Bexar County
Community Health Improvement Plan
Building Healthy Communities and Healthy Systems one piece at a time.

Health Collaborative
Bexar County’s Community Health Leadership

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT
May 2012

Over a twelve-month period from 2011 to 2012, the Bexar County Community Health Collaborative and City of San Antonio Metropolitan Health District convened a process to develop a Community Health Improvement Plan for Bexar County. Building on the results of the 2010 Bexar County Community Health Assessment and other local information, over forty individuals representing different sectors of the community worked together to establish a vision for the future health of Bexar County and recommendations to achieve that vision.

We are pleased to present the Community Health Improvement Plan for Bexar County as a framework for creating a community which views itself as a healthy place to live, work, and visit. In this document you will learn how the plan was created, find recommendations for action and partnership, and identify ways to take part in the effort to improve the health of all community members.

We urge you to examine the recommendations for action to determine how you may implement strategies in your own business, organization, or neighborhood. Together we shape our community and our health.

Palmira Arellano
Board Chair

The Bexar County Community Health Collaborative

Thomas L. Schlenker, MD, MPH
Director of Public Health

City of San Antonio Metropolitan Health District
# Table of Contents

**Executive Summary**  
3

**About Community Health Improvement Plans**  
What is a Community Health Improvement Plan?  
5
How to use a CHIP  
5
The Connection to the 2010 Bexar County Health Assessment  
5
The Cycle of Assessment to Action  
7

**Development of the Bexar County Community Health Improvement Plan (CHIP)**  
8
Community Engagement 8
Establishment of Vision and Values 8
CHIP Vision Statement 9
CHIP Values and Operating Principles 9
Selection of Health Priorities 9
Development of the CHIP 11
Relationship between the CHIP and other Guiding Documents 11

**Community Identified Bexar County Health Priorities**  
12
Health Priorities 12
Goals, Recommendations, Strategies, Key Partners 12
Priority One: Healthy Eating and Active Living 13
Priority Two: Healthy Child and Family Development 17
Priority Three: Safe Communities 20
Priority Four: Behavioral and Mental Well-Being 23
Priority Five: Sexual Health 26

**Are You the Missing Partner? How to Use the Bexar County CHIP**  
29
General Levels of Action 29
Suggestions by Community Sector 30

**Acknowledgements**  
32

Appendix A: Glossary of Terms 34
Appendix B: Policy/Advocacy Recommended Strategies by Health Priority Area 35
Appendix C: References 37
Following the release of the 2010 Bexar County Community Health Assessment, the Bexar County Community Health Collaborative (The Health Collaborative) and the City of San Antonio Metropolitan Health District (Metro Health) embarked on a process to develop a Community Health Improvement Plan (CHIP). A CHIP is a community-wide, collaborative strategic plan that sets priorities 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.

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 one year, the groups developed a vision of health for the community, values for the process, and identified five data-driven health priorities and action steps to be addressed in the plan:

**Healthy Eating and Active Living**
Goal: Foster social change and strengthen positive behaviors around healthy eating and active living to ensure access to nutritious foods and built environments that enable all residents to make healthy choices and lead healthy lives.
- Place more resources that support healthy eating and active living behaviors in targeted areas of need.
- Promote healthy eating and active living resources across the community through various channels.
- Increase use of active transportation.
- Develop resource tool kit to promote the best practices for healthy eating and active living resources and action steps that can be implemented in different sectors and neighborhoods of the community.

**Healthy Child and Family Development**
Goal: Make pregnancy and early childhood the focus of system level changes that support healthy child and family development.
- Bring pregnancy and early childhood health services to families in schools, daycare centers, housing, and/or churches established in high-risk communities.
- Conduct pilot process with agencies to expand the capacity for the social services community to address pregnancy and early childhood preventive health as a component of their core services.
- Increase number of community-based organizations that can offer comprehensive benefits counseling (health and social services) to communities at risk.
- Increase number of programs that provide education on healthy child and family development.

**Safe Communities**
Goal: Develop safe neighborhoods by identifying what works locally, planning how to replicate successes in our neighborhoods, and enhancing systems that respond effectively to community-identified safety needs.
- Increase community involvement and attendance in law enforcement community outreach programs.
- Increase participation in inner-city police department youth programs.
- Reduce service calls received by Animal Care Services.
Behavioral and Mental Well-Being
Goal: Improve comprehensive behavioral health services and access for all.
- Create coordinated action plan for behavioral health services.
- Create a public policy action plan for behavioral health services.

Sexual Health
Goal: Ensure that males and females have access to education and resources to promote sexual health.
- Design sustainable, comprehensive, user-friendly sexual health resource guide.
- Reduce teen birth rate.
- Reduce number of congenital syphilis cases.
- Identify sustainable resources for sexual health services.

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 2014.
What is a Community Health Improvement Plan?
A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan outlining the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. 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. A CHIP outlines ways for all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – to become involved in a 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 2010 Bexar County Community Health Assessment
Previous assessment studies of Bexar County were conducted in 1998, 2002 and 2006. In January 2010, The Bexar County Community Health Collaborative (The Health Collaborative) contracted Health Resources in Action (HRiA), a non-profit public health consultancy organization located in Boston, MA, to conduct the 2010 community assessment process. The 2010 Bexar County Community Health Assessment study was a collaborative, year-long effort that aimed to achieve the following goals:

- Examine the current health status across Bexar County's communities and compare these to state, county, and sector rates
- Explore the current health priorities as well as new and emerging health concerns among Bexar County residents within the social context of their communities
- Understand the shifting patterns of these health issues in Bexar County over time, with a particular focus on vulnerable populations and geographic variations
- Identify perceived community strengths and resources, as well as gaps in services, in order to help The Health Collaborative, San Antonio Metropolitan Health District (Metro Health), Bexar County, and their partners set funding and programming priorities
- Fulfill the community health assessment requirements for hospitals mandated by the Texas Department of State Health Services
- Enable The Health Collaborative and its partners to use the quantitative and qualitative data gathered to engage the community in a community health improvement planning process

To accomplish these goals, The Health Collaborative and HRiA used a multi-pronged approach that allowed for careful review of the area’s social, economic, and epidemiological data, while also identifying current knowledge gaps and how qualitative data could provide a more comprehensive portrait of community perceptions, health attitudes and behaviors, and perceived needs and assets.
Spending a full year in the data gathering process also allowed time for active community engagement and relationship-building which are crucial to a successful effort.

