A change in the timing of administration of the EDI resulted in skipping 2019, and the COVID-19 pandemic affected data collection in 2021.

The percentage varies by race/ethnicity (Figure 2.36), but that data should be interpreted with caution because of the small numbers of South Bexar kindergartners of any race/ethnicity except Hispanic or Latino, white, or Black or African American. The neighborhoods with the highest percentages of kindergarten students vulnerable on kinder-readiness are scattered across South Bexar (Figure 2.37), but again, that data should be used with caution because the numbers are so small.

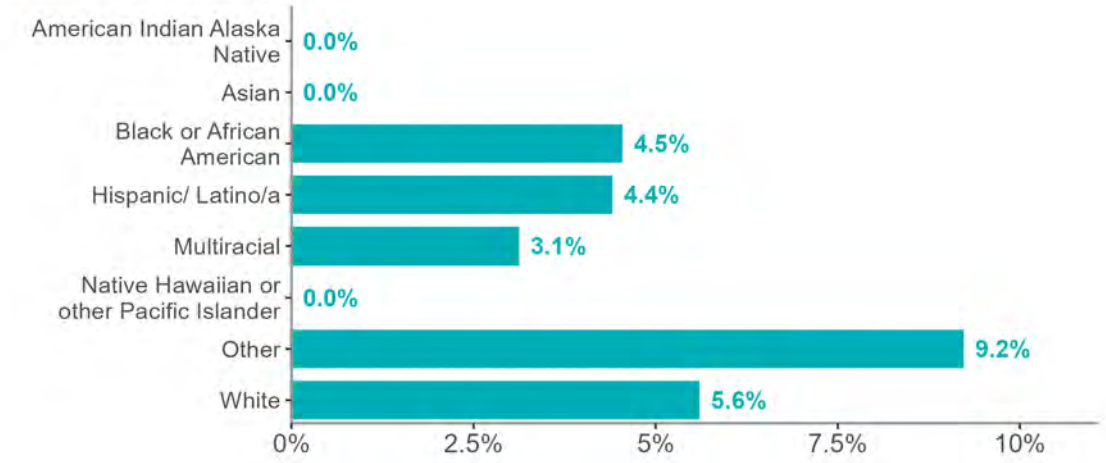
Fig. 2.35 Percent of kindergarteners assessed as vulnerable in 4+ EDI domains



EDI is not available for 2019 or 2021. Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

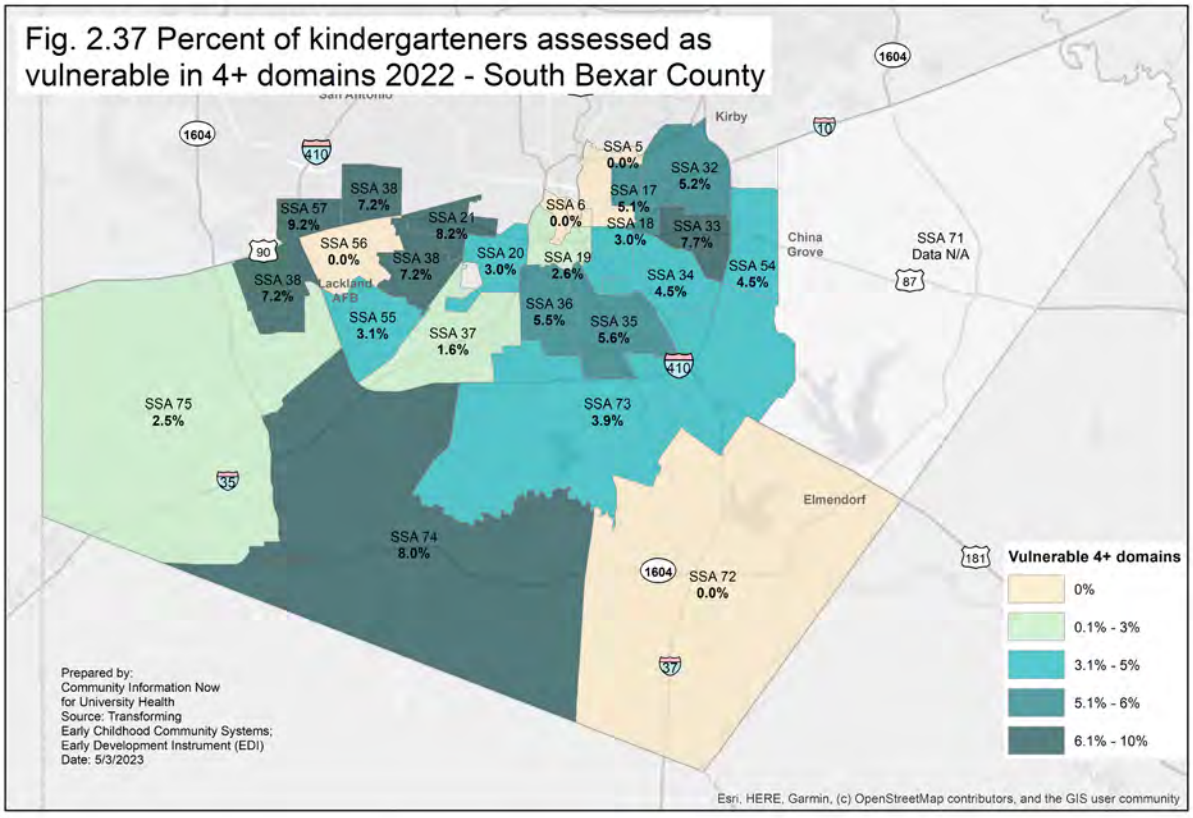
Fig. 2.36 Percent of kindergarteners assessed as vulnerable in 4+ domains by race/ethnicity, 2022

South Bexar County



Domains include physical health and well-being, social competence, emotional maturity, language and cognitive skills, and commuication skills and general knowledge. Not all Bexar County school districts participate in assessment.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

Fig. 2.37 Percent of kindergarteners assessed as vulnerable in 4+ domains 2022 - South Bexar County

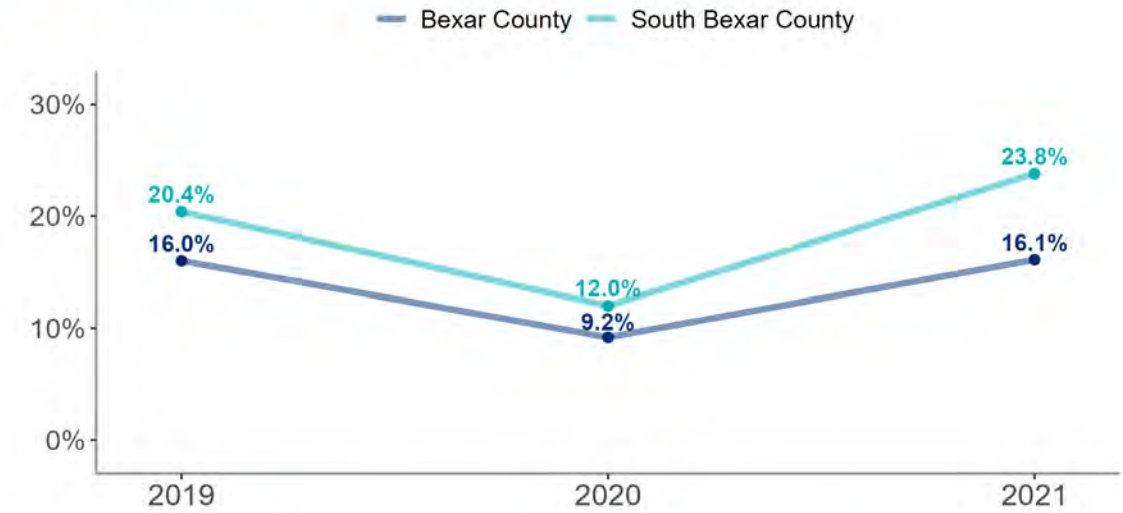


CHRONIC SCHOOL ABSENTEEISM

The data source for the next three charts is the Texas Education Agency, so the measurement period is the school year, a change from the American Community Survey five-year estimates required for many indicators earlier in this report. The year labeled for each data point is the year in which the school year started, so the data point labeled 2020 represents the 2020-2021 school year.

Students are generally considered to be chronically absent if they miss 10% or more of school days. Unfortunately, the Texas Education Agency only recently made this data available, so only three school years can be trended (Figure 2.38). This trend line is greatly affected by the shift from in-person to remote learning during the pandemic, when the concepts of and ways of measuring attendance and absenteeism had to be redefined. Mirroring state and national trends, what is certain is that chronic absenteeism is currently as high or higher than pre-pandemic rates in both South Bexar school districts and Bexar County school districts overall.

Fig. 2.38 Percent of students chronically absent



Each year label represents the year in which the school year started. Chronic absenteeism data is not available prior to the 2019-2020 school year
Source: Texas Education Agency, Texas Academic Performance Reports
Prepared by CI:Now for University Health

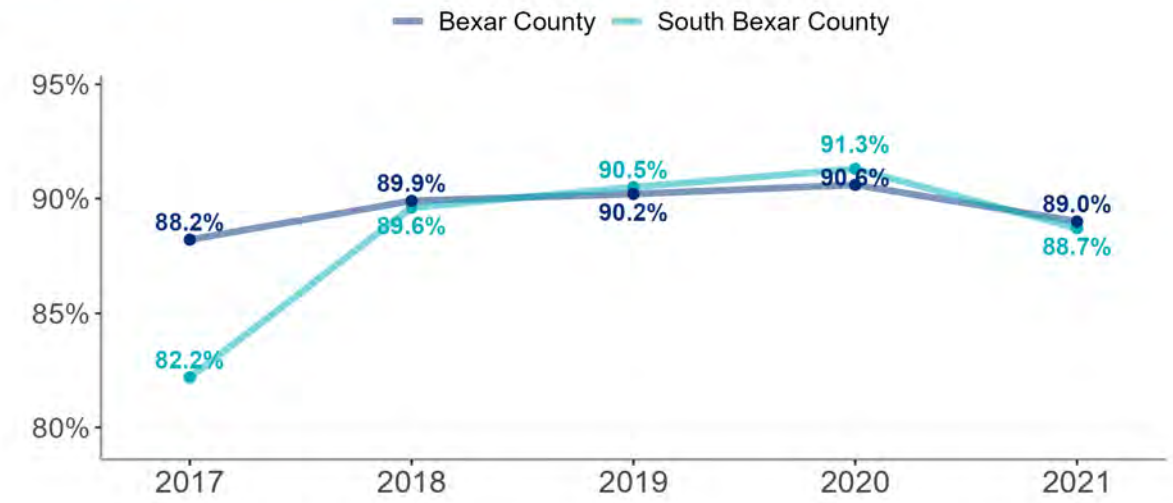
SOUTH BEXAR COUNTY SCHOOL DISTRICTS

Some data used in this report is only available by independent school district (ISD), not ZIP code or census tract. Although other school districts overlap with the South Bexar County area, particularly San Antonio ISD, for purposes of this report South Bexar County includes East Central ISD, Harlandale ISD, Lackland ISD, Somerset ISD, South San Antonio ISD, Southside ISD and Southwest ISD.

HIGH SCHOOL GRADUATION

After successive graduation rate increases in school districts in South Bexar and in Bexar County overall, with particular improvement in South Bexar, the percent of ninth graders who graduated from high school four years later[6] dropped a bit in the 2021-2022 school year (Figure 2.39). South Bexar does not currently appear to be any more affected than Bexar County overall, but there is no question that the effects of the COVID-19 pandemic on learning and attendance are showing up in these trend lines.

Fig. 2.39 Four-year longitudinal graduation rate without exclusions



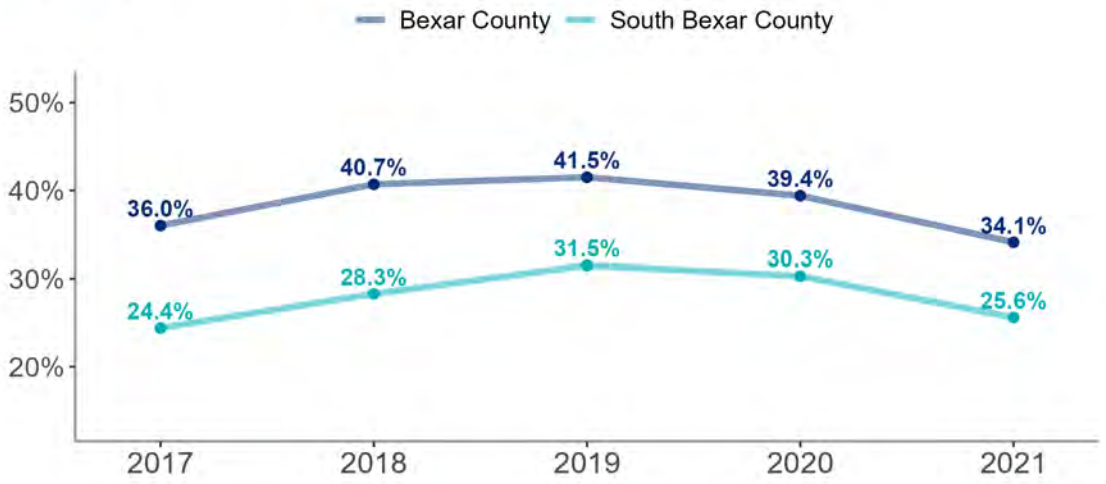
2021 is the 2021-22 school year. The "federal" rate includes all students, without the removal of the student categories excluded from the "state" rate.
Source: Texas Education Agency, Texas Academic Performance Reports
Prepared by CI:Now for University Health

[6]The indicator used here is the graduation rate as defined by the federal government, rather than the rate commonly used by the State of Texas, which excludes certain groups of students from the denominator, resulting in higher rates. The Texas Education Agency's glossary available at **https://rptsvr1.tea.texas.gov/perfreport/tapr/2022/glossary.pdf** offers a good explanation of differences in the two graduation rates.

COLLEGE-READINESS

Another education indicator affected by the pandemic is the percent of high school graduates testing college-ready in English and math (Figure 2.40). That percentage has consistently been substantially higher among Bexar County graduates compared to South Bexar graduates, but the gap appears to be narrowing. Unfortunately, steady gains in school years 2017-2018 through 2019-2020 were reversed in school years 2020-2021 and 2021-2022.

Fig. 2.40 Percent of graduates testing college-ready in English and math



Each year label represents the year in which the school year started, so for example 2021 is the 2021-22 school year.
Source: Texas Education Agency, Texas Academic Performance Reports
Prepared by CI:Now for University Health

EDUCATIONAL ATTAINMENT

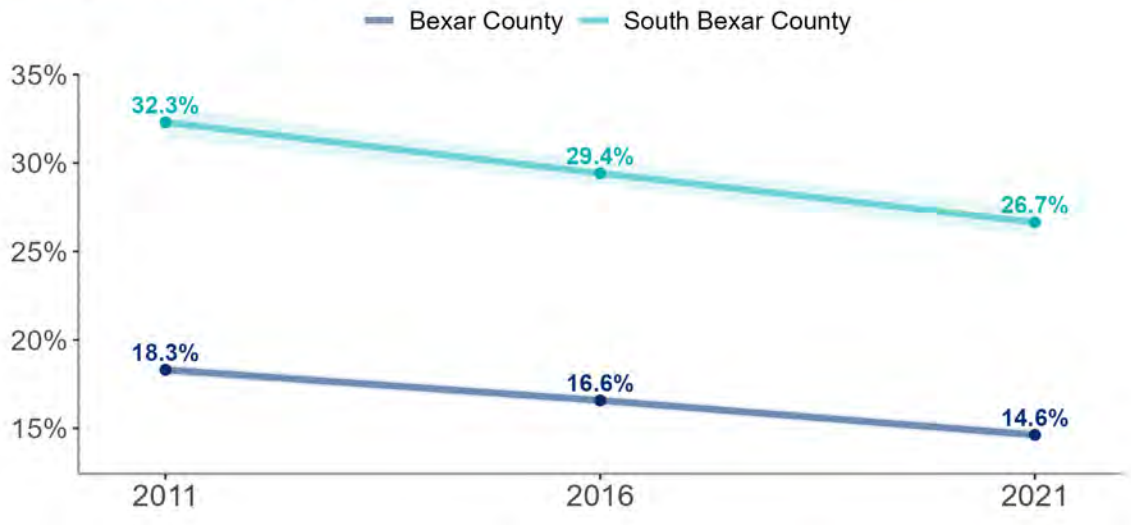
At 27%, the percent of South Bexar population aged 25 and older with less than a high school diploma or equivalent is nearly twice as high as in Bexar County (Figure 2.41). Conversely, the Bexar County percentage of population with a bachelor's degree or higher is 2.5 times as high as the percentage in South Bexar (Figure 2.42). Notably, both Bexar County and South Bexar improved over time on both measures.

Participants were interested in more opportunities to further their education, including taking stand-alone business courses or enrolling in college. For example, Speakers A and B in the Miracle Center Focus Group described how they enjoy the community service fairs because they offer information on furthering education.

Speaker A: ***They do all that. Like if you want to go to school and continue your education yeah all of that. If you want to get your next degree or something, you know?***

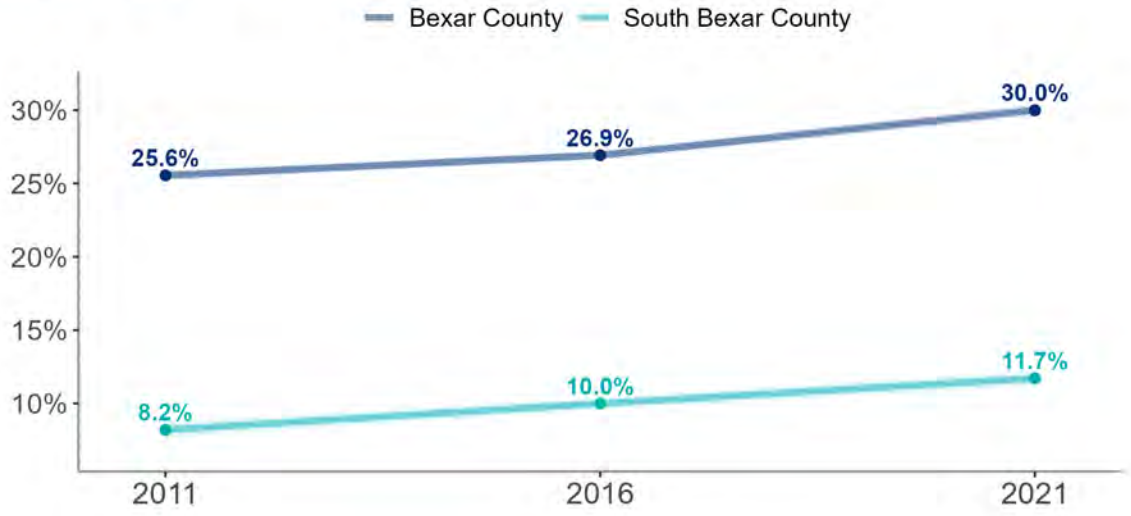
Speaker B: ***They take care of you and really think about how we feel, you know?***

Fig. 2.41 Percent of population 25 or older with less than a high school diploma or GED



Source: ACS 5-Year Estimates. Table: B15002
Prepared by CI:Now for University Health

Fig. 2.42 Percent of population 25 or older with a Bachelor's degree or higher



Source: ACS 5-Year Estimates. Table: B15002
Prepared by CI:Now for University Health

NEIGHBORHOOD AND BUILT ENVIRONMENT

WALKABILITY

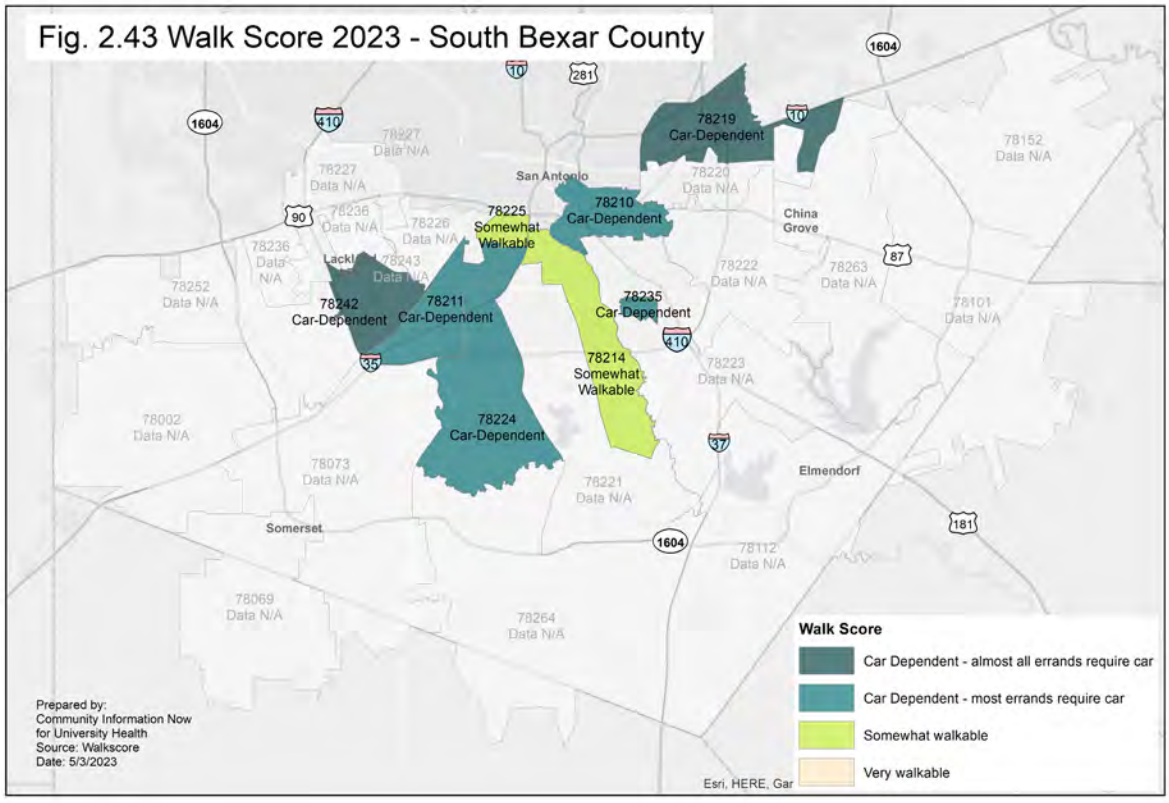
Walk Score calculates scores ranging from 0 to 100 for cities, towns and neighborhoods. A higher score indicates greater ease of using walking routes to reach amenities like grocery stores, retail, restaurants, schools and parks. Low or no Walk Scores should not be taken to indicate that an area has few or no good places to walk; it only addresses the ability to do daily errands by walking.

A Walk Score has been calculated for only a few portions of South Bexar, but Figure 2.43 below shows the designation for those ZIP codes that do have a score. Most are considered completely or entirely car-dependent. San Antonio overall has a Walk Score of 37, also indicating a car-dependent area. Bexar County as a whole has not been assigned a Walk Score.

Parking, location of services and wait times were prominent factors that affected participants' experiences with transportation to health services. It costs participants' time and money to arrange transportation, so it would be more convenient if free parking were available, if the health services were located near them and if they did not have to wait long once they were there.

"In addition to distance and transportation and accessibility making sure that there are bus stops or drop off points close to buildings and not just the campus."

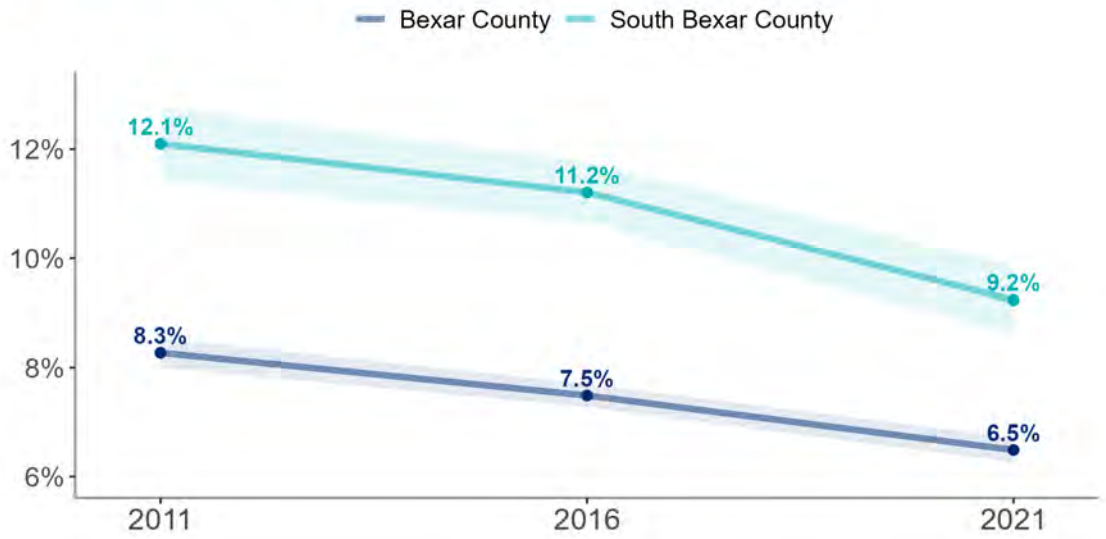
– Speaker B in the Texas A&M University-San Antonio Focus Group



VEHICLE AVAILABILITY

The percent of occupied housing units with no vehicle available has decreased somewhat in both South Bexar and Bexar County overall over the time period examined (Figure 2.44). The percentage of renter households without a vehicle is nearly four times the percentage among owner households (Figure 2.45). Figures 2.46 and 2.47 overlay VIA Metropolitan Transit bus stop locations on maps of the percent of owner and renter households with no vehicle available.

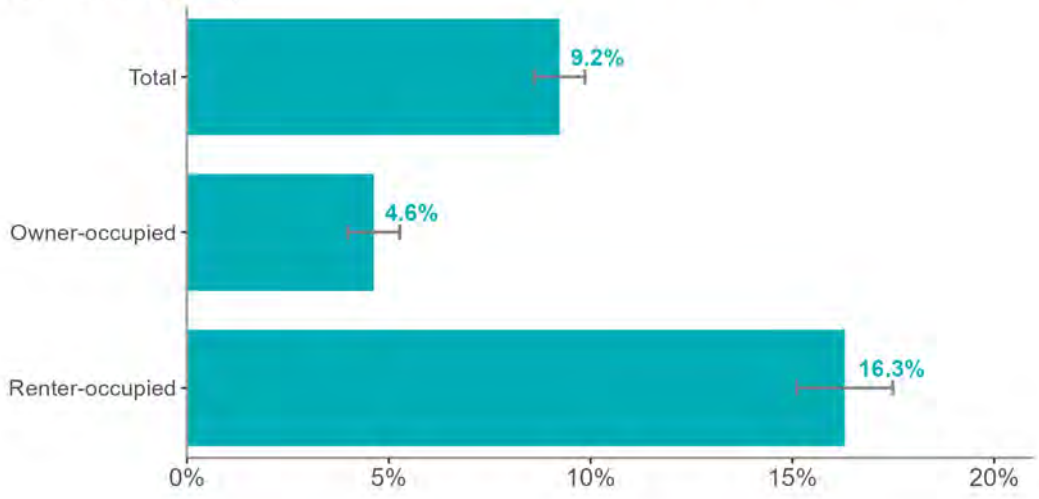
Fig. 2.44 Percent of occupied housing units without a vehicle



Source: ACS 5-Year Estimates. Table: B25044
Prepared by CI:Now for University Health

Fig. 2.45 Percent of households without a vehicle by tenure, 2021

South Bexar County



Source: ACS 5-Year Estimates. Table: B25044
Prepared by CI:Now for University Health

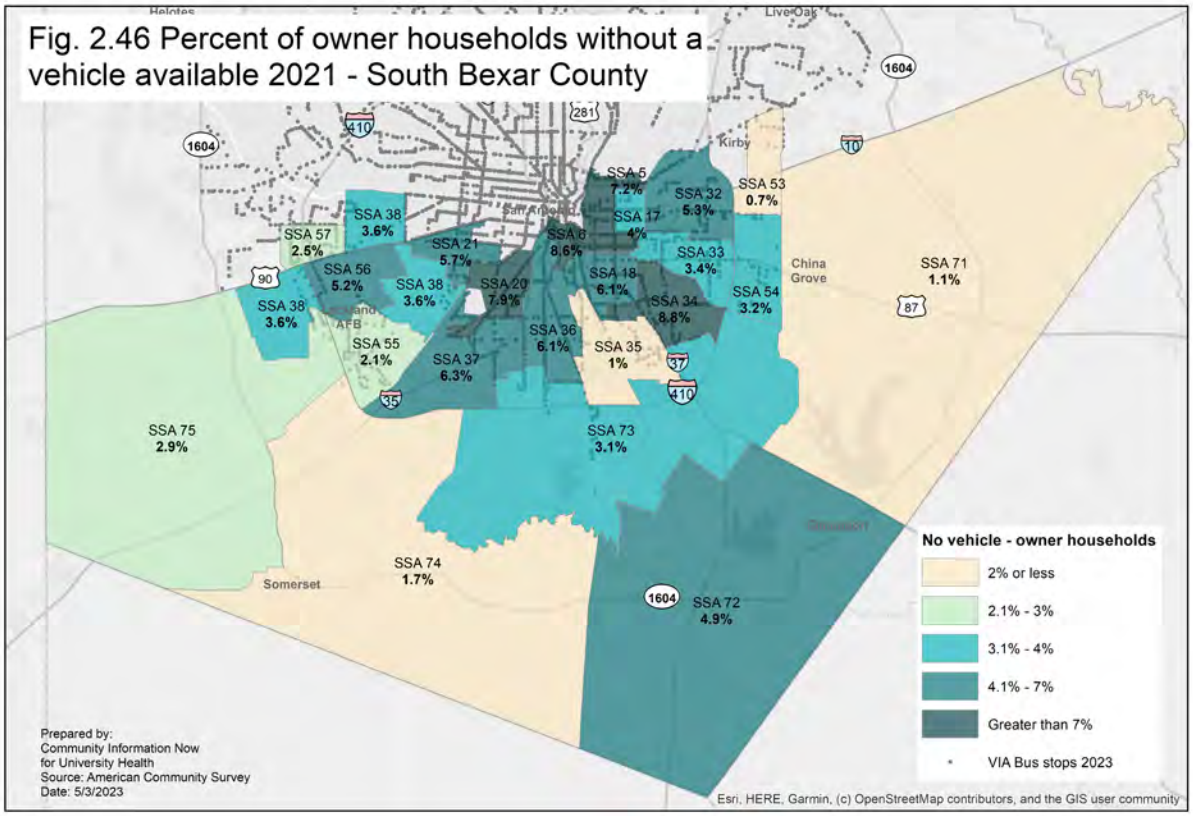


Fig. 2.46 Percent of owner households without a vehicle available 2021 - South Bexar County
Helotes
Live Oak
Kirby
China Grove
Somerset
Lackland AFB
SSA 5 7.2%
SSA 32 5.3%
SSA 53 0.7%
SSA 38 3.6%
SSA 57 2.5%
SSA 17 4%
SSA 6 8.6%
SSA 21 5.7%
SSA 33 3.4%
SSA 56 5.2%
SSA 38 3.6%
SSA 20 7.9%
SSA 18 6.1%
SSA 54 3.2%
SSA 71 1.1%
SSA 38 3.6%
SSA 34 8.8%
SSA 36 6.1%
SSA 55 2.1%
SSA 35 1%
SSA 37 6.3%
SSA 75 2.9%
SSA 73 3.1%
SSA 74 1.7%
SSA 72 4.9%
No vehicle - owner households
2% or less
2.1% - 3%
3.1% - 4%
4.1% - 7%
Greater than 7%
VIA Bus stops 2023
Prepared by:
Community Information Now
for University Health
Source: American Community Survey
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

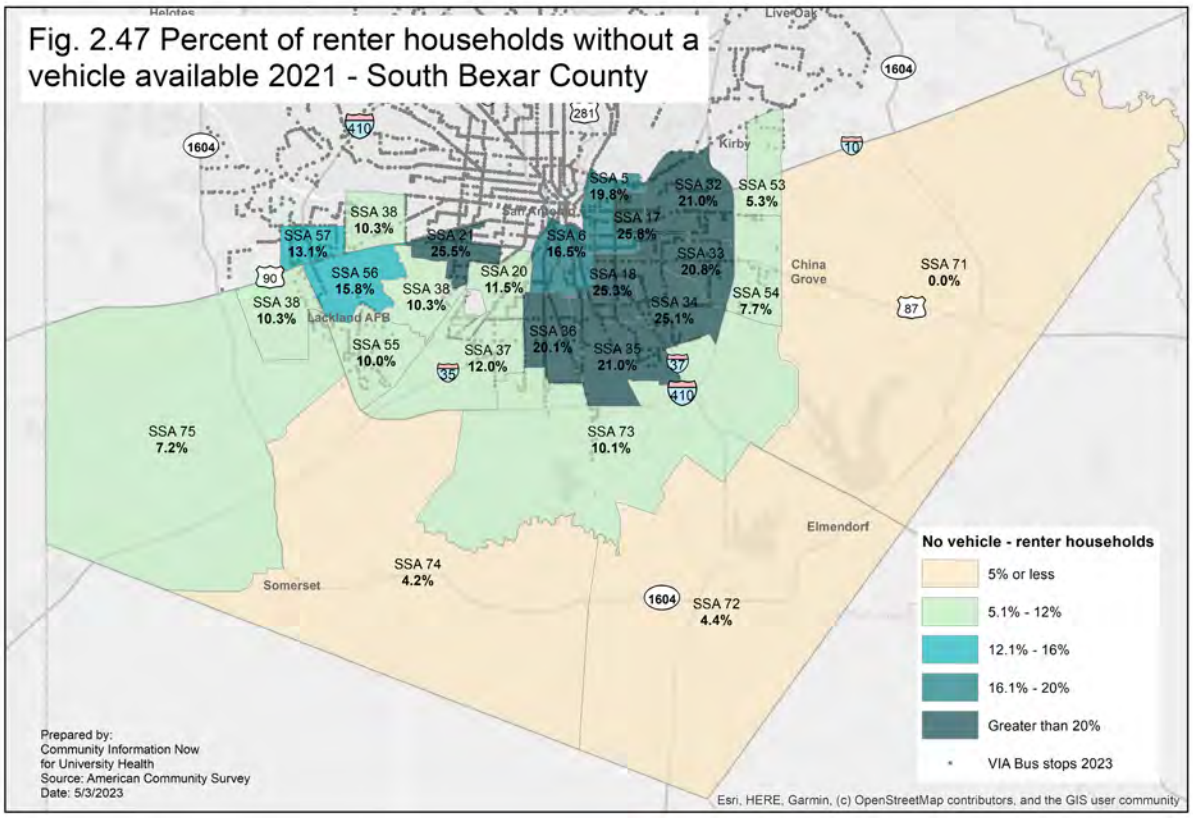


Fig. 2.47 Percent of renter households without a vehicle available 2021 - South Bexar County
Helotes
Live Oak
Kirby
China Grove
Elmendorf
Somerset
Lackland AFB
SSA 5 19.8%
SSA 32 21.0%
SSA 53 5.3%
SSA 38 10.3%
SSA 57 13.1%
SSA 17 25.8%
SSA 6 16.5%
SSA 21 25.5%
SSA 33 20.8%
SSA 56 15.8%
SSA 20 11.5%
SSA 38 10.3%
SSA 18 25.3%
SSA 54 7.7%
SSA 71 0.0%
SSA 38 10.3%
SSA 34 25.1%
SSA 36 20.1%
SSA 55 10.0%
SSA 37 12.0%
SSA 35 21.0%
SSA 75 7.2%
SSA 73 10.1%
SSA 74 4.2%
SSA 72 4.4%
No vehicle - renter households
5% or less
5.1% - 12%
12.1% - 16%
16.1% - 20%
Greater than 20%
VIA Bus stops 2023
Prepared by:
Community Information Now
for University Health
Source: American Community Survey
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

INTERNET ACCESS

About 77% of South Bexar households have a computing device and broadband internet subscription, as compared to 86% of all Bexar County households. Although rural and semi-rural areas generally have lower digital access than urban areas, Figure 2.48 shows that the lowest percentages of households with a computer and broadband are found inside Loop 410.

There were mixed reviews of telehealth services by participants. Some felt it was beneficial and convenient, and some felt as though technology could be a barrier to older patients. The general consensus was that participants would like to be given the option for telehealth, but they don't want telehealth to be their only option, especially for those who are taking care of elderly relatives.

