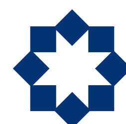
ADVANCING HEALTH EQUITY 2024



University Health

Thinking beyond

Introduction

For more than 100 years, University Health has been here to heal, advance the practice of medicine and improve health. Above all, the people of University Health serve all who entrust us with their health with the highest quality care, respect and compassion. As the only locally owned and operated health system in San Antonio and Bexar County, University Health takes to heart its responsibility to serve the health needs of our community today and into the future.

The **mission** of University Health is to improve the good health of the community through high-quality, compassionate patient care, innovation, education and discovery. Our **vision** is to be one of the nation's most trusted health institutions. University Health includes more than 40 Bexar County locations. We are the primary teaching facility for UT Health San Antonio and the only Level I trauma center for adults and pediatrics in South Texas.

At University Health, addressing health disparities is key to improving the well-being of our community. Regulatory and accrediting agencies like the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission increasingly emphasize the importance of health equity, requiring health systems like ours to demonstrate efforts, policies and actionable plans to address disparities. Central to these efforts is our **Institute for Public Health**, which was launched in 2022 and plays a pivotal role in championing, coordinating and reporting on health equity initiatives for our organization. In 2024, University Health's Board of Managers adopted a comprehensive policy and strategic plan that serves as our roadmap for identifying and addressing health disparities that exist for our patients, staff and neighbors. The **Health Equity through Action and Leadership (HEAL) Strategic Plan** has guided University Health's efforts this year, ensuring that advancing health equity remains a priority.

In this second annual report, we describe our patient population and highlight University Health's dedicated efforts to reduce health disparities and advance health equity. As we look to the future, we remain steadfast in our commitment to build a healthier community for all. Together with our dedicated employees, providers, community partners and patients, we continue to innovate and advocate for health equity so every individual has the opportunity to thrive.

The Institute for Public Health team with George B. Hernández Jr., former president and CEO of University Health, at the ground breaking of University Health Wheatley.

Serving a Diverse Population

In 2024, University Health served more than 269,000 unique patients from Bexar County and beyond. The map on the following page highlights our patient volume by ZIP code, offering insight into the communities we serve.

Understanding the demographic characteristics of our patient population and Bexar County helps us tailor initiatives, enhance patient-provider communications, foster a culture of trust, reduce health disparities and improve health outcomes. People who identify as Hispanic make up 65% of the University Health patient population, as compared to 61% in Bexar County overall (Figure 1). The majority (53%) of our patients are under the age of 40 years (Figure 2). For 19% of our patients, Spanish is their preferred language (Figure 3).

While most of our patient care is paid through some form of health coverage, 22% of care is recorded as self-pay or funded through CareLink (Figure 4). CareLink is our financial assistance program for individuals who do not qualify for other coverage. While CareLink is not insurance, it does make health care services at University Health more affordable for those who are eligible.

