

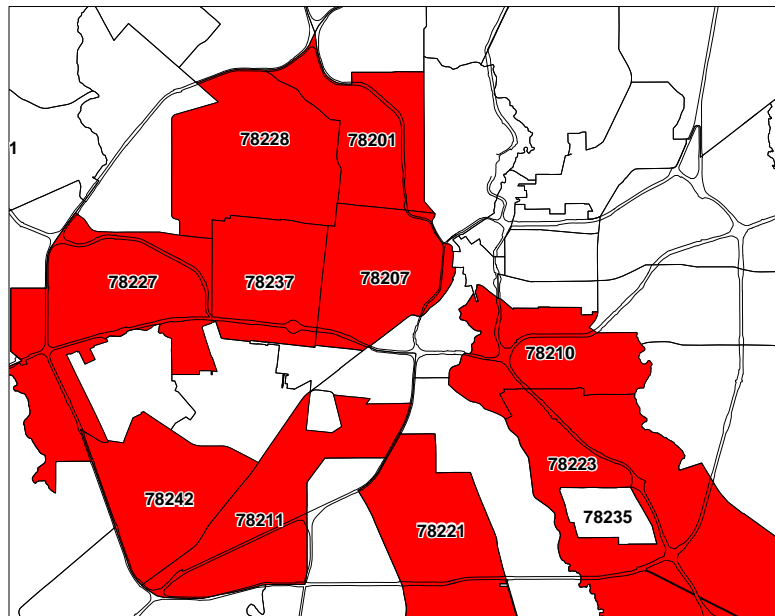
[Health Profiles 2006](#)
San Antonio Metropolitan Health District
Executive Summary

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San Antonio Metropolitan Health District's (Metro Health) annual public health assessment is a snapshot of our community's current health status. It also compares the City of San Antonio with the state and the rest of the nation while offering some indication of the progress we are making and the tasks that remain. It has been developed through a statistical analysis of birth records, communicable disease reports, school records and other sources. The goal of Health Profiles 2006 is to encourage public and professional discussion regarding medical and daily living conditions that affect the overall health of Bexar County's entire metropolitan population.

Ten Zip Codes:

Metro Health has identified ten zip codes as high-risk areas for public health concerns connected with young families (zip codes 78201, 78207, 78210, 78211, 78221, 78223, 78227, 78228, 78237, and 78242). Metro Health selected these zip codes based on high numbers of births to single mothers or births to school-age mothers. (Map1)



Children born to these mothers often carry the extra burden of a poverty-impacted

environment. Single mothers and their children are among the poorest and most severely distressed in San Antonio, with 48% in poverty (*American Community Survey, 2006*). Many of these families are in their second or third generation of poverty. Teen mothers, single mothers, low-income mothers, along with undocumented and uninsured are concentrated in the ten zip codes listed above. Researchers have identified the effects of poverty connected with domestic violence, juvenile crime, alcohol abuse, drug addiction, and school failure.

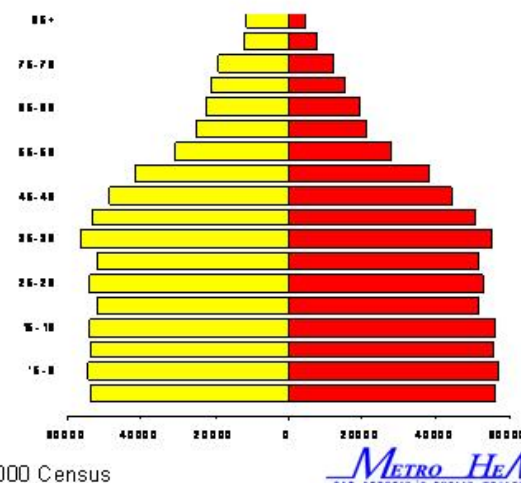
Community Priority Issues:

Figure 1 displays the age distribution of Bexar County's population, demonstrating that the majority of the population is under age 40 years old. A significant portion of the public health picture in San Antonio revolves around the needs of children, adolescents, and young families.

Community Priority Issues of this population include:

- Educational disparities
- Teen pregnancy
- Substance abuse
- Juvenile crime
- Unplanned births
- Low birth weight (LBW) births
- Child abuse
- Neglect-domestic violence
- Medically uninsured-lack of routine health care
- Diabetes, hypertension, and obesity

Figure 1
Bexar County Population Pyramid by Age Groups



Source: 2000 Census

Education, Teen Pregnancy, Substance Abuse and Juvenile Crime: Most educational and neurological experts agree that the first five years of a child's life lay the groundwork for a child's emotional, social, linguistic, and cognitive development. Brain development is most intense from 0-3 years of age. How many children in San Antonio begin their first day of kindergarten unprepared for school? Sadly, we know from decades of experience that many of those who start behind, stay behind. Math is the "gatekeeper" course for students seeking higher education of any type, or even for those seeking meaningful work. By way of example, a student who finishes high school must then take a placement exam at any one of the colleges and universities in mathematics. Toyota

