GATHERING THE EXPERIENCES OF PEOPLE LIVING WITH DISABILITIES DURING COVID-19

AN ONLINE SURVEY
FULL REPORT

CITY OF
SAN ANTONIO
TEXAS

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SUCCESSFULLY
AGING AND LIVING
IN SAN ANTONIO
An Initiative of the San Antonio Area Foundation
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Executive Summary

The City of San Antonio Disability Access Office (DAO), disABILITYsa, and Successfully Aging and Living in San Antonio (SALSA) began discussions on how to better serve the local disability community during the COVID-19 pandemic. As a result of these discussions, the organizations developed and released a survey to gather feedback on how the COVID-19 pandemic is affecting the lives of people with disabilities and to identify potential solutions for these challenges. The online survey gathered responses from individuals with disabilities, family members or caregivers of those with disabilities, interested residents, disability advocates and professionals. Over a four-week period, 415 respondents provided critical information about the needs of the disability community located in San Antonio and Bexar County.

The following emerged as key findings.

- The most frequently cited impact is **social experiences.** Respondents stated the isolation led to or exacerbated mental health issues such as depression and anxiety while caregivers stated the isolation was leading to behavioral and social skills regression.
- **Access to health care** is a key concern for respondents. COVID-19 has seen delays and cancellations in doctors' appointments, difficulty accessing specialists, and issues with accessing online health care services.
- **Food security** is a major concern for respondents. The most frequently mentioned issue is physically getting access to groceries and food. Rising costs of in-demand products and the cost of delivery services have affected access and affordability. Additional issues such being unable to use SNAP benefits in curbside pick-up and delivery services and conflicting schedules between food pantry hours and remote school/work hours add to the impact on this community.
- **Employment, housing, and transportation** were mentioned less often but potentially affected quality of life at a higher rate. Individuals with disabilities reported life or death concerns when returning to work in a public position. Those recently unemployed or furloughed struggled to pay rent or mortgage and those without vehicles avoided public transportation out of fear of catching the virus.
- The **top three future concerns** of respondents are access to healthcare, social experiences, and food security. School and employment concerns rounded out the top five.
- The **top suggestion** to resolve concerns is for all to follow community health care guidelines.
- **Anxiety, fear, and uneasiness** about the major changes as a response to the pandemic is a common theme among responses. These changes affect every aspect of a person's life—from how they interact with family and friends to how they access services.

Introduction

Studies show disasters and emergencies disproportionately impact people with disabilities (Fox, White, Rooney, and Rowland, 2007; Hemingway and Priestley, 2006; McGuire, Ford, and Okoro, 2007; National Council on Disability, 2009; Peek and Stough, 2010; Stough, Sharp, Resch, Decker, and Wilker, 2015). Barriers to information, health care, technology, jobs, housing, recreation, education and transportation are a daily fact of life for most individuals with disabilities. (AAPD, et. al, 2012; Banks & Kaschak, 2003; Lazar & Jaeger, 2011; Raphael, 2006; Schriner, 2001; Smart, 2001; Stapleton, Burkhauser, & Houtenville, 2004; Waldrop & Stern, 2003; Woodcock, Rohan, & Campbell, 2007). These barriers intensify during emergencies and it is important to understand the unique challenges impacting the disability community during the COVID-19 pandemic. It is our intent this information will be used by local agencies to improve their response and recovery programs to better serve the disability community by providing targeted programs to this community and the organizations that serve individuals with disabilities.

Purpose

The purpose of this survey was to identify critical areas of concern for individuals with disabilities, their family members and caregivers, and organizations serving this community. The survey had two priorities:

1. Determine the impacts of the COVID-19 pandemic on the disability community
2. Gather suggestions from the disability community on how to lessen the impact of the COVID-19 pandemic

Method

Gathering the Experiences of People with Disabilities was available as an online survey from August 11, 2020 through September 10, 2020 through one survey platform. The survey was available online in English, Spanish, and American Sign Language (ASL) and assistance was available to complete the form by contacting the City of San Antonio, Disability Access Office. The survey was completed using the JotForm platform and was verified to be compatible with two screen-reading software systems. The survey was distributed through organizations serving the disability community, email distribution lists, and social media and website announcements. It was our intent to target organizations and individuals located in San Antonio and Bexar County. 415 unique responses were recorded. No requests for assistance were received to complete this survey.

Survey responses were self-reported. The survey questionnaire consisted of five questions with both closed and open-ended responses. Open ended survey questions had an option to upload a video response. The open-ended responses were coded and sorted to determine themes while the closed-ended responses were categorized. The survey also contained six optional demographic questions. Survey results were also analyzed based on demographics.

Results

Demographics Summary

Survey results are based on a sample of 415 unique responses. Half of respondents – 53% - identified as people living with a disability, and nearly one quarter – 24% - identified as a caregiver for a person with a disability. The remainder of the sample identified as either a disability advocate, a representative from an organization serving people with disabilities, or an interested or concerned resident. The majority of respondents – 71% - identified as female. The sample was predominantly composed of White (43%) and Hispanic (31%) respondents. The majority of respondents were middle and older age adults, with 74% over the age of 45. All City of San Antonio Council Districts were represented in the survey, with slightly more respondents reporting that they live in districts on the north side of San Antonio (Districts 7, 8, 9, and 10). Less than 10% reported living outside City limits, and 10% did not provide their council district. Respondents reported living in 400 unique zip codes across the region.

Of the 218 respondents who identified being people living with a disability, the sample was again predominantly female (65%) and made up mostly of White (46%) and Hispanic (27%) respondents. Respondents living with a disability were slightly older than the sample overall (81% were 45 or older). Respondents reported being from all 10 council districts, with Districts 7 and 10 having the greatest share of respondents and District 5 having the smallest share (3%).

Of the 99 respondents who identified as caregivers, the sample was comprised of proportionally more women and Hispanic respondents than the sample overall. The caregivers were also younger than the sample overall, with only 63% of respondents being 45 or older.