The community assessment was comprised of three phases with the following focus areas:

**Phase I: Health Outcomes and Conditions**
Phase I provided an overview of Bexar County’s social and economic indicators, as well as the leading causes of morbidity and mortality for Bexar residents. This phase served as the initial building block for the assessment, as it outlined the social, economic, and epidemiological profiles of the area and identified the important key elements for further research.

**Phase II: Health Behaviors**
Phase II took a step back and examined the risk factors and behaviors that contribute to the leading causes of morbidity and mortality in Bexar County, exploring the existing, emergent, and priority community health issues identified in Phase I and augmenting analyses of interest from this previous phase. In addition, qualitative research was conducted to examine residents' perceptions of the important health issues and priorities that impact and affect different population groups in the region.

**Phase III: In-Depth Community Health Perceptions**
Understanding residents' life experiences, their successes and challenges for living healthy lives, and their perceptions of the needs and assets of the community were the focal points of Phase III. This phase provided greater context to the data gathered from the previous phases.

The social determinant model provided an overall theoretical framework for data collection and analysis. The application of the model can be understood in the following way: The factors that influence morbidity and mortality discussed in Phase I are explored upstream in the health behaviors and risk factors of Phase II. Farther upstream, the social environmental factors of the community and its neighborhoods that influence the occurrence of the health behaviors and risk factors of Phase II are explored in Phase III. By isolating the behavioral factors from contextual factors in this way, we hope to create a shared understanding that in turn can create opportunities for improved community health through better targeting of community-based programs and public policy.

Throughout the year, over 100 community residents were involved in two community meetings, fifteen focus groups, and ten key informant interviews. These dialogues engaged both formal and informal leaders, and a diverse array of providers and citizens with varying ages, races, and ethnicity, to discuss current health data and their perceptions of the community's needs and assets. This engagement helped forge important relationships among community organizations and residents, which helped support the assessment process, refine the research for the study, and provide a solid base on which to develop the CHIP.

The final assessment report, *2010 Bexar County Community Health Assessment* (The Health Collaborative), serves as a living document that will guide future community discussions and strategic planning for The Health Collaborative and its partners. Findings from this process were used to determine the health priorities selected for this Community Health Improvement Plan.
The Cycle of Assessment to Action
To develop and implement the CHIP, The Health Collaborative and Metro Health partnered as convening organizations to bring together the area’s healthcare systems, community organizations, universities, government, and businesses. The community health improvement process looks 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 (National Association of County and City Health Officials (NACCHO)). 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.

The 2010 Bexar County Community Health Assessment (The Health Collaborative) was designed to provide rich quantitative and qualitative data for The Health Collaborative 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 prioritization of the top five key health issues that are addressed in this Bexar County Community Health Improvement Plan. This CHIP is intended to help focus and solidify each agency’s commitment to improving the health of the community. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and 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 and action plan identified in the CHIP, and monitoring/evaluation of the CHIP’s short-term and long-term outcomes and indicators. Finally, in order to determine if the action plan outlined in the CHIP resulted in any significant change in the health status of Bexar County residents, a community health assessment will be implemented again in 2013, followed by the development of a revised Community Health Improvement Plan.

The cyclical nature of the Core Public Health Functions described above is illustrated in Figure 1.

Figure 1
(Centers for Disease Control and Prevention (CDC), Ten Essential Public Health Services)
Community Engagement
Following the release of the *2010 Bexar County Community Health Assessment* (The Health Collaborative), The Health Collaborative and Metro Health embarked on a process to develop a Community Health Improvement Plan. 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 priority health issues

The Health Collaborative 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, the Health Collaborative convened Work Groups to flesh out details for identified health priorities. Members of the Core Planning Group and Work Groups represented broad and diverse sectors of the community, including:

- Business
- Health
- 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 Core Planning Group met five times during the summer months of 2011 to define a vision for this collaborative process; to identify values and operating principles to support the CHIP; and to determine the health priority areas to be addressed in the plan.

The Core Planning Group felt it was important to outline a compelling and inspirational vision and to identify the values that would support the planning process and the CHIP itself. From the vision, the Core Planning Group also agreed that the CHIP needed a positive, asset-based “tagline” to communicate the intent of the CHIP in a few words. The following tagline, vision, and values represent the outcomes of these initial discussions:

*Bexar County CHIP Tagline:*

“Healthy Communities, Healthy Systems”
CHIP Vision Statement:
Over the next 3-5 years, San Antonio 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 prevention
  - 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:
  - “The Braid”: We are collaborating to break down silos, to integrate work on all levels to maximize impact. Coordinated effort is about accessing and leveraging resources as we represent multi-sectors of the community.
  - Stories: “I can’t walk because I can’t drive” – simple statements and stories reflect the impact of the physical environment on individual behaviors and choices.
  - KISS: Keep the message simple. “What keeps you from being healthy?”
  - 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.