Figure 1: Population by Race/Ethnicity

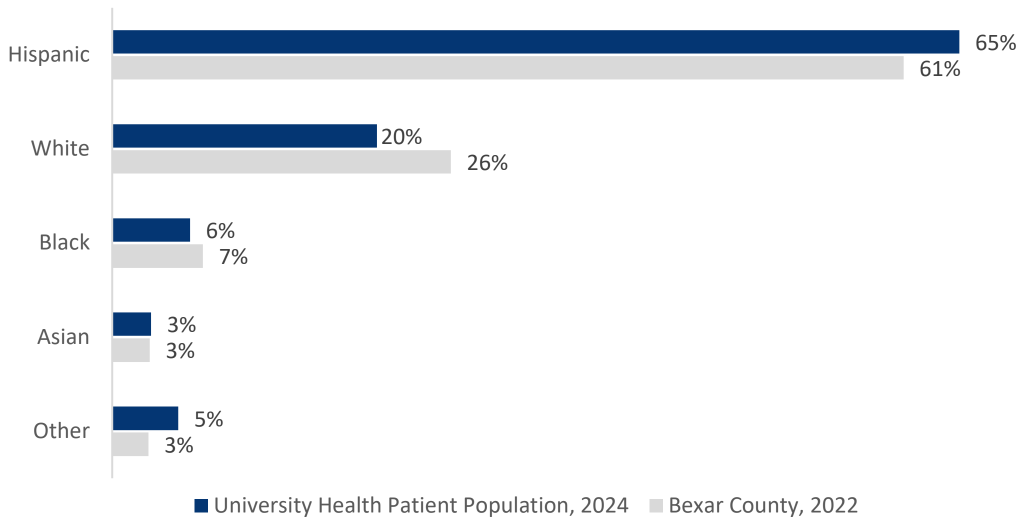


Figure 2: University Health's Patient Population by Age, 2024

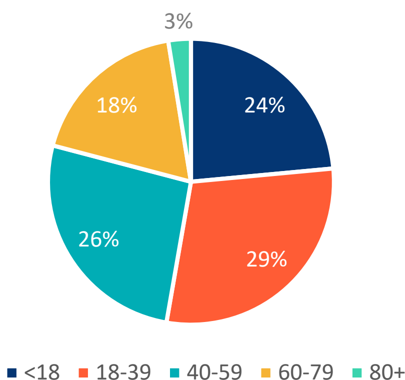


Figure 3: University Health's Patient Population by Language, 2024

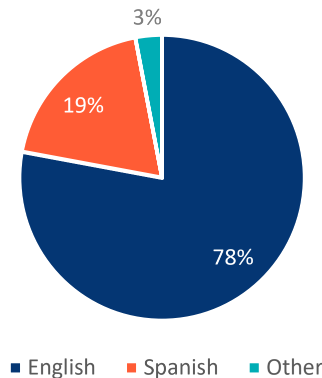
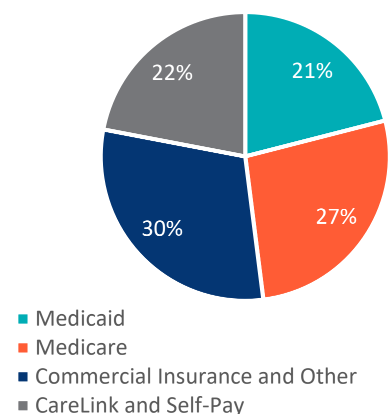
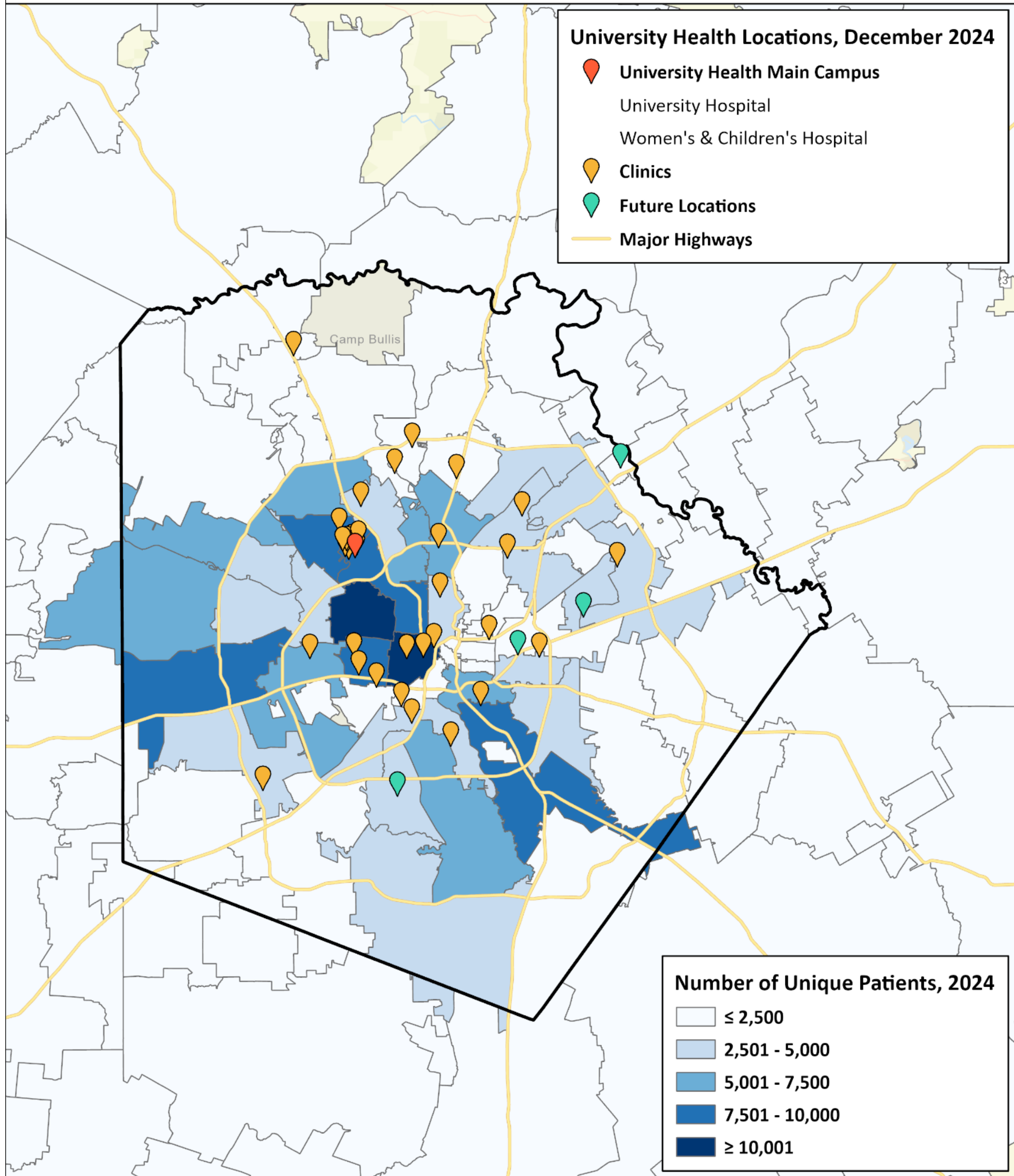