The results that follow will highlight the most common impacts, concerns, and suggestions associated with the COVID-19 pandemic shared by respondents across the entire sample, with a special focus on those elevated by people living with a disability and the caregivers of people living with a disability. We disaggregate results in certain places to highlight significant differences in frequency of responses by respondent gender, race/ethnicity, and age. Due to constraints around sample size, our demographic disaggregation limits its racial/ethnic comparisons to Hispanic and White respondents only. Age categories were collapsed to combine the two youngest and two oldest categories of respondents to accommodate small sample sizes among the youngest and oldest respondents.

Table 1. Demographic Composition of Sample

	All Respondents		Respondents Living with a Disability		Caregiver Respondents	
Identification						
Person living with a disability	218	53%				
Caregiver for a person with a disability	99	24%				
Disability advocate/Organization	32	8%				
Concerned resident	52	13%				
Do not wish to identify	14	3%				
Gender						
Female	294	71%	141	65%	87	88%
Male	95	23%	65	30%	8	8%
Prefer not to answer	21	5%	10	5%	4	4%
Another identity	3	1%	2	1%	0	0%
Race/Ethnicity						
American Indian/Alaska Native	5	1%	2	1%	2	2%
Asian/Asian American	4	1%	2	1%	1	1%
Black/African American	10	2%	6	3%	2	2%
Hispanic/Latino	128	31%	59	27%	38	38%
Native Hawaiian/Pacific Islander	3	1%	2	1%	1	1%
White/Caucasian	178	43%	101	46%	43	43%
Multiple	41	10%	24	11%	7	7%
Something else not listed	5	1%	10	5%	0	0%
Prefer not to answer	38	9%	18	8%	6	6%
Age						
18-24	14	3%	6	3%	4	4%
25-34	17	4%	9	4%	2	2%
35-44	64	15%	24	11%	28	28%
45-54	89	21%	48	22%	24	24%
55-64	117	28%	62	28%	27	27%
65-74	92	22%	60	28%	10	10%
75+	11	3%	7	3%	2	2%
Prefer not to answer	9	2%	2	1%	2	2%
District						
Outside City of San Antonio	28	7%	13	6%	10	10%
City of San Antonio District 1	31	7%	20	9%	2	2%
City of San Antonio District 2	28	7%	18	8%	4	4%
City of San Antonio District 3	31	7%	20	9%	6	6%
City of San Antonio District 4	26	6%	14	6%	4	4%
City of San Antonio District 5	13	3%	7	3%	2	2%
City of San Antonio District 6	38	9%	19	9%	13	13%
City of San Antonio District 7	50	12%	24	11%	9	9%
City of San Antonio District 8	45	11%	22	10%	14	14%
City of San Antonio District 9	41	10%	17	8%	13	13%
City of San Antonio District 10	42	10%	23	11%	12	12%
Unknown	42	10%	18	8%	10	10%
Total Respondents	415		218		99	

Information Sources

Respondents were asked to identify how they had been accessing information regarding the COVID-19 crisis. Across respondent identities, the main sources of information were the same: the majority of respondents – 80% - indicated that they looked to the Internet for information, followed by television (70% of all respondents), and a Government Agency (47% of all respondents). Friends and family were also a source of information for just under half of the sample (42%). Table 2 shows the percentage of respondents by identity category that selected each information source.

Table 2. Sources of Information during COVID-19 Pandemic by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 415		n = 218		n = 99		n = 32		n = 52	
Friends and Family	176	42%	93	43%	41	41%	15	47%	20	38%
Internet	332	80%	175	80%	76	77%	28	88%	41	79%
Television	291	70%	158	72%	68	69%	21	66%	34	65%
Radio	84	20%	34	16%	23	23%	6	19%	17	33%
Government Agency	197	47%	96	44%	43	43%	19	59%	31	60%
Social Organization	61	15%	19	9%	23	23%	13	41%	5	10%
No Source	10	2%	5	2%	3	3%	0	0%	1	2%

Impacts of COVID-19

Survey respondents were asked to select all the dimensions of their life that had been impacted by the pandemic from the following options: Digital Technology, Education, Employment, Food, Health Care and Medical Supplies, Housing, Social Experiences, Transportation, and Voting. Across the full sample, the three areas that the majority of respondents reported being impacted were *Social Experiences*, *Health Care*, and *Food*. The impact on Social Experiences and Health Care were cited by a majority of all identity groups. Food was noted as a top impact for people living with a disability and concerned residents. Among caregivers, Education was a highly impacted area (60% of caregivers indicated education was impacted), and among community organizations and advocates, employment was identified by 66% of respondents as being impacted. Table 3 shows the percentage of respondents by identity category that selected each impact area. Impact areas are shown in alphabetical order. Figure 1 shows the same results in graph form at the end of the report.

Table 3. Impacts of COVID-19 by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 415		n = 218		n = 99		n = 32		n = 52	
Digital Technology	130	31%	62	28%	29	29%	17	53%	17	33%
Education	156	38%	56	26%	59	60%	17	53%	19	37%
Employment	183	44%	81	37%	47	47%	21	66%	25	48%
Food	255	61%	158	72%	46	46%	18	56%	29	56%
Healthcare & Medical Supplies	276	67%	152	70%	67	68%	22	69%	27	52%
Housing	88	21%	53	24%	13	13%	9	28%	8	15%
Social Experiences	371	89%	189	87%	94	95%	27	84%	49	94%
Transportation	118	28%	66	30%	21	21%	17	53%	12	23%
Voting	137	33%	86	39%	25	25%	10	31%	14	27%
Other Topics	142	34%	75	34%	35	35%	11	34%	14	27%

Social Experiences

By far, the most frequently cited impact was on “Social Experiences.” Results show that the effects of curtailed socialization were felt nearly universally, with 89% of the full sample indicating that their social experiences had been impacted. Caregivers were the most likely to report social experiences as an impact area, with 95% of caregivers indicating social experiences had been impacted. Based on qualitative feedback detailing how respondents had been impacted, the effects across the full sample ranged in severity from reduced socialization (“unable to socialize as much”) to total isolation (“I have been locked in my house since this started”). Although many people reported feeling isolated, it was only respondents with disabilities and caregiver respondents who specifically noted that the isolation had led to or exacerbated their depression, anxiety, or other facet of their mental health: 5% of people with disabilities and 7% of caregivers indicated in the qualitative comments that the isolation had had significant adverse psychological effects. One White man living with a disability commented that “Staying home 24/7 is playing hell with my mental health.”