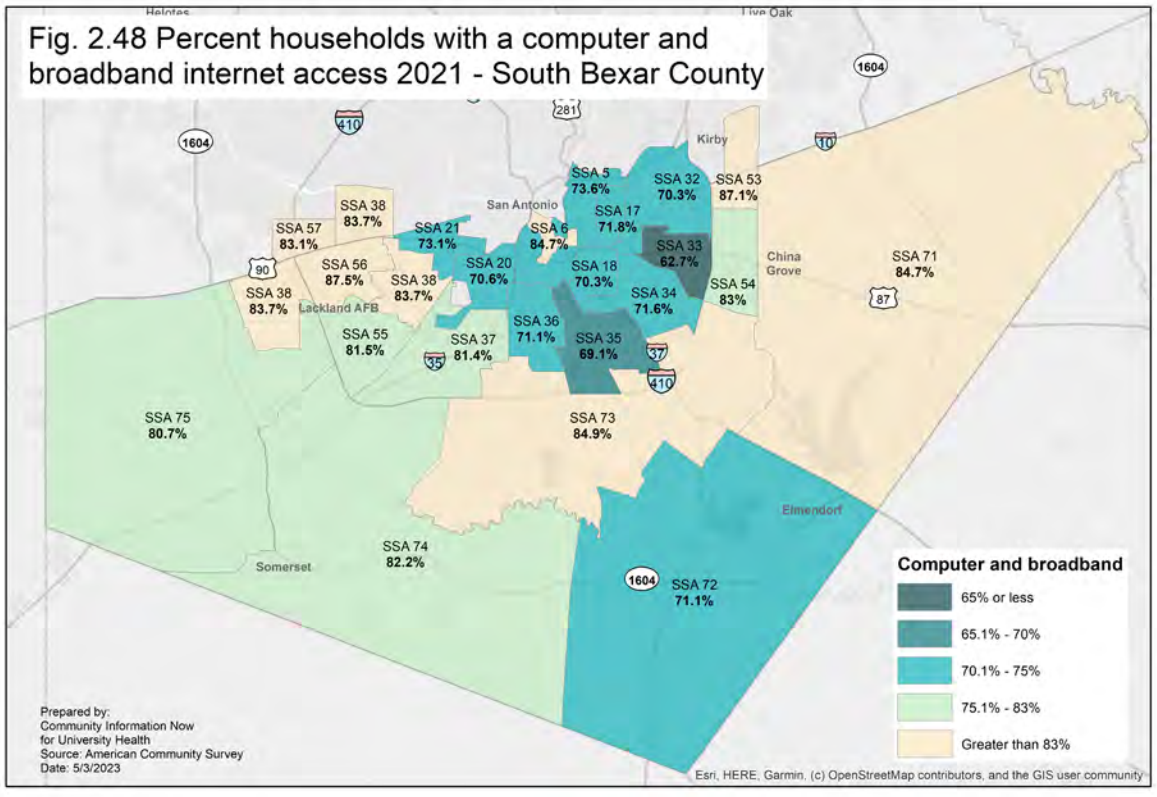
Speaker D in the Family Service Focus Group: ***You know, they started with COVID the whole telehealth thing. And I think that's kind of cool.***

Moderator: ***Did you ever use it?***

Speaker D: ***I've used it a couple of times.***

Speaker B: ***I didn't. But, I was tempted to because of the information and stuff that we can get and know from there. But no, I didn't get that far. Then I'm not too upgraded with my, you know, technology, but I'm learning.***

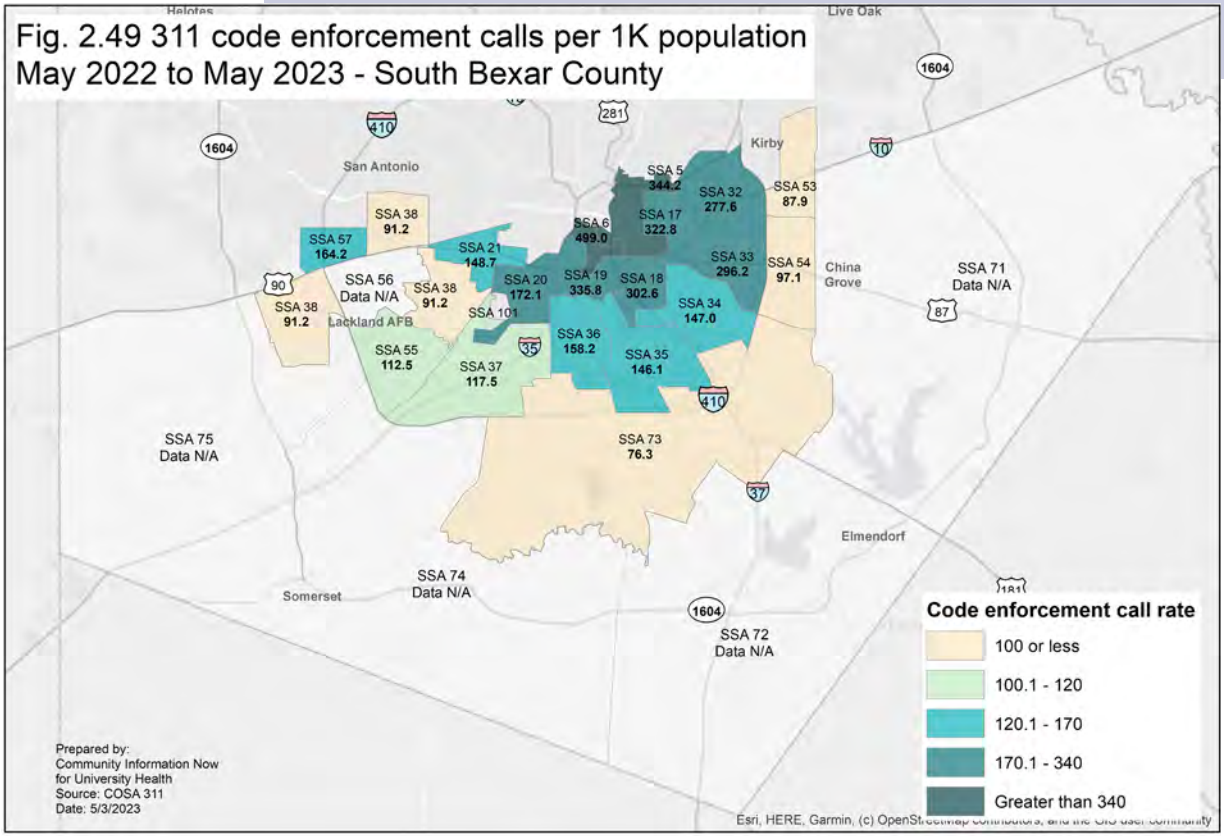
Speaker D: ***That's the other thing too, also having somebody that can assist them through the process. I think people are too impatient to help people that don't know how to get their computer systems.***



MUNICIPAL CODE ENFORCEMENT CALLS

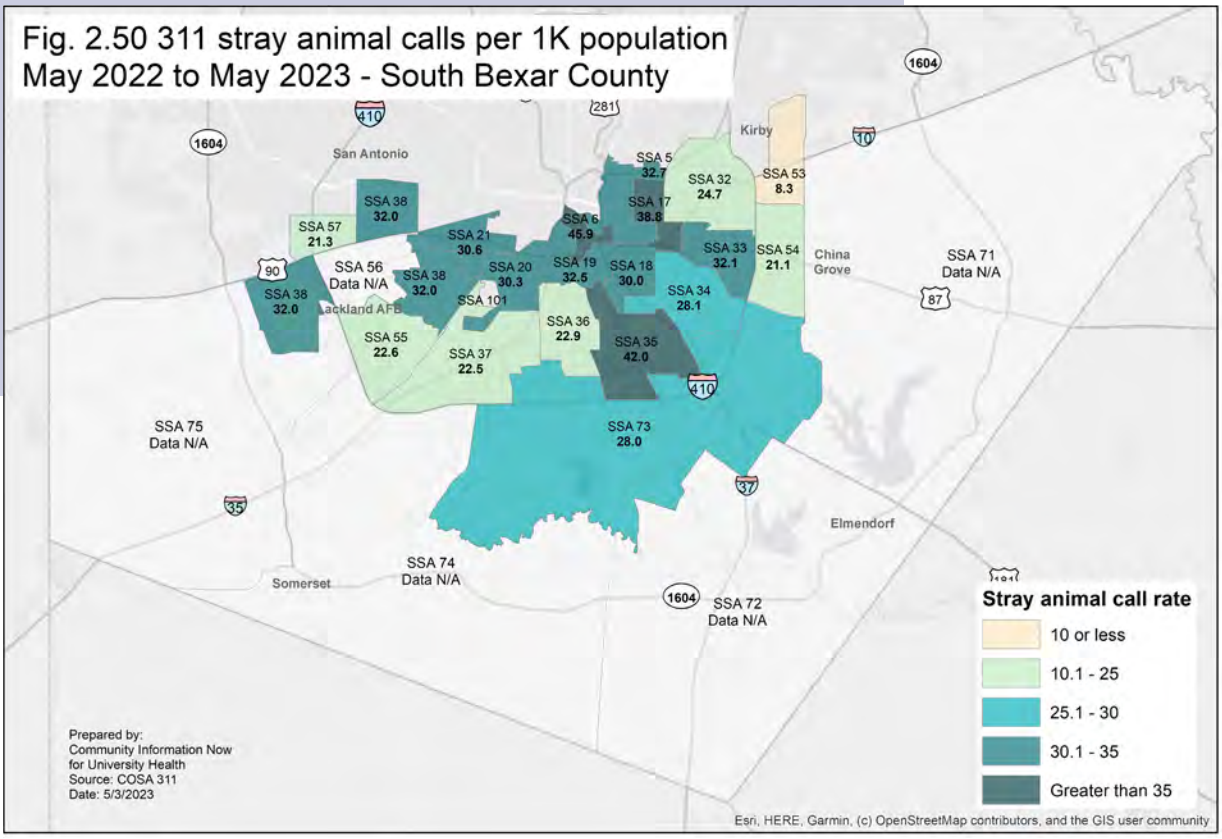
Calls to the City of San Antonio's 311 line for code enforcement issues can be a useful indicator of neighborhood issues and quality of life, although it is important to note that the measure is number of calls rather than number of problems. One person could make 20 calls about a single property on their block, and that issue would have the same "weight" in the dataset as 20 different people calling about a single property. As the city makes only the most recent year of data available, the following two measures cannot be trended. Because the dataset is only for the City of San Antonio, no data is available for other municipalities or unincorporated areas of the county.

Figure 2.49 shows that the number of calls per 1,000 population in the 12 months ending in May 2023, with the highest call rates immediately south and east of downtown. The most common issues for calls made in South Bexar were "Overgrown Yard/Trash" (30% of calls), "Illegal Parking (Front-Side Yard Parking)" (11%), "Overgrown Yard/Trash (Alley Way Maintenance)" (8%), "Vacant/Overgrown Property" (6%) and "Graffiti (Private Property)" (5%).



STRAY ANIMAL CALLS

Figure 2.50 focuses on 311 calls about free-roaming animals, most commonly dogs. The highest call rates are south and east of downtown and along the South Presa Street corridor. Animal abuse and neglect-related calls are counted separately and are not shown here. Again, the 311 dataset covers only the City of San Antonio.



PROPERTY CRIME

The pandemic years saw major changes in many criminal justice-related indicators. Violent crime overall, homicide and manslaughter, family violence and child abuse and neglect are addressed later in the Health Conditions section; property crime and juvenile probation referrals are addressed here.

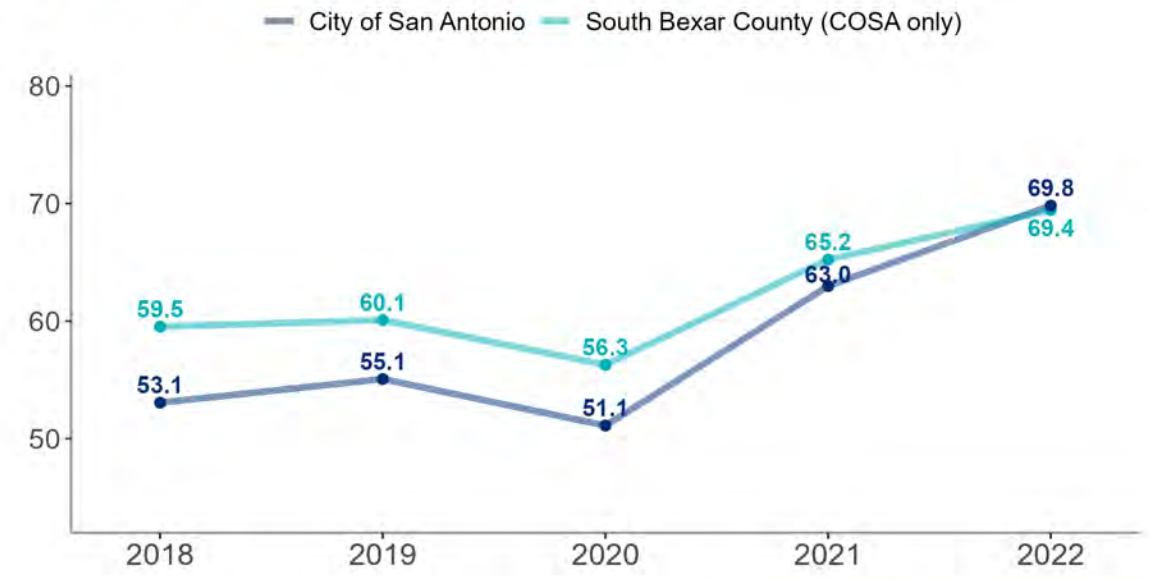
After several years without dramatic changes, the City of San Antonio's property crime rate jumped 23% in 2021 and another 11% in 2022 (Figure 2.51). The uptick was not as large in the portion of the city that falls in the South Bexar area. In 2021 and 2022 the property crime rate increased 16% and 6%, respectively. As a result, after being about 10% lower through 2020, by 2022 the city-wide property crime rate had slightly exceeded the rate for the portion of the city that falls in the South Bexar area. Looking just at South Bexar, the highest property crime rates were just south of downtown and along the South Presa Street corridor (Figure 2.52).

For many participants, safety was an important part of living a healthy life. They desire neighborhoods that have less crime, are supported by local authorities, protect children and have more opportunities for comradery.

"Security for one. There's a lot of things broken into, like the senior citizen living facility got broken into a lot; We just recently had some cars broken into. We just recently had some cars being shot at and bullet holes in them. The most recent is our mail station has been broken into. So, I don't consider that too safe... And we're trying to figure out how we can get security in that area, and how we can keep our seniors safe, and their senior living facility."

– Speaker H in the Carver Library Focus Group

Fig. 2.51 Property crime rate per 1K population



Source: San Antonio Police Department
Prepared by CI:Now for University Health

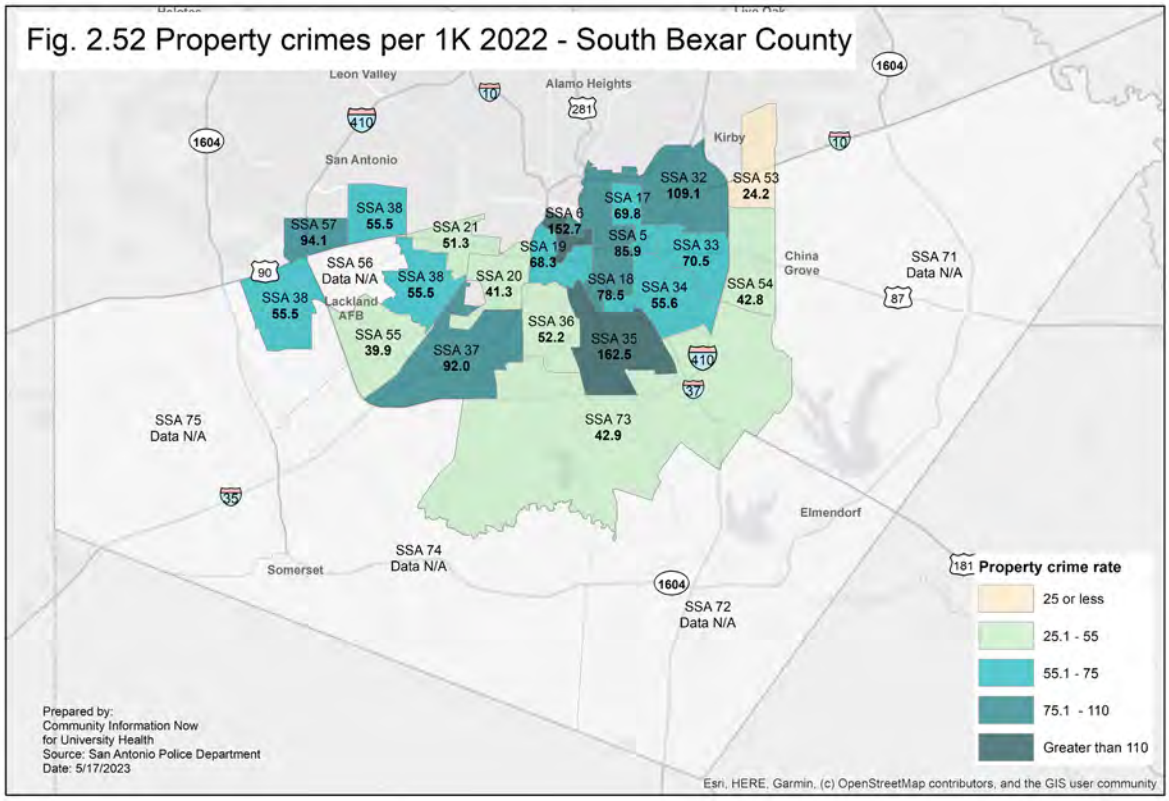


Fig. 2.52 Property crimes per 1K 2022 - South Bexar County
Leon Valley
Alamo Heights
Kirby
San Antonio
SSA 38 55.5
SSA 57 94.1
SSA 21 51.3
SSA 6 152.7
SSA 17 69.8
SSA 32 109.1
SSA 53 24.2
SSA 19 68.3
SSA 5 85.9
SSA 33 70.5
SSA 56 Data N/A
SSA 38 55.5
SSA 20 41.3
SSA 18 78.5
SSA 34 55.6
SSA 54 42.8
China Grove
SSA 71 Data N/A
SSA 38 55.5
Lackland AFB
SSA 55 39.9
SSA 37 92.0
SSA 36 52.2
SSA 35 162.5
SSA 75 Data N/A
SSA 73 42.9
Elmendorf
Somerset
SSA 74 Data N/A
SSA 72 Data N/A
Property crime rate
25 or less
25.1 - 55
55.1 - 75
75.1 - 110
Greater than 110
Prepared by:
Community Information Now
for University Health
Source: San Antonio Police Department
Date: 5/17/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

JUVENILE PROBATION REFERRALS

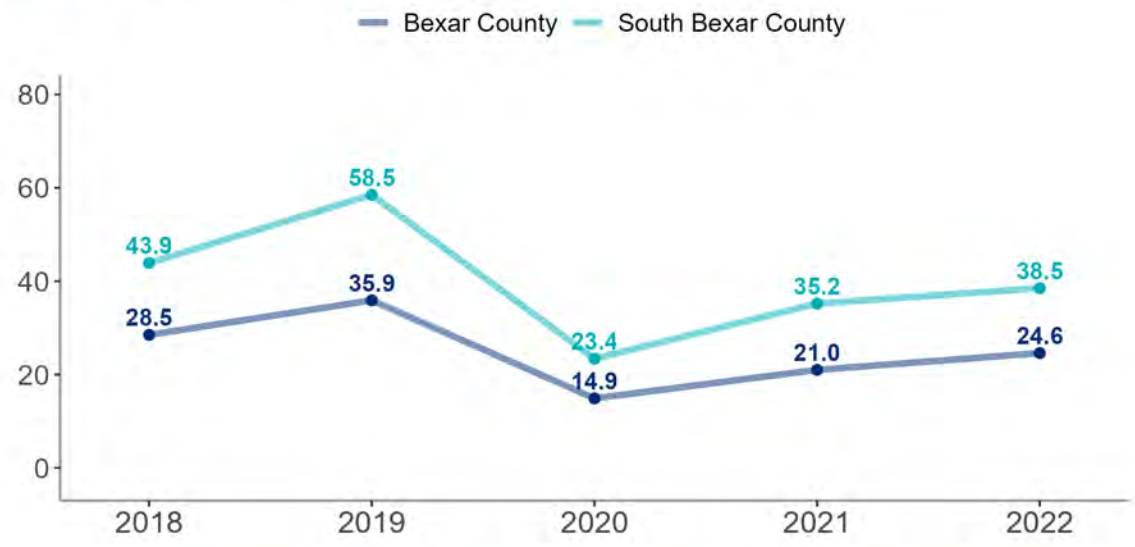
Trends in the juvenile probation referral rate (Figure 2.53) that include the pandemic years are tricky to interpret because most referrals are made by school personnel. When schools shifted to remote learning, disciplinary issues changed in both number and nature, which caused a steep drop in referrals in the calendar year 2020. The reasons for the 2019 uptick, however, are not known. By 2022 the rate had increased near 2018 levels. Although the disparity varied quite a bit by year, the juvenile probation referral rate was consistently higher in South Bexar than in Bexar County overall. Within South Bexar County (Figure 2.54), the referral rate is highest among white youth and lowest among Hispanic youth.

Often, adolescent behavioral disruptions can be due to a mental health need. While disciplinary juvenile facilities are one way to respond to these behaviors, mental health care can help address the root cause. Participants expressed a desire for more mental health services for youth and adults.

"I think the lack of enough facilities that offer youth mental health [is a problem]. I normally refer parents to Clarity Child Guidance Center or I try not to refer them to [redacted mental health facility] because I feel like they don't do enough sometimes. However, there's three mental institutions here in San Antonio that service youth... In order to get your child in there, it's tedious and a lot of these parents don't know, and they get turned away and their children are in crisis. So maybe having something in our area. A facility that treats children that provides mental health assessments for children, and similar to Clarity Child Guidance, that would be phenomenal. The need is there."

– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group

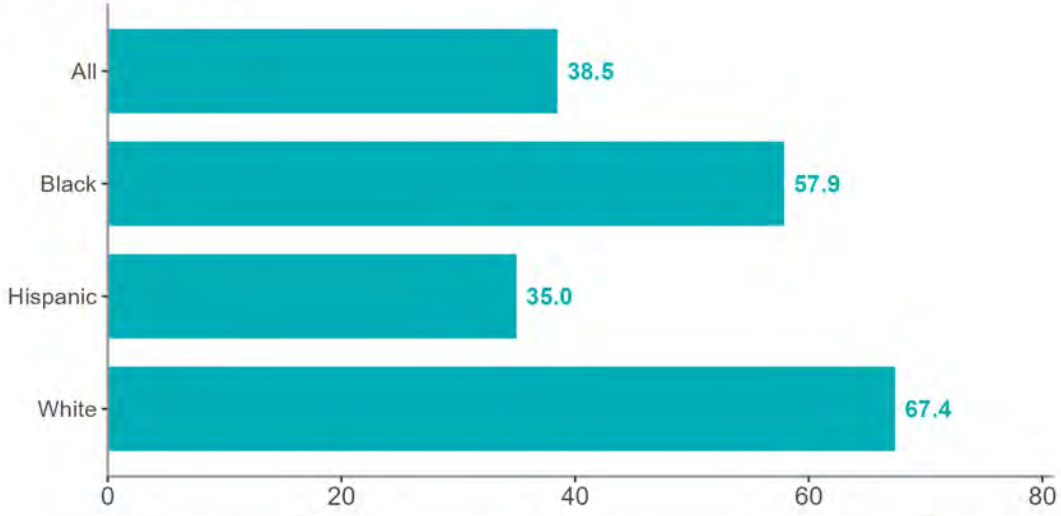
Fig. 2.53 Juvenile probation referral rate per 10K population aged 12-17



Source: Bexar County Juvenile Probation Department; ACS 5-Year Estimates. Table: B17001
Prepared by CI:Now for University Health

Fig. 2.54 Juvenile probation referral rate per 10K population aged 12-17 by race/ethnicity, 2022

South Bexar County



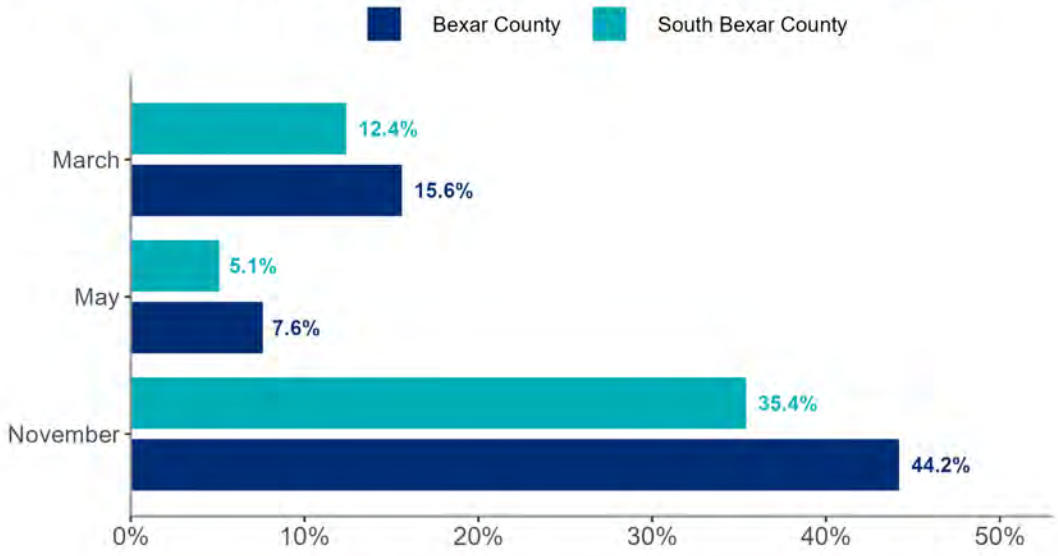
Source: Bexar County Juvenile Probation Department; ACS 5-Year Estimates. Table: B17001 B/H/I
Prepared by CI:Now for University Health

SOCIAL AND COMMUNITY CONTEXT

VOTER TURNOUT

Voter turnout is an important measure of civic engagement, especially for elections without a U.S. presidential race on the ballot. Figure 2.55 shows voter turnout for three elections in 2022: the Joint Primary Election (March); the Joint Amendment, General, Special, Charter and Bond Election (May); and the mid-term General Election (November). In every election, turnout in South Bexar was 67% to 80% lower than turnout in Bexar County overall. That turnout is a measure of the proportion of registered voters who cast a ballot and does not speak to the proportion of eligible voters who are registered.

Fig. 2.55 Percent of registered voters who voted in elections, 2022



All 2022 turnout figures are a percentage of Feb. 2023 registered voter total
Source: Bexar County Elections
Prepared by CI:Now for University Health

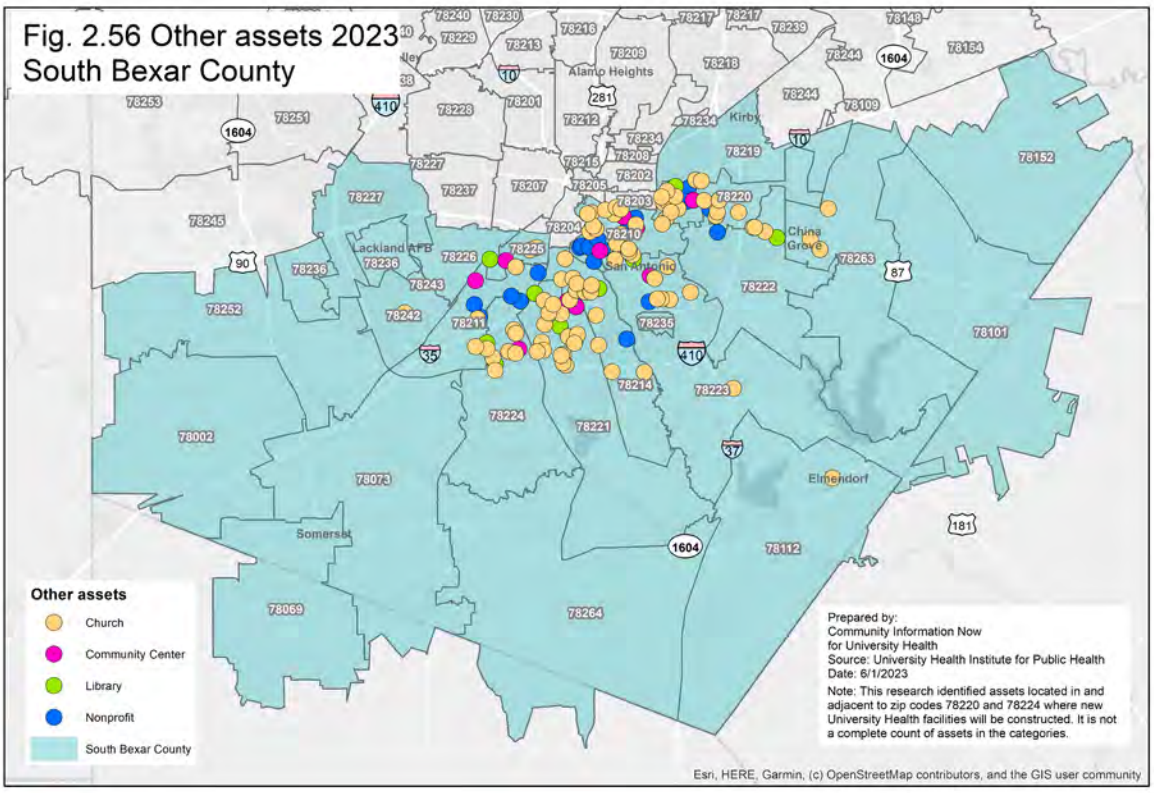
COMMUNITY ASSETS

As noted earlier in this report, the University Health Institute for Public Health gathered information on an array of different assets and resources in neighborhoods near likely sites for new University Health facilities. The inventory was not intended to be exhaustive, but Figure 2.56 shows the locations of many libraries, nonprofit organizations, community centers and churches across South Bexar.

Participants were receptive of many forms of communication. However, the best forms for community outreach were health fairs, pop-up events and training and informational seminars. There was a strong desire for in-person community involvement. Some of the resources already utilized by participants included the public library, food pantries and school events.

"I rely on a lot of resources also, with the city of San Antonio Metro Health, and they're always out doing outreach, they have resource fairs. So, they always have things going on. And, they do that to keep the public engaged and aware of medical [resources] - where's help for medical, for your pets, because pets are important too. I rely a lot on their information on their website."

– Speaker C in the Family Service Focus Group



HEALTH CARE ACCESS AND QUALITY

HEALTH INSURANCE

About 21% of the South Bexar population is without health insurance, as compared to 16% in Bexar County overall (Figure 2.57). Employer-based coverage is the most common source of coverage, accounting for 32% of all population and 41% among those who do have health insurance, followed by Medicaid.

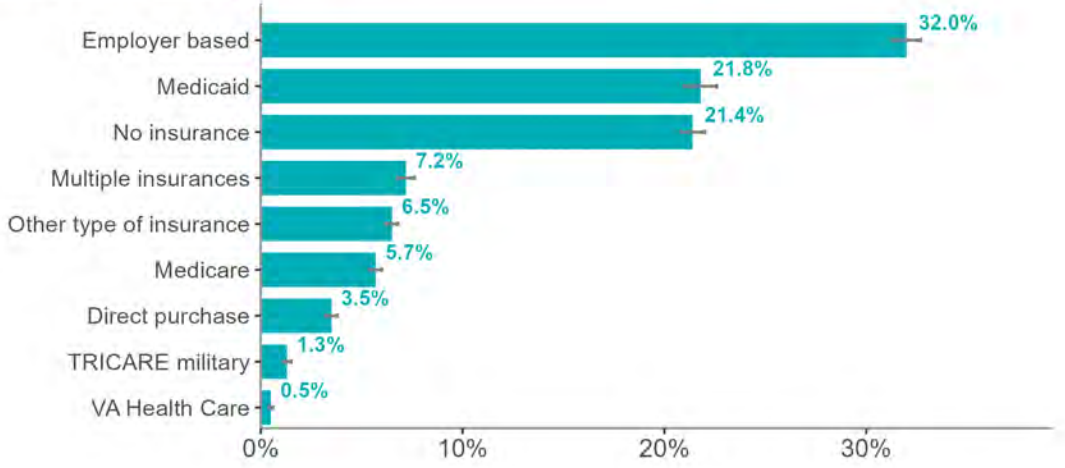
Difficulties with health care costs often overlapped with varying experiences with health insurance. For many participants, it was already a strain to pay the additional health care costs that were not covered by their health insurance, and this was worsened by the uncertainty of whether their health insurance would be accepted at all.

"I would say more clinics and more variety of what plans they take, because you can be with one doctor and then all of a sudden, this is your last visit because [the health insurance is no longer accepted]. That happened to me and I was very upset because I'm asthmatic. I need medicine. I have high blood pressure; I need my medications, and I was left out in the cold with nowhere to go. And, to look you have to research yourself and find somewhere else to go that accepts your plan. It's difficult."

– Speaker C in the Family Service Focus Group

Fig. 2.57 Percent of civilian, non-institutionalized population insured by type of insurance, 2021

South Bexar County

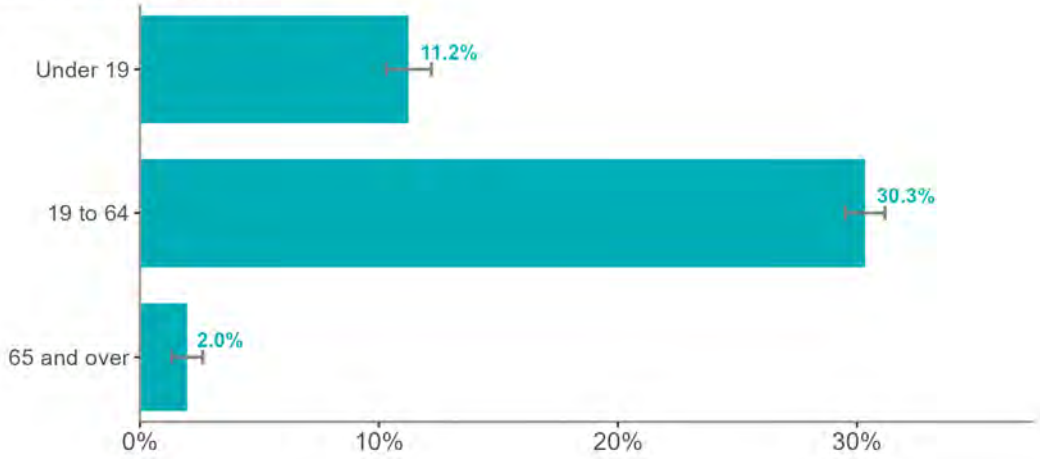


Source: ACS 5-Year Estimates. Table: B27010
Prepared by CI:Now for University Health

The percent of South Bexar population that is uninsured varies greatly by age group (Figure 2.58), with the highest rate (30%) in the 19 to 64 age group that is largely ineligible for either Medicaid/Children's Health Insurance Plan (CHIP) or Medicare, and more than 1 in 10 South Bexar children are uninsured. Wide margins of error make differences among race/ethnicity groups hard to determine (Figure 2.59), but it is clear that a larger proportion of South Bexar residents identifying as Hispanic or as Two or more races are uninsured compared to those identifying as Black or African American or white.

Fig. 2.58 Percent of civilian, non-institutionalized population uninsured by age group, 2021

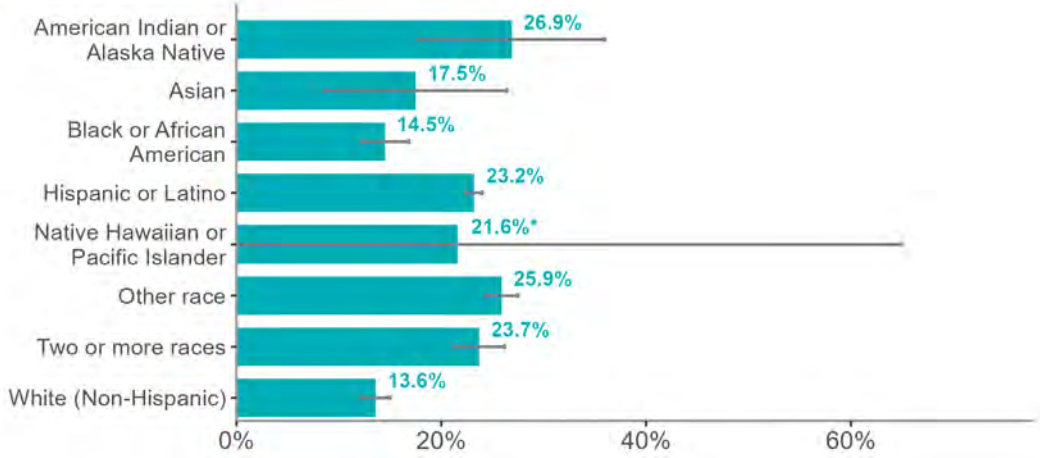
South Bexar County



Source: ACS 5-Year Estimates. Table: B27001
Prepared by CI:Now for University Health

Fig. 2.59 Percent of civilian, non-institutionalized population uninsured by race/ethnicity, 2021

South Bexar County



*Unreliable: Error is too large relative to estimate
Source: ACS 5-Year Estimates. Table: C27001 B-I
Prepared by CI:Now for University Health

HEALTH CARE PROVIDERS AND FACILITIES

The next several images from the American Medical Association Workforce Explorer show the geographic distribution of primary and midlevel medical care providers (Figures 2.60 and 2.61), OB/GYNs and midwives (Figure 2.62) and physician mental health care providers (Figure 2.63). Health care providers in every category are concentrated in the northern half of Bexar County and are much scarcer in South Bexar.

Almost all participants expressed a need for more health care services in South Bexar County.

"I think far South Bexar County is another area that I think is definitely a health desert."

– Speaker C in the Texas A&M University-San Antonio Focus Group

"Accessible medical care in the community. We have excellent medical facilities. Unfortunately, they're all in the North Side, Northwest side, far north San Antonio, Northeast San Antonio. Nothing in the South Side, Southeast, and what we do have is overcrowded or populated. Long wait, long lines, not accessible to everybody."

– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group

Fig. 2.60 Geographic distribution of primary medical care providers, May 2023
Bexar County, Texas

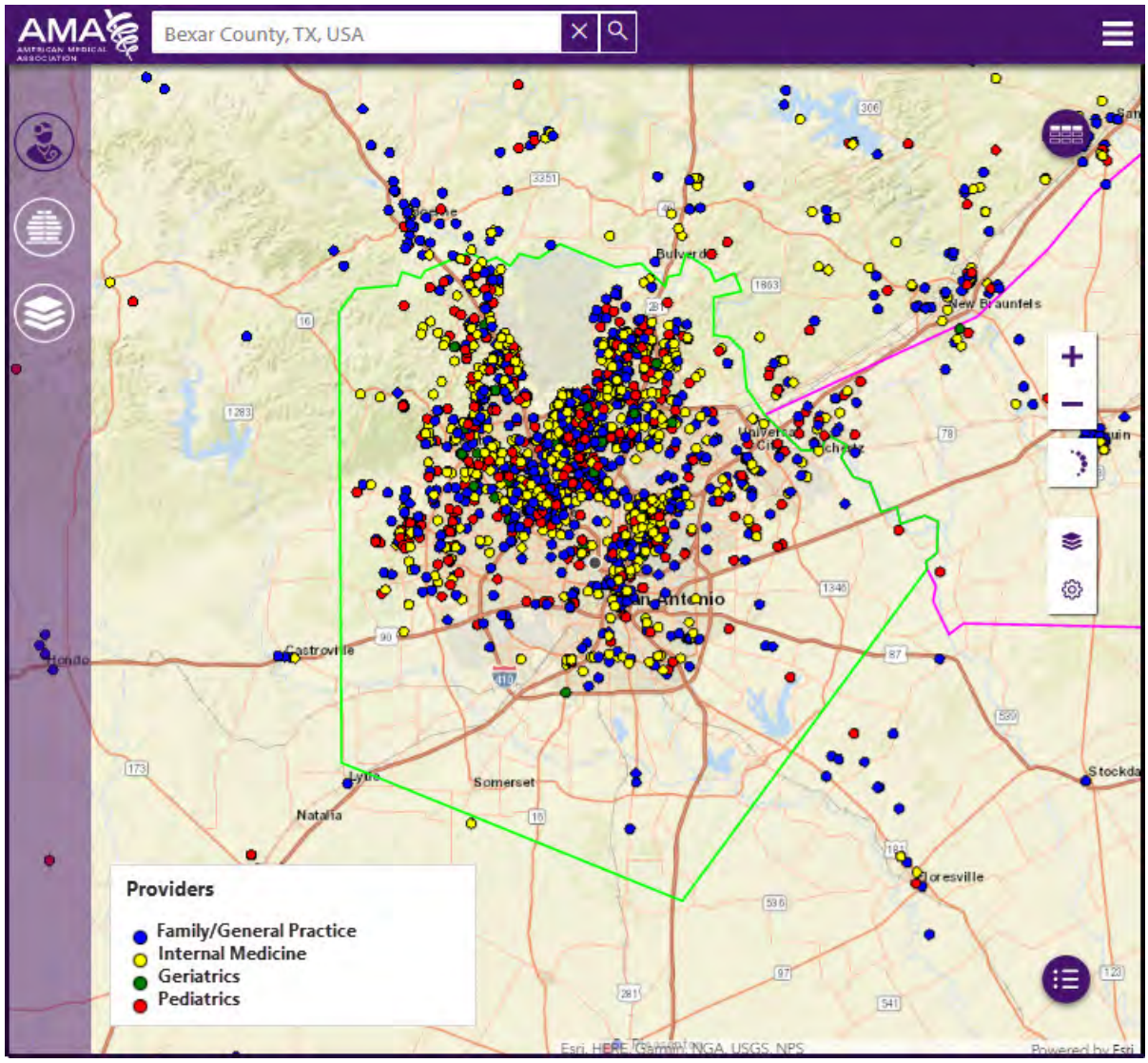


Fig. 2.61 Geographic distribution of midlevel medical providers, May 2023
Bexar County, Texas

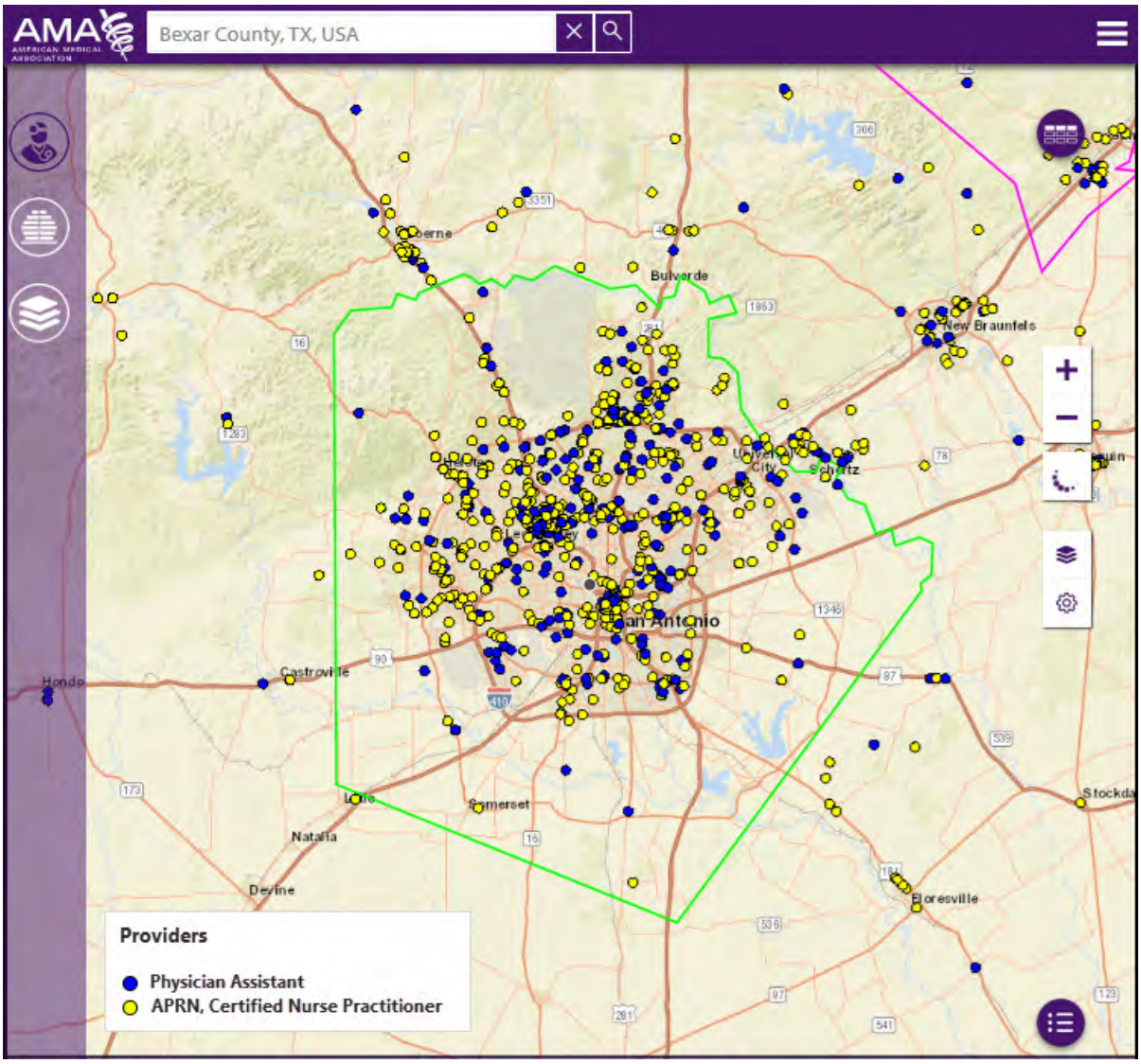


Fig. 2.62 Geographic distribution of obstetrics and gynecology providers, May 2023
Bexar County, Texas

