

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

AN ONLINE SURVEY SUMMARY REPORT



Key Findings

The following emerged as key findings.

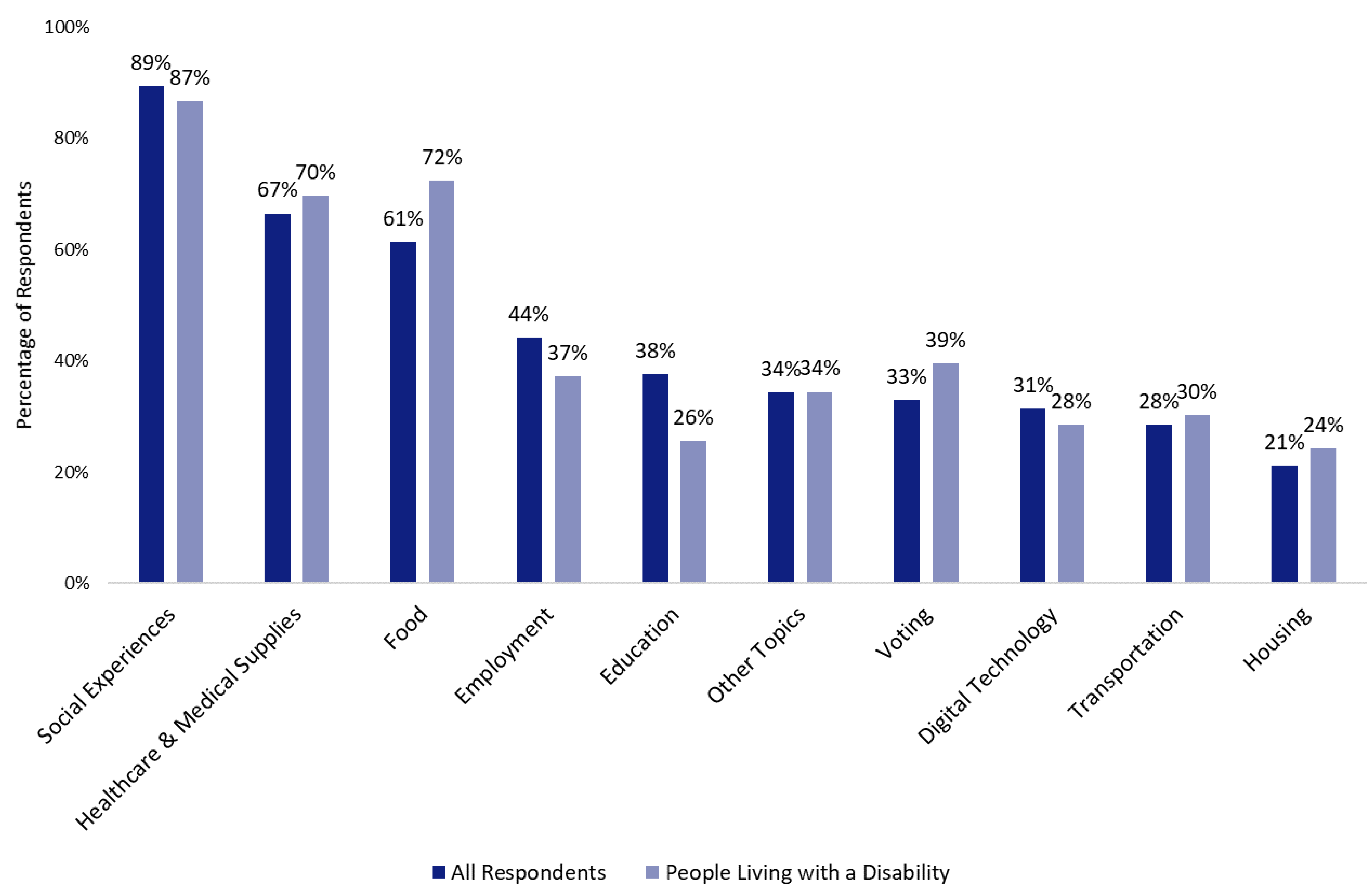
- The most frequently cited impact is **social experiences**. Respondents stated the isolation led to or exacerbated mental health issues such as depression and anxiety while caregivers stated the isolation was leading to behavioral and social skills regression.
- **Access to health care** is a key concern 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 as 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.



