

HEALTHY BEXAR PLAN

2024



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HEALTH DISTRICT



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2024

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**METROPOLITAN
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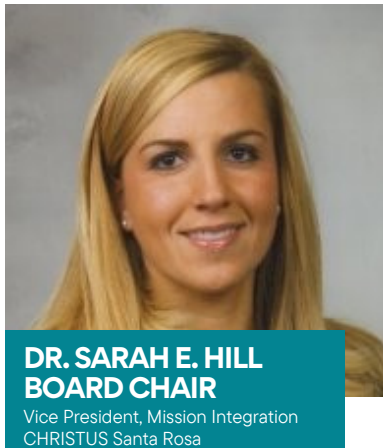
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DEAR COMMUNITY MEMBERS AND PARTNERS:

We are honored to present the *Healthy Bexar Community Health Improvement Plan* (CHIP), a comprehensive strategy developed to address the most pressing health needs in our community. This plan is the result of extensive collaboration, insightful contributions, and unwavering dedication from community residents, stakeholders, and partners.

First and foremost, we want to extend our heartfelt thanks and gratitude to everyone who participated in this vital process. Your input and engagement have been invaluable in identifying the key focus areas of our CHIP: Behavioral Health & Mental Well-Being, Food Security, Prenatal Care, and Housing Stability. These focus areas reflect the most important needs in our community and addressing them is essential to building a healthier, more resilient society.

The *Healthy Bexar CHIP* is not just a document; it is a call to action. We invite you to contribute actively to the implementation of this plan. Your participation in our Community Partner Workgroups is crucial. These workgroups will lead the charge in executing strategies, monitoring progress, reporting impact, and advocating for continued support in these critical areas.



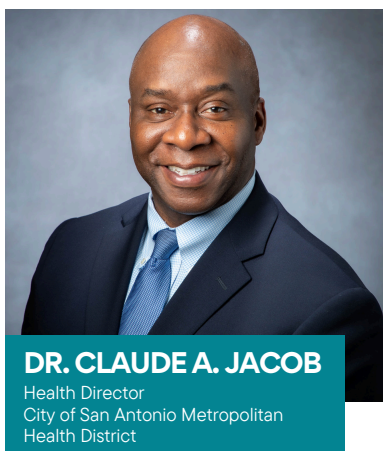
By contributing to the *Healthy Bexar CHIP*, you will:

- Play a pivotal role in improving mental and behavioral health services, promoting food security, ensuring quality prenatal care, and enhancing housing security.
- Help align community resources efficiently to maximize the impact of our collective efforts.
- Engage in ongoing monitoring and evaluation to ensure we are making measurable progress towards our goals.
- Advocate for sustained support and resources to address these essential health needs.

The *Healthy Bexar CHIP* serves as a guiding framework to align resources, foster collaboration, and build a healthier community. It represents our shared vision and commitment to improving health outcomes for all residents.

We are confident that, with your continued support and active involvement, we can achieve significant and lasting improvements in community health. Our team will provide more details soon.

THANK YOU FOR YOUR DEDICATION AND PARTNERSHIP IN THIS CRUCIAL ENDEAVOR.

Two handwritten signatures in black ink. The signature on the left is 'Sarah E. Hill' and the signature on the right is 'Claude A. Jacob'.

Executive Summary

Bexar County, Texas is home to nearly 2,000,000 people. It is the 4th most populous county in Texas and the 17th largest in the U.S. The county's employment rate is almost 62% while the median household income is \$65,854. The poverty rate stands at 15.7%, with 22.3% of Bexar County residents living in poverty being under the age of 18. Additionally, 15.9% of Bexar County residents are uninsured, and 46% of households are unable to afford necessities such as food, housing, childcare, healthcare, and transportation. Local and national data show that health disparities persist among historically racialized groups in our county.

The Healthy Bexar Community Health Improvement Plan (Healthy Bexar CHIP) will guide the work of our local public health infrastructure for the next three years and provide our community with a strategy for making measurable improvements in population health.

It took nearly one year of community engagement and planning to produce the *Healthy Bexar Community Health Improvement Plan*. Led by The Bexar County Health Collaborative and the City of San Antonio Metropolitan Health District (Metro Health), dozens of community partners and residents coauthored the CHIP's priorities and goals. Based on data and community input, we collectively determined that **behavioral health and mental well-being, food security, housing security, and prenatal care** are the top community priorities for action.

In addition to the professional expertise and lived experiences that each participant brought to the conversation, our *Healthy Bexar CHIP* planning sessions were also informed by local data trends and demographic and geographic disparities in health. Workgroups for each priority area developed the population-level objectives, indicators, strategies, policy recommendations, and timeframes that are presented in this plan.

Introduction

The *Healthy Bexar Community Health Improvement Plan* (Healthy Bexar CHIP) is the result of a 10-month, data- and community-informed planning process led by The Bexar County Community Health Collaborative and the City of San Antonio Metropolitan Health District (Metro Health). Dozens of community partners and residents contributed to its development. The *Healthy Bexar CHIP* will guide the work of our local public health infrastructure over the next three years and provide our community with a strategy to achieve measurable improvements in these priority areas: **behavioral health and mental well-being, food security, housing security, and prenatal care.**

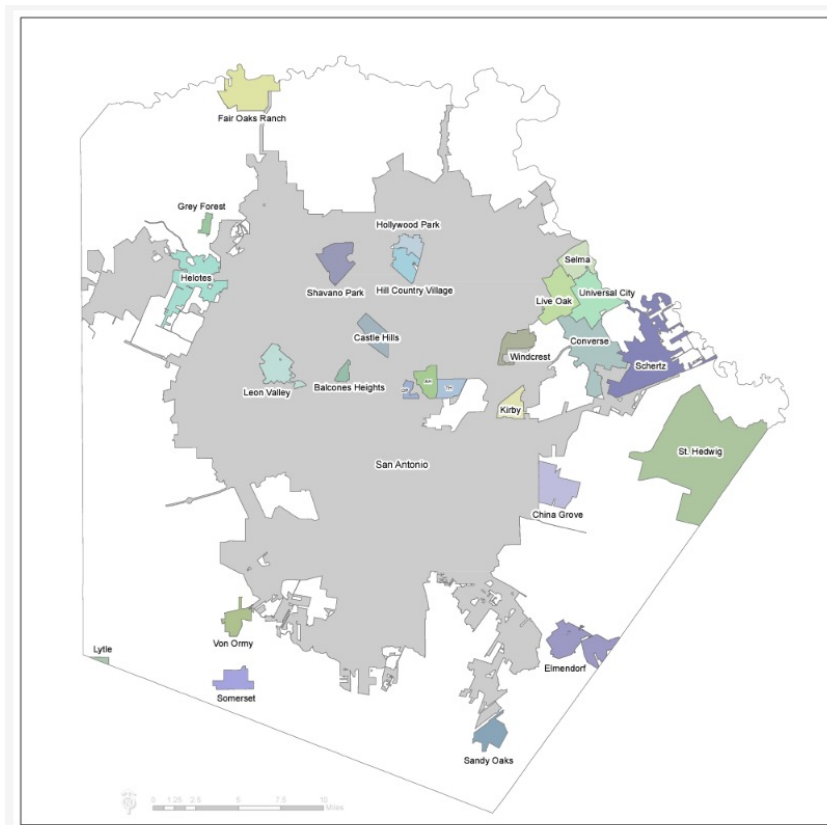
The *Healthy Bexar CHIP* is a collective work and is not intended to replace any organization's existing strategic plan or priorities. Instead, the plan aims to offer community members and organizations an opportunity to align their work around the CHIP's identified priority areas, better coordinate our public health efforts, and address gaps to improve population health while reducing health disparities.

A certified Results-Based Accountability (RBA) facilitator guided the *Healthy Bexar CHIP* planning process. The Bexar County Community Health Collaborative and Metro Health selected the RBA framework based on the community's familiarity with it. RBA is also a sound, data-informed, and structured approach for assessing community needs and evaluating the feasibility and potential impact of proposed interventions on community members.

As a Public Health Accreditation Board (PHAB) accredited health department, Metro Health will support the Bexar County Community Health Collaborative with the implementation and the performance monitoring of the plan, ensuring that the process meets the PHAB standards. Strategy leads will facilitate the coordination of activities for each of the *Healthy Bexar CHIP* priority areas. We will use a performance management system to track progress towards meeting the plan's objectives.

Bexar County Demographics

Bexar County, Texas is home to nearly 2,000,000 people. It is the fourth most populous county in Texas and the 17th most populous in the United States. Covering an area of 1,240 square miles in South Central Texas, Bexar County has a population density of 1,706 people per square mile. Approximately 1,500,000 Bexar County residents live in San Antonio, the nation's seventh-largest city. In addition to San Antonio, Bexar County includes 18 other municipalities, including Alamo Heights, Balcones Heights, Castle Hills, Converse, Helotes, Leon Valley, Schertz, and Universal City.



Bexar County's employment rate is almost 62%, while the median household income is \$65,854. The county's poverty rate is 15.7%, with 22.3% of residents living in poverty being under the age of 18. Additionally, 15.9% of Bexar County households cannot afford basic necessities such as food, housing, childcare, health care, and transportation.

The county's demographic composition is 61% Hispanic, 26% White (non-Hispanic), 7% Black or African American, nearly 3% Asian, and 2.3% multiracial.

[Source: Bexar.org local-Cities-Map-PDF](#)

Healthy Bexar CHIP Development

Establishing Focus Areas, Workgroups, and Strategies

The *Healthy Bexar CHIP* steering committee used the [Access to Health Care in Bexar County during COVID-19 Assessment](#), [SA Forward](#) Community Blueprint, the [Strategic Housing Implementation Plan](#), the [2022 Bexar County Community Health Needs Assessment](#), and other local reports to establish three preliminary focus areas: **behavioral health and mental well-being**, **healthy child and family development** (with an emphasis on food security and prenatal care), and **housing stability**. The steering committee then invited local organizations and residents to join one or more focus area workgroups based on their lived experience, subject matter expertise, or personal interest.

The *Healthy Bexar CHIP* planning process was designed to build upon existing local initiatives and minimize the burden on workgroup participants. Therefore, workgroup membership was kept intentionally small and strategic, focusing on recruiting staff already involved in local initiatives aligned with community health priorities.

Next, the strategic process moved towards in-person convening of workgroups for the three provisional priority areas. An initial kickoff meeting provided an overview of the Results-Based Accountability (RBA) methodology, which would undergird the *Healthy Bexar CHIP*, along with an explanation of the meeting structure, participant expectations, and project timelines.

In this initial meeting, workgroup participants reviewed a summary document detailing potential indicators for their focus area before using a decision-making tool to set priorities based on three criteria: **communication power**, **importance power**, and **data power**.

- **Communication Power** assesses how easily a “layperson” can understand an indicator. The more understandable the language of the indicator is, the more likely it will “stick” with general audiences.
- **Importance power** investigates an indicator’s relevance to a desired result or end condition. The greater the perceived importance, the stronger the indicator scores in importance power.
- **Data power** measures the quality of data for a given indicator, evaluating it based on reliability, availability, and the cost-effectiveness of reproduction.

Strategic Goals, Activities, and Policy Recommendations

The *Healthy Bexar CHIP* workgroups then built upon the foundational work of the *Healthy Bexar CHIP* steering committees by crafting results statements (e.g., housing stability) or adapting results statements from prior CHIPs (e.g., healthy child and family development; behavioral health and mental wellbeing). These results statements included strategic goals, measurable population-level objectives, activities, timelines, and policy recommendations aligned with the four *Healthy Bexar CHIP* priority areas— **behavioral health and mental well-being**, **food security**, **housing security**, and **prenatal care**.

In addition to the professional expertise and lived experiences of the workgroup members, these strategy development sessions were informed by local data trends and an understanding of demographic and geographic disparities in health. Developing measurable population-level objectives was key for enabling the workgroups to create the realistic and measurable goals, objectives, activities, policy recommendations, and timeframes presented in this document.

Monitoring and Implementation

The Health Collaborative will oversee the coordination of the *Healthy Bexar CHIP* and will be responsible for scheduling and hosting annual check-in meetings with stakeholders throughout the plan's three-year duration. High-level implementation plans for each priority area outline key strategies, timelines, and associated policy recommendations. Additionally, each priority area includes a detailed action plan specifying the steps to be taken during the first year of the plan.

