

Part II: Executive Summary and Recommendations

Executive Summary

This report is designed to provide empirically informed guidance to social service agencies and interested citizens in understanding the pressing needs in a 12 county region consisting of Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, and San Patricio counties (12CR). Accordingly, all findings are grounded in data, which has been collected from a variety of sources including archival sources, random telephone surveys of citizens, surveys of Key Informants, community listening sessions, focus groups of Key Informants and finally, citizen response sessions where the initial data findings were discussed. Compiling the data for this assessment required contacting hundreds of individuals and consulting with multiple data sources. These efforts have produced the groundwork for findings regarding the state of need in the 12CR.

The presentation of this report reflects a broad perspective of the need areas in the 12 county region. Accordingly, the report might be characterized as a snapshot that is a mile wide and only a foot deep. This report is most appropriately viewed as a ‘conversation starter’ for continued in-depth discussion about the specific details, and possible solutions to many of the broadly defined need areas. Our key recommendation for the usefulness of this report is that specific work groups review and dissect the results from each of the target need areas in order to more specifically describe the concerns of the community contentions and therefore fashion the most appropriate action planning for improvement. The report was formulated as a resource port. The accompanying web site will allow for agencies to quickly access pertinent facts about their counties when designing services, making funding decisions and/or writing grants.

Because the focus of this report is an assessment of “needs,” its purpose is to highlight “need areas.” In order to facilitate effective action planning, ‘deficit’ phrasing was generally chosen instead of noting the more positive aspects of the community. For example, if a statistic is presented on employment that states, “62% of the residents are employed,” this also means that “38% are unemployed” and we have deliberately pointed to the 38% statistic.

What follows are the findings from each of the Target Need Area chapters of this report. Utilizing a convergent data approach, each of the findings has been grounded in archival data sources, and personal perspectives of both community citizens and Key Informants. The findings of each section of the report are not designed to stand in isolation, but meant to be viewed in the context of the entire report. Examining each in isolation may lead to erroneous conclusions.

As identified by the predecessor of this report, Compass 1995-2000, several themes tended to pervade all the target areas of our investigation, the most prominent being poverty.

Our findings indicate that poverty is perhaps the single factor that most disproportionately affects citizens of the 12 county region.

The impact of poverty can hardly be separated from disparaging statistics in health, crime and family structure. Accordingly, when citizens are functioning in poverty, they have little chance of reaching their fullest potential as citizens. Citizens in the 12CR experience poverty at a rate that is 27% higher than citizens in the state of Texas. Up to 30.1% of respondents reported not having enough income to keep up with bills. Up to 21.6% of respondents have been unable to buy enough groceries for their families in the last 12 months. Accordingly, the demand for basic assistance in the 12CR is greater than at the state level. For example, seven of the counties have a higher percentage of children receiving free or reduced lunches than the state; 73% of children in Brooks

County receive free/reduced lunch and 84% receive WIC. Families in the 12CR are 1.4 times more likely to receive food stamps than residents of the overall state. Up to 19.5% of citizen respondents have contacted a social service agency in the past year. Up to 35.4% of citizens described difficulty seeking help because of cost and up to 18.4% reported an inability to get an appointment for help.

Our findings indicate that the financial, emotional and physical needs of children in the 12 county region merit priority of concern for social service intervention.

Children and youth in the 12CR are much more vulnerable to a variety of problems such as teen pregnancy, substance abuse than their counterparts in other areas of the state. Children are more likely to be victims of abuse and antisocial behavior or neglect. Children in the 12CR have a higher rate of physical disabilities (7.5%) when compared to state level (6.9%). Up to 15.1% of the citizens described members of their household who had serious emotional problems in the past 12 months. Teens in the 12CR are 1.5 times more likely to commit suicide than teens at the state level. These patterns of risk for negative developmental outcomes described above makes our findings regarding the relative scarcity of quality early childcare environments especially sobering. Our findings indicate that there is only available children care for 16% of the children who need it in the 12CR. Research on childhood education and exposure to quality childcare environments has consistently shown that such exposure provides a buffering effect against many of the problems faced by youth in the 12CR. Clearly then, the current resource allocations for priority of early intervention is insufficient. This current level of priority, if left unchanged, will no doubt leave children in the 12CR at ever increasing risk for negative developmental outcomes.