For caregivers of people with disabilities, a common qualitative insight was that the lack of social experiences was leading to behavioral/social skills regression as the children and people they were caring for were not able to practice developing these skills during interpersonal interactions outside the home. One Latina caregiver noted that her “child already has social anxiety and now this will delay her experience to cope in the future and a very difficult challenge to get her close to where she was.”

Demographically, White respondents were significantly more likely to indicate that their social experiences had been impacted than Hispanic respondents ($p < 0.10$), although the characterization of that impact (*how* their social experiences had been impacted) did not differ by racial or ethnic identification. White respondents who identified as people living with a disability were also more likely than their Hispanic counterparts to indicate their social experiences were impacted ($p < 0.10$), but this pattern by race/ethnicity did not hold true for caregivers. Table 4 shows demographic differences among respondents who selected “Social Experiences” as an impacted area.

Table 4. Respondents who Reported Social Experiences as an Impact Area, Disaggregated by Respondent Demographics

	All Respondents		People Living with a Disability		Caregivers	
All	N	%	N	%	N	%
All Respondents	371	89%	189	87%	94	95%
Gender						
Women	265	90%	124	88%	82	94%
Men	81	85%	53	82%	8	100%
Race/Ethnicity						
Latino/Hispanic	109	**85%**	48	**81%**	35	92%
White	166	**93%**	92	**91%**	42	98%
Age						
18-34	27	87%	13	87%	5	83%
35-44	56	88%	19	79%	27	96%
45-54	81	91%	44	92%	24	100%
55-64	107	91%	54	87%	25	93%
65+	90	87%	57	85%	11	92%

Note: Bolded values indicate a statistically significant difference based on results of a two-sample test of proportions, $p < 0.10$. Cells with fewer than 10 cases were not subjected to tests of statistical significance.

Health Care and Medical Supplies

Two-thirds of all respondents selected "Health Care & Medical Supplies" as being impacted as a result of the pandemic (see Table 3). People living with a disability were proportionately the most likely to select this as an impact area (70%). According to the qualitative feedback characterizing the nature of the impact, respondents across the sample elevated *accessibility* of health care and prescriptions, *availability* of certain supplies and equipment, and *affordability* of services and medications, especially among respondents who had recently lost their employer-sponsored health insurance as a result of the economic downturn. Table 5 shows the percentage of respondents who referred to each type of health care impact – accessibility, affordability, and/or availability – in their open-ended feedback that asked them to describe the impact they had experienced.

Table 5. How Health Care has Been Impacted during COVID-19 Crisis by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 276		n = 152		n = 67		n = 22		n = 27	
Accessibility	129	47%	71	47%	37	55%	6	27%	11	41%
Availability	39	14%	12	8%	13	19%	9	41%	5	19%
Affordability	28	10%	16	11%	6	9%	3	14%	3	11%

For all respondent categories except advocates and social organizations, accessibility of services and medical care was mentioned by the greatest percentage of respondents per group in their qualitative feedback. Accessibility of services included issues like delayed and/or cancelled doctors' appointments, difficulty finding specialists taking patients, and the migration to online health care visits ("telehealth" or "telemedicine"). One White woman living with a disability indicated that she has experienced “much longer wait time to see or have a phone call with a provider. Months with no treatment for disease because of the delays.” Demographically, women, respondents over the age of 35, and White respondents mentioned more often than their counterparts that the accessibility of their health care services had been impacted, although only the difference between White and Hispanic respondents was statistically significant ($p < 0.05$, see Table 6 below).

The availability of medical supplies and equipment, including and especially the availability of personal protective equipment (PPE) was mentioned among a substantial minority of those who said their health care had been impacted by the pandemic. Organizations serving those living with a disability and disability advocates were the most likely to refer to the unavailability of PPE during the pandemic. Availability of supplies was not a top concern among people living with a disability, with only 8% of respondents mentioning it in their qualitative feedback.

Affordability of services and supplies was mentioned by 10% of the sample overall. One woman living with a disability disclosed that her “ACA plan is unaffordable so I do not go to Dr unless DEATHLY ill,” and another explained that “I cannot afford my usual doctors so I have run out of necessary medications.” Although the number of people referencing the affordability of services and supplies was relatively small, the demographic patterns arising among those who elevated this impact are meaningful. Hispanic residents were more likely than their White counterparts to reference the often-untenable cost of medical services, supplies, and medications in their qualitative feedback, both across the full sample (Table 6) and among just people living with a disability (data not shown). Women were also more likely to mention affordability than men, although small sample sizes prevented tests of statistical significance. Table 6 shows demographic differences in the types of health care impact described by respondents.