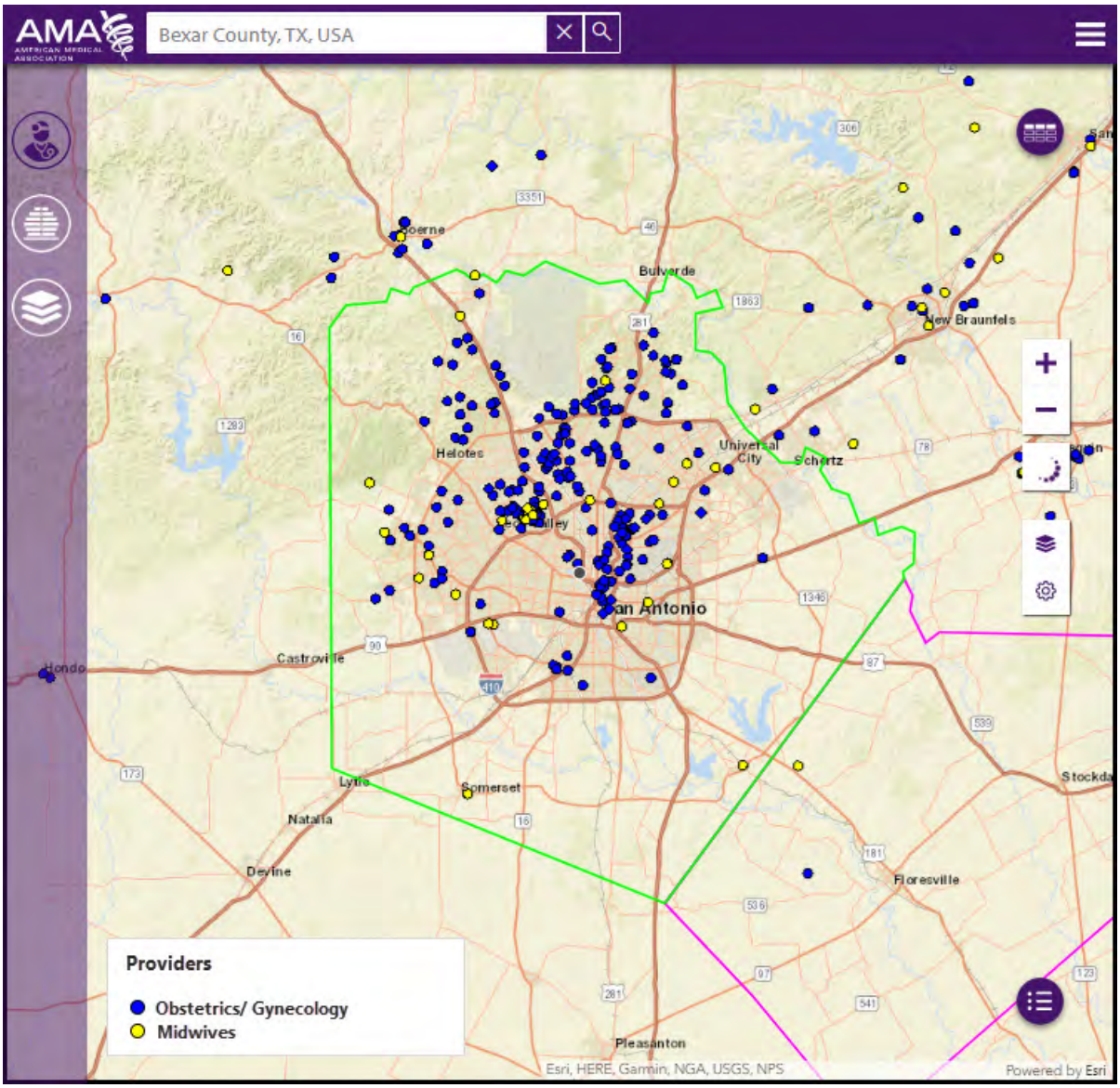
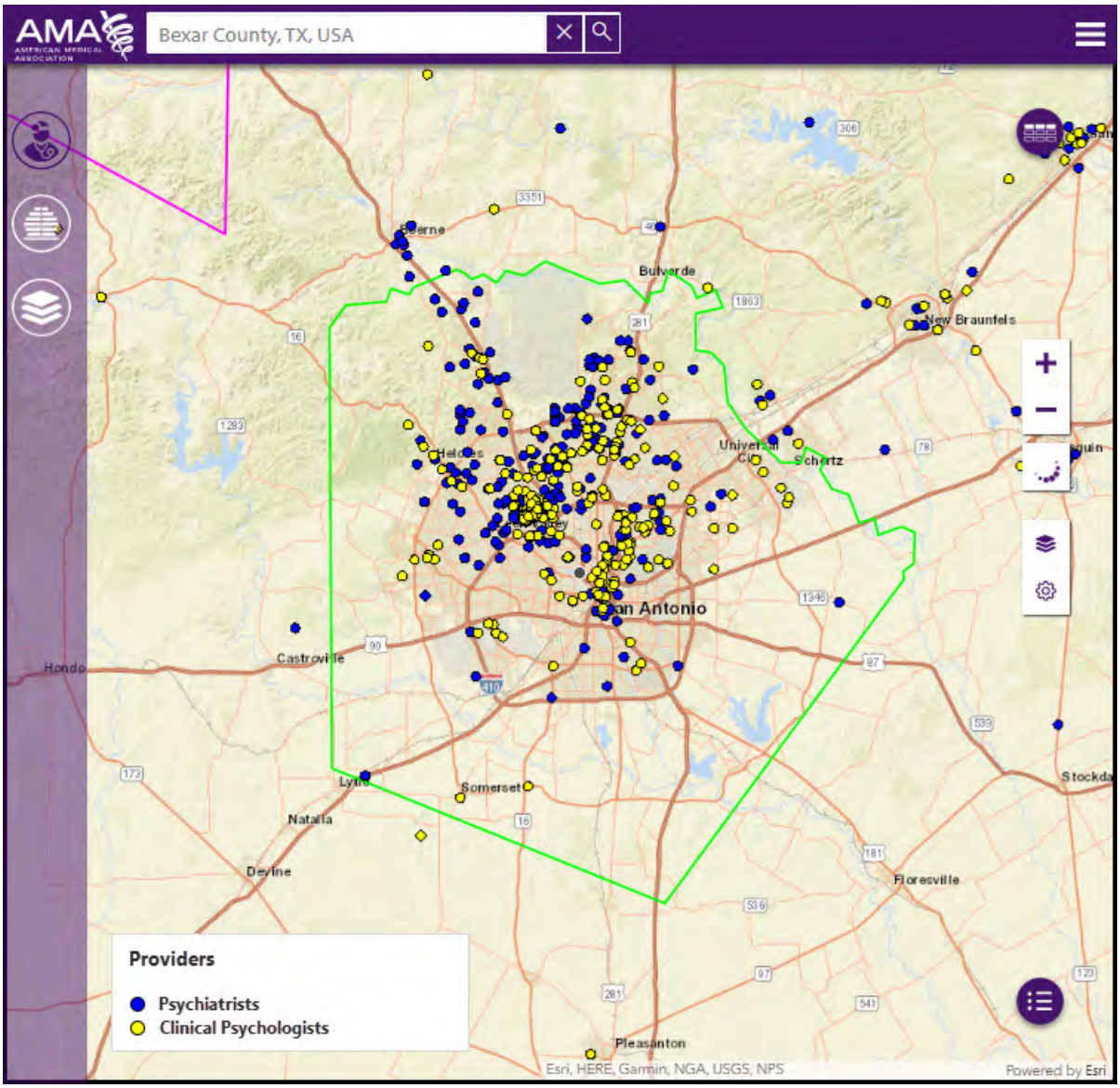


Fig. 2.63 Geographic distribution of mental health care providers, May 2023
Bexar County, Texas



Likewise, hospitals and freestanding emergency rooms are few and far between in South Bexar (Figure 2.64). This map reflects the closure of Texas Vista Medical Center in early May 2023.

Fig. 2.64 Distribution of hospital and emergency care in San Antonio

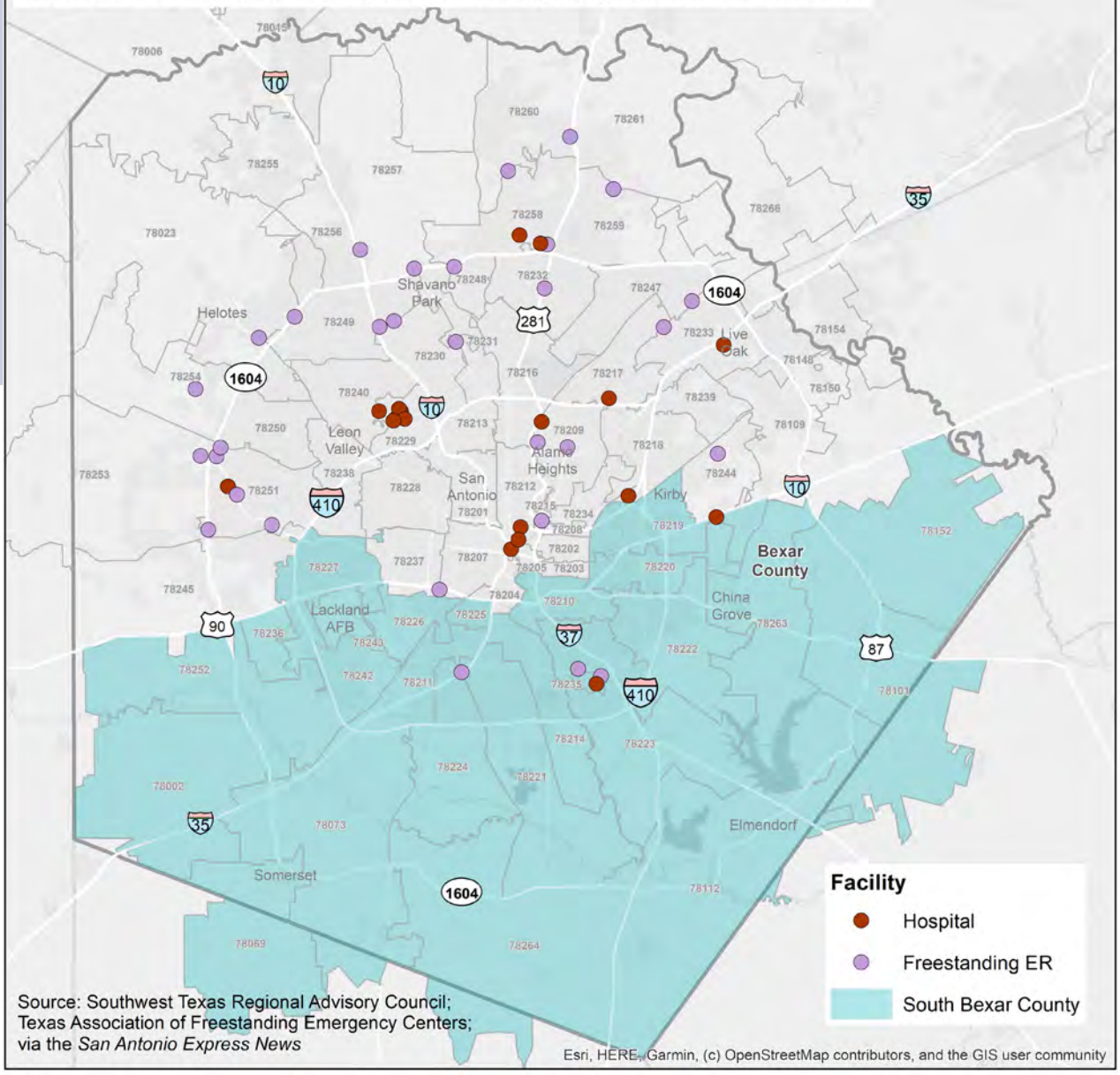
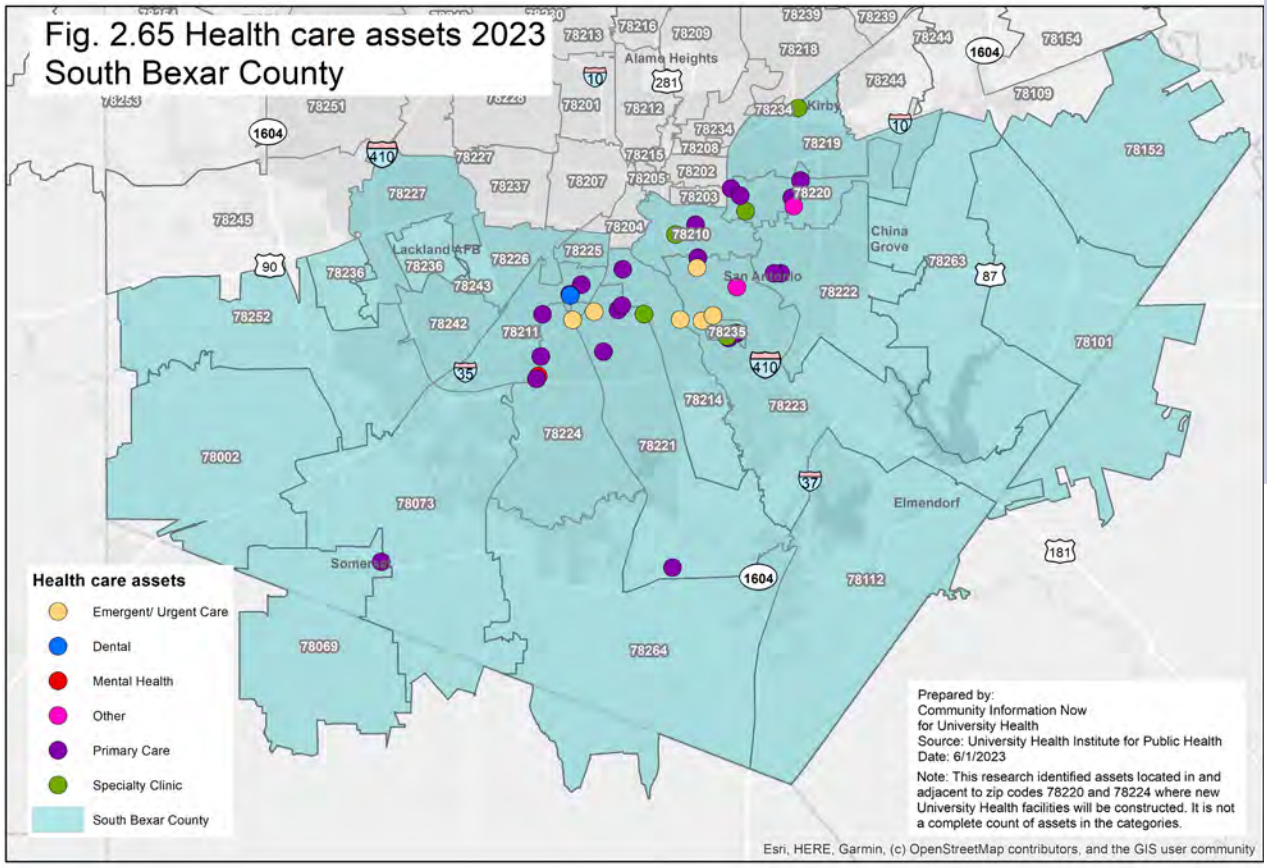


Figure 2.65 depicts the locations of health care facilities near planned University Health facilities in South Bexar. Mental health and dental providers are in especially short supply.

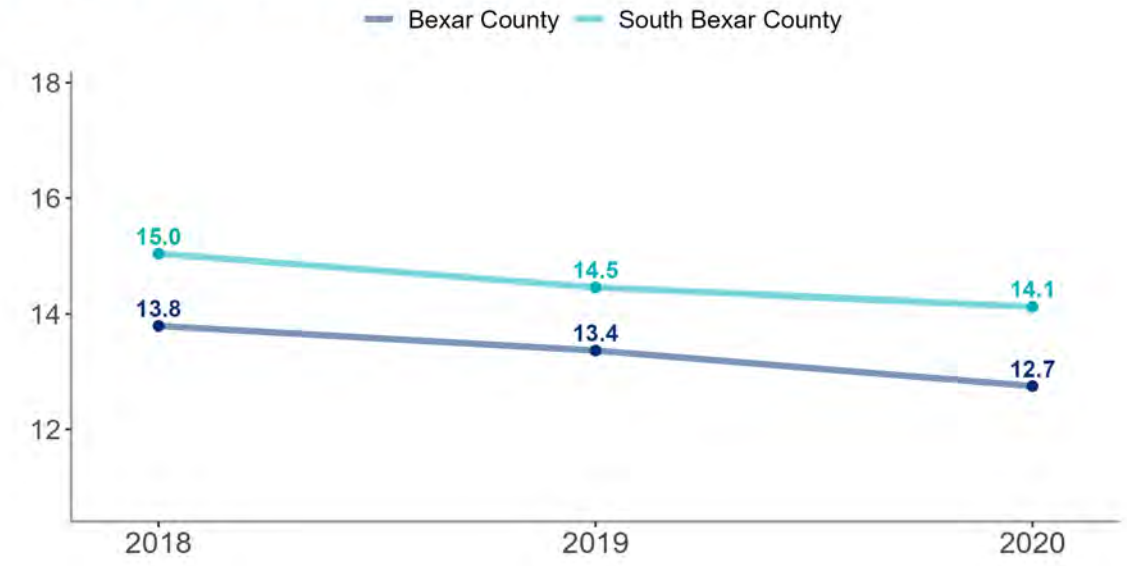


MATERNAL HEALTH

BIRTHS

The birth rates for both South Bexar and Bexar County are declining over time (Figure 3.1), mirroring a national trend, but the most recent data available for South Bexar was 2020. The South Bexar birth rate has continued to hover around 10% higher than the Bexar County birth rate. Unfortunately, too much data was suppressed for privacy reasons to be able to calculate a teen birth rate for South Bexar. In Bexar County the number of births to Hispanic teens age 15 to 19 decreased by 21% between 2018 and 2021. Because Hispanics make up 79% of the South Bexar population, it is likely that births to South Bexar teens declined in that period as well. Notably, the steepest year-to-year decrease in Bexar County Hispanic teen births – 13% as compared to 3% to 8% decreases in earlier years – occurred between 2020 and 2021, likely reflecting COVID-19 pandemic effects for which South Bexar data is not available.

Fig. 3.1 Birth rate per 1K population

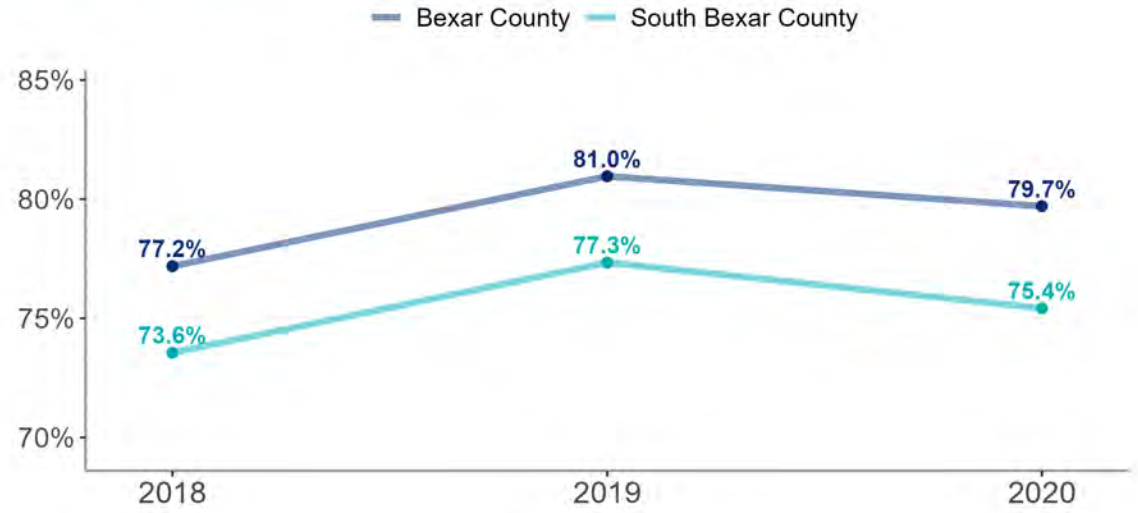


Source: COSA Metropolitan Health District; CDC WONDER (County level)
Prepared by CI:Now for University Health

PRENATAL CARE

In 2018 through 2020 about three-quarters of South Bexar births were to mothers who received prenatal care in the first trimester (Figure 3.2). That figure is slightly lower than the rate for Bexar County overall.

Fig. 3.2 Percent of births to mothers receiving prenatal care in the first trimester

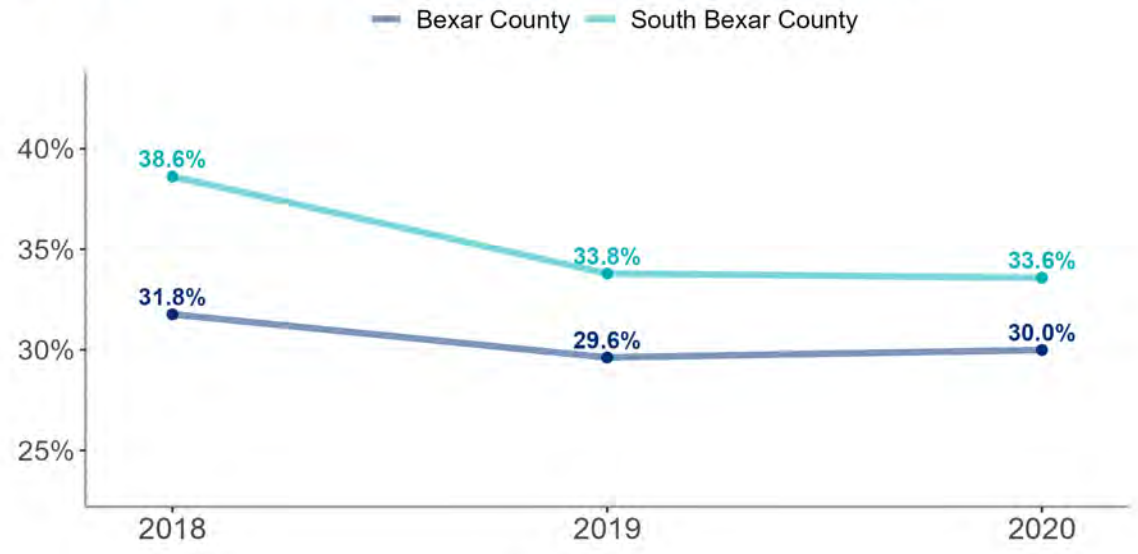


Source: COSA Metropolitan Health District; CDC WONDER (County level)
Prepared by CI:Now for University Health

MATERNAL BODY MASS INDEX

The percentage of mothers with a Body Mass Index (BMI) of 30 or higher decreased between 2018 and 2020 (Figure 3.3), but the South Bexar rate remains higher than the Bexar County rate.

Fig. 3.3 Percent of mothers with a BMI >=30 before pregnancy



Source: COSA Metropolitan Health District; CDC WONDER (County level)
Prepared by CI:Now for University Health

INFANT AND CHILD HEALTH

PREMATURITY AND LOW BIRTH WEIGHT

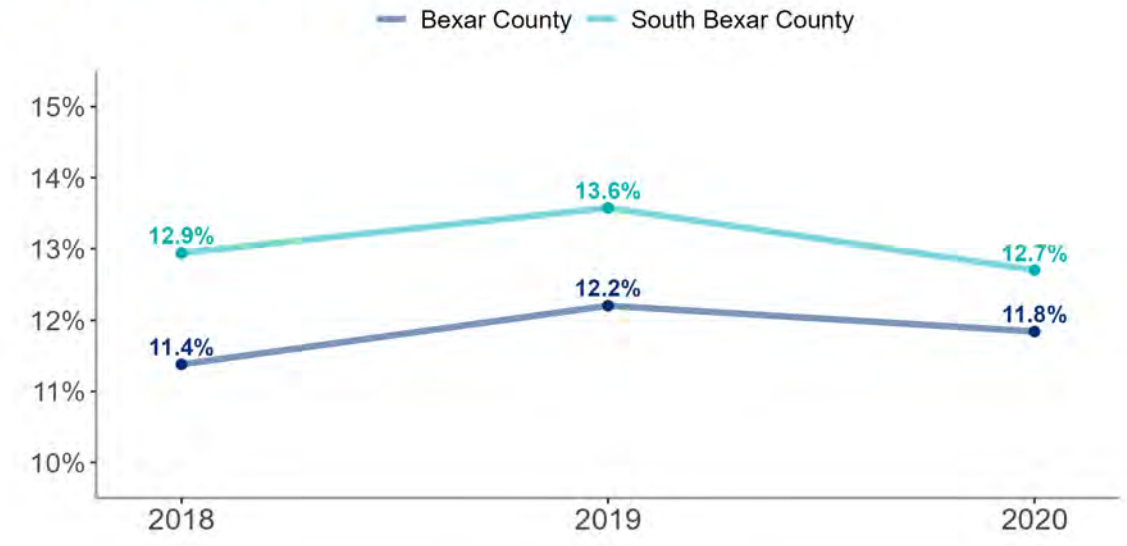
The percent of births that were premature hovered around 13% to 14% in South Bexar between 2018 and 2020 (Figure 3.4), slightly higher than the percentage in Bexar County overall. The same pattern was seen for percentage of births that were low birth weight (Figure 3.5).

For parents, especially for new moms, it was important that they have access to childcare at health fairs and community events. For participants, childcare was an extension of maternal care and child health.

"I'll cook hotdogs, the kids love it, you know, that brings out the parents and brings especially a lot of young moms. For example, [at other events] there's not someone to watch the kids. Well, guess what, we have somebody who volunteered and will watch the kids... It made her feel comfortable, and people will come, you know. I know that's what I would do, I'm taking my kids everywhere."

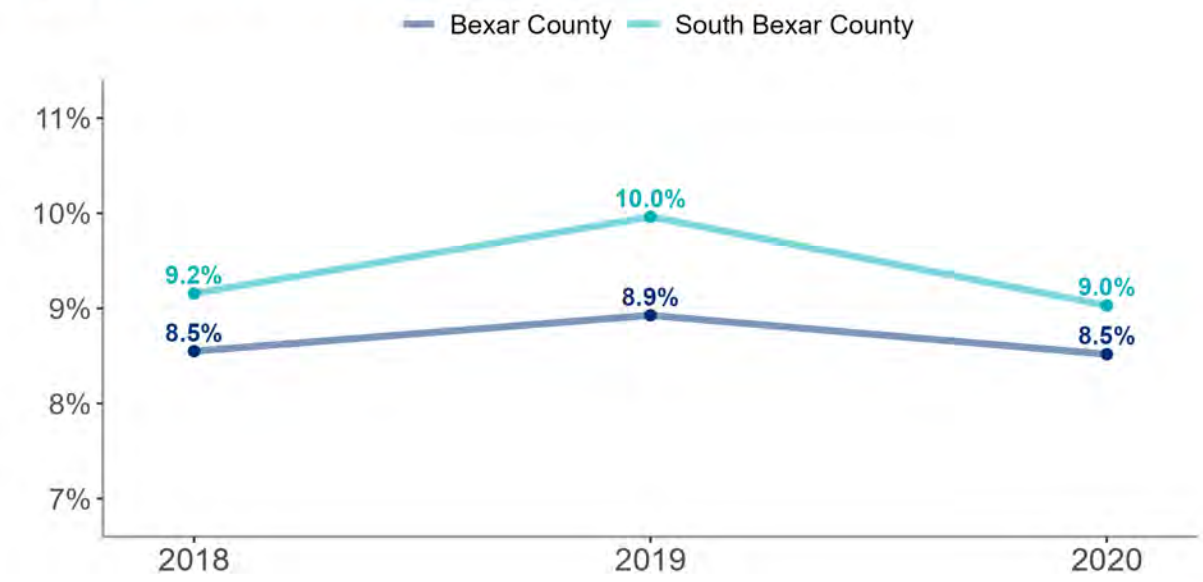
– Speaker B in the Family Service Focus Group

Fig. 3.4 Percent of births that are pre-term births



Source: COSA Metropolitan Health District; CDC WONDER (County level)
Prepared by CI:Now for University Health

Fig. 3.5 Percent of births that are low birth weight



Source: COSA Metropolitan Health District; CDC WONDER (County level)
Prepared by CI:Now for University Health

INFANT MORTALITY

All infant mortality data for South Bexar was suppressed by the data source for privacy reasons. The three-year (2018-2020) average rate of infant deaths per 1,000 live births was 5.94 for Bexar County Hispanics. Because Hispanics make up nearly four-fifths of the South Bexar population, the South Bexar rate is likely similar. Infant mortality is slightly lower for Bexar County white infants (5.06) and substantially higher for Black or African American infants (12.90). For reference, the South Bexar population is 79% Hispanic, 13% white and 6% Black or African American.[7]

PHYSICAL, SOCIAL AND EMOTIONAL WELL-BEING OF YOUNG CHILDREN

Data on the health and well-being of the general child population – children who are not patients or clients – is lacking. The Early Development Instrument (EDI) dataset can be helpful in this regard, as it assesses some health-related aspects[8] of readiness to learn among kindergarten students. Unfortunately, many districts in Bexar County do not participate in EDI, including East Central ISD in South Bexar. The data cannot safely be trended year-to-year unless the same set of school districts are represented in the EDI dataset each year. Because some school districts participate in some years but not others, data for 2020 and 2022 cannot be trended with 2016 through 2018 in the EDI charts that follow. As noted earlier in this assessment, the EDI was not administered at all in 2019 or 2021.

About 12% of South Bexar kindergartners and 9% of Bexar County kindergartners are currently assessed by their teachers as vulnerable – scoring in the lowest 10% of the national sample – in physical health and well-being (Figure 3.6). The physical health and well-being domain is described as including "gross and fine motor skills (e.g., holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs and daily living skills." The data is presented by race/ethnicity group in Figure 3.7, but because the numbers are so small for South Bexar, the data should be interpreted with caution for all race/ethnicity groups except Black or African American, Hispanic or Latino and white. The largest percentages of kindergartners assessed as vulnerable in physical health and well-being reside inside Loop 410 (Figure 3.8).

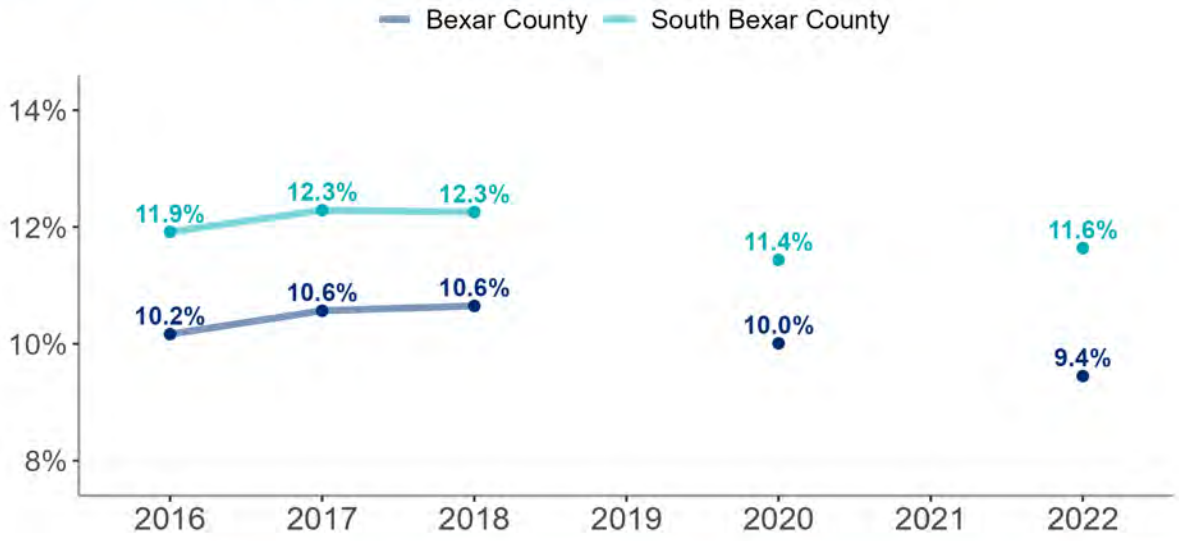
A participant explained how they need more educational resources for children in South Bexar County. Availability of these resources affects access to health care services.

"I work for [redacted ISD], and we have four campuses closing because [we are] losing a lot of our kids to charter schools… Then for our little ones like daycare, pre-K, like that is hurting some of our teachers and parents. In a way it does come financially, things like that. Then it is hard for them to find childcare because you are having to pay for it. Things like that. I'm actually a special education teacher so a lot of these meetings we go to we ask the parents: Are they taking medication? The doctor? Are they on Medicaid? Things like that. But at times it's hard for them to find an appointment or they are waiting and waiting. The process can take a lot time."

– Speaker B in the Miracle Center Focus Group

[7]CDC WONDER. (2023). Linked Birth / Infant Death Records, 2017-2020 Expanded Results, queried May 11, 2023. **https://wonder.cdc.gov/lbd-current-expanded.html**
[8]Details about the items assessed in each EDI domain are available from the Offord Centre for Child Studies at **https://edi.offordcentre.com/researchers/domains-and-subdomains/**

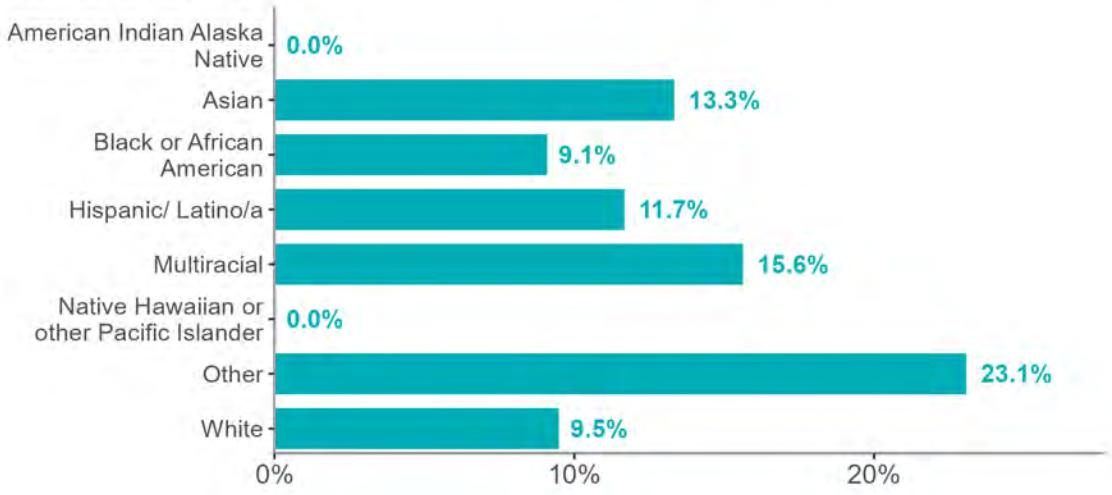
Fig. 3.6 Percent of kindergarteners assessed as vulnerable in EDI physical health and well-being domain



EDI is not available for 2019 or 2021. Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

Fig. 3.7 Percent of kindergarteners assessed as vulnerable in EDI physical health and well-being domain by race/ethnicity, 2022

South Bexar County



Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

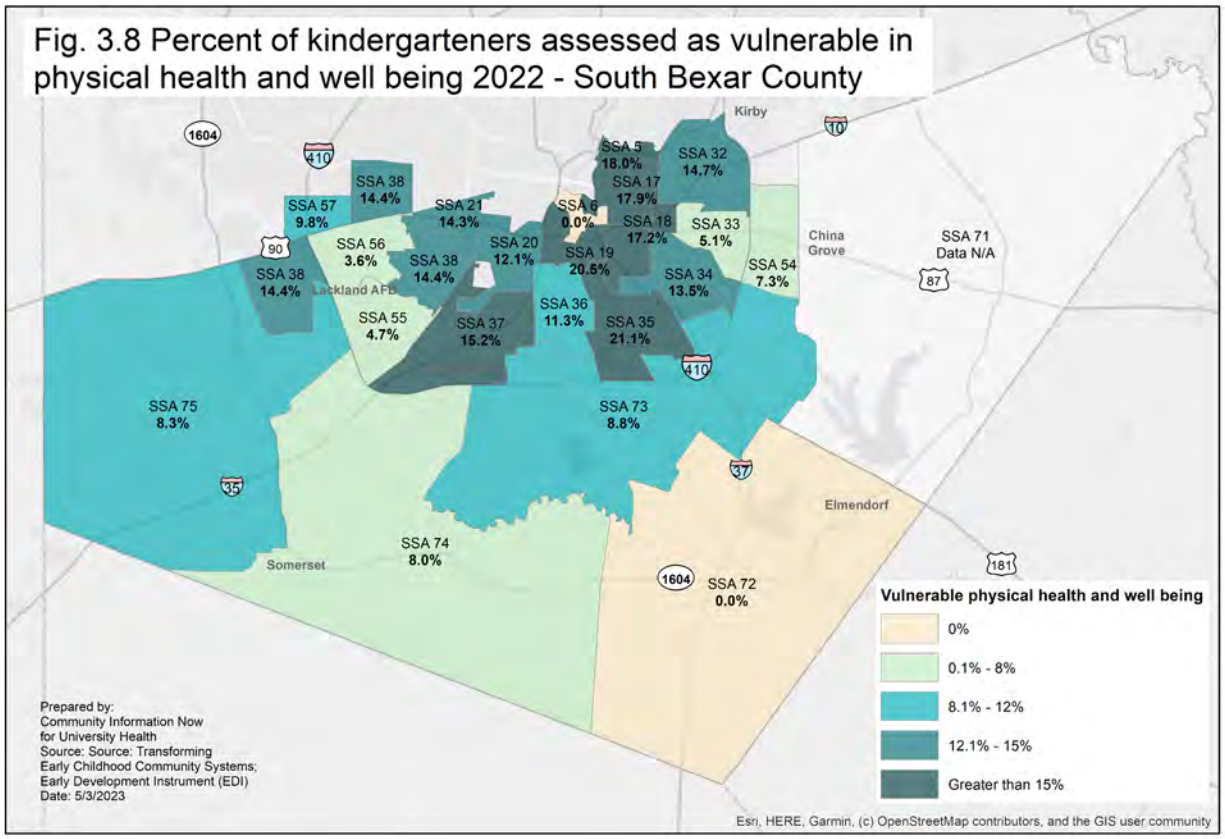
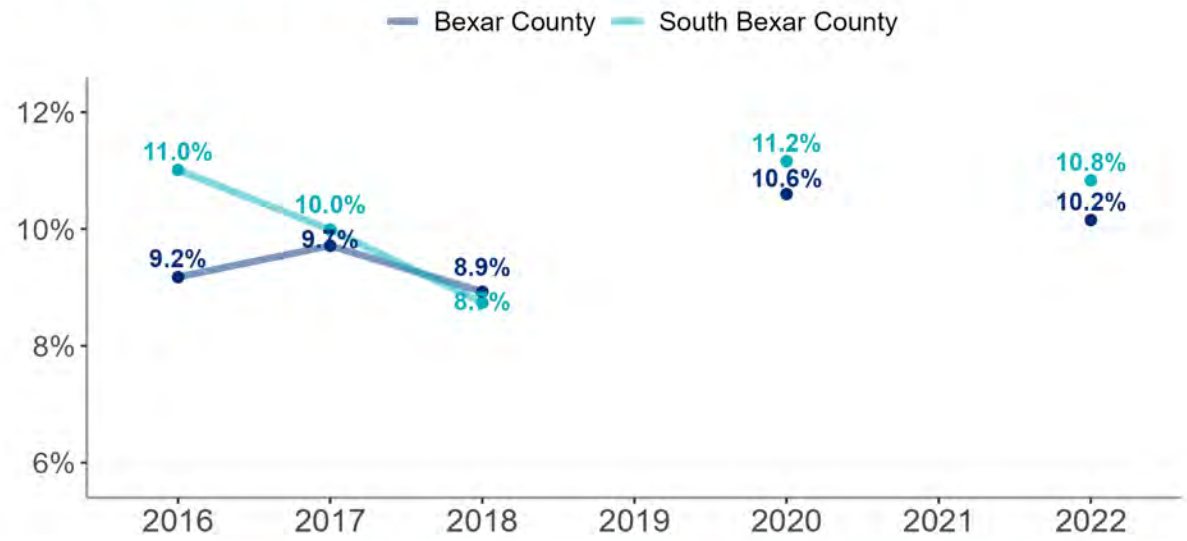


Fig. 3.8 Percent of kindergarteners assessed as vulnerable in physical health and well being 2022 - South Bexar County
Kirby
China Grove
SSA 71
Data N/A
SSA 5
18.0%
SSA 32
14.7%
SSA 17
17.9%
SSA 38
14.4%
SSA 57
9.8%
SSA 21
14.3%
SSA 6
0.0%
SSA 18
17.2%
SSA 33
5.1%
SSA 56
3.6%
SSA 20
12.1%
SSA 19
20.5%
SSA 54
7.3%
SSA 38
14.4%
SSA 38
14.4%
Lackland AFB
SSA 34
13.5%
SSA 36
11.3%
SSA 55
4.7%
SSA 37
15.2%
SSA 35
21.1%
SSA 75
8.3%
SSA 73
8.8%
Elmendorf
SSA 74
8.0%
Somerset
SSA 72
0.0%
Vulnerable physical health and well being
0%
0.1% - 8%
8.1% - 12%
12.1% - 15%
Greater than 15%
Prepared by:
Community Information Now
for University Health
Source: Source: Transforming
Early Childhood Community Systems;
Early Development Instrument (EDI)
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Similar percentages of kindergartners are assessed by their teachers as vulnerable in social competence (Figure 3.9), described as including "curiosity about the world, eagerness to try new experiences, knowledge of standards of acceptable public behavior, ability to control own behavior, appropriate respect for adult authority, cooperation with others, following rules, and ability to play and work with other children." Again, because the numbers are so small for South Bexar, the data should be interpreted with caution for most race/ethnicity groups except Black or African American, Hispanic or Latino, and white (Figure 3.10). Notably the difference among those three groups is greater for social competence than for physical health and well-being. The largest percentages of kindergartners assessed as vulnerable in social competence reside to the Southeast inside Loop 410 (Figure 3.11).