To support ongoing monitoring, Metro Health will use an online platform to document and communicate progress and performance on an annual basis. These annual reports will highlight successes, identify areas for improvement, and outline any necessary updates to action plans. This robust reporting process directly aligns with Public Health Accreditation Board (PHAB) Domain 5 requirements, ensuring that CHIP strategies and activities are effectively tracked and communicated to stakeholders.

Community Health Priority Areas

Behavioral Health and Mental Wellbeing

The COVID-19 pandemic significantly exacerbated mental health strain, exposing an urgent need for more robust behavioral and mental health supports in our community. While there are many ways to measure behavioral and mental health, this workgroup chose to focus on three key indicators: the frequency of poor mental health days (i.e., days experiencing stress, depression, and problems with emotions), the number of mental health providers in the community, and the number of hospital discharges related to mental illness, self-harm, or drug poisoning. This prompted the workgroup to develop strategies aimed at improving people's everyday experiences with mental health, their access to behavioral and mental health treatment, and outcomes associated with poor behavioral and mental health.

Supporting data for this priority can be found in **Appendix 1**.

Alignments: Includes SA Forward Mental Health and Community Resilience Priority Area, Healthy People 2030, Big Cities Health Coalition Urban Health Agenda

| | |
|--------------------------------|---|
| Lead Agency | Bexar County Behavioral Health |
| Headline Indicators | <ul style="list-style-type: none"> • Increase the percentage of Behavioral Risk Factor Surveillance System (BRFSS) respondents in Bexar County reporting fewer than five days of poor mental health in the past 30 days by 0.5%, from 66.4% in 2021 to 66.7% in 2027. • Increase the number of mental health providers per 100,000 population in Bexar County by 0.5% from 318.1 in 2022 to 319.7 in 2027. • Decrease the number of hospital discharges with a primary diagnosis of mental illness, self-harm, or drug poisoning per 10,000 in Bexar County by 0.5% from 80.7 in 2022 to 80.3 in 2027. |
| Policy Recommendation | Design and implement a culturally and linguistically appropriate cross-sector advocacy campaign to engage policy leaders, elected and appointed officials, service providers, businesses, and schools in advocating for better mental health access for county residents. |
| Strategies | <ol style="list-style-type: none"> 1. Sustain and expand marketing efforts that normalize seeking help for behavioral health and mental well-being, reduce mental health stigma, and increase awareness of mental health care coverage, especially for communities of color. 2. Establish or restore residents' trust in the mental health system by enhancing the capacity of mental health professionals, first responders, community health workers, and peer support specialists to provide trauma-informed, culturally and linguistically responsive care, as well as access to both clinical and non-clinical supports. |
| Key Partners and Assets | Bexar County Behavioral Health, Metro Health, Center for Health Care Services, SACRD (San Antonio Community Resource Directory), STRAC (South Texas Regional Advisory Council), South Texas Crisis Collaborative, Clarity Child Guidance Center, Lifetime Recovery, NAMI San Antonio, University of the Incarnate Word, Texas A&M University, The Ecumenical Center, San Antonio Behavioral Health Hospital, Mobile Mental Wellness Collaborative, Alamo Area Teen Suicide Prevention Coalition, The Congregational Collective, Endeavors, South Texas Trauma Informed Care Consortium (STTICC), University Health Institute for Trauma Informed Care |

Healthy Bexar

Community Health Improvement Plan 2024-2027

| Headline Indicator(s) and Target(s) | Baseline Year | Baseline Value | Target Value* | Percent Change |
|--|---------------|----------------|---------------|----------------|
| Percent of BRFSS respondents reporting fewer than five days of poor mental health in the past 30 days. | 2021 | 66.4% | 66.7% | 0.5% |
| Number of mental health providers per 100,000 population. | 2022 | 318.1 | 319.7 | 0.5% |
| Number of hospital discharges with a primary diagnosis of mental illness, self-harm, or drug poisoning per 10,000. | 2022 | 80.7 | 80.3 | -0.5% |

*Target: September 30, 2027

Policy Recommendation: Design and implement a culturally and linguistically appropriate cross-sector advocacy campaign to engage policymakers, elected and appointed officials, service providers, businesses, and schools in advocating for better mental health access for county residents.

| Action Steps | Deliverable(s) | Deadline | Lead Agency | In Progress (Y/N) |
|--|----------------|----------|--------------|-------------------|
| Information Gathering/Landscape Analysis: Identify existing cross-sector partners already engaged in advocacy work. Create a partner list to document who is involved, their methods, and the populations they serve. Identify areas of overlap, funding opportunities, and unmet service needs. | 1 report | Dec 2025 | Bexar County | N |
| Develop a shared definition of advocacy and establish a common language to ensure understanding among partners. | TBD | TBD | TBD | N |

Strategy 1. Sustain and expand marketing efforts that normalize seeking help for behavioral health and mental well-being, reduce mental health stigma, and raise awareness of mental health care coverage, especially for communities of color.

| Action Steps | Deliverable(s) | Deadline | Lead Agency | In Progress (Y/N) |
|---|----------------|----------|--------------|-------------------|
| Information Gathering/Landscape Analysis: Identify cross-sector partners already engaged in advocacy work. Create a partner list to document their scope of services, the populations they served, areas of overlap, funding opportunities, and unmet community needs. | 1 report | Dec 2025 | Bexar County | N |

Strategy 2. Establish or restore residents' trust in the mental health system by enhancing the capacity of mental health professionals, first responders, community health workers, and peer support specialists to provide trauma-informed, culturally and linguistically responsive care, as well as access to both clinical and non-clinical supports.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------|----------|---------------|-------------------|
| Information Gathering/Landscape Analysis: Identify entities conducting community conversations. Identify ways to connect to providers (e.g., Pathways Conference, CHCS Conference, and the SA Business Group on Health). | 1 report | Dec 2026 | NAMI SOC | Y |
| Information Gathering/Landscape Analysis: Identify ways to access the workforce for training and development (e.g., Pathways Conference, UH, CHCS, Chambers health related sub-committees, Bio Med SA). | 1 report | Dec 2026 | TBD | Y |

Timeline of Activities

| | | Year 1 | | | | Year 2 | | | | Year 3 | | | |
|--|---|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Strategy 1: Sustain and expand marketing that normalizes seeking help for behavioral health and mental well-being, reduces mental health stigma, and raises awareness of mental health care coverage, especially for Latine/ Black/ People of Color communities | Activities | | | | | | | | | | | | |
| | Stakeholder monthly meeting | | | | | | | | | | | | |
| | Stakeholder quarterly meeting | | | | | | | | | | | | |
| | Recruitment of action team members | | | | | | | | | | | | |
| | Action team members signed commitment | | | | | | | | | | | | |
| | Action Team Charter | | | | | | | | | | | | |
| | Research existing evidence-based marketing campaigns that especially address LB/POC communities | | | | | | | | | | | | |
| | Identify stakeholders/partners who work in the space of behavioral health and well-being | | | | | | | | | | | | |
| | Identify stakeholders/partners who are not in the space of behavioral health and well-being | | | | | | | | | | | | |
| | Identify existing local marketing systems or resources both in healthcare and non-healthcare | | | | | | | | | | | | |
| Lead Agency: Bexar County Mental Health Department | Community program presentations related to advancing or support of strategy | | | | | | | | | | | | |
| | Create catalog of financing / investments that can support / advance strategy | | | | | | | | | | | | |
| | Select evidence-based marketing campaigns for best fit | | | | | | | | | | | | |
| | Ensure marketing campaign fits local community | | | | | | | | | | | | |
| | Develop marketing campaign | | | | | | | | | | | | |
| | Implement marketing campaign | | | | | | | | | | | | |
| | Evaluate engagement | | | | | | | | | | | | |
| | Decision to proceed or pivot | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Strategy 2: Establish or restore residents' trust in the system and navigation of its services by strengthening the capacity and effectiveness of MH professionals, first responders, or others (such as CHWs, peer support specialists, etc.), through training to provide trauma-informed, culturally and linguistically responsive care and access to clinical and non-clinical supports. | Activities | | | | | | | | | | | | |
| | Stakeholder monthly meeting | | | | | | | | | | | | |
| | Stakeholder quarterly meeting | | | | | | | | | | | | |
| | Recruitment of action team members | | | | | | | | | | | | |
| | Action team members signed commitment | | | | | | | | | | | | |
| | Action Team Charter | | | | | | | | | | | | |
| | Define capacity and trust level | | | | | | | | | | | | |
| | Determine trust level in the system through community input sessions | | | | | | | | | | | | |
| | Define capacity and effectiveness of mental health professionals, first responders, or others | | | | | | | | | | | | |
| | Determine trust level in the system through community input sessions | | | | | | | | | | | | |
| Lead Agency: Bexar County Mental Health Department | Connect with teaching institutions to collaborate on curriculum and specialize course training in trauma-informed, culturally and linguistically responsive mental/ behavioral healthcare | | | | | | | | | | | | |
| | State legislator change for support workforce and capacity | | | | | | | | | | | | |
| | Track and support state level initiatives in workforce and capacity development | | | | | | | | | | | | |
| | Bring together existing coalitions that have a mental health focus to share mental health training and education to capitalize on existing synergy | | | | | | | | | | | | |
| | Launch training | | | | | | | | | | | | |
| | Evaluate training completion | | | | | | | | | | | | |
| | Evaluate impact | | | | | | | | | | | | |
| | Decision to proceed or pivot | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Food Security

Food security is defined as access by all members of a household—at all times—to the affordable, nutritious food they need to lead an active, healthy life. Conversely, food insecurity can be interpreted as the limited (or uncertain) availability of nutritionally adequate food. Food insecurity is prevalent in parts of our community that are often described as “food deserts,” where access to affordable, nutritious food is limited. Socioeconomic status (SES) is a major determinant of food insecurity and the related health disparities. Thus, the food security workgroup developed strategies to improve community access to healthy, affordable food (such as fresh produce) through low-cost or no-cost programs and supports.

Supporting data for this priority can be found in **Appendix 2**.

Alignments: Includes SA Forward Food Insecurity and Nutrition Priority Area, Healthy People 2030, Big Cities Health Coalition Urban Health Agenda

| | |
|--------------------------------|--|
| Lead Agencies | Metro Health and The Health Collaborative |
| Headline Indicator | <ul style="list-style-type: none"> Reduce the percentage of Bexar County residents experiencing food insecurity from 14% in 2021 to 13.8% in 2027, a 1.6% decrease. |
| Policy Recommendation | <ul style="list-style-type: none"> Pass a bill that would bolster public school funding for universal free breakfast and lunches. |
| Strategies | <ol style="list-style-type: none"> Foster cross-sector collaborations that increase the presence and impact of navigators in their community. Increase the number of organizations—including farmers' markets and convenience stores—that participate in the SNAP Double-Up Food Bucks program and offer fresh produce options. Increase capacity and knowledge around advocacy for federal assistance programs. Support cross-sector collaboration to expand charitable assistance in the areas of access to care, food, and housing. Increase the number of community health workers serving Bexar County who are trained to assist residents in applying for or reapplying for food supports. Develop shared messaging campaigns to promote charitable assistance through trusted community channels. |
| Key Partners and Assets | San Antonio Food Bank, Community First Health Plans, Metro Health, San Antonio Food Systems Collaborative, Viva Health and Por Vida, Meals on Wheels, YMCA of Greater San Antonio, Health Equity Network of San Antonio (HNSA) |

Healthy Bexar

Community Health Improvement Plan 2024-2027

| Headline Indicator(s) and Target(s) | Baseline Year | Baseline Value | Target Value* | Percent Change |
|---|---------------|----------------|---------------|----------------|
| Percent of persons experiencing food insecurity in Bexar County | 2021 | 14.0% | 13.8% | -1.6% |

*Target: September 30, 2027

Policy Recommendation: Pass a bill that would bolster public school funding for universal free breakfast and lunches.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|--|----------------|----------|------------------------------|-------------------|
| Produce research and policy briefing. | 1 briefing | Nov 2024 | SA Food Bank | Y |
| Participate in food policy advocacy efforts. | 6 meetings | monthly | SA Food Bank Metro Health | Y |