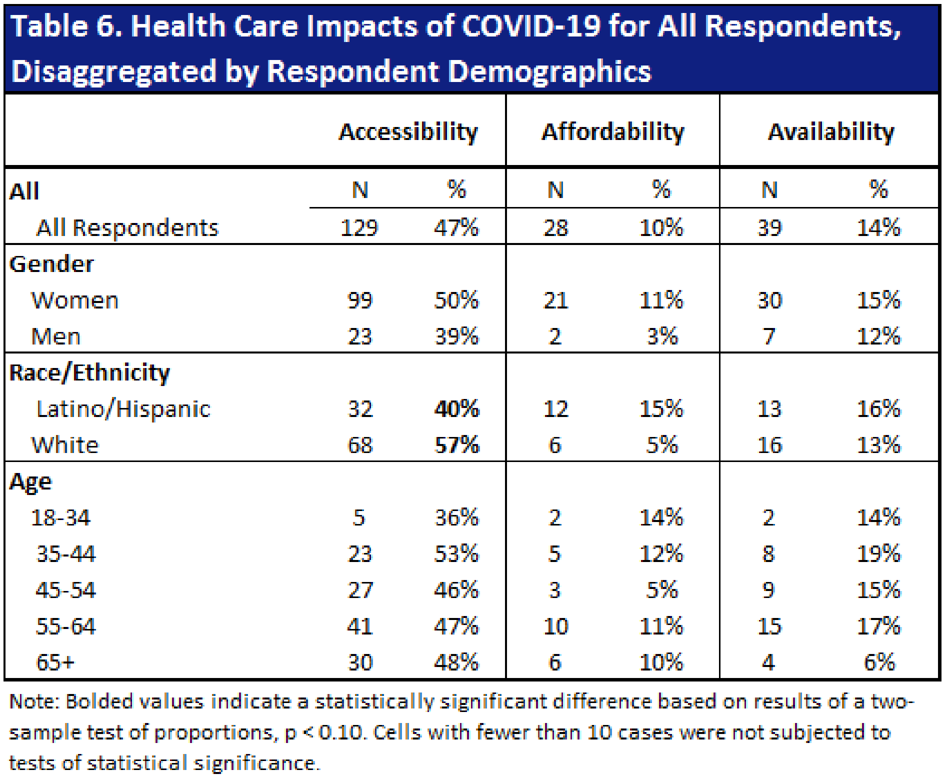

Table 6. Health Care Impacts of COVID-19 for All Respondents, Disaggregated by Respondent Demographics

	Accessibility		Affordability		Availability	
All	N	%	N	%	N	%
All Respondents	129	47%	28	10%	39	14%
Gender						
Women	99	50%	21	11%	30	15%
Men	23	39%	2	3%	7	12%
Race/Ethnicity						
Latino/Hispanic	32	**40%**	12	15%	13	16%
White	68	**57%**	6	5%	16	13%
Age						
18-34	5	36%	2	14%	2	14%
35-44	23	53%	5	12%	8	19%
45-54	27	46%	3	5%	9	15%
55-64	41	47%	10	11%	15	17%
65+	30	48%	6	10%	4	6%

Note: Bolded values indicate a statistically significant difference based on results of a two-sample test of proportions, $p < 0.10$. Cells with fewer than 10 cases were not subjected to tests of statistical significance.

Food

Over half of all respondents – 61% - selected “Food” as an area in their life that has been impacted by the pandemic (see Table 3). People living with a disability were the most likely to indicate that food had been an impacted area for them, with 72% of respondents indicating the pandemic had somehow impacted food in their or their family’s life. Similar to the characterizations of the impact on health care, respondents explained that their food had been impacted in terms of accessibility, availability, and affordability. Accessibility of food – physically getting access to groceries – was the most frequently mentioned issue associated with food across the full sample. Many respondents reported needing to take advantage of curbside grocery pick-up to avoid the risk associated with physically entering stores and standing in line. Others who have remained permanently homebound have begun relying on friends and relatives to bring them groceries.

Beyond accessibility, food affordability, especially the rising prices of in-demand products and the cost of grocery delivery services, was an issue that respondents living with a disability raised most often related to food impact. Over one-third – 37% - of respondents living with a disability who indicated their food had been impacted said that purchasing food was a struggle, and 8% mentioned acquiring food through public assistance, including with SNAP benefits and through the San Antonio Food Bank or other food pantry. One Hispanic man living with a disability explained his struggle both accessing and affording food: “I am blind and my wife has Elsmeimer [believed to be Alzheimer’s]. I can’t go to the food give sites because I do not drive and no one will bring me food.” One caregiver faced scheduling challenges with food pantry hours, explaining that she “had to stop attending food pantries due to virtual learning in mornings.” Not being able to use SNAP benefits with curbside grocery services was a problem reported by a few respondents that created significant problems for low-income residents who are not able to enter a grocery store due to the increased risk of exposure. Table 7 shows the percentage of respondents who referred to each type of food impact – accessibility, availability, and/or affordability – in their open-ended feedback that asked them to describe the impact they had experienced.

Table 7. How Food has Been Impacted during COVID-19 Crisis by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 255		n = 158		n = 46		n = 18		n = 29	
Accessibility	93	36%	57	36%	15	33%	6	33%	14	48%
Availability	44	17%	25	16%	10	22%	3	17%	5	17%
Affordability	81	32%	59	37%	12	26%	4	22%	5	17%
Public Assistance	18	7%	13	8%	3	7%	2	11%	0	0%

Across the sample, food impact was reported more often by older respondents, especially food accessibility. Younger respondents (ages 18-34) were less likely to report food accessibility issues than older respondents. White respondents were more likely to report food availability issues than Hispanic respondents. For people living with a disability, the demographic differences in food impact issues were less pronounced, although White respondents still reported product availability issues more often than Hispanic respondents (data not shown).

Table 8. Food Impacts of COVID-19 for All Respondents, Disaggregated by Respondent Demographics

	Accessibility		Affordability		Availability	
All	N	%	N	%	N	%
All Respondents	93	36%	81	32%	44	17%
Gender						
Women	67	38%	57	33%	34	19%
Men	21	33%	20	31%	10	16%
Race/Ethnicity						
Latino/Hispanic	29	35%	29	35%	9	11%
White	42	40%	32	30%	24	23%
Age						
18-34	1	7%	3	21%	1	7%
35-44	14	36%	12	31%	8	21%
45-54	17	**31%**	21	38%	9	16%
55-64	25	**34%**	26	36%	15	21%
65+	34	**50%**	19	28%	11	16%

Note: Bolded values indicate a statistically significant difference based on results of a two-sample test of proportions, $p < 0.10$. Cells with fewer than 10 cases were not subjected to tests of statistical significance.

Other Adverse Impacts

Issues with employment (44%), housing (21%), and transportation (28%) were mentioned by less than half of all respondents but have the potential to drastically affect respondents' quality of life (see Table 3).

In particular, of the 44% of respondents who reported experiencing employment impacts, three-quarters of them specified that the impact they experienced had to do with the strain of unemployment, either being laid off due to the economic downturn or no longer being able to find employment compatible with their health needs (some respondents who identified themselves as "high risk for COVID-19" noted they are unable to work in public but have had trouble finding remote work). The majority of unemployment strains were communicated by respondents living with a disability (see Table 9 below). A White woman living with a disability disclosed that "I am a bartender living with severe systemic lupus. I want to return to work but I NEED the job to be a remote position so I am not exposed to COVID or the public. I will perish if I contract this virus."