Figure 4: University Health's Patient Population by Payer Mix, 2023





ZIP codes on the map above reflect where patients live, with deeper shades of blue indicating areas with greater patient density.

Advancing Health Equity as a Strategic Priority

Defining University Health's ongoing commitment to advance health equity

University Health is committed to improving the good health of our community. In March 2024, our Board of Managers adopted the corporate policy "Commitment to Advancing Health Equity" to emphasize our dedication to reducing disparities, improving health outcomes and advancing health equity. This policy designates the Institute for Public Health as the lead in championing this work and emphasizes that every team member, provider and department plays a vital role in these efforts.

To further solidify this commitment, University Health's Board of Managers adopted the "Health Equity through Action and Leadership Strategic Plan." The plan establishes accountability across the organization, aligns our actions with regulatory priorities and supports our long-term investment in health equity initiatives. A copy of this plan is located on the Institute for Public Health's website.

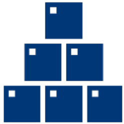
Internal "infoLINE" article on the release of the health equity policy and new public health website.

In February 2024, University Health launched the Institute for Public Health website to engage and inform the community about important health topics, health disparities, programs and services. In March 2024, we published our inaugural *"Advancing Health Equity Report"* with a comprehensive summary of our strategies, progress and resources directed toward health equity initiatives. It highlights University Health's ongoing efforts to improve access, bridge gaps in care and create a healthier community for all.

The Institute for Public Health engaged and educated our team members and providers on the new policy, plan, report and website through multiple communication channels. Information was shared across internal platforms, including the "infoLINE" newsletter and "infoNET" intranet site, as well as during senior and clinical management meetings.