Selection of Health Priorities
After creating the shared vision, values, and operating principles for the CHIP development process, the members of the Core Planning Group established the following criteria for selection of the priority public health issues for the CHIP:
  - Political will exists to support change
  - Key area of need (based on data)
  - Achievable/doable
  - Resources available or likely
  - Can define measurable outcomes
  - Marketability of health priority or activity
  - Community member interest and motivation for health priority
To identify the most significant health issues, Core Planning Group members reviewed data from area assessments, health-related databases, and community input. Data references included:

- **2010 Bexar County Community Health Assessment**, by the Bexar County Community Health Collaborative
- **2009 Bexar County Mortality Data Tables**, from the City of San Antonio Metropolitan Health District (Metro Health)
- **2011 American Fitness Index Report**, by the American College of Sports Medicine
- **SA2020 Report**, from the City of San Antonio Mayor’s Office
- **2010 City of San Antonio Survey**, from the City of San Antonio
- **Forces of Change Assessment – June 2011**, developed from a Bexar County CHIP Core Planning Group session

The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- Reduce chronic disease morbidity/mortality (cardiovascular, diabetes, asthma, HIV/AIDS, cancer)
- Prevent obesity, improve physical activity and nutrition
- Reduce teen pregnancy
- Increase community safety/crime prevention
- Improve mental/behavioral health (depression, improve use of mental health services, reduce substance abuse among adults, and reduce youth substance abuse)
- Increase health insurance coverage
- Improve women’s health (maternal health care, sexual health, neonatal health)
- Reduce motor vehicle accidents/death

Each member cast five votes to select the priority issues from the list of most common themes while considering the selection criteria. The members selected very narrow themes whenever possible and then clustered the themes by common causes or intervention techniques. Based on the results of the voting and clustering exercises, the Core Planning Group members agreed upon five health priority areas for the CHIP:

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

In addition to the health priority areas, the Core Planning Group created a list of cross-cutting strategies to be addressed in the planning and implementation of the CHIP activities as appropriate:

- 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
Development of the CHIP

Work Groups were formed around each of the five health priority areas and were facilitated by members of the Core Planning Group. Participants met five times from October 2011 to February 2012 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 February 2012 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 2).

Figure 2
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.

**Health Priorities**
The Core Planning Group established the following health priority 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, Recommendations, Strategies, Key Partners**
The following pages outline the Goals, Outcome Objectives and Indicators, Suggested Intervention Strategies, and Potential Partners/Resources for the five health priority areas:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthy Eating and Active Living</td>
<td>Foster social change and strengthen positive behaviors around healthy eating and active living to ensure access to nutritious foods and built environments that enable all residents to make healthy choices and lead healthy lives.</td>
</tr>
<tr>
<td>2. Healthy Child and Family Development</td>
<td>Make pregnancy and early childhood the focus of system level changes that support healthy child and family development.</td>
</tr>
<tr>
<td>3. Safe Communities</td>
<td>Develop safe neighborhoods by identifying what works locally, planning how to replicate successes in our neighborhoods, and enhancing systems that respond effectively to community-identified safety needs.</td>
</tr>
<tr>
<td>4. Behavioral and Mental Well-Being</td>
<td>Improve comprehensive behavioral health services and access for all.</td>
</tr>
<tr>
<td>5. Sexual Health</td>
<td>Ensure that males and females have access to education and resources to promote sexual health.</td>
</tr>
</tbody>
</table>
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). Locally in Bexar County, 23% of children on the WIC program are overweight or obese (Metro Health, 2008). 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. Based on data from 2010 Behavioral Risk Factor Surveillance System (BRFSS) data, 33.7% of adults are overweight and 35.1% are obese in Bexar County. 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.
Goal
Foster social change and strengthen positive behaviors around healthy eating and active living to ensure access to nutritious foods and built environments that enable all residents to make healthy choices and lead healthy lives.

Short-Term Objectives
- Develop a resource tool kit to promote best practices for healthy eating and active living resources and action steps that can be implemented in different sectors and neighborhoods of the community.
- Place more resources that support healthy eating and active living behaviors in targeted areas of need.
- Promote healthy eating and active living resources across the community through various channels.
- Increase use of active transportation.

Recommendations/Strategies
- Develop, disseminate, and maintain a bilingual resource tool kit in electronic and paper formats that promotes best practices, action steps, and available resources for healthy eating and active living that can be implemented in different sectors and neighborhoods of the community.
- Identify community champions in targeted areas of the community to promote healthy eating and active living behaviors and resources.
- Increase reach of nutrition education by building capacity for delivery in community-based organizations, libraries, schools, child care centers, community centers, faith organizations, recreational facilities, and promotora networks.
- Promote policies to increase the number of healthy fixed and mobile food vendors.
- Increase availability of healthier food options through expansion of programs such as Por Vida healthy dining, community gardens, co-ops, farm-to-work, and the Food Bank Gleaning program.
- Increase participation in Supplemental Nutrition Assistance Program (SNAP).
- Create online platform involving many community partners to support comprehensive resources and promote activities related to healthy eating and active living.
- Promote healthy eating and active living behaviors through existing networks and large-scale community events (such as: community-based organizations, workplaces, libraries, schools, child care centers, community centers, government, faith organizations, recreational facilities, promotora networks, neighborhood associations, etc.).
- Meet with city and county government leaders to promote strategies in the Active Living Plan.
- Promote adoption of Safe Routes to School programs and interventions by more schools and districts.
- Promote policies to create infrastructure to support pedestrians and bicycle users.
- Increase use of public transportation.

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

- Create convenient and safe opportunities for physical activity for all residents
- Locate residential, commercial and office buildings close together so more residents can walk and bike to meet their daily exercise needs
- Build neighborhoods with safe and attractive parks and other places for recreational exercise
- Create transportation corridors that support pedestrians and bicyclists
- Provide safe and convenient opportunities to purchase fresh fruits and vegetables by ensuring that sources of healthy foods are accessible in all neighborhoods
- Protect existing community gardens and support the creation of new ones as a source of fresh produce in underserved neighborhoods
- Create and maintain recreation and physical activity opportunities
- Invest in pedestrian and biking infrastructure and public transportation
- Improve nutrition and physical activity infrastructure in San Antonio schools
- Establish community-based prevention programs to promote healthy communities and reduce health inequities.

Implementing the types of policies listed above will ensure that all sectors of the San Antonio community are places where residents can easily make healthy eating and activity choices.

