

# Bexar County Community Health Improvement Plan

*Building Healthy Communities and  
Healthy Systems one piece at a time.*

2014

**Health Collaborative**

Bexar County's *Community* Health Leadership



# Health Collaborative

Bexar County's *Community* Health Leadership

## THANK YOU TO OUR FUNDING PARTNERS



## THE HEALTH COLLABORATIVE

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The Health Collaborative began informally in 1997 when San Antonio's major healthcare organizations agreed to put aside their competitive business practices to conduct a comprehensive health needs assessment. The evolution in 2000 to an incorporated entity with a long-range strategic plan was in response to the founding members' interest in improving the health status of the community by working together.

The Health Collaborative has developed into a powerful network of citizens, community organizations and businesses.

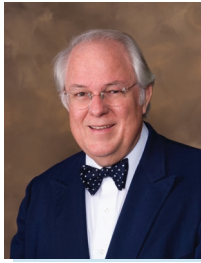
The result is a more robust, less duplicative, more synergistic approach to solving critical community health needs, while efficiently utilizing resources.

*For more information about The Health Collaborative, its programs and initiatives, please contact*

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*Elizabeth Lutz, MBA  
Executive Director*

Respected Leaders,

In keeping with our mission to improve the health status of our community through collaborative means, it is our pleasure to present the 2014 Bexar County Community Health Improvement Plan.

This report is the result of a formal community health improvement assessment and planning effort that reflects over 24 months of collaborative work with agency partners and community stakeholders to establish a shared vision, conduct a comprehensive community health assessment, and develop an assets-based planning document.

Using the Mobilizing for Action through Planning and Partnerships (MAPP) framework as our guide we conducted four interdependent assessments that, when combined, provide a comprehensive snapshot of the specific health needs and opportunities in our community. Data from the 2013 and prior Bexar County Community Health Assessment was used to prioritize strategic issues to be included in the Community Health Improvement Plan.

Through this effort we commit to rigorously measuring our processes and outcomes to evaluate and improve our planning efforts. We are also dedicated to developing data-driven targets and timely policies based on evidence-based interventions supported by sound research and/or practice. Most importantly, we are driven to see that this report is accessible to all who live, learn, work, and play in Bexar County.

We are thankful for the support of over 65 stakeholders and partners from across multiple sectors and the technical assistance provided by Health Resources in Action. A special thank you to the board of Directors of the Health Collaborative for providing the leadership and guidance necessary to ensure that this process maintained its neutrality and was descriptive of work and investment of local partners.

Our challenges are great, but so is our opportunity. We invite you to use this plan to help inform and enhance your knowledge of the work currently underway to better understand "What Makes Us Sick?" in Bexar County. This is a living document and only through your help and support can we truly accomplish the target goals set in this plan. While some strategies have already been put to action, others are just beginning to develop. We encourage everyone to get involved and contribute to this effort as we seek to build on collaborations, strengthen partnerships and leverage resources for a greater impact to our community's health improvement.

Sincerely,

Charles L. Kight,  
Health Collaborative  
Board Chair

Stephen K. Blanchard  
Health Collaborative  
Data Committee Chair

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# Executive Summary

## Executive Summary

Following the release of the *2010 Bexar County Community Health Assessment*, the Bexar County Community Health Collaborative (The Health Collaborative) partnered with the City of San Antonio Metropolitan Health District (Metro Health) to begin a process to develop a Community Health Improvement Plan (CHIP). A CHIP is a community-wide, collaborative strategic plan that sets Focus Areas for health improvement and engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of a community and a framework for organizations to use in making that vision a reality. In May of 2012, the first Bexar County Community Health Improvement Plan was published. It was developed with the collaboration, participation and feedback of more than 50 community leaders.

A Core Planning Group and Work Groups were convened to develop the Community Health Improvement Plan for Bexar County. Members of the groups represented different sectors of the community to contribute diverse points of view. Over the course of six months, the groups affirmed a vision of health for the community and values for the process, and identified data-driven health Focus Areas and goals to be addressed in the plan.

Focus Area	Goal
Healthy Eating and Active Living	Foster systemic and social change to support equity in healthy eating, active living, and wellness to enable all community members to make healthy choices and lead healthy lives.
Healthy Child and Family Development	Promote access and utilization of preventive healthcare across the lifespan to improve healthy child and family development.
Safe Communities	Develop community defined safe neighborhoods by identifying and implementing local and global best practices through community empowerment.
Behavioral and Mental Well-Being	Improve and expand a comprehensive, integrated behavioral health system to provide holistic services with access for all.
Sexual Health	Ensure all Bexar County community members of any sexual orientation or gender identification have access to culturally appropriate education and resources to promote sexual health.

The process to develop the plan accounted for existing efforts and activities in the community, identified gaps in the same areas, engaged stakeholders, and built consensus for action. Successful implementation of the plan includes a commitment to action by organizations and residents throughout Bexar County. Achievement of the goals for health improvement will be monitored through future community assessment activities. The plan will be revised in 2016.

## I. About Community Health Improvement Plans

### **What is a Community Health Improvement Plan (CHIP)?**

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan that outlines select health issues within our community, and how these issues will be addressed, including strategies and measures, to ultimately improve our community's health outcomes. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

### **How to use a CHIP**

A CHIP is designed to be a broad, strategic framework for community health, and should be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple voices and multiple perspectives so that anyone can find a role and a place in the plan. All community groups and sectors; private and nonprofit organizations, government agencies, academic institutions, community and faith-based organizations, and citizens, can become involved in this unified effort to improve the health and quality of life for all people who live, work, and play in Bexar County. We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community.

### **The Connection to the 2013 Bexar County Health Assessment**

Previous assessment studies of Bexar County were conducted in 1998, 2002, 2006, and 2010. In 2013, The Bexar County Community Health Collaborative (THC) contracted Health Resources in Action (HRiA), a non-profit public health consultancy organization located in Boston, MA, to conduct an updated community health assessment process. The *2013 Bexar County Community Health Assessment (CHA)* study was a collaborative, year-long effort that aimed to achieve the following goals:

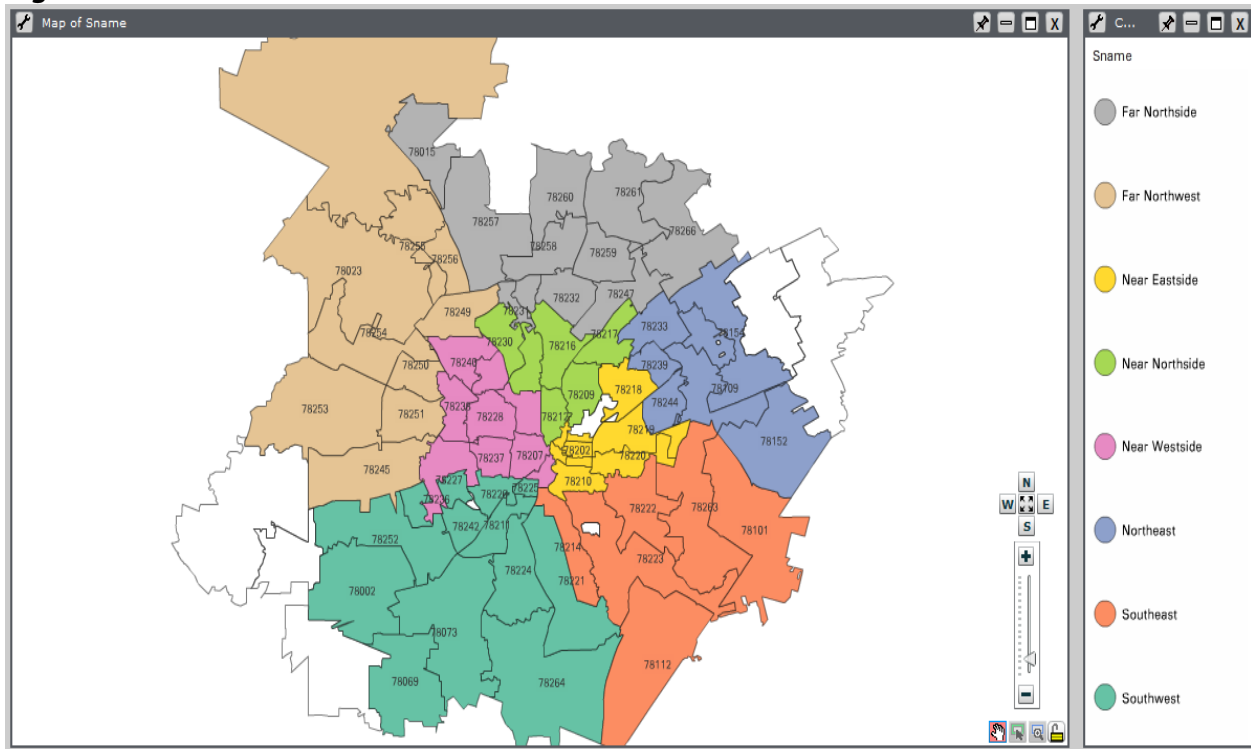
- To examine the current health status across Bexar County's communities and compare these to state, county, and sector rates as well as to national goals
- To explore the current health priorities, as well as new and emerging health concerns, among Bexar County residents within the social context of their communities
- To understand the shifting patterns of these health issues over time in Bexar County, with particular focus on vulnerable populations and geographic variations
- To identify community strengths and resources as well as gaps in services in order to help THC, the San Antonio Metropolitan Health District (MetroHealth), and any partners set funding and programming priorities
- To fulfill the community health assessment requirements for hospitals mandated by Texas State Department of Health Services
- To fulfill the assessment portion of the community health assessment and implementation plan of the Affordable Care Act and the requirements outlined by Internal Revenue Service in Notice 2011-52
- To enable THC and its partners to use the quantitative and qualitative data gathered to engage the community in a community health improvement planning process designed to refine and update the *2012 Bexar County Community Health Improvement Plan*

To accomplish these goals, THC and HRiA used a participatory, collaborative approach to look at health in its broadest sense for the geographic area of Bexar County, Texas. Because of the large size of Bexar

# About Community Health Improvement Plans

County and a need for smaller geographic areas to facilitate future planning, previous CHA studies have used a set of six subsectors drawn from Census tract lines within Bexar County. For the 2013 CHA, the delineation of subsectors was revised to improve clarity and geographic understanding. Instead of Census tracts, eight new subsectors were delineated using zip code boundaries and median household income (see Figure 1).

**Figure 1**



The assessment process included synthesizing existing quantitative data on social, economic, and health indicators for the county. Quantitative data was compiled and analyzed from a number of sources, including the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, Texas Department of State Health Services, San Antonio Metropolitan Health District, and NOWData.

Types of data included public health disease surveillance data, hospitalization records, vital statistics based on birth and death data, and self-reports of health behaviors from large, population-based surveys, such as the Behavioral Risk Factor Surveillance Survey and the Youth Risk Behavior Survey. When possible, data was provided down to the subsector level to provide relevant information for more granular geographic areas within Bexar County.

To complement these quantitative data, qualitative information was collected from 14 focus groups, 19 interviews, and 4 community dialogues. Focus groups and interviews were conducted with a range of individuals representing different audiences, including residents, faith communities, social service providers, hospital administrators, County and local government officials, and public health leaders. Ultimately, the qualitative research engaged over 280 individuals across Bexar County.

The final assessment report, *2013 Bexar County Community Health Assessment (CHA)*, serves as a living document that will guide future community discussions and strategic planning for THC, its partners and

## About Community Health Improvement Plans

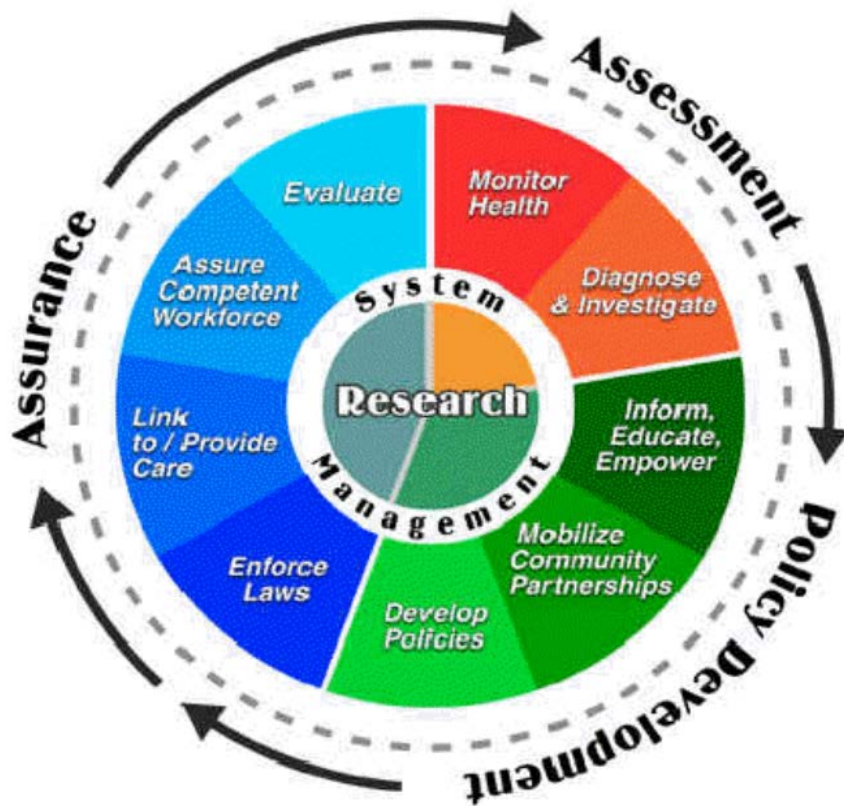
the community at large. Findings from this process were used to validate and refine the health priorities selected for this updated Community Health Improvement Plan.

### The Cycle of Assessment to Action

To develop and implement the CHIP, THC hosted six meetings over ten months and brought together the area's healthcare systems, community organizations, universities, government, and businesses, in alignment with National Association of County and City Health Officials (NACCHO) recommendations that the community health improvement process look beyond the performance of an individual organization serving a specific segment of a community, to the way in which the activities of many organizations contribute to community health improvement.

