



SA Forward



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Acknowledgements

The following individuals and organizations have directly contributed to the development of this plan. Their commitment to the challenge set forth by City Council, and thoughtful contributions of time and expertise have assisted in developing a strong and implementable approach to public health.

MAYOR AND COUNCIL

Ron Nirenberg, **Mayor**
Mario Bravo, **District 1**
Jalen McKee-Rodriguez, **District 2**
Phyllis Viagran, **District 3**
Dr. Adriana Rocha Garcia, **District 4**
Teri Castillo, **District 5**
Melissa Cabello Havrda, **District 6**
Ana Sandoval, **District 7**
Manny Peláez, **District 8**
John Courage, **District 9**
Clayton Perry, **District 10**

CITY MANAGER'S OFFICE

Erik Walsh, **City Manager**
María Villagómez, **Deputy City Manager**
John Peterek, **Assistant to the City Manager**

METRO HEALTH SA FORWARD STEERING COMMITTEE

Claude Jacob, Director	Stacy Maines
Golareh Agha	Mario Martinez
Miguel Cervantes	Deirdre Murphy
Sian Elmore	Carlos Rodriguez
Rita Espinoza	Julie Sandoval
Sean Greene	Kathy Shields
Jennifer Herriott	Norma Sifuentes
Jenny Hixon	Junda Woo
Anita Kurian	

METRO HEALTH SA FORWARD CORE TEAM

Gabriel Aguilar	Stacy Maines (Liaison)
Haley Amick	Brea Moore
Denise Benoit-Moctezuma	Melissa Portugal
Duncan Brown	Gisel Prado
Maria Buck	Dorian Sanchez
Christina Carmona	Julie Sandoval (Liaison)
Alfred Chavira	Christine Soria
Claryssa Cortez	Connie Soria
Vanessa Davalos-Ledesma	Ellen Spitsen
Sonia Gonzales	Maciel Ugalde
Brandon Guin	Mark Wade
Julius Hunter	Lucinda Zeinelabdin
Anna Macnak	

Table of Contents

I.	Message from the Director	5
II.	Executive Summary	6
III.	Metro Health Overview	8
IV.	Population Snapshot & Impact of COVID-19 in San Antonio & Bexar County	9
V.	SA Forward & Evolution of Strategic Planning at Metro Health	10
VI.	SA Forward Public Health Priority Areas	11
	1. Access to Care	14
	1.1 Conduct Access to Care Assessment.....	15
	1.2 Establish Community Health Worker Hub and Technical Assistance Center	15
	1.3 Launch Clinician Ambassador Initiative	16
	1.4 Develop Medicolegal Partnership.....	16
	2. Data and Technology Infrastructure	17
	2.1 Expand Public Health Informatics Across Metro Health.....	18
	2.2 Enhance Epidemiology and Technological Infrastructure to Support Infectious Disease Reporting and Investigations	19
	2.3 Implement Next-Generation Sequencing to Detect SARS-CoV-2 and Other Infectious Disease Variants.....	19

Table of Contents (Continued)

3. Food Insecurity and Nutrition	20
3.1 Create Food Insecurity Workgroup	21
3.2 Expand Por Vida and Viva Health Initiatives.....	21
3.3 Launch Community-Based Nutrition Education Campaign.....	22
3.4 Expand Peer-Led Diabetes Prevention and Control Program.....	22
3.5 Expand Healthy Neighborhoods Program	23
3.6 Expand Healthy Corner Store Project.....	23
4. Health Equity and Social Justice	25
4.1 Expand Office of Health Equity, Implement Equity Action Plan, & Operationalize Resolution on Racism as a Public Health Crisis	26
4.2 Establish Policy and Civic Engagement (PaCE) Office	27
4.3 Provide Health Care Systems with Training on Antiracist Practice and Policies	27
5. Mental Health and Community Resilience	29
5.1 Implement San Antonio Community Outreach Resiliency Effort (SA CORE).....	29
5.2 Expand Availability of Cognitive Behavioral Therapy (CBT) to Children Exposed to Violence.....	30
5.3 Expand Project Worth’s Teen Ambassador Program to School Campuses.....	31
6. Violence Prevention	32
6.1 Expand and Enhance Survivor-Centered Domestic Violence Initiative.....	33
6.2 Establish Citywide Center of Excellence in Trauma-Informed Care (TIC)	34
6.3 Enhance Trauma-Informed Practices in the Justice System.....	34

I. Message from the Director



It is with great enthusiasm that I present the San Antonio Metropolitan Health District (Metro Health) *SA Forward Blueprint* for 2021-2026. Building upon our prior strategic plan, which took a community-informed approach to identify our most pressing health issues, SA Forward responds to pandemic-related lessons learned around health disparities, social justice, public health capacity, and the state of the public health workforce. With today's challenges, there is an increasing urgency for creative solutions and transformation in public health departments.

The team at Metro Health takes the challenges facing San Antonio and Bexar County seriously. We are committed to engaging and addressing these challenges through a coordinated and strategic approach. To our past strategic priority areas of Access to Care, Adverse Childhood Experiences (ACEs)/Trauma-Informed Care, Nutrition, and Violence Prevention, SA Forward adds Data and Technology Infrastructure, Health Equity and Social Justice, and Mental Health and Community Resilience. We have expanded our Nutrition priority area to Food Insecurity and Nutrition. These strategic priorities incorporate the department's core strengths, identify areas of improvement, and address external trends.

The COVID-19 pandemic exposed cracks in our nation's public health system, spotlighting the need for consistent, long-term investments in public health infrastructure, workforce development, capacity building for strategic partnerships, and policy change. This explains our rationale for including workforce development, capacity building, policy work, and operational excellence in our Data and Technology Infrastructure priority area. Historically, boom-and-bust funding cycles have been the norm for public health, but the City's commitment to SA Forward moves us away from this and allows us to make sustained progress.

The COVID-19 pandemic, in conjunction with increased awareness about systemic racism, has challenged our community and department, further exposing how far we must go before we realize our vision of **healthy people thriving in a healthy community**. City Council responded by voting to officially declare racism a public health crisis in San Antonio, closely mirroring the American Public Health Association's national declaration. In San Antonio and Bexar County, the historic and present struggles of Black, Indigenous, and Hispanic/Latino communities add to this weight. The City Council declaration repeatedly highlights racial and ethnic disparities in socioeconomic standings, health, and livelihood now magnified by the COVID-19 pandemic. The way forward—led by the City's Diversity, Equity, and Inclusion Department and Metro Health's Office of Health Equity—includes disaggregating data and promoting racially-equitable city services, programs, and policies.

A community-driven approach is instrumental. Just as we must take a top-down approach to equity through leadership and policies that dismantle racism, we also must have an approach from the ground up, strengthening, supporting, and mobilizing our communities to be a part of the effort.

Whether you are a community member, a community partner, or a member of Metro Health staff, we appreciate your interest in learning more about our 2021-2026 SA Forward strategic plan. We hope you see yourself in this *SA Forward Blueprint* and we invite you to join us in its implementation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Claude A. Jacob', written in a cursive style.

Claude A. Jacob
Health Director

II. Executive Summary

San Antonio Metropolitan Health District SA Forward Plan 2021 - 2026

Vision: Healthy people thriving in a healthy community

Mission: To prevent illness, promote healthy behaviors, and protect against health hazards throughout our community through education, collaboration, and key services

Values: Teamwork, Integrity, Innovation and Professionalism

This executive summary presents the strategic direction undertaken by the San Antonio Metropolitan Health District (Metro Health) to protect and improve the health of our community so that all people thrive in healthy, safe communities. Metro Health's enhanced strategic plan--SA Forward--strengthens our foundational capabilities to work in new ways to deepen our impact. Metro Health has identified the following six priority areas to be the focus of its strategic direction:

Access to Care

Access to affordable, quality health care is important to physical, social, and mental health. The initiatives in this priority area will address systemic barriers to patient-centered health care. Access to Care initiatives include:

- Conducting an assessment to understand how access to care has changed under COVID-19
- Developing a Community Health Worker Hub to unite and train health navigators across San Antonio
- Establishing a Clinician Ambassador Program to promote evidence-based public health practices among health practitioners
- Establishing a medicolegal partnership to prevent and decrease medical debt

Data and Technology Infrastructure

Updated data and technology infrastructure are essential to developing the foundational workforce and the advanced technological services required for robust, state-of-the-art public health interventions. Data and Technology Infrastructure initiatives include:

- Enhancing our epidemiology capacity and technological infrastructure to support infectious disease reporting and investigations
- Expanding the application of informatics across Metro Health programs
- Improving our capacity to conduct next-generation genomic sequencing on infectious diseases of high consequence

Food Insecurity and Nutrition

Food insecurity is defined as a lack of consistent access to enough food for an active, healthy life. Addressing food insecurity starts with understanding the complex webs that make up food systems (production, processing, transport, and consumption), as well as the chronic disease burden often experienced by individuals with food insecurity. The initiatives in this priority area address the complex interplay between individuals, groups, community, and societal factors that have led to food insecurity and disproportionate chronic disease rates.

