



The Collaborative

Working Together to Improve the Health Status of the Community
The Bexar County Community Health Collaborative

INSIDE

Community Health Assessment

The results are in for the health status of the community.

Suicide Prevention Efforts Moving Forward

The concept of a state suicide prevention plan has been approved.

A joint community effort sponsored by:

Baptist Health System

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The Collaborative Releases 2002 Health Assessment

The Bexar County Community Health Collaborative and the San Antonio Metropolitan Health District have jointly announced the findings of their respective research studies on the health status of our community. The 2002 Health Assessment and Health Profiles data are intended to serve as a comprehensive report of local health, guiding the community's efforts toward prevention and health improvement.

This marks the second health assessment conducted by the Bexar County Community Health Collaborative. The 2002 study compares findings with the 1998 data, as well as the state and national rates and goals.

"This partnership with Metro Health not only enables us to present a comprehensive view, but it reduces duplication and saves the community money," said Alex Garcia, president of the Health Collaborative, representing Southwest General Hospital.

In comparing the 2002 Health Assessment with the earlier 1998 assessment, these overall findings are observed:

- The importance of promoting healthy lifestyles, especially those that prevent heart disease and diabetes.
- Community progress in reducing premature deaths associated with homicide, suicide, and AIDS; however, unintentional injuries and accidents remain a major health threat.
- Health disparities between Bexar County and the state of Texas, and among different areas of our community.

When considering the 2002 Health Assessment data against the Healthy People 2010 goals, there were several areas where our findings met the goals: neonatal mortality rate; wearing seatbelts on a regular basis; mammogram/breast exams; and colorectal cancer screening.

However there were even more areas where residents of Bexar County did not meet the Healthy People 2010 goals:

- Prenatal care in the first trimester.
- Low birth weight rate by teenage mothers.
- Using auto child restraints on a regular basis.
- Mortality due to accidents in general, motor vehicle accidents, and homicide.
- Suicide mortality.
- Physical activity.
- Binge drinking.
- Mortality due to cancer.



- Smoking.
- Obesity.
- Eating adequate amounts of fruits and vegetables.
- Diabetes/high blood sugar as told by a health care professional.
- High blood pressure or hypertension as told by a health care professional.
- High cholesterol.
- Mortality due to heart disease.
- Mortality due to cerebrovascular disease.
- Health care coverage.

The study shows that our community has improved in some areas: deaths due to AIDS, homicide and suicide; regular check-ups and screenings; wearing of bicycle helmets; education; income; poverty and employment. However there are areas where we have declined: physical activity, heart disease, diabetes, cardiovascular disease, and accidents.

The research drew upon a number of sources: telephone calls to 1,000 households; interviews of key informants; focus groups; and door-to-door surveys of 210 households. All of the research was conducted in English and Spanish.

The Kronkosky Charitable Foundation and the United Way contributed funding to the project, along with members of the Health Collaborative and Metro Health

Following is a summary of key findings:

Social Environment

The sectors with the best social environment also consistently ranked highest in the health indicator categories. The Northwest, North Central and Northeast sectors ranked highest. The West and Southeast sectors ranked in the low-middle quartile and the South fell into the lowest quartile.

Participants expressed a sense of disparity within the community. This concern came from residents living in the North as well as the South. There is a clear division in the location of practices of health care professionals. Another major disparity is that teen pregnancy in the north was less than half that of the sectors in the south.

Healthy Lifestyles

The North Central and Northeast sectors ranked in the high quartile on the healthy lifestyle indicators. The Northeast sector ranked in the low-middle quartile and the South and West fell into the lowest quartile.

A key finding on healthy lifestyles in 2002, as in the 1998 health assessments, is that San Antonians need to get more physically active and lose weight. The survey indicated a 10-percent decrease in residents reporting leisure-time physical activity, from 78 percent in 1998 to 68 percent in 2002. Only 35 percent of the respondents reported a body weight that was healthy for their height and weight. Twenty-five percent of Bexar County is obese, with sectoral differences for this risk factor ranging up to 40 percent.