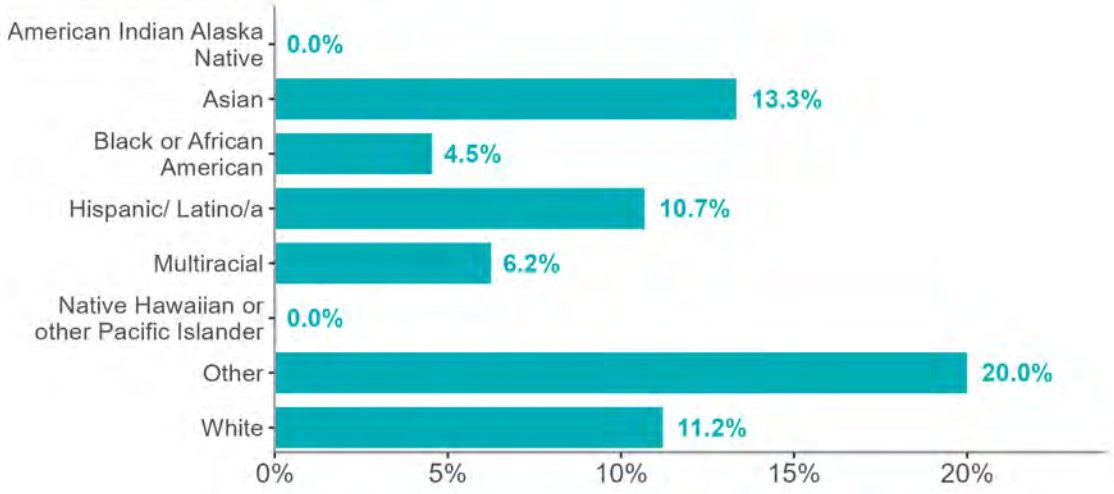
Fig. 3.9 Percent of kindergarteners assessed as vulnerable in EDI social competence domain



EDI is not available for 2019 or 2021. Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

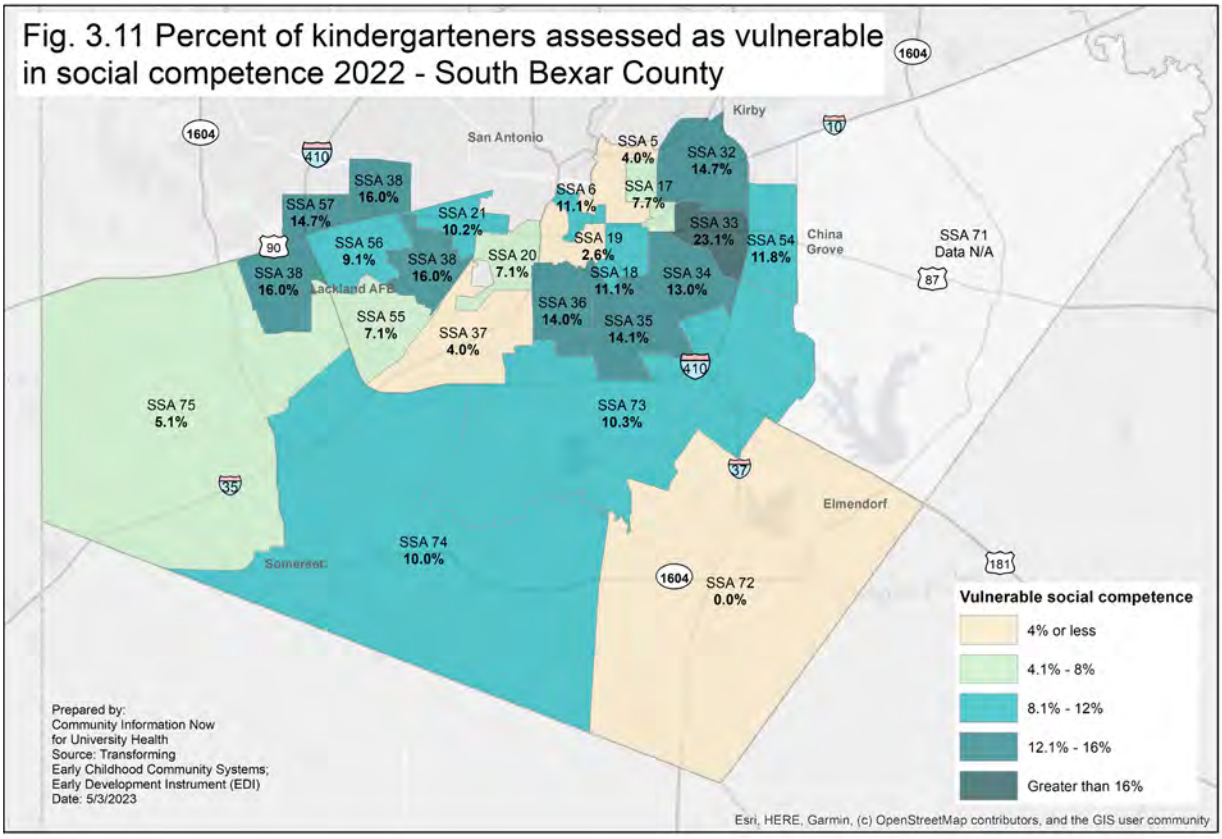
Fig. 3.10 Percent of kindergarteners assessed as vulnerable in EDI social competence domain by race/ethnicity, 2022

South Bexar County



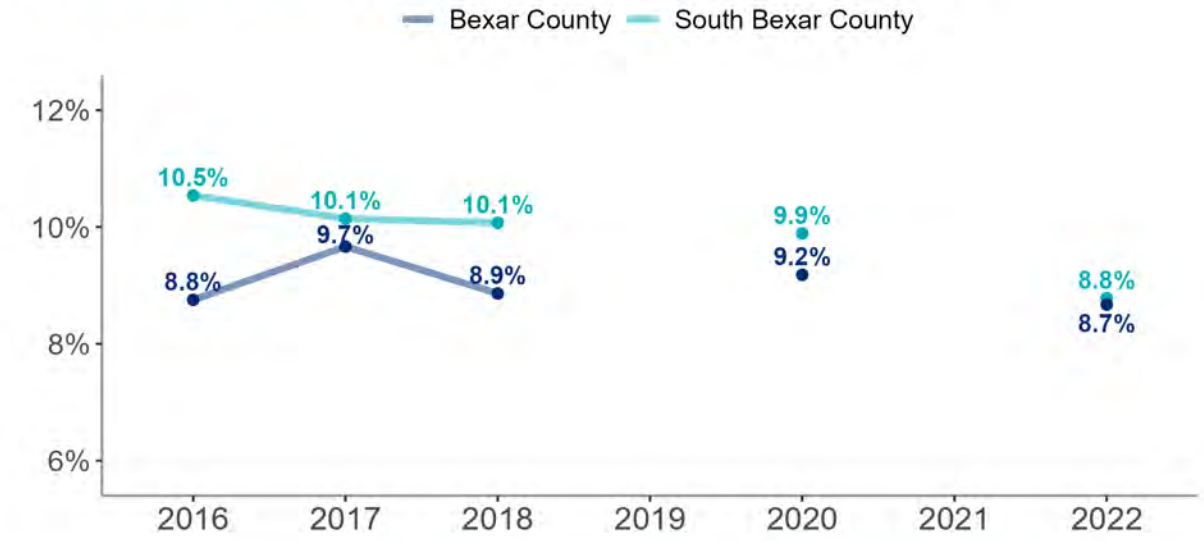
Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

Fig. 3.11 Percent of kindergarteners assessed as vulnerable in social competence 2022 - South Bexar County



The emotional maturity domain is described as including "the ability to think before acting, a balance between too fearful and too impulsive, an ability to deal with feelings at the age-appropriate level and empathetic response to other people's feelings." The percentage of kindergartners assessed as vulnerable in emotional maturity does not currently appear to differ between participating South Bexar and Bexar County school districts (Figure 3.12). As with social competence, Black or African American students appear less likely to be assessed as vulnerable in emotional maturity than their Hispanic or white peers (Figure 3.13), and the highest percentage of students assessed as vulnerable reside to the Southeast inside Loop 410 (Figure 3.14).

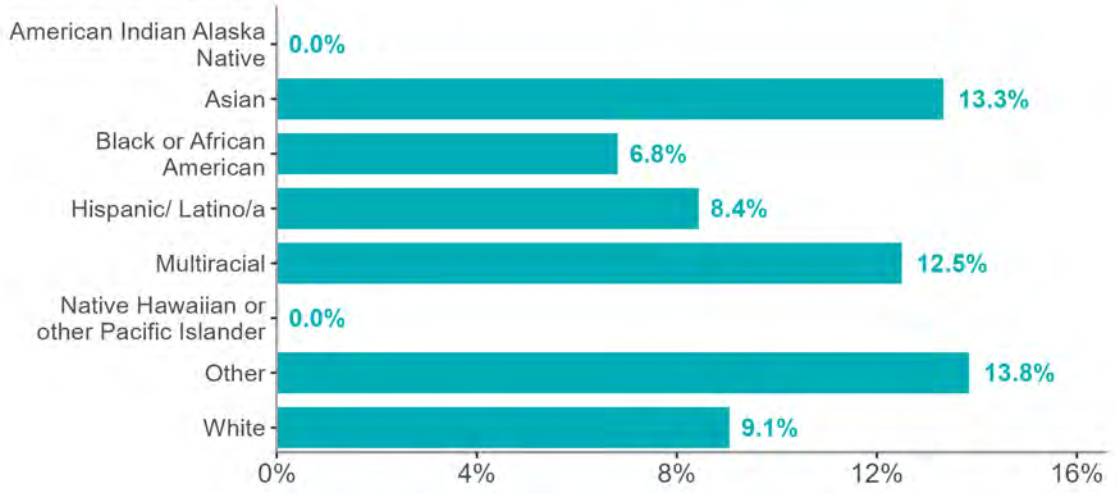
Fig. 3.12 Percent of kindergarteners assessed as vulnerable in EDI emotional maturity domain



EDI is not available for 2019 or 2021. Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

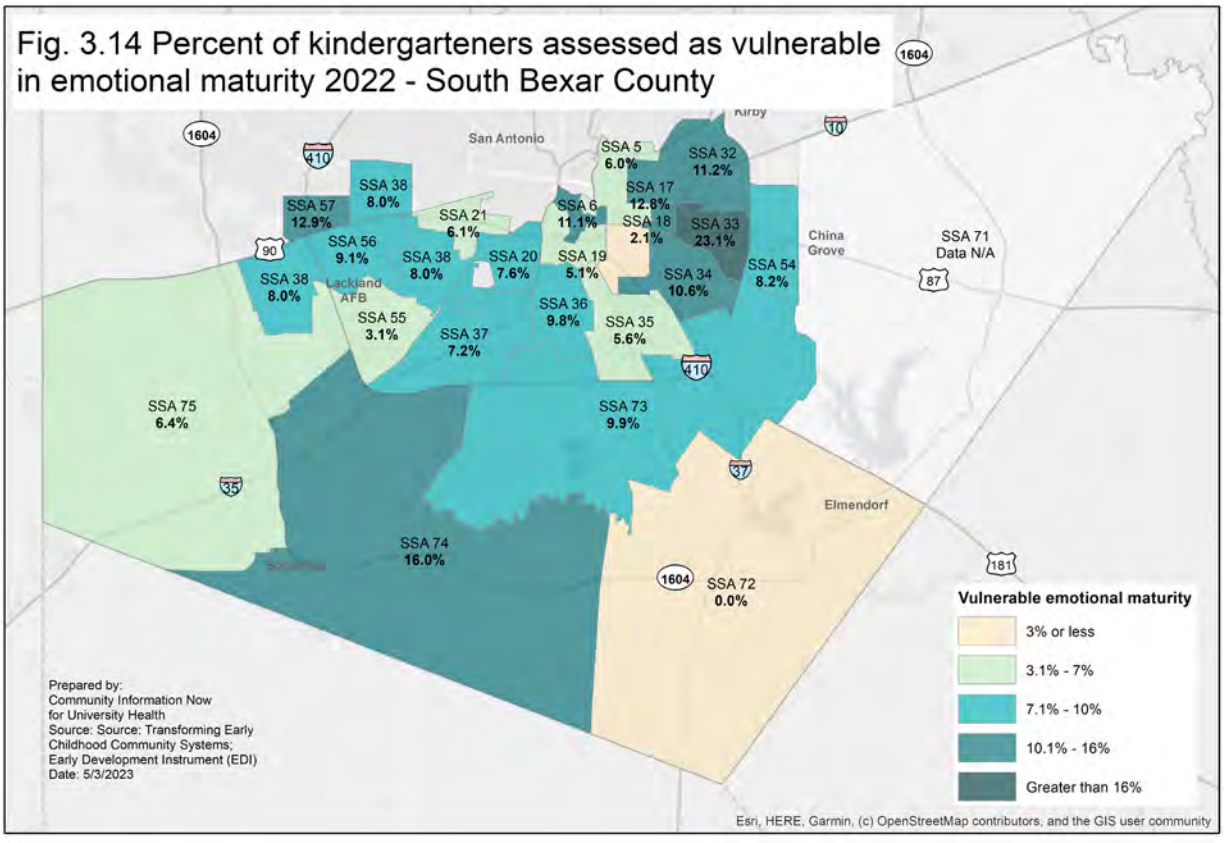
Fig. 3.13 Percent of kindergarteners assessed as vulnerable in EDI emotional maturity domain by race/ethnicity, 2022

South Bexar County



Not all Bexar County school districts participate in EDI.
Source: United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
Prepared by CI:Now for University Health

Fig. 3.14 Percent of kindergarteners assessed as vulnerable in emotional maturity 2022 - South Bexar County

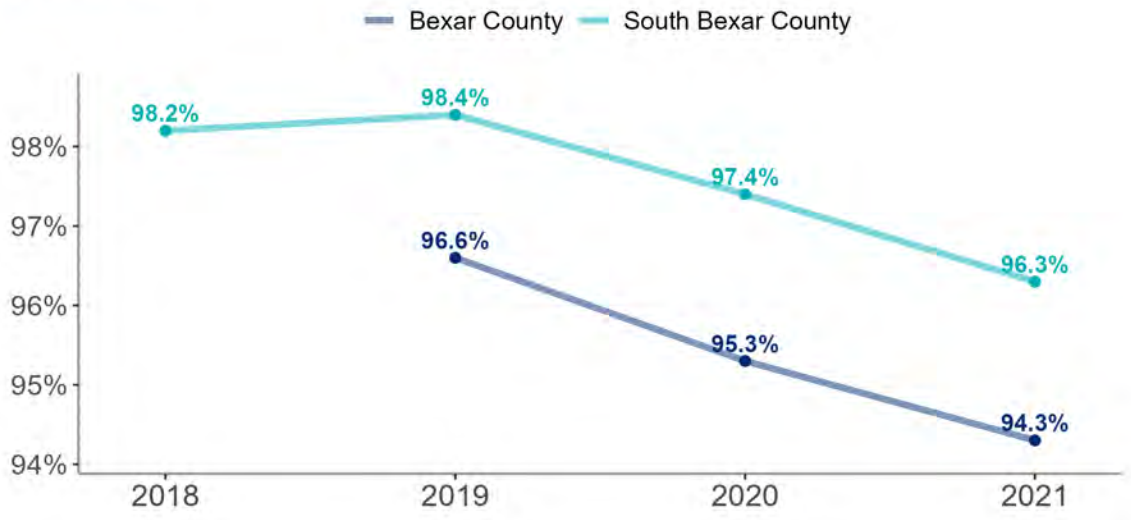


COMMUNICABLE DISEASE

CHILD IMMUNIZATIONS

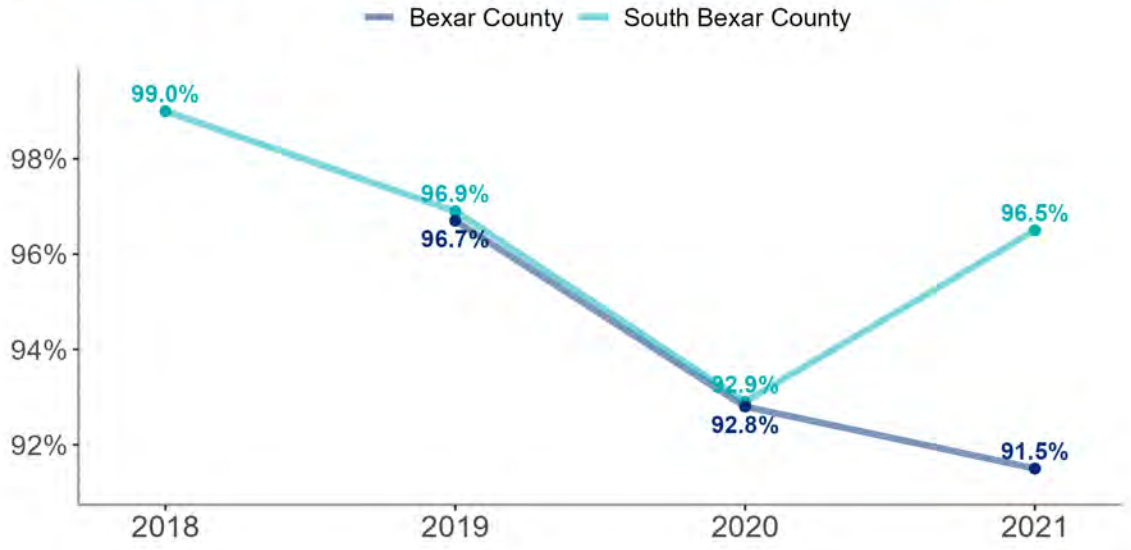
The smallest geographic area for which child vaccination data is available is school district. Kindergartner vaccination rates for diphtheria, tetanus and pertussis (or whooping cough) (DTP/DTaP/DT/Td) among South Bexar County school districts are consistently 1 to 2 percentage points higher than Bexar County school districts overall (Figure 3.15). Bexar County and South Bexar County vaccination rates among seventh graders are virtually identical for the 2019-2020 and 2020-2021 school years (Figure 3.16), but for school year 2021-2022 the rate among South Bexar school districts jumps 5 percentage points over the rate among Bexar County school districts overall.

Fig. 3.15 Percent of kindergarteners with DTP/DTaP/DT/Td vaccination



School year 2018-19 data is not available for Bexar County.
Source: Texas Department of State Health Services
Prepared by CI:Now for University Health

Fig. 3.16 Percent of 7th graders with DTP/DTaP/DT/Td vaccination



School year 2018-19 data is not available for Bexar County.
Source: Texas Department of State Health Services
Prepared by CI:Now for University Health

Because most of San Antonio ISD is outside the South Bexar area, the South Bexar area boundaries in the next two maps look quite different from previous maps by SSA or ZIP code. As shown in Figure 3.17, DTP/DTaP/DT/Td vaccination rates among kindergarten students are highest in Southside ISD and Lackland ISD. Among seventh graders (Figure 3.18), Somerset ISD students have the highest rate.

Fig. 3.17 DTP/ DTaP/DT/Td kindergarten vaccination coverage rates 2022 - South Bexar County

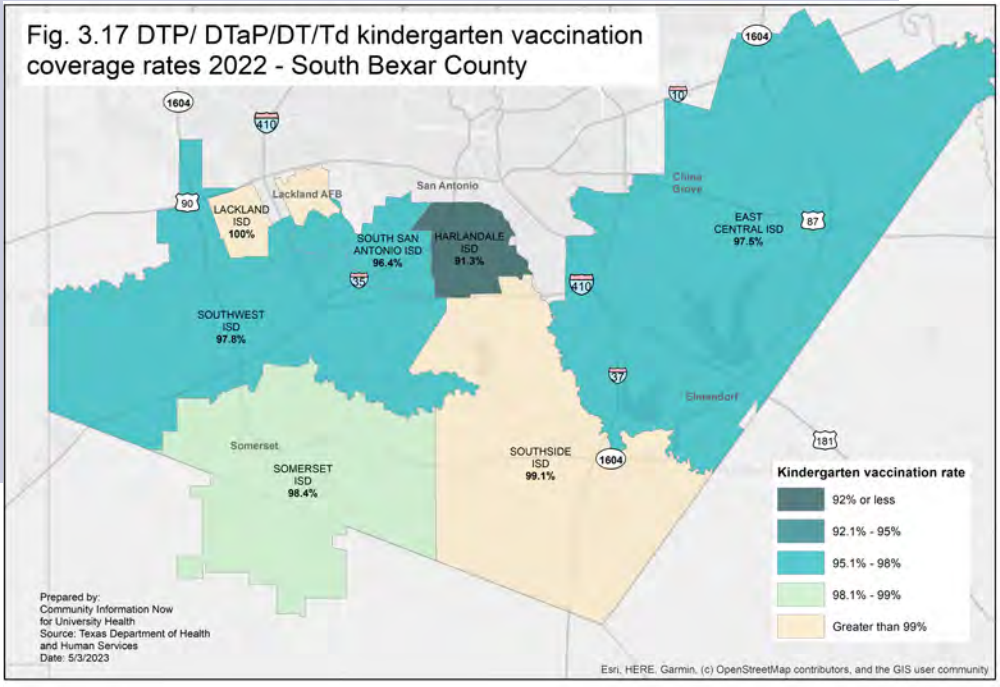
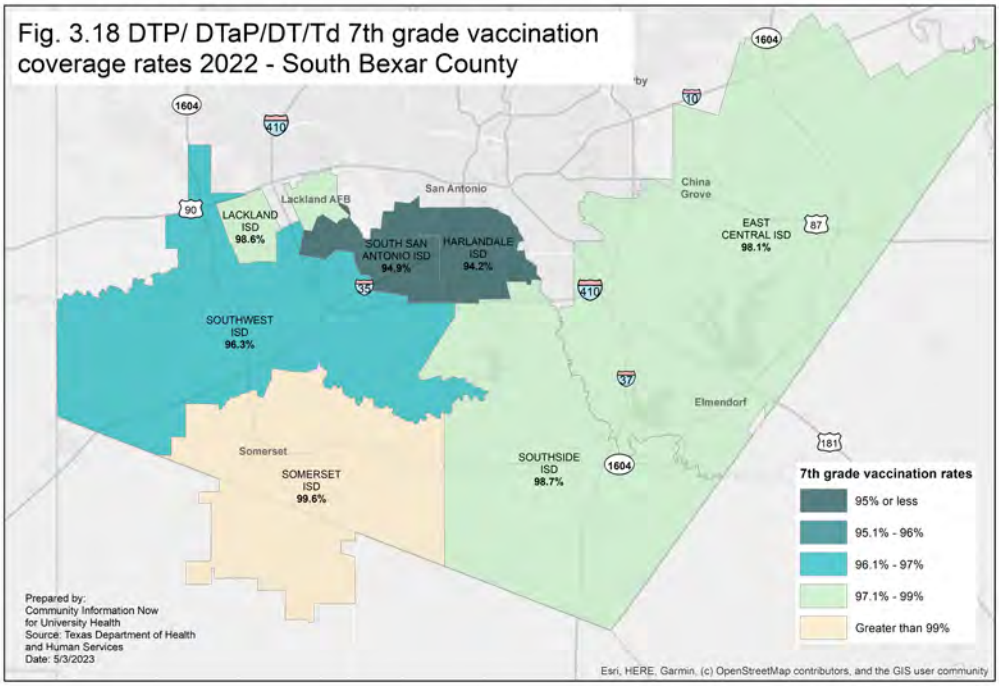


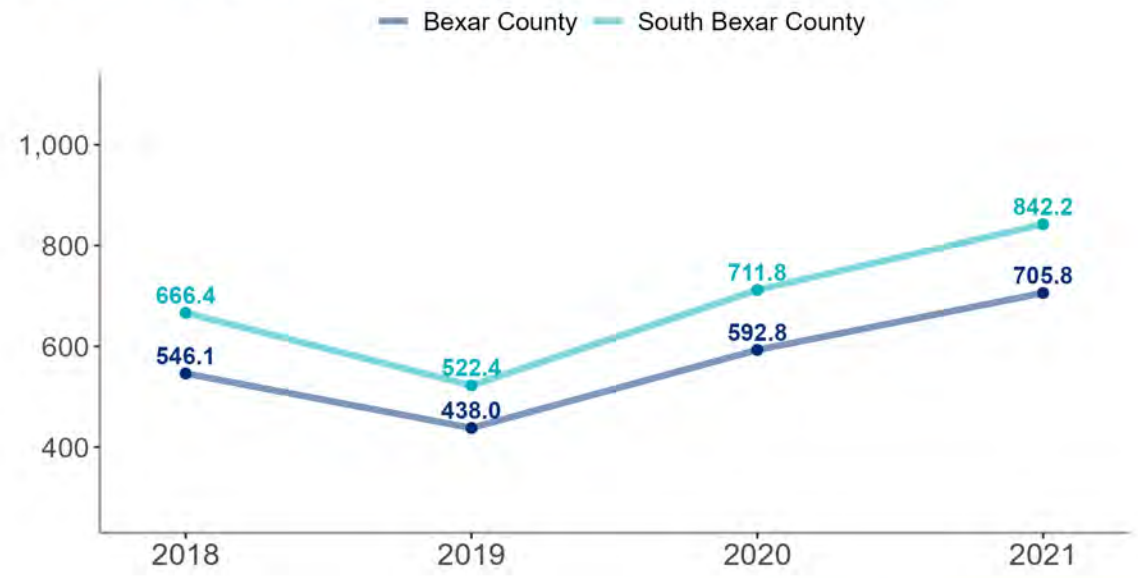
Fig. 3.18 DTP/ DTaP/DT/Td 7th grade vaccination coverage rates 2022 - South Bexar County



CHLAMYDIA AND GONORRHEA INCIDENCE

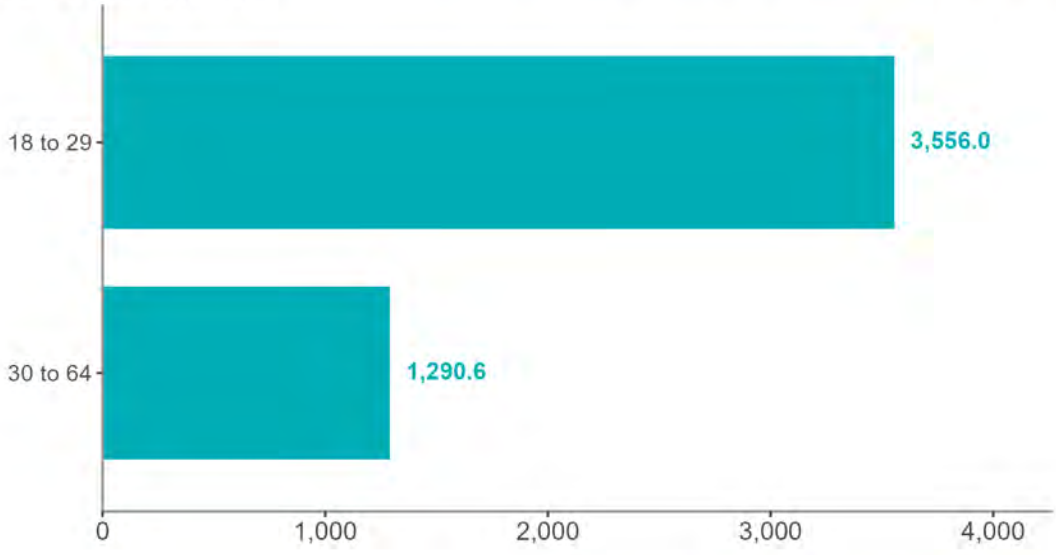
Shifting to sexually transmitted infections, chlamydia incidence (newly diagnosed case rate) is on the rise in both South Bexar and Bexar County (Figure 3.19), with the rate consistently higher in South Bexar. Within South Bexar, the rate is nearly three times as high in the 18 to 29 age group as in the 30 to 64 age group (Figure 3.20). The incidence trend line is similar for gonorrhea (Figure 3.21), but the higher rate is in the 30 to 64 age group (Figure 3.22).

Fig. 3.19 Chlamydia incidence (new cases) per 100K population



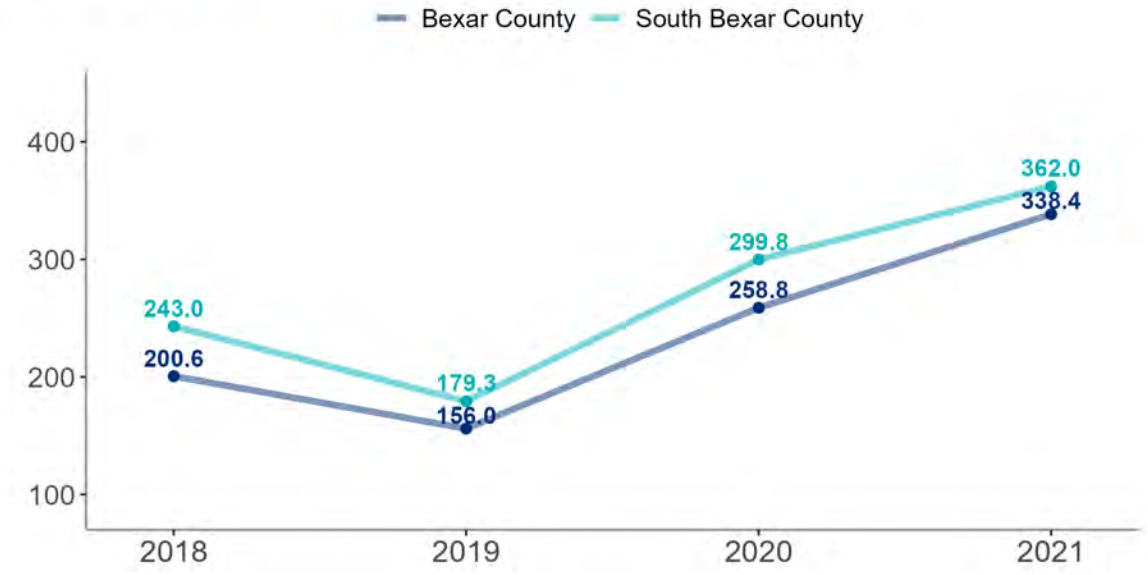
Source: Texas Department of State Health Services
Prepared by CI:Now for University Health

Fig. 3.20 Chlamydia incidence (new cases) per 100K population by age, 2021
South Bexar County



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

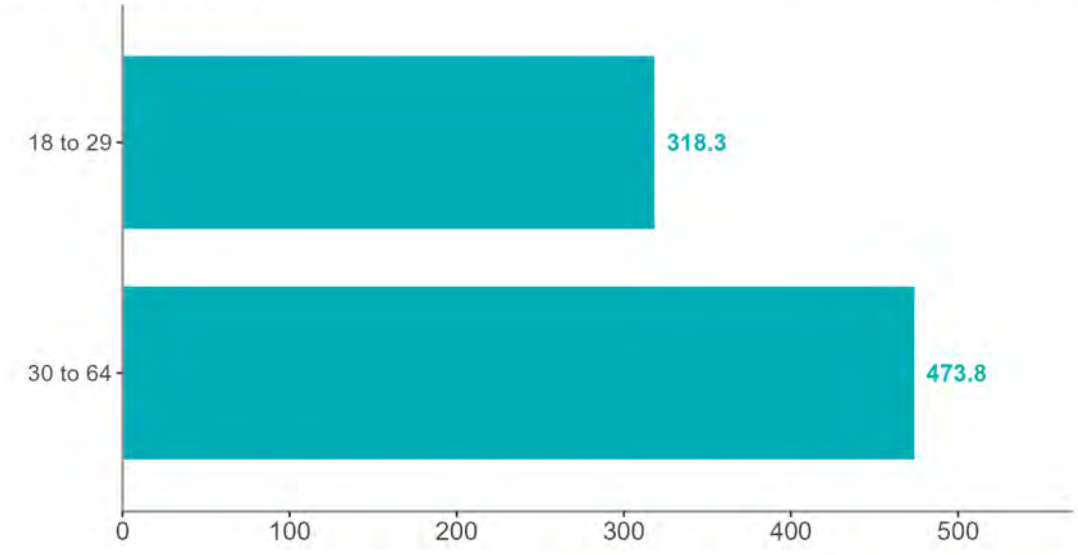
Fig. 3.21 Gonorrhea incidence (new cases) per 100K population



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

Fig. 3.22 Gonorrhea incidence (new cases) per 100K population by age, 2021

South Bexar County

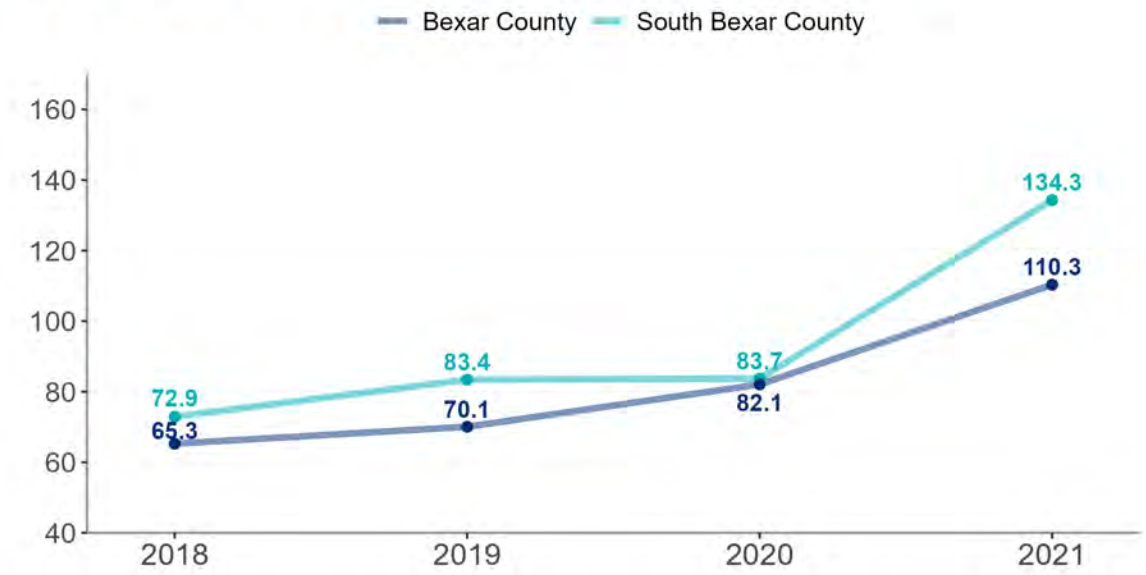


Source: Texas Department of State Health Services
Prepared by CI:Now for University Health

SYPHILIS INCIDENCE

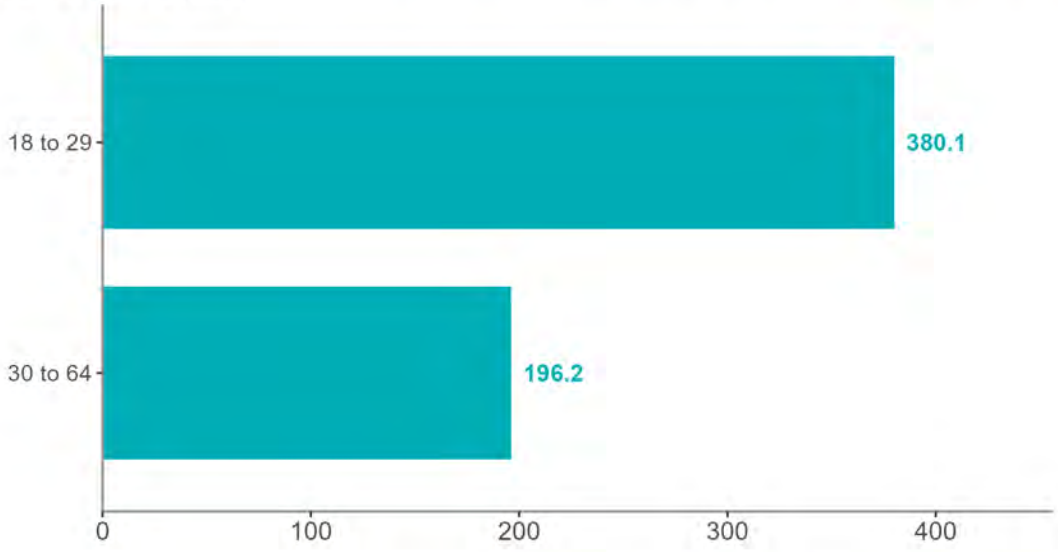
Although the trend line has a different shape, with no trough in 2019, syphilis incidence is also increasing in both South Bexar and Bexar County (Figure 3.23), with the South Bexar rate notably higher than Bexar County in every year except 2020. Like chlamydia, the higher rate is in the 18 to 29 age group (Figure 3.24).

Fig. 3.23 Syphilis incidence (new cases) per 100K population



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

Fig. 3.24 Syphilis incidence (new cases) per 100K population by age, 2021
South Bexar County



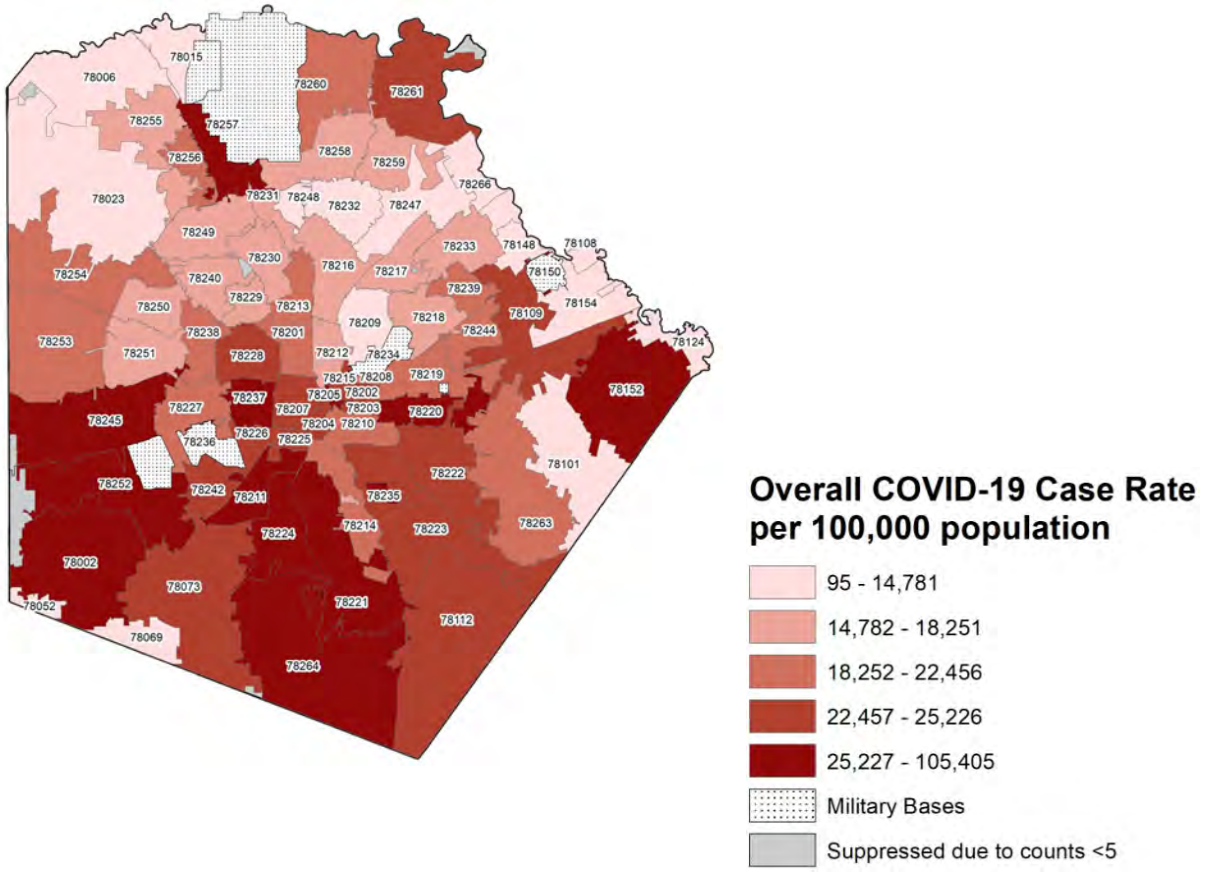
Source: Texas Department of State Health Services
Prepared by CI:Now for University Health

COVID-19 CASES

The current COVID-19 case rate is no longer available, as home testing has been common for some time and thus data on test results is extremely incomplete. However, Figure 3.25, reproduced with permission from the San Antonio Metropolitan Health District's January 2022 COVID-19 Monthly Epidemiological Report,[9] shows that for the first two years of the pandemic, some of the highest case rates by ZIP code were in South Bexar.