Food Insecurity and Nutrition initiatives include:

- Serving as the backbone organization for the San Antonio Food Insecurity Workgroup
- Using a Community Health Worker model to expand our Viva Health and Por Vida Programs
- Creating a community-based education campaign
- Expanding our Peer-Led Diabetes Prevention and Control Program
- Expanding our Healthy Neighborhoods Program and Healthy Corner Store Project

Health Equity & Social Justice

Health Equity and Social Justice initiatives are cross cutting and intended to strengthen the City's ecosystem by addressing structural racism and other factors such as the Social Determinants of Health (SDOH) that impact the health and wellbeing of all. Health Equity and Social Justice initiatives include:

- Expanding the Metro Health Office of Health Equity
- Establishing the Policy and Civic Engagement (PaCE) Office
- Implementing the Metro Health *Equity Action Plan*
- Operationalizing the City's *Resolution on Racism as a Public Health Crisis*
- Providing local healthcare systems with trainings on antiracist practices and policies

Mental Health and Community Resilience

Mental health problems are an increasingly large part of our community's burden of disease. To address this, we seek to ensure emotional, psychological, and social wellbeing through improved coordination of mental health services in our community. Mental Health and Community Resilience initiatives include:

- Partnering with San Antonio Police Department and San Antonio Fire Department, to implement SA CORE, a multidisciplinary response team (MDRT) mental health pilot program
- Expanding access to cognitive behavioral therapy for child survivors of violence
- Enhancing our Project Worth Teen Ambassador Program through the inclusion of a Social-Emotional Learning (SEL) curriculum

Violence Prevention

Violence is an urgent public health problem. From infants to the elderly, violence affects everyone and can lead to chronic physical, emotional, and economic problems. Metro Health is committed to preventing violence so that people of all ages can lead safe and healthy lives. Violence Prevention initiatives include:

- Significantly expanding our Domestic Violence Prevention Program
- Establishing a citywide Center of Excellence in Trauma-Informed Care
- Expanding our Stand Up SA program to San Antonio's Westside
- Expanding the service area of our Triple P Positive Parenting Program
- Enhancing trauma-informed practices in the justice system

Metro Health's **Operations** section will play a critical role in the successful implementation of SA Forward. To support its rollout, Operations will streamline operational efficiencies to minimize wear and tear on staff and stakeholders, enhance staff communication and engagement, expand opportunities for staff growth and development, and position Metro Health to maintain accreditation by the Public Health Accreditation Board (PHAB) in 2024.

III. Metro Health Overview

Mandated by state law, county resolution, and city code, Metro Health is charged with the responsibility to provide public health services in San Antonio and unincorporated areas of Bexar County. Metro Health was established in 1966 with municipal role and regulatory reach. Serving as a city-county health district, Metro Health is operated by the City of San Antonio (COSA) under the direction of the City Manager, Mayor, and City Council. Metro Health became a nationally-accredited health department in November 2019 and is eligible for continued accreditation in 2024.

Metro Health functions under the leadership of the Health Director. The Health Director, in consultation with the City Manager, Mayor, City Council, and community stakeholders, sets public health priorities and guides the overall activities of Metro Health. Since 2010, Metro Health’s budget has increased by 103.5%. Metro Health’s total budget in 2010 was \$40 million with 418 full time employees (FTEs). For fiscal year 2022, it is \$81.4M with 745 FTEs (512 FTEs and 233 COSA temporary positions with full-time benefits). Metro Health’s budget includes funding from the City of San Antonio’s General Fund and several state and federal grant sources. The City’s General Fund contributes \$25.2M. State and federal grant sources contribute \$56.2M. Our largest grants are the CDC-funded Health Disparities grant at \$13.8M, the state-funded Medicaid Waiver grant at \$6.6M, and the state pass-through grant of \$6.1M for our WIC programs.

Major Metro Health services include regulatory functions (environmental monitoring, health code enforcement), preventive health services (chronic disease prevention and asthma management), clinical and laboratory services, communicable disease control, oral health, maternal, child and infant health (health education, community outreach, and teen health), violence prevention (domestic violence services and neighborhood engagement), health equity, advancing policy change and partnerships, and emergency planning and disaster response.

Metro Health staff members participate in a variety of opportunities on national and state levels. We have staff members who serve on the board or participate in workgroups for the National Association of County and City Health Officials (NACCHO), the Big Cities Health Coalition (BCHC), the Public Health Accreditation Board (PHAB), the Texas Association of City and County Health Officials (TACCHO), the Public Health Communications Collaborative, the local Health Collaborative, and numerous other partnerships or member organizations.

The City of San Antonio and Metro Health have been recognized locally, regionally, and nationally. In 2021, the City received a gold medal from CityHealth for implementing policies that improve our residents’ health and quality of life. Metro Health was awarded the Culture of Health Prize from the Robert Wood Johnson Foundation in 2018. San Antonio has been recognized as an All-America City seven times, most recently in 2018.



IV. Population Snapshot and Impact of COVID-19 in San Antonio and Bexar County

A vibrant and growing city, San Antonio is the 7th largest city in the United States and the seat of Bexar County. San Antonio and Bexar County are at the forefront of shifting demographics in Texas and the United States. Our population is relatively young with a median age of 33.5 years. We are also majority-minority, with 60% of our residents identifying as Hispanic/Latino and close to 9% identifying as Black/African American.

San Antonio and Bexar County are also characterized by entrenched social, economic, and racial disparities--all of which negatively impact our community's health outcomes. At the beginning of 2020, 18% of San Antonio residents did not have a high school diploma, compared to 13% nationally. Poverty affected 15.7% of Bexar County residents, which is higher than both the state average (14.7%) and the national average (13.4%). San Antonio's child poverty rate stood at 27%, compared to 20% nationally. Additionally, 15.2% of Bexar County residents were uninsured, starkly higher than the national average of 8.8%. The age-adjusted mortality rate in Bexar County surpassed that of Texas and the US. In fact, Bexar County had the highest mortality rate among the top 10 largest counties in Texas.

San Antonio and Bexar County's economic, racial, ethnic, and health disparities are geographically defined. The areas north and northwest of downtown San Antonio have higher wealth, higher levels of education, and better health outcomes compared to central San Antonio. Economic segregation is deeply entwined with racial segregation. Both can be traced to historical policies and practices that resulted in an urban core of concentrated poverty. Black residents experience more poverty than other race/ethnic groups. 25% of Hispanic/Latino residents have less than a high school education, compared to only 5% of non-Hispanic White residents.

Almost every major adverse health outcome and cause of death is disproportionately represented in Black and Hispanic/Latino communities. These health disparities begin early in life. The Black fetal infant mortality rate is more than double the rate experienced by Whites. Similarly, Black teens and young adults die from homicide at a rate 3-4 times higher than other racial and ethnic groups. Black residents have the highest diabetes hospitalization rates and die from diabetes at twice the rate of Whites. Hispanic/Latino residents carry the highest burden of diabetic amputations.

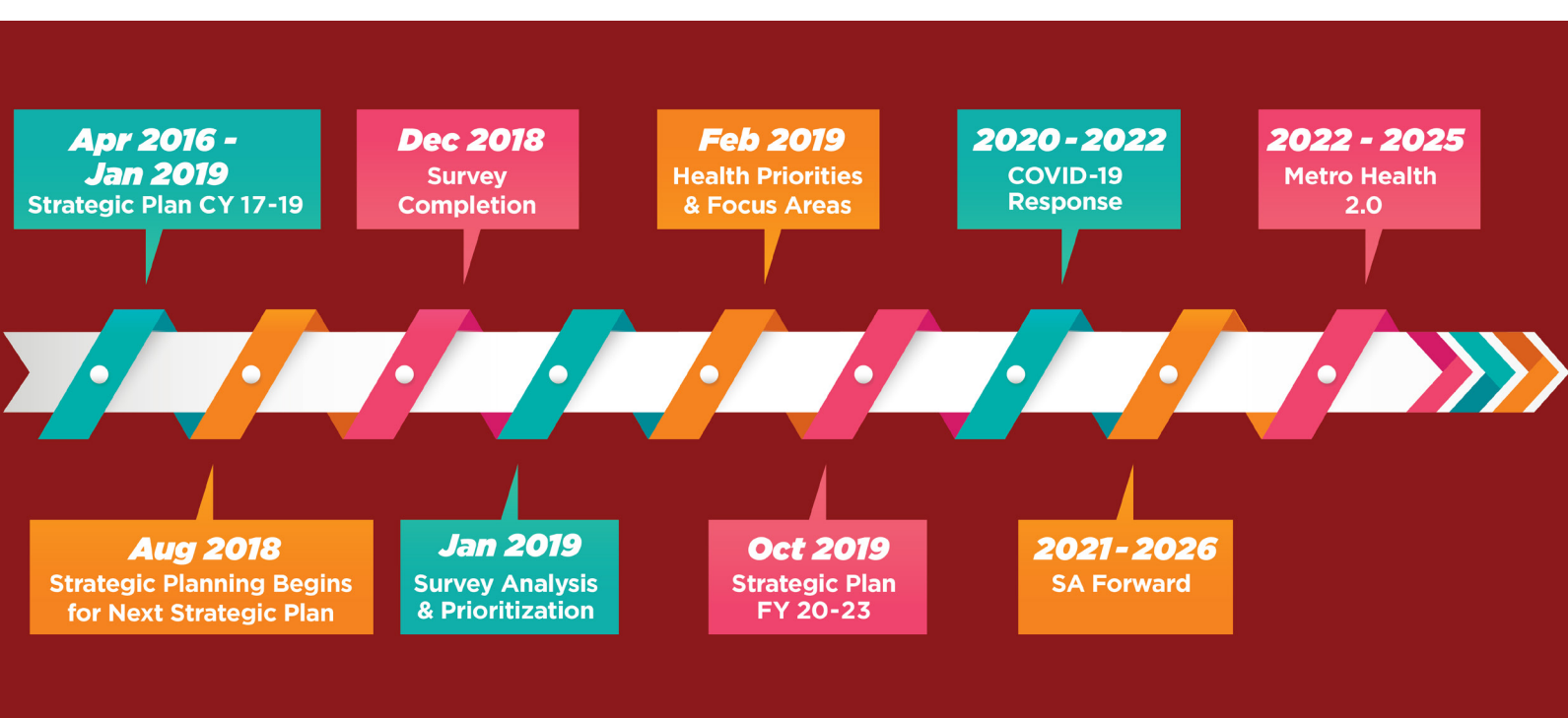
The COVID-19 pandemic worsened deep-rooted health and socio-economic disparities. National and global data show that underlying conditions are major risk factors for COVID-19 hospitalization and death. Hispanic/Latino people in Bexar County have been disproportionately affected by COVID-19 infection, hospitalization, and death due to higher levels of underlying conditions such as diabetes, hypertension, and heart disease. These underlying conditions are linked to poverty, lack of access to health care, food insecurity, and other inequities that are endemic in low-wealth, high-needs communities.