We thank our respective organizations for financial and staff support to complete and distribute this report.

Key Impacts Across Respondents

Figure 1. Impacts of COVID-19



Disclaimer: This work may be freely disseminated or reproduced with attribution. The authors, editors, and organizations associated with this report accept no liability in any form arising from the reproduction or content of this publication.

Introduction

Barriers to information, health care, technology, employment, 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; Schriener, 2001; Stapleton, Burkhauser, & Houtenville, 2004; 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:

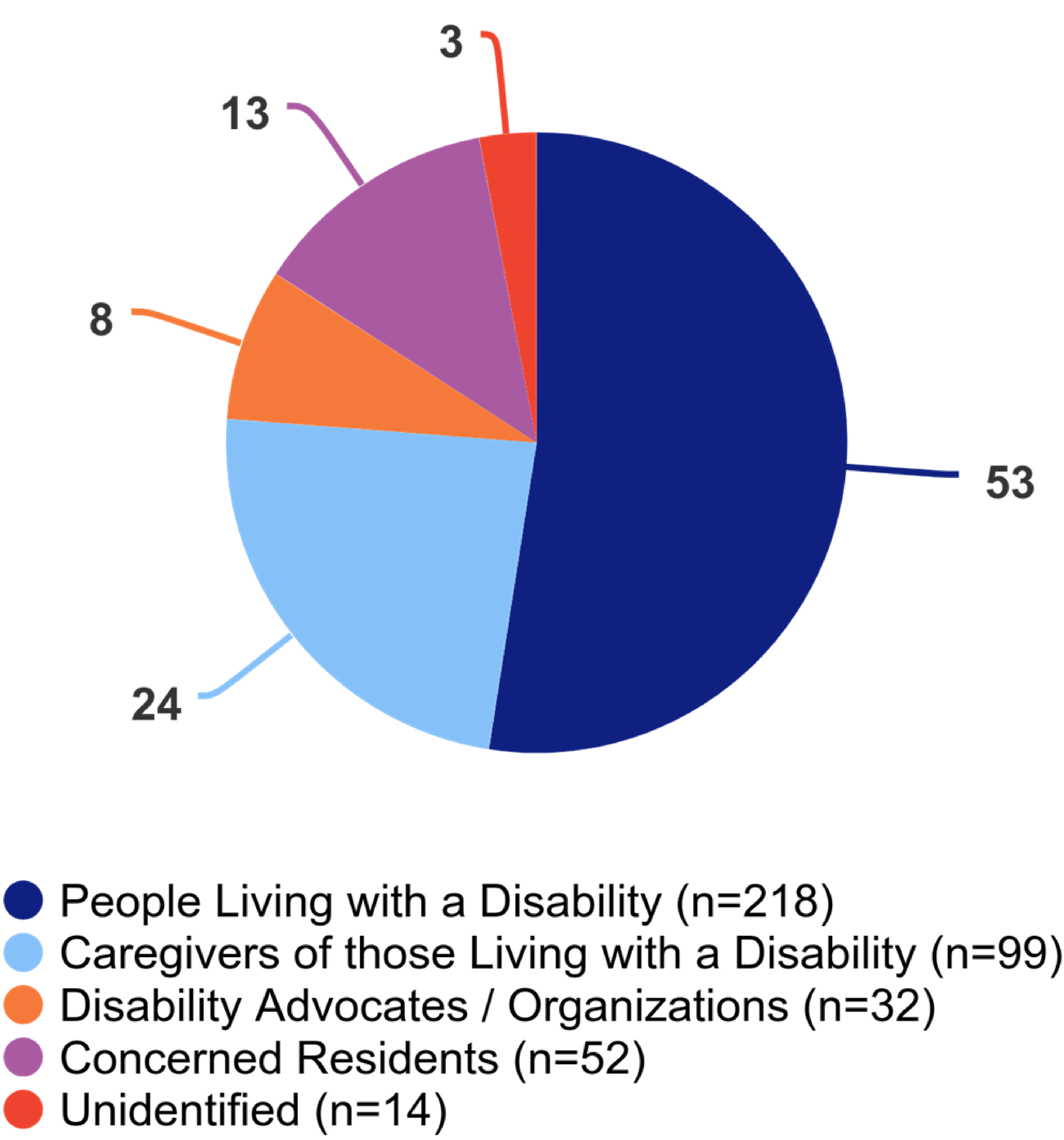
- **Determine the impacts of the COVID-19 pandemic on the disability community**
- **Gather suggestions on how to lessen the impact of the COVID-19 pandemic**

