San Patricio County, Texas Causal Analysis Highlights

Data collected March to August 2024

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Purpose and Scope

- Collect qualitative and quantitative data to support task force goals to improve health equity

- Identify commonalities, trends, and evidences of contributors to health equity

- Provide key topics that indicate strengths and weaknesses in pursuit of health equity in disasters

Input Sources

- Published quantitative data reports from public reports and records

- Targeted surveys of local providers

- Open surveys of community service users

- Community Assessment Surveys

- Input from Task Force members

Relevant Data Sampling

- 1 primary care provider for every 4,260 residents and 1 mental health provider for every 2,120 residents (2023)

- Approx. 50% pay more than 30% of their annual household income for housing

- Approximately 20-25% of the population does not have health insurance

- Approximately 25% of the population does not have an internet connection

- Over 40% of the population is categorized as obese

- Scores a high level of social vulnerability in (.9 of 1) based on Socioeconomic status, housing type, transportation, racial/ethnic minority status, household characteristics

Provider Perspectives of Equity Barriers

- Physical Access
    - Access to appropriate transportation
    - Access to providers

- Multiple Communication Barriers
    - Inaccessible websites, public information materials
    - Lack of communication accommodations when working with personnel
    - Limited and ineffective public information
    - Difficult to navigate and understand information
    - Lack of internet or technology

- Programmatic Access
    - Limited trust in government and other officials
    - Recognizing and supporting accommodations such as service animals
    - Inaccessible forms, administrative processes
    - Accessing correct information and recovery services

Community Perspectives and Experiences

- Physical Access
  - Inaccessible places of service
  - Access to medication
  - Accessible housing and transportation

- Programmatic Access
  - Programs and services developed based on incorrect assumptions of needs
  - Inaccessible forms, information and service navigation
  - Service delivery delays and difficulty receiving resources due to presence of a disability

- Communication Access
  - Inability of provider personnel to understand needs
  - Lack of communication accommodations
  - Lack of useful information that would assist in emergency planning to act on their own behalf to maintain health and independence
  - Length of time to receive services

Task Force Perspectives of Barriers

- Access Gaps
  - Provider knowledge and understanding of actual needs of people with disabilities and marginalized populations
  - Lack of adequate shelters and accessible shelter services
  - Lack of transportation assets
  - Inability to adequately communicate with public

- Systemic Gaps
  - Need for sheltering services/FAST teams
  - Interagency communication and collaboration
  - Lack of financing for resources and services
  - Lack of ability of the public to prepare
  - Lack of trust between services and public

Community Surveys – Identified Barriers

- Lack of access to health care due to long wait times

- Lack of in-home service options, nutrition assistance, and mental health services

- Lack of transportation resources

- Lack of financial resources

- Cost of childcare, dental care, other support services

- Lack of affordable housing

- Prevalence of health issues such as diabetes, obesity, mental health

Additional findings

- < 13% of survey respondents expressed confidence in adequacy of plans and sufficiency of assistance that would be provided in a disaster

- Mental health programs and services especially for marginalized populations do not reflect the needs of providers or community members

- Gaps identified in qualitative analysis
    - aligned with social determinants of health
    - Corresponded with systemic and internal and implict biases
    - Were directly tied to physical, programmatic, and physical access barriers
    - Gaps in community informed policy and disconnection between decision making and community lived experience by providers and stakeholders