Strategy 1. Foster cross-sector collaborations that increase the presence and impact of navigators in their community.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------|-----------|---|-------------------|
| Create inventory of existing navigation resources (e.g., SharePoint). | 1 inventory | 6 months | Metro Health | Y |
| Convene Social Determinants of Health (SDoH) consortium. | 4 meetings | Quarterly | Family Services SA Food Bank Metro Health | N |
| Coordinate screening for SDoH services. | 4 meetings | Quarterly | Family Services SA Food Bank Metro Health | N |

Strategy 2. Increase the number of organizations—including farmers' markets and convenience stores—that participate in the SNAP double-up program and offer fresh produce choices.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|---------------------|-----------|--|-------------------|
| Train staff on requirements and logistics for Double Up Food Bucks program. | 5 orientations | June 2025 | Metro Health/ Healthy Neighborhoods | Y |
| Conduct outreach to convenience stores. | 10 outreach efforts | Dec 2025 | Metro Health/ Healthy Neighborhoods | Y |

Strategy 3. Increase capacity and knowledge around advocacy for federal assistance programs.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------|----------|---------------|-------------------|
| Map existing stakeholders. | 1 map | Jan 2025 | Metro Health | Y |
| Hold food policy briefing on SNAP and federal food assistance programs. | 1 briefing | Nov 2025 | Food Bank | N |

Strategy 4. Support cross-sector collaboration to expand charitable assistance in the areas of access to care, food, and housing.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|--|----------------|-----------|---------------|-------------------|
| Publish list of food pantries & charitable assistance resources by zip code. | 1 list | June 2025 | Metro Health | N |
| Promote use of SACRD.org & evaluate effectiveness for users/ survey. | 1 evaluation | Dec 2025 | Metro Health | N |

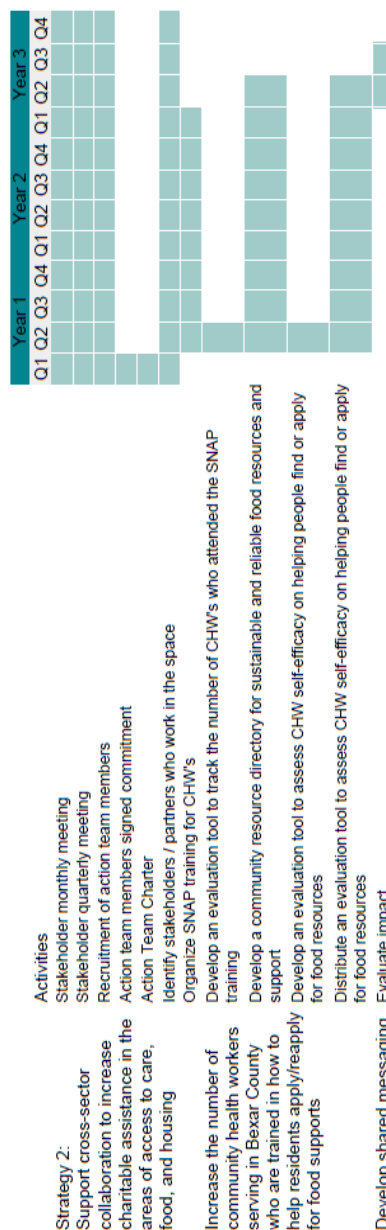
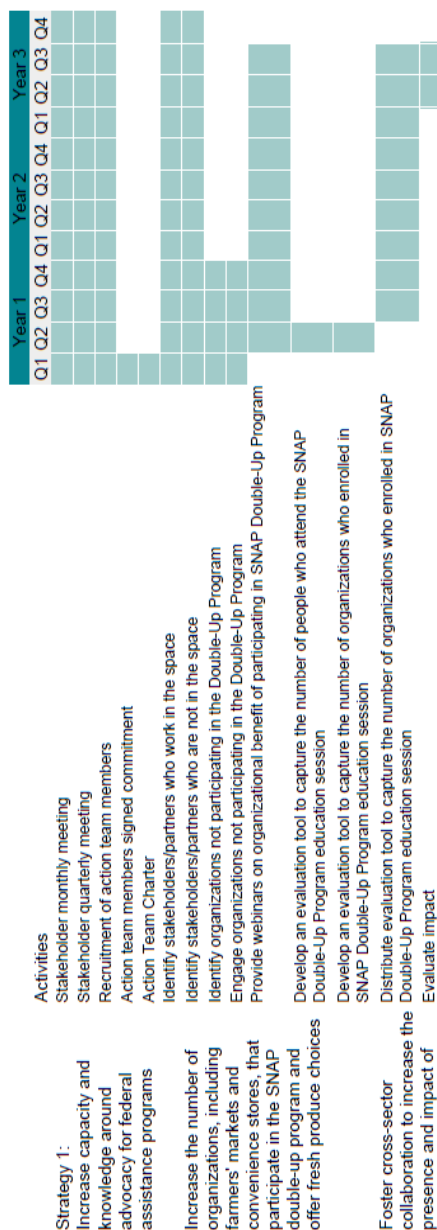
Strategy 5. Increase the number of community health workers serving in Bexar County who are trained in how to help residents apply/reapply for food supports.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|-------------------|-----------|--------------------------------------|-------------------|
| Coordinate benefits navigator trainings with Texas Community Partnership Program. | 5 staff trainings | June 2025 | Metro Health (Healthy Neighborhoods) | Y |

Strategy 6. Develop shared messaging campaigns to promote charitable assistance through trusted community channels.

| Action Step | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|--|----------------|----------------------|---------------|-------------------|
| Participate in National Nutrition Month awareness campaign events. | 5 events | Mar 2025 | Metro Health | Y |
| Participate in EnrollSA campaign events. | 20 events | Aug 2025 Jan 2025 | Enroll SA | Y |
| Participate in Hunger Action Month awareness campaign. | 1 event | Sept 2025 | SA Food Bank | Y |

Timeline of Activities



Housing Stability

Safe, affordable, and accessible housing is a precondition for individuals, families, and communities to thrive. Housing stability promotes physical, mental and economic health, while substandard housing makes it extremely difficult for people to make healthy choices. Lack of stable, affordable housing can harm us in many ways, from increasing our exposure to allergens and toxins to making it difficult to purchase healthy, nutritious food. It can also force families to choose between paying for shelter or purchasing basic necessities like food, childcare, transportation, and healthcare. The health, mental health, and economic impacts of housing insecurity are even more harmful when individuals experience eviction and homelessness.

The Housing Stability workgroup focused on developing strategies to reduce the health impacts of homelessness, eviction, and unaffordable housing on our community.

Supporting data for this priority can be found in **Appendix 3**.

Alignments: Includes CoSA Strategic Housing Implementation Plan, Healthy People 2030, Big Cities Health Coalition Urban Health Agenda

| | |
|--------------------------------|--|
| Lead Agency | City of San Antonio, Bexar County, San Antonio Housing Trust, and Opportunity Home San Antonio |
| Headline Indicators | <ul style="list-style-type: none"> • Reduce the number of Bexar County residents experiencing homelessness by 6%, from 3,155 in 2023 to 2,958 in 2027. • Reduce the number of Bexar County eviction filings per 1,000 renters by 10% from 60.4 in 2022 to 54.4 in 2027. • Reduce the percentage of Bexar County homeowner households with incomes under 200% of the poverty level that are spending more than 30% of their income on housing costs by 10%, from 12.1% in 2021 to 10.9% in 2027. • Reduce the percentage of Bexar County renter households with incomes under 200% of poverty level that are spending more than 30% of their income on housing costs by 10%, from 37.6% in 2021 to 33.8% in 2027. |
| Policy Recommendation | Promote improved health outcomes for Bexar County's most vulnerable populations by removing systemic barriers that inhibit the creation of permanent supportive housing and the preservation of existing housing stock. |
| Strategies | Remove barriers that inhibit the creation of permanent supportive housing and the preservation of existing housing stock, helping to promote equitable health outcomes for all Bexar County residents while prioritizing vulnerable populations. |
| Key Partners and Assets | San Antonio Housing Commission, Mexican American Unity Council, Homestead Preservation Center, Community Land Trust, Merced Housing, Prospera, Habitat for Humanity, San Antonio Alternative Housing Corporation, SAM Ministries, Haven for Hope, Local Initiatives Support Corp. (LISC) SA, Esperanza Peace and Justice Center, Housing Authority of Bexar County |

Healthy Bexar

Community Health Improvement Plan 2024-2027

| Headline Indicator(s) and Target(s) | Baseline Year | Baseline Value | Target Value* | Percent Change |
|--|---------------|----------------|---------------|----------------|
| Number of people experiencing homelessness. | 2023 | 3,155 | 2,958 | -6%** |
| Number of eviction judgements issued per 1,000 renters. | 2022 | 60.4 | 54.4 | -10% |
| Percent of homeowner households spending more than 30% of their income on housing costs. | 2021 | 12.1% | 10.9% | -10% |
| Percent of renter households spending more than 30% of their income on housing costs. | 2021 | 37.6% | 33.8% | -10% |

* Target year is September 30, 2027

** Lower target reflects anticipated 4% population growth between 2023 and 2026 per Texas State Data Center, 2022 Vintage Population Projections, 1.0 Migration Scenario

Policy Recommendation: Promote improved health outcomes for Bexar County's most vulnerable populations by removing systemic barriers that inhibit the creation of permanent supportive housing and the preservation of existing housing stock.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|-------------------------------|-----------|--------------------|-------------------|
| Lower barriers to the creation of supportive housing through a public information campaign. | 4-part video series | Jan 2026 | NHSD | Y |
| Lower barriers to the creation of supportive housing through quarterly community conversations and meetings. | 4 meetings | Jan 2026 | LISC SA | Y |
| Lower barriers to the creation of supportive housing through monthly public input sessions. | 12 sessions | Jan 2026 | Housing Commission | Y |
| Conduct staff trainings to prepare for quarterly community conversations. | 4 "lunch and learn" trainings | Jan 2026 | LISC SA | Y |
| Expand title clearing efforts. | | Jan 2026 | MAUC | Y |
| Promote the availability of licensed paraprofessional legal services in family law, estate planning, and probate law (effective December 2024). | 1 promotional campaign | Jan. 2026 | MAUC | N |

Strategy 1. Remove barriers that inhibit the creation of permanent supportive housing and the preservation of existing housing stock, helping to promote equitable health outcomes for all Bexar County residents while prioritizing vulnerable populations.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------|-----------|-------------------|-------------------|
| Build a referral system to connect patients with Haven for Hope. | 1 system | Jan. 2026 | University Health | Y |
| Collaborate with agencies to remove barriers to permanent supportive housing with school-based recruiting strategies. | 1 plan | Jan. 2026 | LISC San Antonio | N |

Timeline of Activities

| | | | | | | | | | | | | | |
|--|---|--------|--|--|--|--------|--|--|--|--------|--|--|--|
| Strategy 1: Remove barriers that inhibit the creation of permanent supportive housing and the preservation of existing housing stock, which will help to promote equitable health outcomes for all Bexar County residents while simultaneously focusing on priority populations | Activities | Year 1 | | | | Year 2 | | | | Year 3 | | | |
| | Stakeholder monthly meeting | | | | | | | | | | | | |
| | Stakeholder quarterly meeting | | | | | | | | | | | | |
| | Recruitment of action team members | | | | | | | | | | | | |
| | Action team members signed commitment | | | | | | | | | | | | |
| | Action Team Charter | | | | | | | | | | | | |
| | Support SHIP action items | | | | | | | | | | | | |
| | Identify stakeholders/partners who are working to address barriers | | | | | | | | | | | | |
| | Identify stakeholders/partners who are working to improve access, affordability, and preserve homestead | | | | | | | | | | | | |
| | Identify existing local community awareness campaigns or resident engagement opportunities | | | | | | | | | | | | |
| | Community program presentations related to advancing or support of strategy | | | | | | | | | | | | |
| | Create a catalog of financing/investments that can support/advance strategy | | | | | | | | | | | | |
| | Evaluate engagement | | | | | | | | | | | | |
| | Proceed or Pivot Decision | | | | | | | | | | | | |

Prenatal Care

Early prenatal care (within the first trimester) reduces the risk of pregnancy complications, promotes healthy births, and lowers the risk of Sudden Infant Death Syndrome (SIDS). In addition to the importance of physical exams, early prenatal care visits provide an opportunity for pregnant individuals to receive expert advice on diet, exercise, avoiding harmful substances (such as tobacco and alcohol), and the importance of managing chronic conditions (such as high blood pressure and diabetes). This workgroup developed several system- and community-level strategies to improve access to prenatal care for pregnant individuals.