The assessment-planning-implementation-evaluation-reassessment process is a **continuous cycle of improvement** that seeks to "move the needle" on key health priorities over the course of time, as illustrated by Figure 2. The Ten Essential Public Health services exist within this cycle and are informed and guided by the Community Health Assessment and the Community Health Improvement Plan.

**Figure 2: Centers for Disease Control and Prevention (CDC), Ten Essential Public Health Services**



The 2013 Bexar County Community Health Assessment was designed to provide rich quantitative and qualitative data for THC and its partners to use in identifying the major health concerns and issues within Bexar County. Indeed, the data regarding demographic information and health outcomes for the residents of Bexar County guided the validation of the five focal health issues that are addressed in the CHIP. This CHIP is intended to help align and solidify each agency's commitment to improving the health of the community. Through sustained, collective effort on this overarching framework, a wide range of public health partners and stakeholders who are involved in assessment, planning, and



## About Community Health Improvement Plans

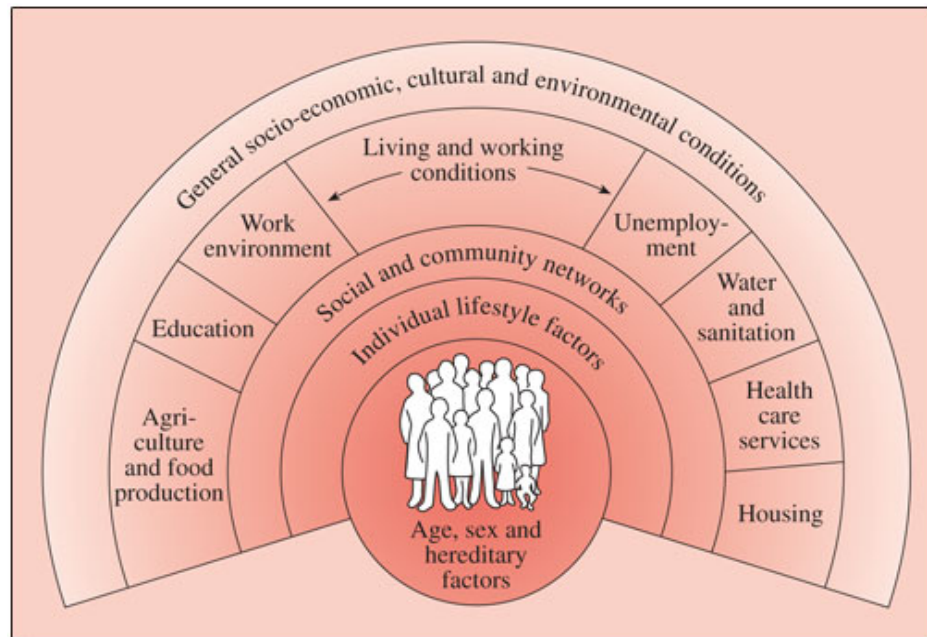
implementation will be able to document measured improvement on these key health issues over the next two years.

The next phase will involve broad implementation of the strategies identified in the CHIP, and monitoring/evaluation of the CHIP's outcome indicators. Finally, in order to determine if the CHIP resulted in any significant change in the health status of Bexar County residents, a community health assessment will be implemented again in 2016, followed by the development of a revised Community Health Improvement Plan.

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

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities (Figure 3).

**Figure 3. Social Determinants of Health Framework**



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

## II. Development of the Bexar County Community Health Improvement Plan

### Community Engagement

Following the release of the *2013 Bexar County Community Health Assessment*, THC embarked on a process to update the *2012 Bexar County Community Health Improvement Plan (CHIP2)*. The framework used for the Bexar County CHIP built upon the Mobilizing Action through Partnerships and Planning (MAPP) process; a process that has been widely used in communities for health improvement planning and has been endorsed by the National Association of County and City Health Officials (NACCHO) and the Public Health Accreditation Board (PHAB). The MAPP process relies on collaborative partnership and includes four major components to inform planning:

1. A Community Health Assessment
2. Qualitative data on community themes and strengths
3. A review of community health system performance based on the national public health performance standards
4. Community feedback on key health issues

THC served as the host of the process for Bexar County and convened a Core Planning Group to provide input to the CHIP and oversee aspects of CHIP development. In addition, THC convened five Work Groups to refine and modify details for each of the five identified health priorities. Members of the Core Planning Group and Work Groups represented broad and diverse sectors of the community, including:

- Business
- Healthcare
- Education
- Academic Research
- Community-Focused Organizations
- Community Residents
- Faith Organizations
- Community Planning Agencies
- City and County Government
- Public Safety
- Philanthropic Organizations

### Establishment of Vision and Values

The Work Groups met six times during the months of December, 2013 through June, 2014 to affirm the vision for this collaborative process, the values and operating principles to support the CHIP, and the five health Focus Areas to be addressed in the plan.

In 2012, the Core Planning Group established the following criteria for selection of the focus areas for the CHIP and these criteria were applied against the 2013 Community Health Assessment to confirm and redefine the five health Focus Areas for the 2014 CHIP:

- Political will exists to support change
- Key area of need (based on data)
- Achievable/doable
- Resources available or likely

## Development of the Bexar County CHIP

- Can define measurable outcomes
- Marketability of health focus or activity
- Community member interest and motivation for health focus

In the first meeting, Work Group members reviewed key findings from the CHA, discussed Forces of Change (see Appendix E), and outlined key community assets, strengths, and initiatives against each of the five Focus Areas. In subsequent meetings, Work Group members refined Goal statements, developed measurable Objectives, and streamlined evidence-based Strategies using a list of compiled resources (see Appendix C) as well as a list of cross-cutting strategies developed by the Core Planning Group in 2012, including:

- Health equity
- Access to care
- Public policy change
- Health disparities
- Cultural competency
- Information access, awareness, and dissemination, especially regarding health literacy
- Cross-sector collaboration
- Coordinated services
- Tracking change (measuring impact)
- Strengthening sense of community

*Bexar County CHIP Tagline:*  
“Healthy Communities, Healthy Systems”

### **CHIP Vision Statement**

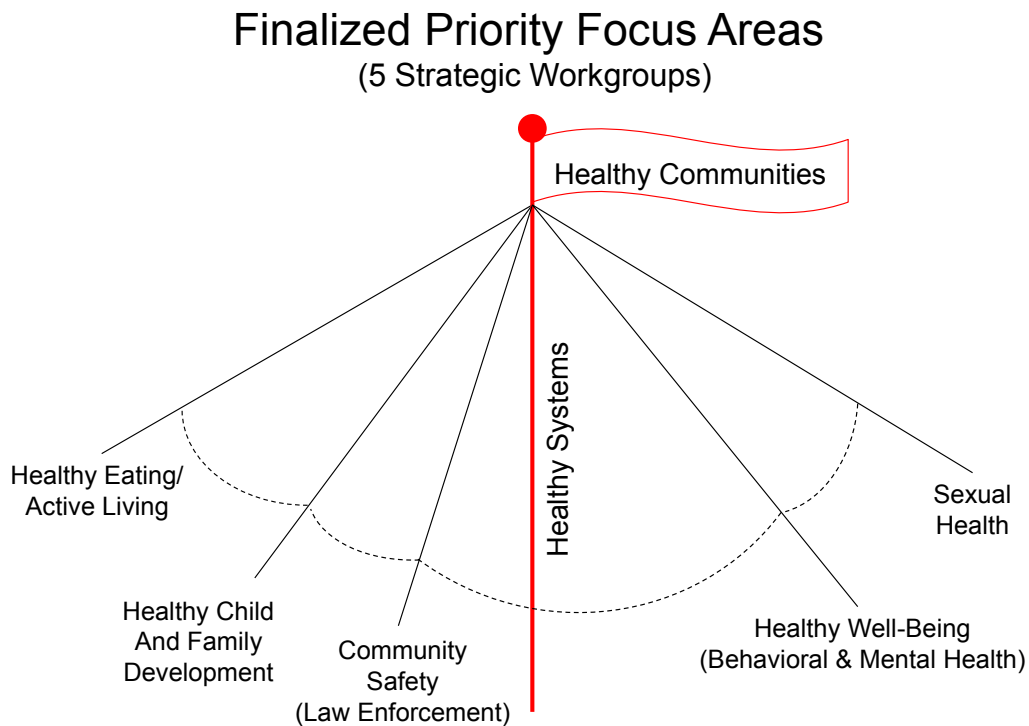
Over the next 3-5 years, Bexar County will view itself positively as a healthy place to live, with individuals, communities, and organizations working together to:

- Align and coordinate health improvement efforts with a strong focus on health improvement
- Model collaboration to identify and demonstrate positive changes in individual behaviors, the physical environment, social behaviors, and policy/systems to support healthy living
- Ensure open access to health resources through health information strategies that are culturally competent and designed to promote health literacy
- Create opportunities in the community for structural, policy, and systems change
- Support agencies and groups that support the environment
- Sustain this work through ongoing dialogue and partnership with key decision makers and ongoing, asset-based community development

## CHIP Values and Operating Principles

- We are collaborating to break down silos and integrate work on all levels to maximize impact. Coordinated effort is about accessing and leveraging resources as we represent multi-sectors of the community. We term this “the braid” (see Figure 4 below).

Figure 4



- We believe simple statements and stories describe in profound ways the impact of the physical environment on individual behaviors and choices. One resident summed up her issues with accessing safe places to exercise by saying: “I can’t walk because I can’t drive.”
- We believe in the KISS principle: Keep the message simple. “What makes us sick?”
- Transformation: Where we will focus our collective power.
- Innovation
- Community Inclusion: Keeping it relevant, providing opportunity and connection. “We make the community voice come alive.” This is a community initiative.
- Creative and Constructive Dissent: We share feedback openly, honestly, and respectfully with each other.
- Results: We move from debate and dialogue to resolution and consensus.
- Equity and Integration: Everyone at the CHIP table has an equal and valuable voice regarding community issues. Everyone is welcome to join and it is never too late to participate in this initiative. We will spend time orienting new members to history and background so they feel welcome.

# Development of the Bexar County CHIP

## Development of the CHIP

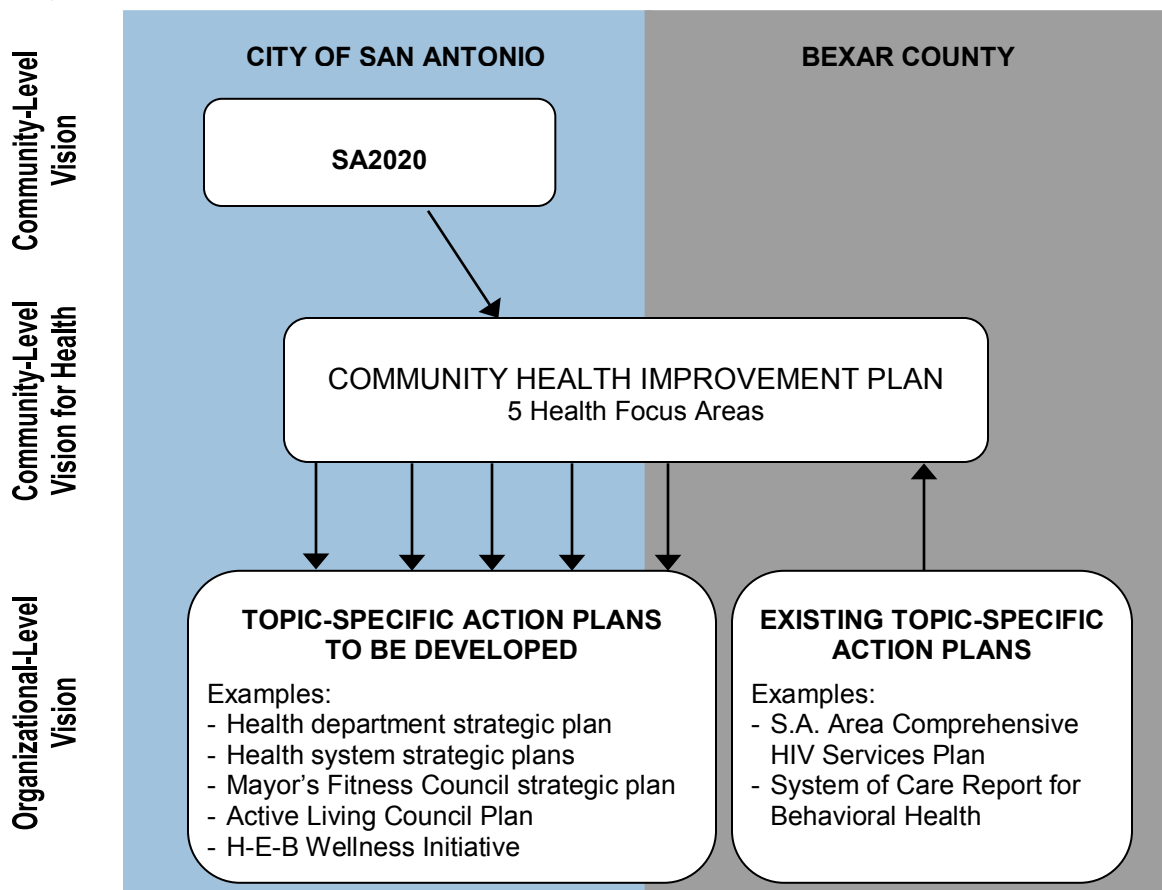
Work Groups were formed around each of the five health Focus Areas and were facilitated by members of THC Board and the Core Planning Group. Participants met eight times from December 2013 to June 2014 to develop measurable planning components and provide feedback on each other's work. Work Group participants also engaged additional stakeholders and groups to solicit input and feedback on the planning components, account for existing efforts and activities in the community, identify potential gaps, build consensus for action, and secure commitment for implementation. Existing health improvement efforts in the community were considered in the development of the CHIP and linked to the CHIP whenever possible.

The Core Planning Group met once more in June 2014 to review and modify components of the plan, and define the final format for the CHIP.