Method

The survey 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 completing 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.

Demographics Summary

% of Respondents by Identity

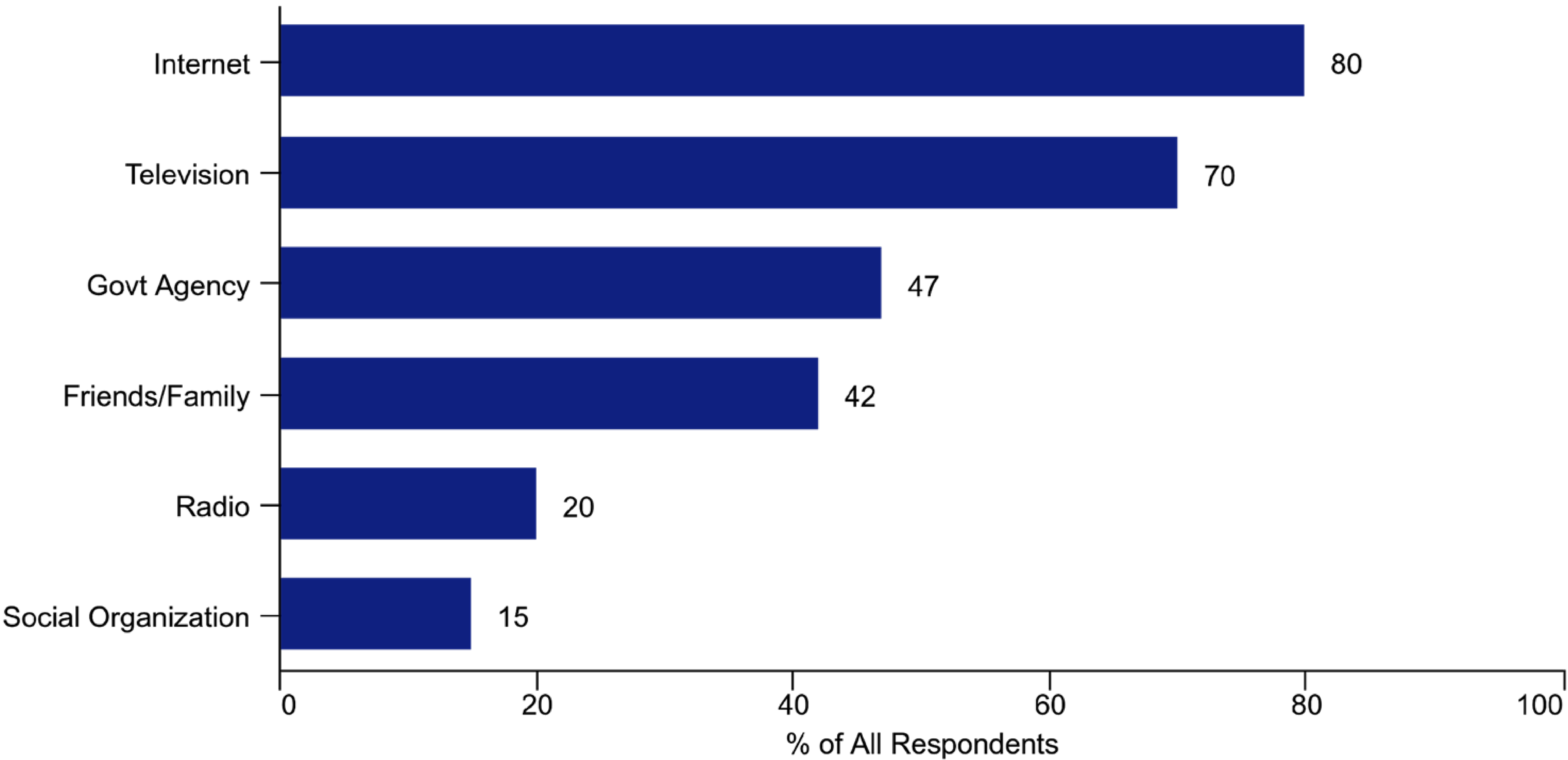


Survey results are based on a sample of **415 unique respondents**. Half identified as people living with a disability, and nearly one quarter identified as a caregiver for a person with a disability. The majority of respondents – 71% - identified as female. The sample was predominantly made up of White (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.

Respondents living with a disability were also 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).