(from Guide to Community Preventive Services)

Key Partners

- Schools
- Worksites
- Physicians
- Active Living Council
- Mayor’s Fitness Council
- San Antonio Business Group on Health
- YMCA
- YWCA
- Head Start
- San Antonio Youth
- The Bexar County Community Health Collaborative
- United Way
- San Antonio Sports
- Interfaith Council
- Texas Adult Athletic Federation
- City and County Parks and Recreation
- CYO Sports
- Jewish Community Centers
- Public Library
- Metro Health
- City of San Antonio Department of Human Services
- Bexar County Department of Community Resources
- SA2020 committees
- Food Bank
- H-E-B
- Healthy Restaurants Coalition
- University Health System - Texas Diabetes Institute
- Promotora networks
- Community planners
- City and County planning offices
- VIA Transit
- Metropolitan Planning Organization
- Alliance for a Healthier Generation
- Sports fields
- Community centers

Additional Resources

- American Heart Association
- American Diabetes Association
- Let’s Move Campaign
- Centers for Disease Control and Prevention
- AARP
- National Council on Aging
### HEALTHY EATING AND ACTIVE LIVING

#### Long-Term Outcome Objectives / Key Indicators

<table>
<thead>
<tr>
<th>Objective</th>
<th>Current Condition</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of adults in Bexar County consuming five or more servings of fruits and vegetables per day by 10% (Source: Behavioral Risk Factor Surveillance System (BRFSS), 2010)</td>
<td>23.4%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Increase the number of youth in Bexar County schools consuming five or more servings of fruits and vegetables per day by 10% (Source: Youth Risk Behavior Surveillance System (YRBSS), 2010)</td>
<td>9.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Increase participation in Supplemental Nutrition Assistance Program (SNAP) and/or WIC by 10% (Source: Metro Health, 2010)</td>
<td>53% of newborns</td>
<td>58.3%</td>
</tr>
<tr>
<td>Increase the proportion of adults who meet physical activity national recommendations by 10% (Source: BRFSS, 2010)</td>
<td>48.6%</td>
<td>53.5%</td>
</tr>
<tr>
<td>Increase the proportion of adolescents who meet physical activity national recommendations by 10% (Source: YRBSS, 2010)</td>
<td>30.8%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Increase the proportion of people who use public transportation or carpool to travel to work by 10% (Source: American Community Survey, 2010)</td>
<td>13.3%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Increase the proportion of adults in Bexar County who are at a healthy weight by 10% (Source: BRFSS, 2010)</td>
<td>30.4%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Reduce the proportion of adults in Bexar County who are obese by 10% (Source: BRFSS, 2010)</td>
<td>30.5%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Increase the proportion of adolescents in Bexar County who are at a healthy weight by 10% (Source: YRBSS, 2010)</td>
<td>68.2%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Reduce the proportion of adolescents in Bexar County who are obese by 10% (Source: YRBSS, 2010)</td>
<td>15.7%</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

Data may be available in the future for the following indicators:

- Proportion of school districts that require schools to make fruits and vegetables available whenever other food is offered or sold
- Proportion of Bexar County residents who have access to a food retail outlet that sells a variety of nutritious foods within 1 mile of their home
- Use of alternative modes of transportation for work and school (active transportation: trips made by bicycling, walking, mass transit)
- Proportion of Bexar County public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours
- Proportion of the public schools and private schools in Bexar County that require daily physical education for all students
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). 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). 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. Within Bexar County, however, births to mothers receiving late or no prenatal care have nearly doubled from 14% in 2003 to 26% in 2008 (Metro Health, 2008). Within the same five-year time period in Bexar County, rates of low birth weight have differed across racial and ethnic groups. The percentage of African American infants who were born with low birth weight was almost double the percentage of White and Hispanic infants who were born with low birth weight.
**Goal**
Make pregnancy and early childhood the focus of system level changes that support healthy child and family development.

**Short-Term Objectives**
- Bring pregnancy and early childhood health services to families in at least 5 schools, daycare centers, housing, and/or churches established in high-risk communities in Bexar County by 2014.
- Conduct a pilot process with 2 agencies to expand the capacity for the social services community to address pregnancy and early childhood preventive health as a component of their core services in Bexar County by 2014.
- Increase by 2 the number of community-based organizations that can offer comprehensive benefits counseling (health and social services) to communities at risk in Bexar County by 2014.
- Increase by 5 the number of programs that provide education on healthy child and family development in Bexar County by 2014.

**Recommendations/Strategies**
- Expand mobile clinics into additional targeted high-need areas
- Expand collaboration between existing pregnancy and early childhood health/education services
- Develop a referral system of health services between health centers, day care facilities, housing communities, and faith organizations
- Promote existing health services at grocery stores and pharmacies through a unique campaign
- Identify or develop resource guide on pregnancy, child health, and day care resources
- Engage agencies to be involved in a pilot process to expand pregnancy and early childhood preventive health services and referral assistance onsite
- Develop common intake assessment tool to identify referral services needed including teen/ unintended pregnancy and STD prevention
- Expand directories of social services and information resources by expanding locations of computer kiosk databases in key locations and/or develop a cellular phone application (“app”)
- Define comprehensive benefits counseling for social services to include WIC, SNAP, housing, child care, parenting skills, financial assistance, substance abuse cessation/prevention, and domestic violence
- Identify organizations that can offer comprehensive benefits counseling in the geographic areas of highest needs
- Evaluate existing healthy child and family development education programs
- Develop link between existing evidence-based programs
- Expand use of existing evidence-based curricula and promising practices such as Parents as Teachers, SMART Girls, SMART Moves, and Passport to Manhood
- Engage dialogue between service organizations that provide existing programs

**Additional Evidence-Based Strategies**
- Promote and support breastfeeding
  (from Guide to Community Preventive Services)
Key Partners

- Metro Health
- Christus Santa Rosa Health System
- University Health System
- Infant Mental Health Association
- Prenatal care providers
- Healthy Families Network
- Voices for Children
- San Antonio Business Group on Health
- Superior Health Plan
- Children’s Shelter
- Insurance companies
- Service providers
- Community-based organizations
- Agencies that host kiosks
- Haven for Hope
- City of San Antonio Department of Human Services
- Mental health community
- United Way
- AVANCE
- Boys and Girls Clubs
- Communities in Schools
- Boy & Girl Scouts
- YMCA
- YWCA
- H-E-B
- Wal-Mart
- Walgreens
- Catholic Charities
- ESC Region 20
- Methodist Healthcare Ministries
- San Antonio Nonprofit Council
- San Antonio Food Bank
- ESC Region 20
- SA Youth
- City and County Parks and Recreation Departments
- Antioch Community Transformation Network
- The Health Collaborative Board
- SA2020 Board
- March of Dimes
- Planned Parenthood
- City of San Antonio Community Link Centers
- Family Services Association
- Head Start centers