Figure 3.25 Overall COVID-19 case rates per 100K population by ZIP code as of January 31, 2022

Bexar County, Texas



Overall COVID-19 Case Rate per 100,000 population

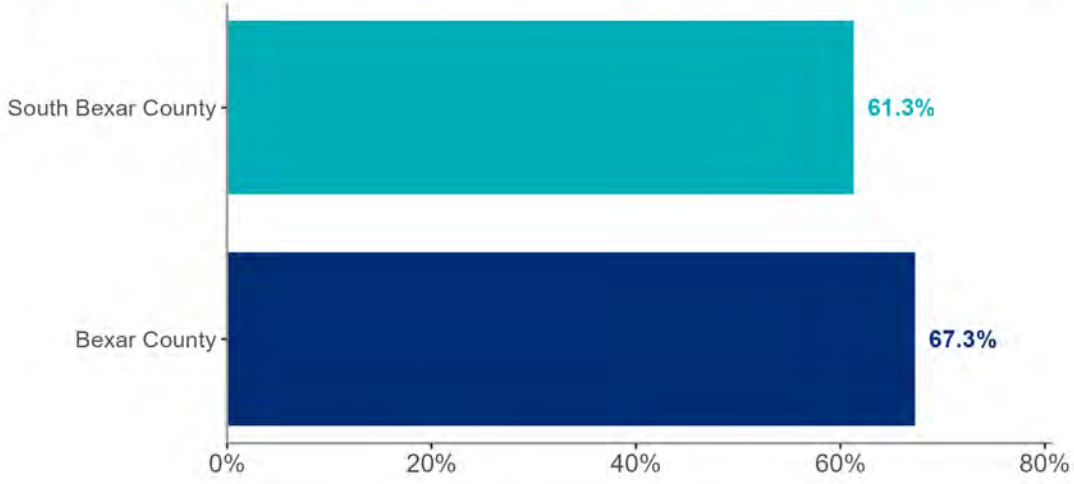
- 95 - 14,781
- 14,782 - 18,251
- 18,252 - 22,456
- 22,457 - 25,226
- 25,227 - 105,405
- Military Bases
- Suppressed due to counts <5

[9]San Antonio Metropolitan Health District. (2022, February). COVID-19 Monthly Epidemiological Report: January 2022. **https://covid19.sanantonio.gov/files/assets/public/health/epidemiological-reports/epireport-202201.pdf**

COVID-19 VACCINATION

A cumulative 61% of total South Bexar residents have been fully vaccinated against COVID-19 (Figure 3.26), as compared to 67% of Bexar County residents.

Fig. 3.26 Cumulative percent of population fully vaccinated for COVID-19, 2023

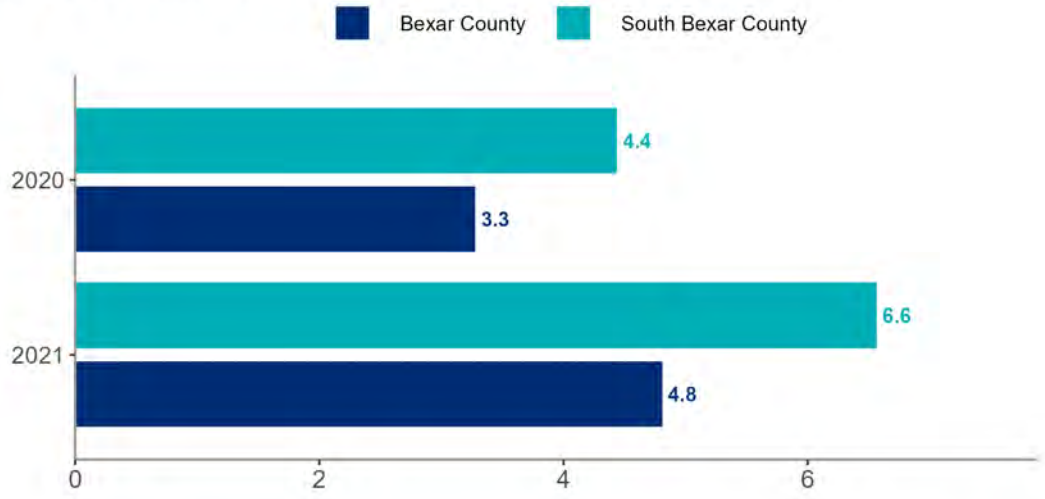


Source: TDSHS; ACS 5-year Estimates, Table: B01003; US Census Bureau 2019 Population Estimates, Texas Demographic Center 2019 Population Estimates
Prepared by CI:Now for University Health

COVID-19 HOSPITALIZATION

Figure 3.27 shows the rate of South Bexar County hospitalizations with a primary diagnosis of COVID-19 in 2020 and 2021, the most recent full year of COVID-19 hospitalization data available below the county level. In 2020 the South Bexar County rate of 4.4 hospital discharges per 1,000 population was 33% higher than the overall Bexar County rate of 3.3 per 1,000. That gap widened in 2021 with the South Bexar County rate of 6.6 being 38% higher than the overall Bexar County rate of 4.8. As with other hospitalization rates covered in this report, it should be noted that if COVID-19 was coded only as a secondary or tertiary diagnosis, that hospital discharge will not appear in the figures. This dataset also does not include any military hospitals, which are not required by Texas law to report data to the Texas Department of State Health Services.

Fig. 3.27 COVID-19 hospitalizations per 1K population



Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

COVID-19 DEATHS

Figure 3.28 shows the rate of known COVID-19 deaths per 1,000 population, which only counts those deaths where a COVID-19 test was conducted and had a positive result. The South Bexar death rate was 40% to 50% higher than Bexar County overall in 2020 and 2021, with the gap finally closing in 2022. Unfortunately, too much of the South Bexar data was suppressed to disaggregate the death rate demographically, but the San Antonio Metropolitan Health District's January 2022 COVID-19 Monthly Epidemiological Report shows that for the first two years of the pandemic, Hispanics accounted for 67% of Bexar County COVID-19 deaths, as compared to representing only 60% of the total population. 40% of county-wide deaths were to people 70 and older, who made up only about 8% of the county population. Deaths were more likely to be among males (354 deaths per 100,000 males, age-adjusted) than females (218 per 100,000).

The pandemic still affects how everyone interacts with health care services, and participants explained how they want better access to accurate information about COVID vaccines, transmission, and infection rates for themselves and their loved ones.

Speaker C in the Texas A&M University-San Antonio Focus Group: ***I think that a big issue that the pandemic has raised in my eyes, is the way that medical systems communicate with people, especially the way that the COVID vaccine has been talked about in media and with people and professionals, and if I'm gonna be honest, I don't think that professionals have been doing the greatest job selling the vaccines and the safety of them…***

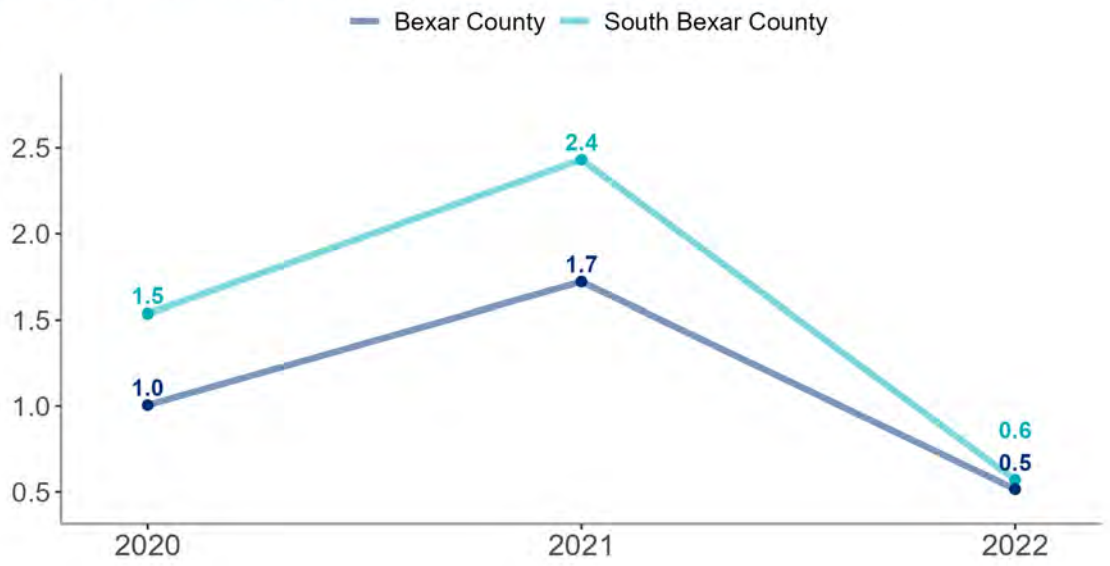
Moderator: ***Do you think it's the amount of communication or the way it's being communicated?***

Speaker C: ***The way that it is being communicated.***

Speaker A: ***The misinformation of it.***

Speaker C: ***It might just be that doctors can't handle countering misinformation being spread online that well. Or maybe it's just that you're not really communicating the baseline things well to begin with. I don't know, it's complex. I think there are a ton of people that do listen to doctors and what they say and are 'Okay that makes sense.' But I think it needs to be better.***

Fig. 3.28 Confirmed COVID-19 deaths per 1K population



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

CHRONIC ILLNESS

One of the commonly used sources of data on adult health – the Behavioral Risk Factor Surveillance System (BRFSS) – is not very useful for this report, as the sample size is small and thus margins of error are wide for any geographic area smaller than county. It would not be possible to disaggregate South Bexar data by any demographic (e.g., age group) or geographic characteristic (e.g., ZIP code). However, many measures drawn from BRFSS data were included in The Health Collaborative's 2022 Bexar County Community Health Needs Assessment.[10] Where possible, the data was disaggregated to eight sub-county sectors. The Southwest and Southeast sectors together fall almost entirely within the South Bexar area, as do smaller portions of the Near East and Northeast sectors.

In an effort not to duplicate previously published data, the next few sections of this report cover the recent data available from the Texas Health Care Information Collection's hospital (inpatient) discharge public use data file. The hospital discharge dataset includes patients discharged from all non-military hospitals, and compares discharges of people living in South Bexar with discharges of people living in Bexar County overall. Because these patients were hospitalized, the measures drawn from this dataset reflect people who have serious or poorly managed illness or injury. Each measure looks at primary diagnosis, so it is important to think of the hospitalization as being *for the condition*, not a count of all people in the dataset who have that condition.

It is now known that both hospitalizations and emergency department visits decreased for many diagnoses during the COVID-19 pandemic and increased for others.[11] This report calculates hospitalization rates as a three-year average for 2019 through 2021, a period heavily impacted by the pandemic. As a result, these rates are likely lower for some diagnoses than they otherwise would be, but higher for others. For that reason, these rates are best used to understand differences among age groups rather than as an absolute or relative measure of disease burden among conditions. Multi-year trends are not presented because of the need to use three-year averages for more stable rates, and the transition from ICD-9 to ICD-10 codes late in 2015. Figures for the South Bexar geography are not yet available, but Bexar County 2016-2018 rates are drawn from the online Bexar Data Dive (dive.cinow.info) platform for comparison.

[10]Both the 2022 and 2019 versions of Bexar County Community Health Needs Assessment are available for download at **https://www.healthcollaborativechna.com/**

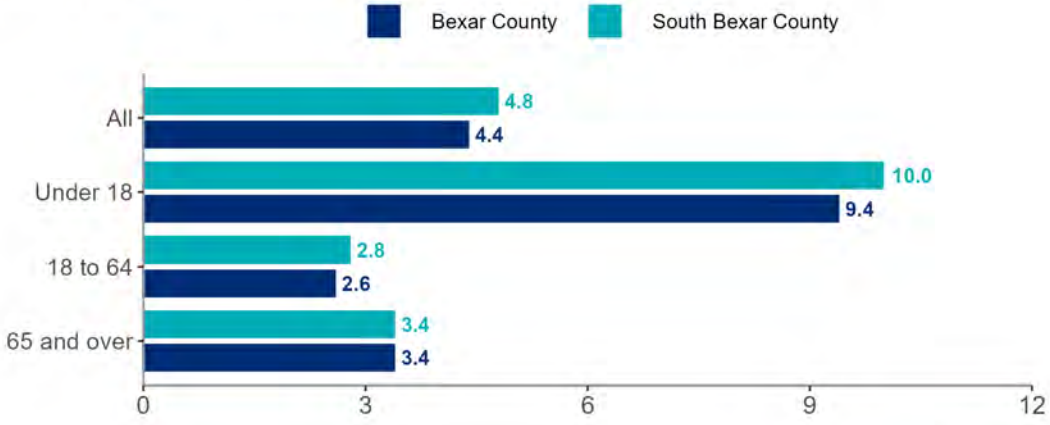
[11]Reference Metro Health Access to Care rpt – pending their link and title

ASTHMA

Figure 3.29 shows the three-year average hospitalization rate by age group for a primary diagnosis of asthma. As noted previously, asthma hospitalization is a measure of uncontrolled asthma. The South Bexar County rate (4.8 per 10,000 population) is 9% higher than the overall Bexar County rate (4.4). The rates for both South Bexar and Bexar County are highest among children and youth under the age of 18, with the South Bexar rate slightly higher than Bexar County. Again, the pandemic likely depressed these rates compared to what they ordinarily would be. For comparison, the 2016-2018 three-year average for the Bexar County under-18 age group was 15.4 per 10,000 population, about 1.6 times higher than the 2019-2021 rate. The 2016-18 rates were about 1.3 times as high as 2019-2021 in the other two age groups.

Fig. 3.29 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Asthma



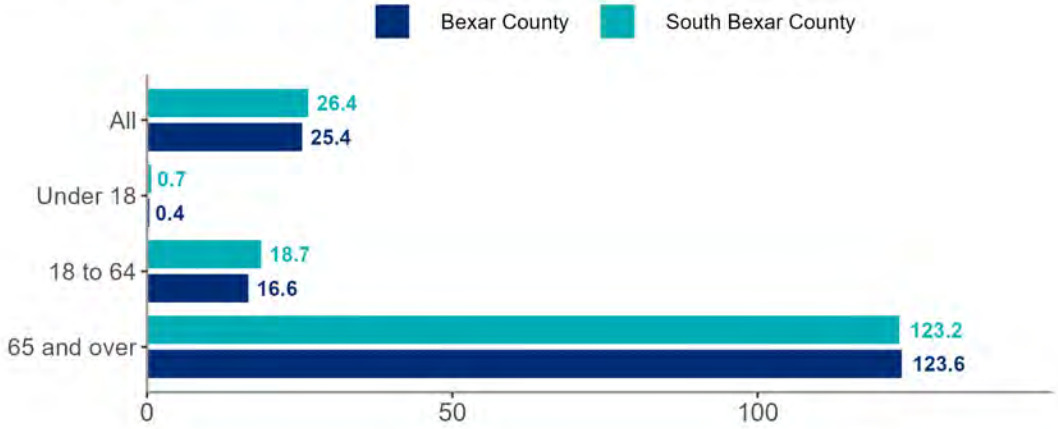
*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

CEREBROVASCULAR DISEASE

Cerebrovascular disease includes aneurysm, stroke, transient ischemic attack (TIA) and other conditions that affect blood flow to the brain. At 26.4 and 25.4, respectively, the South Bexar County rate of hospitalization for cerebrovascular disease is 4% higher than the overall Bexar County rate. The rate is highest by far in the 65 and older age group (Figure 3.30) and is similar for South Bexar and Bexar County. Although the rate is far lower in the 18 to 64 age group, the South Bexar rate in that age group is slightly higher than Bexar County.

Fig. 3.30 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Cerebrovascular disease



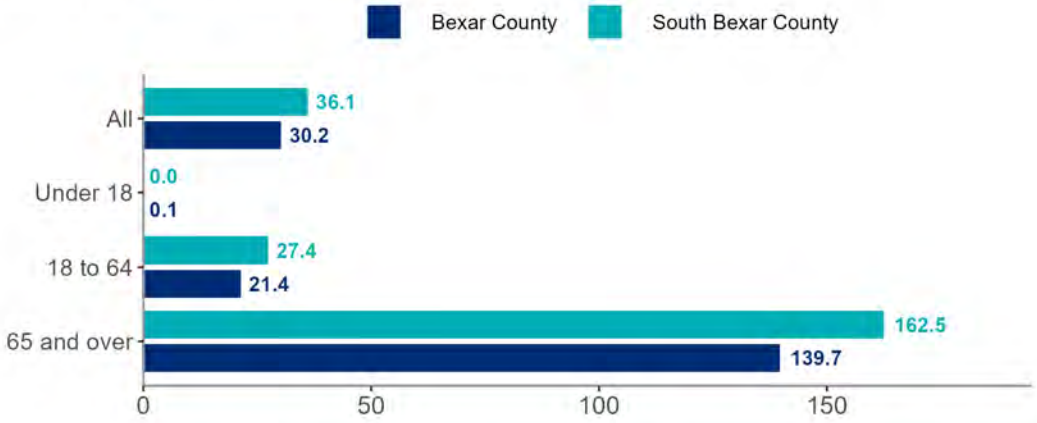
*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

HYPERTENSION

For hospitalizations with a primary diagnosis of hypertension (Figure 3.31), the rate is also highest in the 65 and older age group, but the disparity between South Bexar and Bexar County is greater. For comparison, Bexar County's pre-pandemic 2016-2018 rates for the 18 to 64 and 65 and older age groups were 14.9 and 101.7, respectively. For all ages combined, the South Bexar County rate is 20% higher than the overall Bexar County rate.

Fig. 3.31 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Hypertension



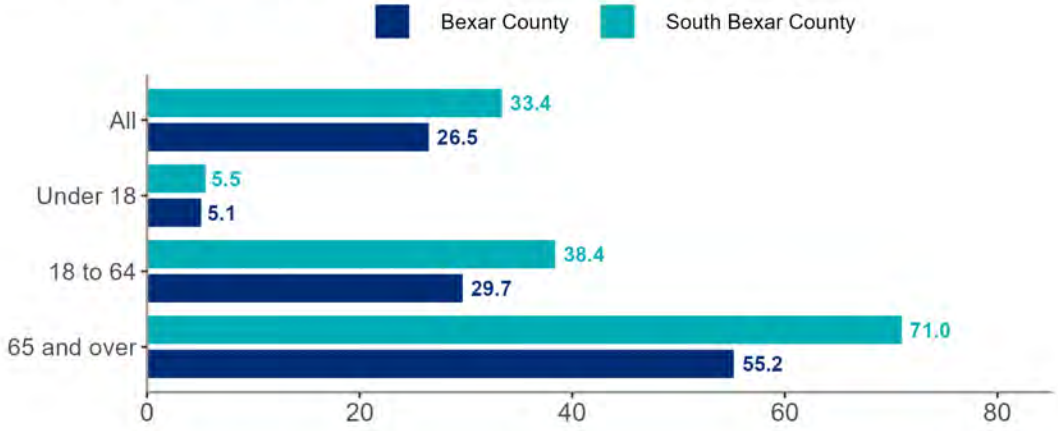
*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

DIABETES

The disparity between the two geographies is high for diabetes (Figure 3.32), with 33.4 hospitalization discharges per 10,000 population in South Bexar County – 26% higher than the rate of 26.5 in Bexar County overall. Although the rates are similar in the under-18 age group, in both the 18 to 64 and 65 and older age groups, the South Bexar rate is about 29% higher than the Bexar County rate. For comparison, Bexar County's 2016-2018 rates for the 18 to 64 and 65 and older age groups were 28.3 and 49.3, respectively.

Fig. 3.32 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Diabetes



*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

MENTAL ILLNESS

With the exception of the under-18 age group, the rate of hospitalization with a primary diagnosis of a mental illness (Figure 3.33) tends to be substantially lower in South Bexar County (all-ages rate 30.4) than in Bexar County overall (54.7). The greatest difference is in the 18 to 64 age group, where the South Bexar rate is less than half the Bexar County rate. It is worth noting, though, that in both South Bexar and Bexar County the hospitalization rate for a primary diagnosis of mental illness is about three times as high as for asthma, the second-most common of the diagnoses examined for that age group. For comparison, Bexar County's pre-pandemic 2016-2018 rates were 89.8 in the under-18 age group, 98.6 in the 18 to 64 group and 43.0 in the 65 and older group.

Participants described wanting more mental health services near them. They felt there was not enough information about caring for depression, anxiety, and mental disorders.

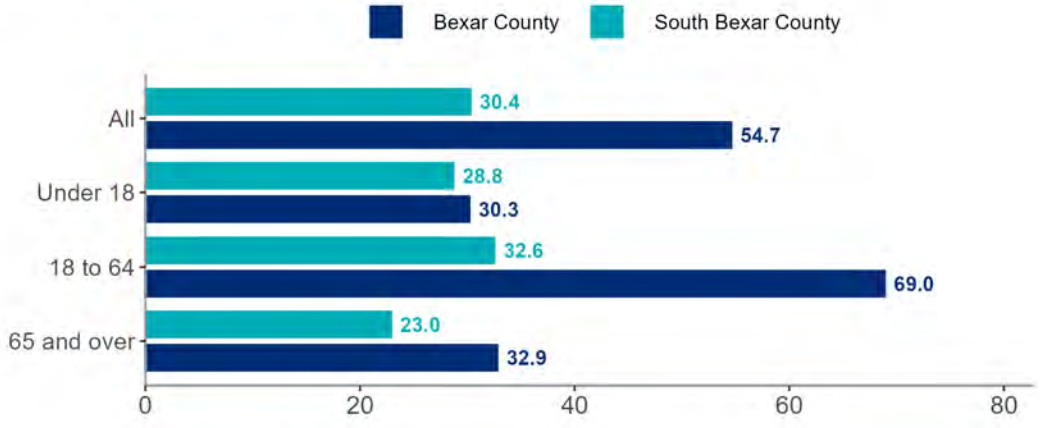
Speaker C in the Dr. Robert L.M. Hilliard Center Focus Group: ***Especially the psychiatry. After one year, I find the doctor. I couldn't find this practitioner.***

Moderator: ***It took you a whole year?***

Speaker C: ***A whole year and the doctor they have available don't take the children.***

Fig. 3.33 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Mental illness



*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

INJURY AND VIOLENCE

PEDESTRIAN INJURY AND DEATH

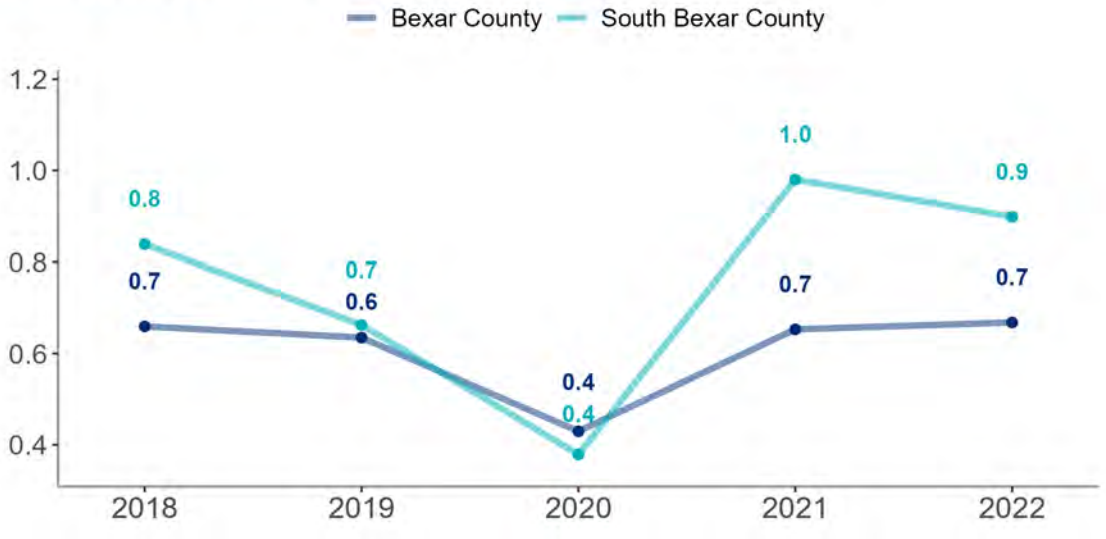
Figure 3.34 shows the number of pedestrians per 10,000 population who were in motor vehicle crashes that caused serious injury in 2018 through 2022, and Figure 3.35 shows the rate of pedestrian fatalities. It is important to note here that unlike most of the measures in this report, the geography for these indicators drawn from the Texas Crash Records Information System (TCRIS) dataset represents where the crash occurred, not where the people involved in the crash reside. Because the numbers are fairly small, the South Bexar trend in rate of pedestrians in motor vehicle crashes that caused serious injury shows a good bit of "bounce" with sizable changes from year to year. For most years, the South Bexar rate is somewhat higher than the Bexar County rate for both indicators. Interestingly, the 2020 anomaly in Figure 3.34, likely related to COVID-19 "stay at home" orders, is not reflected in Figure 3.35.

A participant described wanting better road safety for pedestrians, especially children.

"You know the way traffic runs, and you know the way things are set up. I think of my kid's school, there is no parking for kids and it's on a street that even though it is a school zone I am constantly *yells* 'It's a school zone!' So, you have to cross the street with your kid. I have three little ones and you would think they have kids too, you would think they could have speed bumps there more."

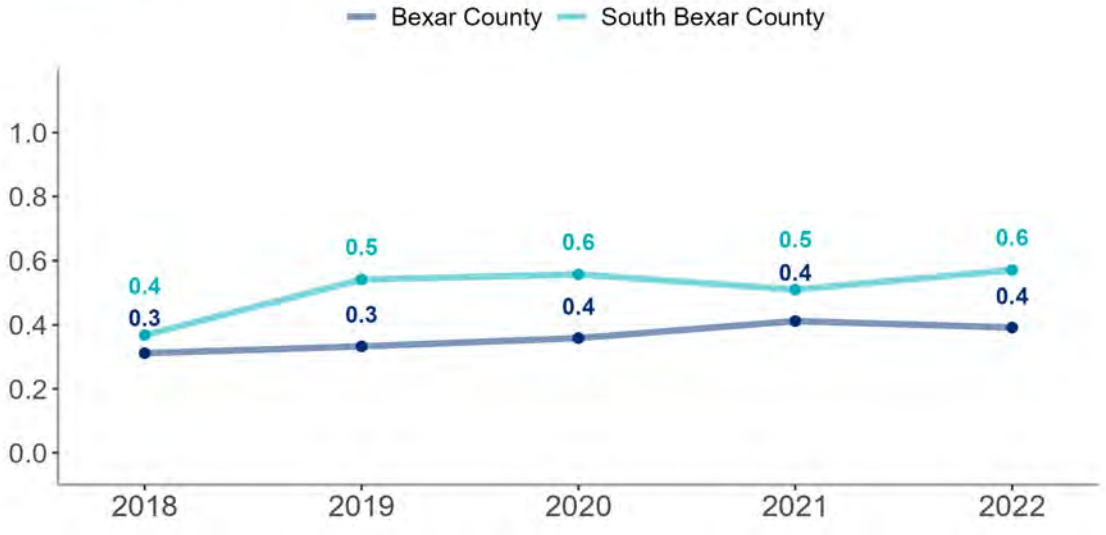
– Speaker D in the Family Service Focus Group

Fig. 3.34 Pedestrians in motor vehicle crashes that caused serious injury per 10K population



Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.35 Pedestrian fatalities in motor vehicle crashes per 10K population

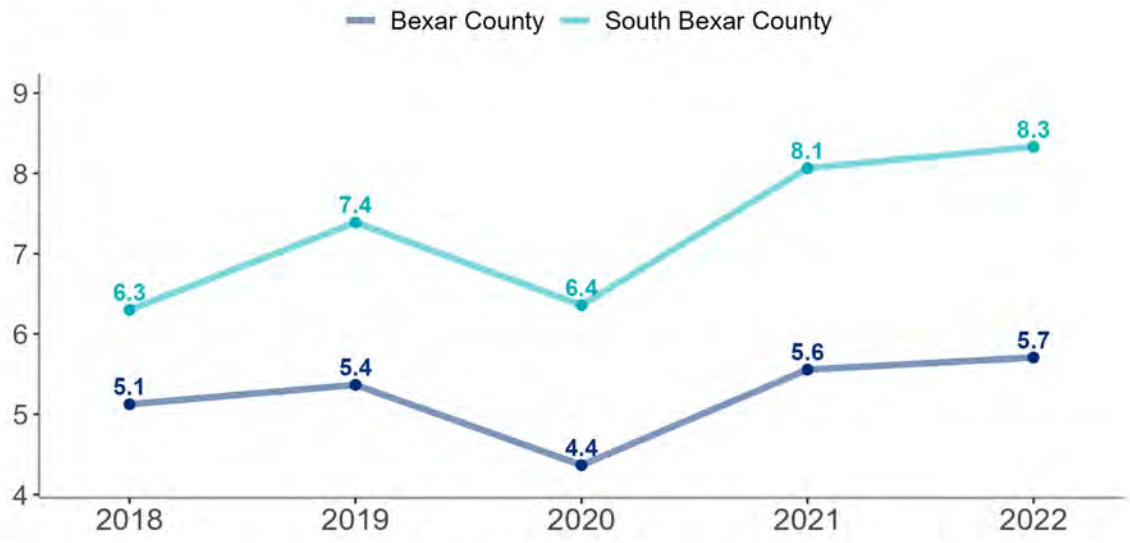


Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

SERIOUS INJURY AND DEATH FROM MOTOR VEHICLE CRASHES

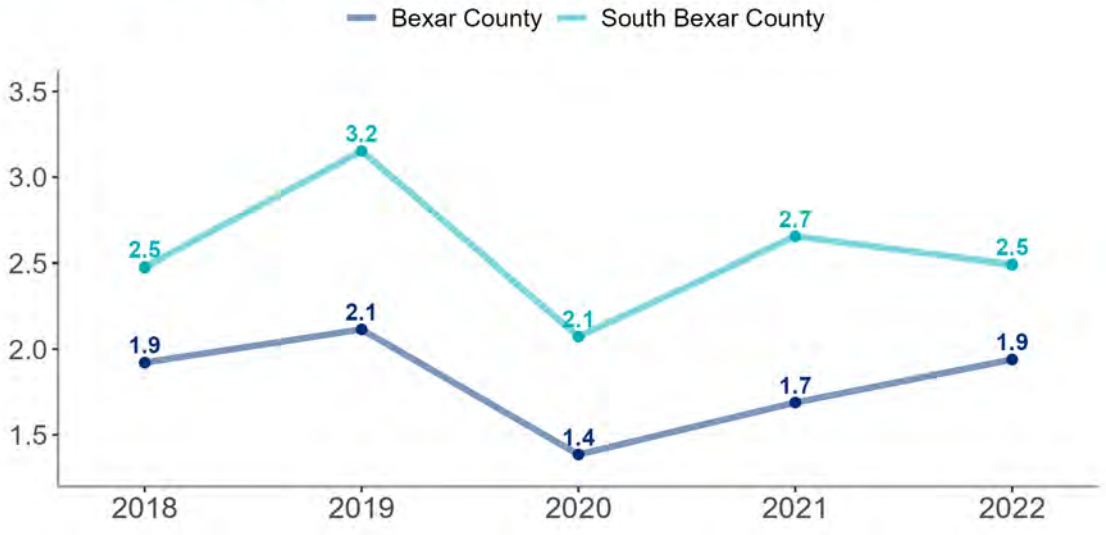
The next several charts (Figures 3.36 through 3.41) trend rates of serious or fatal motor vehicle crash injuries overall and by contributing cause. Again, these indicators represent where the crash occurred, not where the people involved in the crash reside. The overall rates are consistently 25% to 45% higher in South Bexar than in Bexar County as a whole, and the South Bexar rate is higher than Bexar County for every cause of crash. Virtually every trend line shows a drop in 2020, likely pandemic-driven. The sole exception is the South Bexar rate of crashes caused by speed (Figure 3.40). The South Bexar rate increased in every year and is now 1.4 times the 2018 rate, as compared to 1.2 for Bexar County overall.

Fig. 3.36 Serious or fatal motor vehicle crash injuries per 10K population



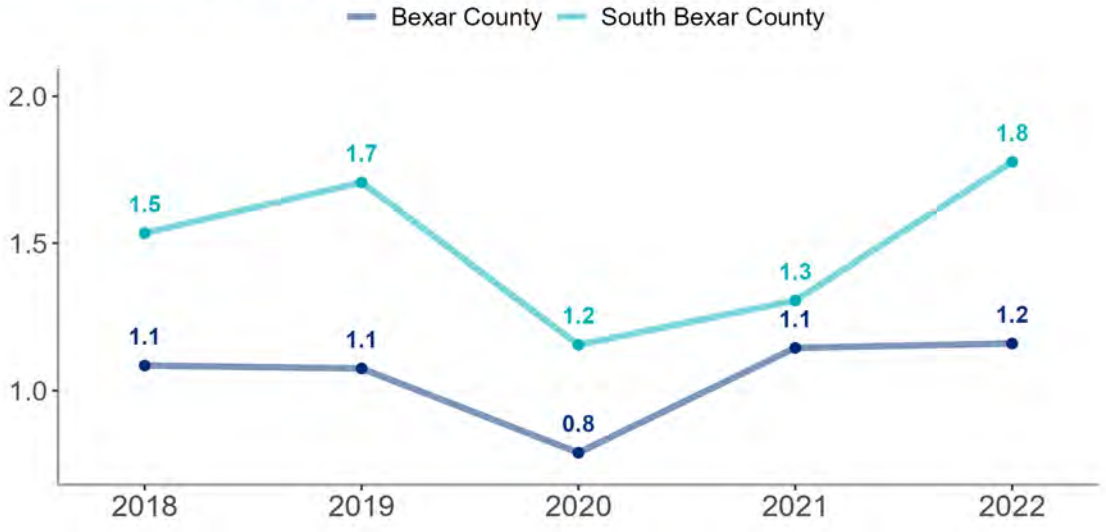
Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.37 Serious or fatal motor vehicle crash injuries caused by distracted driver crashes per 10K population



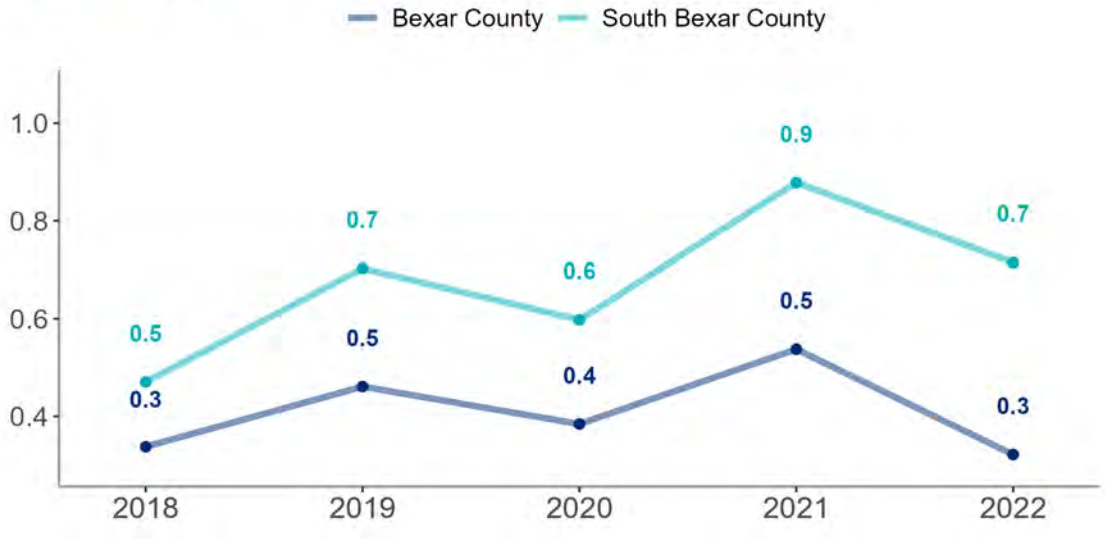
Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.38 Serious or fatal motor vehicle crash injuries caused by alcohol related crashes per 10K population



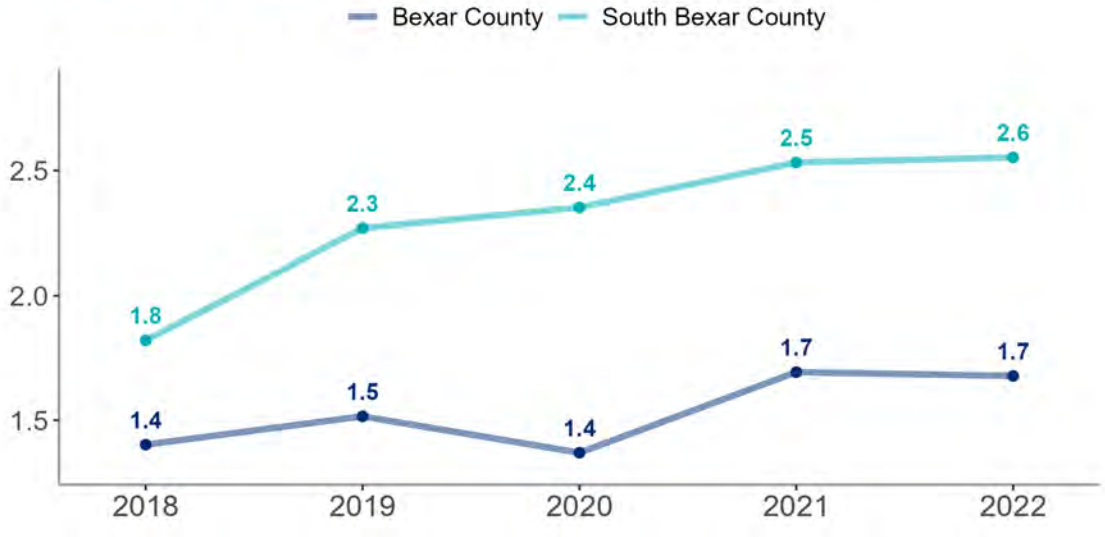
Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.39 Serious or fatal motor vehicle crash injuries caused by drug related crashes per 10K population



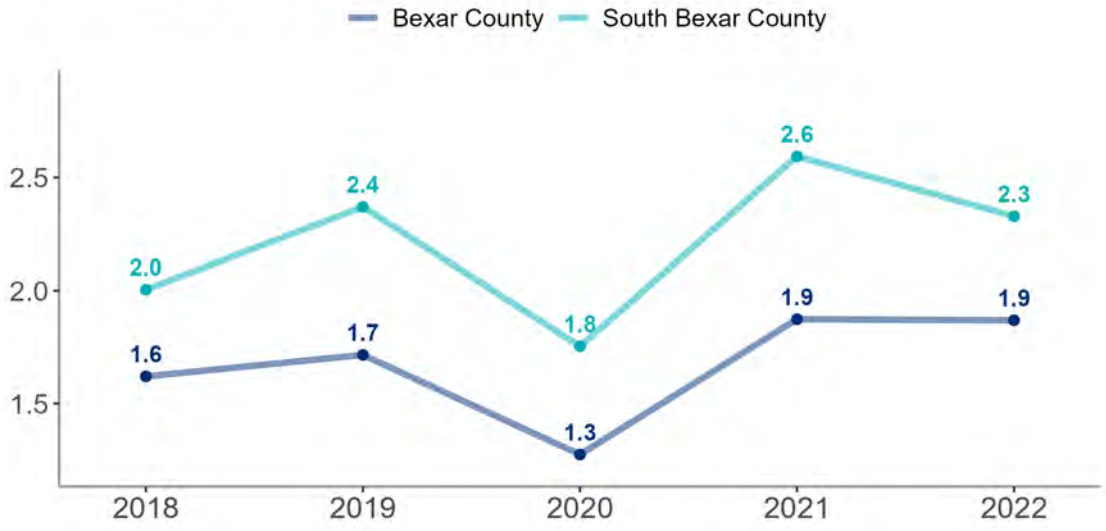
Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.40 Serious or fatal motor vehicle crash injuries caused by speed crashes per 10K population



Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

Fig. 3.41 Serious or fatal motor vehicle crash injuries caused by intersection crashes per 10K population



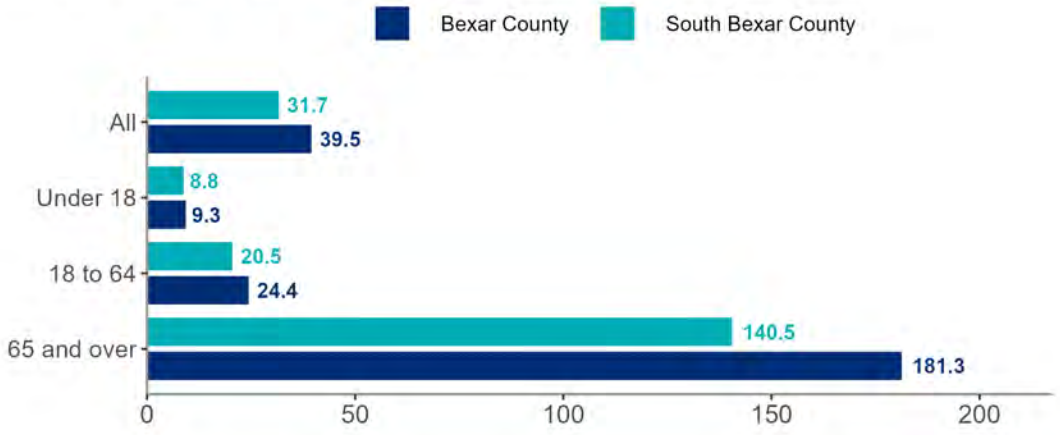
Source: Texas Department of Transportation Crash Records Information System
Prepared by CI:Now for University Health

INJURY AND POISONING

As was the case with mental illness, the rate of hospital discharges for injury and poisoning (Figure 3.42) is higher in Bexar County overall (39.5) than in South Bexar County (31.7), but the difference is not as dramatic. For both geographies, the rate is highest in the 65 and older age group. The rates are similar in the under-18 age group, but the rate for Bexar County overall is higher, and that gap widens with age. This ICD-10 diagnosis category includes all kinds of physical injuries, burns and chemical poisoning, including drug overdose.