In April 2024, as part of National Public Health Week, the Institute for Public Health hosted two public health resource fairs where University Health team members had the opportunity to connect directly with public health professionals, learn more about University Health's commitment to health equity and explore more than 20 public health programs available to team members, patients and the community. More than 146 individuals attended this inaugural event, highlighting our organization's enthusiasm for learning about the services available to patients and families.

Sofia Lopez at the Public Health Resource Fair, educating University Health team members on health equity efforts.



Enhancing Infrastructure to Support Health Equity Initiatives

Enhancing our data infrastructure to support health equity

Enhancing data infrastructure is essential to advancing health equity. It enables the collection, analysis and sharing of accurate data on health disparities and health outcomes. Robust data systems allow health care organizations like University Health to identify gaps in care, track progress on health equity initiatives and make data-driven decisions.

Taylor Ridge at University Health's Public Health Resource Fair, educating University Health team members on the Health Care Disparity Dashboard.

The Institute for Public Health assessed the current state of our demographic data to better understand and address potential gaps in how University Health captures race, ethnicity and other essential patient information. Our analysis found that while 95% of patients have demographic data (such as race and ethnicity) recorded, only 72% have a documented race and 88% have a documented ethnicity that align with recognized standards. This highlights an opportunity to improve our data collection, enhance consistency and comparability, maintain data integrity, and ensure our quality improvement efforts are well-informed and responsive to the needs of our patient populations.

In February, the Institute for Public Health released the Health Care Disparity Dashboard, developed in partnership with the office of the Chief Medical Officer and the Information Services department. This interactive dashboard allows team members and providers to explore health data in greater detail, with options to drill down by ZIP code and demographic factors for comparative analysis. Process and outcome measures stratified in this dashboard include: length of stay, mortality rate and discharge disposition. Our public health informatics team trained clinical management teams, department directors and other team members on how to analyze health care disparities using this dashboard.

Promoting workforce connections and belonging at University Health

At University Health, promoting workforce connections and fostering a sense of belonging increase employee engagement, reduce burnout and improve staff retention. Hiring within our community creates a team that reflects the populations we serve, thereby fostering trust and enhancing cultural competency in patient care. A supportive work environment where team members feel valued and connected encourages collaboration, drives innovation, improves the quality of care and cultivates a positive organizational culture.

Schwartz Rounds held at University Hospital.

In 2024, University Health hosted events and trainings centered around building connections and belonging. Schwartz Rounds, led by the Trauma-Informed Care team, provided a safe space for team members to process challenging experiences. Through trauma-

informed discussions, team members explored perspectives with colleagues from other job roles, departments, cultures and personal backgrounds. University Health's SaludArte: Art of Healing program developed specialized staff workshops for occasions such as the loss of a team member, as well as other events designed to foster team building. More than 500 staff participated in Schwartz Rounds and similar events.

To further enhance team member development, University Health offered classes through our internal education platform, Learning Central, aimed at understanding health equity and promoting cultural awareness. More than 160 team members participated in courses centered on building connections in 2024.

Our Human Resources team is dedicated to expanding recruitment efforts to strengthen community engagement and foster a sense of belonging among our team members. In 2024, the Care Coordination team hired three recent medical assistant graduates from Harlandale ISD and East Central ISD. These young women are furthering their education while working at University Health by pursuing a Community Health Worker Certification and plan to enter nursing programs in the future.

New Care Coordination team members (left to right) Aylin Barbosa, Melynda Benitez and Abzdey Sigala.

University Health's dedication to collaborating with local workforce development programs and schools is steadily expanding. In response to the pressing need for nurses in our community, we are partnering with St. Mary's University's newly established Department of Nursing, sponsoring their nursing simulation lab and participating on the St. Mary's Nursing Advisory Council. These efforts support educational advancement and strengthen our ties to the community.