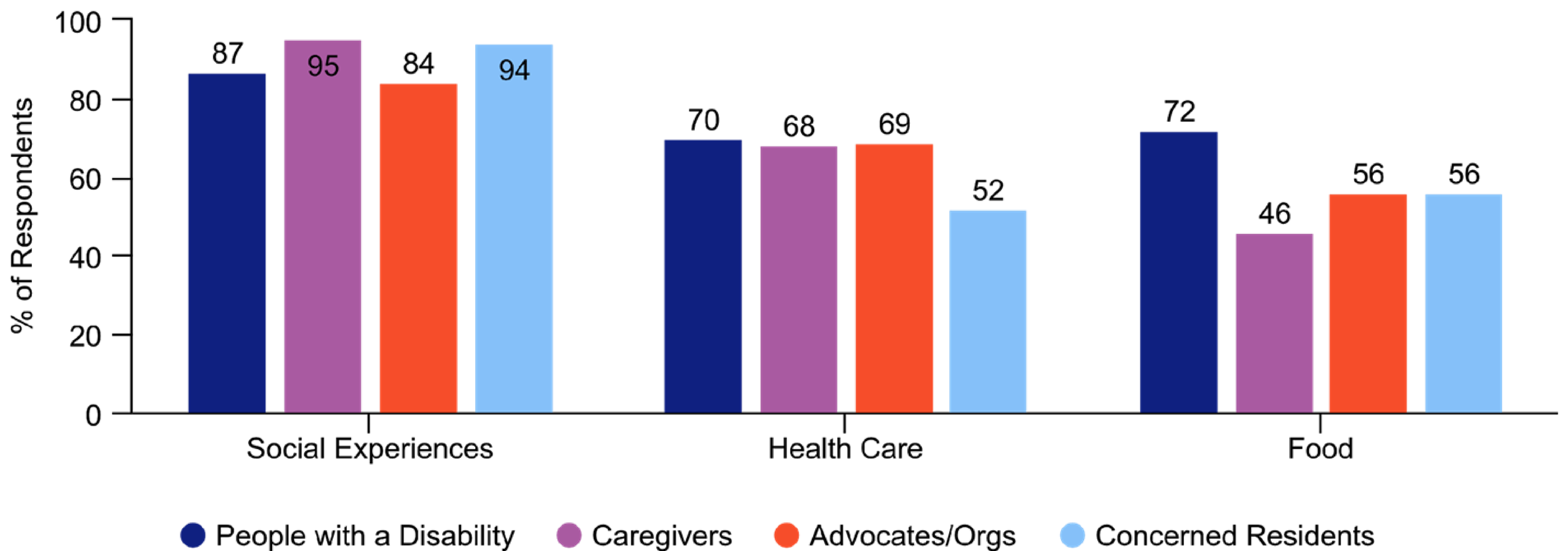
Information Sources

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: Internet, Television, and a Government Agency.



Impacts of COVID-19

Survey respondents were asked to select all of 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. The top 3 most frequently selected impacts are shown in the graph below.



The effects of curtailed socialization were felt nearly universally, with 89% of the full sample indicating that their "Social Experiences" had been impacted. Based on qualitative feedback, 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").