Fig. 3.42 Number of hospital discharges per 10K population by age, 2019-2021*

Primary diagnosis: Injury & poisoning

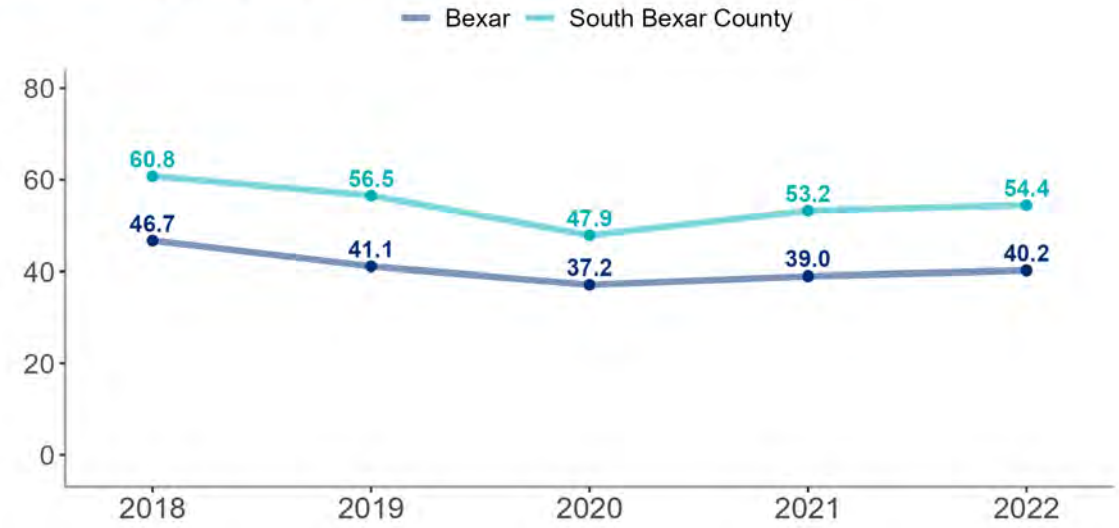


*Three-year average
Source: Texas Health Care Information Collection Inpatient Discharge Public Use Data File, 2021, Texas Department of State Health Services, Center for Health Statistics, Austin, Texas; ACS 5-Year Estimates
Prepared by CI:Now for University Health

CHILD ABUSE AND NEGLECT

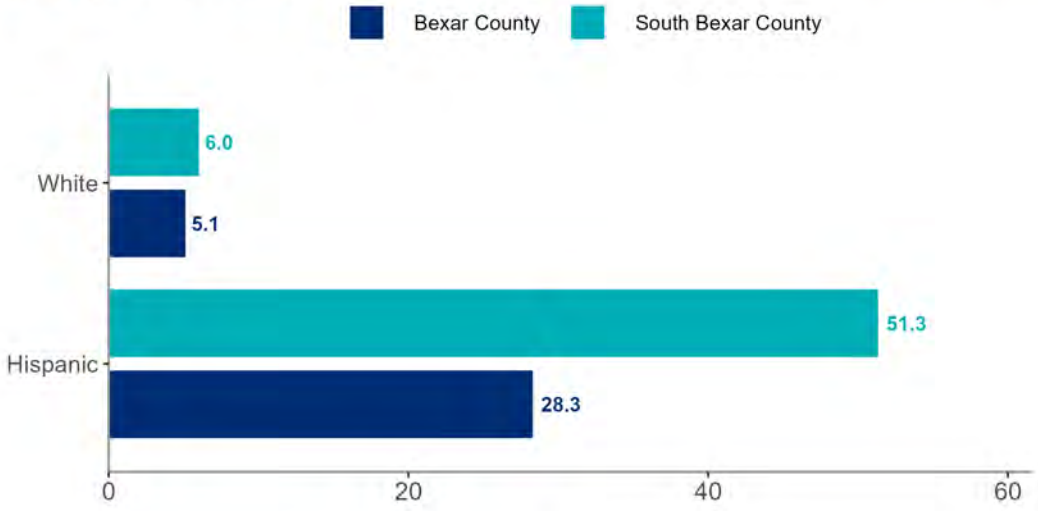
The next charts and map focus on initial reports of alleged child abuse or neglect rather than confirmed victims, as the confirmed victims rate is highly affected by Child Protective Services staffing and other issues that cause a slowdown in case investigation, which is required to confirm or rule out the report. The South Bexar rate is typically at least 30% higher than the Bexar County rate (Figure 3.43). Because school personnel are a common source of child abuse and neglect reports, the 2020 rate was greatly affected by the shift to remote learning. For privacy reasons the data was suppressed for all South Bexar race/ethnicity groups except Hispanic and white (Figure 3.44). While the Bexar County and South Bexar rates are similar among whites, among Hispanics the South Bexar rate is far higher than Bexar County overall. The South Bexar ZIP code with the highest report rate is 78220, which is bisected east to west by W.W. White road (Figure 3.45).

Fig. 3.43 Reports of alleged child abuse or neglect per 1K population aged 0-17



Source: Texas Department of Family and Protective Services
Prepared by CI:Now for University Health

Fig. 3.44 Reports of alleged child abuse or neglect per 1K population aged 0-17, by race/ethnicity, 2022



Source: Texas Department of Family and Protective Services
Prepared by CI:Now for University Health

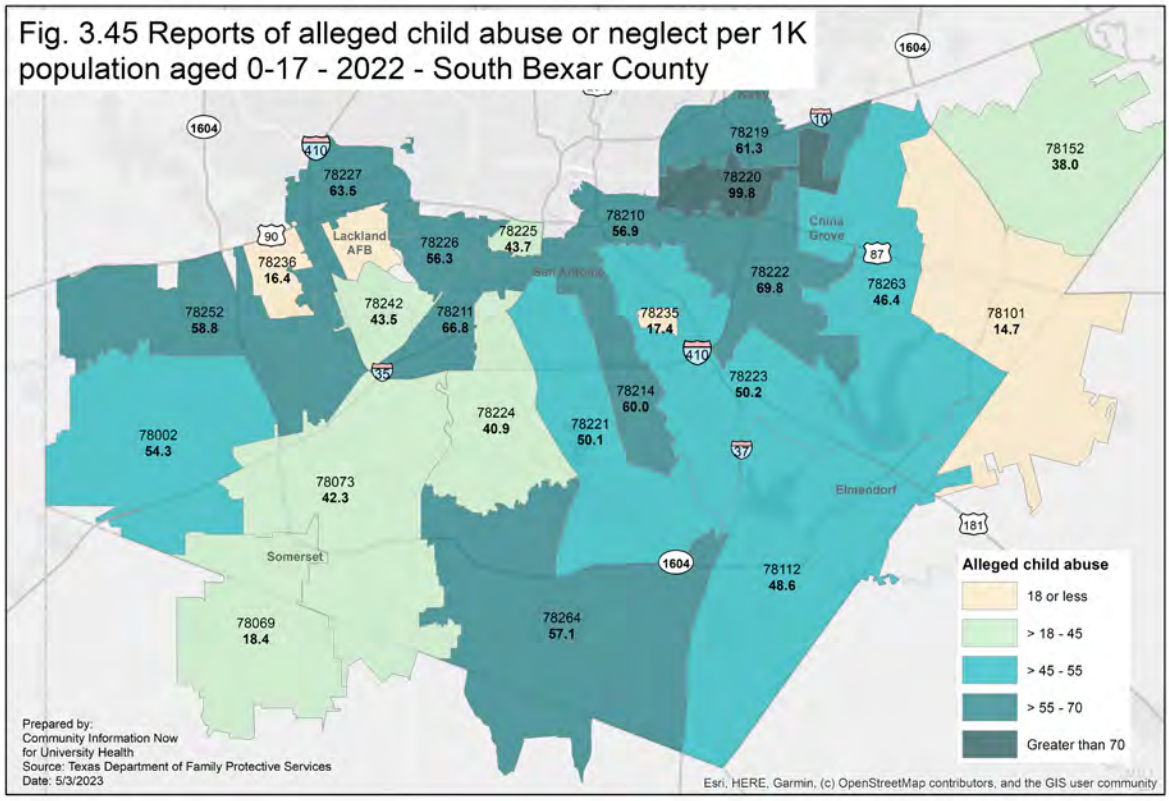


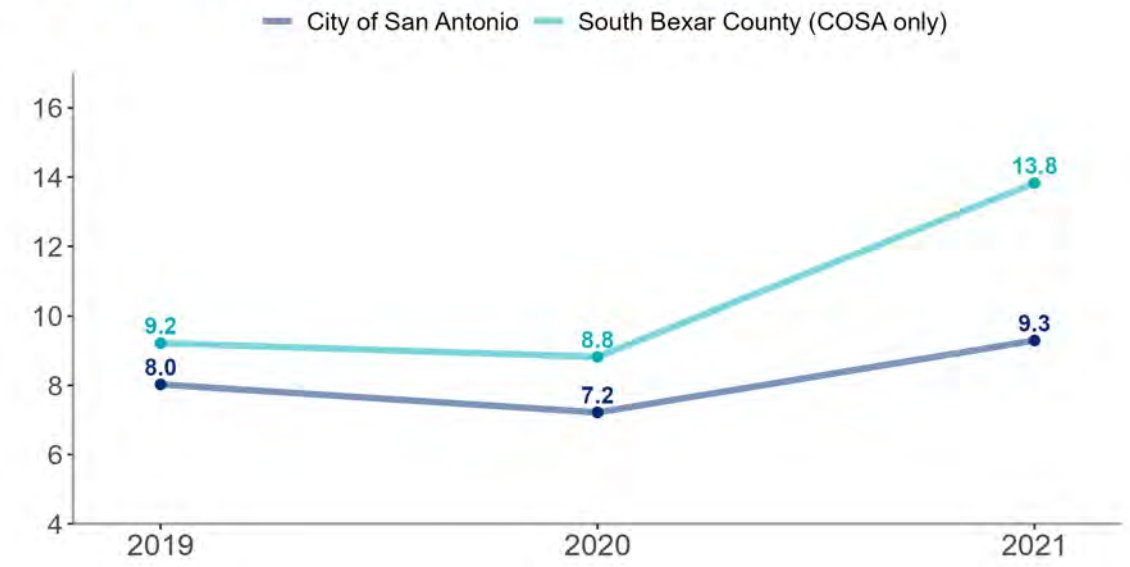
Fig. 3.45 Reports of alleged child abuse or neglect per 1K population aged 0-17 - 2022 - South Bexar County
78227 63.5
78236 16.4
78252 58.8
78242 43.5
78211 66.8
78226 56.3
78225 43.7
78219 61.3
78220 99.8
78210 56.9
78222 69.8
78263 46.4
78235 17.4
78152 38.0
78101 14.7
78223 50.2
78214 60.0
78224 40.9
78221 50.1
78002 54.3
78073 42.3
78069 18.4
78264 57.1
78112 48.6
Lackland AFB
China Grove
Elmendorf
Somerset
Alleged child abuse
18 or less
> 18 - 45
> 45 - 55
> 55 - 70
Greater than 70
Prepared by:
Community Information Now for University Health
Source: Texas Department of Family Protective Services
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

FAMILY VIOLENCE

Family violence appears to have worsened during the pandemic (Figure 3.46), with the incident rate rising 16% in the City of San Antonio overall and 50% in the portion of the city that falls in South Bexar. The rate is highest in ZIP code 78220 (Figure 3.47).

This data does not include family violence incidents from other municipalities or unincorporated Bexar County. An incident may involve one or many victims, so the incident rate does not speak to the number of family violence victims in either geography.

Fig. 3.46 Family violence incidents per 1K population



Source: Texas Department of Public Safety; COSA Metropolitan Health District
Prepared by CI:Now for University Health

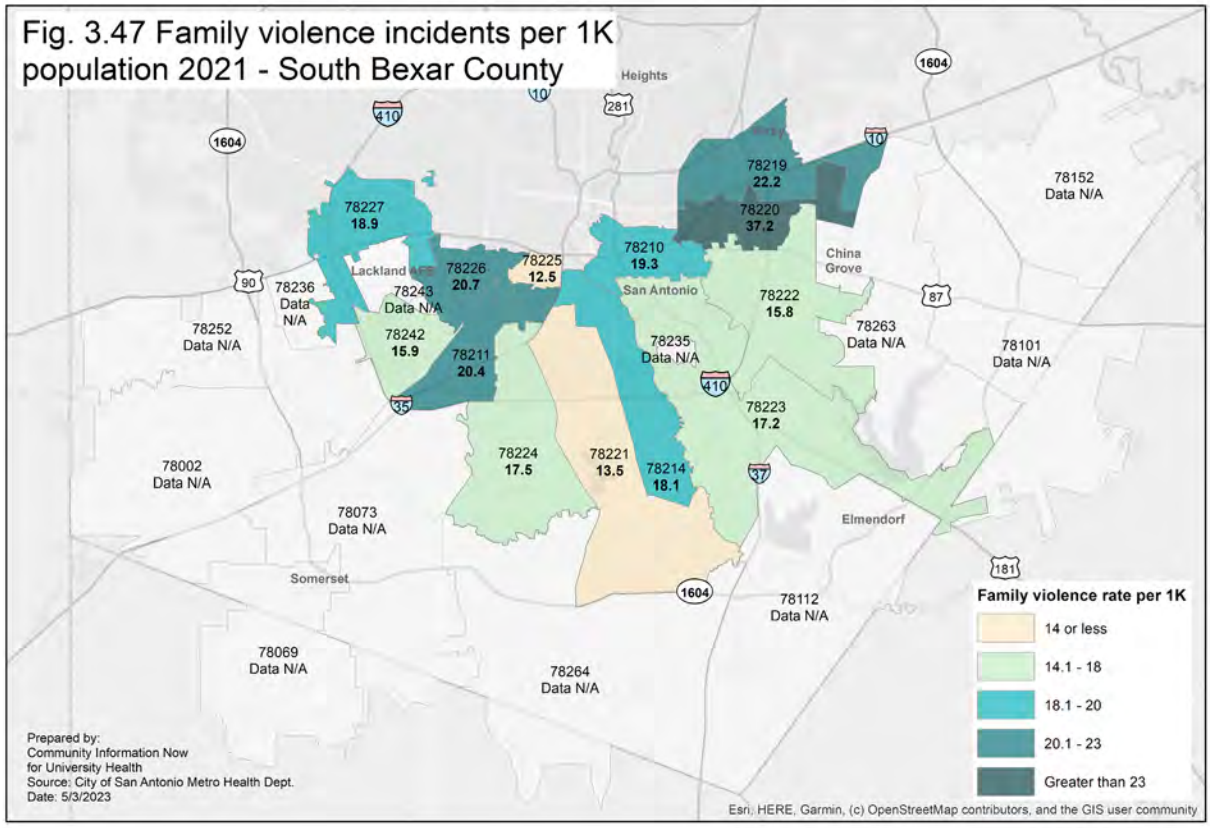
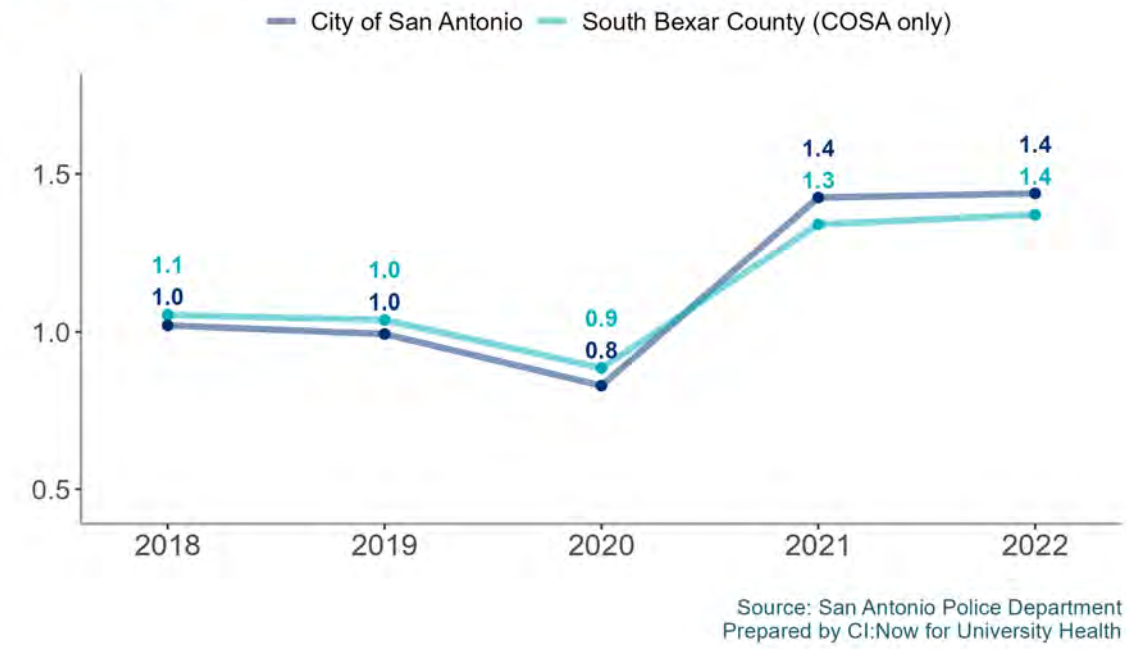


Fig. 3.47 Family violence incidents per 1K population 2021 - South Bexar County
Heights
1604
410
10
281
1604
78219
22.2
78220
37.2
78152
Data N/A
78227
18.9
78210
19.3
China Grove
Lackland AFB
78226
20.7
78225
12.5
San Antonio
78222
15.8
90
78236
Data N/A
78243
Data N/A
87
78252
Data N/A
78242
15.9
78211
20.4
78235
Data N/A
78263
Data N/A
78101
Data N/A
410
35
78223
17.2
78224
17.5
78221
13.5
78214
18.1
37
78002
Data N/A
78073
Data N/A
Elmendorf
181
Somerset
1604
78112
Data N/A
78069
Data N/A
78264
Data N/A
Family violence rate per 1K
14 or less
14.1 - 18
18.1 - 20
20.1 - 23
Greater than 23
Prepared by:
Community Information Now
for University Health
Source: City of San Antonio Metro Health Dept.
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

SEXUAL ASSAULT

The rate of sexual assaults is similar in the City of San Antonio overall and the portion of the city that falls in South Bexar (Figure 3.48). After a slight drop in 2020, the rate is now markedly higher than pre-pandemic levels. The rate is highest to the east of downtown just inside Loop 410 (Figure 3.49). As with family violence, this data does not include sexual assaults from other municipalities or unincorporated Bexar County.

Fig. 3.48 Sexual assault rate per 1K population



Source: San Antonio Police Department
Prepared by CI:Now for University Health

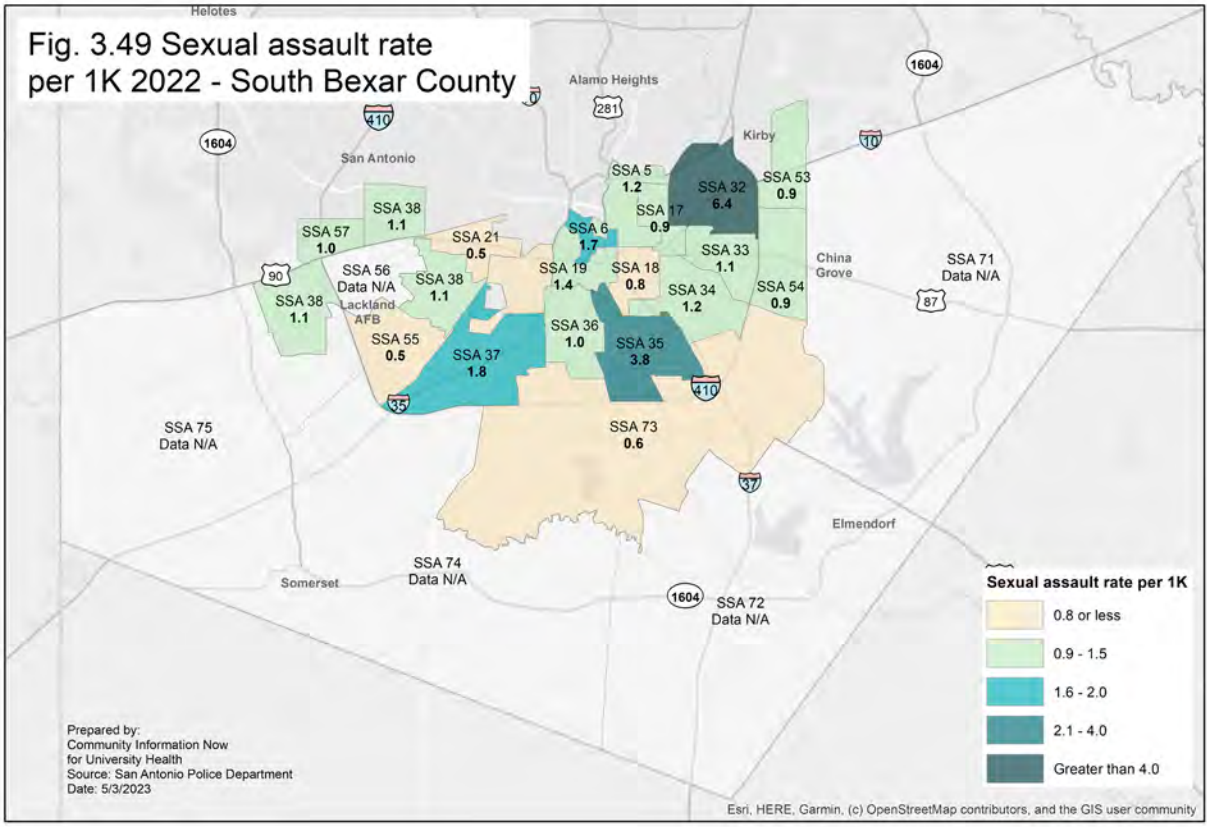


Fig. 3.49 Sexual assault rate per 1K 2022 - South Bexar County
Helotes
Alamo Heights
San Antonio
Kirby
China Grove
Lackland AFB
Somerset
Elmendorf
SSA 5 1.2
SSA 32 6.4
SSA 53 0.9
SSA 17 0.9
SSA 6 1.7
SSA 21 0.5
SSA 38 1.1
SSA 57 1.0
SSA 33 1.1
SSA 19 1.4
SSA 18 0.8
SSA 56 Data N/A
SSA 38 1.1
SSA 38 1.1
SSA 34 1.2
SSA 54 0.9
SSA 71 Data N/A
SSA 36 1.0
SSA 55 0.5
SSA 37 1.8
SSA 35 3.8
SSA 75 Data N/A
SSA 73 0.6
SSA 74 Data N/A
SSA 72 Data N/A
Sexual assault rate per 1K
0.8 or less
0.9 - 1.5
1.6 - 2.0
2.1 - 4.0
Greater than 4.0
Prepared by:
Community Information Now
for University Health
Source: San Antonio Police Department
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

OVERALL VIOLENT CRIME

The overall violent crime rate is consistently higher in the South Bexar portion of the City of San Antonio than in the city overall (Figure 3.50). After slight increases between 2018 and 2020, the rate then jumped substantially between 2020 and 2022. The highest violent crime rates in the South Bexar portion of the city are inside Loop 410 to the east and along the South Presa Street corridor (Figure 3.51).

Participants desired safer neighborhoods, free of violence and with more police substations.

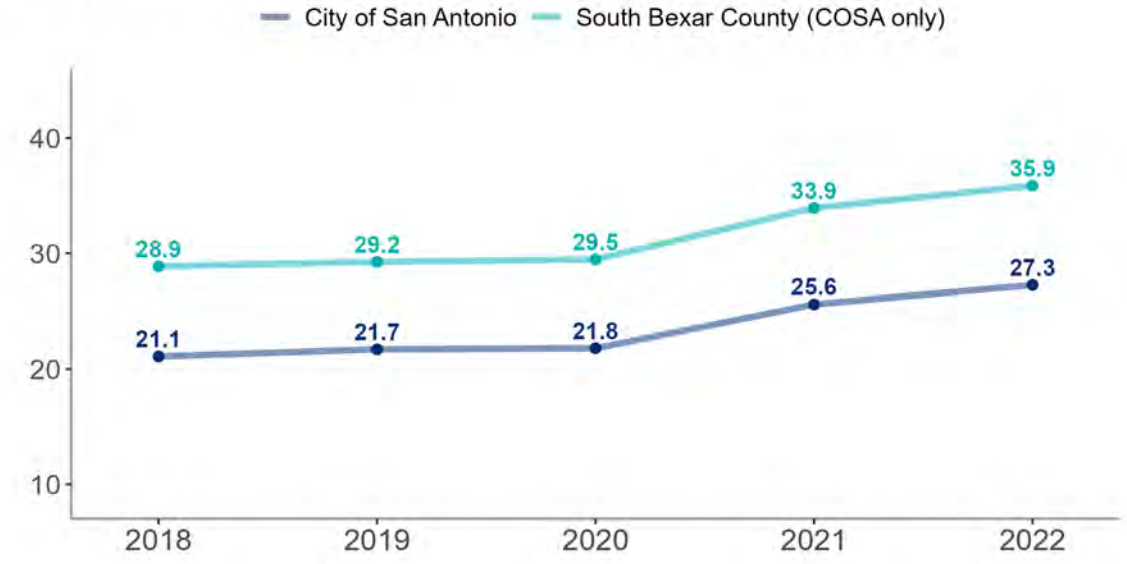
"Safety, how? Like the neighborhood I live? You know they always [have] a gunfire or something, you know something always going on. So, it kind of is scary a lot of time, you know. They steal things, if you are at work, or you not at home, and in your absence, they exactly know when to come."

– Speaker C in the Dr. Robert L.M. Hilliard Center Focus Group

"We don't even have a substation, a police substation. And I know in the news about three weeks ago, they had a shootout... When there's a shootout, our areas don't have anything."

– Speaker G in the Carver Library Focus Group

Fig. 3.50 Violent crime rate per 1K population



Source: San Antonio Police Department
Prepared by CI:Now for University Health

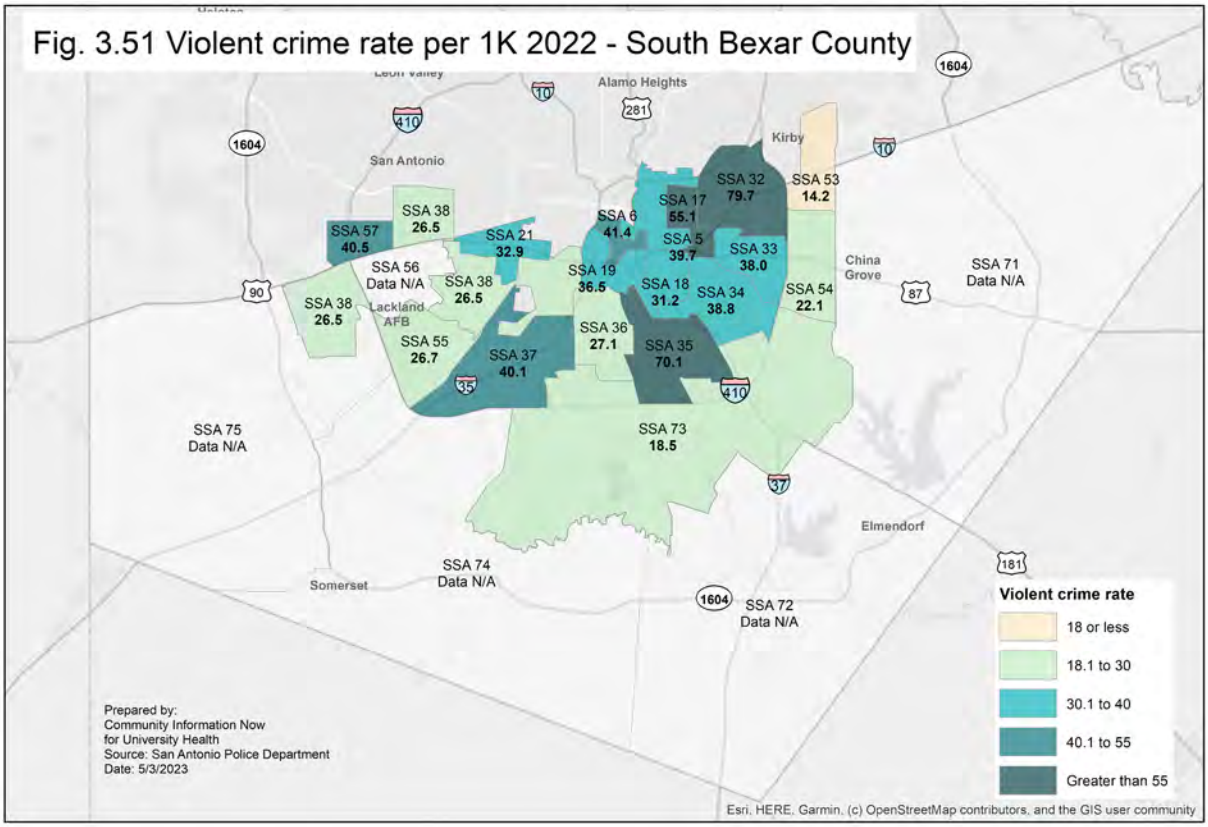
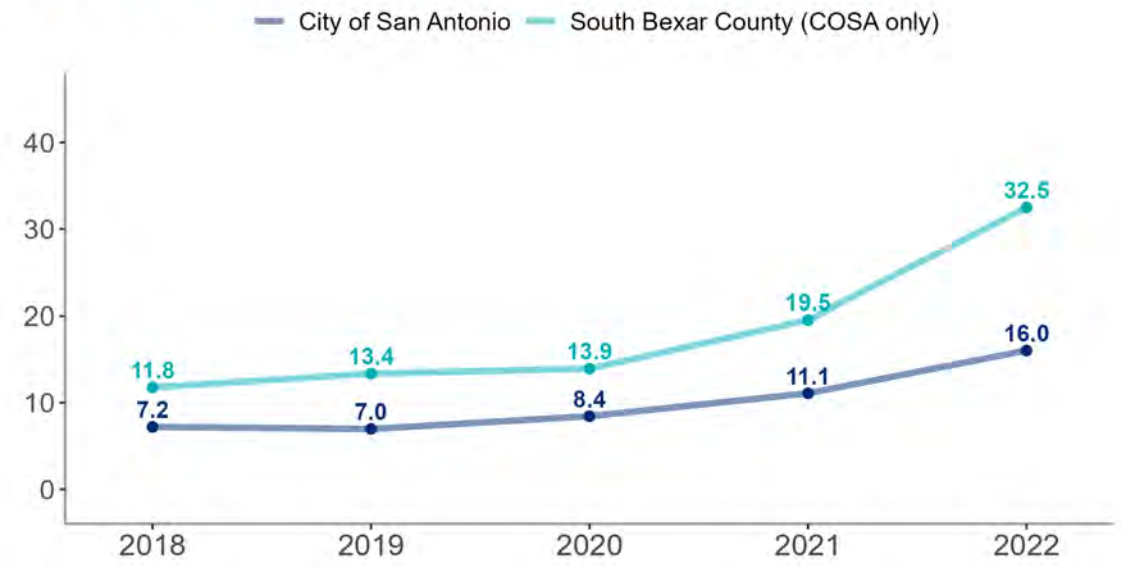


Fig. 3.51 Violent crime rate per 1K 2022 - South Bexar County
Alamo Heights
San Antonio
Kirby
China Grove
Lackland AFB
Somerset
Elmendorf
SSA 32 79.7
SSA 53 14.2
SSA 17 55.1
SSA 6 41.4
SSA 5 39.7
SSA 33 38.0
SSA 57 40.5
SSA 38 26.5
SSA 21 32.9
SSA 56 Data N/A
SSA 38 26.5
SSA 19 36.5
SSA 18 31.2
SSA 34 38.8
SSA 54 22.1
SSA 71 Data N/A
SSA 38 26.5
SSA 55 26.7
SSA 37 40.1
SSA 36 27.1
SSA 35 70.1
SSA 75 Data N/A
SSA 73 18.5
SSA 74 Data N/A
SSA 72 Data N/A
Violent crime rate
18 or less
18.1 to 30
30.1 to 40
40.1 to 55
Greater than 55
Prepared by:
Community Information Now
for University Health
Source: San Antonio Police Department
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

HOMICIDE AND MANSLAUGHTER

The homicide and manslaughter rate in the South Bexar portion of the City of San Antonio (Figure 3.52) follows the same general trend as seen for violent crime, and the 2022 rate is nearly three times the 2018 rate. The rate for the City of San Antonio overall slightly more than doubled, a lower rate of increase than that seen for the South Bexar portion of the City of San Antonio, which nearly tripled. The homicide and manslaughter numbers are too small to allow this indicator to be mapped.

Fig. 3.52 Homicide and manslaughter rate per 100K population



Source: San Antonio Police Department
Prepared by CI:Now for University Health

OVERALL DEATH RATE

The overall crude death rate (Figure 3.53) for South Bexar is consistently higher than for Bexar County overall, and the increase from 2019 to 2020 is steeper as well. Unfortunately, too much data was suppressed to allow for calculation of an age-adjusted death rate. Age-adjustment of rates is needed to enable an "apples to apples" comparison between two populations with different age distributions, since other factors being equal, younger populations typically have a lower overall death rate than older populations.

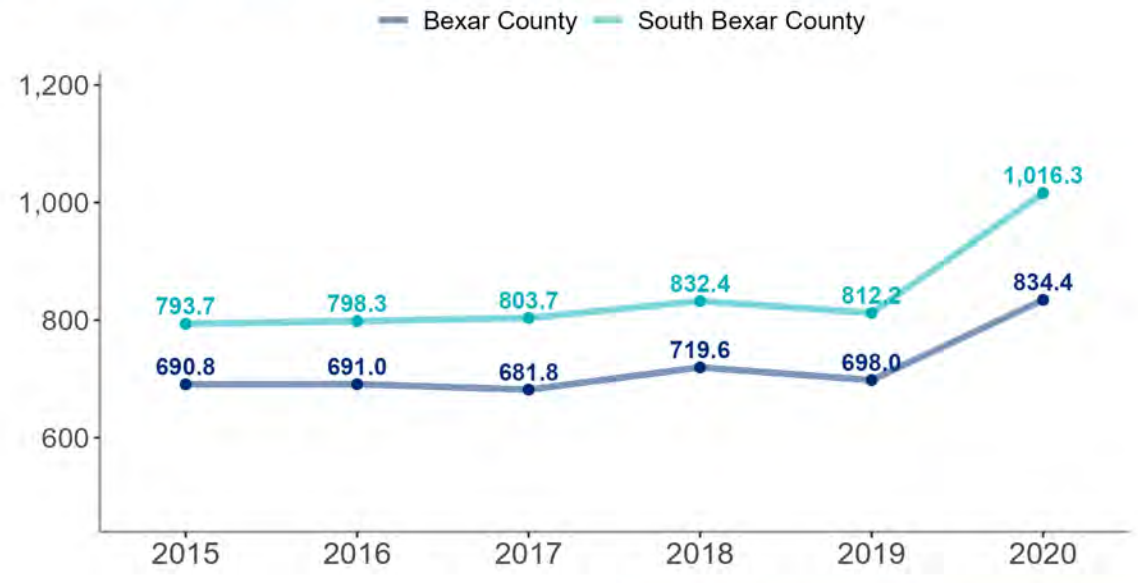
The two highest crude death rates are in SSA 71, in the more rural, far eastern portion of South Bexar (Figure 3.54) and in SSA 21, which centers on the intersection of Highway 90 and General McMullen. For reference, 16% of the population of SSA 71 is 65 or older, as compared to 13% of the population of SSA 21.

The same data suppression problem means that rates could not be calculated for specific race/ethnicity groups. Data on cause of death were not available.

LEADING CAUSES OF DEATH IN BEXAR COUNTY

In Bexar County overall, the leading underlying causes of death in the three-year period of 2018 to 2020 were heart disease, cancer, cerebrovascular disease, unintentional injuries, Alzheimer's disease, COVID-19, chronic lower respiratory disease, diabetes, liver disease and kidney disease. Heart disease and cancer are the underlying cause of three to four times as many deaths as cerebrovascular disease, the third most common underlying cause.

Fig. 3.53 Death rate per 100K population (not age-adjusted)



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

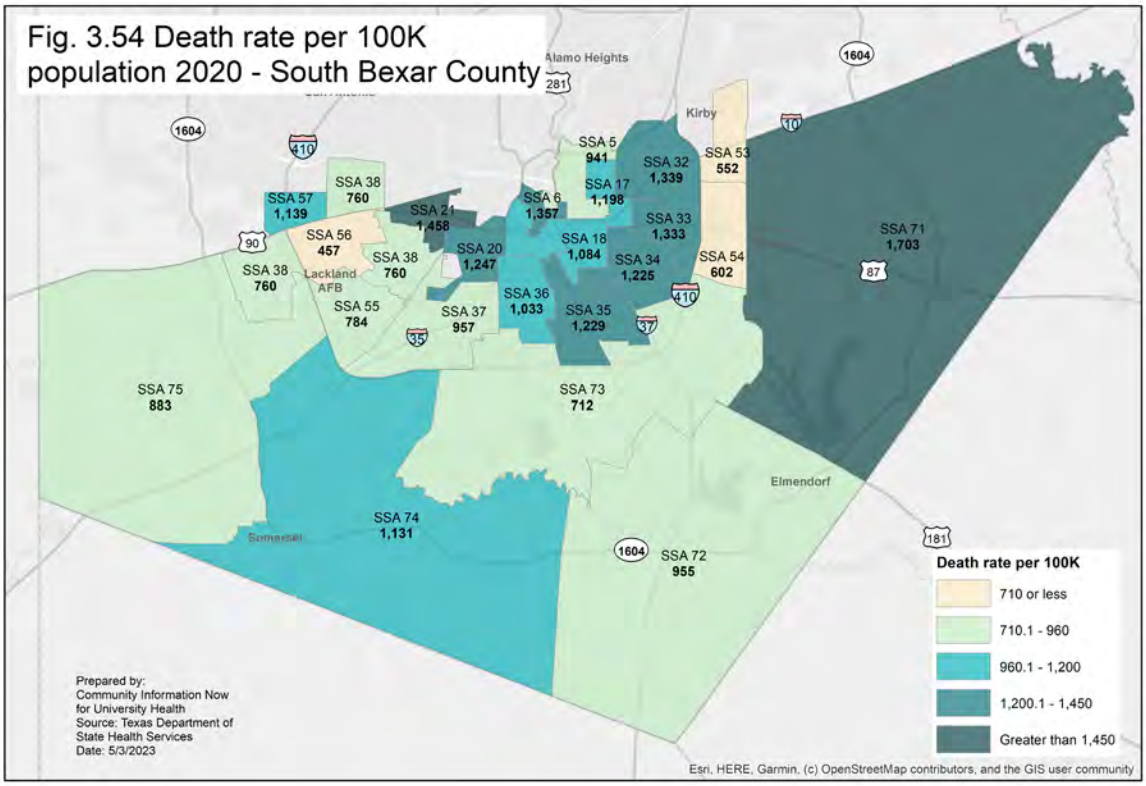


Fig. 3.54 Death rate per 100K population 2020 - South Bexar County
Alamo Heights
Kirby
Lackland AFB
Somerset
Elmendorf
SSA 5 941
SSA 32 1,339
SSA 53 552
SSA 17 1,198
SSA 57 1,139
SSA 38 760
SSA 21 1,458
SSA 6 1,357
SSA 33 1,333
SSA 56 457
SSA 18 1,084
SSA 71 1,703
SSA 20 1,247
SSA 38 760
SSA 34 1,225
SSA 54 602
SSA 38 760
SSA 55 784
SSA 36 1,033
SSA 37 957
SSA 35 1,229
SSA 75 883
SSA 73 712
SSA 74 1,131
SSA 72 955
Death rate per 100K
710 or less
710.1 - 960
960.1 - 1,200
1,200.1 - 1,450
Greater than 1,450
Prepared by:
Community Information Now
for University Health
Source: Texas Department of
State Health Services
Date: 5/3/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

PRIORITIES AND NEXT STEPS

PRIORITIES

This Community Health Needs Assessment presents many opportunities for improving health outcomes and reducing risk factors and disparities that exist in South Bexar County. To understand where to focus initial efforts, the Institute for Public Health sought input from community residents and University Health leaders. Participants were asked to rate a list of items as higher or lower priority in three separate categories: **Health Drivers, Health Conditions** and **Solutions and Strategies.**

The Institute for Public Health outreach team collected input from 56 South Bexar County residents using a brief paper survey at community venues and events. Simultaneously, the five-member University Health panel, with access to the preliminary quantitative and qualitative data, provided input via a digital survey.