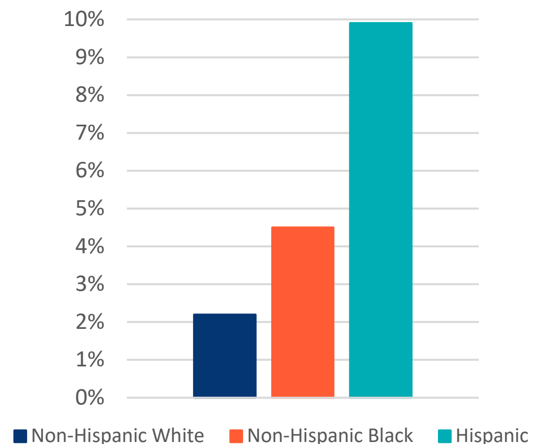
This year, University Health was proud to receive the inaugural San Antonio Ready to Work Champion Employer Award, which recognized our dedication to creating career pathways for a dozen graduates of the local job training program. University Health is also a top employer for Project Quest, a nationally recognized workforce and skills training program and Ready to Work partner. In the last year, University Health hired 71 Project Quest graduates.

University Health nurses at St. Mary's University's new nursing simulation lab.

Identifying Health Disparities

Analyzing access, process, utilization and outcomes data by socioeconomic, geographic and demographic variables to identify where disparities exist

In 2024, the Institute for Public Health worked closely with teams across University Health to analyze priority health conditions, with a focus on identifying disparities and guiding improvements in patient care and outcomes related to diabetes and stroke. We are publishing health condition profiles to share our disparity findings with team members, providers and the broader community.



Diabetes

In partnership with the Texas Diabetes Institute teams, the Institute for Public Health analyzed diabetes prevalence, diabetes control and obesity rates by demographic groups to reveal significant disparities:

- The diabetes prevalence rate for Hispanic patients was 4.5 times higher than that of White patients (Figure 5).
- Hispanic children have a higher rate of obesity compared to White children.

To address these disparities, University Health formed a Diabetes Steering Committee to develop a three-year plan focused on preventing diabetes and improving disease management for our patients and community.

Stroke

In partnership with University Health's Comprehensive Stroke Center team, the Institute for Public Health analyzed readmission, mortality and no-show/cancelation rates for patients admitted for stroke. These data were explored based on factors including race/ethnicity, language, sex, age and the social vulnerability index. The analysis highlighted two key findings:

- Patients experiencing at least one non-medical driver of health (NMDOH) had a higher readmission rate.
- Patients who missed or canceled at least one follow-up appointment had a higher readmission rate than those who attended their scheduled appointment.

In November, The Joint Commission acknowledged the Comprehensive Stroke Center's commitment to identifying and addressing health disparities when it awarded University Health recertification of its Comprehensive Stroke Program, maintaining its distinction as the only Joint Commission-certified comprehensive stroke program in San Antonio.

Comprehensive Stroke Center team at the 2024 San Antonio Heart and Stroke Walk.

Implementing Evidence-Informed Interventions to Reduce Health Disparities

Enhancing organizational capacity to reduce health disparities and advance health equity

Enhancing capacity to reduce health disparities and advance health equity expands access to care and improves health outcomes for underserved populations. Addressing the root causes of disparities can lead to better management of chronic diseases, improve patient satisfaction, build trust and prolong lives.

Community health workers (CHWs) are central to these efforts, as they connect patients to essential resources, offer culturally responsive support and address non-medical needs. Their community-centered approach makes CHWs invaluable to advancing health equity, and their integration within patient care teams is expanding to improve care coordination and health management. The Institute for Public Health conducted a comprehensive analysis, including stakeholder discussions, to evaluate how University Health leverages CHWs. This review identified key areas to optimize our use of CHWs, including:

- Standardizing and clarifying job roles and functions;
- Developing a training program;
- Creating a collaborative for communication and knowledge sharing among CHWs; and
- Establishing a career ladder to support professional growth.

Stakeholder discussion on the role of community health workers at University Health hosted by the Institute for Public Health.