Additional Resources

- Parenting programs
- WIC services
- X-Connection

Long-Term Outcome Objectives / Key Indicators

<table>
<thead>
<tr>
<th>Long-Term Outcome Objectives / Key Indicators</th>
<th>Current Condition</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce infant mortality rates: (Source: Metro Health, 2010)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. For Bexar County by 10%</td>
<td>a. 6.1</td>
<td>a. 5.5</td>
</tr>
<tr>
<td>b. Among Non-Hispanic Whites by 10%</td>
<td>b. 4.5</td>
<td>b. 4.1</td>
</tr>
<tr>
<td>c. Among Hispanics by 10%</td>
<td>c. 6.4</td>
<td>c. 5.8</td>
</tr>
<tr>
<td>d. Among Blacks by 10%</td>
<td>d. 10.9 per 1,000 births</td>
<td>d. 9.8 per 1,000 births</td>
</tr>
<tr>
<td>Reduce low birth weight by 10% (Source: Metro Health, 2010)</td>
<td>9.3%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Reduce pre-term births by 10% (Source: Metro Health, 2010)</td>
<td>11.9%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Increase the proportion of pregnant women who receive early prenatal care by 10% (Source: Metro Health, 2010)</td>
<td>73.4%</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

Data may be available in the future for the following indicators:

- Proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors
- Proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems
- Proportion of preschools and Early Head Start programs that provide health education to prevent health problems
A safe community is a place in which people and organizations have come together to reduce injury and promote the safety of all residents. In 2010, 6% of survey respondents in Bexar County viewed their home neighborhood as unsafe and nearly 22% viewed it as only slightly safe (BRFSS). 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). 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 priority (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.
Goal
Develop safe neighborhoods by identifying what works locally, planning how to replicate successes in our neighborhoods, and enhancing systems that respond effectively to community-identified safety needs.

Short-Term Objectives
- Increase community involvement and attendance in SAPD outreach programs by 5% by September 2012, and 15% by September 2013.
- Increase participation in inner-city SAPD youth programs by 10% by December 2012.
- Reduce service calls received by Animal Care Services by 10% in 10 targeted areas by September 2013.

Recommendations/Strategies
- Prioritize areas to be targeted for increased community outreach and participation in crime prevention programs based on rates of property crime and crimes against persons
- Engage and partner with political leaders, neighborhood associations, safety officers, community groups, and other existing organizations in high need areas to join in outreach efforts and arrange meetings in their areas
- Identify areas with high-risk youth, provide information on youth programs (e.g. small information cards regarding programs), and circulate throughout local government facilities, schools, churches, community centers, and other networks
- Identify barriers to law enforcement officer participation in youth programs and develop strategies to overcome barriers, including incentives for participation by law enforcement staff and officers
- Enhance funding for youth programs by including them as possible recipients in the City of San Antonio United Way Charitable Campaign and other corporate fundraising programs
- Implement neighborhood sweeps education initiative regarding pet owner responsibilities for homes in targeted areas to reduce number of stray animals; recruit volunteers; assess and review success of sweeps based on decrease in calls for service and animal bite cases; plan for new targets for future neighborhood sweeps
- Raise public awareness about responsible pet ownership skills, resources, and laws through communications campaign delivered in targeted areas through City of San Antonio facilities, schools, churches, community centers, and other networks.

Additional Evidence-Based Strategies
- Promote positive youth development in an effort to reduce intentional injury among all Bexar County youth
  (from Guide to Community Preventive Services)
**Key Partners**

- Local law enforcement agencies: San Antonio Police Department, SAFFE Officers, PAL Officers, Bexar County Sheriff, police departments in all Bexar County municipalities
- School Officers
- Police Explorers
- Neighborhood associations
- Neighborhood Watch groups, Cellular on Patrol (COP) volunteers
- San Antonio Crime Coalition
- School districts
- City of San Antonio Animal Care Services
- Animal rescue and advocacy groups

**Additional Resources**

- Community centers
- Public libraries
- Churches
- Volunteer groups
- Pet stores
- Local organizations
- City officials in all Bexar County municipalities
- Metro Alliance
- United Way of San Antonio

<table>
<thead>
<tr>
<th>Long-Term Outcome Objectives / Key Indicators</th>
<th>Current Condition</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce violent crime rate in San Antonio by 10% (Source: FBI Uniform Crime Rate, 2010)</td>
<td>605.8 per 100,000 people</td>
<td>545.2 per 100,000 people</td>
</tr>
<tr>
<td>Reduce property crime rate in San Antonio by 10% (Source: FBI Uniform Crime Rate, 2010)</td>
<td>6346.3 per 100,000 people</td>
<td>5711.7 per 100,000 people</td>
</tr>
<tr>
<td>Increase community networks and trainings to combat crime per year in San Antonio by 10% (Source: San Antonio Police Department, 2010)</td>
<td>2,500 trainings</td>
<td>2,750 trainings</td>
</tr>
<tr>
<td>Reduce the number of calls for service received by Animal Care Services Department by 5% (Source: Animal Care Services, 2011)</td>
<td>80,000 calls</td>
<td>76,000 calls</td>
</tr>
<tr>
<td>Increase the proportion of people who find their neighborhood “extremely safe” or “quite safe” by 10% (Source: BRFSS, 2010)</td>
<td>72.3%</td>
<td>79.5%</td>
</tr>
</tbody>
</table>
Health is about more than the physical body. Mental health is related to how people think, feel, and act as they cope with life --- how they handle stress, relate to others, and make choices. Overall, about 6 people per 1,000 are hospitalized for mental disorders every year in Bexar County, down slightly from a rate of 7 per 1,000 in 2005 and 2006 (The Health Collaborative, 2010). This rate varies substantially by area of the county; in South and North Central Bexar, less than 5 people per 1,000 are hospitalized annually and in West Bexar, only 3 people per 1,000, whereas in Southeast Bexar, more than 8 people per 1,000 are hospitalized for mental disorders every year. 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 (HP2020). 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.
**Behavioral and Mental Well-Being**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Risk Factors</th>
</tr>
</thead>
</table>
| Improve comprehensive behavioral health services and access for all. | - Family history of mental illness  
- Alcohol and drug use  
- Being in an abusive relationship  
- Poverty  
- Chronic stress  
- Life-changing event  
- Emotionally or physically traumatic experience |

**Short-Term Objectives**
- Create a coordinated action plan for behavioral health services delivery by December 2013.
- Create a public policy action plan for behavioral health services to present to legislators by December 2013.