## Relationship between the CHIP and other Guiding Documents

The CHIP was designed to complement and build upon other guiding documents, plans, and coalitions developed to shape the public health of the Bexar County community. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP development process incorporated strategies and resource networks wherever possible (see Figure 5). For this CHIP update, Work Groups paid particular attention to **SA2020** goals, objectives, strategies, and indicators to align these two documents as much as possible.<sup>1,2,3</sup>

Figure 5



## III. Community Identified Bexar County Health Priorities

Real, lasting community change is built around knowing where you are, where you want to be, and whether your efforts are making a difference. Community indicators tell the story about where a community is in relation to its vision. After analysis of the *2013 Bexar County Health Assessment* and *SA2020*, the working groups confirmed the following health Focus Areas for the CHIP.

1. Healthy Eating and Active Living
2. Healthy Child and Family Development
3. Safe Communities
4. Behavioral and Mental Well-Being
5. Sexual Health

### Goals, Objectives, Strategies, Key Partners

The following pages outline the Goals, Health Determinants\*, Objectives, Targets, Strategies, and Partners/Resources for the five health Focus Areas:

Focus Area	Goal
Healthy Eating and Active Living	Foster systemic and social change to support equity in healthy eating, active living, and wellness to enable all community members to make healthy choices and lead healthy lives.
Healthy Child and Family Development	Promote access and utilization of preventive healthcare across the lifespan to improve healthy child and family development.
Safe Communities	Develop community defined safe neighborhoods by identifying and implementing local and global best practices through community empowerment.
Behavioral and Mental Well-Being	Improve and expand a comprehensive, integrated behavioral health system to provide holistic services with access for all.
Sexual Health	Ensure all Bexar County community members of any sexual orientation or gender identification have access to culturally appropriate education and resources to promote sexual health.

\* Note: Health Determinants formerly called "Risk Factors" in 2012 CHIP.

## Focus Area One: Healthy Eating and Active Living



### Focus Area One: Healthy Eating and Active Living

In many parts of San Antonio, it is easier to buy a cheeseburger than a piece of fresh fruit. **Our community is in danger of raising the first generation of children who live sicker and die younger than their parents.** During the past 30 years, the number of overweight young people in the United States has more than tripled among children 6 to 11 years old and more than doubled among adolescents 12 to 19 years old (Source: CDC, Child Overweight and Obesity).

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

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

## Focus Area One: Healthy Eating and Active Living

Finally, while population obesity rates have started to decrease in adults and youth, obesity and related chronic diseases are still primary concerns among the Bexar County community.

Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood. Overweight and obese adults are at increased risk for heart disease, diabetes, stroke, osteoarthritis, and several forms of cancer resulting in reduced quality of life, and premature death (U.S. Department of Health and Human Services, 2001).

Physical activity and healthy eating are both critical parts of maintaining good health. Everyone; children and adults, benefits from being physically active and eating a variety of fresh, healthy foods every day. Regular physical activity and good nutrition can reduce a person's risk of obesity and chronic disease and may prevent certain health conditions from worsening over time. As a community, we must commit to creating an environment that helps residents make the healthy choices and take responsibility for decisions that support good health in our homes, neighborhoods, schools and workplaces. San Antonio has started to make these changes by expanding bike lanes, improving parks, enhancing sidewalks and street lighting, extending The River Walk, implementing a Complete Streets Policy and Safe Bicycle Passage Policy, the Por Vida Healthy Restaurant Initiative, increasing the availability of fresh fruits and vegetables in stores, and many other efforts.



# Focus Area One: Healthy Eating and Active Living

## Goal

**Foster systemic and social change to support equity in healthy eating, active living, and wellness to enable all community members to make healthy choices and lead healthy lives.**

## Health Determinants: What Makes Us Sick?

- Excess calorie intake
- Family history and genetics
- Fast food restaurants easily accessible
- Healthy foods unavailable
- Increased age
- Insufficient walking paths
- Lack of knowledge about healthy foods
- Lack of physical activity
- Low income family/poverty
- Minority group member
- Not safe to play outside
- Unhealthy diet and eating habits
- Unsafe community/neighborhood

**Objective 1.1 By 2016, establish a chapter for health and wellness in the city Comprehensive Master Plan of San Antonio with the intent of embedding health considerations into all decision making processes. (DEVELOPMENTAL)**

Target Population	Baseline	2016 Target	Data Source
	To be Established		

## Strategies

- 1.1.1 Establish formal mechanisms to align strategies among the Community Health Improvement Plan, the Active Living Plan for a Healthier San Antonio, and SA2020 indicators to ensure health determinants are considered in all policy approaches
- 1.1.2 Engage community health stakeholders in all stages of the Comprehensive Master Plan of San Antonio planning process.
- 1.1.3 Change related zoning codes to support complete streets, spaces, and buildings that encourage active living and healthy eating.
- 1.1.4 Include assessment of progress on objective 1.1 and related strategies in stakeholder interviews during the Community Health Assessment (CHA).

## Focus Area One: Healthy Eating and Active Living

**Objective 1.2** By 2016, increase the consumption of fruit and vegetables and decrease the consumption of sugar sweetened beverages in the diets of 2-14 year-olds (DEVELOPMENTAL).

Target Population	Baseline	2016 Target	Data Source
2-14 year-olds consuming fruits and vegetables	TBD	>baseline	
2-14 year-olds consuming sugar sweetened beverages	TBD	>baseline	

### Strategies

- 1.2.1 Identify data sources.
- 1.2.2 Acquire data to begin tracking.
- 1.2.3 Identify targets and strategies for improvement.

**Objective 1.3** By 2016, decrease the consumption of sugar sweetened beverages among adolescents and adults and increase the percentage of adolescents and adults who meet or exceed the recommended number of servings of fruits and vegetables per day by 10%.

Target Population	Baseline	2016 Target	Data Source
Adults consuming 3 or more servings of vegetables per day.	22%	24%	<i>San Antonio Metropolitan Health District Survey 2012<sup>4</sup></i>
Adults consuming 2 or more servings of fruits	12%	13.5%	<i>San Antonio Metropolitan Health District Survey 2012<sup>5</sup></i>
Students age 14-18 who ate 5 or more servings of fruits and vegetables in during the past 7 days.	22%	24%	<i>Bexar County Youth Risk Behavior Survey 2013</i>
Adults consuming zero sugar sweetened beverages a day	36%	39.6%	<i>Metro Health Chronic Disease Prevention Program: Nutrition in Bexar County Fact Sheet, Data from 2012</i>
Students who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days	24%	22%	<i>Bexar County Youth Risk Behavior Survey 2013</i>

### Strategies

- 1.3.1 Increase healthy eating, gardening and cooking programs (Farm to Work, Por Vida, Mobile Farmers Market, AgriLife, San Antonio Food Bank).

## Focus Area One: Healthy Eating and Active Living

- 1.3.2 Advocate for policies at the community, neighborhood, and workplace levels that increase access to nutritious foods. (e.g., Urban Agriculture).
- 1.3.3 Coordinate a sustained mass media campaign to promote healthy eating and active living throughout the community.
- 1.3.4 Encourage city to offer incentives to restaurants and businesses of all sizes to promote healthy eating.

**Objective 1.4 By 2016, establish a baseline of the percentage of children aged 0-5 within full day child care facilities that achieve 60 minutes of physical activity per day.**

Target Population	Baseline	2016 Target	Data Source
0-5 year-olds in full day child care achieving 60 min of Physical activity per day	TBD	>baseline	

### Strategies

- 1.4.1 Develop and promote policies that clearly define physical activity components in full day child care facilities.
- 1.4.2 Establish a baseline of the number of full day child care facilities that use the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).
- 1.4.3 Coordinate a sustained mass media campaign to promote healthy eating and active living throughout the community (see Objective 1.1).
- 1.4.4 Promote programs that provide safe and affordable physical activity opportunities, such as walking school buses (a group of children walking to school with one or more adults), Síclovia, community walking groups, and active transportation.

**Objective 1.5 By 2016, increase the proportion of adolescents and adults who meet physical activity national recommendations by 10%.**

Target Population	Baseline	2016 Target	Data Source
Adults	72%	79%	Texas Department of State Health Services, BRFSS 2012
Adolescents	49%	54%	Bexar County Youth Risk Behavior Survey 2013

### Strategies

- 1.5.1 Make physical activity a patient “vital sign” that all health care providers assess and discuss with their patients.
- 1.5.2 Coordinate a sustained mass media campaign to promote healthy eating and active living throughout the community (see Objective 1.1).
- 1.5.3 Promote policies to create infrastructure for active living.
- 1.5.4 Increase proportion of public and private schools that provide access to physical activity recreation spaces and facilities for all persons outside of normal school hours.
- 1.5.5 Promote programs that provide safe and affordable physical activity opportunities, such as walking school buses, Síclovia, community walking groups, and active transportation.

## Focus Area One: Healthy Eating and Active Living

**Objective 1.6** By 2016, decrease the percent of adolescents and adults who are overweight or obese by 10%.

Target Population	Baseline	2016 Target	Data Source
Adults with Body Mass Index (BMI) =>30	31.0%	27%	Texas Department of State Health Services, BRFSS 2006-2012
Adults with BMI =>25	65.3%	59%	Texas Department of State Health Services, BRFSS 2006-2012
Adolescents with BMI =>30	15.2%	14%	Bexar County Youth Risk Behavior Survey 2013
Adolescents with BMI =>25	14.4%	13%	Bexar County Youth Risk Behavior Survey 2013

### Strategies

- 1.6.1 Healthcare provider will counsel patients about physical activity and healthy eating.
- 1.6.2 Develop local expertise within governmental and non-governmental public health organizations about physical activity as part of an integrated and coordinated approach to chronic disease prevention.
- 1.6.3 Monitor obesity rates through continued collection of BRFSS and YRBS data.
- 1.6.4 Coordinate a sustained mass media campaign to promote healthy eating and active living throughout the community.

### Key Partners/Resources

- American Association of Retired Persons (AARP)
- Active Living Plan for a Healthier San Antonio
- American Heart Association
- American Diabetes Association
- Bexar County Health Collaborative
- Bexar County Medical Society
- Centers for Disease Control and Prevention
- City of San Antonio, including Health Department, Parks, Planning, OEP
- Let's Move Campaign
- Mayor's Fitness Council (MFC)
- National Council on Aging
- San Antonio Chapter of AIA
- San Antonio Food Bank
- SA Food Policy Council
- San Antonio Metropolitan Health District (SAMHD)
- San Antonio Restaurant Association
- San Antonio Sports
- SA2020
- School Districts
- South Texas Association of Nutrition and Dietetics
- Texas AgriLife Extension Services
- University Research Groups (e.g., Institute for Health Promotion Research, School of Public Health).

## Focus Area Two: Healthy Child and Family Development



### Focus Area Two: Healthy Child and Family Development

The well-being of mothers, infants, and young children **will determine the health of the next generation and can help predict the future of public health challenges for families, communities, and the health care system** (Healthy People 2020 (HP2020)). Pregnancy can provide an opportunity to identify existing health risks in women and prevent future health problems in children. Moreover, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to and utilization of quality preconception and interconception care (HP2020). Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth, and negative physical and mental health effects for children.<sup>6</sup> Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (HP2020).

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

– Public health professional

*"A lot of young people are having babies. I call them babies raising babies."*

– Health care provider

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

## Focus Area Two: Healthy Child and Family Development

The proportion of Bexar County mothers receiving late or no prenatal care doubled from 14% in 2003 to 29% in 2011. While negative birth outcomes have remained stable overall, Black women disproportionately experience preterm and low-birth-weight births.

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

## Focus Area Two: Healthy Child and Family Development

### Goal

**Promote access and utilization of preventive healthcare across the lifespan to improve healthy child and family development.**

### Health Determinants: What Makes Us Sick?

- Age (being very young or elderly)
- Access to appropriate preconception and interconception health care
- Chronic stress
- Educational attainment among household members
- Lack of access to health care
- Preconception health status
- Poverty

**Objective 2.1 By 2016, decrease the percentage of pregnant women who receive late or no prenatal care by 5%.**

Target Population	Baseline	2016 Target	Data Source
Births to mothers receiving late or no prenatal care	29%	27.6%	<i>San Antonio Metropolitan Health District, San Antonio Health Profiles, 2011</i>

### Strategies

- 2.1.1 Identify and integrate existing community platforms.
- 2.1.2 Educate and support promotoras and Community Health Workers (CHWs).
- 2.1.3 Ensure the Community Health Bridge is updated.
- 2.1.4 Encourage healthcare providers to adopt Centering Pregnancy model
- 2.1.5 Train Community Health Workers and patient navigators to identify and troubleshoot barriers to care, and provide culturally appropriate guidance and care coordination to improve access and outcomes.
- 2.1.6 Increase the proportion of women who have continuous access to a medical home (especially between pregnancies).
- 2.1.7 Encourage routine drug use/abuse monitoring and management for addicted women during pregnancy and immediately post-partum.
- 2.1.8 Ensure community awareness of Go Before You Show website as a resource.
- 2.1.9 Promote that hospitals and birthing facilities become either Baby Friendly or Texas Ten Steps facility (certification by Dept of State Health Services)

**Objective 2.2 By 2016, increase the percentage of pregnant women who receive adequate prenatal care by 5%. (DEVELOPMENTAL)**

Target Population	Baseline	2016 Target	Data Source
Births to mothers receiving adequate prenatal care	TBD	5% above baseline	<i>birth certificates for prenatal; (Action National Preconception web site for evidence-based strategies); adequacy of prenatal care index</i>

## Focus Area Two: Healthy Child and Family Development

### Strategies

- 2.2.1 Identify data sources.
- 2.2.2 Acquire data to begin tracking.
- 2.2.3 Identify targets and strategies for improvement.