Our findings indicate that the financial, emotional, and physical needs of families in the 12 County Region merit a priority of concern for social service intervention.

Families in the 12CR are 27% more likely to be in poverty than at the state level. The rate of single parent households is 11.4% greater for the 12CR than the state average. Some counties in the region have foster care rates that exceed the state average by as much as 50%. Families in the 12CR have many fewer options for quality affordable childcare and children are exposed to more episodes of domestic violence than at the state. Current resources are clearly insufficient to support the emotional needs of families as suggested by the fact that our respondents indicated that they most often rely on family members to help them through an emotional crisis such as the death of a family member. In fact, there are 14.4% fewer professional counselors per 100,000 residents in the 12CR than in the state's overall population.

Our findings indicate that the financial emotional and physical needs of seniors in the 12 County Region merit a priority of concern for social service intervention.

The 12CR has a greater percentage of persons over 65 (11.7%) than the state (9.9%). Poverty impacts senior citizens in the 12CR disproportionately. The senior poverty rate in the 12CR is almost 30% (28.9%) higher than in the state. This exacerbates the existing limitations of resources for their care. In the Coastal Bend, seniors have almost 17% fewer doctors to visit in the 12CR than other seniors in the state of Texas. This generally results in longer waiting times for appointments or the necessity to travel outside of their community. Local efforts of the Coastal Bend Area Agency on Aging have provided valuable services to seniors, which have alleviated situations of limited access to health care/support services. Up to 7.1% of citizens reported not receiving specific nursing help they needed. Similar to physicians, there is a shortage of available qualified nurses to provide long term care for senior citizens and the elderly population. The 12CR has 61% fewer nurses per resident than the state. There are only enough nursing home beds to accommodate 6.4% of the seniors in the 12CR. Although, this is very comparable to the 6% figure for the state, clearly the number beds available for infirmed seniors' long-term care are insufficient.

Our findings indicate that increased efforts for the education and work force development of residents in the 12 county region need to remain a priority.

Current efforts to increase the high school graduation rate seem well targeted. Currently the best estimates of high school graduation rates are only slightly higher than the state average. The basic literacy needs of 12CR residents remains a high need area and will require the coordinated efforts of the school districts, social service agencies and local industries. The 12CR has a 29.3% greater percentage of individuals that are considered Level One literacy when compared to the state. This means that they do not have the full range of economic, social, and personal options that are open to Americans with higher levels of literacy skills.

Our results suggest that workforce development efforts need to address future trends both locally and nationally for industry and jobs that pay a living wage. While unemployment in the 12CR increased at only a slightly greater amount than at the state level, citizens in the 12CR earn approximately 34% less than the state and national average. Low wages offer little incentive to work for many residents of the 12CR.

Our findings indicate that the availability of affordable housing represents a comparative advantage for residents of the 12 county region.

However, only half of the programs that provide assistance to homeowners in the state are available to those in the 12CR. Nonetheless, the affordability of homes in the region has resulted in the majority of residents being able purchase/own their homes.

Our findings indicate that residents of the 12 county region have limited access to critically needed health care services.

The prevalence of diabetes in the 12CR is 1.5 times the state average. Citizens are almost 30% more likely to suffer from hypertension. There are over 81,000 individuals with diagnosable mental illnesses. The rate of physical and mental disability in the 12CR requiring medical and or long-term custodial attention is 1.2 times the state average. These patterns of need create an insurmountable demand on the limited health care resources of the region. This results in citizens not receiving the help they need for management of health conditions. Residents in 12CR have more 2.5 times the ratio of population per physicians and nurses than the state average. Prenatal care is almost 3 times more likely to be received by individuals state wide than in the region.

Both the number of percentage of children and adults without health insurance is greater in the 12CR than in the state. Children in the 12CR are 7% less likely to have insurance than children across the entire state. Adults in the 12CR are 28.5% less likely to have insurance than residents of Texas overall.

Our findings indicate that residents of the 12 county region experience difficulties in getting the help they need in their daily lives.