Supporting data for this priority can be found in **Appendix 4**.

Alignments: Includes SA Forward Access to Care Priority Area, Healthy Families Network, Healthy People 2030, Big Cities Health Coalition Urban Health Agenda

| | |
|--------------------------------|---|
| Lead Agency | The Health Collaborative |
| Headline Indicators | <ul style="list-style-type: none"> Increase the percentage of pregnancies receiving prenatal care in the first trimester in Bexar County by 1%, from 66.2% in 2022 to 66.9% in 2027. |
| Policy Recommendation | <ul style="list-style-type: none"> Enact a law to provide free prenatal care for all pregnant individuals, even if they are not enrolled in a medical plan. |
| Strategies | <ol style="list-style-type: none"> Engage systems to implement House Bill 1575 in their respective areas to scale the use of doulas, social workers, and community health workers. Increase educational outreach to inform people on how to seek proper medical care during pregnancy. |
| Key Partners and Assets | The Health Collaborative, Family Service Association, San Antonio Black Doula Collective, Metro Health, CHRISTUS Santa Rosa, University Health, The Nest at Baptist Health System, YWCA, Catholic Charities, CommuniCare, United Way of San Antonio & Bexar County, San Antonio Birth Doulas, Northwest Vista College CHW Program, San Antonio Community Health Worker Association, Health Collaborative-Grow Healthy Together Pathway HUB CHW, Texas Diaper Bank |

| Headline Indicator(s) and Target(s) | Baseline Year | Baseline Value | Target Value | Percent Change |
|--|---------------|----------------|--------------|----------------|
| Percent of pregnancies receiving first trimester prenatal care, Bexar County | 2022 | 66.2% | 67.5% | 1% |

*Target: September 30, 2027

Policy Recommendation: Recommend that the Texas Legislature enact a law to provide free prenatal care for all pregnant individuals, even if they are not enrolled in a medical plan by September 2027.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------------|------------|---------------------|-------------------|
| Create a list of organizations working on prenatal care policy. | 1 list | Jan 2025 | CHIP planning group | N |
| Host listening sessions with organizations working on prenatal care policy. | 3 listening sessions | March 2025 | CHIP planning group | N |

Strategy 1. Engage systems to implement House Bill 1575 in their respective areas to scale the use of doulas, social workers, and community health workers.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|----------------|----------|---------------------|-------------------|
| Develop a toolkit of best practices to help Managed Care Organizations implement HB 1575. | 1 toolkit | Oct 2025 | CHIP planning group | N |

Strategy 2. Increase educational outreach to inform people on how to seek proper medical care during pregnancy.

| Action Steps | Deliverable(s) | Deadline | Lead Agencies | In Progress (Y/N) |
|---|---|--------------|---------------------|-------------------|
| Evaluate existing free prenatal care materials for equity and cultural appropriateness for Bexar County population. Develop comprehensive prenatal care educational materials/programs if necessary. | 1 set of free prenatal care educational materials | October 2025 | CHIP planning group | N |

Timeline of Activities



Healthy Bexar CHIP, Steering Committee and Workgroup Leads

| Name | Title | Organization |
|---|---|--|
| Camerino Salazar, MS Chair | Director of Research & Evaluation | Health Resources in Action |
| Golareh Agha, PhD | Chief of Informatics | City of San Antonio Metropolitan Health District |
| Palmira Arellano | Vice President, Community Engagement | Methodist Healthcare |
| Audrey Avila, MPH | Accreditation Senior Management Coordinator, Performance Improvement Team | City of San Antonio Metropolitan Health District |
| Bryan Bayles, PhD, MPH, MA, ACUE | Assistant Professor of Community Health, Department of Life Sciences | Texas A&M San Antonio |
| Phil Beckett, PhD | Chief Executive Officer, | C3HIE |
| Claryssa Cortez, MPA | Public Health Administrator, Transformation & Strategic Initiatives | City of San Antonio Metropolitan Health District |
| Inez I. Cruz, PhD, LMSW | Director, Community Integration and Partnerships | UT School of Public Health San Antonio |
| Andrea Guajardo, PhD | Director, Preventative Health and Environmental Services | Bexar County |
| Sarah Hill, PhD The Health Collaborative Board Chair | Vice President of Ethics and Mission Integration | CHRISTUS Santa Rosa & The Children's Hospital of San Antonio |
| Elizabeth Lutz, MBA | Chief Executive Officer | The Health Collaborative |
| Esmeralda Perez, MBA | Director of Community Services Community Health Department | CHRISTUS Health |

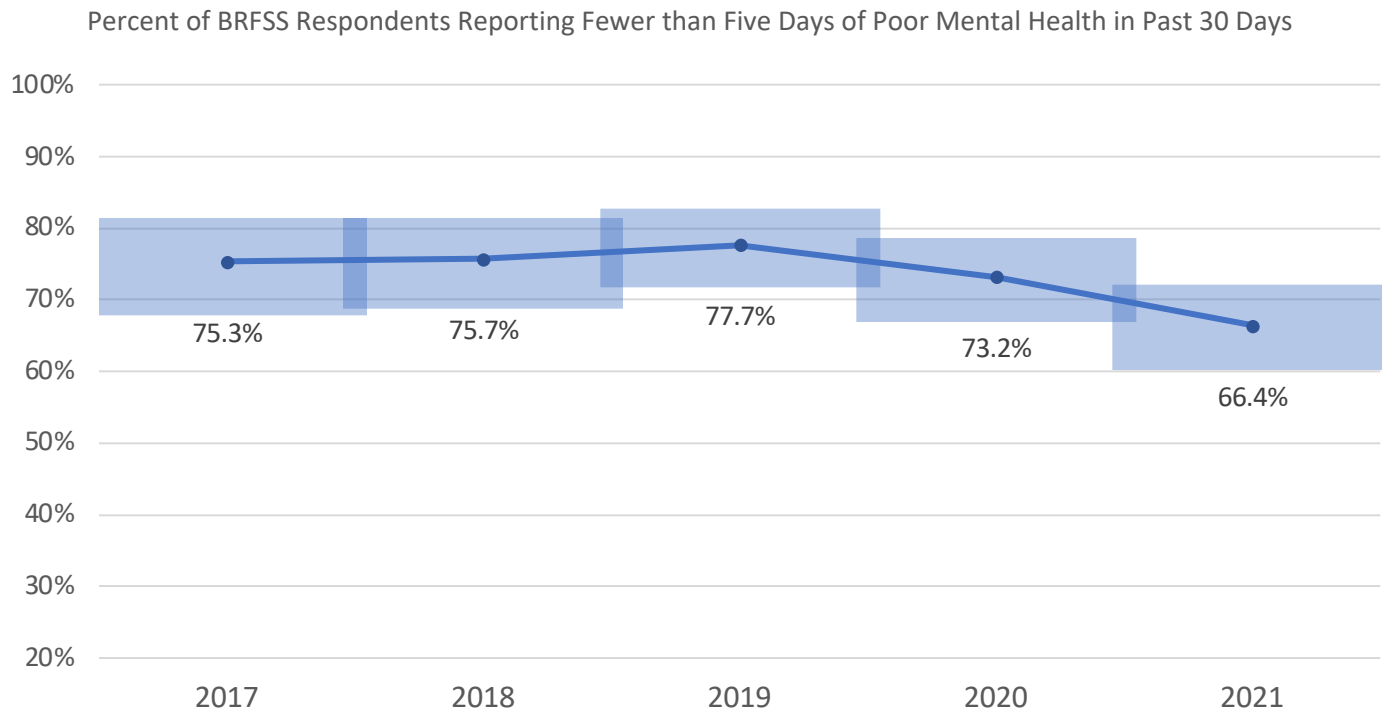
The Healthy Bexar CHIP planning process had two overarching goals:

1. Build on existing local initiatives rather than creating duplicate and parallel efforts.
2. Minimize the burden on community leaders participating in the Healthy Bexar CHIP workgroups.

As a result, workgroup membership was intentionally kept small and strategic, rather than large and wide-ranging. Each workgroup consisted of key staff from local initiatives that align with our health priorities, as well as individuals with an expertise in coordinating efforts with existing assets, resources, and decisionmakers.

APPENDIX 1. SUPPORTING DATA FOR BEHAVIORAL AND MENTAL WELLBEING

Fewer Than Five Days of Poor Mental Health in Past 30 Days

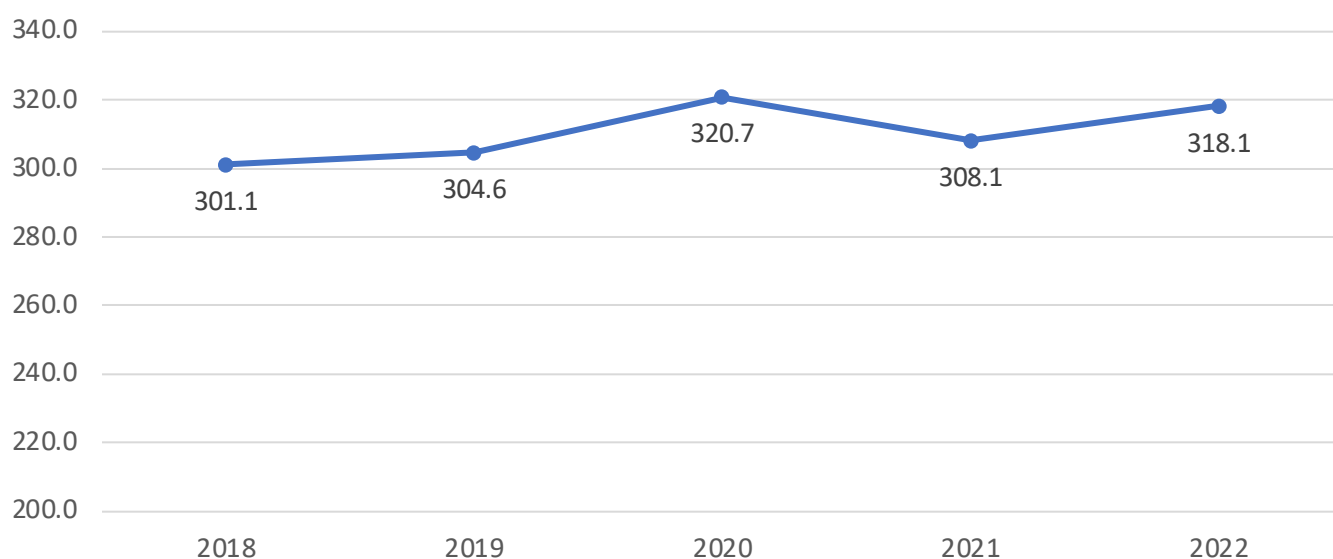


Source: Texas Department of Health Services, Behavioral Risk Factor Surveillance System (BRFSS)

Mental Health Providers per 100K Population

Ratio of mental health providers per 100,000 population in Bexar County, TX. Health profession supply data is collected annually by the Health Professions Resource Center (HPRC) at the Texas Department of State Health Services. HPRC collects licensure data from licensing boards to develop supply tables that include the number of providers per county, ratio of population to provider, and ratio of provider to population. Data is not available for all existing mental health professions.