Relatedly, 43% of respondents living with a disability who reported that their housing had been impacted specified that they were struggling to pay their rent/mortgage. One respondent with a disability shared her recent experience: "We have a very small one bedroom apt but there came a time when my daughter & 4 kids were evicted and had no choice but to stay with us for a while which put a strain on us financially." Finally, among those who reported that their transportation had been impacted, nearly one-fifth specified that the impact was that they were no longer riding public transportation out of fear of exposure to the virus. This was most frequently raised by caregivers of people living with a disability.

Although these impacts were not mentioned as frequently as those discussed above, it is critical to highlight that some respondents of the survey were experiencing considerable hardship trying to survive the pandemic. Table 9 shows the percentage of respondents who referred to each specific type of impact – struggling to pay rent (Housing impact), unemployed (Employment impact), and/or avoidance of public transit (Transportation impact) – in their open-ended feedback that asked them to describe the impact they had experienced.

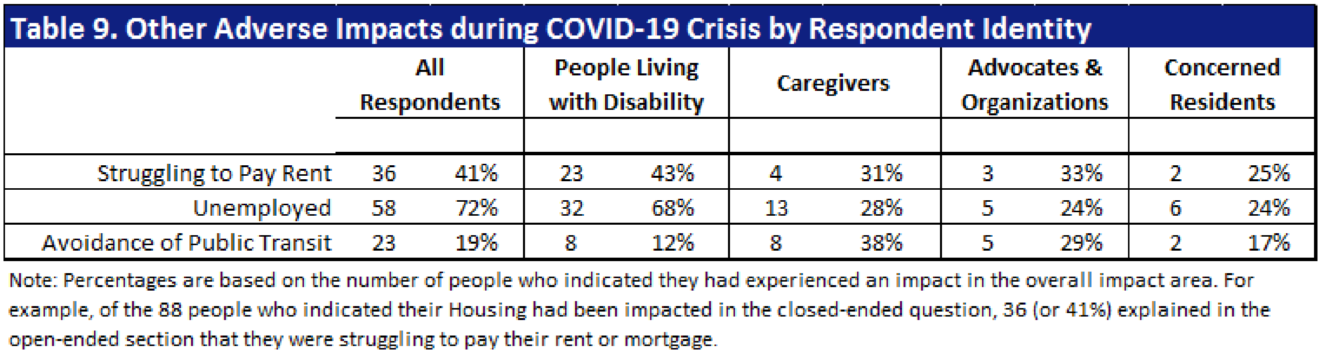

Table 9. Other Adverse Impacts during COVID-19 Crisis by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
Struggling to Pay Rent	36	41%	23	43%	4	31%	3	33%	2	25%
Unemployed	58	72%	32	68%	13	28%	5	24%	6	24%
Avoidance of Public Transit	23	19%	8	12%	8	38%	5	29%	2	17%

Note: Percentages are based on the number of people who indicated they had experienced an impact in the overall impact area. For example, of the 88 people who indicated their Housing had been impacted in the closed-ended question, 36 (or 41%) explained in the open-ended section that they were struggling to pay their rent or mortgage.

Communication Access

Across the impact areas, a common thread was how the new dimensions of social life that have arisen due to the pandemic, namely virtual communications and mask wearing, are impacting residents living with sensory impairments (e.g., Deaf, Hard of Hearing, Blind, Autism, Speech impediment, etc.). For virtual communications, several respondents noted that telehealth visits and virtual schooling do not yet have accommodations for certain sensory impairments like not providing closed captioning or ASL interpreters. The safety protocol of masking covers wearers' mouths and prevents people communicating with them from reading their lips. Respondents mentioned this issue of communication equity when specifying how their social experiences, employment, education, and health care were impacted.

Top Concerns

Respondents were asked to provide open-ended feedback on their top concerns when planning for the next 6 to 12 months. The concerns that respondents provided mirrored the impacts they had specified. Nearly all respondents provided some qualitative response to the question of concerns, and the top three areas of concern were coded into Personal & Family Health, Social Experiences, and Food. Table 10 shows the range of concerns expressed by the respondents, broken down by respondent identity.

Table 10. Top Concerns by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 415		n = 218		n = 99		n = 32		n = 52	
Personal/Family's Health	118	29%	66	31%	29	29%	8	25%	13	25%
Social Experiences	105	25%	50	23%	27	27%	6	19%	19	37%
Food	82	20%	54	25%	11	11%	8	25%	8	15%
School	80	19%	17	8%	39	39%	6	19%	15	29%
Employment	78	19%	30	14%	22	22%	10	31%	12	23%
Finances & Income	74	18%	45	21%	12	12%	11	34%	5	10%
Health Care & Supplies	73	18%	50	23%	12	12%	2	6%	7	13%
Politics/Election/Leadership	42	10%	25	12%	7	7%	0	0%	6	12%
Community Behavior	34	8%	23	11%	3	3%	2	6%	5	10%
Housing	26	6%	17	8%	4	4%	2	6%	2	4%
Transportation	11	3%	7	3%	3	3%	1	3%	0	0%
Communication Barriers	8	2%	8	4%	0	0%	0	0%	0	0%

Concerns about personal and family health, specifically contracting the coronavirus, were the most frequently cited concern among people living with a disability. One-third of respondents living with a disability said that they or their families becoming ill was one of their top concerns when planning for the next 6 to 12 months. Personal and family health were also top concerns for the other respondent groups, though it was mentioned slightly less frequently across the other groups.

Concerns about social experiences and the considerably curtailed opportunities for meaningful socialization were also mentioned as a top consideration for the sample overall and for each identity group. It was most commonly mentioned by concerned residents, with 37% of this group elevating it as a concern. One in every five respondents mentioned food as a top concern in their immediate future, with respondents living with a disability mentioning it slightly more frequently than the overall sample. One respondent noted that their top concern was "having enough groceries to survive until the pandemic is over since I can't get to the store often enough for food and essentials." Other top concerns for people living with a disability included obtaining needed health care and medical supplies, concerns about finances and maintaining a livable income, and the choices and behavior of the larger community.