Residents report overwhelmingly the desire to turn to family members for help with a variety of social problems. While many needs are most appropriately addressed within the family context, it is clear that citizens turn to their families when they perceive the lack of availability or accessibility of help from outside sources. Many residents reported having a history of failed attempts to receive help that are the result of a variety of obstacles ranging from cost, getting appointments, or simply feeling comfortable with seeking outside help. Key Informants echoed these concerns and agreed that citizens of the 12CR often have a difficult time receiving the help they need. Focus group analyses revealed quite directly that many residents of the 12CR feel unconnected from traditional information resources (e.g., newspapers, mailings TV and public notices). These individuals reported finding information most readily by word or mouth from community acquaintances. These findings

suggest that along with continuing efforts to make resources more obtainable by residents, a specific continuing effort to ‘get the word out’ about available resources may need to consider alternatives to the traditional communication channels currently employed.

In summary, the results of this needs assessment has identified community conditions which negatively impact the quality of life of citizens in the 12CR disproportionately when compared to a state and often a national context. Appropriate solution-focused action planning based on these findings will require an in-depth examination of the specific needs identified within each of the broadly defined target need areas. This important next step will rely heavily on work groups who will address specific targeted community conditions (highlighted by this report) by examining the community resources that are available for alleviation of the identified need. Therefore, the most appropriate use of these findings is to help these specific work groups to focus their efforts on the most pressing community needs.

Our findings indicate the need for:

Increased priority on the appropriate supervision of children.

1. Children in the 12 CR are experiencing a number of problems including involvement in gang related violence, juvenile delinquency and alcohol and drug use at younger ages than children throughout Texas. We recommend that increased emphasis be placed on programs at the elementary and middle schools that focus on choosing positive alternatives to drug/alcohol use that provide teens with positive opportunities to interact in safe supervised environments.
2. School failure is a continuing problem in the 12 CR. Coordinated efforts between school districts, social service agencies, as well as businesses should continue to work to ensure that students are properly prepared to enter adulthood with suitable skills. Children, particularly those at risk for academic underachievement, need more opportunities to receive academic enrichment outside of the normal school day. Many children are left poorly supervised before and after school. Appropriate supervision is especially highlighted by the fact that over 7,000 cases of family violence, including child abuse and neglect in the 12 CR were reported
3. Youth in the 12 CR are more at risk for suicide than at the state level. Agencies need to consider interventions that promote emotional wellness for youth, including the provision of support services families such as counseling for youth who exhibit signs of mental distress.
4. Over 11,000 children in the 12 CR cope with physical disabilities. Citizens with disabilities in the 12 CR require additional assistance in their daily lives yet they often have a difficult time accessing and receiving services such as homecare, transportation, and appropriate, timely medical attention. The majority of Key Informants reported contact with families who have an especially difficult time arranging care for both seniors and persons with disabilities. Increased priority should be given to support families with members who have special needs.
5. Early Childhood education and exposure to quality childcare environments have been shown to have a significant impact on the lives of children especially the most vulnerable for negative developmental outcomes. Our findings suggest there are not enough childcare facilities in the 12CR to accommodate the children in need of these services. Recent research has documented the value of early intervention

(infancy through age six) as protective and facilitative of especially positive developmental outcomes (see Success by Six). During this ‘sensitive period of development’ children can benefit most directly from social and cognitive stimulation of a quality early educational program. Children who participate in early quality care environments evidence gains in their school readiness and are therefore more ‘ready to learn’ from the early elementary school milieu. We recommend that efforts to increase the availability and accessibility of quality early childhood programs in the 12CR be a community priority.

Increased priority for supporting families.

6. Single parents head many more families in the 12 CR than across the state. Previous research links this pattern with school failure and poverty, as well as undesirable developmental outcomes. Interventions should target the needs of single parent families.
7. Foster parents are responsible for the care of many children in the 12 CR. In Brooks and Kleberg counties, the proportion of children being raised by foster parents far exceeds the state. Interventions should focus on minimizing the conditions that lead children to be removed from their families.
8. Many grandparents are raising children and also participating in childcare supervision. Many times this is out of necessity due to a lack of alternative childcare arrangements. Strategies for supporting grandparents in this role as well as increasing the availability of suitable childcare alternatives should be explored.
9. Family crises often require professional intervention. Many families in the 12 CR needing assistance (for example divorce, dealing with a death in the family) do not have access to professional resources. Increasing access to these family support resources should be a priority.
10. Domestic violence rates vary greatly among counties in the 12 CR. One consequence of domestic violence is that children are more likely to spend time in a shelter in the 12CR than at the state level. Prevention of domestic violence should be a focus of attention.