Total Number of Mental Health Providers* per 100,000 Population, Bexar County



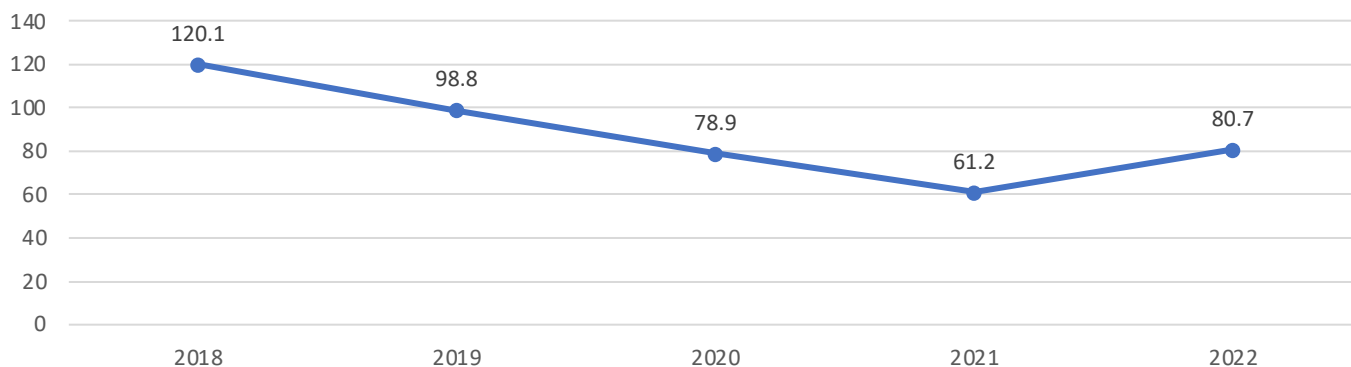
* Includes the following 14 provider types:

- Assistant Behavior Analyst
- Behavior Analyst
- Community Health Worker
- Licensed Chemical Dependency Counselor
- Licensed Baccalaureate Social Worker
- Licensed Clinical Social Worker
- Licensed Master Social Worker
- Licensed Professional Counselor
- Licensed Psychological Associate
- Licensed Psychologist
- Licensed School Psychology Specialist
- Marriage and Family Therapist
- Marriage and Family Therapist Associate
- Psychiatrist

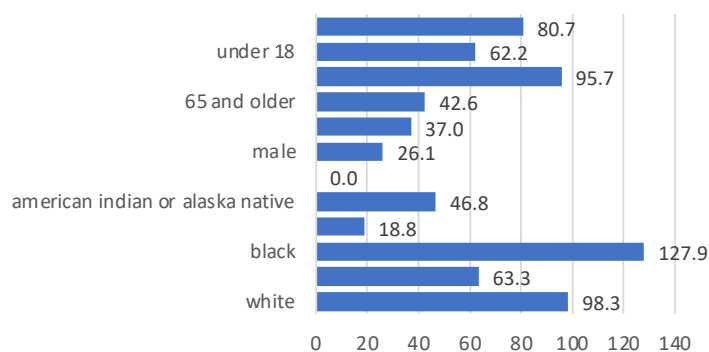
Source: Texas Department of State Health Services, Health Professions Resource Center; 2018-2022

Mental Health Hospital Discharge

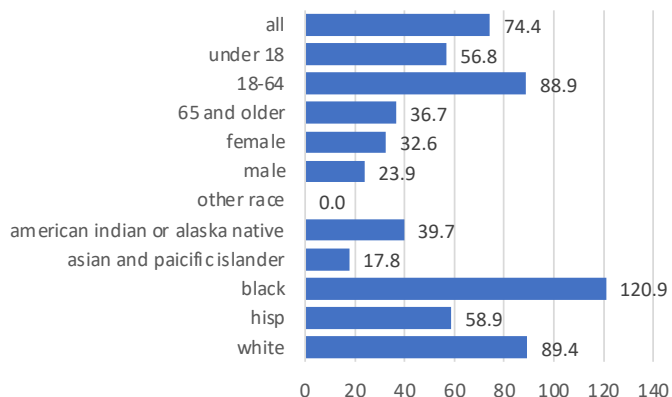
Mental health, drug poisoning, and self harm hospital discharges per 10K population



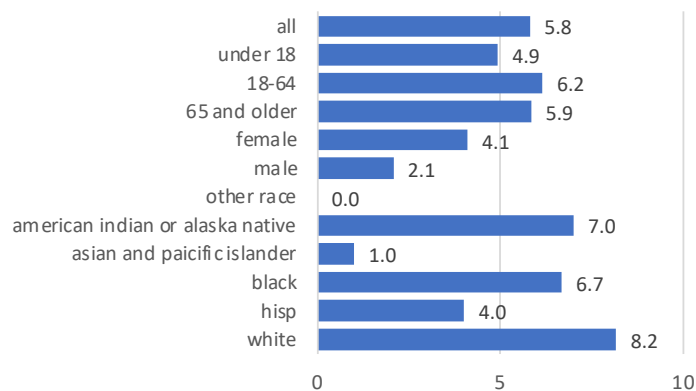
Mental health, drug poisoning, and self harm hospital discharges per 10K population, Bexar County 2022



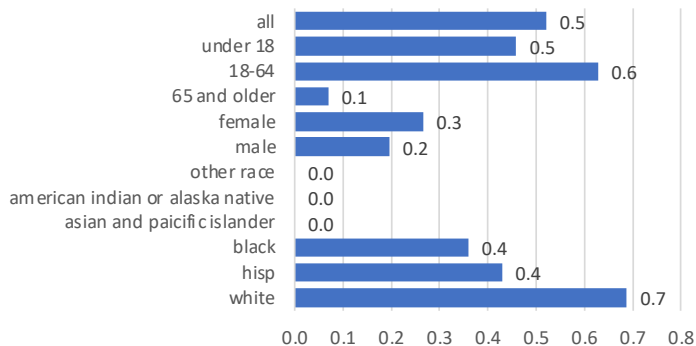
Mental health hospital discharges per 10K population, Bexar County 2022



Drug poisoning hospital discharges per 10K population, Bexar County 2022



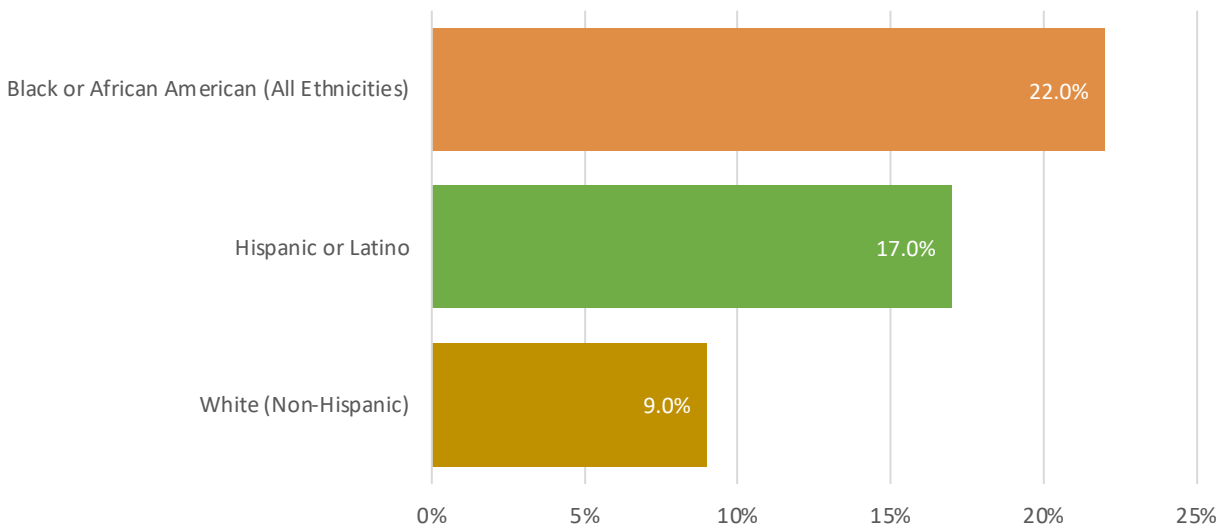
Self harm hospital discharges per 10K population, Bexar County 2022



Source: Texas Dept. of State Health Services THCIC Inpatient Public Use Data File, 2018-2022

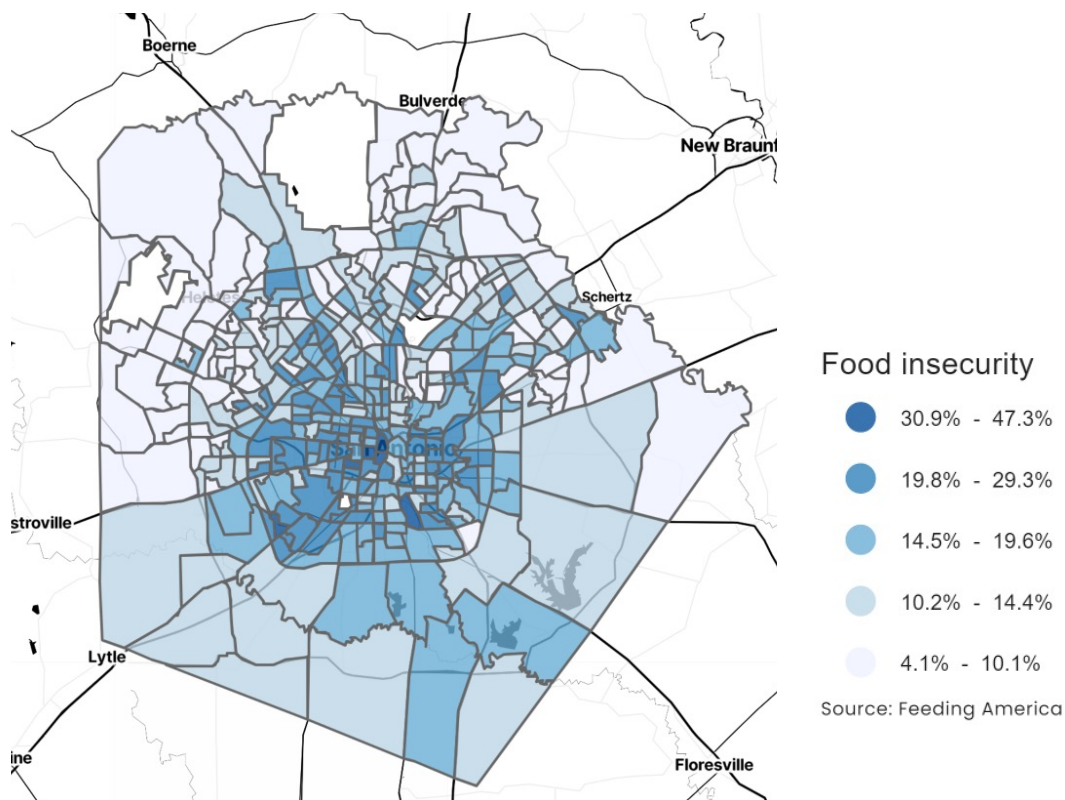
APPENDIX 2. SUPPORTING DATA FOR FOOD SECURITY

Food Insecurity Among Race/Ethnicity Populations in Bexar County, 2021



Source: Feeding America, 2021

Food Insecurity in Bexar County by Census Tract, 2021



Source: Feeding America

Healthy Bexar

Community Health Improvement Plan 2024-2027

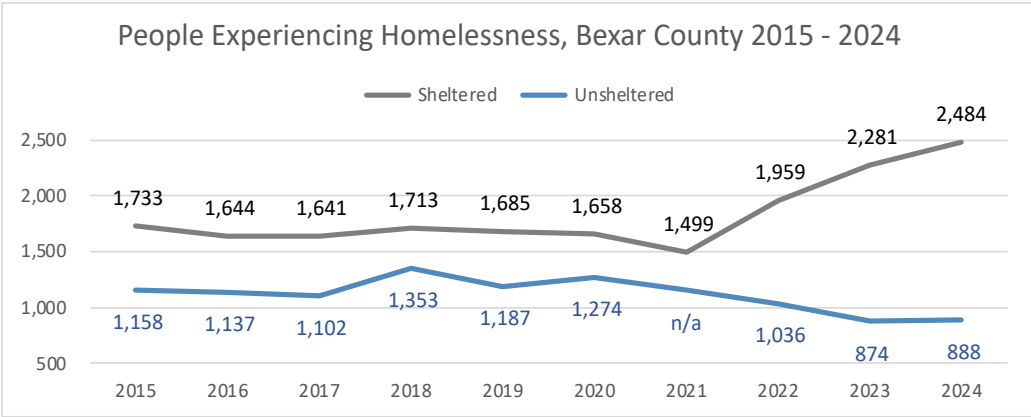
| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| No. of Persons Food Insecure | 232,760 | 245,760 | 232,740 | 202,440 | 205,500 | 216,220 | 271,790 | 270,950 | 288,320 | 278,860 |
| Pct. of Persons Food Insecure | 15.9% | 14.0% | 13.0% | 11.1% | 11.1% | 11.4% | 14.1% | 13.9% | 14.6% | 14.0% |

Source: Feeding America, 2021

APPENDIX 3. SUPPORTING DATA FOR HOUSING STABILITY

People experiencing homelessness. 2015-2024

Number of people experiencing homelessness. Not captured in this data are children in emergency housing due to removal from their homes through the Department of Family and Protective Services (DFPS). Data for Bexar County on removals can be found [here](#).