**Recommendations/Strategies**
- Create an inventory of local initiatives, groups, reports, and assessments pertaining to behavioral health (incl. System of Care for Behavioral Health Care in Bexar County (Methodist Healthcare Ministries) Report July 2011, and the Bexar County Commissioners Mental Health Consortium Strategic Planning, Initial Report August 2011)
- Create an inventory of policy planning efforts
- Identify gaps and critical needs from both inventories
- Develop action plans to address priority gaps and needs

**Additional Evidence-Based Strategies**

*Screening and treatment:*
- Increase access to screening and treatment for major depressive disorder in children and adolescents
- Screen for depression in adults
(from Guide to Community Preventive Services)

*Community Interventions:*
- Collaborative care for the management of depressive disorders
- Collaborative care aims to increase primary care providers' knowledge and skills, improve client understanding and awareness of depressive disorders, and to reorganize the system of care into an optimal environment for management of depression and depressive disorders
- Provide consumer resources that are culturally and linguistically appropriate
(from Guide to Clinical Preventive Services)
**Behavioral and Mental Well-Being**

**Key Partners**
- Hogg Foundation
- Methodist Healthcare Ministries
- Bexar County government
- The Health Collaborative
- Mental Health America of Texas
- Local school districts
- Center for Public Policy
- National Alliance on Mental Illness
- Center for Health Care Services
- San Antonio Police Department
- Bexar County Sheriff

**Additional Resources**
- Insurance companies
- University of Texas Health Science Center - SA
- Workplace employee assistance programs
- Local physicians
- Faith-based organizations
- San Antonio Council on Alcohol and Drug Abuse
- Substance Abuse and Mental Health Services Administration
- Health Resources and Services Administration
- National Council on Aging

---

<table>
<thead>
<tr>
<th>Long-Term Outcome Objectives / Key Indicators</th>
<th>Current Condition</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the suicide rate among people ages 18 and younger by 10% (Source: Metro Health, 2010)</td>
<td>1.4 per 100,000 people</td>
<td>1.3 per 100,000 people</td>
</tr>
<tr>
<td>Reduce the suicide rate among adults ages 19 to 74 by 10% (Source: Metro Health, 2010)</td>
<td>12.1 per 100,000 people</td>
<td>10.9 per 100,000 people</td>
</tr>
<tr>
<td>Reduce the suicide rate among adults ages 75 and older by 10% (Source: Metro Health, 2010)</td>
<td>21.4 per 100,000 people</td>
<td>19.3 per 100,000 people</td>
</tr>
<tr>
<td>Reduce the number of individuals hospitalized annually for mental disorders in Bexar County by 10% (Source: 2010 Bexar County Health Assessment, 2007)</td>
<td>6.2 per 1,000 people</td>
<td>5.6 per 1,000 people</td>
</tr>
<tr>
<td>Reduce percentage of adults who report one or more days of poor mental health over a one month period by 10% (Source: BRFSS, 2008)</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Increase percentage of adults who report they are “very satisfied” with their lives by 5% (Source: BRFSS, 2008)</td>
<td>47%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Data may be available in the future for the following indicators:
- Proportion of adolescents who report a suicide attempt
- Proportion of primary care physician office visits that screen adults ages 19 and older for depression
- Proportion of primary care physician office visits that screen youth ages 12-18 years of age for depression
- Number of primary care facilities that provide mental health treatment onsite or by paid referral
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 (50.9 per 1,000 births) was still high compared to the national rate (38.4) in 2010 (Metro Health, 2011). Group-based behavioral interventions promote behaviors that protect against or reduce the risk of pregnancy, 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.

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 babies. 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, 2010). Given the availability of screening and treatment for pregnant mothers, it is possible to nearly eliminate cases of congenital syphilis. The rate of syphilis among adults and adolescents 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.
SEXUAL HEALTH

Goal
Ensure that males and females have access to education and resources to promote sexual health.

Short-Term Objectives
- Design sustainable, comprehensive, user-friendly sexual health resource guide for Bexar County by 2014.
- Reduce teen birth rate for females ages 15-19 by 20% in Bexar County by 2020.
- Reduce the number of congenital syphilis cases by 50% in Bexar County by 2014.
- Identify sustainable resources for sexual health services in Bexar County by 2020.

Recommendations/Strategies
- Revise Red Book resource guide to include men’s, women’s, and adolescent health
- Collaborate with the County, City health department, and UT School of Public Health to expand and update online resource guide
- Develop user-friendly, portable resource list for youth and adults
- Implement evidence-based teen pregnancy prevention programs in middle and high schools and community-based youth organizations
- Partner with community and local clinics to increase funding support and availability of teen-friendly health services
- Inventory and coordinate current evidence-based strategies to prevent teen pregnancy
- Increase awareness among healthcare providers and hospital administrators regarding congenital syphilis rates.
- Strengthen adherence to policies and regulations to prevent congenital syphilis (1st and 3rd trimester screenings and treatment)
- Increase public awareness regarding congenital syphilis especially among highest risk populations
- Increase accessibility of condoms in Bexar County, especially in specific target communities
- Convene grant-writers from sexual health professions to strategize availability and sustainability of sexual health funding
- Increase awareness among local foundations and funding providers regarding sexual health services and needs through lunch-and-learn events