### Objective 2.3: Increase the percentage of planned pregnancies for age group 18-29 by 5%.

Target Population	Baseline	2016 Target	Data Source
18-29 year olds	62%	65.1%	PRAMS, Pregnancy Risk Assess Monitoring System

### Strategies

See Sexual Health Objective 5.1

### Objective 2.4 By 2016, maintain or decrease the infant mortality rate at/to 4.8 per 1,000 live births.

Target Population	Baseline	2016 Target	Data Source
Infant mortality (<1 year)	4.8/1,000 people	<=4.8/1,000 people	Texas Department of State Health Services (2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA

### Strategies

- 2.4.1 Partner up with Sexual Health (see objectives and strategies under Sexual Health that relate to STIs, family planning)
- 2.4.2 Establish a Fetal Infant Mortality Review Board and Maternal Mortality and Morbidity Review Board
- 2.4.3 Develop and deliver robust marketing campaign on Sudden Unexplained Infant Deaths (SUIDs)/safe sleep practices
- 2.4.4 Encourage and support Nurse Family Partnership, Home Visiting programs, and Healthy Start to incorporate infant survive and thrive measures and supports in their plans, including healthy eating and active living strategies for mothers.
- 2.4.5 Encourage and support Nurse Family Partnership, Home Visiting programs, and Healthy Start to incorporate adequate counseling and support to new mothers, especially those under the age of 20, to maintain post-partum health particularly with respect to drug use, diabetes, depression, and reproductive planning.
- 2.4.6 Partner with, promote, and support current campaigns to raise awareness on health determinants and strategies for infant mortality (e.g., March of Dimes, Baby Buggy, Any Baby Can, etc.)
- 2.4.7 Support alternative birthing centers.

See also Objective 2.1, 2.2, and 2.6



## Focus Area Two: Healthy Child and Family Development

**Objective 2.5: Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy by 5%.**

Target Population	Baseline	2016 Target	Data Source
Women	44%	46%	<i>Bexar County Health and Demographic Statistics, Health Profiles 2010</i>

### Strategies

- 2.5.1 Assess risk of unplanned pregnancy in females of childbearing age including mental health and substance abuse factors.
- 2.5.2 Encourage use of contraception to plan pregnancies for optimal health.
  - See Contraception Choice study in St. Louis to reduce informational and cost barriers to using contraception
  - Family Planning Clinics adopt policy and training for Long-Acting Reversible Contraception (LARC): methods of birth control that provide effective contraception for an extended period of time) and counseling supports
  - Ensure immediate availability of LARCs
  - Increase cost reimbursement for Mirena® Intrauterine Device (IUD) and other contraception devices
- 2.5.3 Assess cardiovascular issues (e.g., diabetes, high blood pressure) prenatal and during pregnancy, and ensure access to prenatal care and counseling that include Healthy Eating and Active Living (HEAL), vaccinations, folic acid consumption, smoking cessation and moderate to no alcohol use.

See also Sexual Health Objective 5.1

**Objective 2.6 By 2016, increase exclusive breast-feeding during first six months of life by 5%.**

Target Population	Baseline	2016 Target	Data Source
Infants breast-fed at birth	77%	81%	<i>Bexar County Health and Demographic Statistics, Health Profiles 2010</i>
Infants breast fed exclusively during first six months of life	TBD	>baseline	

### Strategies

#### *Hospital*

- 2.6.1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2.6.2 Train all health care staff in skills necessary to implement this policy.
- 2.6.3 Inform all pregnant women about the benefits and management of breastfeeding.
- 2.6.4 Help mothers initiate breastfeeding within 1 hour of birth.
- 2.6.5 Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 2.6.6 Give newborn infants no food or drink other than breast milk, unless medically indicated.

## Focus Area Two: Healthy Child and Family Development

- 2.6.7 Practice “rooming in” - allow mothers and infants to remain together 24 hours a day.
- 2.6.8 Encourage breastfeeding on demand.
- 2.6.9 Give no pacifiers or artificial nipples to breastfeeding infants.
- 2.6.10 Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

### *Peer Support*

- 2.6.11 Given the reach of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), help WIC providers increase the availability of peer counseling services for all WIC participants.
- 2.6.12 Establish and promote peer counseling programs for women not eligible for the WIC Program.
- 2.6.13 Improve the quality of existing peer counseling services by increasing contact hours, improving training, and making prenatal visits earlier.
- 2.6.14 Make sure that peer counselors have support and adequate supervision from an International Board of Lactation Consultant Examiners®, Inc. (IBCLC).
- 2.6.15 Create and maintain a sustainable infrastructure for mother-to-mother support groups and peer counseling programs in hospitals and community health care settings.

### *Workplace*

- 2.6.16 Develop corporate policies to support breastfeeding women, such as:
  - Providing designated private space for women to breastfeed or express milk.
  - Allowing flexible scheduling to support milk expression during work.
  - Giving mothers options for returning to work, such as teleworking, part-time work, or extended maternity leave.
  - Providing on-site or nearby child care.
  - Providing high-quality breast pumps.
  - Allowing babies at the workplace.
  - Offering professional lactation management services and support.

### *Partnerships*

- 2.6.17 Partner with organizations who support breast feeding (coalition and nurse family partnership and Baby Café) and raise awareness about them.

### *Education and Outreach*

- 2.6.18 Train and deploy Community Health Workers to educate women and families in the community about the benefits of breastfeeding.
- 2.6.19 Develop and implement outreach campaign on the benefits of breastfeeding for women, partners, employers, and the community to raise awareness of the importance of breastfeeding (expand and generalize WIC campaign). Connect to celebrity endorsement.
- 2.6.20 Include breastfeeding awareness as part of health messaging for community events.
- 2.6.21 Start workplace campaign to increase the number of workplace sites that provide environments and policies that support breastfeeding (see Galveston).
- 2.6.22 Educate employers and new mothers about federal Affordable Care Act (ACA) requirements supporting breastfeeding mothers in the workplace.
- 2.6.23 Train case managers to discuss benefits of breastfeeding with new mothers.

## Focus Area Two: Healthy Child and Family Development

**Objective 2.7** By 2016, increase the number of children 2-18 who were seen for a preventive health care visit in the past 12 months by 5%. (DEVELOPMENTAL)

Target Population	Baseline	2016 Target	Data Source
Children 2-18 years	TBD	5% above baseline	Medicaid/ Certified Healthcare Financial Professional (CHFP) managed care plans

### Strategies

- 2.7.1 Establish baseline data.
- 2.7.2 Increase the proportion of children who have access to a medical home.
- 2.7.3 Develop a consensus definition of “patient centered medical home” and comprehensive data sources and protocols to measure linkage to medical homes.
- 2.7.4 Support community health centers in their efforts to build medical homes.
- 2.7.5 Promote the medical home as the best setting in which to provide continuous, high quality preventive health care, including for children and youth with special health care needs.
- 2.7.6 Assess linkage to medical homes among participants in family support programs and facilitate connections to medical homes as needed.
- 2.7.7 Promote and support wellness clinics in community-based settings, including schools, mobile care, community centers, faith centers, etc. including updating immunizations
- 2.7.8 Ensure that health plans offer wellness coverage.

**Objective 2.8:** Increase the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children ages 0-3 years.

Target Population	Baseline	2016 Target	Data Source
Children < 3 years	74%	>74%	Bexar County Health and Demographic Statistics, Health Profiles 2010

### Strategies

- 2.8.1 Assure costs of vaccines/administration are covered by all insurers.
- 2.8.2 Maintain and expand access to the CDC’s Advisory Committee on Immunization Practices (ACIP) recommended vaccines for children (Human Papilloma Virus (HPV), hepatitis A, rotavirus, influenza).
- 2.8.3 Maintain and enhance an immunization registry, including across lifespan; implement comprehensive reminder/recall systems.
- 2.8.4 Use new and existing data systems to measure vaccine coverage among populations to identify disparities and target vaccine strategies.

## Focus Area Two: Healthy Child and Family Development

### **Key Partners/Resources**

- CHIP and Medicaid STAR Health Plans
- Doula and midwife groups
- Healthy Families Network (HFN)
- La Leche League
  - San Antonio Breastfeeding Coalition
  - San Antonio Business Commerce
  - San Antonio Natural Parenting
  - San Antonio Attachment Parenting
- Parenting programs
- School based programs – University Health Services, Santa Rosa
- TexasWIC.org (<http://texaswic.dshs.state.tx.us/wiclessons/english/breastfeeding>)
- Local WIC clinics and offices
- X-Connection

## Focus Area Three: Safe Communities



### Focus Area Three: Safe Communities

A safe community is a place in which people and organizations have come together to reduce injury and promote the safety of all residents. Intentional and unintentional injury rank among the leading causes of death in the United States.

Over the years 2005 to 2008, one in 10,000 people were killed annually in Bexar County due to homicide, and homicide was the sixth leading cause of death for children under age 18 in Bexar County in 2008. Among African Americans, more lives are lost due to homicide than heart disease, owing to the relatively young age of many murder victims (Metro Health, 2008). A strong sense of community and a small town feel give many Bexar County residents a sense of social support and cohesion among their community. Quantitative data indicate that, in 2010, 78% of Bexar County adults felt they had social or emotional support. Residents across Bexar County mentioned crime and violence as issues of concern, despite both violent and property crime rates having declined in the past few years.

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

## Focus Area Three: Safe Communities

For a community to be safe there must be systematic, sustained, and cross-sector collaboration for safety promotion and injury prevention, including injuries and deaths caused by accidents, violence or suicide. It all starts with a commitment to making safety a focus (HP2020). Safe communities lead to a higher standard of living with fewer injuries and deaths, and an increased feeling of security for the people who live, work and play in the community. A safe community also results in reduced costs for hospitals, police departments and social services. The built environment promotes or detracts from community members' sense of security; people will feel safest and will spend time outdoors when streets are well lit, there are sidewalks and they are in good repair, and when there are no threatening stray animals, particularly dogs. Key indicators of safe communities include shared resources, joint planning, common goals, a shared sense of purpose, and shared responsibility for positive outcomes.

## Focus Area Three: Safe Communities

### Goal

**Develop community defined safe neighborhoods by identifying and implementing local and global best practices through community empowerment.**

### Health Determinants: What Makes Us Sick?

Major Health Determinants for perceptions of insecurity or intentional injuries from interpersonal or self-inflicted violence include:

- Access to firearms
- Bullying
- Fast moving vehicles
- History of child abuse and neglect
- History of interpersonal violence
- Mental illness and/or substance abuse
- No sidewalks or poorly maintained sidewalks, lack of pedestrian friendly infrastructure
- Poor lighting
- Poverty and urban blight
- Stray animals (especially aggressive, free-roaming dogs)

### Objective 3.1 Increase resolution to 311 health and safety incident reports by 5% by 2016.

Target Population	Baseline	2016 Target	Data Source
Averaged monthly answer rate over the last year	88%	92%	311 Call Center Metrics, Department of Communications and Public Affairs, May'13-April'14 <sup>7</sup>

#### Strategies

- 3.1.1 Develop baseline for 311 call resolution rate.
- 3.1.2 Develop strategies for increasing and tracking call resolutions.
- 3.1.3 Define mechanism to identify health and safety reports.

### Objective 3.2 By 2016, reduce the number of pedestrian crashes with automobiles by 5%.

Target Population	Baseline	2016 Target	Data Source
Pedestrian collisions with automobiles	32.7/100k population	31.07/100k population	County Pedestrian Crash Stats, Alamo Area Metropolitan Planning Organization, 2012 <sup>8</sup>

#### Strategies

- 3.2.1 Engage local residents to identify and discuss traffic hotspots and advocate for safe streets.
- 3.2.2 Prioritize key elements necessary to improve health and safety of the roadway (e.g., alcohol, texting, lane widths, curb cuts, lack of signage, retail driveways and parking areas).
- 3.2.3 Develop and implement education and outreach campaign for safe driving (e.g., driver's education programs, traffic advisory signs and messages).
- 3.2.4 Advocate for policies that restrict automobile speed and control automobile flow in retail establishments, parking areas and community settings.

## Focus Area Three: Safe Communities

**Objective 3.3: Reduce the number of family violence incidents and confirmed victims of child abuse and neglect by 5%.**

Target Population	Baseline	2016 Target	Data Source
Family violence incidents per family	565.7/100k population	537.4/100k population	<i>San Antonio Police Department, with additional analysis by San Antonio Metropolitan Health District 2010</i>
Confirmed victims of child abuse and neglect	1218.3/100k population	1157.39/100k population	<i>Texas Department of Family and Protective Services Annual Report and Data Book, 2010-2013</i>

**Strategies**

- 3.3.1 Continue and enhance parenting education and intervention programs, particularly for young or new parents, parents of multiple children, and parents at risk for domestic and family violence.
- 3.3.2 Incorporate trauma-informed care in planning and supports for parents.
- 3.3.3 Expand resources at community and faith-based centers to address family violence.
- 3.3.4 Expand Neighborhood Watch initiative to include domestic and family violence.
- 3.3.5 Support school-based and community-center based programs to reduce violence including: youth programs to prevent intimate partner violence and reduce dating violence by shaping youths' attitudes about gender norms, relationship coercion, and violence.
- 3.3.6 Train Community Health Workers and patient navigators to identify and troubleshoot risks and barriers to care, and provide culturally appropriate guidance and care coordination, including home-based parenting supports, to improve access and outcomes.
- 3.3.7 Locate and maximize training curricula in coordination with resources in the community (i.e., nonprofits, etc.) to increase awareness of "victim/offender assistance" programs.
- 3.3.8 Increase training for bystander intervention program.
- 3.3.9 Increase offender programs.
- 3.3.10 Explore additional strategies and interventions from the Domestic Violence Evidence Project (DVEVIDENCEPROJECT.ORG) as applicable and appropriate for Bexar County communities.

**Objective 3.4 By 2016, decrease the number of bicycle accidents by 5%.**

Target Population	Baseline	2016 Target	Data Source
Bicycle accidents	242	230	<i>County Bicycle Crash Stats, Alamo Area Metropolitan Planning Organization, 2012<sup>9</sup></i>

**Strategies**

- 3.4.1 Identify the existing bicycle safety priorities of San Antonio (riders without helmets, bike collisions, etc.).
- 3.4.2 Develop effective programming outreach and engagement strategies (example: helmet distribution, etc.) relating to safety.
- 3.4.3 Support community engagement efforts and outreach around bicycle accidents.