Table 1

2005-2006 Education Statistics

	Total Students	% African American	% Hispanic	% Economically Disadvantaged	TAKS Grade 9 Math, % Met Standard
Somerset ISD	3,481	1%	83%	79%	26%
Harlandale ISD	14,390	1%	95%	91%	34%
S San Antonio ISD	9,667	2%	96%	90%	35%
Edgewood ISD	12,075	1%	97%	92%	37%
San Antonio ISD	56,422	9%	88%	92%	39%
East Central ISD	8,143	11%	55%	56%	39%
Southside ISD	4,853	2%	83%	81%	42%
Southwest ISD	9,950	3%	88%	81%	47%
Judson ISD	19,250	28%	45%	54%	49%
North East ISD	59,817	10%	44%	38%	64%
Northside ISD	78,711	8%	61%	49%	70%
Alamo Heights ISD	4,531	2%	30%	18%	83%

screens for math skills for their line positions and CPS Energy has a math qualifying exam for their workers. (Table 1)

Academic failure may lead to teenage pregnancy, higher dropout rates and possibly higher incidence of crime. For the school year 2005 –2006, the Texas Education Agency reports 152,892 (52%) Bexar County students to be at risk for academic failure. Rates are highest among African Americans, Hispanics, and low-income students. These children tend to live in economically disadvantaged districts, defined as eligible for free or reduced-price meals under the National School Lunch and Child Nutrition Program. San Antonio benefits from early learning and Head Start programs. The healthy development of young children should continue to be a priority for San Antonio and the nation. (Table 2)

Table 2
Bexar County 2006 Births by Age of Mother and Birth Order

Age of Mother	1	2	3	4	5	6	Total
12	1	-	-	-	-	-	1
13	9	-	-	-	-	-	9
14	37	2	-	-	-	-	39
15	180	16	-	-	-	-	196
16	352	36	5	-	-	-	393
17	582	113	15	-	-	-	710
18	740	231	40	4	-	-	1,015
19	877	362	87	15	2	-	1,343
20	843	454	169	35	3	-	1,504
21	689	484	230	66	12	5	1,486
Total	4,310	1,698	546	120	17	5	6,696

Maternal-Child Health Care:

Currently, 50% of all births in Bexar County require Medicaid assistance to cover the mother’s medical care during pregnancy. (Table 3)

- Medicaid funds 85% of births spaced too close together.
- Medicaid funds 80% of births to teen mothers.

Birth outcomes can be improved for uninsured women by providing pre-conception care. Women who are young, single, working part-time, or unemployed are at highest risk for being uninsured. Based on pilot tests conducted in San Antonio in 2007, among 40 survey participants, 72% of mothers claimed they did not plan on getting pregnant. *Note about*

Table 3
Bexar County Births

	2004	% / rate	2005	% / rate	2006	% / rate
Total Births	25,136	100%	25,582	100%	26,194	100%
Medicaid Births	12,268	49%	12,857	50%	13,152	50%
Mothers < 18 yrs old	1,437	6%	1,369	5%	1,350	5%
Single Mothers	9,826	39%	10,623	42%	10,977	42%
Late or No Prenatal Care	3,421	14%	6,754	26%	7,365	28%
Low Weight Birth <2500 g.	2,233	9%	2,291	9%	2,543	10%
Premature <37 Weeks	3,193	13%	3,100	12%	3,622	14%
Infant Deaths*	156	6.21	170	6.65	177	6.76

2000 births to undocumented mothers occurred in Bexar County each year. Emergency Medicaid funds these births which are not included in the above statistics. Emergency Medicaid covers the infant and pays for the delivery

Maternal Indicators:

Among Bexar County residents, 26,194 births were recorded in 2006. This data maintains a trend that concerns the health district:

- 50% of deliveries funded by Medicaid
- Increasing numbers of single mother births.
- Increasing rate of late prenatal care births.
- Increasing rate of low birth weights/premature births.

*Note 2006 infant mortality rate data is not yet available from the State; we used locally collected deaths. All death data for the State will be released at a later date.

Unplanned Births and Low Birth Weight Births:

In 2006, Bexar County had 411 very low birth weight (VLBW) births in addition to 127 births from other counties. (Map 2)

Childbirth-related costs are the single largest component of health care costs for many employers. The average cost of a normal, healthy infant delivery in the U.S. is about \$6,400. One unhealthy birth can cost anywhere from \$20,000 to more than \$1 million per infant. Those highest costs can be attributed to VLBW infants (those < 1.5 kg).