Among respondents living with a disability, some notable demographic differences in responses arose. Compared to their Hispanic peers, White respondents were significantly more likely to list health and social experiences as top concerns, whereas Hispanic respondents were more likely to mention food as a top concern when planning for the next 6 to 12 months ($p < .05$, see Table 11). The food concerns echoed the food impacts respondents shared elsewhere in the survey, including accessing food from grocery stores and food pantries and affording it with rising prices and unstable incomes. A Hispanic woman living with a disability referenced the issue of scarcity, a common theme among those who were concerned about the availability and affordability of food: "Would we have enough for groceries, pay bills and medical attention? Everyone's hurting, would there be enough help?"

Respondents living with a disability over the age of 45 were more likely than 18-34 year olds to list health as top concern. The youngest respondents were also less likely to report being concerned about food than their older counterparts. Social experiences were a top concern for the oldest bracket of respondents, with those age 65+ listing concerns about social experiences significantly more often than all other age groups ($p < 0.05$). One woman living with a disability between 64 and 75 years old indicated that one of her top three concerns was “being forgotten.” Table 11 shows the demographic differences in the top concerns raised by respondents living with disabilities.

Table 11. Top Concerns of COVID-19 for Respondents with Disabilities, Disaggregated by Respondents Demographics

	Personal/Family Health		Food		Social Experiences	
All	N	%	N	%	N	%
Persons with Disabilities	66	30%	54	25%	50	23%
Gender						
Women	45	32%	36	26%	37	26%
Men	19	29%	16	25%	11	17%
Race/Ethnicity						
Latino/Hispanic	13	**22%**	22	**37%**	7	12%
White	41	**41%**	19	**19%**	31	31%
Age						
18-34	1	7%	1	7%	2	13%
35-44	6	25%	9	38%	4	17%
45-54	16	33%	13	27%	9	19%
55-64	24	39%	16	26%	10	**16%**
65+	19	28%	15	22%	25	**37%**

Note: Bolded values indicate a statistically significant difference based on results of a two-sample test of proportions, $p < 0.10$. Cells with fewer than 10 cases were not subjected to tests of statistical significance.

Schools

The issue of schools and education was a top concern for caregivers and concerned residents. The move to online learning was problematic for most caregivers due to the quality of remote instruction, insufficient accommodations for students’ special needs, the adverse behavioral consequences of reduced socialization, and conflicts with adults’ employment. For example, caregivers noted that students with sensory impairments face significant challenges learning online. Reduced opportunities to develop social skills and access to school-sponsored rehabilitation services were also mentioned by caregivers as impacts of school closures for their students.

Hispanic caregivers were significantly more likely than White caregivers to raise concerns associated with students’ educational experiences ($p < 0.10$, data not shown). One Latina caregiver noted that virtual school had curtailed her ability to work, reporting that her son with autism “can’t do Zoom meetings on his own…I can’t work cuz I must sit in on all online class meetings and manage all work and technology for him." Women caregivers were more likely to mention school concerns compared to men caregivers, but it is important to mention that the sample contained relatively few men caregivers (only 8% of caregivers identified as men).

Still, for some respondents, concerns centered on a premature reopening of schools, encouraging local officials to keep schools closed in order to reduce the spread of the virus (most respondents completed the survey prior to many local districts returning to in-person learning in early September, and many completed it before virtual schooling began at the end of August).

Ideas & Suggestions

Respondents were asked to offer suggestions for how to handle their concerns in their own words. A considerable portion of the sample did not offer suggestions – 16% (65 of 415 respondents) left the suggestions box blank. Of the 350 respondents who offered suggestions to address the concerns they raised; the greatest consensus was found in people's recommendations to follow community safety guidelines. Nearly one-third of all respondents who offered suggestions encouraged the San Antonio community to abide by public health best practices, including consistent masking, hand hygiene and social distancing. A smaller percentage of respondents referenced the benefits a vaccine would bring and the need to advance testing and contact tracing practices. In an interesting "U-shaped" pattern, the oldest and youngest respondents were more likely to suggest following public health guidelines than the 45-54 year old cohort (data not shown). No other significant demographic differences were detected in the type or frequency of suggestions. Table 12 shows the breadth of suggestions offered by the respondents, broken down by respondent identity.

Table 12. Ideas and Suggestions to Solve COVID-19 Concerns by Respondent Identity

	All Respondents		People Living with Disability		Caregivers		Advocates & Organizations		Concerned Residents	
	n = 350		n = 182		n = 81		n = 29		n = 45	
Health: Reducing the Virus										
Follow Public Health Guidelines	110	31%	57	31%	29	36%	7	24%	15	33%
Develop & Administer a Vaccine	19	5%	9	5%	3	4%	1	3%	5	11%
Advance Testing & Tracking	14	4%	5	3%	1	1%	1	3%	1	2%
Safety Net: Providing for Basic Needs										
Give Cash Assistance to Most Vulnerable	40	11%	23	13%	8	10%	2	7%	5	11%
Distribute Food	20	6%	13	7%	5	6%	1	3%	0	0%
Provide Internet & Tech Support	8	2%	5	3%	0	0%	1	3%	1	2%
Quality of Life: Navigating Daily Living										
Address School Issues	41	12%	12	7%	15	19%	4	14%	9	20%
Provide Skills Training & Job Opportunities	13	4%	5	3%	4	5%	2	7%	1	2%
Develop Safe Socializing Opportunities	12	3%	1	1%	4	5%	3	10%	3	7%
Alleviate Communication Barriers	11	3%	10	5%	0	0%	0	0%	0	0%
Tend to Mental Health Issues	9	3%	3	2%	3	4%	2	7%	1	2%
Create Volunteer Networks	5	1%	1	1%	0	0%	3	10%	1	2%
Outreach to Seniors & those with Disabilities	8	2%	6	3%	2	2%	0	0%	0	0%

Other suggestions were less frequently cited but still concentrated around the major themes respondents raised in terms of impacts and concerns of the COVID-19 pandemic. Just over 10% of respondents suggested providing the city's most vulnerable residents with a reliable safety net, including providing subsistence assistance to those who need it and ensuring they have ready access to free food and Internet.

A number of suggestions revolved around improving residents' quality of life while we continue to navigate the challenges of the pandemic. These suggestions included creating safe socialization opportunities, offering online skills training to increase the employability of people living with a disability, in particular, and developing incentivized volunteer networks. Several residents suggested coordinating volunteers to routinely check on the city's most vulnerable residents. One respondent offered the idea of a form of "volunteer co-op" where contributing a certain number of volunteer hours to a COVID-related initiative entitles participants to a discount on their utility bill.