## Focus Area Three: Safe Communities

### Objective 3.5 By 2016, reduce the violent crime rate by 5%.

Target Population	Baseline	2016 Target	Data Source
Crimes reported to the Bexar County Sheriff	649 incidents	617 incidents	<i>Bexar County Sheriff's Office</i>

#### Strategies

- 3.5.1 Employ community organizing and peer support to change norms pertaining to interpersonal violence.
- 3.5.2 Develop mechanisms to prevent retaliatory actions.
- 3.5.3 Utilize hot spot policing techniques.

#### Key Partners/Resources

- 311
- Animal Care Services (ACS)
- Churches
- City Council
- Community centers
- County Sheriff
- District Attorney's Office
- Grass roots outreach workers
- Hospitals
- Mothers Against Drunk Driving (MADD)
- Metropolitan Planning Organization (MPO)
- Neighborhood Associations/Alliances
- Pet stores
- Public libraries
- San Antonio Police Department (SAPD)
- Schools
- Social media
- Students Against Drunk Driving (SADD)
- Transportation and Capital Improvement
- Trauma Units
- Volunteer groups

## Focus Area Four: Behavioral and Mental Well-Being



### **Focus Area Four: Behavioral and Mental Well-Being**

Health is about more than the physical body. Behavioral health, including both mental health and problems with substance abuse, is related to how people think, feel, and act as they cope with life --- how they handle stress, relate to others, and make choices. Stigma continues to be a barrier to seeking health.

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

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

## Focus Area Four: Behavioral and Mental Well-Being

There is growing clinical recognition of the impact of mental health conditions and disorders on overall health status and costs; many can have serious consequences if not treated early and properly (Healthy People 2020). Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery (HP2020). Due to the stigma of mental illness and the range of services available for diagnosis and treatment, it is likely that these rates are not influenced by all of the same factors in different sectors of Bexar County. Mental health plays a major role in people's ability to maintain good physical health.

## Focus Area Four: Behavioral and Mental Well-Being

### Goal

**Improve and expand a comprehensive, integrated behavioral health system to provide holistic services with access for all.**

### Health Determinants: What Makes Us Sick?

- Alcohol and drug use
- Chronic stress
- Conditions of poverty
- Domestic violence
- Emotionally or physically traumatic experience
- Family history of mental illness
- Homelessness
- Life-changing event(s) that degrade quality of life

### Objective 4.1 **By 2016, decrease preventable emergency room usage and 30-day readmissions related to behavioral health conditions by 2%.**

Target Population	Baseline	2016 Target	Data Source
All – emergency room usage and readmission	TBD	>baseline	<i>Southwest Texas Regional Advisory Council (STRAC)</i>
All – hospitalization for those with mental disorders	6.1/1,000	6.0/1,000	<i>Texas Department of State Health Services (2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA</i>

### Strategies

- 4.1.1 Educate community at large about new 1115 waiver projects designed to support persons in behavioral health crises by providing a minimum of 4 community presentations
- 4.1.2 Identify training needs for private providers on available resources to divert emergency room admissions and provide a minimum of 2 training events.
- 4.1.3 Provide a minimum of six (6) Introduction to Mental Health trainings to the community.
- 4.1.4 Bexar County Mental Health Department will develop a single community portal that is user friendly, geo coded, searchable and interactive to increase awareness of behavioral health resources. This will be done by coordinating with existing community partners.

## Focus Area Four: Behavioral and Mental Well-Being

**Objective 4.2 Strengthen access to holistic behavioral health services by establishing the baseline of current capacity of culturally competent (defined by the Office for the Elimination of Disproportionality and Minority Health) community based services by 2016. (DEVELOPMENTAL)**

Target Population	Baseline	2016 Target	Data Source
Number of culturally competent community based behavioral health services	TBD	>baseline	<i>Office of Minority Health</i>

### Strategies

- 4.2.1 Establish baseline to identify current usage of trained peer support specialists.
- 4.2.2 Identify current capacity of culturally competent community resources in the community.
- 4.2.3 Develop centralized resource list of Behavioral Health internships and opportunities.
- 4.2.4 Develop task force to address workforce development and higher education partnerships to increase a culturally competent workforce of behavioral health professionals.

**Objective 4.3 By 2016, increase community awareness of behavioral health issues and available resources to reduce mental health stigma. (DEVELOPMENTAL)**

Target Population	Baseline	2016 Target	Data Source
Number of community members	TBD	>baseline	<i>Community Surveys</i>

### Strategies

- 4.3.1 Support community partners to increase participation and attendance at the Center for Health Care Services, (CHCS) consumer conference.
- 4.3.2 Support and recommend policies to community leadership that support increasing access and reducing stigma (Bexar County Mental Health Dept, National Alliance on Mental Illness (NAMI), CHCS).
- 4.3.3 Establish collaboration with schools and parents to increase mental wellness and decrease mental health stigma.
  - Support anti-bully campaigns
  - Provide training to teachers

## Focus Area Four: Behavioral and Mental Well-Being

### **Key Partners/Resources**

- Baptist Child and Family Services (BCFS)
- Bexar County Mental Health Department
- Center for Health Care Services (CHCS)
- Clarity Child Guidance Center
- Faith-based organizations
- Health Resources and Services Administration
- Insurance companies and health plans
- Laurel Ridge Treatment Centers
- Local health systems
- Local physicians
- National Alliance on Mental Illness (NAMI) – Family to Family
- National Council on Aging
- Organizations for Social Workers/ Psychologists/Psychiatrists/Counselors/General Practice
- San Antonio Council on Alcohol and Drug Abuse
- School Districts
- Substance Abuse and Mental Health Services Administration
- Universities/Colleges
- University of Texas Health Science Center - SA
- Workplace employee assistance programs

## Focus Area Five: Sexual Health



### Focus Area Five: Sexual Health

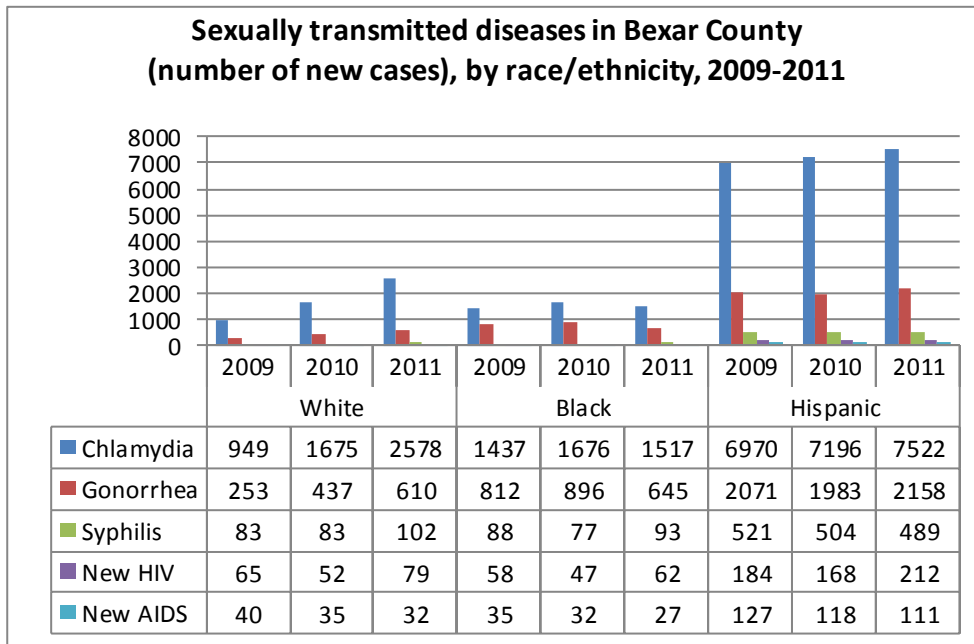
Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality.

One of the most pressing health concerns voiced by the residents of Bexar County in nearly every focus group conducted during the 2010 Bexar County Community Health Assessment process was the area's high rate of teen pregnancy. As a community member stated, ***"Girls think that it's cool to have a baby - or at least no big deal. They see their friends having them. It doesn't seem like something proactively to try to avoid."*** While birth rates among teens are declining locally and nationally, the rate among Bexar County teens ages 15 to 19 years (42.8 per 1,000 births) was still 46% higher than the national rate (29.4) in 2012 (Metro Health, 2013). Group-based behavioral interventions promote behaviors that protect against or reduce the risk of pregnancy, Human Immunodeficiency Virus (HIV), and other sexually transmitted infections. Youth development interventions promote positive behaviors in male and female youth by building skills and competencies to maximize their health and avoid risky behaviors. Delivery of comprehensive, evidence-based education in schools is critical to preventing unintended pregnancy and sexually transmitted infections in Bexar County youth.

Sexually transmitted infections can threaten people of any age, including unborn babies. When mothers contract syphilis before or during pregnancy, they can pass the infection to their baby. While syphilis can be easily detected and treated in the mother, when untreated it can have devastating effects on the health of the baby. In Bexar County, 11 cases of congenital syphilis were recorded in 2010 (Metro Health,

## Focus Area Five: Sexual Health

2010). Given the availability of screening and treatment for pregnant mothers, it is possible to nearly eliminate cases of congenital syphilis.



Source: San Antonio Metropolitan Health District, 2013

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

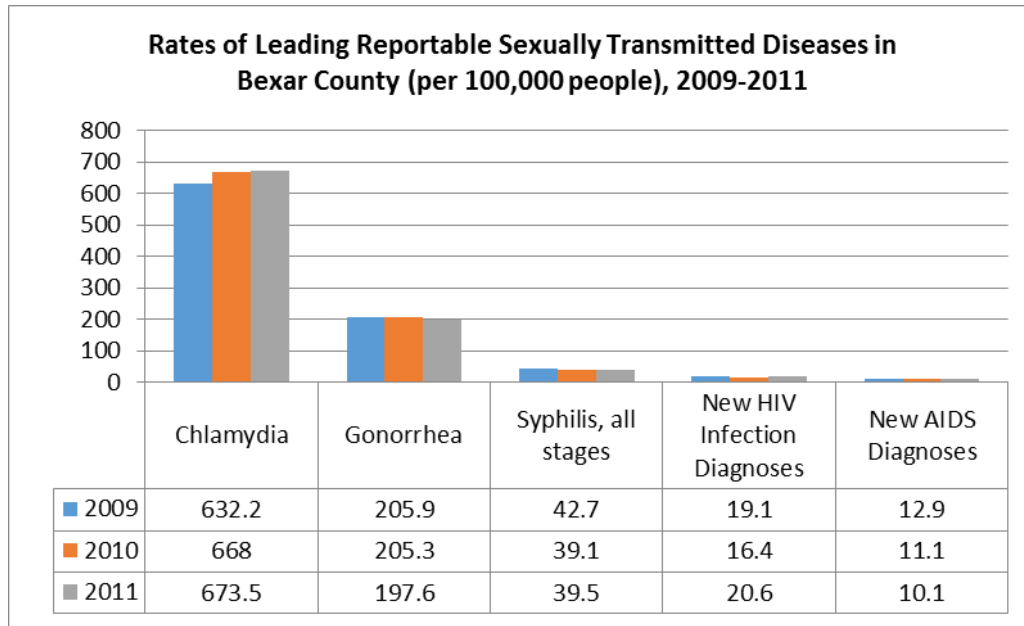
\*\*\* Diagnoses of AIDS are presented by year of diagnosis as of 2009

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



## Focus Area Five: Sexual Health

The rate of syphilis was much higher in Bexar County (39.1 per 100,000 people) than Texas-wide (25.2). And rates of gonorrhea, 205.3 per 100,000 people, and chlamydia, 668.0, were also higher in Bexar County than they were in Texas (124.0 and 467.3 respectively) (Metro Health, 2010; Texas Department of State Health Services, 2010). Conducting evidence-based interventions can reduce the level of sexually transmitted infections in the community.



Source: San Antonio Metropolitan Health District, 2013

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

\*\*\* Diagnoses of AIDS are presented by year of diagnosis as of 2009

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

## Focus Area Five: Sexual Health

### Goal

**Ensure all Bexar County community members of any sexual orientation or gender identification have access to culturally appropriate education and resources to promote sexual health.**

### Health Determinants: What Makes Us Sick?

#### Adolescent Pregnancy:

- Alcohol and drug use
- Friends are sexually active
- High divorce rates
- High school dropout rates
- High violent crime rates
- Lack of community coordinated programs for youth and policies that deal with school failure, dropout rates, job opportunities, social support, and positive educational and recreational activities
- Lack of future-oriented goals
- Lack of positive parent/child communication
- Limited education
- Low community income
- Mother was a teen parent

#### Sexually Transmitted Infections:

- Alcohol and drug use
- Any type of sex without use of protective barrier device among males and females
- Contact with infected sores on another person among males and females
- Injection drug use
- Lack of access to health care services or insurance
- Men who have sex with men
- Multiple sex partners
- Unprotected sex during pregnancy transmitting infection to fetus
- Younger age during sexual activity (teen or young adult)

**Objective 5.1 By 2016, increase awareness and use of the mobile application for sexual health and family planning resources in the community. (DEVELOPMENTAL)**

Target Population	Baseline	2016 Target	Data Source
Users of mobile app	TBD	>baseline	<i>Survey and tracking of app use and users</i>

### Strategies

- 5.1.1 Enhance the existing San Antonio (SA) Community Health Bridge app to include component/category of sexual health (teen, women, men, transgender, etc.).
- 5.1.2 Incorporate Global Positioning System (GPS) functionality on app for locating health services.
- 5.1.3 Enhance bilingual accessibility of mobile app.
- 5.1.4 Launch/promote community-wide marketing campaign for SA Community Health Bridge.