Two-thirds of all respondents selected "Health Care & Medical Supplies" as being impacted as a result of the pandemic. According to the qualitative feedback, respondents 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.

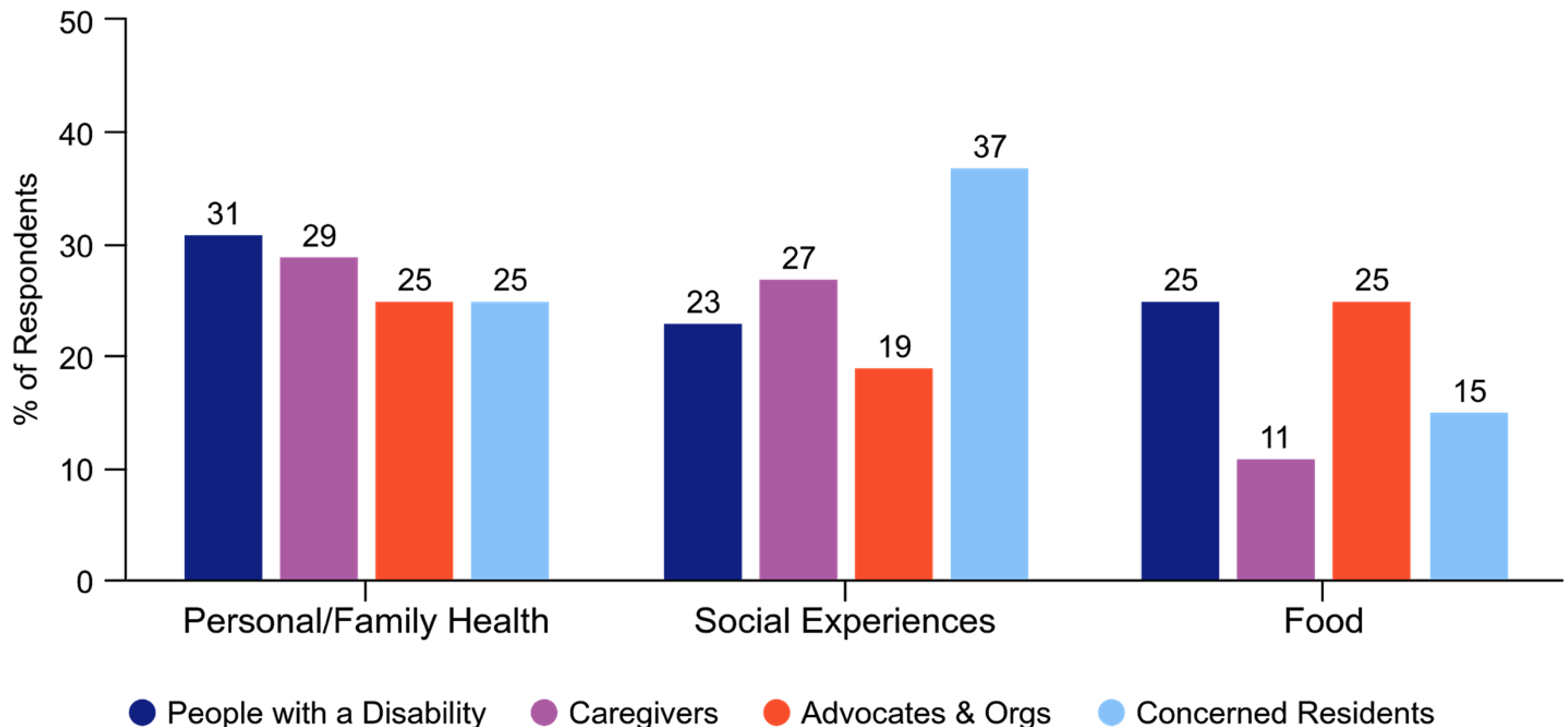
Over half of all respondents – 61% - selected "Food" as an area in their life that has been impacted by the pandemic. Accessibility of food – physically getting access to groceries – was the most frequently mentioned issue associated with food in the qualitative feedback.