By worsening these socio-economic conditions, the pandemic further entrenched health disparities. For example, the pandemic has increased food insecurity by disrupting many parts of our food system. According to the No Kid Hungry campaign, widespread job losses and school closures in Texas caused the child food insecurity rate to double. The U.S. saw a spike in emergency department visits for domestic violence and mental health. San Antonio's own data reveal a 40% increase in the number of domestic violence homicide cases comparing 2019 to 2020. Youth suicide and homicide in Bexar County have also doubled in number between 2019 and 2020. Pandemic-related stress, in conjunction with highly visible incidents of racialized violence and injustice, implore us to consider the impact that stress, violence, trauma, grief, and loss have had on the populations we serve.

V. SA Forward and the Evolution of Strategic Planning at Metro Health

Metro Health's 2020-2023 Strategic Plan

In 2018, Metro Health identified its strategic priorities with a renewed focus on data- and community-informed decision making. This Priority Health Issues assessment involved developing and conducting county-wide surveys, creating a comprehensive and evidence-based prioritization process, and engaging with key stakeholders. Metro Health reached close to 5,000 residents via interactive sessions at numerous Speak UP SA events and through electronic and paper surveys. Metro Health disseminated surveys through department programs, community partners, and social media. This public engagement helped us identify the most pressing health issues affecting our community and led to the selection of these strategic health priorities for inclusion in Metro Health's Fiscal Year (FY) 2020-2023 Strategic Plan: **Access to Care, Adverse Childhood Experiences (ACES)/Trauma-Informed Care, Nutrition, and Violence Prevention.**



As the next section outlines in more detail, the onset of the COVID-19 pandemic in 2020, along with other defining events around racial injustice, put public health in the spotlight and exposed the cracks in public health systems across the nation. Soon it became clear that a strategic plan solely focused on health risk factors and outcomes was not enough. A larger focus was needed to address gaps in public health infrastructure as well as the persistent impact of structural racism on the health of the community.

VI. SA Forward's Six Public Health Priority Areas

The COVID-19 pandemic and the killing of George Floyd highlight the deep racial injustices in which health disparities are rooted. These seismic events propelled Metro Health to refocus its COVID-19 response through a broader health equity and social justice lens. These events also helped us leverage shifts among some of our emergency management partners to prioritize the needs of marginalized populations. Metro Health took the opportunity to elevate health equity, policy, and informatics within the department structure to inform our work and move us toward public health modernization. COVID-19 and expanding awareness about systemic racism drove us to reframe the structure and priorities of our strategic plan around equity and policy. Based on informal input from community members, elected officials, and partners--such as the COVID-19 Community Response & Equity Coalition (CREC)--Metro Health transformed its initial strategic plan into an extended, five-year strategic vision called SA Forward.

Under SA Forward, priority health issues from the previous plan were expanded into six overarching public health priority areas: **Access to Care, Data and Technology Infrastructure, Food Insecurity and Nutrition (previously labeled "Nutrition"), Health Equity and Social Justice, Mental Health and Community Resilience, and Violence Prevention.** We will address the gap created by not formally seeking community-wide input during the determination of the priority areas by weaving a broad range of community input into SA Forward's quality improvement process. This trajectory is in alignment with local and national trends to develop public health priorities and actions that are informed by ongoing, long-term relationships with a broader range of community partners.

SA Forward's priority areas fully align with Metro Health's vision of **healthy people thriving in a healthy community** and will be the areas of strategic focus through the end of FY 2026. In addition, many of these priorities align with recently developed national public health frameworks and recommended strategies (see next section). A summary of the six priority areas is presented here, and a detailed action plan for each is laid out in this *SA Forward Blueprint* document.

- 1. Access to Care.** Initiatives in this priority area will address systemic barriers to patient-centered health care. Key activities include a scoping assessment of how access to care has changed under the COVID-19 pandemic, the creation of a community health worker hub to unite and train health navigators across San Antonio, the deployment of clinician ambassadors to promote evidence-based public health practices among healthcare providers, and the establishment of medicolegal partnerships focused on preventing and decreasing medical debt.
- 2. Data and Technology Infrastructure.** Initiatives in this priority area will enhance Metro Health's epidemiology capacity and technological infrastructure to support infectious disease reporting and investigation, expand informatics across the department, implement a unified approach to data analysis and presentation, and improve capacity to conduct next-generation genomic sequencing on infectious diseases of high consequence.
- 3. Food Insecurity and Nutrition.** Initiatives in this priority area will address food insecurity and lack of access to healthy food. Key activities will include serving as the backbone organization for the San Antonio Food Insecurity Workgroup, expanding Viva Health and Por Vida programs, using a community health worker model, creating a community-based nutrition education campaign, expanding our peer-led diabetes prevention initiative, expanding our Healthy Neighborhoods Program, and growing our Healthy Corner Store Project.

4. Health Equity and Social Justice. Initiatives in this priority area are cross cutting and intended to strengthen the City's ecosystem by addressing structural racism and other factors--such as the Social Determinants of Health (SDOH)--that impact the health and wellbeing of all. Critical measures include the expansion of the Metro Health Office of Health Equity, the establishment of the Policy and Civic Engagement (PaCE) Office, the implementation of the *Equity Action Plan* and operationalizing City Council's *Resolution on Racism as a Public Health Crisis*. Under this priority area, Metro Health will train local healthcare systems on antiracist practices and policies.

5. Mental Health and Community Resilience. Initiatives in this priority area will enhance the coordination of mental health services to ensure our community's emotional, psychological, and social wellbeing. Key activities include partnering with San Antonio Police Department and San Antonio Fire Department to implement a multidisciplinary response team (MDRT) mental health pilot program called SA CORE, expanding access to cognitive behavioral therapy for child survivors of violence, and enhancing our Project Worth Teen Ambassador Program through the inclusion of a Social-Emotional Learning (SEL) curriculum.

6. Violence Prevention. The initiatives in this priority area will significantly expand Violence Prevention programming, establish a citywide Center of Excellence in Trauma-Informed Care (TIC), expand Stand Up SA to include San Antonio's Westside, and extend the service area of our Triple P-Positive Parenting Program. In SA Forward's second year, we will enhance trauma-informed practices in the justice system.

Metro Health's **Operations** section will play a critical role in the successful implementation of SA Forward. To support its rollout, Operations will streamline operational efficiencies to minimize wear and tear on staff and stakeholders, enhance staff communication and engagement, expand opportunities for staff growth and development, and position Metro Health to maintain accreditation by the Public Health Accreditation Board (PHAB) in 2024.



Leading the way to a healthier community

SA Forward's Alignment with National Public Health Models and Frameworks

Metro Health's SA Forward initiative aligns with national public health models and frameworks and encompasses lessons learned from the COVID-19 pandemic. These frameworks include Centers for Disease Control and Prevention's (CDC) *Public Health 3.0 Model*, the Center for State, Tribal, Local & Territorial Support (CSTLTS) *Strategic Map*, the Office of Disease Prevention and Health Promotion's *Healthy People 2030 Framework*, and the Bipartisan Policy Center's *Public Health Forward* report and call to action released in December 2021. Each national framework emphasizes cross-sector partnerships, extensive community engagement, workforce development, and operational excellence. These foundational priorities are reflected in all SA Forward priority areas, particularly those in **Access to Care, Food Insecurity and Nutrition, Mental Health and Community Resilience, and Violence Prevention.**

Under **Access to Care**, Metro Health will strategize extensively with academic, clinical, and community-based organizations and create a community health worker (CHW) hub. The goal will be to train 100 CHWs on mental health peer support. This is also an example of investment in workforce development in public health.

The **Data and Technology Infrastructure** priority area lines up with *Public Health Forward's* Data and Information Technology recommendations, as well as with CDC's *Public Health 3.0's* prioritization of timely, granular, and actionable data. National frameworks emphasize that data should be transparent and accessible to the public. *Public Health Forward* recommends that health departments share and display data in real time through user-friendly data dashboards available to other governmental agencies and the public. Metro Health has invested in the production of a comprehensive, external-facing platform to present SA Forward's data, metrics, and progress in an engaging and meaningful manner to our community.

Under **Food Insecurity and Nutrition**, Metro Health will foster cross-sector partnerships by forming a Food Insecurity Workgroup that will include grassroots and grass tops partners. **Food Insecurity and Nutrition** will make workforce investments by creating new positions and will foster community-driven action and engagement by surveying community members to identify which nutrition topics they would like to focus on and what changes they would like to see in their communities.

The **Health Equity and Social Justice** priority area aligns with the CSTLTS priority area of Equity, Diversity, and Inclusion, *Healthy People 2030's* goal of eliminating health disparities and achieving health equity, and CDC's *Public Health 3.0* recommendations to enhance equity by addressing Social Determinants of Health. This priority area will emphasize the collection and use of equity-driven data. Metro Health's new Policy and Civic Engagement (PaCE) Office is well positioned to respond to *Public Health Forward's* recommendations under its Public Health Law and Governance Strategy.

Under **Mental Health and Community Resilience**, Metro Health will enhance workforce competency by hiring a Chief Mental Health Officer and engaging in cross-sector partnerships to bring school and neighborhood-based cognitive behavioral therapy to children and communities. Metro Health will also foster more community engagement by enhancing our Teen Ambassador Program which mobilizes and empowers youth in 7th - 12th grade to be leaders in their communities.

1 Access to Care

Access to Care Priority Area

The **Access to Care** priority area focuses on the coordination of resources and services to ensure timely use of personal health services, and by extension, the achievement of better health outcomes, including those for mental and sexual health. Texas has the highest rate and number of uninsured residents in the United States. Texas is also one of only 12 states to reject Medicaid expansion under the Affordable Care Act. In 2020, Texans were more likely than people in any other state to avoid healthcare due to cost. Texans who identified as Hispanic or Other were disproportionately represented among those who avoided care. Examples of significant gaps in care include:

- Timely access to prenatal care reduces pregnancy complications and infant mortality. In 2019, nearly 1 in 5 women in Bexar County had late or no prenatal care. Among Black/African American women, it was 1 in 4.
- People with a primary care provider are more likely to have chronic medical conditions diagnosed and treated. While 80% of Bexar County's White population has a primary care medical home, that percentage decreases to 64% and 59% for Black/African American and Hispanic/Latino populations respectively.
- Medical debt, which can result in bankruptcy,

is associated with depression and anxiety. In 2019, 29% of Black/African American and Hispanic/Latino residents of Bexar County had medical debt in collections, compared to 13% of White residents.