## Focus Area Five: Sexual Health

### Objective 5.2 By 2016, reduce teen birthrate (15-19 years) by 8%.

Target Population	Baseline	2016 Target	Data Source
Bexar County Teen Birth rate per 1000 females ages 15-19	42.8/1,000	39.4/1,000	Teen birth rates (per 1,000 people) Metro Health 2013

#### Strategies

- 5.2.1 Adopt San Antonio Teen Pregnancy Prevention Collaborative/Behavioral Determinants Intervention (BDI) Logic Model as follows:
- 5.2.2 Adopt BDI Logic Model for evidence-Based Programs (effective programs)
  - Implement evidence-based sex education programs in Youth Serving Organizations (YSOs) including middle and high schools
  - Increase participation in evidence-based programs to foster care, juvenile probation, and out-of-school youth including the 18-19 year old population
  - Implement evidence-based parent education curricula
  - Implement evidence-based home visitation programs to pregnant/parenting teens
  - Increase capacity of YSOs to evaluate their activities and programs
- 5.2.3 Adopt BDI Logic Model for Quality Adolescent Health Care
  - Increase provider/staff education to promote/advocate for:
    - Teen friendly hours
    - Teen friendly (values neutral) attitudes from clinic staff
    - Best practices regarding adolescent care to prevent teen pregnancy
    - Linkages from schools/YSOs to quality adolescent health care
- 5.2.4 Adopt BDI Logic Model for Community Mobilization
  - Create accessible, easy to understand messaging for the community by way of social media and other outlets
  - Create innovative strategies for engaging parents
  - Develop teen pregnancy prevention campaigns
  - Develop strategies to engage faith-based communities
  - Increase awareness of sexual abuse/coercion and dating violence
- 5.2.5 Adopt BDI Logic Model for Stakeholder Education
  - Educate stakeholders about determinants of healthy teen behavior
  - Ensure school/YSO policies include referrals to teen-friendly clinics
  - Advocate/promote funding that supports adolescent healthcare to prevent teen pregnancy
  - Advocate/promote policies that support use of evidence-based teen pregnancy prevention program
- 5.2.6 Adopt BDI Logic Model for Youth Support/Development.
  - Increase the number of youth who are involved with long-term mentors
  - Train existing youth development programs to incorporate building 40 Developmental Assets
  - Increase the involvement/engagement of males in intervention activities
  - Increase the number of youth participating in domestic violence prevention programs

## Focus Area Five: Sexual Health

- Increase awareness about strategies for approaching youth from various populations (i.e., juvenile probation, foster care youth, trauma survivors, and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) youth among others.

**Objective 5.3** By 2016, reduce the number of congenital syphilis cases to no more than 10 cases per year.

Target Population	Baseline	2016 Target	Data Source
All	11	10	Bexar County Health and Demographic Statistics, Health Profiles 2010

### Strategies

- 5.3.1 Collaborate with HIV/Syphilis Testing Task Force members to assist with identified strategies.
- 5.3.2 Increase free condom distribution sites.
- 5.3.3 Expand training on contraceptive availability, access, use and education to at least 10 new agencies by 2016.
- 5.3.4 Expand case management services for pregnant women through Metro Health STD (Sexually Transmitted Disease) clinic.
- 5.3.5 Expand services in mobile medical units to include STD services by 4 agencies by 2016.
- 5.3.6 Work with local AIDS Education and Training Center (AETC) performance site to teach providers to implement sexual health education.
- 5.3.7 Involve faith-based organizations for prevention and education efforts.
- 5.3.8 Educate and involve probation officers and justice personnel in STD rates, treatment and local resources.
- 5.3.9 Educate and involve drug rehabilitation and treatment centers, and other new partners, in STD rates, treatment and local resources and evidence-based prevention strategies.
- 5.3.10 Increase testing for HIV, Syphilis in community.
- 5.3.11 Identify sustainable resources for sexual health services in Bexar County.

**Objective 5.4** By 2016, reduce collective rates of chlamydia, gonorrhea, and syphilis infections by 2%.

Target Population	Baseline	202016 Target	Data Source
All	910.6/100,000	892.4/100,000	San Antonio Metropolitan Health District 2011

### Strategies

- 5.4.1 Collaborate with HIV/Syphilis Testing Task Force members to assist with identified strategies.
- 5.4.2 Increase free condom distribution sites.
- 5.4.3 Expand training on contraceptive availability, access, use and education to at least 10 new agencies by 2016.
- 5.4.4 Expand services in mobile medical units to include STD services by 4 agencies by 2016.

## Focus Area Five: Sexual Health

- 5.4.5 Work with local AIDS Education and Training Center (AETC) performance site to teach providers to implement sexual health education.
- 5.4.6 Involve faith-based organizations for prevention and education efforts.
- 5.4.7 Educate and involve probation officers and justice personnel in STD rates, treatment and local resources.
- 5.4.8 Educate and involve drug rehabilitation and treatment centers, and other new partners, in STD rates, treatment and local resources and evidence-based prevention strategies.
- 5.4.9 Expand STD testing (chlamydia, gonorrhea, and syphilis) in the community.

See Objective and Strategies for 5.3

**Objective 5.5 By 2016, reduce the rate of new HIV infection diagnoses by 2%.**

Target Population	Baseline	202016 Target	Data Source
New HIV diagnoses	20.6/100,000	20.2/100,000	<i>San Antonio Metropolitan Health District 2011</i>

**Strategies**

- 5.5.1 Collaborate with HIV/Syphilis Testing Task Force members to assist with identified strategies.
- 5.5.2 Increase free condom distribution sites.
- 5.3.3 Expand training on contraceptive availability, access, use and education to at least 10 new agencies by 2016.
- 5.3.5 Expand services in mobile medical units to include STD services by 4 agencies by 2016.
- 5.3.6 Work with local AIDS Education and Training Center (AETC) performance site to teach providers to implement sexual health education.
- 5.3.7 Involve faith-based organizations for prevention and education efforts.
- 5.3.8 Educate and involve probation officers and justice personnel in STD rates, treatment and local resources.
- 5.3.9 Educate and involve drug rehabilitation and treatment centers, and other new partners, in STD rates, treatment and local resources and evidence-based prevention strategies.
- 5.3.10 Increase routine and targeted testing for HIV in the community.

## Focus Area Five: Sexual Health

### Key Partners/Resources

- AIDS Education and Training Center sites
- Centers for Disease Control and Prevention
- Drug Rehabilitation and Treatment Centers
- Faith-based organizations and community based organizations (CBOs)
- Gay Pride Committee
- Health Resources and Services Administration
- Healthy Family Network
- Healthy Futures of Texas (local)
- Higher Education
- HIV-Syphilis Testing Task Force (>25 agencies)
- Juvenile and Adult Probation and Justice personnel
- LGBTQ community groups
- Metro Health
- National Campaign to Prevent Unplanned Pregnancy
- Office of Adolescent Health (OAH)
- Office of Minority Health (OMH)
- Office of Population Affairs (OPA)
- Office of Women's Health (OWH)
- Planned Parenthood
- Royal Court of the Alamo
- SA Teen Pregnancy Prevention Collaborative
- SAGE (San Antonio for Growth on the East Side)
- School districts
- Substance Abuse Mental Health Services Administration (SAMHSA)
- Texas Department of Health Services
- University Health System (UHS)
- University of Texas Health Science Center (UT Teen Health, STORM, PLAY)
- Walgreen's (including HIV Center for Excellence)
- Women's Health – University Health System
- Youth Serving Organizations
- Centers for Disease Control and Prevention

## IV. Are You the Missing Partner? How to Use the Bexar County CHIP

### Part 1: General Levels of Action

#### ? WHAT CAN YOU DO AS A RESIDENT OF BEXAR COUNTY?

##### **Become an educator!**

Educate your family, your friends, and your coworkers about important public health issues. Inform anyone you can get to listen about the possibilities outlined in this Community Health Improvement Plan. This document is for all of us to use together.

##### **Take Action/Get Involved!**

Whether you hold a neighborhood meeting about a community garden, or present the idea of a walking school bus to a group of parents – remember that every effort makes a difference toward improving the health of our community. Inspire change!

Here are some simple steps on how to get involved and make a difference:

Pick up the phone and start making some calls. Maybe mental health is the issue that you care most about. Go back to the report, look at the key contacts and start reaching out. Find out how you can support the agencies that are involved in making sure this plan gets carried out.

Maybe neighborhood safety is most important to you and your family. Attend your neighborhood watch meeting or if your neighborhood does not have an established watch, visit a nearby meeting and get the information you need to establish your own neighborhood watch.

This guide was not developed to sit on a shelf and collect dust in the offices of the agencies involved in putting it together and supporting it. This guide should be on your kitchen table or on your bedside table.

#### ? WHAT CAN YOU DO AS A PUBLIC HEALTH AGENCY OR PARTNER?

##### **Listen!**

Review the guide and see how much of your strategic planning reflects the desires of the community you are serving.

##### **Innovate and Partner!**

Maybe you can address some of the interventions discussed in the guide; maybe you already are working on some of the pieces, but need a partner to help complete or enhance the program? Use the key resources to think about what other agencies you can engage in successfully implementing some of these interventions.

## Part 2: Suggestions by Community Sector

The Bexar County Community Health Improvement Plan is not a plan solely for government action. It is a plan for the entire public health system—all those institutions with a stake in a healthy population. The efforts of organizations and individuals from numerous sectors of the community will be necessary to achieve the long-term and intermediate goals related to the CHIP. Suggestions for how different sectors of the community can use the CHIP are listed below:

### Health Care Systems

- Plan for use of Medicaid 1115 Waiver funds
- Plan for Hospital Community Benefits initiatives
- Incorporate recommendations into organizational strategic planning
- Lead your organization and the health care industry in responding to the health needs of the community
- Help target dollars and resources into community health.

### Health Care Professionals

- Identify important health issues and barriers that exist for your clients and use recommended practices to make changes
- Share the information in this plan with your colleagues
- Lead your peers in advocating for actions that will improve the health of the community

### Health Plans

- Educate employers and other health coverage purchasers about the benefits of preventive health care and responding specifically to the health needs of the community

### Legislators and Policy Makers

- Understand and promote focus health issues in the community
- Adopt policies that align with health improvement needs and recommendations in this plan

### Government Agencies

- Understand and promote focus health issues in the community
- Identify barriers to health in the community and make plans for action
- Invest in programs, services, and policy changes that will in a positive way improve the determinants of health in the community

### Community Planning and Transportation Agencies

- Identify health challenges and recommendations in this plan that relate to community planning and development
- Work with health officials and government agencies to employ the recommendations in the course of planning and building areas of new and re-development

### Employers

- Understand focus health issues and recommendations in this plan and how they apply to your workforce
- Change your work environment and augment your benefits plans to support healthier employees



## Are You the Missing Partner? How to Use the Bexar County CHIP

- Educate your management team and employees about the link between employee health and work productivity

### Community-Based Organizations

- Understand and promote focus health issues among the audiences and stakeholders you serve
- Align activities and outreach efforts with health improvement needs and recommendations in this plan
- Advocate for changes that improve health when interacting with policy makers and legislative officials

### Faith-Based Organizations

- Understand and promote focus health issues among the community members you serve
- Talk to your congregation about the importance of wellness and connect them with resources
- Create opportunities for your organization and its congregation to take action to support the recommendations in this plan

### Philanthropy

- Understand and promote focus health issues among the communities you serve
- Support the health issues and recommendations in this plan when considering allocation of funding resources

### Child & Adolescent Education

- Understand and promote focus health issues and recommendations in this plan and incorporate them as educational lessons in health, science, social studies, and other subjects
- Create opportunities to take action at schools to support the recommendations in this plan that impact students, faculty, staff, and parents

### Higher Education

- Understand and promote focus health issues and recommendations in this plan when designing research studies or projects with the community
- Incorporate the health priorities, barriers, and solutions as educational lessons for students in health, science, education, sociology, and community service subjects
- Create opportunities to take action at institutions to support the recommendations in this plan that impact students, faculty, and staff

### **Tell Us About Your Efforts!**

The Health Collaborative wants to know how you use the recommendations and information in this plan. Please contact us to share your story.

The Bexar County Community Health Collaborative  
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San Antonio, TX 78212  
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210-223-0680 fax  
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# Acknowledgements

## V. Acknowledgements

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The Bexar County Community Health Collaborative

### Participants in the CHIP Process

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## Appendices

### **Appendix A: Glossary of Terms**

*Goals* - identify in broad terms how the efforts will change things to solve identified problems

*Objectives* - measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals

*Key Indicators* - the changes that occur at the community level as a result of completion of the strategies and actions taken

*Strategies* - action-oriented phrases to describe how the objectives will be approached

*Focus Areas* - broad issues that pose problems for the community

*Health Determinants* – factors that influence a person’s chances of being healthy or sick. Health determinants include the social and economic environment, the physical environment, and a person’s individual characteristics and behaviors.

# Appendices

## Appendix B: Acronyms

Advisory Committee on Immunization Practices (ACIP)  
Affordable Care Act (ACA)  
AIDS Education and Training Center (AETC)  
American Association of Retired Persons (AARP)  
Animal Care Services (ACS)  
Auto Immune Deficiency Syndrome (AIDS)  
Baptist Children and Family Services (BCFS)  
Behavioral Risk Factor Surveillance System (BRFSS)  
Behavior-Determinant-Intervention (BDI)  
Body Mass Index (BMI)  
Center for Health Care Services (CHCS)  
Centers for Disease Control and Prevention (CDC)  
Certified Healthcare Financial Professional (CHFP)  
Community Based Organizations (CBOs)  
Community Health Assessment (CHA)  
Community Health Improvement Plan (CHIP)  
Community Health Worker (CHW)  
Global Positioning System (GPS)  
Health and Human Services (HHS)  
Health Resources in Action, Inc. (HRiA)  
Healthy Eating and Active Living (HEAL)  
Healthy Families Network (HFN)  
Human Immunodeficiency Virus (HIV)  
Human Papilloma Virus (HPV)  
International Board of Lactation Consultant Examiners®, Inc. (IBCLC)  
Intrauterine Device (IUD)  
Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)  
Long Acting Reversible Contraception (LARC)  
Mayor's Fitness Council (MFC)  
Mental Health (MH)  
Metropolitan Planning Organization (MPO)  
Mobilizing Action through Partnerships and Planning (MAPP)  
Mothers Against Drunk Driving (MADD)  
National Alliance on Mental Illness (NAMI)  
National Association of County and City Health Officials (NACCHO)  
Nutrition and Physical Activity (NAP)  
Office of Adolescent Health (OAH)  
Office of Minority Health (OMH)  
Office of Population Affairs (OPA)  
Office of Women's Health (OWH)  
Pregnancy Risk Assess Monitoring System (PRAMS)  
Public Health Accreditation Board (PHAB)  
San Antonio (SA)  
San Antonio Council on Alcohol and Drug Abuse (SACADA)  
San Antonio for Growth on the East Side (SAGE)  
San Antonio Metropolitan Health District (SAMHD)

## Appendices

San Antonio Police Department (SAPD)  
Self-Assessment for Child Care (SACC)  
Sexually Transmitted Disease (STD)  
Southwest Texas Regional Advisory Council (STRAC)  
Students Against Drunk Driving (SADD)  
Substance Abuse Mental Health Services Administration (SAMHSA)  
The Bexar County Community Health Collaborative (THC)  
The Special Supplemental Nutrition Program for Women, Infants & Children (WIC)  
To Be Determined (TBD)  
University Health System (UHS)  
University of Texas (UT)  
Youth Risk Behavior Survey (YRBS)  
Youth Serving Organizations (YSOs)



# Appendices

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<http://www.cdc.gov/healthyyouth/yrbs/>

# Appendices

## Appendix D: CHIP and SA2020 Indicator Matrixes

This Matrix was compiled by HRiA from the CHIP 2012 Report and the June 4, 2013 SA2020 Indicator Report.