Risk Factors
Adolescent Pregnancy:
- Lack of positive parent/child communication
- Mother was a teen parent
- Friends are sexually active
- High divorce rates
- High violent crime rates
- High school dropout rates
- Low community income
- 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
- Alcohol and drug use
- Limited education
- Lack of future-oriented goals

Sexually Transmitted Infections:
- 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
- Multiple sex partners
- Men who have sex with men
- Unprotected sex during pregnancy transmitting infection to fetus
- Alcohol and drug use
- Injection drug use
- Lack of access to health care services or insurance
- Younger age during sexual activity (teen or young adult)
**Sexual Health**

**Additional Evidence-Based Strategies**
- Work with multi-sector partners interested in promoting a sexual health framework
- Policy suggestions included enhancing strategic partnerships and communication, awareness, and education; identification and enlistment of opinion leaders; public education campaigns around clinical services; and evidence-based and age-appropriate sex education in schools
- Community-level, group, and individual behavioral interventions to prevent HIV among men who have sex with men

(from Guide to Community Preventive Services)

**Key Partners**
- Metro Health - Project WORTH
- UT Teen Health
- Healthy Futures Alliance
- UT Health Science Center - SA, San Antonio AIDS Foundation
- San Antonio HIV Services Planning Council
- Schools, community members, parents
- Community-based youth organizations
- University Health System
- Federally qualified health centers
- Bexar County Department of Community Resources
- Reproductive health programs
- UT School of Public Health
- Planned Parenthood

**Additional Resources**
- Healthy Futures of Texas
- Centers for Disease Control and Prevention
- Health Resources and Services Administration

---

**Long-Term Outcome Objectives / Key Indicators**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Current Condition</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce number of congenital syphilis cases by 80% (Source: Metro Health, 2010)</td>
<td>11 cases</td>
<td>2 cases</td>
</tr>
<tr>
<td>Reduce teen birth rate for females ages 15-19 by 20% (Source: Metro Health, 2010)</td>
<td>50.3 per 1,000 births</td>
<td>40.2 per 1,000 births</td>
</tr>
<tr>
<td>Increase number of independent school districts that use evidence-based teen pregnancy prevention curricula to 90% of all districts (Source: Metro Health, 2012)</td>
<td>6 school districts</td>
<td>11 school districts</td>
</tr>
<tr>
<td>Reduce collective rates of chlamydia, gonorrhea, and syphilis infections by 10% (Source: Metro Health, 2010)</td>
<td>912.4 per 100,000 people</td>
<td>821.2 per 100,000 people</td>
</tr>
<tr>
<td>Reduce rate of new HIV infection diagnoses by 10% (Source: Metro Health, 2010)</td>
<td>14.8 per 100,000 people</td>
<td>13.3 per 100,000 people</td>
</tr>
<tr>
<td>Increase proportion of people tested for HIV by 10% (Source: BRFSS, 2008)</td>
<td>42%</td>
<td>46%</td>
</tr>
<tr>
<td>Reduce rate of Hepatitis B infections by 10% (Source: Metro Health, 2010)</td>
<td>4.5 per 100,000 people</td>
<td>4.1 per 100,000 people</td>
</tr>
</tbody>
</table>
**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.
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 Non-Profit 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

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 insurance 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 priority health issues in the community
- Adopt policies that align with health improvement needs and recommendations in this plan

Government Agencies
- Understand and promote priority 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 support the health needs of 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 priority 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
- Educate your management team and employees about the link between employee health and work productivity
Community-Based Organizations
- Understand and promote priority 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 priority health issues among the community members you serve
- Talk to members about the importance of wellness and connect them with resources
- Create opportunities for your organization and members to take action to support the recommendations in this plan

Philanthropy
- Understand and promote priority 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 priority 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 priority 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 and Metro Health want 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
1002 N. Flores St.
San Antonio, TX 78212
210-481-2573 ph
210-223-0680 fax
www.healthcollaborative.net

San Antonio Metropolitan Health District
332 W. Commerce St.
San Antonio, TX 78205
210-207-8730 ph
210-207-8999 fax
www.sanantonio.gov/health
One of the great successes of the process to develop the CHIP was the high level of cross-sector and non-traditional collaboration. With the contributions of varying viewpoints, knowledge, skills, and partnership networks, the CHIP transcended the typical boundaries of the health field and represents a multi-dimensional effort to improve the health of the Bexar County community.

**Hosts of CHIP Process**
The Bexar County Community Health Collaborative  
City of San Antonio Metropolitan Health District

**Participants in the CHIP Process**
These individuals participated in CHIP groups and meetings to develop the plan:

- Naomi Arredondo, Boys & Girls Clubs of San Antonio  
- Martha Banda, City of San Antonio Metropolitan Health District  
- Kelly Bellinger, City of San Antonio Metropolitan Health District  
- Stephen Blanchard, The Health Collaborative; Our Lady of the Lake University  
- Brenda Burton, City of San Antonio, Parks and Recreation Department  
- Lucia Bustamante, UT Health Science Center - SA, South Texas Family AIDS Network  
- Jeff Caplan, City of San Antonio, Parks and Recreation Department  
- Angela Casias, University Health System  
- Gina Castro, San Antonio Sports  
- Cari Cates Donovan, Superior Health Plan  
- Ed Codina, Methodist Healthcare Ministries  
- Eric Cooper, San Antonio Food Bank  
- Christina Dahlstrom, City of San Antonio Metropolitan Health District, Centers for Disease Control and Prevention fellow  
- Elizabeth De La Fuentes, The Bexar County Community Health Collaborative  
- Theresa De La Haya, University Health System  
- Charlene Doria-Ortiz, Bexar County, Department of Community Resources  
- Molly Dupnick, Kronkosky Charitable Foundation  
- Vicente Escobedo, University Health System  
- Robert Ferrer, UT Health Science Center - SA, School of Medicine  
- Victor German, UT Health Science Center - SA, School of Medicine  
- Jeanne Goodlin, San Antonio Community of Congregations  
- Erica Haller-Stevenson, City of San Antonio Metropolitan Health District  
- Fred Hines, Clarity Child Guidance Center
(continued)