One respondent captured some of the most common suggestions in her response: "What I suggest - mental health outreach, social outreach, general outreach. Outreach to be sure people are fed. It seems to me something that employed the unemployed in helping address the many issues - something like the WPA - would be a win/win. Continued financial support and rent support for those struggling. Continue to provide solid, science-based information. Please, please, please continue to close parks and normalize masks and social distancing. I'd like to note I feel very fortunate to live in San Antonio, with the mayor and more progressive city government than some areas."

Respondents who raised issues around equitable communications encouraged government entities, media outlets, and healthcare providers to include ASL translators in their communications. One respondent suggested that local TV news provide ASL interpretation because the closed captioning is sometimes inaccurate. The most frequent solution to the challenges masks present to people who need to read lips was to introduce clear masks to service providers.

It is important to note that the concerns and solutions of a small portion of the sample involved a broader opening of the economy and social life. For these respondents, the concerns around COVID-19 were unfounded and/or excessive and the solution to addressing them would be for government entities to devote less attention to it and not more.

Summary

Overall, results show that certain dimensions of social life have been affected for many – if not most – of the survey's respondents. Nearly all respondents indicated that their social experiences had been impacted, sometimes significantly, and the prospect of future socializing is a primary concern. A majority of respondents also reported that their health care had been impacted and that their health was a top concern as they look to the future. Respondents mentioned significant struggles with food, especially accessing and affording it, and ensuring they have enough food moving forward was one of the most frequently mentioned concerns.

People living with a disability reported some of the most concerning impacts associated with the pandemic. In addition to being the most likely to report impacts on their food, people living with a disability also reported employment and housing struggles more often than other groups. For their part, caregivers were particularly focused on the impacts associated with changes to their children's education and the future of their learning and growth.

Demographically, younger respondents generally reported being less impacted by the pandemic and not expressing as many concerns as their older counterparts. Concerns about significantly reduced social experiences – what many referred to as social isolation – were mentioned more often by the sample's oldest respondents. Results also showed certain racial/ethnic differences in responses. Hispanic respondents, especially among those living with a disability, were more likely to elevate food as a concern than their White counterparts, whereas White respondents, especially those living with a disability, were more likely to mention concerns with social experiences.

Respondents offered a breadth of suggestions to address the concerns they had raised, most aligning with the major themes that had been elevated throughout the results. The greatest consensus was around the need to abide by public health guidelines, including wearing masks and social distancing, to stem the virus and protect residents' health. Respondents also encouraged officials to ensure residents' basic needs were met, including food and Internet needs. Additional suggestions for improving people's quality of life included providing virtual skill building to increase employability, coordinating volunteer networks to conduct outreach to the community's most vulnerable, and developing safe socializing opportunities. Finally, addressing equitable communications was top of mind for respondents with sensory impairments in our now largely virtual and masked environment.

Limitations

The data found in this report are subject to limitations, and therefore results should be interpreted with caution. First, the sample is neither random nor representative, meaning we cannot use them to draw conclusions about the entire disability community (approx. 200,000 people). Demographic differences should also be interpreted with caution given the small sizes of each subgroup. The survey was posted online and only when requested by an individual were surveys completed by phone or by paper. This method may have created a bias in reporting due to lack of access to technology or lack of awareness of the process to request assistance.

Second, this was an informal survey that did not undergo the review process found in more academic research studies. Ambiguous questions may have been misinterpreted by respondents leading to confusion in how to respond. Finally, responses cannot be attributed to specific disability populations and findings should be considered for the general disability population.

These limitations notwithstanding, the study provides valuable insights into the experiences of a subset of San Antonio residents that are likely reflective of what many others are experiencing. Equipped with this information, we can recommend tangible action steps that can address the concerns raised by survey respondents.

Recommendations

In addition to the suggestions offered by the respondents, we strongly encourage our community to take action in the following ways in order to equitably serve and support those living with disability in San Antonio:

- Individuals with disabilities must be included on the planning and implementation teams for community programs, services, and emergency response initiatives to ensure equitable access.
- Community programs and services must develop strategies to target and serve individuals with disabilities. Programs not familiar with working with disabilities may not fully grasp the specific issues and barriers this community faces each day which are compounded during times of crisis. Each program must aim to build an inclusive and equitable service free of unintended consequences so every member of our community can improve personal resiliency and thrive.
- Future community engagement of the disability community must strive to gather the voices of all by ensuring the voices of Black, Latinx, Asian, Indigenous and other marginalized community members are included in outreach efforts. We will never fully understand the relationship of disability with these co-identities without these community members represented.
- Community programs and services must address the impact on social experiences of the disability community. Programs must innovate to create safe socialization opportunities that are universally designed for all abilities and all ages.