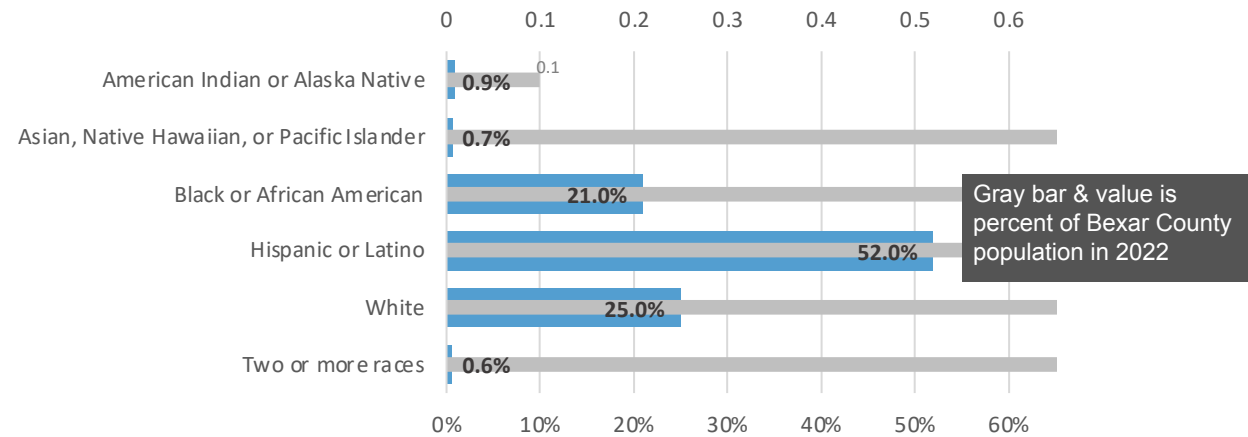


Source: Close to Home San Antonio *Point in Time Count Report*, 2015-2024

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Sheltered | 1,733 | 1,644 | 1,641 | 1,713 | 1,685 | 1,658 | 1,499 | 1,959 | 2,281 | 2,484 |
| Unsheltered | 1,158 | 1,137 | 1,102 | 1,353 | 1,187 | 1,274 | N/A | 1,036 | 874 | 888 |
| Homeless | 2,891 | 2,781 | 2,743 | 3,066 | 2,872 | 2,932 | N/A | 2,995 | 3,155 | 3,372 |

Source: Close to Home San Antonio *Point in Time Count Report*, 2015-2024

Percent of People in Emergency Shelter, Transitional Shelter, or Unsheltered by Race and Ethnicity, Bexar County 2023

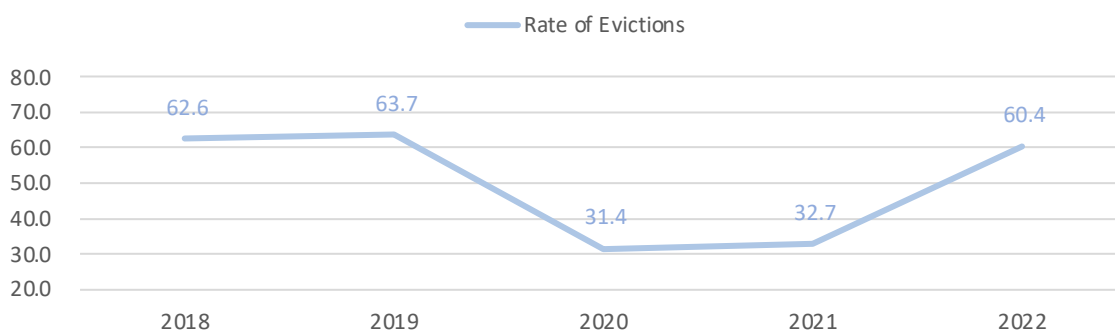


Source: Close to Home San Antonio *Point in Time Count Report*, 2023

Eviction Filings per 1K Renters, Bexar County 2018-2022

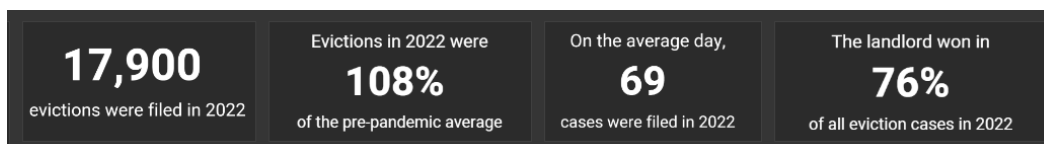
Number of eviction filings per 1,000 renters in Bexar County, TX. Evictions are filed against a household rather than individuals, which means the count of eviction filings underrepresents the actual number of residents impacted. Additionally, the eviction filing number does not account for the “informal” evictions of tenants who vacated their unit after their landlord delivered a Notice to Vacate, but did not file a formal eviction case within the court system. It is important to note that temporary measures instituted during the pandemic, such as eviction moratoria and Emergency Rental Assistance funding, drastically reduced evictions in 2020 and much of 2021.

Eviction Filings per 1,000 Renters, Bexar County 2018 - 2022

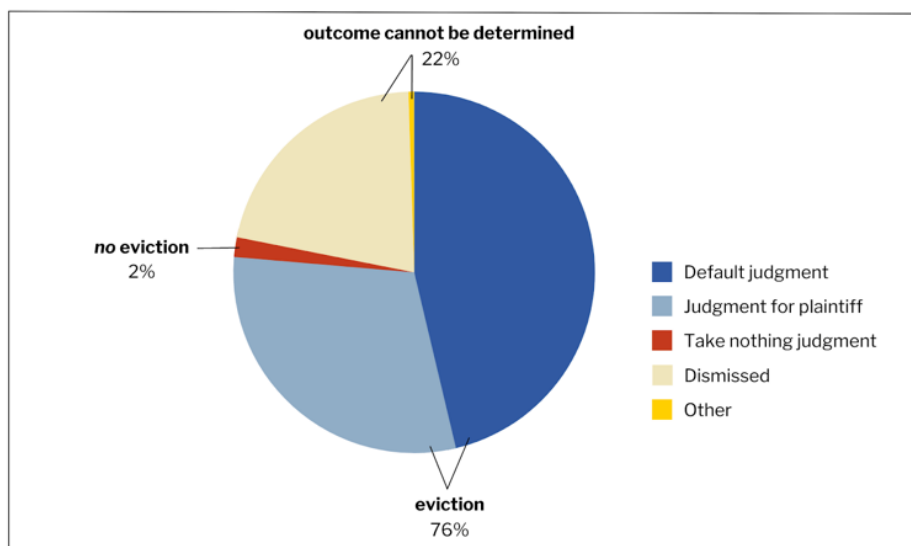


Source: Texas Housers, Bexar County Eviction Case Dashboard, 2018-2022; US Census Bureau, ACS 5-yr estimates, Table 25003

Eviction Statistics, Bexar County 2022



Eviction Case Rulings, Bexar County 2022

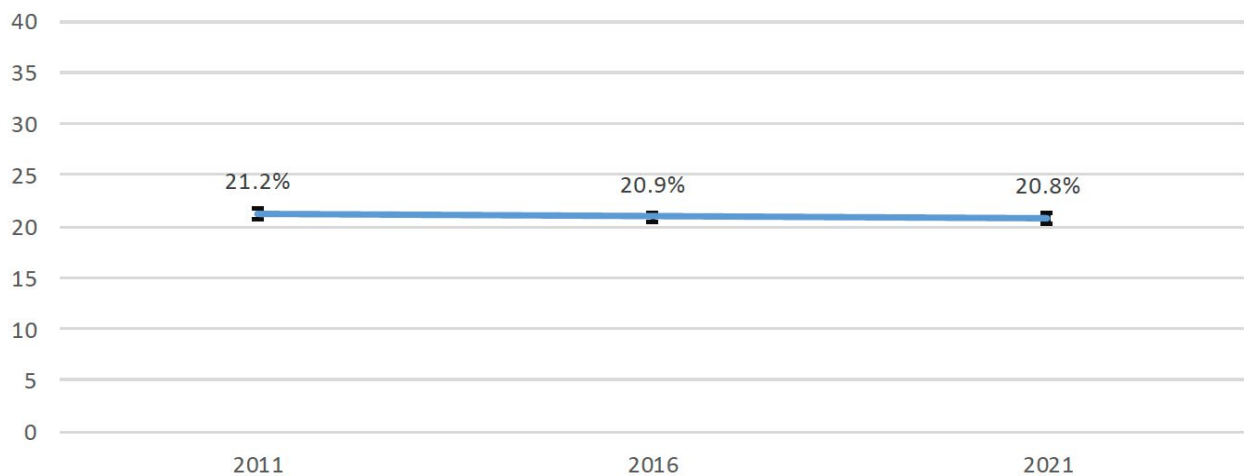


Source: Texas Housers, Bexar County Eviction Case Dashboard, 2022

Housing Cost Burden with Income Under 200% Poverty, Bexar County 2021

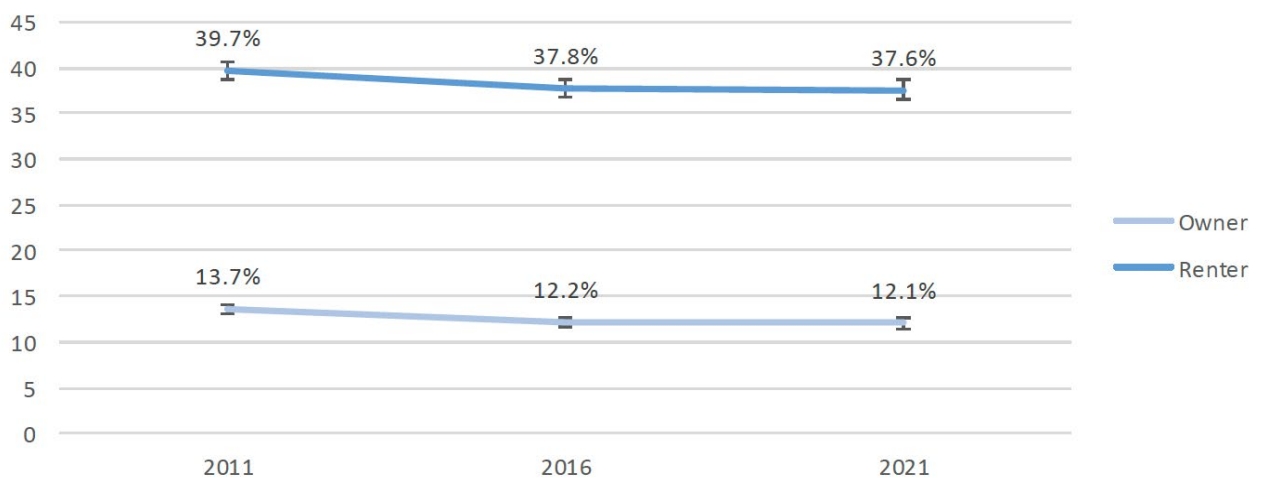
Households under 200% poverty spending more than 30% of their income on housing costs.