- Rates of HIV and other sexually transmitted infections in Bexar County exceed statewide levels. In 2020, an estimated 14% of eligible people in Bexar County were taking PrEP—a safe, daily pill that is 99% effective against HIV infection. Many people are either unaware of PrEP, or unaware that its cost is covered by financial assistance programs and health insurance. Physicians do not always take a sexual history and often fail to recognize when a patient is at risk. Sometimes patients report feeling judged for openly discussing risk behaviors.

As the last example shows, insurance coverage and affordability are not the only healthcare barriers people face. To access health care, many pieces need to fall into place. A person may need to address some—or perhaps all—of the following: understand that care is needed, know where to find it, make time (usually during a workday) for an appointment, secure transportation, overcome language barriers, navigate insurance hurdles, escape intimate partner violence, and find childcare. Communities of color and members of the

lesbian, gay, bisexual, transgender, queer and others (LGBTQ+) community may also fear encountering bias.

Policies that can improve access to health services include Medicaid expansion, expedited Medicaid enrollments and renewals, paid sick leave, Housing First initiatives, permanent supportive housing, and systemic changes in healthcare institutions that promote culturally-competent, trauma-informed and stigma-free interactions. Community health workers build individual and community capacity, increasing people's ability to get the health services they need.

1.1 Conduct Access to Care Assessment

Metro Health will assess COVID-19's impact on access to healthcare. The data collected through two assessments and through conversations with community stakeholders will inform departmental goals.

Health Impact: The assessments will examine emerging issues related to COVID-19 and healthcare, such as the pandemic's impact on training of health care professionals and workforce retention, telehealth use and the digital divide, percent change in rates of childhood immunizations, pregnancies, cancer diagnosed at later stages, behavioral health claims, and HIV viral suppression. The assessments will also look at the capacity and distribution of health care providers for COVID-related services, the causes of gaps in services, and the barriers to COVID-19 prevention and care, especially for medically-vulnerable populations.

Five Year Outcomes: By September 30, 2026, two comprehensive assessments of access to care will be used by Metro Health and partners to advance common goals.

1.2 Establish Community Health Worker Hub and Technical Assistance Center

Community health workers improve access to care by directly connecting people to health-related resources. Metro Health will stand up a training hub and "community of practice" for CHWs in Bexar County. In FY 2022, CHW training will focus on mental health literacy and peer support for communities of color. Trainings will introduce CHWs to the concept of "healing justice" and increase awareness about essential mental health issues, myths, and challenges present in communities of color. CHWs will also gain professional development opportunities from training contracted through Northwest Vista College. Metro Health will partner with UT Health to support the creation of 195 community health clubs over 3 years. Three CHWs will provide linkages to health care services for people released from Bexar County Jail.

Health Impact: Community health workers improve individual and community health by tapping into their lived experiences. Because they know and understand the communities they serve, CHWs are uniquely qualified to address social and behavioral determinants of health. The CHW hub will support strategic partnerships among the multiple academic, clinical, and community-based organizations across San Antonio and Bexar County that employ CHWs. Through these partnerships, CHWs across the community can mobilize quickly to achieve common goals.

Five Year Outcomes: By September 30, 2026, clients served by hub-trained CHWs will report improved health in at least two areas.

1.3 Launch Clinician Ambassador Initiative

In FY 2022, Metro Health will appoint a nurse practitioner to serve as Clinician Ambassador. The Clinician Ambassador will provide support to over 300 healthcare workers, oversee text alerts (DocAlert), and coordinate the Clinician Town Hall series that began during the COVID-19 pandemic.

Health Impact: The Clinician Ambassador Initiative will allow Metro Health to share evidence-based public health practices quickly and directly with local providers via individualized educational visits. The Clinician Ambassador will equip providers with talking points, and tips for providing effective, non-judgmental counseling about COVID-19 vaccines. The Clinician Ambassador will also provide scientific updates, and resources for vaccine administration, diagnosis and treatment of sexually transmitted infections, and prevention of congenital syphilis cases through adequate treatment and timely reporting. In this initiative's first year, the Clinician Ambassador will prioritize healthcare for LGBTQ+ patients and HIV prevention through provider education on prescribing PrEP, the daily pill that prevents HIV.

Five Year Outcomes: By September 30, 2026, Bexar County clinicians will show gains in knowledge and will make more referrals for resources, infectious disease testing, and/or prescribing.

1.4 Develop Medicolegal Partnerships

In FY 2022, Metro Health will hire a Legal Services Contractor who will help people access benefits that can help reduce or prevent medical debt, such as Medicaid for Pregnant Women and Children's Medicaid.

Health Impact: People with medical debt are more likely to delay--or skip--additional necessary care. Medical debt is associated with anxiety, depression, and high blood pressure. Problems paying medical bills are, therefore, both a cause and an effect of declines in health.

Five Year Outcomes: By September 30, 2026, establish at least one autonomous medicolegal partnership embedded within a healthcare setting or outreach program.





24 Data & Technology Infrastructure

Data and Technology Infrastructure Priority Area

The COVID-19 pandemic has exposed deep and longstanding fractures in our nation's public health system and has taken a tremendous toll on public health departments of all sizes. The pandemic has made it clear that the nation's safety, health, and economic prosperity depend on its ability to minimize the effects of devastating public health threats. To do this effectively requires consistent, long-term investments in public health infrastructure and capacity, workforce development, operational excellence, and technological advancement.

Public health serves a critical--yet often undervalued--role in our health ecosystem. Although a disproportionate amount of attention is placed on medical care and the treatment of disease, the social economic, and environmental factors that public health prioritizes account for 80% of health outcomes. While the US spends more per capita on health care than any other country, less than 3% of that spending goes to public health programs. Additionally, many Americans do not recognize the value that public health systems bring to their communities until these systems are most needed. A history of boom-and-bust funding cycles has been the norm for public health. In short, the nation's safety and security require a strong public health system that is not taken for granted until it is too late.

A different public health future will require a highly-skilled, well-trained, and diverse public health workforce capable of providing evidence-informed services and responding swiftly to emerging threats. With respect to this, epidemiologists, who have been instrumental in our nation's response to the COVID-19 pandemic, are crucial to a well-functioning public health system. However, a new report released by the Big Cities Health Coalition (BCHC) finds that that epidemiology sections in large cities are understaffed.

A modernized public health system also requires robust, interoperable, and secure public health information systems that can deliver accurate, real-time data to help detect new or growing threats and identify groups most at risk. The pandemic made it painfully clear that we need modern disease surveillance and reporting systems, as many public health departments had to rely on obsolete and siloed information technology systems and outdated data transmission systems such as mail and fax. Related to this, the BCHC study also revealed that there was a great need for public health informatics and a greater capacity to analyze data on the pandemic and other crises such as violence. Finally, the study found that large city health departments need to collaborate with healthcare,

academic partners, and laboratories in order to move the public health field forward.

These exact needs have been repeatedly emphasized in numerous national frameworks and calls to action, including CDC's *Public Health 3.0* model, the Center For State, Tribal, Local & Territorial Support (CSTLTS) *Strategic Map*, the Office of Disease Prevention and Health Promotion's *Healthy People 2030 Framework*, and most recently, the Bipartisan Policy Center's *Public Health Forward*.

The **Data and Technology Infrastructure** priority area directly speaks to these needs, recommendations, and calls to action. The work planned under this priority area includes:

- Expanding public health informatics across

Metro Health divisions to build data infrastructure, streamline use of timely, granular, and actionable data, produce external-facing data and metrics dashboards, and enhance data-informed decision making and evidence-based practice across all programs and initiatives

- Enhancing the epidemiology workforce and technological infrastructure to streamline infectious disease reporting and detect outbreaks more efficiently
- Building strong collaborations with academic partners and developing the capacity to apply genomic sequencing technology for monitoring emerging variants of COVID-19 and other high-priority infectious diseases

2.1 Expand Public Health Informatics Across Metro Health

Metro Health will strengthen and expand the role of its Health Informatics section to enhance data-informed decision making and evidence-based practice across all programs and initiatives, particularly for SA Forward priority areas. With the addition of a Public Health Informatics and Analytics Specialist position, Health Informatics will be better equipped to:

- Build data infrastructure and upgrade information systems and tools
- Coordinate across programs, systems, and protocols to standardize data efforts (particularly for equity assessments)
- Foster data-centered collaborations internally and externally
- Assist with data-related planning and assessment across all SA Forward initiatives.
- Contribute to the development and tracking of SA Forward metrics for outcome assessment and monitoring
- Develop and maintain an external-facing platform designed to display data, metrics, and progress of SA Forward initiatives to the community.

Health Impact: As the COVID-19 pandemic intensified, three trends became clear: 1) COVID-19 hospitalizations and deaths are defined by social and racial/ethnic disparities, 2) underlying chronic conditions (e.g., diabetes) and their upstream social determinants (e.g., food insecurity) are top risk factors for COVID-19 severity, and 3) the pandemic will have far-reaching consequences on many health outcomes, such as increased cancer mortality, suicide, and obesity. Now more than ever, the careful collection and operationalization of data will be crucial for assessing and monitoring the effect of the COVID-19 pandemic and reversing its negative consequences. This effort will require major coordination across public health systems and databases along with a well-equipped public health informatics structure.

The expansion health informatics will take Metro Health further towards a Public Health 3.0 model, which places an emphasis on access to timely, granular, and actionable data with the central goal of addressing social determinants of health and increasing health equity. As a result, Health Informatics

will continuously focus on the development of necessary information systems and analytic capabilities that allow and maintain access to highly disaggregated data. Informatics will routinely put such data into action to closely monitor the extent of health disparities in San Antonio.