These ratings, which were relatively consistent between the two groups, helped define a single set of highest priorities in each category. The Health Drivers and Health Conditions priorities align with Healthy People 2030 national objectives to improve health and well-being. Those that relate directly to a Healthy People 2030 Leading Health Indicator (LHI)[1] are bolded, but are not necessarily any more critical or urgent to the health and well-being of South Bexar County than the other issues identified as high-priority. The priorities identified for South Bexar County are summarized in the table below.

Health Drivers	• **Food security (including nutrition and healthy eating) and exercise** • **Getting good health care when you need it (including health insurance, affording prescription costs and provider availability)** • **Finances (including income and employment)** • **Education and literacy level (including early childhood development, college/career readiness and job training)** • Housing stability (including affordability, safety and disabled accessibility)
Health Conditions	• **High blood pressure, heart disease and stroke** • **Diabetes and pre-diabetes** • **Overweight and obesity** • **Behavioral health (including depression, anxiety, post-traumatic stress disorder and substance use)** • **Pregnancy, prenatal and postpartum health and family planning** • Injury and trauma (including family violence, abuse and neglect)
Solutions and Strategies	• Preventive and primary care (including vaccinations, screening, wellness visits and prenatal visits) • Specialty care • Urgent care • Help with coordinating care or dealing with the health care system (including interpretation and translation for languages other than English) • Help with connecting to social services and community organizations for assistance with transportation, housing, food, internet or other needs • Health education, health literacy and community outreach

[1]U.S. Department of Health and Human Services. (No date; retrieved 5/17/2023). Healthy People 2030: Leading Health Indicators. **https://health.gov/healthypeople/objectives-and-data/leading-health-indicators**

Along with access to health care, the **Health Drivers** category includes several fundamental social and economic determinants of health, including education, finances, food security and housing stability. The **Health Conditions** priorities include a number of chronic physical illnesses; behavioral health conditions; family violence, injury abuse and neglect; and perinatal health and family planning. Priority issues in the **Strategies and Solutions** category include preventive/primary, specialty and urgent care; help connecting to and navigating both health care and social service systems and resources; and health education, health literacy and community outreach.

We have seen in this report that conditions, challenges and assets vary among different demographic groups and neighborhoods within South Bexar County. It follows that the shorter- and longer-term priorities may vary by demographic group and neighborhood as well.

NEXT STEPS

For more than 20 years, University Health has partnered with other health care organizations to produce shared community health needs assessments for Bexar County. This is accomplished through mutual funding and support of the Health Collaborative.

This report, conducted by University Health with financial support from the United States Health Resources and Services Administration (Grant number 22GE1HS45833), looks uniquely at South Bexar County to describe the living conditions, health behaviors, health outcomes and needs of residents living in this geographic area. Where do we go from here to address the priorities and disparities identified?

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 social determinants of health for our patient population and community at large, especially where the greatest disparities exist.

In 2022, University Health launched the Institute for Public Health (IPH). The mission of the IPH 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 IPH serves as a critical hub for University Health, connecting patients with targeted education and resources. It also actively connects our internal staff, services and programs with external community partners. The IPH aligns and coordinates how University Health addresses community needs and helps patients achieve optimal health through delivery of the 10 essential public health services.[2]

In March 2023, University Health's Board of Managers approved our Implementation Strategy to address the needs of Bexar County. These strategies focus on:

- **Social Determinants of Health,** including economic stability, neighborhood and built environment, social and community context, educational access and quality, and health care access.
- **Health Behaviors and Risks,** including harm reduction and health promotion.
- **Health Care, Disease and Mortality,** including infectious diseases, chronic diseases, cancer screenings, women and newborn health, mental and behavioral health, and oral health.

University Health will leverage these strategies and work with our community partners to target the specific needs of medically underserved areas, including South Bexar County. Already, the findings from this report are informing the design of two new clinics and a hospital University Health is constructing in this region. These facilities will prioritize public health, increasing access to care and coordination with local partners and social services to achieve health equity. Through these efforts, University Health will continue to engage residents and stakeholders, ensuring programs and services are developed and implemented to address the highest priorities identified in this assessment.

[2]CDC - 10 Essential Public Health Services - Public Health Infrastructure Center

ACKNOWLEDGMENTS

University Health is grateful to Congressman Joaquin Castro and the United States Health Resources and Services Administration for funding this community needs assessment.

University Health wishes to thank the Bexar County Commissioners Court and our Board of Managers for its leadership and commitment to improving the health of our community.

The Institute for Public Health managed this project and collected new data specific to South Bexar County. The IPH team included (in order by last name) Daniela Chavarria, Mae Darrin, Dr. Carol Huber, Dr. Leo López III, Sofia López, Ravee Mata, Sarah Mohmedali and Georgina Urbina.

The focus groups would not have been possible without strong community partners (in order by last name) including Sandra Esquivel (Dr. Robert L.M. Hilliard Center), Mary Garr (Family Service), Maria Medel (The Miracle Center), Shauna Mendoza (Carver Library) and Caylee Tijerina (Texas A&M University-San Antonio).

We would also like to acknowledge the contributions of Community Information Now (CI:Now) and the community members of South Bexar County who generously shared their personal experiences, concerns and hopes, breathing life and humanity into the data.

The CI:Now project team included (in order by last name) Dr. Danequa Forrest, Cristina Martinez, Dr. Laura McKieran, Jeanette Parra, Jeremy Pyne and Natalia Rodriguez. The team extends its thanks to the Institute for Public Health for the opportunity to engage in this project and for their well-organized and close collaboration throughout, as well as to Nicole Heeti of Designsteinmke for her talented work on report design and layout.

As always, CI:Now relied on the staff of many other local and state organizations to identify available data for this assessment, to understand the strengths and limitations of that data, and in many cases to query/extract it and analyze or aggregate it as needed. CI:Now and the Institute for Public Health are indebted to these individuals and to the agencies who allowed them to share their time and expertise. In order by agency name, particular thanks go to:

- Bexar County Elections Department
- Bexar County Juvenile Probation Department
- San Antonio Metropolitan Health District
- San Antonio Police Department
- Texas Department of Family and Protective Services
- Texas Department of State Health Services
- Texas Health and Human Services Commission
- United Way of San Antonio and Bexar County
- Workforce Solutions Alamo

APPENDIX A: QUALITATIVE THEMATIC RESULTS

INTRODUCTION

For the University Health assessment of South Bexar County, Texas, it was important to gather community input and data from multiple sources to create a fuller picture of the health needs of community members. To complement the quantitative data, University Health and Community Information Now (CI:Now) held focus groups with community members across southern Bexar County. CI:Now is a data organization in San Antonio, Texas, whose mission is to make data accessible and improve lives. The methodology and focus group guides can be found in Appendix B: Focus group guides.

THEMES AND RESULTS

HEALTH CARE

Cost

The cost of health care was one of the most prevalent factors that affected participants' abilities to live well and healthy. Health care costs often made the difference in the type of treatment participants received and whether they received treatment at all.

> ***[Participant described hurting their back]. "I ended up having to go to the urgent care and $500 they charged me. Like just to give me shots [of] medication just to get by that month until I saw my doctor. It was the worst time for me, and then having that on top where you can't get medical help right now. And like if I would have gone to the hurt. I couldn't sit. I couldn't sit at all. It was my lower lumbar area. I could not sit down."*** *– Speaker C in the Family Service Focus Group*
>
> *Moderator in the Family Service Focus Group:* ***Have you found medical care or looked for medical care for that?***
>
> *Speaker E:* ***No, it's too expensive. They wanted to give me a shot… but that shot was $3000. You can get that $3000, or go get the MRIs it's going to be $5000. I can't do any of that … So, I kind of said I'm just going to recover on my own if I can, and I had a cast on for four months.***

Health care costs were so important that when asked how they would describe a healthy, safe and happy community, Speaker E in the Texas A&M University-San Antonio (TAMUSA) Focus Group said, "When one can afford health care benefits and they can grow and share their experiences with one another." Additionally, health care costs also included related fees, such as for parking. As explained by Speaker B in the TAMUSA Focus Group, "If I have to drive to go see my doctor, and I have my last saved $30 copay, I don't want to pay $10 for parking on top of that. I might not be able to."

Difficulties with health care costs often overlapped with varying experiences with health insurance. For many participants, it was already a strain to pay the additional health care costs that were not covered by their health insurance, and this was worsened by the uncertainty of whether their health insurance would be accepted at all.

> ***"I would say more clinics and more variety of what plans they take, because you can be with one doctor and then all of a sudden, this is your last visit because [the health insurance is no longer accepted]. That happened to me and I was very upset because I'm asthmatic. I need medicine. I have high blood pressure; I need my medications, and I was left out in the cold with nowhere to go. And, to look you have to research yourself and find somewhere else to go that accepts your plan. It's difficult."*** *– Speaker C in the Family Service Focus Group*

Transportation

Parking, location of services and wait times were prominent factors that affected participants' experiences with transportation to health services. It cost participants' time and money to arrange transportation, so it would be more convenient if free parking were available, if the health services were located near them and if they did not have to wait long once they were there.

> ***"In addition to distance and transportation and accessibility, making sure that there are bus stops or drop off points close to buildings and not just the campus."*** *– Speaker B in the Texas A&M University-San Antonio Focus Group*

> ***"The availability, I guess. There is certain times that it's just early in the morning and some people are only able to go at night or at 8 p.m., and lack of knowledge of where it can be if you don't have a phone so you can't find the specific clinics or you can't figure your way across town or something like that."*** *– Speaker A in the Texas A&M University-San Antonio Focus Group*

While participants were aware of services which could help them with transportation, many noted that there were limitations to the availability and inclusivity of those services, particularly this participant who needed assistance for her blind mother:

> ***"I know that there is a lot of rules. I have family members that utilize those programs like the Via Link, or there are some through the insurance programs and it's like you can only bring one person – some of them you can't bring anyone at all like to help you. My mom is blind so she requires someone and her insurance doesn't allow her to bring an assistant … there are a lot of rules around what they can and can't do. Some of them will make the phone call and stay at the doctor's office for three hours, because they are waiting for someone to come and pick them up. I mean that is a big deal when you are 80 something years old and sitting in a waiting room for three hours."*** *– Speaker B in the Texas A&M University-San Antonio Focus Group*

Wait times were also important in the context of being able to walk in and schedule a service soon, rather than have to wait several months. Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group said they "see that very often with families waiting for mental health care services. The wait is long, three to four months to be able to get in to see a psychiatrist." Many other participants echoed the same sentiment of having to wait several weeks or months to see a doctor, which would make it even more difficult to coordinate transportation.

Information and Communication

Most participants receive information and communicate with the health care system either through online services, like patient portals and insurance company websites, or by calling clinics directly. Most participants also agreed that more forms of communication would be beneficial, with the most popular being health fairs, pop-up events, training and informational seminars, emails, flyers, social media and text messages. Many participants had experiences with miscommunication between themselves and health care representatives. When trying to figure out where to go for health services, Speaker D in the Family Service Focus Group explained how they would "ask the doctor, Where can I go, where else can I go? Like to do a walk-in? And they're like, 'Well, I don't know.'"

Notably, to combat the cycle of miscommunication between themselves and health care representatives, several participants across multiple focus groups desired a patient advocate or liaison who they could contact to help them navigate the health care system. This person would ideally help them exchange information between their insurance companies, doctors and themselves.

> ***"I would need an advocate or somebody on my behalf to help me with all the problems that I'm having."*** *– Speaker D in the Carver Library Focus Group*

> ***"You need a patient advocate that can speak on her behalf to get the services that she needs. She shouldn't have to keep going around and around and around and calling. She needs a person to speak for her."*** *– Speaker H in the Carver Library Focus Group*

> ***[Speaking about difficulties receiving health information online]. "That's the other thing too, also having somebody that can assist them through the process."*** *– Speaker D in the Family Service Focus Group*

> *Speaker B in the Texas A&M University-San Antonio Focus Group:* ***There should be an advocacy between the two groups not me for myself. Me going to either one of those agencies is not going to have as big a pull as an insurance company talking to a billing department and vice versa. They're going to have more knowledge because sometimes they'll ask you, "Well, did you meet your deductible?" and I don't know what that means. I thought I did and then you … or you're out of pocket and you find out it was just your deductible. And then you're completely blindsided … so having that advocacy for the patient would be great.***

> *Moderator:* ***Kind of like the liaison, you mentioned that your husband had in service.***

> *Speaker B:* ***That was amazing, there was never any question of anything because we always knew exactly what we were getting into because they knew the questions to ask.***

Having a patient advocate would cut down on the back-and-forth that participants have to do with multiple service providers, and it would assist in putting health information in understandable terms. Similarly, participants enjoyed "Ask a Nurse," which is a service where they could quickly speak to a nurse about a health problem to help them decide if it warrants a visit to their doctor.

Resources and Community Outreach

As mentioned, participants were receptive of many forms of communication. However, the best forms for community outreach were health fairs, pop-up events and training and informational seminars. There was a strong desire for in-person community involvement. Some of the resources already utilized by participants included the public library, food pantries and school events.

> *"I rely on a lot of resources also, with the City of San Antonio, Metro Health, and they're always out doing outreach. They have resource fairs. So, they always have things going on. And, they do that to keep the public engaged and aware of medical [resources] - where's help for medical, for your pets, because pets are important too. I rely a lot on their information on their website."* – *Speaker C in the Family Service Focus Group*

While participants were aware of some of the community resources and outreach being done, common barriers to accessing health resources included figuring out the paperwork, knowing who to call and establishing residency to qualify.

> *Speaker C in the Dr. Robert L.M. Hilliard Center Focus Group: I went to the food stamp [office]. They told me that I need to give them that check from where I used to work, last year. Couple of days. They want me to get e-check stub. They don't give us the check stub. I have to log in there … It's just too much. They make it difficult. Difficult to get the right paper and then to get the food stamp.*
>
> *Speaker B: Not only that, but also, they want you to print out pay stubs, and a lot of times parents don't have the 10 cents or 20 cents. They don't know where to go print them out. Or they're unable to get them because they no longer work at that establishment.*

As far as resources already available to them, participants mentioned the roles of preventive services, telehealth and health trainings. Some of the preventive care services that participants cared about were screenings for diabetes, mammograms, flu shots and blood pressure monitoring.

There were mixed reviews of telehealth services by participants. Some felt it was beneficial and convenient, and some felt as though technology could be a barrier to older patients. The general consensus was that participants would like to be given the option for telehealth, but they don't want telehealth to be their only option, especially for those who are taking care of elderly relatives.

Some training and classes that participants were interested in included CPR certification, business classes, cooking classes and general health seminars. Furthermore, participants would like more opportunities to volunteer in their community and be made aware of volunteer events. Some felt as though volunteer opportunities were not being communicated to them effectively.

Mental Health

Participants described wanting more mental health services near them. They felt there was not enough information about caring for depression, anxiety and mental disorders. Additionally, parents explained how they would like more services for neurodivergent children nearby, so that they did not drive as far. For those who are on the autism spectrum, or who care for someone on the autism spectrum, they usually have to drive to Morgan's Wonderland to access their Multi-Assistance Center (MAC) for services. Participants explained that sometimes it took several months, or even a year, to find a mental health professional, and many of them could not find what they needed in their area.

Speaker C in the Dr. Robert L.M. Hilliard Center Focus Group: ***Especially the psychiatry. After one year, I find the doctor. I couldn't find this practitioner.***

Moderator: ***It took you a whole year?***

Speaker C: ***A whole year and the doctor they have available don't take the children. And the other thing, so, it is very difficult for certain, you know conditions, to find that specialist.***

Speaker A in the Miracle Center Focus Group: ***I go all the way to the MAC, all the way to Morgan's Wonderland because my son has autism. I go all the way over there.***

Speaker B: ***Yeah that's far. The hospital right here in front of South Park Mall, what is that? …***

Speaker A: ***…They need children's hospitals over here.***

Everyone: ***Mhmm.***

"I think the lack of enough facilities that offer youth mental health… three mental institutions here in San Antonio that service youth. Laurel Ridge being one of them, Clarity Child Guidance being another one, and then in order to get your child in there, it's tedious and a lot of these parents don't know and they get turned away and their children are in crisis. So maybe having something in our area. A facility that treats children that provides mental health assessments for children, and similar to Clarity Child Guidance Center. That would be phenomenal. The need is there." *– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group*

Intergenerational Family Care

Most participants had a desire to better care for their loved ones, including their children, spouses, parents and grandparents. They felt as though health care and community resources should be better structured to care for entire families. This included placing services closer to senior centers, offering more resources for childcare at facilities and making it easier to book appointments in the near future for their loved ones. While there are programs which make it easier to care for yourself or family members, there are also limitations and barriers to their use.

> *"And one thing you know, like care agencies, they charge $30 an hour if I want to go to work for 4 hours. How I'm gonna pay them $30 to just look at my mom doing nothing, just so she don't fall? So, there's supposed to be some kind of help, you know, that can volunteer. Or get a little bit of money. You know, to help. Or maybe some place that you know, you can leave your mom. But my mom even cannot stand up. And the sad thing about that, that I can make only $900. If I make one more penny, they will not give me my benefit of $1,000. So how I'm gonna to survive? They have to raise the bar you know because you see how much inflation right now. How am I gonna survive?" – Speaker C in The Dr. Robert L.M. Hilliard Center Focus Group*

*Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group: **Childcare is a big barrier. I work with a lot of single parents sometimes. And, for example, there's this one mom that I work with. She has an autistic child … He's nonverbal. Transportation and childcare. She's not able to work on the weekends and make more money.***

*Speaker A: **And having after hours care. In a lot of other cities, they have 24-hour daycare. You can barely find [that] here. You have single moms who are in the medical field, or just have some type of job that they can't apply for because it's out of the range of when the children are at school, and then it leaves them stuck in a bind…***

*Speaker B: **And then the length that they're on wait lists to get into some of these daycares or daycare assistance. I had a mom, single mom. Mom of three boys, the oldest was 3. He qualified for Pre-K3. However, he had no delays or anything, so she needed day care for all three, and she was on the waitlist to get daycare assistance for over a year and nothing was happening.***

"…The extent that the architects designing the location of the community centers can locate those centers in a hub that is near to a City Senior Center. If the medical center is a medical center, because everything around is medical, then an ideal community mental center would be near a senior center and near a little shopping center with a grocery store… whether you have a car, or whether you are on Via, or whatever, you're near those other things that you use, that would be ideal for me." – Speaker A in the Carver Library Focus Group

Trusting the Health Care System

Some participants had a distrust for the health care system, particularly when it came to billing. They shared experiences where they, or people they knew, were billed erroneously. This led to a greater discussion of wanting more transparency about every step of the health care process, including diagnostic language, billing and prescriptions. Patients also found it difficult to build trust with physicians when there wasn't an established long-term relationship.

> ***"And then a lot of times is that trust within the doctor and the patient. Because you might not feel as comfortable disclosing right away. Not everybody has the same pediatrician 27 years, or the same OB 30 years. And then you do build that trust, and then the doctor you know, he's no longer there. He's not part of that group."*** *– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group*

Speaker A in the Texas A&M University-San Antonio Focus Group: ***I mean they already overcharge on medical practices like x-rays and they over-price on Tylenol, so you have to ask for an itemized bill. Even so they can lie on those as well. My friend got a medical bill, and they over-charged her for a scalpel or something like that. She just had a fever, that's it … They over-charged her on the x-rays as well.***

Speaker C: ***I saw something of someone getting charged because they cried in the room. I guess it was some emotional support charge that was added to the bill for some reason … I think that billing needs to be more transparent and be able to negotiate it.***

Food Access and Availability

Participants defined healthy foods as fresh fruits, vegetables, fish and foods that accommodated various diets (such as low sodium or gluten-free).

> ***"Food allergies, medical conditions. A lot of key factors play a role in that. To me it would be fresh fruits and vegetables and meals with low sodium. However, somebody whose sodium deficiency might need it. High sodium."*** *– Speaker B in the Dr. Robert L. M. Hilliard Center Focus Group*

Many participants felt they did not have access to these foods and that the grocery stores near them were of lower quality than those in other areas of San Antonio. Additionally, food costs had a large role in whether they were able to afford the foods they defined as healthy.

[After participant in the Carver Library Focus Group described blueberries as a healthy food they enjoy.]

Moderator: ***Where do you usually try to find blueberries?***

Speaker I: ***HEB, the one on WW White. I think that HEB has good prices. The one on downtown, it's pricey. They have fancy stuff, they do, they have real nice stuff and the HEB inside is real pretty.***

Speaker C: ***It's for the tourists downtown…***

Speaker G: ***I thought you were talking about that one off Durango and Florida? That one is very pricey. I call it the young hippy store, you know the health foods, but I go out there to the one on 281… And then sometimes I go out there to the one on Bulverde. The Walmart and HEB.***

While some participants were aware of food resources, such as food pantries, there were still barriers to accessing and using them, such as transportation of themselves, their children and the food back to their homes.

"Yes, there's a lot of food drives and food distributions again. There's a lot of barriers a lot of times getting there, transportation being some of them. They're drive-up; they can't go pick-up. I don't know if you've ever gone to a food pantry and have to pick the food, but it can be really hard. Try going with three kids to a food pantry. You're on the bus, and they give you three bags of food, and a lot of it is heavy cans and then you're walking to your next bus stop to try to get home." *– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group*

Participants said they would enjoy having access to food and nutrition courses to help them cook healthier meals using ingredients that were accessible to them and affordable.

Housing and Residency

Most participants agreed that housing was a problem for many people. Being unhoused made it difficult for one participant to access resources, because they needed to establish residency first. Other participants explained how housing costs were too high and causing their property taxes to increase. Unsurprisingly, this affected their ability to pay their health care costs, as well as other needs.

Speaker A in the Dr. Robert L.M. Hilliard Center Focus Group: ***When I first moved here, I didn't have a residence to bring a bill here, and they needed something [with] my address, and I have that but I needed it to be serviced. So it was kind of a problem … If you're living with someone and you're not on the lease, what can you do about that?***

Speaker B: ***I'm actually working with several families right now that are going through that same problem. Unfortunately, they're not able to get any health care services. And they're in dire need of eye exams and physicals, mammograms, and because they don't have the six-month proof of residency, they're not able to get any health care.***

Safety

For many participants, safety was an important part of living a healthy life. They desire neighborhoods that have less crime, are supported by local authorities, protect children and have more opportunities for comradery.

Moderator of the Family Service Focus Group: ***Can you help describe what a happy, healthy and safe community looks like?***

Speaker A: ***Your community or knowing your neighbors get along. You're looking out for one another that you feel safe.***

"Security for one. There's a lot of things broken into, like the senior citizen living facility got broken into a lot; We just recently had some cars broken into. We just recently had some cars being shot at and bullet holes in them. The most recent is our mail station has been broken into. So, I don't consider that too safe… And we're trying to figure out how we can get security in that area, and how we can keep our seniors safe, and their senior living facility." *– Speaker H in the Carver Library Focus Group*

Social Support

Having a strong network of support was a large factor in people being able to meet their health care needs. Participants described trading resources such as food with their neighbors, as well as calling on close relatives and friends to assist them with getting to their appointments. Additionally, participants would also call upon their peers for recommendations or information about health services and how to best meet their needs. For most, social support was an important part of their interactions with the health care system.

Moderator of the Carver Library Focus Group: ***In what ways does your community come together to support one another to help each other live well?***

Speaker D: ***We exchange everything like, 'Come get her phone number.' We mix information.***

Speaker K: ***And we have monthly birthdays.***

Moderator: ***Monthly birthdays, where does that happen?***

Speaker K: ***On District 2…***

Speaker D: ***Oh yeah they have them every month.***

Education and Employment

Participants described a desire for support in accessing education and employment opportunities. This would help them make more income and provide for their needs, including food and health care. Participants spoke on the barriers to education, and the impact of losing job opportunities.

> ***"A lot of people that I've come across have barriers of furthering their education because they have children that are not old enough for daycare, or they can't afford daycare. They can't work or go to school. So, I think there should be some more funding out there. Some type of something to help people with education."*** *– Speaker A in the Dr. Robert L.M. Hilliard Center Focus Group*

> ***"We have four campuses closing because [we are] losing a lot of our kids to charter schools. So, there is also that it's affecting us in jobs. Then for our little ones like daycare, pre-K, like that is hurting some of our teachers and parents. In a way it does come financially, things like that. Then it is hard for them to find childcare because you are having to pay for it."*** *– Speaker B in the Miracle Center Focus Group*

Culture, Race and Ethnicity

Culture and racial identity had roles in how participants viewed health care services and community resources. They felt the resources in their neighborhoods should reflect the people who live there. For example, they expect grocery stores to have culturally relevant foods and for health care facilities to be named after people who share the racial and ethnic background of those who live there.

> ***"I think healthy food looks different to everybody, because what's healthy for me might not be healthy for others because of their cultural backgrounds."*** *– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group*

> ***"[Redacted health care clinic] used to be named after African Americans... I think was changed to [redacted health care clinic]. You know, that's what the center is called."*** *– Speaker G, Black or African American participant in the Carver Library Focus Group, explaining how she preferred when a clinic near her was named after a person who reflected her cultural and racial background*

> ***"Catering to different cultures. Different cultures eat different things. Food Bank may give just one type. Just being able to be diverse."*** *– Speaker A in the Dr. Robert L.M. Hilliard Center Focus Group, explaining the importance of community resources reflecting the culture of the community*

> ***"And in San Antonio, so diverse. Knowing everybody, understanding and being sympathetic, and respectful, and mindful of social norms and culture - sensitive to different things. What's acceptable to me might not be acceptable to you. What traditions I have might not be the same as your traditions. Being mindful and respectful."*** *– Speaker B in the Dr. Robert L.M. Hilliard Center Focus Group, describing the importance of social services being mindful of culture as it pertains to social norms*

Language Barriers

Participants faced English/Spanish language barriers. This affected how they or their loved ones communicated with doctors, landlords and health insurance representatives. In many of their stories, participants relied on the social support of a family member or peer to help them translate. There were several examples, and the ones below highlight how excluded participants felt by language barriers of health and community services. It was important to them to have someone who spoke Spanish and held their needs in high regard.

> ***"When you're making an appointment, like my mom speaks English, but she wants to speak Spanish most of the time. It's important for her to find someone who will understand how she feels. She can't express herself so much in English. She's gonna do it in Spanish so I think that it's important."*** *– Speaker C in the Family Service Focus Group*
>
> ***"This lady there, she has problems communicating problems with our building and there was a lady there and she talks Spanish … She couldn't understand anything, and the manager was talking, and the lady next to her was like, 'Oh I can say this to you when we get home'. And, she made the comment of, 'No, I wanna know what is going on now.' Like aren't y'all going to speak Spanish? And the manager couldn't speak it so he goes, 'Can anyone translate here?' And I could but, the lady was like, 'No, I'm gonna tell you when we get home.' I guess they were neighbors, but you feel like you're missing out. She wants to know… But you saw her emotions, like I want to know now what he was saying. And she was there because she showed up to the meeting and it was important for somebody to translate… But that would be a good thing, if when somebody goes out there and says hey we have somebody that can translate and talk Spanish."*** *– Speaker B in the Family Service Focus Group*

In addition to English/Spanish language barriers, there were also language barriers in participants understanding medical jargon. This would make it difficult for them to interact with the health care system, as they did not feel as though there was enough transparency about the process, their needs and treatments.

> *Speaker D in the Family Service Focus Group:* ***Acronyms. That's a big one. Whenever you do your bloodwork. Like when they say your LCD is good, and this-and-this is good and your da-da-da is good… And it's like okay?...***
>
> *Moderator:* ***Do you feel comfortable asking if they could explain it to you?***
>
> *Speaker D:* ***I used to have a difficult time asking. But now if it's good, I don't ask questions.***
>
> *Everyone:* ***[laughing]***
>
> *Speaker D:* ***But if it's not, then I do try harder to say I don't understand or if you could explain that to me differently. Then sometimes, they make it tough. They will explain… I'll try to look it up later without asking and by the time you get to Google you forgot. It can be a bit overwhelming what type of information that you're researching. With your arthritis and back pain… If you do ask you get a long answer, but they aren't answering it the correct way, or the wording, or what did you say again?***

COVID-19

The pandemic still affects how everyone interacts with health care services, and participants explained how they want better access to accurate information about COVID-19 vaccines, transmission and infection rates for themselves and their loved ones. Participants would like more accessible ways to test for COVID-19, and more guidance on what to do if they suspect they have COVID-19. Participants would also like to continue the social support and volunteer work that emerged due to COVID-19.

> ***"I was at an elementary school working during COVID, we were working from home. Food was one of the highest commodities and I had to team up with several community agencies to include the San Antonio Food Bank and include San Antonio Threads. I don't know if you've ever heard of them, but they would provide food once a week for the families, label them with their bag and names, meet me at the school. I would set them up all along the sidewalk, and this was like 30 families along the sidewalk, and as the families were getting there I would just point at their bag from my car more than 12 feet away, and they would pick up their bag and go. And we did that all summer long and every week, and if it wasn't for them, and the San Antonio Food Bank... They were afraid because COVID... And I really saw the need in the Southeast Side."*** *– Speaker B at the Dr. Robert L.M. Hilliard Center Focus Group*

Conclusion

Many of the themes which emerged in the South Bexar County qualitative analysis were highly prevalent in all five focus groups, indicating a level of saturation in the qualitative data. There were factors which most participants agreed upon, such as a desire for more community outreach and health fairs, better access to their definitions of healthy foods, closer health services to their communities, easier access to reliable transportation, lower health costs with more transparency in billing and easier ways to establish residency and be housed. Participants' ideal community involved a sense of social support, safety, cultural relevancy and an established trust with medical professionals. They were eager for more opportunities to volunteer and better their community, as well as take educational courses on business, health, cooking and nutrition to improve their quality of life. Participants expressed excitement and intrigue about the facilities University Health is building in South Bexar County, and they look forward to benefits their community will see.

Summary of Focus Group Participant Demographics

	Carver Library	Family Service	Dr. Robert L.M. Hilliard Center	Texas A&M University - San Antonio	The Miracle Center Church
Number of Attendees	12	5	3	5	3
ZIP Codes	78202, 78209, 78210, 78219, 78220, 78222, 78233	78214, 78223, 78222, 78207, 78112	78220, 78222	78207, 78112, 78224, 78237	78214, 78223, 78224
Median Age in Years	70	38	43	20	44
Age Range In Years	40-89	18-59	40-59	18-29	30-59
Race/ ethnicity	7 Black or African American 3 Hispanic 1 White 1 Two or More Races	5 Hispanic	1 Black or African American 1 Hispanic 1 Other	5 Hispanic	2 Hispanic 1 Other
Gender	75% Female	80% Female	100% Female	60% Female	66% Female

APPENDIX B: FOCUS GROUP GUIDES

ENGLISH

Total focus group time: 90 minutes
Break length [if taken]: No Break

FOCUS GROUP PURPOSE:

The purpose of the focus groups with community members and leaders is to accomplish the following:

University Health seeks to conduct a community health needs and assets assessment to understand health-related challenges, assets and community preferences in neighborhoods in the southern half of Bexar County. Community Information Now (CI:Now), a 501(c)(3) nonprofit local data intermediary, is helping conduct that assessment.

As part of the assessment, there are five focus groups scheduled to discuss health and health care access in South Bexar County. These sessions will include community members and leaders and will be conducted in English, Spanish or both languages. Of particular interest are four social determinants of health (SDOH) prioritized by University Health: food, housing, transportation and financial strain.

In the next few years, University Health will build a new hospital and two health clinics in the southern half of Bexar County. Focus groups use human-centered design principles to gain insight into participants' perspectives and experiences. These focus group sessions will help identify needs related to social determinants of health (SDOH), available resources and other relevant strengths to aid in the design of these new buildings and services in the community.

Below is a general guide for leading the focus groups. The guide may be modified as each focus group will inform the subsequent groups. The facilitator will adjust questions as needed depending on participants' roles (community members, leaders, students, etc.)

GUIDE OVERVIEW:

I. Introduction and discussion guidelines

II. Focus group questions and discussion

III. Closing remarks

*Note: All *italicized* text denotes the facilitator's script

I. INTRODUCTION AND DISCUSSION GUIDELINES (15 MINUTES)

Welcome participants and introduce yourself:

- *Hello and welcome everyone. I am _____, [other facilitator] and I am _____, and we will be leading this focus group. We are with Community Information Now, which is a local nonprofit organization serving Bexar County. We help make data more accessible to people so that it can be used to benefit the community, such as through community health needs assessments like this one.*

Explain the general purpose of the discussion and why the participants were chosen:

- *Today we would like to discuss health and health care access in South Bexar County. University Health is committed to improving health and increasing access to health care. In the next few years, University Health will build a new hospital and two health clinics in the southern half of Bexar County. As these buildings and services are designed, today's discussion will help University Health understand not just the needs but the resources and strengths in these communities. We are grateful for your thoughts and ideas on how to best serve residents in South Bexar County, specifically those south of Highway 90.*

Discuss the purpose and process of focus groups:

- *Focus groups are essentially group discussions. I, the facilitator, will ask the group questions about several topics in order to gain insight into the experiences and perspectives of community stakeholders, such as you all. [Other facilitator] And I am here to take notes and assist with the session as well.*

Explain the presence and purpose of recording equipment and introduce observers:

- *We will be recording the discussion, because we don't want to miss any of your comments. No one outside of our organizations will have access to these recordings and they will be destroyed after our report is written.*

Outline general ground rules and discussion guidelines such as the importance of everyone speaking up, talking one at a time and being prepared for the facilitator to interrupt to assure that all topics can be covered:

- *As a facilitator, my role today is to guide the discussion and help keep us on topic and on time. We are here to ask questions, listen and make sure everyone has a chance to share. It's important to remember that there are no right or wrong answers, so please speak up, allow others to speak and respect one another's input.*
- *We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. Remember, the more ideas we hear, the more information we will have to work with.*

Address the issue of confidentiality:

- *We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly. The information discussed will be analyzed as a whole and all individual responses will remain confidential.*

Review break schedule, availability of refreshments and where restrooms are (in-person focus groups only):

- *Let's get some housekeeping out of the way and then move into the discussion. First, the bathroom is located [location of the nearest restroom]. Second, we have some refreshments for you. Please feel free to enjoy them.*

Take some time for questions and let the members introduce themselves:

- *Any questions before we start our discussion? Thank you again for being part of this focus group and sharing your time and perspective.*
- *Let's find out some more about each other by going around the room one at a time. Tell us your first name and your favorite TV show or book. I'll start.*

II. FOCUS GROUP QUESTIONS
(65 MINUTES)

Let's get started! *As I go through the questions, keep in mind that when I refer to "your community," I would like you to speak about your experiences, your family's experiences or any other peers' experiences who live in South Bexar County, if applicable.*

(10 minutes) Opening – ***How would you describe a healthy, safe and happy community?***

- Prompt: *Does your community have any of these things?*
- Prompt: *What else do you (your family, children) need to maintain or improve your health? (e.g. preventive services such as flu shots or immunizations, specialty health care services/providers, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, substance abuse, etc.)*
    - Follow-up: *What about long-term needs?*
- Optional prompt: *Are there any other key issues you feel the community is facing, if any? (e.g. safety, education, housing, health, employment, etc.)*

(20 minutes) Health literacy – ***How or where do you typically receive or access information about your (your family's, your children's) health and community resources? (Health information examples: diagnoses, prescriptions, doctor's orders, lab results, appointments, special care, online portals, resources, events, etc.; Sources examples: email, text, physical flyers, phone calls, television, radio, social media accounts, etc.)***

- Additional focus on language barriers for Spanish/bilingual sessions.
- Prompt*: How easy is it to find health information and ask questions about your health?*
- Prompt: *How understandable/clear is the health information you do find?*
- Prompt: *How do you use the health information you find/receive?*
- Prompt: *What's the best way for community resources to be communicated to you?*
- Optional prompt: *Are there any skills you would like the opportunity to learn, or classes you would enjoy taking?*

(20 minutes) Social determinants – ***Are there any barriers keeping you (your family, your children) from caring for your health? (i.e. from using community resources or going to doctor's appointments etc.) (e.g. language/cultural barriers, insurance, availability of providers, transportation, cost, accessibility, awareness of services, day/times that resources are offered, etc.)***

- Mandatory Prompt (transportation)*: How does transportation influence decisions that you (your family, your children) make regarding health?*
- Mandatory Prompt (food)*: How does food availability and cost influence decisions that you (your family, your children) make regarding health?*
    - Follow-up*: What would you describe as healthy food?*
    - Follow-up*: Do you (your family, your children) have any issues with accessing and affording this type of food?*
- Mandatory Prompt (costs)*: How does the cost of your health care influence decisions that you (your family, your children) make regarding health? (e.g. co-pays, high deductible insurance plans, etc.)*

(10 minutes) Community/Social – ***What community resources or services of support do you (your family, your children) use to maintain your health? (e.g. local library, food pantries, family events, youth programs, churches, community service opportunities etc.)***

- Prompt: *Why do you use these particular services of support?*
- Prompt: *In what ways does your community come together to support one another to help each other live well?*
- Follow-up: *Is there anything keeping the community from helping each other?*

(5 minutes) Language barriers (especially for Spanish/Bilingual sessions) – ***In what ways does speaking a language other than English influence decisions that you (your family, your children) make regarding health? (e.g. accessing health services, receiving/understanding health information, grocery shopping, transportation, feeling like a part of your community, etc.)***

Before we wrap up, *are there any other thoughts on community health, accessing resources or anything we discussed today?*

III. CLOSING REMARKS
(10 MINUTES)

Closing remarks:

- *That was a really great discussion. We're happy you all chose to join us today.*
- *Again, we are grateful for your thoughts and ideas on how to best serve residents in southern Bexar County. Your experiences and perspectives will be instrumental in the design of University Health's new buildings and services in the southern half of Bexar County.*
- *Thank you for your time, and we'll hand it over to University Health to discuss your incentives and any other closing tasks.*

SPANISH

Tiempo total: 90 minutos

Tiempo de descanso: Sin descanso

PROPÓSITO DEL GRUPO FOCAL:

El propósito del grupo focal con los miembros y lideres de la comunidad es para cumplir lo siguiente:

University Health realizará una evaluación de las necesidades y recursos de salud de la comunidad para comprender los desafíos relacionados con la salud, los recursos, y las preferencias de la comunidad en los vecindarios de la mitad sur del condado de Bexar. Community Information Now (CI:Now), un intermediario de datos locales sin fines de lucro 501(c)(3), está ayudando a realizar esa evaluación.

Como parte de la evaluación, hay cinco sesiones de grupos focales programados para hablar sobre la salud y acceso a la atención médica en el sur del condado de Bexar. Estas sesiones incluirán a miembros y lideres de la comunidad y se llevarán a cabo en inglés, español o ambos idiomas. Hay cuatro determinantes sociales de salud (SDOH, por sus siglas en inglés) que son de interés particular y están priorizadas por University Health: la alimentación, la vivienda, el transporte y las presiones financieras.

En los próximos años, University Health construirá un nuevo hospital y dos clínicas de salud en la mitad sur del condado de Bexar. Los grupos focales utilizan principios de diseño centrados en el ser humano para obtener información sobre las perspectivas y experiencias de los participantes. Estas sesiones de grupos focales ayudarán a identificar las necesidades relacionadas a los determinantes sociales de salud (SDOH, por sus siglas en ingles), los recursos disponibles, y otras fortalezas relevantes para ayudar en el diseño de estos nuevos edificios y servicios en la comunidad.

A continuación, se presenta una guía general para dirigir los grupos focales. La guía puede modificarse según sea necesario, ya que cada sesión informará a las sesiones posteriores. El/la facilitador/a ajustará las preguntas como sea necesario según los roles de los participantes (sean miembros de la comunidad, lideres, estudiantes, etc.)