Housing Cost Burden with Income Under 200% Poverty, Bexar County 2021



Source: American Community Survey Public Use Microdata Samples 2011-2021

Housing Cost Burden by Tenure with Income Under 200% Poverty, Bexar County 2021

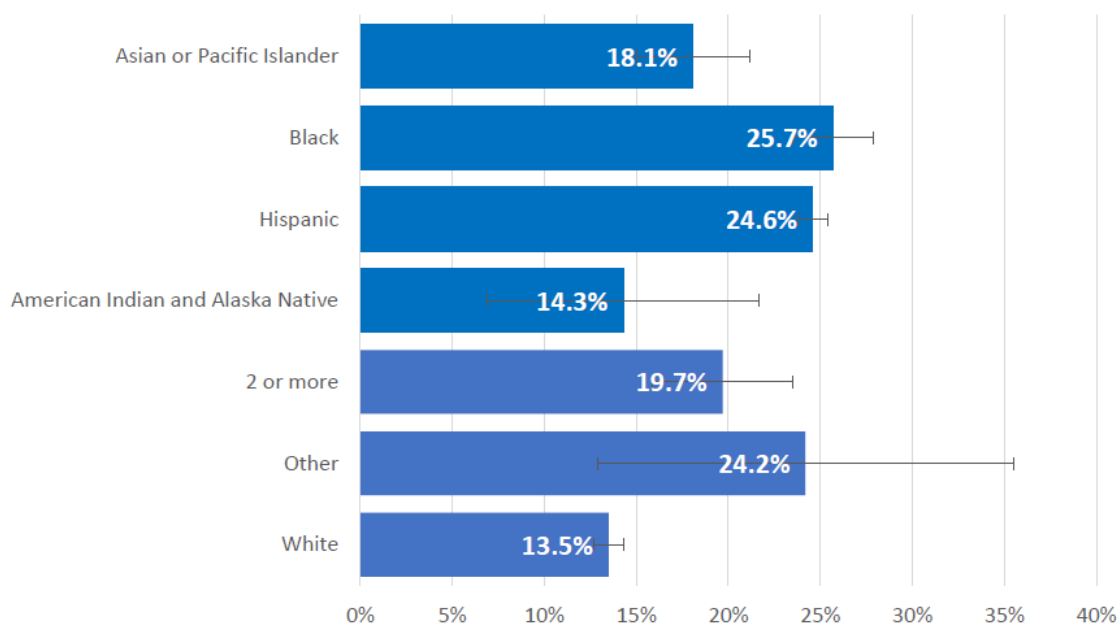


Source: Source: American Community Survey Public Use Microdata Samples 2011-2021

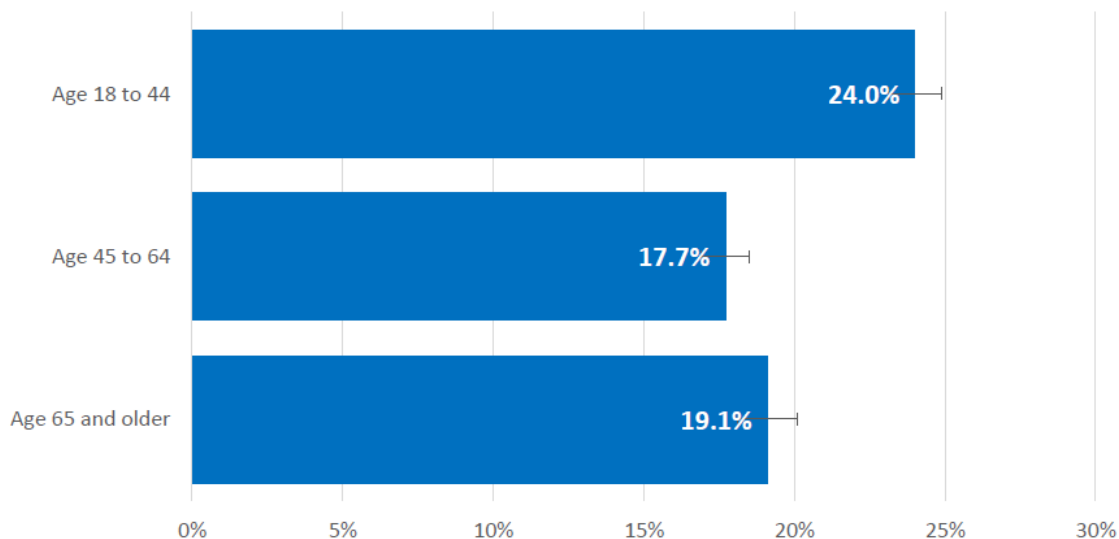
Housing Cost Burden with Income Under 200% Poverty, Bexar County 2011-2021

Households under 200% poverty spending more than 30% of their income on housing costs.

Housing Cost Burden by Race/Ethnicity with Income Under 200% Poverty, Bexar County 2021



Housing Cost Burden by Race/Ethnicity for Households under 200% Poverty, Bexar County 2021



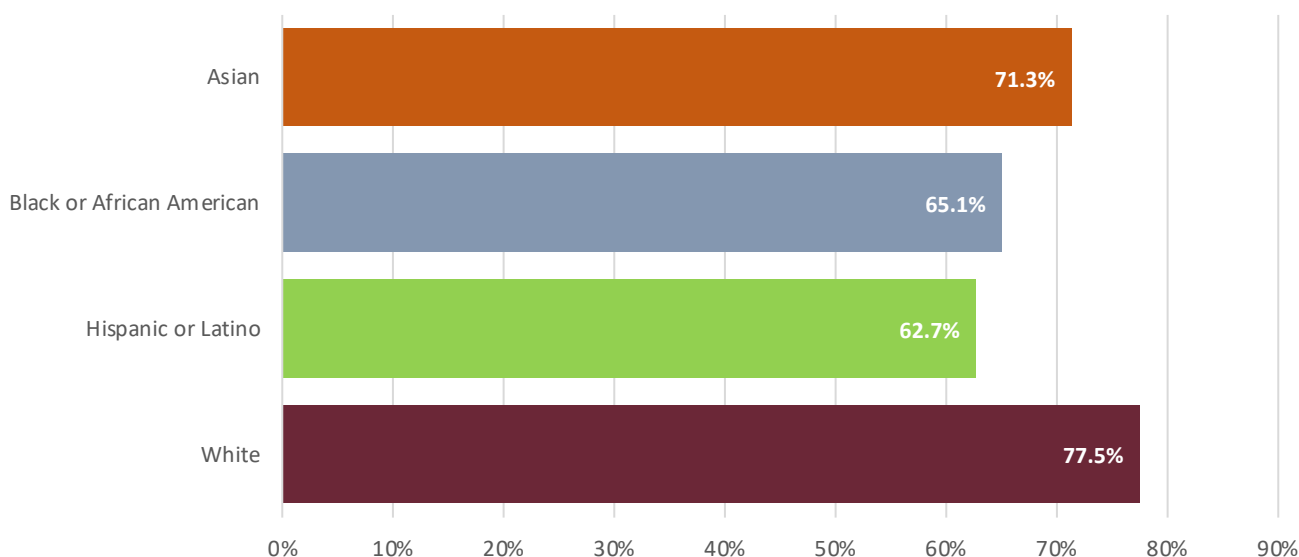
Source: American Community Survey Public Use Microdata Samples 2021

APPENDIX 4. SUPPORTING DATA FOR PRENATAL CARE

Percent of First Trimester Prenatal Care, Bexar County 2022

Percent of pregnancies receiving prenatal care in the first trimester. This indicator includes all pregnancies resulting in a live birth.

Percent of Pregnancies Receiving First Trimester Prenatal Care, Bexar County
2022



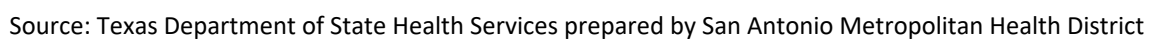
| Race/ Ethnicity, Bexar County 2021 | Asian | | Black or African American | | Hispanic or Latino | | White | |
|------------------------------------|-------|-------|---------------------------|-------|--------------------|-------|-------|-------|
| | Est. | % | Est. | % | Est. | % | Est. | % |
| Late or No Care | 62 | 7.1% | 242 | 13.8% | 2,647 | 15.1% | 330 | 6.2% |
| Third Trimester | 45 | 5.2% | 177 | 10.1% | 2,013 | 11.5% | 212 | 4.0% |
| None | 17 | 1.9% | 65 | 3.7% | 634 | 3.6% | 118 | 2.2% |
| Second Trimester | 107 | 12.3% | 237 | 13.5% | 2,218 | 12.7% | 477 | 8.9% |
| First Trimester | 622 | 71.3% | 1,141 | 65.1% | 10,982 | 62.7% | 4,140 | 77.5% |
| Unknown | 81 | 9.3% | 134 | 7.6% | 1,664 | 9.5% | 395 | 7.4% |
| Live Births | 872 | | 1,754 | | 17,511 | | 5,342 | |

Source: Centers for Disease Control and Prevention (CDC), WONDER Online Database.

| Age, Bexar County 2021 | 15-17 | | 18-19 | | 20-29 | | 30-39 | | 40-44 | |
|----------------------------|-------|-------|-------|-------|--------|-------|--------|-------|-------|-------|
| | Est. | % | Est. | % | Est. | % | Est. | % | Est. | % |
| Late or No Care | 98 | 25.0% | 220 | 20.8% | 1,906 | 14.2% | 1,042 | 9.6% | 73 | 9.5% |
| Third Trimester | 72 | 18.4% | 159 | 15.0% | 1,447 | 10.8% | 745 | 6.8% | 51 | 6.6% |
| None | 26 | 6.6% | 61 | 5.8% | 459 | 3.4% | 297 | 2.7% | 22 | 2.9% |
| Second Trimester | 90 | 23.0% | 186 | 17.6% | 1,701 | 12.7% | 1,061 | 9.7% | 100 | 13.0% |
| Early Care-First trimester | 160 | 40.8% | 536 | 50.7% | 8,592 | 64.0% | 7,769 | 71.3% | 513 | 66.8% |
| Unknown | 44 | 11.2% | 116 | 11.0% | 1,217 | 9.1% | 1,022 | 9.4% | 82 | 10.7% |
| Live Births | 392 | | 1,058 | | 13,416 | | 10,894 | | 768 | |

Source: Centers for Disease Control and Prevention (CDC), WONDER Online Database.

Percent of pregnancies receiving first trimester or no prenatal care. This indicator includes all pregnancies resulting in a live birth.



APPENDIX 5. METHODS & TECHNICAL NOTES

WORKGROUP KICKOFF

The planning process began with an in-person convening of *Healthy Bexar CHIP* partners. Participants received an overview of the *Healthy Bexar CHIP* development process which included an explanation of the RBA methodology, workgroup meeting structures, and timelines. Participants separated into the three workgroups for each of the priority areas: **behavioral and mental health, child and family development, and housing.**

INDICATOR PRIORITIZATION

After reviewing a summary document containing potential indicators for each priority area, workgroups used a decision-making tool to prioritize indicators. This tool, organized as a Google Sheet, gave workgroup participants the opportunity to score proposed indicators based on the following criteria: communication power, importance power, and data power. Criteria are defined as:

- **Communication power** assesses how easily a “layperson” can understand indicators. The more understandable the language of the indicator is, the more it will “stick” with general audiences.
- **Importance power** investigates an indicator’s relevance to a desired result or end condition. The more importance an indicator is believed to have, the stronger it scores in importance power.
- **Data power** measures the quality of data for a given indicator for these criteria: reliability, availability, and the cost-effectiveness of reproduction.

Participants scored the indicators on a scale of 1 to 3, with 1 representing **low power**, 2 **medium power**, and 3 **high power**. No zeros or blanks were permitted. Scores were recorded in the Google Sheet. CI:Now provided scores on the data power criteria for all indicators. Using the Google Sheet, the group produced a sum and average score for communication power, importance power, and data power. They then calculated a combined sum and average score for all three criteria for each indicator. After reviewing the scores, participants engaged further to finalize which indicators would be adopted in the CHIP.

VIRTUAL “TURN THE CURVE” MEETINGS

Workgroups met virtually via Zoom throughout the planning process. These virtual meetings allowed participants to fully utilize the Google Docs platform, encouraging the full participation and collaboration of members. The virtual facilitation format also ensured a consistent process. Workgroups operated in three parallel tracks organized by priority areas—**behavioral and mental health, child and family development, and housing.** Virtual meetings followed these steps:

- a. CI:Now provided data to participants, including trend lines, disaggregated tables, and geospatial maps. They explained the data and responded to all clarifying questions. CI:Now noted any questions that could not be answered during the meeting and followed up with clarifying information in subsequent meetings. CI:Now also remained in the Zoom meeting for the duration of the session in case additional questions arose.
- b. Participants were given simultaneous access to a Google Doc containing pre-prepared “Turn the Curve” questions. The RBA facilitator guided participants through each question, adding participant’s insights directly into the Google Doc. The facilitator also asked clarifying questions in real-time, prompting participants to reflect deeper on their initial observations. The facilitator took notes in the Google Doc while

encouraging group discussions on their input.