About the Authors

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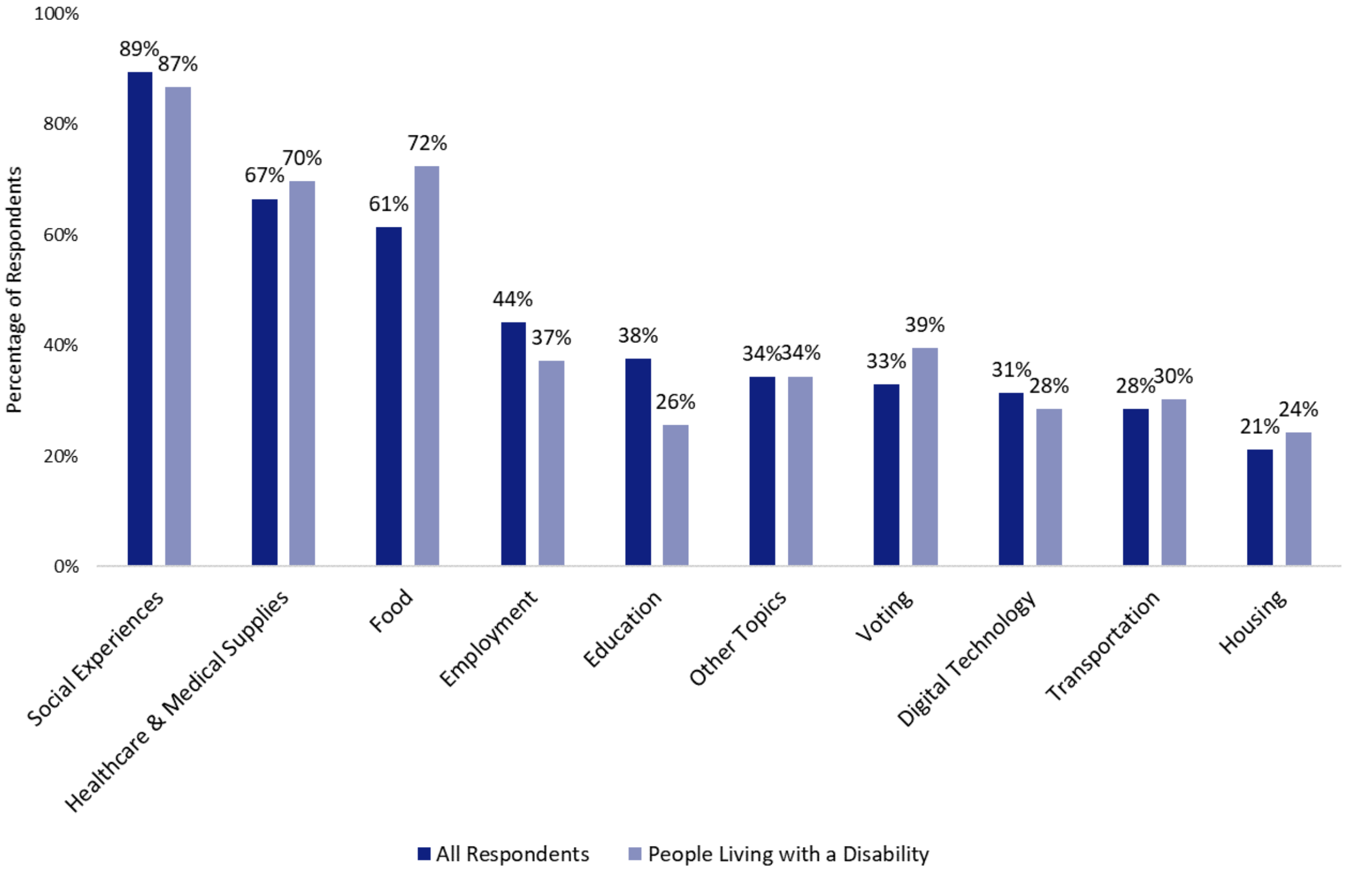
APPENDIX A

Key Impacts Across Respondents

Figure 1. Impacts of COVID-19



Appendix B

Survey Questions

Below is the English version of the survey questions. Logos and ASL icons have been removed from this appendix copy. ASL videos were available for each question by clicking on an ASL icon.

Gathering experiences of people with disabilities during COVID-19/Reunir experiences de personas con discapacidad durante COVID-19

In order to get started, please select a language for your survey/Para comenzar, seleccione un idoma para su encuesta.

- English/Screen Reader
- Español
- ASL

Make sure you voice is heard by participating in a survey that gathers the experiences of people with disabilities during the COVID-19 pandemic response and recovery. The City of San Antonio Disability Access Office, disABILITYsa, and the San Antonio Area Foundation have teamed up to gather feedback on how the COVID-19 pandemic is affecting the lives of people with disabilities and identify solutions for these challenges. Organizations: See the impact on your organization. Limit one response per organization and then share the survey with the people you serve.

There are five questions in this section:

1. How do you identify?
    a. Person living with a disability
    b. Disability advocate
    c. Caregiver for a person with a disability
    d. Interested or concerned resident
    e. An organization serving individuals living with disabilities
    f. I do not wish to identify

2. How are getting information regarding the COVID-19 crisis? Select all that apply and name your source(s) in the corresponding box to the right.
    a. Family and friends
    b. Internet
    c. Television
    d. Radio
    e. Government Agency
    f. Service organization
    g. I don't have a reliable resource for information

3. How has COVID-19 impacted you, your family, or your organization in the following areas? An answer (yes/no) is required for each line. If yes, please explain (typed in by respondent)
    a. Digital technology
    b. Education
    c. Employment
    d. Food
    e. Healthcare and medical supplies
    f. Housing and shelter
    g. Social experiences
    h. Transportation
    i. Voting
    j. Other topics

4. What are your top three concern(s) when planning for the next 6-12 months? Type your response in the box below or upload your video response.

5. As we look at recovery for our community, please share the ideas and suggestions you have to solve some of the issues or concerns you've shared. Type your response in the box below or upload your video response.

The next set of questions are optional and help us improve our outreach efforts. Thank you for sharing with us. There are five questions in this section.

1. What is your age?
    a. Under 18
    b. 18-24
    c. 25-34
    d. 35-44
    e. 45-54
    f. 55-64
    g. 65-74
    h. 75+
    i. Prefer not to answer

2. What is your gender?
    a. Female
    b. Male
    c. Prefer to self-describe
    d. Prefer not to answer

3. What is your race/ethnicity? Check all that apply
    a. American Indian or Alaska Native
    b. Asian or Asian American
    c. Black or African American
    d. Hispanic or Latino
    e. Native Hawaiian or other Pacific Islander
    f. White or Caucasian
    g. Prefer not to answer
    h. Other

4. Residential or Organization's Zip Code. (Typed in by respondent)

5. What area do you live in?
    a. City of San Antonio District 1
    b. City of San Antonio District 2
    c. City of San Antonio District 3
    d. City of San Antonio District 4
    e. City of San Antonio District 5
    f. City of San Antonio District 6
    g. City of San Antonio District 7
    h. City of San Antonio District 8
    i. City of San Antonio District 9
    j. City of San Antonio District 10
    k. Incorporated City other than San Antonio
    l. Bexar County Unincorporated

6. Do you want to stay up to date on the next steps? Please provide us with your name and email address. By providing your name and email address, you will be giving authorization to add it to a list for periodic electronic e-blasts containing update information. (typed in by resident)