Teresa Jensen  City of San Antonio, Public Libraries
Elvira Landeros  The Bexar County Community Health Collaborative
Liset Leal-Vasquez  Alliance for a Healthier Generation
Heber Lefgren  City of San Antonio, Animal Care Services
Bren Manaugh  Center for Health Care Services
Mario Martinez  City of San Antonio Metropolitan Health District
Sandra Martinez  Methodist Healthcare Ministries
Pilar Oates  Methodist Healthcare Ministries
Charles Pruski  City of San Antonio Metropolitan Health District
Jennifer Quinlan  UT Health Science Center - SA, UT Teen Health
Kate Rogers  H-E-B
Trina Roman  The Bexar County Community Health Collaborative
Christine Rutherford-Stuart  City of San Antonio Metropolitan Health District
Hector Salas  City of San Antonio, Police Department
Camerino Salazar  University Health System
William Sandburg  University Health System
Felipe Santos  City of San Antonio, Police Department
Thomas Schlenker  City of San Antonio Metropolitan Health District
Jennifer Shaw  UT School of Public Health, San Antonio Regional Campus
Martha Spinks  Alamo Area Council of Governments, Bexar Area Agency on Aging
Judit Vega  City of San Antonio Metropolitan Health District
Eric Vryn  City of San Antonio, Animal Care Services

External Facilitators and Advisors
Health Resources in Action, Boston, MA

Supporters
These organizations contributed meeting space and resources to the process:
   Any Baby Can
   SA Youth/Mission Verde Center
   San Antonio Public Libraries – Central Library and Mission Library
   University Health System – Texas Diabetes Institute

Photographs courtesy of City of San Antonio.

This publication was supported by the “Strengthening Public Health Infrastructure for Improved Health Outcomes” cooperative agreement the National Public Health Improvement Initiative of the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS). The contents do not necessarily represent the official view of CDC or HHS.
APPENDIX A: GLOSSARY OF TERMS

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

Key Recommendations/Strategies - action-oriented phrases to describe how the objectives will be approached

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

   Long-Term Outcome Objectives/Key Indicators - the changes that occur at the community level as a result of completion of the strategies and actions taken

   Short-Term Objectives - the changes that occur in the target audience or setting as a direct result of completion of the strategies and actions taken

Priority Areas - broad issues that pose problems for the community

Risk Factors - genetic, lifestyle, or environmental conditions that put people at greater risk for poor health
APPENDIX B: POLICY/ADVOCACY RECOMMENDED STRATEGIES BY HEALTH PRIORITY AREA

Healthy Eating and Active Living

Policy:
- Promote policies to increase the number of healthy fixed and mobile food vendors
- Promote policies to create infrastructure to support pedestrians and bicycle users

System:
- Promote adoption of Safe Routes to School programs and interventions by more schools and districts
- Improve nutrition and physical activity infrastructure in San Antonio schools

Environment:
- Increase availability of healthier food options through expansion of programs such as Por Vida healthy dining recognition, community gardens, co-ops, farm-to-work, and the Food Bank Gleaning program
- Build neighborhoods with safe and attractive parks and other places for recreational exercise
- Create transportation corridors that support pedestrians and bicyclists
- Provide safe and convenient opportunities to purchase fresh fruits and vegetables by ensuring that sources of healthy foods are accessible in all neighborhoods
- Create convenient and safe opportunities for physical activity for all residents

Advocacy:
- Meet with city and county government leaders to promote strategies in the Active Living Plan
- Establish community-based prevention programs to promote healthy communities and reduce health inequities

Healthy Child and Family Development

Policy:
- Promote and support breastfeeding

System:
- Expand mobile clinics into additional targeted high-need areas
- Expand collaboration between existing pregnancy and early childhood health/education services
- Develop a referral system of health services between health centers, day care facilities, housing communities, and faith organizations
- Promote existing health services at grocery stores and pharmacies through a unique campaign
- Develop common intake assessment tool to identify referral services needed including teen/unintended pregnancy and STD prevention
- Define comprehensive benefits counseling for social services to include WIC, SNAP, housing, child care, parenting skills, financial assistance, substance abuse cessation/prevention, and domestic violence

Environment:
- Expand directories of social services and information resources by expanding locations of computer kiosk databases in key locations and/or develop a cellular phone application (“app”)
- Identify organizations that can offer comprehensive benefits counseling in the geographic areas of highest needs
Safe Communities

Environment:
- Implement neighborhood sweeps education initiative regarding pet owner responsibilities for homes in targeted areas to reduce number of stray animals

Advocacy:
- Enhance funding for youth programs by including them as possible recipients in the United Way Charitable Campaign and other corporate fundraising programs
- Engage and partner with political leaders, neighborhood associations, safety officers, community groups, and other existing organizations in high need areas to join in outreach efforts and arrange meetings in their areas

Behavioral and Mental Well-Being

Policy:
- Create a coordinated action plan for behavioral health services delivery

System:
- Increase collaborative care for the management of depressive and other behavioral disorders
- Increase access to screening and treatment for major depressive disorder in children and adolescents

Advocacy:
- Create a public policy action plan for behavioral health services to present to legislators

Sexual Health

Policy:
- Strengthen adherence to policies and regulations to prevent congenital syphilis (1st and 3rd trimester screenings and treatment)

System:
- Implement evidence-based teen pregnancy prevention programs in middle and high schools and community-based youth organizations
- Partner with community and local clinics to increase funding support and availability of teen-friendly health services

Environment:
- Increase accessibility of condoms in Bexar County, especially in specific target communities

Advocacy:
- Increase awareness among local foundations and funding providers regarding sexual health services and needs through lunch-and-learn events
Appendix C: References


Animal Care Services, City of San Antonio. http://www.sanantonio.gov/animalcare/


National Association of County and City Health Officials (NACCHO). http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm


San Antonio Police Department, City of San Antonio. http://www.sanantonio.gov/sapd/