- c. This process brought to light the multiplicity of viewpoints and perspectives, making efficient use of participants' time and efforts. The Turn the Curve process provided participants a shared voice in creating solutions. It prompted critical analysis of indicator data and factors influencing trendlines and/or perpetuating health disparities, offering multiple perspectives leading to thoughtful and impactful solutions.
- d. Turn the Curve meetings included the following activities:
 1. Presentation of indicator data and time for clarifying questions and discussion
 2. An in-depth exploration of negative and positive factors influencing the data, particularly systemic factors causing disparities related to race, ethnicity, age, gender, geography, or other characteristics
 3. Identification and consideration of community partners that could help address the factors
 4. Proposition of solutions to address these factors
- e. The criteria were scored on a scale of 1 to 3 – 1 for **low power**, 2 for **medium power**, and 3 for **high power**. No zeros or blanks were permitted. The Google Sheet contained a section where each participant could score each strategy. A second worksheet within the Google Doc produced a sum and average score for each strategy in the areas of impact, feasibility, specificity, and equity. A separate column calculated a sum and average score for all four criteria for each strategy. Participants reviewed these strategies and determined which ones to include in the CHIP.
- f. Indicator/Objective Selection: The following screenshot displays the full inventory of indicators/objectives considered by each CHIP workgroup. Workgroups analyzed the highest-ranking indicators (for which data were available) in order to reach a consensus on indicators/objectives to include in the CHIP (highlighted in yellow). The highest-rated indicator for the housing stability priority could not be selected because it necessitates a labor-intensive calculation that could not be updated annually. As a result, a related indicator was chosen.
- g. The Bexar County Community Health Collaborative and Clear Impact curated a responsive process that adapted to the stakeholders' in formulating CHIP strategies. This process was expected to take 2.5 hours per indicator. However, Turn the Curve discussions were often so robust that additional time was required, leading to the scheduling of additional meetings.
- h. Partners met separately to prioritize upstream, midstream, and downstream strategies. They used a decision-making tool (similar to the one used to develop indicators) to score proposed strategies based on four criteria: impact, feasibility, specificity, and equity.

| CHIP Priority Area: Mental and Behavioral Health | | | Communication | | Importance | | Data | | Aggregate | |
|---|-------|-----|---------------|-----|------------|-----|-------|-----|-----------|-----|
| Indicator | Total | Avg | Total | Avg | Total | Avg | Total | Avg | Total | Avg |
| Three-year average rate of hospital discharges with a primary diagnosis of mental illness per 10K pop | 23 | 2.3 | 25 | 2.5 | 30 | 1.5 | 78 | 2.6 | | |
| Three-year average rate of hospital discharges with a diagnosis of substance abuse per 10K pop | 20 | 2.0 | 24 | 2.4 | 30 | 1.5 | 74 | 2.5 | | |
| Ratio of population to number of mental health providers | 25 | 2.5 | 27 | 2.7 | 20 | 1.0 | 72 | 2.4 | | |
| % of adults reporting fewer than five days of poor mental health in the past 30 days | 20 | 2.0 | 21 | 2.1 | 20 | 1.0 | 61 | 2.0 | | |
| Rate of emergency department visits with a primary diagnosis of mental illness per 10K pop | 24 | 2.4 | 24 | 2.4 | 10 | 0.5 | 58 | 1.9 | | |
| Rate of emergency department visits with a diagnosis of substance abuse per 10K pop | 23 | 2.3 | 24 | 2.4 | 10 | 0.5 | 57 | 1.9 | | |

Healthy Bexar

Community Health Improvement Plan 2024-2027

| CHIP Priority Area: Healthy Child and Family Development | | | Communication | | Importance | | Data | | Aggregate | |
|---|-----------|------------|---------------|------------|------------|------------|-----------|------------|-----------|------|
| Indicator | Total | Avg | Total | Avg | Total | Avg. | Total | Avg. | Total | Avg. |
| % of pregnancies receiving prenatal care in first trimester* | 32 | 1.6 | 31 | 1.6 | 33 | 1.7 | 96 | 1.6 | | |
| Pct of children aged 19-35 months with recommended immunizations* | 28 | 1.4 | 28 | 1.4 | 11 | 0.6 | 67 | 1.1 | | |
| % of pregnancies receiving prenatal care in second trimester | 29 | 1.5 | 31 | 1.6 | 33 | 1.7 | 93 | 1.6 | | |
| % of pregnancies receiving third trimester or no prenatal care | 27 | 1.4 | 30 | 1.5 | 33 | 1.7 | 90 | 1.5 | | |
| % of kindergarten students up to date on DTP/DTaP/DT/Td** series | 22 | 1.1 | 25 | 1.3 | 22 | 1.1 | 69 | 1.2 | | |
| % of people who are food-insecure | 30 | 1.5 | 32 | 1.6 | 22 | 1.1 | 84 | 1.4 | | |

| CHIP Priority Area: Housing | | | Communication | | Importance | | Data | | Aggregate | |
|--|-------|-----|---------------|-----|------------|------|-------|------|-----------|------|
| Indicator | Total | Avg | Total | Avg | Total | Avg. | Total | Avg. | Total | Avg. |
| Percent of households that are housing cost-burdened*AND do not have an option that is affordable to them within their neighborhood (using Census tract as a proxy for neighborhood) Renters at 80% AMI and below / homeowners at 120% AMI and below. Income and household size are important to include to determine cost burdened. | 29 | 2.4 | 35 | 2.9 | 36.0 | 3 | 100.0 | 2.8 | | |
| Number and percent of county population who are unhoused | 30 | 2.5 | 29 | 2.4 | 36.0 | 3 | 95.0 | 2.6 | | |
| Percent of households that are housing cost-burdened** | 28 | 2.3 | 31 | 2.6 | 36.0 | 3 | 95.0 | 2.6 | | |
| Eviction case filings per 1K renter-occupied households | 29 | 2.4 | 33 | 2.8 | 24.0 | 2 | 86.0 | 2.4 | | |
| Subsidized households as a percent of total renter households (possibly to include voucher holders) | 22 | 1.8 | 22 | 1.8 | 36.0 | 3 | 80.0 | 2.2 | | |
| Asthma ER visits per 1K children under 18 | 21 | 1.8 | 19 | 1.6 | 36.0 | 3 | 76.0 | 2.1 | | |
| Percent of households owner-occupied (homeownership) | 20 | 1.7 | 17 | 1.4 | 36.0 | 3 | 73.0 | 2.0 | | |
| Percent of renters who moved in the past year | 20 | 1.7 | 17 | 1.4 | 36.0 | 3 | 73.0 | 2.0 | | |
| Travel time to work in minutes | 23 | 1.9 | 23 | 1.9 | 24.0 | 2 | 70.0 | 1.9 | | |
| Median gross rent - combine with Average vacancy rate for the year | 21 | 1.8 | 24 | 2.0 | 24.0 | 2 | 69.0 | 1.9 | | |
| Percent of occupied housing units considered adequate in quality (see Quality Definitions and Quality Data tabs) [SA-New Braunfels Metro Area] | 17 | 1.4 | 23 | 1.9 | 24.0 | 2 | 64.0 | 1.8 | | |

APPENDIX 6. CROSSWALK: HEALTHY BEXAR CHIP & SA FORWARD COMMUNITY BLUE PRINT

The following two pages include detailed tables identifying relationships between the *Healthy Bexar CHIP* strategies and Metro Health’s SA Forward community blueprint.

| Healthy Bexar CHIP | SA Forward |
|--|--------------------------------------|
| Behavioral Health and Mental Wellbeing | Access to Care |
| Food Security | Data & Technology Infrastructure |
| Housing Stability | Food Insecurity & Nutrition |
| Prenatal Care | Health Equity & Social Justice |
| | Mental Health & Community Resilience |
| | Violence Prevention |

| Healthy Bexar Plan 2024 | Behavioral Health & Mental Well Being | | Prenatal Care | | Food Security | | | Housing Stability | | | |
|--|---|--|--|--|--|--|---|---|--|---|--|
| Strategies & Policy Recommendations | cross sector advocacy campaign to change policies and practices related to mental health access | Marketing that normalizes seeking help and raises awareness of mental health care coverage | Establish or restore residents' trust in the system and navigation of its services | Enact a law that establishes free prenatal care for all pregnant women | Engage systems to implement H.B. 1575 to scale the use of doulas, social workers, and community health workers | Increase education for all people on how to seek proper medical care when pregnant | Pass a bill that would bolster public school funding for universal free breakfast and lunches | Increase vendor participation in SNAP double-up program and promote fresh produce | Increase community health workers educated in how to help apply or reapply for food supports | Remove systemic barriers to creating permanent supportive housing and preserving existing housing stock | Remove barriers to creating permanent supportive housing and preserving existing housing stock |
| | SA Forward Initiatives | | | | | | | | | | |
| | Access to Care | | | | | | | | | | |
| | Conduct a Comprehensive Access to Care Assessment | | | | | | | | | | |
| Develop a Community Health Worker Hub | | | | | | | | | | | |
| Establish a Clinician Ambassador Initiative | | | | | | | | | | | |
| Establish Medicolegal Partnership Initiative | | | | | | | | | | | |
| Data, Technology, & Infrastructure | | | | | | | | | | | |
| Expand Public Health Informatics Across Metro Health | | | | | | | | | | | |
| Enhance Epidemiology and Technological Infrastructure to Support Infectious Disease Reporting and Investigations | | | | | | | | | | | |
| Implement Next-Generation Sequencing to Detect SARS-CoV-2 and Other Infectious Disease Variants | | | | | | | | | | | |
| Food Insecurity & Nutrition | | | | | | | | | | | |
| Create Food Insecurity Workgroup | | | | | | | | | | | |
| Expand Por Vida and Viva Health Initiatives | | | | | | | | | | | |
| Launch Community-Based Nutrition Education Campaign | | | | | | | | | | | |
| Expand Peer Led Diabetes Prevention and Control Program | | | | | | | | | | | |
| Expand Healthy Neighborhood Program | | | | | | | | | | | |
| Expand Healthy Corner Store Project | | | | | | | | | | | |

| Healthy Bexar Plan 2024 | | Behavioral Health & Mental Well Being | | | Prenatal Care | | | Food Security | | | Housing Stability | |
|---|--|---|--|--|--|--|--|---|---|--|---|--|
| Strategies & Policy Recommendations | | Cross sector advocacy and practices related to mental health access | Marketing that normalizes seeking help and raises awareness of mental health care coverage | Establish or restore residents' trust in the system and navigation of its services | Enact a law that establishes free prenatal care for all pregnant women | Engage systems to implement H.B. 1575 to scale the use of doulas, social workers, and community health workers | Increase education for all people on how to seek proper medical care when pregnant | Pass a bill that would bolster public school funding for universal free breakfast and lunches | Increase vendor participation in SNAP double-up program and promote fresh produce | Increase community health workers educated in how to help apply or reapply for food supports | Remove systemic barriers to creating permanent supportive housing and preserving existing housing stock | Remove barriers to creating permanent supportive housing and preserving existing housing stock |
| SA Forward Initiatives | | | | | | | | | | | | |
| Health Equity & Social Justice | | | | | | | | | | | | |
| Expand Office of Health Equity, Implement Equity Action Plan, and Operationalize Resolution on Racism as a Public Health Crisis | | | | | | | | | | | | |
| Establish a Policy and Civic Engagement Office | | | | | | | | | | | | |
| Provide Health Care Systems with Training on Antiracist Practices and Policies | | | | | | | | | | | | |
| Mental Health & Community Resilience | | | | | | | | | | | | |
| Implement San Antonio Community Outreach Resiliency Effort (SA CORE) | | | | | | | | | | | | |
| Expand Availability of Cognitive Behavioral Therapy (CBT) to Children Exposed to Violence | | | | | | | | | | | | |
| Expand Project Worth's Teen Ambassador Program to School Campuses | | | | | | | | | | | | |
| Violence Prevention | | | | | | | | | | | | |
| Expand and Enhance Survivor Centered Domestic Violence Initiative | | | | | | | | | | | | |
| Establish Citywide Center for Excellence in Trauma Informed Care (TIC) | | | | | | | | | | | | |
| Enhance Trauma-Informed Practices In the Justice System | | | | | | | | | | | | |

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