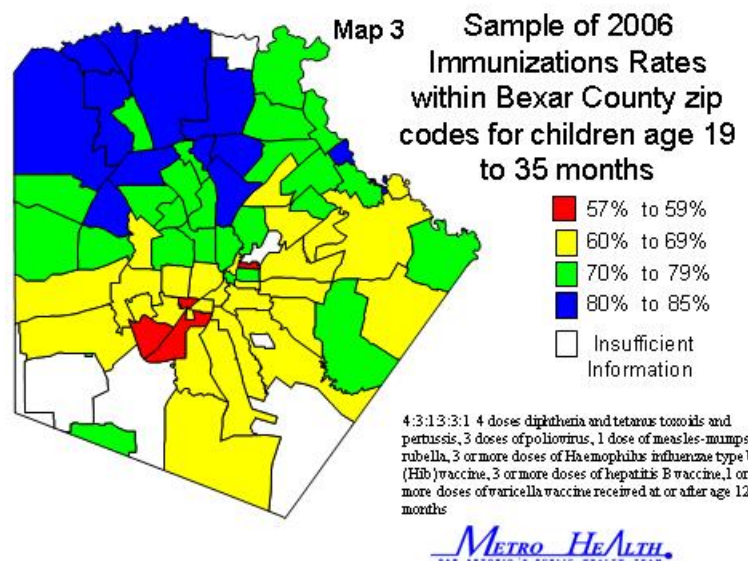
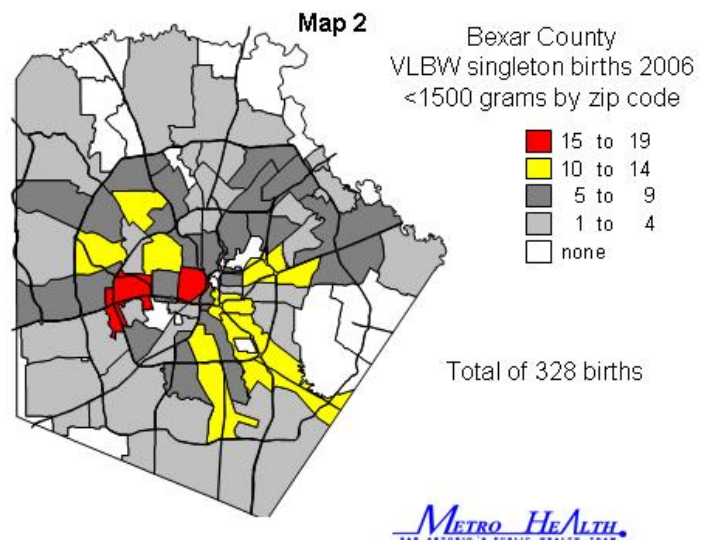
In addition to the direct health care costs, the related indirect costs of increased absenteeism, higher disability costs and lowered productivity magnify the problem. Studies indicate that being at risk for having a low birth weight baby is not a genetic predisposition, but is due to variable factors, including stress (Maternal and Child Health Journal, Vol. 5, No. 2, 2001). Young mothers with existing children have a much more difficult time with balancing employment, childcare, and advancing their educations.

In 2006, Bexar County had 2,543 low birth weight (LBW) births. These newborns are at greater risk for health problems throughout life, but especially in the first year of life. These problems include asthma, cerebral palsy, learning disabilities, insulin resistance syndrome, hypertension, and cardiovascular disease.

In 2006, 3,590 children and young adults (under 20 years old) were newly diagnosed with a sexually transmitted disease (chlamydia, gonorrhea, syphilis, AIDS/HIV). That includes 12 new cases of AIDS/HIV. In the age group 20-29 years were found 5,531 newly diagnosed STDs, including 59 new cases of AIDS/HIV.

San Antonio continues to enjoy high rates of childhood vaccination against preventable diseases. (Map 3)

The National Healthy People 2010 program has a goal of reaching 95% of all children (ages 19-35 months) with proper vaccinations. Some areas of Bexar County are close to this goal already; however,



we still find pockets of children under-immunized for diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella. Additionally, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommends that infants receive the Hepatitis B vaccine at birth. In Bexar County, 20% of all newborns in 2006 did not receive Hepatitis B protection at birth.

