



# The Lines We Live (and Die) By

A Reflection Guide

KNOW YOUR NEIGHBOR





## Introduction

What could you do with twenty years? Could you build a career? Get a degree? Start a family and watch your kids graduate from high school? Watch your kids have children of their own? Save up to buy a house? What could you learn? What could you do?

Now, what if you didn't have twenty years? What if you found out your life was going to be twenty years shorter than many of your neighbors?

In San Antonio, that is exactly what many of our neighbors are facing. Neighbors on the north side of town have a life expectancy about twenty years higher than neighbors on the west, east, and south sides of town.

If you live in 78254, you can expect to live until 89.2. If you live in 78208, you may only have 67.6 years to live.



# The Red Lines of San Antonio

Back in the 1890s, when San Antonio was largely undeveloped, officials started dividing the land into lots. Residential lots on the north side of town (e.g., Alamo Heights and Terrell Hills) were large and restricted to the white families who were expected to build houses on their lots. Residential lots on the Westside and Eastside were divided into much smaller lots and open to families of all races.

As local neighborhoods developed, city leaders prioritized the development of these northern neighborhoods while neglecting the development of the Westside and Eastside. In the 1910s-20s, the city built sidewalks, paved streets, the Olmos Dam, and provided trash collection on the north side of town while the Westside and Eastside struggled with flooded streets and poor public infrastructure.

After the start of the Great Depression, the federal government sought to revive the credit markets and economy. To do so, they commissioned regional banks to categorize neighborhoods as safe or risky places for investment. Neighborhoods that had all white families were designated as a safe investment and color-coded green or blue. Neighborhoods with Brown and Black families were designated as risky investments and color-coded yellow or red.

This process, which became known as “redlining” because of the red lines often drawn around the poorest neighborhoods on these maps, further exacerbated the preferential investing happening across the city. These lines not only affected homes, but all aspects of our neighborhoods.

Our city used these lines to decide where to build parks, schools, hospitals, places of worship, and even sidewalks and streets.



### **Reflection:**

Think about your neighborhood. What kind of places do you have in your neighborhood? What things do you have to leave your neighborhood to find? How do you get to those things? Do you walk? Drive? Take the bus? How long does it take to get there?

### **Activity:**

Watch *Making San Antonio*





## Where We See the Lines Today

Think preferential development in San Antonio is a thing of the past? Think again.

Dr. Lyssa Ochoa is a vascular surgeon here in town. Hailing from the Rio Grande Valley, when she took a job as a partner at a surgical group in San Antonio, she started to notice something about her patients. Some of her patients had to travel farther than others to get to their clinics. And those same patients who traveled farther were experiencing higher rates of diabetes, amputations, and lack of insurance.

She started to research why that was, and what she found was shocking. The north side of town is replete with medical practices and emergency care. Meanwhile, the south side of town is a healthcare desert. To name just one statistic: there are four hospital beds for every 1000 Northside residents compared to less than one bed for every 1000 Southside residents.

In time, Ochoa learned that the map of healthcare facilities in San Antonio reflects the redlining maps. Healthcare facilities are concentrated in the neighborhoods that were once classified as green or blue; red and yellow neighborhoods have few to no healthcare facilities.

In her own vascular surgery practice, she further found that on the north side, patients typically received early diagnoses, allowing doctors to manage their patient's blood flow effectively. Meanwhile, on the south side of town, cases were more severe, often leading to tissue death and even amputation—a last-resort treatment.



**Reflection:**

How far do you have to travel to find a doctor? A hospital?  
What about a dentist, eye doctor, or therapist?

**Activity:**

Read this article on Dr. Ochoa



# What the Lines Mean for Our Neighbors

Some of our neighbors have access to a longer and healthier life depending on where they live.

The location of doctors and clinics is just one part of the issue. Many factors contribute to someone's ability to have and maintain health.

The Center for Health Equity in South Texas (CHEST), of which Dr. Ochoa is one of the founders and organizers, says there are five vital principles to adhere to as we think about repairing healthcare disparities:

- Quality living environments where residents have access to safe, sustainable, and affordable living situations.
- Access to quality education for children along with career training for youth and adults.
- Healthy food and recreation along with improving transportation options.
- Resilient infrastructure, including utilities, streets, sidewalks, and drainage systems, to support healthy living conditions.
- Accessible healthcare services, from primary care to specialized hospitals, with staff who understand and address the community's specific health needs.



## Reflection:

What connections or resources do you have connected to the five principles above? Which ones do you not have access to?

## Activity:

Watch *The Lines We Live (and Die) By*



# Closing

Our health is tied to every aspect of our lives. It's also about where we work and if we work. It's about whether we have stable housing and reliable transportation. It's about the schools in our neighborhood and our faith communities.

Healthcare impacts each of us differently depending on where we live and what we have access to. Knowing our neighbors includes understanding these gaps in our healthcare systems and seeing that we each have different starting points.

## Get involved with making our city healthier!

There are some easy ways to start making a difference:

- **Get curious.** Doing your own research and asking good questions can help bridge your knowledge gap. Sign up for updates from *Public Health Watch*, a nonpartisan, nonprofit newsroom based in Texas. Reach out to UTSA's Institute for Healthcare Disparities and ask for resources. Follow legislative changes that impact access to healthcare. Talk to medical professionals about their experience and the gaps they see.
- **Give and volunteer in local neighborhoods.** Your involvement in supporting local small businesses, volunteering at community centers, adopting school classrooms, giving to neighborhood nonprofits, all go into the wellbeing of the larger community.
- **Be an advocate for everyone's wellbeing.** From lack of access to affordable insurance to resources to help folks afford healthy food, there are many ways public benefits can help people pursue wellbeing. Get comfortable with calling your councilperson and state representative when there are issues that can and should be addressed at the civic level.



# Glossary



## **Vascular Surgeon**

A vascular surgeon is a doctor who diagnoses and treats issues with blood vessels outside of the heart and brain. They are experts in the body's veins, arteries, and lymphatic vessels.

## **Blockage**

Occurs when plaque builds up in the walls of arteries. This buildup can narrow or block the arteries, reducing blood flow.

## **Amputation**

The action of surgically cutting off a limb.

## **Diabetes**

A chronic disease that occurs when the body doesn't produce enough insulin or can't use it properly. Insulin is a hormone that helps move glucose from food into cells for energy. When there's too much glucose in the blood, it's called hyperglycemia. Over time, hyperglycemia can lead to serious health problems.

## **Blood Flow**

The movement of blood through the body's blood vessels, tissues, and organs.

## **Deed Restrictions**

A legal agreement that limits how property can be used. Deed restrictions are also known as restrictive covenants.

## **Redlining**

A discriminatory practice in which financial services are withheld from neighborhoods that have significant numbers of racial and ethnic minorities.

## **Preferential Development**

The practice of giving a person or group an advantage over others to help them develop.

## **Social Determinants of Health**

The concept that where someone is born, lives, works, learns, plays, worships, and ages has many implications for their overall health and quality of life.



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