Five Year Outcomes: By September 30, 2026, standardized data and metrics will be established to track, monitor, and assess progress and outcomes resulting from all SA Forward initiatives, particularly as they pertain to increasing health equity, reducing health disparities, and improving health outcomes.

2.2 Enhance Epidemiology and Technological Infrastructure to Support Infectious Disease Reporting and Investigations

Metro Health's priority is to unlock the full potential of data for infectious disease detection and elimination. This will further protect the health of the community and reduce the burden on the community. This is in alignment with the CDC's core capability of world-class data and analytics. Technological solutions will streamline disease reporting and investigation processes and store the data electronically, efficiently, and securely. This enhancement will require additional staff and technological infrastructure to support infectious disease reporting and investigation.

To detect outbreaks more efficiently, Metro Health will increase the number of epidemiologists by eight, thus increasing the capacity to 0.7 per 100,000 population. Additionally, the program will divide up the county into quadrants and have a team responsible for each quadrant. This will allow team members to develop working relationships with providers, schools, and other entities, ensuring the early detection of infectious disease outbreaks. The additional staff will allow for more timely data analysis including analyzing data geographically. Health Program Specialists will be assigned to each team to assist with quality assurance of the data and to provide education to various partners.

Health Impact: Reporting of cases of infectious disease is critical in the planning and evaluation of disease prevention and control programs, in the assurance of appropriate medical therapy, and in the detection of common-source outbreaks. To improve infectious disease reporting, data systems from laboratories and health care providers must be integrated into the disease surveillance system. An enhanced technological infrastructure will allow Metro Health to detect outbreaks early and implement appropriate disease control measures.

Five Year Outcomes: By September 30, 2026, emerging technologies will be integrated for efficient detection and response to outbreaks.

2.3 Implement Next-Generation Sequencing to Detect SARS-CoV-2 and Other Infectious Disease Variants

Metro Health will monitor COVID-19 variant occurrence in San Antonio and Bexar County by contracting with a local institution with the capacity to perform Next-Generation Sequencing (NGS). In addition, Metro Health will provide funding to acquire testing materials, ancillary supplies, and data analytics. In exchange, Metro Health will receive final SARS-CoV-2 variant surveillance data generated by the program for situational awareness and epidemiological purposes.

Health Impact: SARS-CoV-2 variants are of concern due to their increased transmissibility, increased severity, reduced neutralization by convalescent sera, reduced neutralization by monoclonal antibody therapy, and reduced neutralization by post-vaccinations era.

Five Year Outcomes: By September 30, 2026, Metro Health will have a well-established collaborative relationship with UT Health necessary to develop the capacity to apply NGS technology to other infectious diseases of high consequence.

3 Food Insecurity & Nutrition



Food Insecurity and Nutrition Priority Area

SA Forward envisions more equitable, sustainable, and diverse food systems where food options are culturally relevant, accessible, and nutritious. Decades of policymaking have created communities where the healthiest choices are also the most expensive ones, and where entire neighborhoods often rely on a single corner store or fast-food restaurant for their food needs. Many San Antonio and Bexar County residents do not have access to a steady supply of fresh and nutritious foods, especially in high-needs areas of our community. Eating fresh and nutritious foods is the best defense against chronic diseases--such as heart disease and diabetes--yet these conditions are prevalent in San Antonio and Bexar County and are consistently the top causes of mortality within Hispanic/Latino and Black communities.

Approximately 14% of Bexar County residents are food insecure. The child food insecurity rate is even higher, affecting 1 in 5 children. The COVID-19 pandemic exacerbated food insecurity

in several areas of San Antonio by disrupting food systems even further. Decades of evidence show that food insecurity increases risk for obesity, diabetes, and heart disease. In turn, these diseases are the same underlying conditions that significantly increase risk of COVID-19 hospitalization and death. The highest rates of child and adult obesity are in zip codes with the highest socioeconomic needs—San Antonio’s west, east and south sides. Most of the zip codes with the highest obesity rates also have moderate to high rates of diabetes hospitalizations.

Our **Food Insecurity and Nutrition** priority area aims to address food insecurity and chronic disease rates through an array of place-based nutrition strategies. This priority area also seeks to operationalize the recommendations from the United Nations’ *Food Systems Summit Dialogue* by working together with our partners to create solutions and policies that will enable everyone to access more nutritious food options and have greater food security.

3.1 Create Food Insecurity Workgroup

Exacerbated by the COVID-19 pandemic, food insecurity is endemic in high-needs areas in San Antonio and Bexar County. To increase food security in these areas, Metro Health’s Community Nutrition Program and the Policy and Civic Engagement (PaCE) Office will collaborate to develop the backbone for building partnerships and for advocating for policies that foster a more equitable and sustainable food system. In particular, the Community Nutrition Program will work on initiatives and advocate for expanded nutrition and food policies that address food insecurity.

The PaCE Office will establish the Food Insecurity Workgroup to identify policies addressing food insecurity and access to healthy foods. This workgroup will have members from both grassroots and grass tops organizations and will include community members who have lived experience with food insecurity. The Food Insecurity Workgroup will collaborate to research and conduct a food assessment and then develop a report on the geographic distribution of food insecurity across San Antonio and Bexar County. Finally, it will work to carry forward next steps that the United Nations *Food Systems Summit Dialogue* has enumerated and will develop a plan for future food systems collaborative efforts.

Health Impact: Food insecurity is a significant issue affecting Bexar County families and their children. An estimated 11% of the total population and 21% of the child population are food insecure, meaning they lack consistent access to nutritionally-adequate food. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes. For example, food insecure adults may be at increased risk for obesity and higher rates of chronic disease. Compared to food-secure children, children who are food insecure may also be at increased risk for obesity and may face a higher risk of developmental and cognitive problems. In addition, the low frequency, quantity, quality, and variety of foods that characterize food insecurity may have a negative effect on children’s mental health.

Five Year Outcomes: By September 30, 2026, at least 10 organizations and/or sectors will be represented and actively engaged in Metro Health’s Food Insecurity Workgroup. The workgroup will have successfully influenced a minimum of 4 policies that lead to a more robust local food system and/or reduce food insecurity.

3.2 Expand Por Vida and Viva Health Initiatives

Metro Health will provide nutrition education in those high-needs areas of San Antonio that COVID-19 has impacted the most. The *COVID-19 Index Map* shows that the most underserved areas of the city (south, east, and west sides) have the highest rates of underlying chronic health conditions and were the most impacted by COVID-19. Metro Health will use a community health worker model to promote clear and culturally-relevant Viva Health nutrition education in these areas. Focusing on areas in our city with the lowest access to healthy foods and overabundances of “junk food,” Metro Health will use this CHW model to increase the number of Por Vida restaurants that serve healthier menu options. In addition, CHWs will collaborate with healthcare providers in schools, workplaces, and clinics to promote nutrition education lessons (Viva Health) and other Metro Health services, such as the diabetes program.

Health Impact: Unhealthy eating is a significant risk factor for chronic diseases like type 2 diabetes, cancer, and heart disease. These diseases are among the top-ten causes of mortality in Bexar County. Chronic diseases increase the risk for complications from COVID-19, thus intensifying the need to bring robust nutrition strategies to at-risk communities. CHWs will collaborate with the Community Response & Equity Coalition to integrate key messaging about COVID-19 prevention strategies into nutrition education workshops.

Five Year Outcomes: By September 30, 2026, Metro Health will establish 48 new Por Vida healthy restaurants and Viva Health partners. These partnerships will increase knowledge about--and access to--healthy foods.

3.3 Launch Community-Based Nutrition Education Campaign

According to health indicator data mapping developed by Metro Health's Health Informatics section, health disparities are most pronounced in south, west, and east San Antonio. This data has provided Metro Health's Chronic Disease Prevention Programs with valuable direction for increasing their footprint in the highest-need areas of our community. In addition, the Office of Equity's *Equity Atlas* and Metro Health's COVID-19 *Equity Index* validate the geographic concentration of low-wealth, racial minorities that have experienced health inequities manifested in high rates of COVID-19 infection and mortality and low COVID vaccination rates.

Many residents in south, west, and east San Antonio experience higher rates of obesity, diabetes, and kidney disease, all of which are risk factors for severe illness from COVID-19. To effectively and culturally appropriately raise awareness in these neighborhoods about disease prevention and management, our CHWs will develop a tailored nutrition education campaign. CHWs will survey these neighborhoods to prioritize these nutrition education topics: eating healthy on a budget, resources for accessing affordable nutritious foods, health eating and stress management, and healthy eating to prevent health conditions exacerbated by COVID-19. CHWs will implement a communication campaign based on community-identified priorities.

Health Impact: COVID-19 has intensified the need for a grassroots nutrition education campaign to help promote and market healthier foods and drinks. According to the CDC, 29.7% of adults in Bexar County were obese in 2018. 9.7% had diabetes, putting them at risk for other chronic diseases and complications from COVID-19.

Five Year Outcomes: By September 30, 2026, Metro Health's targeted nutrition education marketing campaign will be implemented, resulting in increased self-reporting of healthy food consumption.

3.4 Expand Peer-Led Diabetes Prevention and Control Program

Approximately 70% of those hospitalized due to COVID-19 reported an underlying health condition, diabetes being the second-most reported condition. Metro Health will provide diabetes prevention education, along with other chronic disease prevention resources (such as nutrition education and promotion of healthy living), in the areas of San Antonio and Bexar County that have been impacted the most by COVID-19. Through community partnerships with UT Health, University Health, and clinics in high-needs areas, prediabetic individuals will be referred to diabetes prevention workshops where they can develop strategies for improving their overall health in addition to preventing diabetes and COVID-19 complications.

Health Impact: More than 34 million Americans have diabetes. Another 88 million US adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal, but not high enough to be diagnosed with type 2 diabetes. A person with prediabetes is at high risk of type 2 diabetes, heart disease, and stroke. Type 2 diabetes also increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. The good news is that early interventions allow people with diabetes to live longer, healthier lives. Increasing access to diabetes prevention workshops (virtual and in-person) in high health disparity communities gives people the tools to make positive lifestyle changes and take control of their health.