Child Abuse and Neglect - Domestic Violence: Another serious health issue affecting children in San Antonio is child abuse. In 2006, Bexar County had 5,755 confirmed victims of child abuse/neglect. Child abuse is 10 times more likely to occur in families where domestic violence is present. Council Districts 2 and 5 have the highest rates. Metro Health recommends support for childcare programs and services for new mothers and fathers to help reduce child abuse. School districts don't follow San Antonio city boundaries; however San Antonio Police Department (SAPD) domestic violence cases can provide some useful information by school district. Edgewood, Harlandale, and San Antonio ISD have the highest rates. Young, low-income parents often have difficulty balancing the demands of a new child with the other stressors they face. (Table 4)

Table 4

Council District	2006 DV cases	Rate per 100k
2	1,668	1397.6
5	1,424	1238.2
3	1,423	1182.6
1	1,436	1179.4
4	1,383	1129.1
6	1,252	901.4
7	1,162	865.2
10	990	763.9
8	850	568.4
9	792	508.9

Uninsured - Lack of Routine Health Care:

State officials warn that the biggest problem in Texas is a surging population, about twice the national growth rate (23.5 million in 2006, up 12.7% from 2000). In Texas, nearly 24% are medically uninsured, compared to a national average of about 15%. According to the Census Bureau, Texas has the highest percentage of medically uninsured people among the states. Small businesses dominate the economy, only 31% of those with 50 or fewer employees offer insurance in Texas.

Bexar County reflects the Texas rate with about 24.3% medically uninsured. This leads to an overburdened health care system as half the patients using emergency rooms (routinely overcrowded), are simply needing primary care. Some patients haven't seen a doctor in years. Thus, the greatest demand for health care isn't in emergency rooms, but at the clinics and health centers designed to relieve them. Studies reveal that, although the uninsured usually receive needed acute care services, they do not receive much-needed preventive care for such life-threatening chronic conditions as hypertension, diabetes, and heart disease. (Table 5)

Table 5
Texas Scorecard on Health System
Performance-Commonwealth Fund 2006

	Year	Texas
Texas is ranked 49th out of 50		
Percent of children with both a medical and dental preventive care visit in the past year	2003	54.4
Percent of children with emotional, behavioral, or developmental problems received some mental health care in the past year	2003	43.4
Percent of adults age 50 and older received recommended screening and preventive care	2004	34.9
Percent of adult diabetics received recommended preventive care ^a	2004	34.5

Even if everyone were covered, we lack adequate personnel and facilities in inner cities and rural areas to provide care to all. Typically, the problem of the uninsured is not discussed in the same conversation as are problems of health care quality, safety, and effectiveness. In fact, however, these are inseparable elements of a high-performing health system.

Reducing the Rate and Risks of Chronic Diseases:

In 2007, Metro Health was selected to pilot a test of Hemoglobin A1C Prevalence of Abnormal Lab Values (“A1C”). This test is used primarily to identify the plasma glucose concentration over prolonged periods of time. Elevated A1C is associated with increased incidence of diabetic induced nephropathy and retinopathy. The goal of Metro Health is to highlight the importance of this test for diabetic patients and monitor the abnormal lab results at the community level. Chronic diabetes may progress to blindness, amputation, and heart disease, yet we have little understanding of these at the population or community level.

Ongoing analysis will be used to direct prevention and intervention programs for the San Antonio community, and to determine regional and state policy. Although valuable information will be obtained from this study the surveillance of A1C lab values will not identify those unaware that they have diabetes (50% of the diabetic population), those with diabetes who lack medical insurance (25% of the San Antonio population) and those whose A1C levels are not being actively tracked by their health care providers.

The Health Department Recommendations for Chronic Diseases:

- Emphasize prevention and regular screenings, increase physical activity, improve nutrition; encourage smoking cessation, family planning, immunizations, etc.
- Identify our sickest and most expensive, uninsured patients and create a case management program to reduce costs.
- Identify how the Health System can be changed to reduce health disparities.
- Develop surveillance systems to assure the health needs of all Bexar County residents are being met.

In addition to monitoring A1C levels for the diabetic population, Metro Health will initiate a tracking system to identify and track the prevalence of cases of methicillin resistant *Staphylococcus aureus* (MRSA).

As you read this report, we ask you to look at this strategically: What needs are not being met? What problems contribute to unmet health needs? Who is trying to meet the demands? How will results be measured? What outcomes can be reasonably anticipated?

Metro Health’s role is key to understanding and addressing these diverse issues. To that end, Metro Health recommends continuation of community-wide efforts to:

- *Educate policy-makers and political leaders about the significant impact that health problems can have on the economic and workforce viability for growing community*

- *Identify and work directly with at-risk groups to provide greater access and understanding of what steps can be taken at a personal level to reduce behaviors detrimental to both adults and children*
- *Initiate or collaborate in new population-based programs focused on prevention of disease and reduction of risky behaviors*

Even as Metro Health begins a new era of City-County consolidation of services with University Health System (UHS) in 2008, the gathering of clinically relevant and statistical information about our population will continue. It is our greatest hope that health outcomes will improve as our organizational changes build the foundation for a High Performance Health Care System for Bexar County's citizens.