Patient- and Family-Centered Care (PFCC) is a collaborative approach between patients, families, caregivers and providers in the planning, delivery and evaluation of care. This approach, guided by four core concepts (Figure 6), recognizes that patients and their families are valuable allies for quality and safety during direct interactions, in improvement initiatives, throughout research periods and during policy development. Engaging patient and family advisors in our initiatives further strengthens our health equity efforts by bringing patient experiences and preferences to the forefront. In 2024, University Health involved these advisors in several initiatives, such as the Diabetes Steering Committee, the NMDOH Task Force and a pilot program to offer a range of care products for patients with a variety of hair types. Advisors provided feedback on processes, survey language and their experiences navigating the health system, helping to shape a more patient-centered healing environment.

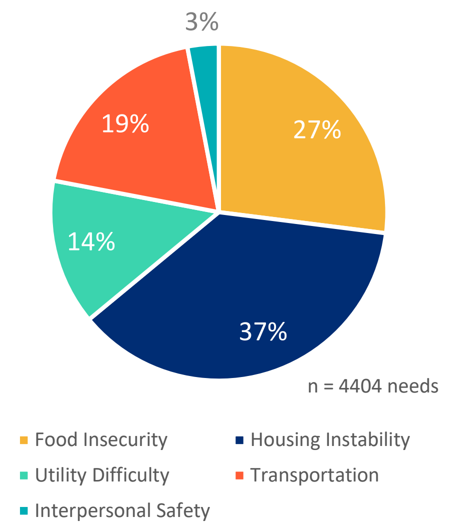
Figure 6: Patient- and Family-Centered Care Core Concepts

To address disparities and improve health outcomes for our patients who experienced a stroke, the Comprehensive Stroke Center created a plan to implement the new Kandu program. This program is an extension of our

Care Coordination department, providing patient navigation and case management, expanding health education efforts and addressing non-medical needs, leading to a reduction in readmissions.

Recognizing and addressing the non-medical drivers that affect the health of University Health patients, team members and the community

University Health identifies and addresses the NMDOH that negatively impact the well-being of our patients, team members and community. Recognizing that factors such as housing, nutrition and economic stability directly influence health outcomes, our approach includes targeted initiatives and partnerships to reduce these barriers.



The NMDOH Task Force led the integration of medical and social care at University Health. Through its leadership, University Health updated screening questionnaires, developed referral pathways and integrated local community-based organization Family Service into Epic. This collaboration improved direct referrals and documentation of interventions, effectively "closing the loop" on addressing patients' non-medical needs. The Task Force expanded this initiative to include CareLink members, patients with diabetes and patients hospitalized for congestive heart failure (CHF). An evaluation of the initial cohort reported a reduction in readmission rates for all CHF patients from 14% to 12%.

In 2024, University Health aimed to screen 25% of hospital patients aged 18 and older for the five NMDOH required by The Joint Commission and CMS: food, housing, transportation, utilities and interpersonal safety. The Care Coordination team led these inpatient screening efforts, reaching 69% of eligible patients, generating valuable insights into the specific non-medical needs our patients face. Of the patients screened, 28% reported having at least one need.

These screenings revealed that food insecurity (27%) and housing instability (37%) were the most significant barriers our patients face (Figure 7). As part of our comprehensive approach to care, we help our patients address these issues by connecting them to appropriate resources and collaborating with our community partners for follow-up services.

To support this work, the Institute collaborates closely with departments such as Information Services, Strategic Planning and Care Coordination to standardize the referral process for community-based organizations, track referrals and assess patient outcomes more effectively. Through tools like EpicLink, we are connecting community partners to our electronic health record, enabling secure communication and streamlined updates between these external organizations and the patients' care teams.

Healthier Texas Summit panel discussion, Oct. 5, 2024.