Five Year Outcomes: By September 30, 2026, Metro Health will implement a Peer-Led Diabetes Prevention and Control Program. This will result in a 58% reduction in the development of diabetes among participants who complete the program. In addition, we will expect a minimum of 10% increased self-efficacy among participants completing self-management programs.

3.5 Expand Healthy Neighborhoods Program

The Healthy Neighborhoods program seeks to prevent childhood obesity by addressing its root causes and by promoting active lifestyles and healthy eating habits. The program's main objectives align with the primary functions of community health workers: promoting healthy living through evidence-based interventions, improving nutrition and physical activity habits among community members through education and connections to local resources, amplifying community voices, and supporting community engagement in public input sessions and grassroots advocacy. Healthy Neighborhoods utilizes the Asset-Based Community Development (ABCD) approach to community engagement which values the people, places, organizations, and institutions already present in the community and community-led projects.

Using FY 2021 City of San Antonio operating funds, Metro Health created 8 positions, including 3 Community Health Worker Leads, 4 Community Health Workers, and 1 equity communications position. These positions support expansion to four new neighborhoods--Wheatley Heights, Los Jardines, Woodlawn Hills, and Riverside--bringing the total number of neighborhoods served by the program to 15. The new neighborhoods were selected based on *Equity Index Map* data and from CHW asset mapping. Additionally, the equity communications position supports communication and marketing strategies that center the voices from the neighborhoods served.

Health Impact: Many Black, Indigenous, and people of color (BIPOC) living in Bexar County's disenfranchised neighborhoods suffer from socio-economic inequities and experience disproportionately higher infection and mortality rates from COVID-19. Inequity is exacerbated by barriers to accessing healthcare, food insecurity, and other issues that affect overall health status. As a result, community health workers are uniquely qualified to engage with these high-risk populations.

Five Year Outcomes: By September 30, 2026, Metro Health will expand the Healthy Neighborhoods program into four new neighborhoods, resulting in increased engagement in healthy eating and active living initiatives among prioritized populations.

3.6 Expand Healthy Corner Store Project

Due to decades-long trends in retail consolidation (among other factors), many neighborhoods in San Antonio lack grocery stores yet have an abundance of corner stores. Residents who lack personal transportation must rely on public transit or walking to obtain their groceries. Food desert maps and other studies have identified areas of San Antonio that lack easy access to food needed to support healthy meal patterns.

Started in 2018 in City Council District 3 as a collaborative effort with the Food Policy Council, the Healthy Corner Store Project improves access to affordable healthy foods through convenience stores in low-income communities where food deserts are prominent. The initiative was then adopted by City Council in 2020 as a continuing program within Healthy Neighborhoods. The Healthy Corner Store Project is supported by one full-time team member who serves as a liaison between the program, corner store owners, and produce vendors. The corner store owners are passionate and committed to the sale of healthy foods in their stores and are cultivating a healthier landscape in our city's food deserts.

The Healthy Corner Store Project provides participating businesses with display options like shelving and refrigerators, reduces the cost of produce from wholesale distributors, and markets the program to potential customers. Through these strategies, a sustainable sales model for affordable produce has emerged in long-standing food deserts. The Healthy Corner Store Project started with 8 stores. There are currently 20 located throughout City Council Districts 1-5 and 7. In FY 2022, the Healthy Neighborhoods Program plans to onboard at least 12 new stores in City Council Districts 1-7, including at least 1 in the Edgewood/Los Jardines area of City Council District 6.

Health Impact: Environments where healthy food is scarce and unhealthy food is abundant contribute to high rates of diet-related disease. Convenience stores are common features of the neighborhood landscape in areas of high health disparities. Many corner stores already participate in the Supplemental Nutrition Assistance Program (SNAP) for low-income individuals and families. Changes to SNAP requirements, however, will make it harder for convenience stores to continue to accept SNAP benefits. Stores must now offer an increased number of staple foods (36 total), including at least three varieties of vegetables or fruits, dairy, meat/poultry/fish, and bread or cereal. Convenience stores that increase their inventory of healthful foods will be able to maintain their SNAP eligibility with a sustainable business model, positively contributing to the local economy and diet.

Five Year Outcomes: By September 30, 2026, Metro Health will increase access to healthy foods in prioritized neighborhoods by expanding the Healthy Corner Store Program to 50 locations.



4 Health Equity & Social Justice

Health Equity and Social Justice Priority Area

The **Health Equity and Social Justice** priority area addresses racism as a root cause of health disparities and advances meaningful antiracism work at the policy and organizational level. Almost every major adverse health outcome or cause of death disproportionately affects Non-Hispanic Black and Hispanic/Latino individuals across the United States, especially here in San Antonio and Bexar County. Health disparities are the downstream consequence of historical and ongoing institutional racism. We define institutional racism as policies and practices within and across institutions that—intentionally or not—produce outcomes that put certain racial/ethnic groups at a disadvantage. Institutional racism exists within the larger dimension of systemic or structural racism. Systemic/structural racism encompasses the overarching social, cultural, institutional, and economic forces that work in various, often reinforcing ways, to benefit certain racial groups (e.g., Non-Hispanic Whites or NH-Whites) and disadvantage others (e.g., those of African, Asian, Hispanic, or American Indian/Alaska Native descent).

Racism in its many forms has paved the way for adverse conditions such as poverty, housing insecurity, low education, inadequate health care, and neighborhood crime to firmly take root in our communities of color. These Social

Determinants of Health, as they are widely known, are the root causes of the racial/ethnic disparities we see in socioeconomic standing and opportunity. The racial and ethnic disparities in socioeconomic status and opportunity, in turn, are strongly linked with racial and ethnic disparities in health outcomes and mortality. Among the three prominent race and ethnic groups in Bexar County (NH-Black, NH-White, Hispanic/Latino), NH-Black individuals have the highest age-adjusted mortality rate year after year.

In San Antonio, American Indian/Alaska Native, Black/African American, and Hispanic/Latino communities experience poverty at double the rate of NH-White communities. Only 5% of all NH-White San Antonians have less than a high school education, compared to 25% of Hispanic/Latinos. Close to 70% of African Americans in San Antonio are renters as opposed to homeowners, which is higher than the percentage in all other race groups. The uninsured rate among American Indian/Alaska Native and Hispanic/Latino populations is double the rate among NH-Whites.

Despite calls for a national reckoning with racism and police brutality after the murder of George Floyd, these racial and ethnic inequalities have widened during the COVID-19 pandemic.

There is ample data showing that Black/African American, Hispanic/Latino, and American Indian /Alaska Native populations in the United States experience higher rates of COVID-19-related hospitalization and death compared with Non-Hispanic White populations. Among communities of color and marginalized populations, distrust of the government, the medical establishment, and COVID-19 vaccine is rooted in the United States' long history of racism, bias, and discrimination embedded in healthcare.

Events and stark health data have brought racial injustice and inequity to the forefront of public health across the nation and here in San Antonio and Bexar County. San Antonio City Council's *Resolution on Racism as a Public Health Crisis* carries immense weight. The declaration forges a path forward, serving as a call to action for Metro Health and its partners to be more intentional and proactive in combatting the health inequities and social injustices that continue to harm communities of color.

The work planned under this priority area includes:

- Implementing Metro Health's *Equity Action Plan* which encompasses 14 strategies for advancing racial equity in the workforce and workplace, policy and planning, public health emergency response, data and evidence collection, professional training, and community engagement efforts
- Operationalizing Metro Health's commitment to the City Council *Resolution on Racism as a Public Health Crisis*
- Bringing a stronger equity lens to the City of San Antonio's COVID-19 response by increasing representation of marginalized communities in the decision-making process and by expanding culturally- and linguistically-competent strategies to address COVID-19 disparities
- Promoting anti-racist and anti-stigma practice and conduct within medical and health-care settings
- Creating an Office of Policy and Civic Engagement to bring about meaningful policy- and organization-level change

4.1 Expand Office of Health Equity, Implement Equity Action Plan, and Operationalize Resolution on Racism as a Public Health Crisis

Metro Health will create a leadership-level health equity position, thereby elevating an equity framework within the department's leadership structure. The leadership-level equity position will play a key role in the implementation of Metro Health's *Equity Action Plan* and the operationalizing of the Department's commitment to City Council's *Resolution on Racism as a Public Health Crisis*. Metro Health will also create a Health Equity Coordinator position to bring an equity focus to the City's COVID-19 response. This will be operationalized through culturally-, linguistically-, and locally-tailored strategies that address health disparities and inequities in underserved and disproportionately-impacted groups. In addition, the Equity Coordinator will use a holistic approach to help Metro Health create a more inclusive workforce that reflects our community's increasing diversity.

The Office of Health Equity will create a COVID-19 Resource Center that builds upon the work of partner organizations and 311. The COVID-19 Resource Center will center historically-marginalized communities that have been disproportionately impacted by COVID-19. It will provide these communities with information and linkages to services that are validated, inclusive, and culturally- and linguistically-appropriate. These will include COVID-19 vaccines, testing and personal protective equipment (PPE); basic needs assistance (food, housing, and financial support), mental health services, violence prevention resources, etc. Metro Health community health workers will play a critical supportive role in carrying out the mission of the COVID-19 Resource Center.

The Office of Health Equity will hold a COVID-19 Health Equity Conference. This will be an opportunity for Metro Health to present its strategic efforts to address health disparities by improving access to

care, enhancing mental health services, and advancing social justice. It will be a safe space for Metro Health leadership, staff, partners, and the community to connect, share, collaborate and envision a more equitable and healthier San Antonio and Bexar County.

Health Impact: Throughout US history, systemic racism has denied communities of color the opportunity for economic, physical, and emotional health. The COVID-19 pandemic has brought the inequities born from centuries of social and racial injustice to the forefront of public health. It has put the spotlight on the stark reality that racial and ethnic minority groups in the United States are significantly more at risk of getting sick and dying from COVID-19 complications.