RESUMEN DE LA GUÍA:

I. Introducción y discusión de las reglas generales

II. Preguntas y discusión del grupo focal

III. Comentarios concluyentes

*Nota: Todo el texto en *cursiva* indica el guion del/de la facilitador/a

I. INTRODUCCIÓN Y DISCUSIÓN DE LAS REGLAS GENERALES (15 MINUTOS)

Dé la bienvenida a los participantes y preséntese:

- *Hola y bienvenidos a todos. Me llamo _____, [otro/a facilitador/a] y yo me llamo _____, y estaremos dirigiendo este grupo focal. Estamos con Community Information Now, una organización local sin fines de lucro que presta servicios en el condado de Bexar. Nosotros ayudamos a que los datos sean más accesibles para que puedan usarse en beneficio de la comunidad, como a través de evaluaciones de las necesidades de salud de la comunidad como esta.*

Explique el propósito general de la discusión y por qué se eligieron los participantes:

- *Hoy nos gustaría platicar sobre la salud y el acceso a la atención médica en el sur del condado de Bexar. University Health está dedicado a mejorar la salud y a aumentar el acceso a la atención médica en todo el lado sur. En los próximos años, University Health construirá un nuevo hospital y dos clínicas de salud en la mitad sur del condado de Bexar. A medida que se diseñan estos edificios y servicios, nuestra discusión de hoy ayudará a University Health a comprender no solo las necesidades, sino también los recursos y fortalezas en estas comunidades. Estamos agradecidos por sus pensamientos e ideas sobre cómo mejor ayudar y prestar servicios a los residentes del sur del condado de Bexar, específicamente los que están sur de la autopista 90 (Highway 90).*

Discuta el propósito y proceso de los grupos focales:

- *Los grupos focales son esencialmente discusiones grupales. Yo, el/la facilitador/a, le haré preguntas al grupo sobre varios temas para aprender sobre las experiencias y perspectivas de miembros de la comunidad, como todos ustedes. [Otro/a facilitador/a] Y yo estoy aquí para tomar notas y ayudar con la sesión también.*

Explique la presencia y el propósito del equipo de grabación y presente a los observadores:

- *Estaremos grabando esta discusión, porque no queremos que se nos pasen ninguno de sus comentarios. Nadie fuera de nuestras organizaciones tendrá acceso a estas grabaciones y serán destruidas después de redactar nuestro informe..*

Describa las reglas básicas y las pautas de discusión, como la importancia de que todos hablen, platicando uno a la vez, y que estén preparados para que el/la facilitador/a interrumpa para asegurar que todos los temas puedan ser cubiertos:

- *Como el/la facilitador/a, mi papel hoy es guiar la discusión y ayudarnos a mantenernos en el tema y a tiempo. Nosotros estamos aquí para hacer preguntas, para escuchar y para asegurarnos de que todos tengan la oportunidad de compartir. Es importante recordar que no hay respuestas correctas ni incorrectas, así que por favor compartan sus historias, permitan que otros hablen, y respeten las contribuciones de los demás.*
- *Nos gustaría que la discusión fuera informal, por lo que no es necesario que espere a que le llamemos para que responda. De hecho, los animamos a que respondan directamente a los comentarios que hacen otras personas. Recuerden, cuantas más ideas escuchemos, más información tendremos para el reporte.*

Aborde el tema de la confidencialidad:

- *Les pedimos que todos mantengamos en privado las identidades, la participación y los comentarios de los demás. Esperamos que se sientan seguros de hablar abiertamente y honestamente. La información discutida será analizada como un todo y todas las respuestas individuales permanecerán confidenciales.*

Repase el horario de descanso, la disponibilidad de refrigerios y la ubicación de los baños (solo para las sesiones en persona):

- *Ahora voy a repasar unos últimos detalles y luego empezaremos nuestra discusión. Primero, los baños están ubicados [ubicación de los baños]. En segundo lugar, tenemos algunos snacks para ustedes. Por favor disfruten.*

Preste un poco de tiempo para que hagan preguntas y deje que los miembros se presenten:

- *¿Tienen algunas preguntas antes de comenzar nuestra discusión? Les damos las gracias otra vez por ser parte de este grupo focal y por compartir su tiempo y perspectiva.*
- *Ahora, queremos aprender un poco más sobre cada uno de ustedes. Uno a la vez, dígannos su nombre y su serie de televisión o libro favorito. Yo empezaré.*

II. PREGUNTAS DEL GRUPO FOCAL
(65 MINUTOS)

¡Empecemos! *Mientras les leo las preguntas, por favor tengan en cuenta que cuando me refiera a "su comunidad", me gustaría que nos platiquen sobre a sus experiencias, las de su familia o de algún otro conocido que viva en el sur del condado de Bexar, si es aplicable.*

(10 minutos) Apertura – ***¿Como describiría una comunidad saludable, segura y feliz?***

- Sondeo: *¿Su comunidad tiene alguna de estas cosas?*
- Sondeo: *¿Qué más necesita usted (su familia, hijos) para mantener o mejorar su salud? (por ejemplo, servicios preventivos como vacunas contra la gripe u otras inmunizaciones, servicios/proveedores de atención médica especializada, apoyo o información para controlar una condición crónica o para cambiar comportamientos de salud como fumar, los hábitos alimenticios, la actividad física, o el abuso de sustancias, etc.)*
    - Seguimiento: *¿Qué tal con necesidades a largo plazo?*
- Sondeo opcional: *¿Hay algunos otros problemas clave que cree que enfrenta la comunidad, si los hay? (por ejemplo, la seguridad, la educación, la vivienda, la salud, el empleo, etc.)*

(20 minutos) Conocimientos sobre la salud – ***¿Típicamente, como o donde suele recibir o acceder información sobre su salud (la de su familia, sus hijos) y los recursos comunitarios? (Ejemplos de información de salud: los diagnósticos, las recetas, las instrucciones del médico, los resultados de laboratorio, las citas, las atenciones médicas especiales, los portales en línea, los recursos, los eventos, etc.; Ejemplos de fuentes: el correo electrónico, los mensajes de texto, los volantes físicos, las llamadas telefónicas, la televisión, la radio, las redes sociales, etc.)***

- Enfoque adicional en las barreras del idioma para las sesiones bilingües/en español
- Sondeo: *¿Qué tan fácil es encontrar información de salud y hacer preguntas sobre su salud?*
- Sondeo: *¿Qué tan comprensible/clara es la información de salud que encuentra?*
- Sondeo: *¿Cómo utiliza la información de salud que encuentra o recibe?*
- Sondeo: *¿Cuál es la mejor manera de comunicarle los recursos de la comunidad?*
- Sondeo opcional: *¿Hay alguna habilidad que le gustaría tener la oportunidad de aprender, o clases que disfrutaría tomar?*

(20 minutos) Determinantes sociales – ***¿Existen barreras que le impidan a usted (su familia, sus hijos) cuidar su salud? (es decir, de usar los recursos de la comunidad o ir a citas médicas, etc.) (por ejemplo, las barreras idiomáticas/culturales, el seguro médico, la disponibilidad de proveedores, el transporte, los costos, la accesibilidad, el conocimiento de los servicios, los días/el horario en que se ofrecen los recursos, etc.)***

- Sondeo obligatorio (el transporte): *¿Que influencia tiene el transporte en las decisiones que usted (su familia, sus hijos) toman con respeto a su salud?*
- Sondeo obligatorio (los alimentos): *¿Que influencia tiene la disponibilidad y costo de los alimentos en las decisiones que usted (su familia, sus hijos) toman con respeto a su salud?*
    - Seguimiento: *¿Qué describiría como comida saludable?*
    - Seguimiento: *¿Tiene usted (su familia, sus hijos) algún problema para acceder y comprar este tipo de alimentos?*
- Sondeo obligatorio (los costos): *¿Que influencia tiene el costo de su atención médica en las decisiones que usted (su familia, sus hijos) toman con respecto a la salud? (por ejemplo, copagos, planes de seguro con deducible alto, etc.)*

(10 minutos) Comunidad/Social – ***¿Qué recursos comunitarios o servicios de apoyo utiliza usted (su familia, sus hijos) para mantener su salud? (por ejemplo, la biblioteca local, las despensas de alimentos, los eventos familiares, los programas para jóvenes, las iglesias, las oportunidades de servicio comunitario, etc.)***Prompt: *Why do you use these particular services of support?*

- Sondeo: *¿Por qué utiliza estos servicios de apoyo en particular?*
- Sondeo: *¿De qué manera(s) se una la comunidad para apoyarse unos a otros para ayudarse unos a otros a vivir bien?*
- Seguimiento: *¿Hay algo que impida que la comunidad se ayude entre sí?*

(5 minutos) Barreras del idioma (especialmente para sesiones bilingües/español) – ***¿Qué influencia tiene el hablar un idioma que no sea ingles en las decisiones que usted (su familia, sus hijos) toman con respeto a la salud? (por ejemplo, acceder a los servicios de salud, recibir/comprender información de salud, comprar comestibles, el transporte, sentirse parte de su comunidad, etc.)***

Antes de terminar, *¿hay algún otro comentario sobre la salud de la comunidad, el acceso a los recursos o algo de lo que discutimos hoy?*

III. COMENTARIOS CONCLUYENTES
(10 MINUTOS)

Comentarios concluyentes:

- *Esta fue una gran discusión. Estamos felices de que todos hayan elegido unirse a nosotros hoy.*
- *Nuevamente, estamos agradecidos por sus comentarios e ideas sobre como mejor prestar servicios a los residentes en el sur del condado de Bexar. Sus experiencias y perspectivas serán fundamentales en el diseño de los nuevos edificios y servicios de University Health en la mitad sur del condado de Bexar.*
- *Gracias por su tiempo, ahora invitamos a University Health a discutir sus incentivos y cualquier otra tarea de cierre.*

APPENDIX C: TECHNICAL NOTES

DATA SOURCES AND METHODS

This report analyzes data from three primary sources: extant (already existing) quantitative data, focus groups conducted for the assessment and asset observations. The methodology and other technical notes for each main data source are described below.

EXTANT QUANTITATIVE DATA

Sources and Limitations

The report includes multiple types of extant data from over 20 original datasets. The extant data was compiled with the assistance of staff from many different local and state organizations. Those organizations are recognized in the Acknowledgments section of the report.

The choice of indicators and data sources to include in this report was partly guided by the intent to add to the local base rather than reviewing information (e.g., Behavioral Risk Factor Surveillance System) that is already available in recent reports. Two particularly relevant recent reports are the 2022 Bexar County Community Health Needs Assessment published by The Health Collaborative in fall 2022 and Access to Health Care During COVID-19 forthcoming from the San Antonio Metropolitan Health District in May 2023.

The data sources used include:

- Bexar County Elections Department
- Bexar County Juvenile Probation Department
- Centers for Disease Control and Prevention (CDC) WONDER
- Feeding America, Map the Meal Gap
- San Antonio Metropolitan Health District
- San Antonio Police Department
- Texas Demographic Center, Population Estimates
- Texas Department of Family and Protective Services
- Texas Department of Public Safety
- Texas Department of State Health Services (multiple datasets)
- Texas Department of Transportation Texas Crash Records Information System
- Texas Education Agency, Texas Academic Performance Reports
- Texas Health and Human Services Commission
- Texas Health Care Information Collection, Inpatient Discharge Public Use Data File
- U.S. Census Bureau 2020 Decennial Census
- U.S. Census Bureau American Community Survey 5-Year Estimates (42 tables)
- U.S. Census Bureau Local Employment Dynamics LODES
- U.S. Census Bureau Population Estimates
- U.S. Housing and Urban Development (HUD), Neighborhood Housing Preservation Database
- United Way ALICE
- United Way of San Antonio and Bexar County, TECCS Early Development Instrument (EDI)
- University Health
- University of Minnesota IPUMS USA
- Workforce Solutions Alamo

The hospital discharge dataset has some limitations that are important to understand. The rates are determined by discharges (completed hospitalizations) for the disease as the primary diagnosis, not all hospital discharges with that diagnosis. In the case of the asthma hospitalization rate, for example, the intent is to reflect the rate of hospitalizations for an asthma attack, not hospitalizations for heart attacks or car crashes among people who also happen to have diagnosed asthma unrelated to the reason for the hospitalization. Therefore, the rates are not prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person in 78205 goes to the hospital three times for asthma in 2014, then all three visits are included if asthma was the primary diagnosis for the admissions during that year.

Because the San Antonio Military Health System does not report their hospitalizations to the Texas Department of State Health Services, the public data files exclude any federal hospital discharges. Because the military hospital systems account for a large portion of our population, the Bexar County hospitalization data should not be compared to other major cities who do not have large federal hospital exclusions in their datasets.

Analysis and Visualization

Most indicators are trended for recent periods for South Bexar County and Bexar County. The most currently available South Bexar County data is disaggregated by race/ethnicity, sex, age group and sub-county geography. Unless specifically noted otherwise, analysis of the extant data consisted of calculating proportions and rates with margins of error or confidence intervals where appropriate. No statistical testing was required.

The degree to which the available data could be disaggregated depended on both the source data itself and this project's scope and budget. The ability to disaggregate is partly controlled by which variables (e.g., race/ethnicity, sex, census tract, ZIP code) are available in a dataset. Disaggregation is hindered by cell suppression, a process in which numbers below a threshold, often five to 10 cases or people, are removed or masked in a dataset to protect privacy. Calculating percentages and rates for South Bexar County area as a whole required securing data from other agencies (e.g., the Texas Department of State Health Services and the San Antonio Metropolitan Health District) at the census tract or ZIP code level, and then aggregating that data up to the South Bexar County geography, either for the population as a whole or by some grouping such as race/ethnicity. As noted in the data narrative, in some cases that calculation was not possible because so much of the census tract- or ZIP code-level data was suppressed. The only way to avoid this problem would be for the data-owning agency to do the South Bexar aggregation calculations in-house prior to releasing the data, and that workload is more than what most public agencies are able to manage given the volume of incoming data requests.

This report is the first to use primarily Statistical Small Areas (SSAs) to look at geographic differences within the county. SSAs are clusters of adjacent census tracts grouped together using statistical methods. CI:Now recently developed SSAs to retain the size advantages of ZIP codes – less data suppression and smaller margins of error – but with more meaningful boundaries than those created for efficient mail delivery. Neither geography is universally better than the other, or better than the much smaller census tracts. The choice of geography to use depends on the goal of disaggregation, on whether the small-area data is to be further broken out (e.g., by race/ethnicity) and on the data available. A reference map at the end of this section overlays SSA boundaries on ZIP Code Tabulation Areas (ZCTAs) to help the reader see the differences in the two geographies. More detail on the methods used to develop SSAs, and more data disaggregated by SSA, is available in the FAQ section of CI:Now's online Bexar Data Dive tool at dive.cinow.info.

Some Census American Community Survey data had to be drawn from the Public Use Microdata Sample (PUMS), which allows the user to slice data in custom ways not otherwise available. PUMS organizes data geographically into Public Use Microdata Areas, or PUMAs. No indicators are mapped by PUMA for this report, but some figures for South Bexar County overall were aggregated up from PUMAs, which are shown in a reference map in this section.

Apart from some images drawn directly from the data source as noted in the report, extant data was visualized in line and bar charts using the R programming language. Maps were generated using ArcGIS Pro. The source, time period and geography of the data are included for every chart and map along with any important notes to the user.

FOCUS GROUPS

The focus group guides were created by CI:Now and the University Health Institute for Public Health by compiling open-ended questions related to social determinants of health (SDOH), with a particular focus on transportation, food and health care costs. Other topics included language barriers, preventive care and community outreach preferences. There were 28 participants across five focus groups, and they were all held across south Bexar County. The five locations included the Carver Library, Family Service, Dr. Robert L.M. Hilliard Center, Texas A&M University-San Antonio (TAMUSA) and The Miracle Center Church. The Focus Group Guides can be found in **Appendix B: Focus Group Guides.**

After the focus group recordings were transcribed, qualitative analysis was performed by CI:Now using the software Atlas.ti. CI:Now used open coding to categorize quotes from the transcripts into themes, then axial coding to draw connections between themes and selective coding to refine the final themes. See Appendix B to view the focus group guide and demographic breakdown of participants.

ASSET OBSERVATIONS

The goal of the asset observation process conducted by the University Health Institute for Public Health (IPH) was to gather information on community assets and resources, primarily those near two planned sites for future University Health facilities. For that reason, the assets observations documented are not intended to be exhaustive or to cover every South Bexar County neighborhood. Observations were gathered for six types of assets: churches, community centers, health care facilities, libraries, local nonprofits and retail food outlets.

The selection of areas in which to focus was also guided by data in The Health Collaborative's 2022 Bexar County Community Health Needs Assessment. In addition to in-person observations made in the community, an initial set of assets to observe was determined using several internet search engines. Preliminary observations of built environment using Google Earth were verified against in-person observations. A structured set of data elements specific to each asset type was collected and documented by IPH staff; much more data was collected than is shown in this report.

PRIORITIZATION METHODS

Issues noted as higher priorities for South Bexar County in the Priorities and Next Steps section of this report were determined by community residents and a five-member panel internal to University Health. All contributors rated issues as higher or lower priority in three separate categories: Health Drivers, Health Conditions and Solutions and Strategies. The prioritization tools – paper survey for community residents and digital survey for the University Health panel – were developed by IPH and CI:Now.

Resident input was gathered by IPH outreach staff. Based on demographic data gathered from focus group participants, IPH saw a need to seek additional representation from some South Bexar County areas, including ZIP codes 78039, 785252, 78052, 78002, 78254, 78073, 78264, 78112, 78263, 78101, 78152 and 78124. Those ZIP codes are predominantly located in more rural and remote areas of Bexar County, and reaching those areas effectively and on a short timeline called for a different approach than that used by IPH for previous outreach and information collection. IPH outreach staff began by finding organizations, stores or other venues that were located in or near the underrepresented ZIP codes, seeking permission to set up a table and distribute and collect surveys. For areas where those permissions could not be secured, IPH staff conducted outreach at local meat markets, corner stores, Dollar Generals and other local businesses.

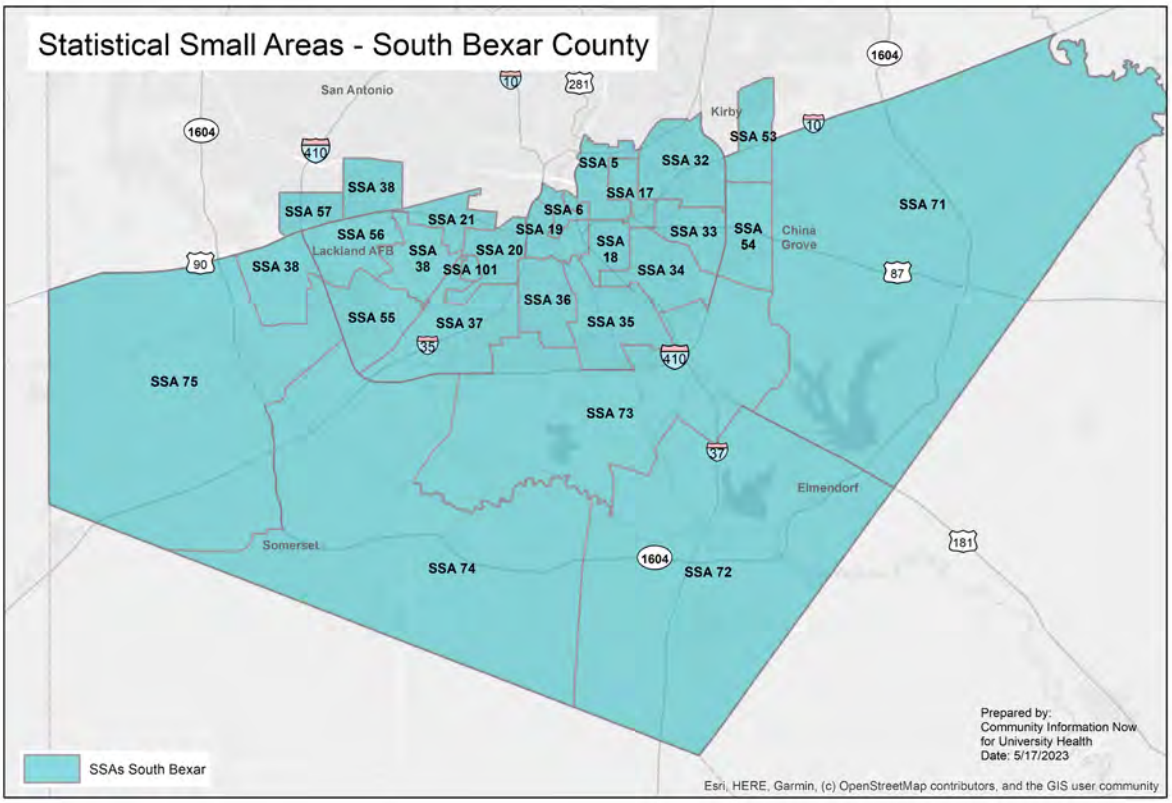
Neither community residents nor the University Health panel were instructed to use any specific criteria for prioritizing issues. The preliminary set of charts and maps developed for the report, as well as a bullet-point summary of themes that emerged from the analysis of focus group content, were provided to the University Health panel to inform their selection. Providing those 85 pages of content was not feasible in the community outreach setting.

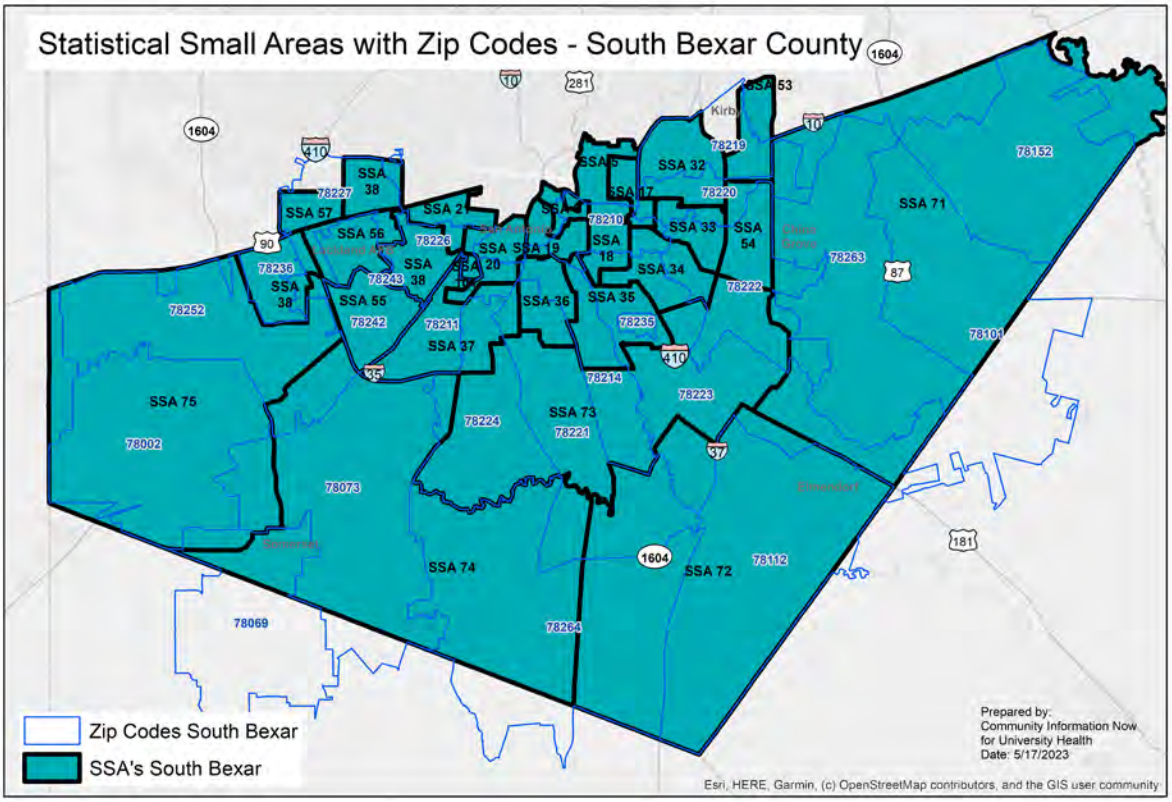
Both community residents and the University Health panel chose five to seven issues as higher-priority in each of the three categories (Health Drivers, Health Conditions and Solutions and Strategies). IPH outreach staff compiled the data from the community resident paper surveys and CI:Now provided the ratings made through the digital survey, and IPH then filtered for the top issues in each category. The issues were intentionally not ranked within a category.

REFERENCE MAPS

Following are reference maps for South Bexar County:

- Statistical Small Areas (SSAs) with ZIP Codes
- Statistical Small Areas
- ZIP Codes
- ZIP Codes with City of San Antonio Neighborhood Associations
- Census Public Use Microdata Areas (PUMAs)
- Independent School Districts
- School Campuses


Statistical Small Areas - South Bexar County
San Antonio
Kirby
Lackland AFB
China Grove
Somerset
Elmendorf
SSA 38
SSA 57
SSA 56
SSA 21
SSA 5
SSA 32
SSA 17
SSA 6
SSA 19
SSA 53
SSA 71
SSA 33
SSA 54
SSA 18
SSA 20
SSA 101
SSA 34
SSA 36
SSA 55
SSA 37
SSA 35
SSA 75
SSA 73
SSA 74
SSA 72
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
SSAs South Bexar
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community


Statistical Small Areas with Zip Codes - South Bexar County
78219
78152
78227
78220
78210
78226
78263
78236
78243
78222
78252
78242
78211
78235
78101
78214
78223
78224
78221
78002
78073
78112
78069
78264
Prepared by:
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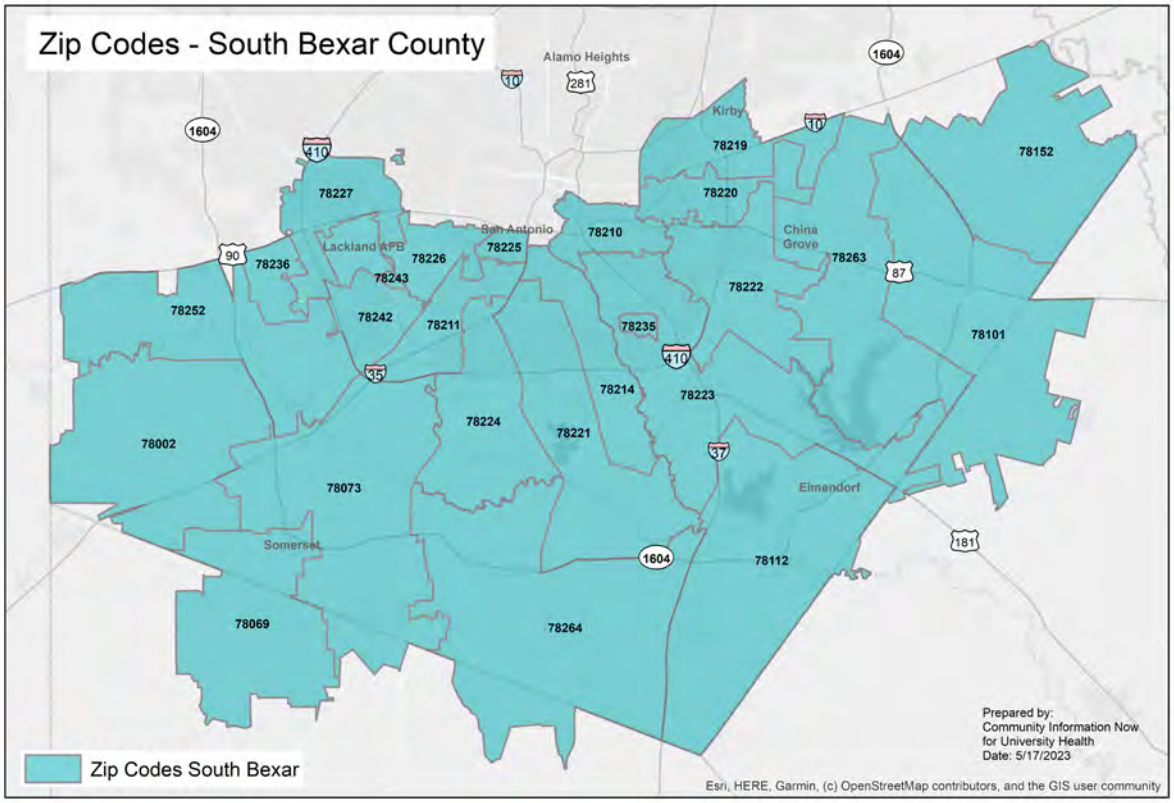
for University Health
Date: 5/17/2023
Zip Codes South Bexar
SSA's South Bexar
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community


Zip Codes - South Bexar County
Alamo Heights
Kirby
China Grove
Lackland AFB
San Antonio
Somerset
Elmendorf
78219
78152
78227
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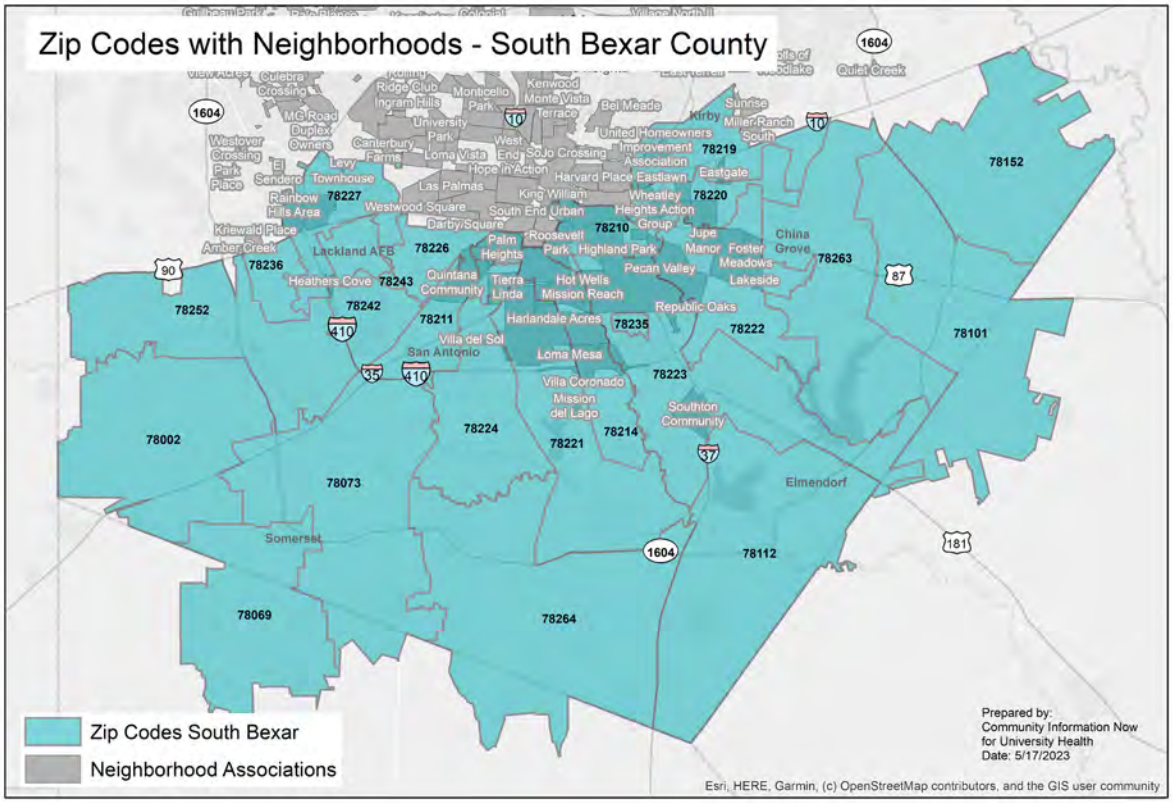
78210
78225
78226
78263
78236
78243
78222
78252
78242
78211
78235
78101
78214
78223
78224
78221
78002
78073
78112
78069
78264
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
Zip Codes South Bexar
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community


Zip Codes with Neighborhoods - South Bexar County
Quiet Creek
Kirby
China Grove
Lackland AFB
Somerset
Elmendorf
78219
78152
78227
78220
78210
78226
78263
78236
78243
78222
78252
78242
78211
78235
78101
78214
78223
78224
78221
78002
78073
78112
78069
78264
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
Zip Codes South Bexar
Neighborhood Associations
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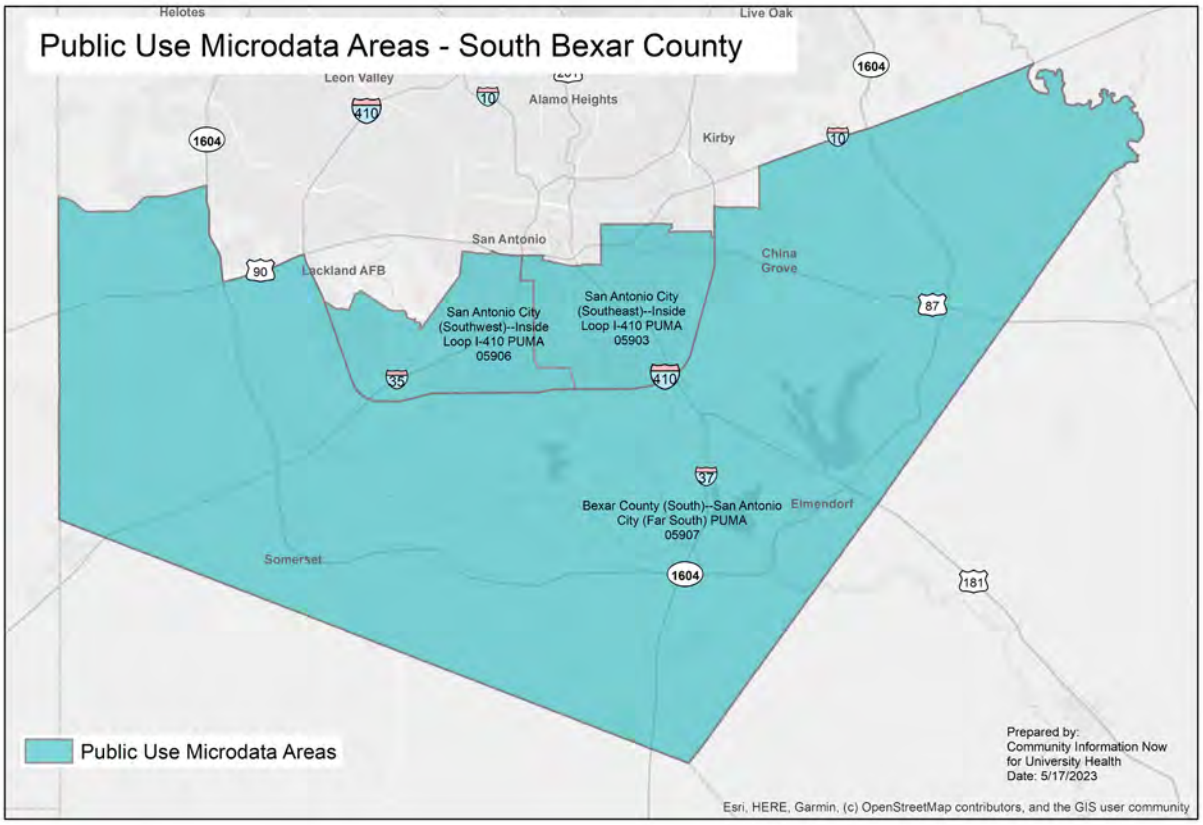
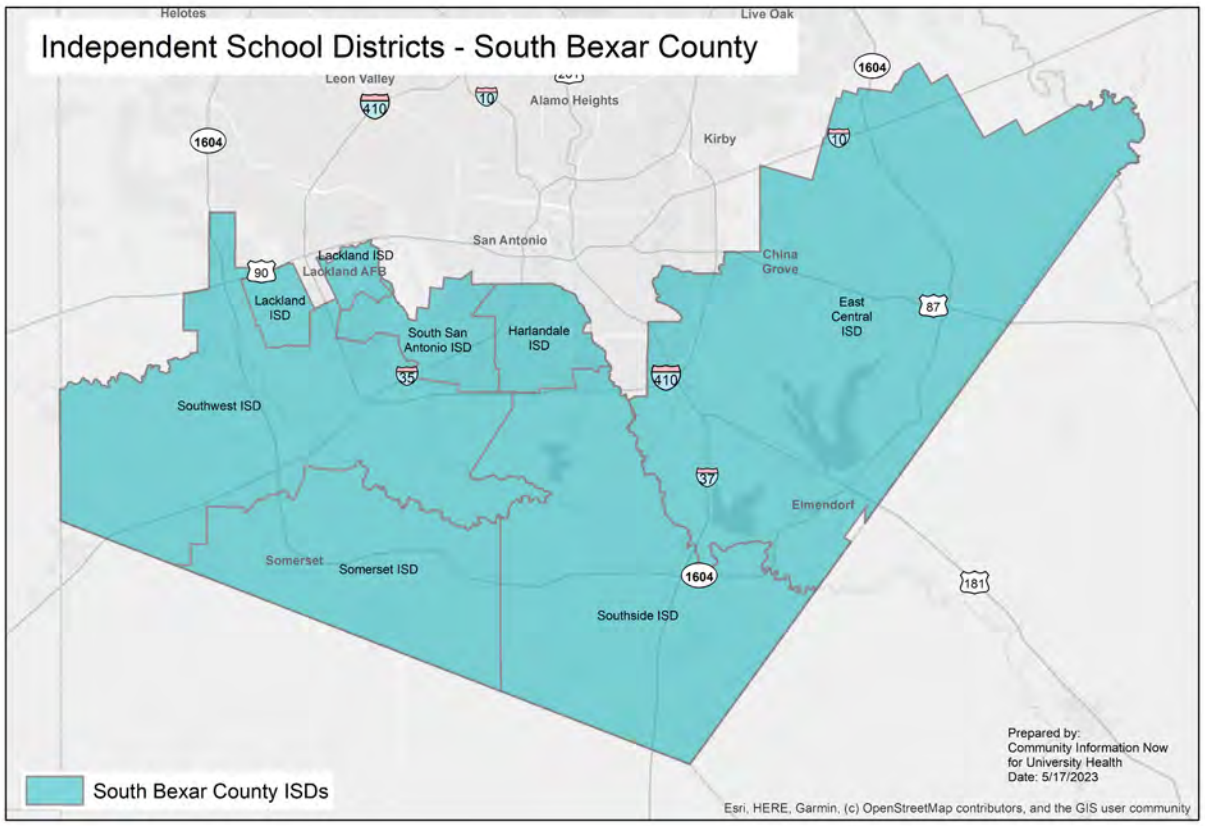

Public Use Microdata Areas - South Bexar County
Helotes
Live Oak
Leon Valley
Alamo Heights
Kirby
San Antonio
China Grove
Lackland AFB
San Antonio City (Southwest)--Inside Loop I-410 PUMA 05906
San Antonio City (Southeast)--Inside Loop I-410 PUMA 05903
Bexar County (South)--San Antonio City (Far South) PUMA 05907
Elmendorf
Somerset
1604
410
10
90
35
37
87
181
Public Use Microdata Areas
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community


Independent School Districts - South Bexar County
Helotes
Live Oak
Leon Valley
Alamo Heights
Kirby
San Antonio
China Grove
Lackland ISD
Lackland AFB
Lackland ISD
South San Antonio ISD
Harlandale ISD
East Central ISD
Southwest ISD
Somerset
Somerset ISD
Southside ISD
Elmendorf
1604
410
10
90
35
37
87
181
South Bexar County ISDs
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
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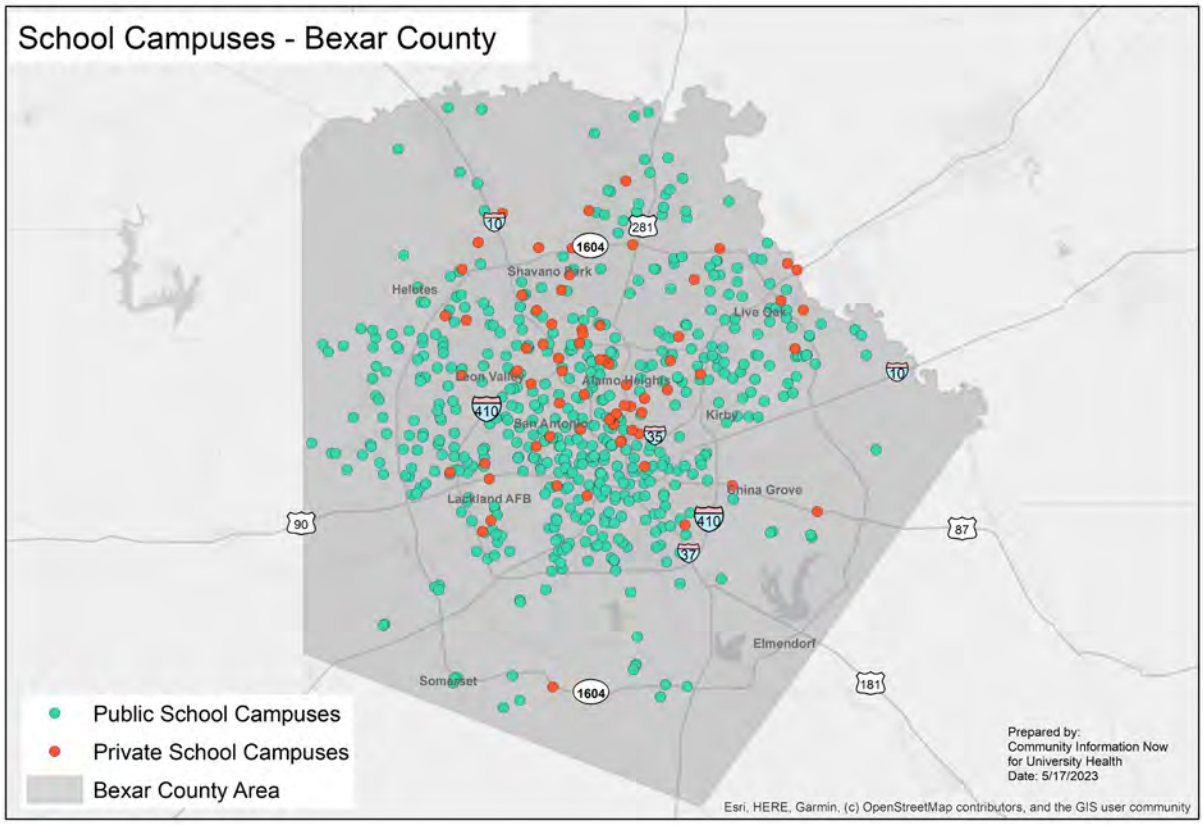
School Campuses - Bexar County
Public School Campuses
Private School Campuses
Bexar County Area
Prepared by:
Community Information Now
for University Health
Date: 5/17/2023
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
Helotes
Shavano Park
Live Oak
Leon Valley
Alamo Heights
Kirby
Lackland AFB
China Grove
Somerset
Elmendorf
1604
281
10
410
35
90
87
37
181

SOUTH BEXAR COUNTY 2023

University Health

Institute for Public Health

Public.Health@uhtx.com

The mission of University Health's Institute for Public Health is to promote health, prevent disease and prolong life in our community through a compassionate, collaborative, trauma-informed, data-driven and evidence-based approach.

This project was funded with support from Congressman Joaquin Castro and the United States Health Resources and Services Administration (Grant number 22GE1HS45833).