	2012 CHIP Indicator	SA2020 Indicator
Healthy Eating and Active Living	Increase number of adults in Bexar County consuming five or more servings of fruits and vegetables/day from 23.4% to 25.7% by 2020. (Source: BRFSS, 2010)	Increase number of adults in Bexar County consuming five or more servings of fruits and vegetables/day from 23.4% to 25.7% by 2020. (Source: BRFSS, 2010)
	Increase number of youth in Bexar County schools consuming five or more servings of fruits and vegetables/day from 9.3% to 10.2% by 2020.(YRBS,2010)	
	Increase participation in Supplemental Nutrition Assistance Program (SNAP and/or WIC from 53% of newborns to 58.3% by 2020. (Source: Metro Health, 2010)	
	Increase the proportion of adults who meet physical activity national recommendations from 48.6% to 53.5% by 2020. (Source: BRFSS, 2010)	Increase the proportion of adults who meet physical activity national recommendations from 48.6% to 53.5% by 2020. (Source: BRFSS, 2010)
	Increase the proportion of adolescents who meet physical activity national recommendations from 30.8% to 33.9% by 2020.(Source: YRBS, 2010)	
	Increase the proportion of people who use public transportation or carpool to travel to work from 13.3% to 14.6% by 2020. (Source: American Community Survey, 2010)	Increase public transportation ridership from 41.5 million boardings in 2010 to 124.5 million boardings. Reduce the Vehicles Mile Traveled per person from 24.42 per person in 2011 to 21.47 per person by 2020. (Source: TXDoT, 2011)
	Increase the proportion of adults in Bexar County who are at a healthy weight from 30.4% to 33.4% by 2020. (Source: BRFSS, 2010)	
	Reduce the proportion of adults in Bexar County who are obese from 30.5% to 27.5% by 2020. (Source: BRFSS, 2010)	Reduce the proportion of adults in Bexar County who are obese from 35.1% in 2010 to 31.6% in 2020. (Source: BRFSS, 2010 – CPPW data)
	Increase the proportion of adolescents in Bexar County who are at a healthy weight from 68.2% to 75.0% by 2020. (Source: YRBSS, 2010)	
	Reduce the proportion of adolescents in Bexar County who are obese from 15.7% to 14.1% by 2020. (Source: YRBSS, 2010)	Reduce the proportion of adolescents in Bexar County who are obese from 15.7% in 2010 to 11.8% in 2020. (Source: YRBSS, 2010)
		Reduce diabetes rate by 10% from 13.5% in 2010 to 12.2% in 2020. (Source: Metro Health, 2010)

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	2012 CHIP Indicator	SA2020 Indicator
		Reduce the death rate citing diabetes as the primary cause of death by 10% from 21 deaths per 100,000 to 19 deaths per 100,000 in 2020. <i>(Source: Metro health, 2010)</i>
		Increase the number of pedestrian-oriented neighborhoods from 7 in 2011 to (to be defined) by 2020. <i>(Source: IDSER, SAHA, ULI, COSA PDD, 2010)</i>
		Increase the number of walking routes to amenities within the city from 44 in 2010 to 53 by 2020. <i>(Source: Walkability scores found at Walkscore.com)</i>
		Increase in the percent of park acreage proportional with population growth. (SA2020, page 43)
		Increase the number of Complete Streets in SA.

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	<b>2012 CHIP Indicator</b>	<b>SA2020 Indicator</b>
<b>Healthy Child and Family Development</b>	Reduce infant mortality rates for Bexar County from 6.1 to 5.5 per 1,000 births by 2020. <i>(Source: Metro Health, 2010)</i>	
	Reduce infant mortality rates among Non-Hispanic Whites from 4.5 to 4.1 per 1,000 births by 2020. <i>(Source: Metro Health, 2010)</i>	
	Reduce infant mortality rates among Hispanics from 6.4 to 5.8 per 1,000 births by 2020. <i>(Source: Metro Health, 2010)</i>	
	Reduce infant mortality rates among Blacks from 10.9 to 9.8 per 1,000 births by 2020. <i>(Source: Metro Health, 2010)</i>	
	Reduce low birth weight from 9.3% to 8.4% by 2020. <i>(Source: Metro Health, 2010)</i>	Reduce low birth rate by 5% from 9.3% in 2010 to 8.8% in 2020. <i>(Source: Metro Health, 2010)</i>
	Reduce pre-term births from 11.9% to 10.7% by 2020. <i>(Source: Metro Health, 2010)</i>	Reduce pre-term birth rate by 10% from 11.9% in 2010 to 10.7% in 2020. <i>(Source: Metro Health, 2010)</i>
	Increase the proportion of pregnant women who receive early prenatal care from 73.4% to 80.7% by 2020. <i>(Source: Metro Health, 2010)</i>	

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	<b>2012 CHIP Indicator</b>	<b>SA2020 Indicator</b>
<b>Safe Communities</b>	Reduce violent crime rate in San Antonio from 605.8 per 100,000 people in 2010 to 545.2 per 100,000 people by 2020. <i>(Source: FBI Uniform Crime Rate, 2010)</i>	Decrease the index crime rate in San Antonio from 6,952.1 per 100,000 population in 2011 to be the safest big city in America by 2020. <i>(Source: SAPD)</i>
	Reduce property crime rate in San Antonio from 6346.3 per 100,000 people to 5711.7 per 100,000 people by 2020. <i>(Source: FBI Uniform Crime Rate, 2010)</i>	
	Increase community networks and trainings to combat crime in San Antonio from 2,500 to 2,750 per year. <i>(Source: San Antonio Police Department, 2010)</i>	Increase by 10% the number of citizens receiving community policing and community safety training annually by 2020. Baseline: 936 citizens trained in 2012 <i>(Source: SAPD, 2012)</i>
	Reduce the number of calls for service received by Animal Care Services Department from 80,000 calls to 76,000 calls by 2020. <i>(Source: Animal Care Services Development, 2011)</i>	
	Increase the proportion of people who find their neighborhood extremely safe or quite safe from 72.3% to 79.5% by 2020. <i>(Source: BRFSS, 2010)</i>	
		Reduce the number of confirmed cases of child maltreatment by 25% in 2020. Baseline 2012: 8,931 <i>(Source: SAPD, 2012)</i> <i>Could also align with Healthy Child and Family Development</i>
		Reduce the number of child abuse counts by 25% by 2020. Baseline 2012: 2,512 <i>(Source: SAPD, 2012)</i> <i>Could also align with Healthy Child and Family Development</i>
		Fire response time Police response time Non-emergency response time (SA2020, page 13)
		Quality of SAPD Services Police protection Crime prevention (SA2020, page 13)

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	2012 CHIP Indicator	SA2020 Indicator
<b>Behavioral and Mental Well-Being</b>	Reduce the suicide rate among people ages 18 and younger from 1.4 per 100,000 to 1.3 per 100,000 people by 2020. <i>(Source Metro health, 2010)</i>	
	Reduce the suicide rate among adults ages 19 to 74 from 12.1 per 100,000 to 10.9 per 100,000 people by 2020. <i>(Source Metro health, 2010)</i>	
	Reduce the suicide rate among adults ages 75 and older from 21.4 per 100,000 to 19.3 per 100,000 people by 2020. <i>(Source Metro health, 2010)</i>	
	Reduce the number of individuals hospitalized annually for mental disorders in Bexar County from 6.2 per 1,000 to 5.6 per 1,000 people by 2020. <i>(Source: 2010 Bexar County Community Health Assessment, 2007)</i>	
	Reduce the percentage of adults who report one or more days of poor mental health over a one month period from 33% to 30% by 2020. <i>(Source: BRFSS, 2008)</i>	General Health: Good or better 86.5%
		Reduce the number of Poor Mental Health days to 2.97 days per month to x by 2020.
	Increase the percentage of adults who report they are "very satisfied" with their lives from 47% to 49% by 2020. <i>(Source: BRFSS, 2008)</i>	

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	2012 CHIP Indicator	SA2020 Indicator
<b>Sexual Health</b>	Reduce the number of congenital syphilis cases from 11 cases to 2 cases by 2020. (Source: Metro Health, 1010)	
	Reduce teen birth rate for females ages 15-19 from 50.2 per 1,000 births to 40.2 per 1,000 live births by 2020. (Source: Metro Health, 2010)	Reduce the teen birth rate for females ages 15-19 by 20% by 2020. Baseline 2010: 13%, 2011: 11% Target 2020: 11% (see page 34 SA2020 Report) (Source: Metro Health, 2011) Teen fertility rate: 50.9 births per 1,000 women (2010) Teen fertility rate: 45.8 per 1,000 women (2011) (see page 40 SA2020 Report)
	Increase the number of independent schools districts that use evidence-based teen pregnancy prevention curricula from 6 schools districts to 11 school districts by 2020. (Source: Metro Health, 2012)	
	Reduce collective rates of chlamydia, gonorrhea, and syphilis infections from 912.4 per 100,000 people to 821.2 per 100,000 people by 2020. (Source: Metro Health, 2010)	
	Reduce rate of new HIV infection diagnosis from 14.8 per 100,000 people to 13.3 per 100,000 people by 2020. (Source: Metro Health, 2010)	
	Increase the proportion of people tested for HIV from 42% to 46% by 2020. (Source: BRFSS, 2008)	
	Reduce the rate of Hepatitis B infections from 4.5 per 100,000 people to 4.1 per 100,000 people by 2020. (Source: Metro Health, 2010)	

### Access to Health Care

Access to health care is not directly addressed in the 2012 CHIP Report. SA2020 includes an indicator on access to health insurance coverage with the goal of increasing health insurance coverage from 77.7% in 2010 to 86.5% in 2020.



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This Matrix was compiled by HRiA from the CHIP 2014 Report and the June 4, 2013 SA202 Indicator Report.

	2014 CHIP Indicator	SA2020 Indicator
<b>Healthy Eating and Active Living</b>	1.1: Establish a chapter for health and wellness in the city Comprehensive Master Plan of San Antonio with the intent of embedding health considerations into all decision making processes.	
	1.2: Increase the consumption of fruit and vegetables in the diets of 2-14 year-olds.	
	1.2: Decrease the consumption of sugar sweetened beverages in the diets of 2-14 year-olds.	
	1.3: Increase the number of adults consuming 3 or more servings of vegetables per day from 22% to 24%. (Source: San Antonio Metropolitan Health District Survey 2012)	
	1.3: Increase the number of adults consuming 2 or more servings of fruits per day from 12% to 13.5%. (Source: San Antonio Metropolitan Health District Survey 2012)	<b>Adults Eating 5 or More Fruits and Vegetables Per Day 25.7% (2010: 23.4%)</b>
	1.3: Increase the number of students age 14-18 who ate 5 or more servings of fruits and vegetables in during the past 7 days from 22% to 24%. (Source: Bexar County YRBS 2013)	
	1.3: Decrease the consumption of sugar sweetened beverages among adults (Source: Metro Health Chronic Disease Prevention Program: Nutrition in Bexar County Fact Sheet, Data from 2012)	
	1.3: Decrease the number of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past 7 days from 24% to 22% (Source: Bexar County YRBS 2013)	
	1.4: Establish a baseline of the number of 0-5 year-olds in full day child care achieving 60 min of Physical activity per day.	
	1.5: Increase the proportion of adolescents and adults who meet physical activity national recommendations from 49% to 54% (Source: Bexar County YRBS 2013)	
	1.5: Increase the proportion of adults who meet physical activity national recommendations from 72% to 79% (Source: Texas Department of State Health Services, BRFSS 2012)	<b>Adults Meeting Physical Activity Recommendation 53.5% (2010: 48.6%)</b>
	1.5: Increase the proportion of adolescents meet physical activity national recommendations from 49% to 54% (Source: Bexar County YRBS 2013)	
	1.6: Decrease the percent of adults with BMI=>30 from 31.0% to 27% (Source: Texas Department of State Health Services, BRFSS 2006-2012)	<b>Adult Obesity 31.6% (2010: 35.1% (95% CI: 30.4-39.8))</b>

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	<b>2014 CHIP Indicator</b>	<b>SA2020 Indicator</b>
	1.6: Decrease the percent of adults with BMI=>25 from 65.3% to 59% (Source: Texas Department of State Health Services, BRFSS 2006-2012)	
	1.6: Decrease the percent of adolescents with BMI=>30 from 15.2% to 14% (Source: Bexar County YRBS 2013)	<b>Adolescent Obesity 11.8%</b> <b>(2010: 15.7% (95% CI: 12.2-19.9))</b>
	1.6: Decrease the percent of adolescents with BMI=>25 from 14.4% to 13% (Source: Bexar County Youth Risk Behavior Survey 2013)	