Five Year Outcomes: By September 30, 2026, Metro Health will implement its *Equity Action Plan*. Metro Health will fully operationalize its commitment to City Council's *Resolution on Racism as a Public Health Crisis*, incorporating an equity framework in planning, evaluation, and service delivery activities across Metro Health programs. Programs will systematically and consistently collect and analyze data by race, ethnicity, income, and geographical location. COVID-19 data and other public health information will be disseminated in a culturally and linguistically-appropriate manner while input from marginalized communities will inform decision-making processes. Metro Health will also improve its performance in job retention and promotion by cultivating a more diverse and inclusive workforce.

4.2 Establish Policy and Civic Engagement (PaCE) Office

Metro Health will establish a Policy and Civic Engagement (PaCE) Office to drive public health policy agenda. Building on the policy priorities and recommendations of the COVID-19 Community Response and Equity Coalition (CREC), the PaCE Office will seek to influence population health by supporting cross-sector initiatives that improve the social and environmental conditions responsible for health disparities. This will be accomplished through:

- Coalition building, participatory action research, public policy analysis and strategic messaging
- Cultivating a network of community partners that aligns with Metro Health on policy and systems change initiatives and is positioned to inform and engage decision makers on healthy public policies
- Collaborating with key community partners to address Social Determinants of Health, such as food security, access to healthcare, and healthy environments
- Informing stakeholders about public policies and strategic investments that build healthy communities through the advancement of health and racial equity

Five Year Outcomes: By September 30, 2026, Metro Health will roll out a “Health Equity in All Policies” strategy for the City of San Antonio and will influence the implementation of five policies that improve the social and environmental conditions in which health disparities are rooted.

4.3 Provide Health Care Systems with Training on Antiracist Practice and Policies

Metro Health will provide healthcare systems with training and technical assistance that promotes antiracist conduct, practices, and policies. Building on Healthy Start's work to reduce racial disparities in maternity care, Metro Health, in FY 2022, will conduct surveys and focus groups to gather input on discrimination in medical settings. This information will be shared with local healthcare systems and will inform how Metro Health designs trainings, strategizes solutions, and supports policy and systems-level changes.

Health Impact: Implicit bias and structural racism exist in healthcare; two examples exposed by COVID-19 include flawed race-based calculation of kidney function, and inaccurate oxygenation readings in dark-skinned individuals. Incorrect readings and assumptions can lead to life-threatening diagnostic errors. The tragic legacy of medical racism in the US contributes to mistrust of health care providers and the COVID-19 vaccine.

Five Year Outcomes: By September 30, 2026, at least two major health care systems will have the capacity to conduct impactful antiracism work at organizational and policy levels.



5 Mental Health & Community Resilience

Mental Health and Community Resilience Priority Area

Metro Health is well positioned to expand our role in safeguarding mental health by supporting the efforts of partner agencies. Our role is to improve mental health through prevention and by ensuring that our community has access to appropriate, quality mental health services.

Integral to overall health and well-being, mental health must be treated with the same urgency as physical health. Mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Depression has emerged as a risk factor for such chronic illnesses as hypertension, cardiovascular disease, and diabetes. Depression can also adversely affect the course and management of these conditions. While treatment is available and effective, most persons with diagnosed mental disorders do not receive it.

One in four individuals will experience a mental health disorder this year in the United States. In Bexar County that comes out to over 500,000 people. Approximately 50% of mental illness begins by age 14 and 75% by age 24. In addition, 20% of prisoners in the local jail have a mental illness, and 20-25% of the homeless population have mental illness. Recent data show us that there has been a 51% increase in suicide attempts by young people during the pandemic. Despite the prevalence of mental illness in our society, people wait an average of 8-10 years before they first seek help. These are alarming statistics, and public health has a role to address the stigma surrounding mental illness, the reluctance of people to seek help earlier, and improving access to behavioral health care. Not addressing these issues results in more death by suicide, substance use, homelessness, and incarceration.

5.1 Implement San Antonio Community Outreach Resiliency Effort (SA CORE)

In March 2021, the City of San Antonio engaged Meadows Mental Health Policy Institute (MMHPI) to assess how effectively our emergency response system handles individuals experiencing mental health emergencies. In August 2021, MMHPI produced a report with these recommendations:

- Follow a data-driven public safety model
- Refine the data-entry process
- Integrate clinicians into 911 Call Center
- Implement the Multidisciplinary Response Team (MDRT) model

- Ensure that the six essential conditions of MDRT success are included in San Antonio’s MDRT roll out
- Periodically assess the roles of peers and licensed clinicians to ensure optimal performance

The MDRT model provides an integrated, health-driven approach that is based on best-practice responses to medical emergencies. The MDRT model has proven to be an effective mode of response to emergencies involving people with chronic and complex illnesses. In the FY 2022 budget, City Council approved funding to support SA CORE, a MDRT mental health pilot program serving the San Antonio Police Department’s (SAPD) Central Substation catchment area.

Central Substation was selected for the pilot because the surrounding 78207-zip code has the second highest number of mental health related calls. While 78229 has slightly higher number of calls than 78207, calls to the 78229-zip code are artificially high due to the proximity of many hospitals that routinely seek support for emergency detentions. Each SA CORE team will include a SAPD Officer, a San Antonio Fire Department (SAFD) EMT, and a crisis response clinician. Teams will be divided into two shifts (7AM – 3PM, 3PM – 11PM) and will respond to mental health related calls.

SA CORE is supported through a coordinated effort with the SAFD, SAPD, Southwest Texas Regional Advisory Council (STRAC), Center for Health Care Services (CHCS), the local mental health authority, and MMHPI. Currently, STRAC supports community efforts through its Southwest Texas Crisis Collaborative (STCC), which focuses on ending ineffective utilization of services located at the intersection of mental illness, homelessness, and high 911 utilization. STRAC also supports the implementation of the Bexar County Specialized Multidisciplinary Alternate Response Team (SMART) Program. STRAC will provide operational management and support, contract with CHS to provide seven clinicians/clinical supervision, and contract with MMHPI to evaluate implementation.

Beginning in January 2022, the collaborative of SAPD, SAFD, Metro Health, STRAC, and CHCS formed the implementation work group with the goal of launching SA CORE in April 2022. Crisis response clinicians will be hired in March and will receive training alongside their SAPD and SAFD counterparts.

Five Year Outcomes: By September 30, 2026, all calls to the City of San Antonio 911 Call Center will be screened for mental health nexus. Adequate MDRT staffing will be available to high-need areas of San Antonio, as determined by the SA CORE pilot project.

5.2 Expand Availability of Cognitive Behavioral Therapy (CBT) to Children

Exposed to Violence

Exposure to violence and trauma in childhood can impact a person’s wellbeing in adulthood. In its Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots, the CDC identified cognitive behavioral therapy (CBT) as a critical evidence-based intervention for lessening the impact of trauma on children exposed to violence. Violent behavior can be an outgrowth of unaddressed trauma among survivors of violence. Survivors and perpetrators of violence are often the same person at different points in their lives. Two systematic reviews of interventions to reduce recidivism found that CBT had the most significant impact in reducing further criminal behavior. In contrast, interventions based on punishment and deterrence appeared to increase criminal recidivism.

In 2020, Metro Health and SAPD launched a partnership to support the provision of CBT to students that SAPD identified as having experienced violence at home. Our local Mobile Mental Wellness Collaborative started in 2019 as a pilot in South San Antonio ISD. With support from Metro Health it will continue to expand into several additional school districts in 2022. Through school-based

therapy, this collaborative seeks to mitigate the adverse outcomes caused by children's exposure to violence. Metro Health will contract with Communities in Schools to provide virtual or in-person CBT services. Free, confidential, and bilingual, CBT services include individual counseling, group therapy, psychiatry, drug and alcohol evaluation and counseling, consultations, trauma-informed assessments, and screenings to identify Adverse Childhood Experiences (ACEs).

The Mobile Mental Wellness Collaborative will serve Harlandale ISD, South San ISD, and Edgewood ISD. Communities in Schools supports San Antonio ISD, East Central ISD, Northside ISD, and Northeast ISD. Combining support for the two efforts ensures that most children in San Antonio will have access to supportive mental health services, vastly expanding the availability of free mental health services to children in San Antonio and Bexar County.

Health Impact: In August 2020, the prevalence of symptoms of anxiety disorder was reported to be approximately three times higher than in the second quarter of 2019 (25.5% versus 8.1%). The prevalence of depressive disorder symptoms, in August 2020, was approximately four times higher than in the second quarter of 2019 (24.3% versus 6.5%). According to the CDC, investment in support systems to mitigate the mental health consequences of the pandemic remains a priority. Psychoeducation and redirection of fear-related behavioral responses triggered by the pandemic can reduce risks and promote resilience.

Five Year Outcomes: By September 30, 2026, mental health services will be available to 85% of public-school children, resulting in measurably improved student wellbeing and decreases in behavioral challenges.

5.3 Expand Project Worth's Teen Ambassador Program to School Campuses

Project Worth's Teen Ambassador Program uses the Search Institute's *Developmental Assets* and *CASEL 5* curricula to help San Antonio 7th-12th graders develop positive and resilient identities. The Teen Ambassador Program is a youth leadership and empowerment initiative that brings action to teen health by giving young leaders an opportunity to share their voices, their creativity, and their ideas.

Project Worth will expand its Teen Ambassador Program by expanding it from an out-of-school model to include a school/campus-based program. Project Worth will also expand capacity from 15 to 65 Teen Ambassadors. This school-based program will promote equity as it will enable youth with transportation barriers to participate in meetings and events at their own school. The Project Worth expansion will also incorporate an evidence-based social emotional learning component to the curriculum and will employ a Teen Health Navigator to improve youth access to the resources and support.

Health Impact: The COVID pandemic has isolated many teens from school and critical social supports. Because it is school based, the Teen Ambassador Program will increase the number of teens accessing social support, engaging in social emotional learning, and participating in volunteer enrichment opportunities.

Outcome: By September 30, 2026, Project Worth will increase participation in its Teen Ambassador Program. By promoting the health and well-being of teens across San Antonio through education, collaboration, and empowerment, San Antonio will see increased social supports, and measurably improved youth mental health and wellbeing.