Heart Health and Stroke

Heart disease remains the leading cause of death in Bexar County for all racial/ethnic groups. The rates for heart disease have remained the same for 1998 and 2002. Twenty-six percent of Bexar County residents have been told by a health professional that they have high blood pressure, a major risk factor for heart disease and stroke. The percentage of people treated with cholesterol-lowering drugs increased from 62 percent in 1998 to 67 percent in 2002.

2002

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Diabetes

In Bexar County, diabetes now ranks as the fourth leading cause of death, with one out of every nine deaths having diabetes as a primary or contributing cause. Eleven percent of survey respondents indicated that they have been told they have diabetes. This percentage is unchanged from 1998, and remains twice the national average.

Cancer

Cancer is the second leading cause of death in Bexar County. The county cancer mortality rate for 2000 was 192/100,000, well above the Healthy People 2010 objective of 160/100,000.

Behavioral Health

Over 8 percent of county adults exceed 60 drinks per month and can be designated as chronic drinkers. Binge drinking (five drinks or more in one day) is practiced by an estimated 32 percent of residents aged 18 to 25 years. Thirty-two percent of adults reported no regular physical activity. The age-adjusted suicide mortality rate for Bexar County is 10 to 11 per 100,000, twice the Healthy People 2010 goal.

Safety and Injury Prevention

Although cardiovascular disease is the leading cause of death in Texas and Bexar

County, more years of potential life are lost (YPLL) each year to unintentional injury (813 YPLL per 100,000) than to heart disease (493 YPLL per 100,000). More than half of the burden of premature mortality comes from motor vehicle crashes (451 YPLL/100,000).

The domestic violence assault rate in 2001 was 665 per 100,000 in Bexar County. In the Southside, rates were over 800 per 100,000. Responses from the telephone survey showed that 11 percent of the residents have been victims of domestic violence in the past five years, an increase from 4 percent in 1998.

Maternal, Infant and Child Health

In 2001, 6.6 percent of all births in Bexar County were to mothers less than 18 years old. Thirty-four percent of all births were to single mothers, up from 18.5 percent in 1992. With 86 percent of mothers receiving early prenatal care, Bexar County is close to the Healthy People 2010 goal of 90 percent.

Dental Health

The Healthy People 2010 target is for 83 percent of adults to have an annual dental visit. In Bexar County, 66 percent of adults visited a dentist in the last year.

More Hispanics than whites had not seen a dentist in the past year.

Using the Data

The Board of Directors of the Health Collaborative re-commits to its pledge made four years ago to focus with discipline on targeted priority issues. This report allows us to further define our efforts with our Youth Depression Advisory Council and to improve fitness and nutrition through our recently launched Fit City/Fit Schools campaign.

The information provided in the assessment also will support a community health improvement process led by the San Antonio Metropolitan Health District (SAMHD). More information is available at www.sanantonio.gov/health.

A 28-page executive summary encapsulates the key findings of the 2002 Health Assessment and Health Profiles. The complete reports can be found on the Health Collaborative Web site, www.healthcollaborative.net or by contacting Joan M. Miller, executive director, 481-2573.

If your organization would like a presentation on the healthy assessment findings, contact Shirley Wills, 822-2378.

Suicide Prevention Efforts Moving Forward

The Youth Depression Advisory Council and Board of Directors have approved the concept of a state suicide prevention plan.

The Surgeon General's office released the "National Strategy for Suicide Prevention: Goals and Objectives" in May 2001, calling on all states to develop a state plan that follows the national guidelines. Texas has joined this effort through the work of a grassroots committee which has created a comprehensive, coordinated suicide prevention plan for Bexar County.

In support of this effort, the Youth Depression Advisory Council is proposing a community dialog on developing a suicide prevention plan for Bexar County to be held in January and is currently seeking

grant support for the initiative.

Suicide is a serious public health problem in Texas. On average, more than six people die from suicide every day in our state. Countless times that number attempt suicide or are debilitated by suicidal thoughts. Suicide is the third leading cause of death for young Texans (ages 15-24). Suicide rates are highest among the elderly (ages 75 and older), almost double the rates for youth suicide.

For information, contact Executive Director Joan M. Miller, 481-2573.

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