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	2014 CHIP Indicator	SA2020 Indicator
<b>Healthy Child and Family Development</b>	2.1: Decrease the number of births to mothers receiving late or no prenatal care from 29% to 27.6% (Source: San Antonio Metropolitan Health District, San Antonio Health Profiles, 2011)	
	2.2: Increase the percentage of births to mothers receiving adequate prenatal care (Source: birth certificates for prenatal; Action National Preconception web site for evidence-based strategies; adequacy of prenatal care index)	
	2.3: Increase the percentage of planned pregnancies for 18-29 year olds from 62% to 65.1% (Source: PRAMS, Pregnancy Risk Assess Monitoring System)	
	2.4 Maintain or decrease the infant mortality (<1 year) from 4.8/1,000 people to <=4.8/1,000 people (Source: Texas Department of State Health Services (2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRIA)	
	2.5: Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy from 44% to 46% (Source: Bexar County Health and Demographic Statistics, Health Profiles 2010)	
	2.6 Increase the number of infants breast-fed at birth from 77% to 81% (Source: Bexar County Health and Demographic Statistics, Health Profiles 2010)	
	2.6 Increase the number of infants breast fed exclusively during the first six months of life.	
	2.7 Increase the number of children 2-18 who were seen for a preventive health care visit in the past 12 months (Source: Medicaid/ Certified Healthcare Financial Professional (CHFP) CHFP managed care plans) (DEVELOPMENTAL)	
	2.8: Increase the vaccination coverage levels for ACIP recommended vaccines among children ages 0-3 years to >74% (Source: Bexar County Health and Demographic Statistics, Health Profiles 2010)	

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	2014 CHIP Indicator	SA2020 Indicator
<b>Safe Communities</b>	3.1 Increase the average monthly answer rate for 311 health and safety incident reports over the last year from 88% to 92% (Source: 311 Call Center Metrics, Department of Communications and Public Affairs, May'13-April'14)	
	3.2 Reduce the number of pedestrian collisions with automobiles from 32.7/100k population to 31.07/100k population (Source: County Pedestrian Crash Stats, Alamo Area Metropolitan Planning Organization, 2012)	
	3.3 Reduce the number of family violence incidents from 565.7/100,000) to 537.4/100,000 population. (Source: San Antonio Police Department, with additional analysis by San Antonio Metropolitan Health District, 2010)	<b>Aggravated family violence assaults 501</b> <b>Non-aggravated family violence assaults 4,824</b>
	3.3: Reduce the number of confirmed victims of child abuse and neglect from 1218.3/100k population to 1157.39/100k population (Source: Texas Department of Family and Protective Services Annual Report and Data Book, 2010-2013)	<b>Child Maltreatment 6,287 confirmed victims. SAPD Counts of Child Abuse 1,844 offenses.</b>  <b>Child abuse validated cases not included in revised indicators (moving to Family Well-Being). New indicator: Domestic Violence (Moving from Family Well-Being to Community Safety)</b>
	3.4 Decrease the number of bicycle accidents from 242 to 230 (Source: County Bicycle Crash Stats, Alamo Area Metropolitan Planning Organization, 2012)	
	3.5 Reduce the number of crimes reported to the Bexar County Sheriff from 649 incidents to 617 incidents (Source: Bexar County Sheriff's Office)	<b>Be the safest big city in America by 2020</b>

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	2014 CHIP Indicator	SA2020 Indicator
<b>Behavioral and Mental Well-Being</b>	4.1 Decrease preventable emergency room usage and 30-day readmissions related to behavioral health conditions (Source: Southwest Texas Regional Advisory Council (STRAC)).	
	4.1 Decrease hospitalization for those with mental disorders from 6.1/1,000 to 6.0/1,000 (Source: Texas Department of State Health Services (2011) via San Antonio Metropolitan Health District, additional analyses conducted by HRiA).	
	4.2 Establish the baseline of current capacity of culturally competent (Source: as defined by the Office for the Elimination of Disproportionality and Minority Health) community based services (DEVELOPMENTAL).	
	4.3 Number of community members aware of behavioral health issues and available resources to reduce mental health stigma. (Source: Community Surveys) (DEVELOPMENTAL).	
<b>Sexual Health</b>	5.1 Increase users of the mobile application for sexual health and family planning resources in the community (Source: Obtain baseline by survey and tracking of app use and users).	
	5.2 Reduce teen birthrate for teens 15-19 years from 42.8/1,000 to 39.4.1/1,000 (Source: Teen birth rates (per 1,000 people) Metro Health 2013).	<b>Teen fertility rate 43.3 births per 1,000 women (2010: 50.9 births per 1,000 women)</b>
	5.3 Reduce the number of congenital syphilis cases per year from 11 to no more than 10 (Source: Bexar County Health and Demographic Statistics, Health Profiles 2010).	
	5.4 Reduce the collective rates of chlamydia, gonorrhea, and syphilis infections from 910.6/100,000 to 892.4/100,000 (Source: San Antonio Metropolitan Health District 2011).	
	5.5 Reduce the number of new HIV diagnoses from 20.6/100,000 to 20.2/100,000 (Source: San Antonio Metropolitan Health District 2011).	

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## Appendix E: Notes from San Antonio CHIP Joint Workgroup Meeting 1

### San Antonio CHIP Joint Workgroup Meeting 1 Wednesday, December 4, 2013 AGENDA

#### **Objectives:**

1. Provide overview and orientation to CHIP purpose and process.
2. Provide Community Health Assessment (CHA) presentation on 5 health Focus Areas.
3. Conduct Forces of Change activity.
4. Review and celebrate accomplishments in 5 goal areas.

**Forces of Change: Small Group Brainstorming Discussion:** (numbers in parentheses represent total number of groups out of 5 total who indicated a particular factor)

OPPORTUNITIES	CHALLENGES
<b>Government Policies and Funding</b>	
Affordable Care Act (5)	Downsized government cuts resources (WIC, food stamps, etc.) (2)
	State declining Medicaid expansion (3)
Government focus on health and prevention; focus on community ownership (2)	Farm Bill
1115 Waiver (2)	
Increase in SNAP federal assistance	
<b>Local Policy</b>	
Employee Wellness policies	
Improved food policies, procurement policies/nutrition	
<b>Technology</b>	
Technology: More access to info, health information exchange (HIE), Electronic Medical Records, Increasing Cell Phone Use (how to leverage?) (5)	Technology: more screen time
Telemedicine: Increased need for family practice, pediatrics (cross-training in general)	Teen violence/social media

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OPPORTUNITIES	CHALLENGES
<b>Politics, Trends, and Public Perception</b>	
Linking health to poverty, ESL, GED, and citizenship	
Growing awareness of where our food comes from	
Think globally, act locally	
Possibility of political shift; change in political climate (2)	Change in voter ID's; voter disenfranchisement (2)
Increasing collaboration and partnerships among programs, social, government: San Antonio Business Group on Health, collaborative efforts with border populations (3)	
<b>Programs and Services</b>	
Shifts in services (HopeActionCare)	
Increasing number of health and wellness programs in county	
Moving more into evidence-based programming; increasing awareness of National Prevention Strategies	
<b>Healthcare/Access</b>	
More effective vaccines	Provider/workforce shortage in health care; availability of medical services (3)
Science in TB	Women's health under fire in TX; decreasing funding and clinic hours (2)
	Lack of focus on men's health care
	Health care equity/disparities
<b>Local Demographics</b>	
	Military city: what happens with realignment, lack of funding for prevention; transient population that is and out of public system (2)
In-Migration and population growth (4)	Influx from Mexico (4)
Maximizing available resources for aging population	Single parent families
	Health literacy challenges; cultural sensitivity (2)
<b>Built Environment/Infrastructure</b>	
Revitalization (3)	Gentrification (3)
	Eagle Ford: Prostitution, affordable housing, pollution, etc.
Having two children's hospitals	Split resources with other communities
Increasing park space, access to trails; increasing investment by County/San Antonio to continue expansion; built environment improvements (2)	
Changes to established highways to make accommodation for healthy activities (2)	
Focus on living downtown	

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OPPORTUNITIES	CHALLENGES
<b>Economics</b>	
	Economic downturn
	Drought prone area affects farming industry
Petroleum state (shift in business)	Petroleum industry extracts wealth
	Fuel prices; increasing cost of transportation (2)
Maximizing available resources for aging population	Increasing food costs; food stamps and the price of vegetables (2)
<b>Environment and Health</b>	
	Water safety and availability
	Global warming and increasing international travel leads to increase in domestic disease (2)
	Still a lot of unknowns with fracking in re: health, environment
<b>Schools and Health</b>	
The impact of Pre-K H SA on high school dropout	
Fundraising activities at schools	
School-based health centers	



# Appendices

## Successes and Initiatives in 5 CHIP Goal Areas

<b>GOAL 1: HEALTHY EATING AND ACTIVE LIVING</b>	
Successes	Initiatives
<ul style="list-style-type: none"> <li>Declining obesity rate</li> <li>Increasing healthy weight</li> <li>HEAL culture shift</li> <li>Greater access to HEAL events and activities</li> <li>Focus on equity</li> </ul>	<ul style="list-style-type: none"> <li>Mayor's Fitness Council</li> <li>CPPW</li> <li>SA2020</li> <li>Por Vida</li> <li>Park/Trails</li> <li>Siclovia</li> <li>Complete Streets policy</li> <li>Active Living Council plan</li> <li>School nutrition</li> <li>SPARKs</li> <li>Farmers' markets</li> </ul>

<b>GOAL 2: HEALTHY CHILD AND FAMILY DEVELOPMENT</b>	
Successes	Initiatives
<ul style="list-style-type: none"> <li>Infant mortality reduced to approximately 5.45</li> </ul>	<ul style="list-style-type: none"> <li>Go Before You Show</li> <li>Immunizations</li> <li>Nurse partnerships for new moms</li> <li>School-based health</li> </ul>

<b>GOAL 3: SAFE COMMUNITIES</b>	
Successes	Initiatives
<ul style="list-style-type: none"> <li>Increased community clean-up, increased community pride</li> <li>Bulk drop-off</li> <li>Park and trail expansions</li> <li>Investment in infrastructure in specific neighborhoods</li> <li>Crime rates are the indicator of a bigger "safety" issue!</li> </ul>	<ul style="list-style-type: none"> <li>Redefine "safe communities" (informed citizens, informed government, continuous communication)</li> <li>Narrow focus on specific neighborhoods (what safety issues in that community exist that reduce health?)</li> <li>Reporting tools for community (owned)</li> </ul>

<b>GOAL 4: BEHAVIORAL AND MENTAL WELL-BEING</b>	
Successes	Initiatives
<ul style="list-style-type: none"> <li>Improved access to healthcare funding</li> <li>Mental health parity</li> <li>Haven for Hope (UHS/CHCS collaboration)</li> <li>I in 5 minds</li> <li>Specialty courts initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Pre and post-partum screenings through home-based programs</li> <li>Behavioral health screening in pediatric settings</li> <li>Workforce development (increased access, better trained clinicians)</li> <li>Impact of culture of poverty</li> <li>Integration of behavioral health into primary care, including substance abuse</li> </ul>

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<b>GOAL 5: SEXUAL HEALTH</b>	
Successes	Initiatives
<ul style="list-style-type: none"> <li>• Sexual health is a continuing issue of focus</li> <li>• Decreasing teen pregnancy</li> <li>• Increasing evidence based interventions</li> <li>• 5 still births/18 cases 2012 to 14 total in 2013 and 1 still birth</li> </ul>	<ul style="list-style-type: none"> <li>• Sista/Hermana curriculum from CDC</li> <li>• Play Camp 3<sup>rd</sup> year</li> <li>• 3 year grant: 102 women “Breath” program (substance abuse/HIV test for African/Latina American women)</li> <li>• O-SNAP -- LITSA community level organization (substance abuse/rapid HIV testing)</li> <li>• Disease intervention focus on syphilis and HIV; 1115 Waiver mobile unit to test within the community provide and diagnosis/treatment late Jan-Feb</li> <li>• Bill: 3<sup>rd</sup> trimester test requirement</li> <li>• CDC 5 year grant (SW, South Side, South SA, Harlendale) reached over 2000 students: Evidence based intervention programs and teen friendly clinics, stakeholder education, juvenile justice/probation</li> <li>• Expanding access to free contraceptive services</li> <li>• HIV Task Force (working on policy, educating each other)</li> </ul>

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## Appendix F: References

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<sup>1</sup> SA2020 Indicator Report, June 4, 2013 [http://www.sa2020.org/wp-content/uploads/2013/06/SA2020-Indicator-Report\\_FINAL.pdf](http://www.sa2020.org/wp-content/uploads/2013/06/SA2020-Indicator-Report_FINAL.pdf)

<sup>2</sup> SA2020 Revised Indicator Report, July 2013 [http://www.sa2020.org/wp-content/uploads/2013/07/SA2020\\_Revised-Indicators\\_Final.pdf](http://www.sa2020.org/wp-content/uploads/2013/07/SA2020_Revised-Indicators_Final.pdf)

<sup>3</sup> SA2020, Published March 2011 [http://www.sa2020.org/wp-content/themes/sa2020/pdf/SA2020\\_Final\\_Report.pdf](http://www.sa2020.org/wp-content/themes/sa2020/pdf/SA2020_Final_Report.pdf)

<sup>4</sup> <http://healthcollaborative.net/2013BCCHA/HealthyEatingandActiveLiving.php?page=2>

<sup>5</sup> <http://healthcollaborative.net/2013BCCHA/HealthyEatingandActiveLiving.php?page=2>

<sup>6</sup> Mayer JP, Unintended childbearing, maternal beliefs, and delay of prenatal care, *Birth*, 1997, 24(4):247–252.

<sup>7</sup> <http://www.sanantonio.gov/Commpa/cityservices/callCenterMetrics.aspx>

<sup>8</sup> <http://www.alamoareampo.org/Safety/data/index.html>

<sup>9</sup> <http://www.alamoareampo.org/Safety/data/index.html>







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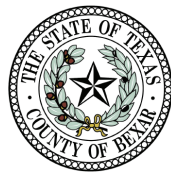
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# Health Collaborative

Bexar County's *Community* Health Leadership



**Pilar Oates,  
Community Member**



**Charles L. Kight,  
Community Member**



**University  
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