University Health's efforts to screen for and address non-medical drivers of health gained significant recognition over the past year. Assistant Director Sarah Mohmedali was invited

to participate in a panel at the Healthier Texas Summit in Austin to discuss strategies for integrating NMDOH screenings into primary care settings. Dr. Carol Huber, deputy chief public health and equity officer, joined a panel hosted by Rice University's Baker Institute for Public Policy to explore ways to enhance the value of health care investment by addressing patients' non-medical needs.

Baker Institute for Public Policy panel discussion, Oct. 23, 2023.

Reducing the burden of disease and improving quality of life and life expectancy for all people who have, or are at risk for, the most common diseases

Diabetes disproportionately affects Bexar County residents, with diagnosed rates surpassing both state and national averages. At University Health in 2023, roughly 38,700 patients had a diagnosis of diabetes. Without proper management, diabetes can lead to serious health consequences and significantly reduce quality of life. In 2024, University Health executives Dr. Carol Huber and Katherine Reyes formed the inaugural Diabetes Steering Committee. This multidisciplinary group set goals for University Health to achieve over the next three years.

University Health aims to reduce the impact of diabetes, improve life expectancy and enhance quality of life for individuals who have or are at risk for diabetes. Our plan identifies opportunities to achieve community and patient-focused goals in collaboration with local partners.

University Health has made meaningful progress this year by:

- Engaging more than 280 patients and community members by providing education and resources through Diabetes Alert Day and World Diabetes Day events.
- Improving diabetes-related content on University Health websites and educational materials.
- Evaluating and strengthening the diabetes prevention and management programs available to patients.

Patients received a turkey voucher on World Diabetes Day in November.

University Health team member administering blood glucose test during Diabetes Alert Day in March.

Partnering with the Community to Advance Health Equity

Improving the community conditions that affect health

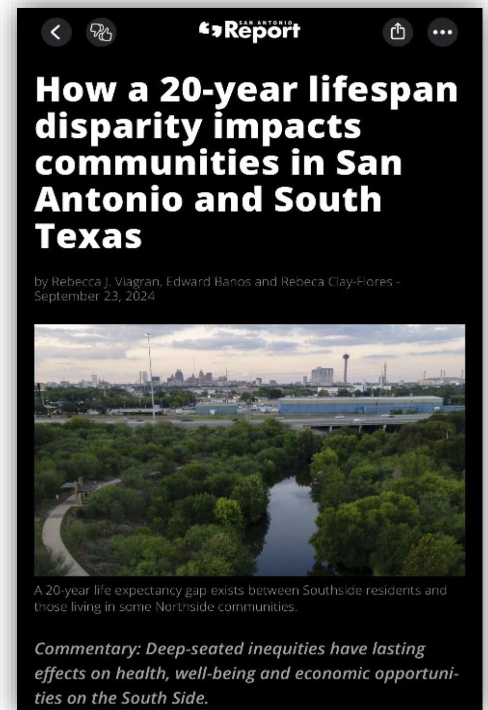
University Health improves the community conditions that impact health by actively addressing social and economic barriers to well-being. Through partnerships with Small, Minority, Woman, and Veteran-Owned Business Enterprises (SMWVBE) vendors and community-based organizations, we are investing in local businesses, strengthening support networks and connecting patients with essential resources. These collaborations enhance our capacity to address the NMDOH, fostering a healthier, more resilient community.

In 2024, University Health's Supplier Diversity team developed new partnerships through multiple events. At the annual Safety Fair hosted by the Hispanic Contractors Association of San Antonio, University Health conducted a Stop the Bleed class, joining other sessions like Fall Protection, Silica Dust Training and CPR to equip local companies with vital safety knowledge. Additionally, our team hosted workshops at the Maestro Entrepreneur Center, located in San Antonio's West Side, one of the city's lowest-income areas. These workshops helped local business owners develop capability statements, understand certification with the South Central Texas Regional Certification Agency and register with University Health as a vendor all in an effort to support business growth.