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. The majority of unemployment strains were communicated by respondents living with a disability, and nearly half of respondents living with a disability who reported that their housing had been impacted specified that they were struggling to pay their rent/mortgage.

Top Concerns

Respondents were asked to provide open-ended feedback on their top concerns when planning for the next 6 to 12 months. Responses were coded for major themes. The top 3 most frequently mentioned concerns are shown in the graph below.



Concerns about personal and family health, specifically contracting the COVID-19 virus, were the most frequently cited concern among people living with a disability. White respondents living with a disability were more likely to mention concerns about health (41%) than Hispanic respondents living with a disability (22%). Concerns about social experiences were also mentioned as a top consideration for the sample overall and for each identity group. Social experiences was 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. 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. Among Hispanic respondents living with a disability, 37% said that getting and affording food was a major concern in their immediate future, compared to 19% of white respondents living with a disability.

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.

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.

The table shows the range of suggestions offered by the respondents.

	Number of Respondents	Percentage of Respondents
Health: Reduce the Virus		
Follow Public Health Guidelines	110	31%
Administer Vaccine	19	5%
Advance Testing & Tracking	14	4%
Safety Net: Meet Basic Needs		
Give Assistance to Most Vulnerable	40	11%
Distribute Food	20	6%
Provide Internet	8	2%
Quality of Life: Improve Daily Living		
Address School Issues	41	12%
Provide Skills Training & Job Opportunities	13	4%
Develop Safe Socializing Opportunities	12	3%
Alleviate Communication Barriers	11	3%
Tend to Mental Health Issues	9	3%
Outreach to Older Adults & Those in Need	8	2%
Create Volunteer Networks	5	1%

"Alleviate Communication Barriers" refers to respondents who raised issues around equitable communications for residents with sensory impairments. Respondents encouraged government entities, media outlets, and healthcare providers to include ASL interpreters in their communications and introduce clear masks to service providers.

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. 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. 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 take the following actions to equitably serve and support those living with disabilities 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 and Indigenous 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 for individuals with disabilities of all ages.



About The Authors

Deborah Scharven, M.S., Accessibility Compliance Manager and oversees the City of San Antonio's Disability Access Office

Melanie Cawthon, M.S., Co-founder and Executive Director of disABILITYsa

Jane Paccione, M.P.A., Managing Director of Collective Impact at the San Antonio Area Foundation and oversees the Successfully Aging and Living in San Antonio initiative

Kathleen Denny, Ph.D., Independent Research Consultant

For more information about this report or to request this report in an alternate format, contact:

City of San Antonio, Disability Access Office

P.O. Box 839966

San Antonio, Texas 78283-3966

Phone: 210-207-7135

Email: DisabilityAccess@SanAntonio.gov

References

American Association of People with Disabilities and Leadership Conference on Civil & Human Rights (2012). Equity in Transportation for People with Disabilities. Retrieved from website, November 2020: <https://www.aapd.com/>

Banks, M. E., & Kaschak, E. (2003). Women with Visible and Invisible Disabilities: Multiple Intersections, Multiple Issues, Multiple Therapies. New York: Haworth Press.

Lazar, Jonathan, and Paul Jaeger. "Reducing Barriers to Online Access for People with Disabilities." Issues in Science and Technology 27, no. 2 (Winter 2011).

Raphael, R. (2006). Academia is silent about deaf professors [Electronic Version]. Chronicle of Higher Education. Retrieved November 2020 from <http://chronicle.com/weekly/v53/i04/04b01201.htm>.

Schriner, K. (2001). A disability studies perspective on employment issues and policies for disabled people: An international view. In G. L. Albrecht, K. Seelman & M. Bury (Eds.), Handbook of disability studies (pp. 642-662). Thousand Oaks, CA: Sage.

Stapleton, D. C., Burkhauser, R. V., & Houtenville, A. J. (2004). Has the employment rate of people with disabilities declined? Policy brief. Ithaca, NY: Cornell University Institute for Policy Research.

Woodcock, K., Rohan, M. J., & Campbell, L. (2007). Equitable representation of deaf people in mainstream academia: Why not? Higher Education, 53(3), 359-379.