6 Violence Prevention



Violence Prevention Priority Area

Exposure to traumatic events such as violence, abuse, catastrophic events, or grave injustices can significantly increase chances of long-term illness, depression, and premature death. The impact of trauma experienced during childhood is of particular concern. Traumatic events during childhood--known as Adverse Childhood Experiences (ACEs)--can disrupt healthy development. Children may experience trauma when they bear or witness abuse, neglect, mental illness, family dysfunction, violence at home, or violence in their immediate surroundings. These traumatic experiences can have lasting detrimental effects. If childhood trauma is left unaddressed, it can lead to long-term consequences, such as substantial increase in risk of suicide, heart disease, substance use disorder, and criminal activity.

Addressing trauma effectively also requires us to acknowledge the impact of a second type of ACE--Adverse Community Environments--on health. For instance, Black/African American and Hispanic/Latino children experience more Adverse Community Environments, such as interpersonal racism, than White children. The "pair of ACEs" (Adverse Childhood Experiences and Adverse Community environments) are crucial to identify and strive to reduce the impact of trauma on future development.

From 2015 to 2019, San Antonio's murder, rape, and aggravated assault rates rose 30.7%

(murder +11.7%, rape+ 55.4%, and aggravated assault +33.4%). Based on the 2018 Uniform Crime Report, crime rates per 100,000 were 40.0% higher than the national rate for murder; 96.8% higher than the national rate for rape; and 67.0% higher than the national rate for aggravated assault. The most recent 2020 data reveals that San Antonio's rates for homicide (8.3 per 100,000), rape (75.5 per 100,000), and violent crimes (735.4 per 100,000) are notably higher than Texas' rates for homicide (6.6 per 100,000), rape (46 per 100,000) and violent crimes (446.5 per 100,000).

Trauma and violence are a vicious cycle in which experienced trauma tends to perpetuate the pattern of violence and abuse. Without intervention, survivors of trauma may engage in violent or criminal behavior. For example, the incarceration of a family member is an Adverse Childhood Experience and incarcerated people report experiencing much higher-than-average ACEs. To successfully interrupt and prevent violence, practitioners must be trauma informed, which entails addressing unacknowledged trauma of clients who use violence.

Metro Health's Triple P Positive Parenting Program is a good example of evidence-based practices that help break the cycle of Adverse Childhood Experiences in children. Triple P gives parents the tools to manage misbehavior

and conflict, encourages positive behavior, and increases parental self-efficacy and confidence. School-based restorative justice is an additional evidence-based programming measure to reduce Adverse Childhood Experiences. Restorative justice programs interrupt violence by stepping away from a “zero tolerance” punitive model through encouraging children to navigate conflict and misbehavior with trauma-informed activities like dialogue circles and peer mediation.

The CDC has identified reducing and recognizing the influence of trauma on health status as crucial strategies for improving the nation’s health. In alignment with the CDC, Violence Prevention will prioritize the following work:

- Developing and launching a new case

management system and implementing evidence-based screening tools to identify and prioritize people who are at highest risk of lethal or near-lethal violent events

- Launching an initiative Certifying City of San Antonio departments in trauma-informed care (Level 1) through capacity-building support, training, and technical assistance
- Expanding the Triple P Positive Parenting Program through outreach to justice-involved parents and through the implementation of restorative justice programs in local high schools and middle schools

6.1 Expand and Enhance Survivor-Centered Domestic Violence Initiative

The City of San Antonio’s Crisis Response Teams (CRTs) saw over 14,000 victims in 2020 which represents an average of 700 cases per family violence advocate (case manager). This high caseload prevents our family violence advocates from providing survivors with the level of care that they may need. Unlike family violence detectives who are available 24/7, family violence advocates are only available during the workweek. Hiring additional family violence advocates will allow us to extend our hours and provide more comprehensive services so we can better interrupt the cycle of violence.

Research on family violence homicides found that most do not occur “out of the blue.” For example, 82.9% of cases had planning elements and 86.5% of cases were identified as a homicide risk through evidence-based lethality assessment tools. Because violence typically occurs in predictable patterns within communities and interpersonal relationships, Violence Prevention will implement evidence-based screening and assessment tools to identify survivors who are at the highest risk of experiencing and/or perpetuating violence. In the sexual assault and mental health fields, combining formal risk assessment methods with subject matter expertise has proved to be significantly better than relying on expert judgment alone to prevent interpersonal violence. Metro Health’s approach will combine the expertise of professionals with data from structured assessment tools.

Health Impact: Violence has immediate and long-term impacts on the health of individuals, families, and communities. If left unaddressed, the rise of interpersonal violence, combined with pandemic-related mental health illness, could have a profound impact on health outcomes in San Antonio and Bexar County. The long-term negative health impact of witnessing and experiencing violence during childhood is well known. There is growing evidence connecting intimate partner violence to poor health outcomes in adults. Experiencing violence is associated with increased risk of cardiovascular disease, diabetes, and high blood pressure in women; risks may also increase in men. Victims of interpersonal violence are 3.5 times more likely to have thoughts about suicide, 4 times more likely to experience anxiety, 2.7 times more likely to experience depression, and 7 times more likely to experience PTSD symptoms.

Five Year Outcomes: By September 30, 2026, the City of San Antonio will implement a 24/7 Community Advocate Response Program. Community advocates will use evidence-based tools to identify individuals at the highest risk of experiencing or perpetrating either of the two most lethal types of violence in our community—retaliatory violence and domestic violence.

6.2 Establish Citywide Center of Excellence in Trauma-Informed Care (TIC)

The Center of Excellence in Trauma-Informed Care (TIC) will systematically assess the City of San Antonio's existing capacity to provide trauma-informed services to its constituents. In five years, the City's 40 departments will have achieved Level 1 Trauma-Informed Certification through training and capacity-building support from Metro Health's Violence Prevention section. City departments will identify champions to create momentum for achieving TI-Certification. The City of San Antonio will recruit, train, and pair TI mentors with local organizations that are also seeking TI Certification.

Health Impact: In addition to its immediate burden on a person's mental and physical health, unaddressed trauma is associated with the leading cause of death in San Antonio--heart disease. According to the CDC, trauma reduction and recognition of trauma's impact on health are critical to improving population health. Both activities have the potential to:

- Lower risk for suicide and conditions like depression, asthma, cancer, and diabetes in adulthood
- Reduce risky behaviors like smoking and heavy drinking
- Improve educational attainment and employability
- Stop the "pair of ACEs" --Adverse Childhood Experiences and Adverse Community Environments--from being passed from one generation to the next

Adverse Community Environments result from policies and practices across multiple systems that were designed to create place-based inequities. Black and Hispanic children experience more Adverse Community Environments than their White peers, compounding the impact of racism on health status. By addressing "the pair of ACEs," Metro Health furthers its commitment to promoting health equity and social justice.

Five Year Outcomes: By September 30, 2026, all City departments will achieve Level 1 Trauma-Informed Certification, resulting in increased ability of City employees to recognize and prevent the re-traumatization of community members.

6.3 Enhance Trauma-Informed Practices in the Justice System

Interrupting and preventing violence requires us to address the unacknowledged trauma of the people who use violence. People who are incarcerated have higher Adverse Childhood Experiences--up to 4 times higher than the general population. It is imperative that our justice system recognize this stark reality, adopt a trauma-informed lens, and provide incarcerated parents--and their children--with the support needed to prevent the traumatization of all family members. Children of incarcerated parents are hidden victims because we often overlook incarceration's traumatic impact on them. (The incarceration of a parent is considered a childhood trauma and is included in the ACEs assessment.) The average age of children who have an incarcerated parent is 8 years old; 1 in 5 children with an incarcerated parent is under 5 years old. 1 in 14 children has had a parent incarcerated at some point in their life.

An evidence-based parenting and family support program, Triple P has been recognized by the United Nations and the World Health Organization. At the population level, Triple P has been shown to reduce rates of child maltreatment, hospitalizations due to child maltreatment, and out-of-home foster placements. While expanding access to all parents in San Antonio, Triple P will prioritize support for justice-involved parents. Justice-involved parents will be encouraged to attend classes that seek to reduce child maltreatment by giving parents tools to manage misbehavior, positive behavior, and become more confident parents overall.

Using the “credible messenger model” to spread positive parenting strategies, Triple P will encourage parents who complete classes to become Triple P facilitators. This approach has proven effective in educating and empowering justice-involved parents to break cycles of violence and set their children up for success. Triple P will also expand its reach through the Positive Early Childhood Education (PECE) pilot which introduces the Triple P curriculum through childcare and day care centers.

Stand Up SA, which uses violence interrupters to break the cycle of violence in communities through direct intervention and victim support for adults, will expand its reach to include school-based restorative justice work. In doing so, it will facilitate support for younger community members, link inside and outside school behaviors and facilitate the coordination of response within family systems.

The WestEd Justice and Prevention Research Center found that schools that implemented restorative justice practices reported reductions in exclusionary discipline and violence, diminished racial discipline gaps between Black and White students, and improved school attendance rates. Restorative Justice programming in schools, including dialogue circles and peer mediation, allow children to navigate interpersonal conflict and misbehavior in ways that emphasize social-emotional growth and healing. Compared to the widely used “zero tolerance” approach to school discipline, which is punitive and emphasizes harsh exclusionary punishments as a deterrent to misbehavior, restorative justice approaches focus on skill-building and relationship-building as a means of creating a culture of respect.

Health Impact: Justice-involved individuals report higher Adverse Childhood Experiences scores than the general population. Higher ACEs scores and higher levels of unaddressed trauma are associated with adverse health outcomes and higher mortality rates, especially Alzheimer’s Disease and suicide. Additionally, law enforcement and corrections staff report high workplace trauma levels and experience higher levels of suicide than the general population.

Five Year Outcomes: By September 30, 2026, training on the “pair of ACEs” and trauma-informed practices will be embedded in systems serving justice-involved parents. Restorative justice programs will be implemented in a minimum of 5 schools, resulting in reduced school expulsions.





CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



Leading the way to a healthier community



SA Forward