In September, University Health hosted its annual Supplier Diversity Round Table, where local vendors met with leaders, including new CEO Ed Banos, to discuss ways to address challenges and remove barriers from the procurement process. Recognizing University Health's dedication to supplier diversity, the Alamo City Black Chamber of Commerce honored Latifah Jackson, University Health's director of supplier diversity, with the 2024 Distinguished Service Award for her work in supporting local businesses.

University Health also improves community conditions that affect health by serving on local health coalitions and collaborating with community-based organizations. Through our involvement, we can better align resources with local health priorities, address community needs and foster partnerships that enhance health outcomes. In September, Mr. Banos collaborated with Commissioner Rebeca Clay-Flores and former Councilwoman Rebecca Viagran on a report addressing life expectancy disparities in San Antonio and South Texas, highlighting emerging efforts to close these gaps. Initiatives include opening University Health Vida in late 2025 and a new community hospital with a comprehensive medical office building in 2027. These facilities will expand access to primary care, specialty services, inpatient care and emergency services.

CEO Ed Banos addressing participants during University Health's Annual Supplier Diversity Round Table.



San Antonio Report

How a 20-year lifespan disparity impacts communities in San Antonio and South Texas

by Rebecca J. Viagran, Edward Banos and Rebeca Clay-Flores - September 23, 2024

A 20-year life expectancy gap exists between Southside residents and those living in some Northside communities.

Commentary: Deep-seated inequities have lasting effects on health, well-being and economic opportunities on the South Side.

San Antonio Report article, developed in collaboration with University Health, highlights disparities in life expectancy across San Antonio communities.

University Health's SaludArte program collaborated with Northeast Lakeview College and Texas A&M University San Antonio to host outreach events aimed at discovering artists and artwork to feature in our newest facilities.

The Institute for Public Health is working to enhance partnerships with community-based organizations in preparation for the opening of two new health clinics, Vida and Wheatley. The Institute is focused on identifying local partners to integrate into these spaces and creating a system to connect patients with essential resources.

Members of the Violence and Firearm Injury Prevention Workgroup hosted a gunlock training and giveaway event in March.

This year, University Health played an active role in the development of the Community Health Improvement Plan for Bexar County with multiple team members serving in the various workgroups. Our participation in this effort ensures a unified approach to tackling health disparities, preventing illness and promoting a healthier community. In 2024, the Institute for Public Health served on 10 coalitions addressing issues from food insecurity, substance use and injury prevention, investing 183 hours in these community meetings.

By mobilizing local assets and fostering a stronger network of support, University Health is committed to building a healthier and more resilient community. Together, these efforts reflect our ongoing dedication to improving health outcomes and economic opportunities for all members of our community.

Securing sustainable funding for health equity initiatives

Securing sustainable funding for health equity initiatives ensures that programs can be effectively developed, scaled and refined over time, allowing us to reduce health disparities, improve patient outcomes and build trust. Long-term sustainable funding can support data collection and workforce development to catalyze the community.

In 2024, the University Health Foundation created The Well Community Fund and raised $528,913 to support University Health's strategic initiatives and partnerships. The Well Community Fund represents a significant step toward bridging the gap in health equity across Bexar County and will help University Health address the changing landscape of health, create better ways of providing care and ensure a healthier community for all. The Foundation is working with senior leaders to identify specific projects to support in 2025 and beyond.

Looking Ahead

University Health is committed to continuing the progress we made this year to address health disparities and advance health equity. In 2025, the Institute for Public Health and a newly appointed Health Equity Leadership Team will guide this work by championing strategic initiatives identified in the 2025 Health Equity through Action and Leadership Strategic Plan. We will continue to refine our approach and investments, ensuring they are data-driven and responsive to the evolving needs of our patients, team members and community. Our focus remains steadfast as we aim to:

- Enhance partnerships that strengthen our outreach and impact
- Integrate innovative practices and implement targeted interventions that improve health outcomes
- Help address patients' non-medical drivers of health
- Identify and reduce health disparities
- Maintain a trusted care environment where all patients and team members feel a sense of belonging

Together, we will continue to create a health system and build a community where everyone has the opportunity to thrive.