Increased priority for providing support services for seniors.

11. The senior population in the 12 CR is greater than at the state level. Because of the unique needs of this population, we recommend increasing attention on this group including adequate transportation, housing, homecare and the prevention of elder abuse.
12. The impact of poverty on seniors in the 12 CR is disproportionately higher than at the state level. Accordingly, seniors in the 12 CR will need extra resources for meeting their basic needs.
13. A pressing need for seniors is adequate access to healthcare. Efforts to study the availability and affordability of healthcare for seniors, including prescription drugs, should be increased.

Increased priority on improving the quality of education of the citizenry of the 12CR.

14. Patterns of educational attainment indicate that continued efforts to increase high school graduation are needed in the 12 CR. Many adults have only minimal literacy skills and 40% of the region’s adults

speaking English as a second language. These facts together suggest that coordinated efforts to promote literacy and educational attainments between families, schools and communities must be a high priority.

15. Workforce development efforts should continue to align training efforts with local business needs. The fact that citizens in the 12 CR earn substantially less than citizens at the state and national levels indicate a need to prioritize local efforts to attract business industries that support 12CR residents with living wages. The current availability of jobs that offer adequate wages for supporting a family must be increased. Citizens repeatedly mentioned this concern.

Increased priority on basic needs and self-sufficiency: housing, neighborhood pride, transportation and living income.

16. Poverty rates in the 12 CR exceed state levels by about 30%. A variety of resources for supporting impoverished families must be available to help them break the crippling cycle of poverty.
17. For many, housing is affordable in the 12 CR, however statistics on home ownership suggest that the affordability may reflect a depressed market and low-income families continue to struggle to purchase homes. It should be noted that 22% of citizens are paying more than 35% of their household income for rent, and 13% of citizens are paying more than 35% of their household income for owning their home. We recommend citizens be made more aware of helpful resources for purchasing homes.
18. Transportation is a major barrier reported by many citizens. We recommend that viable options continue to be explored particularly in the rural regions of the 12 CR and for seniors and citizens with physical disabilities.
19. Cutbacks in services can be disproportionately devastating for citizens in the 12 CR because of the high rates of poverty. Recent budget cuts have resulted in fewer families receiving services from Children's Health Insurance Program (CHIP), TANF, and food assistance. This does not mean that the need has gone away. Community priorities should include efforts to address these needs.
20. Many citizens described a large number of abandoned buildings, accumulation of trash and poor street repair as indicators of the need for more investment in the community environment.
21. Most Key Informants believe that community members feel that they cannot influence decisions that affect their neighborhoods. Community empowerment initiatives might be a worthy priority for consideration in future efforts.
22. Community members continue to be concerned about crime in their neighborhoods and communities. This can be expected in areas that have amounts of poverty. Solutions must be multifaceted and include community-based prevention efforts.

Increased priority on health care for citizens in the 12CR.

23. The 12 CR has increased incidence of several health problems including those that may be alleviated with proactive management, such as low birth weight babies, diabetes, hypertension and obesity.

Increasing awareness of lifestyle choices and access to preventative healthcare services (e.g., prenatal care, etc.) are key elements in combating these community issues.

24. Texas ranks 43rd in the nation for the number of children ages 5-20 with proper immunizations. Almost 10% of the households surveyed in this investigation reported being unable to immunize their children. Immunizations for children must be a community priority.
25. Over 81,000 adults in the 12 CR suffer from mental disorders and over half of these live in Nueces County. Citizens reported reluctance to receiving help for different reasons. Increases in access and delivery of mental health services are needed to meet the needs of this population.
26. Residents in the 12 CR have far fewer opportunities for access to qualified medical personnel (i.e., physicians and nurses). The community needs to place a high priority on attracting and retaining qualified physicians and nurses.
27. The high number of children and adults that do not have adequate healthcare insurance coverage results in many unmet medical needs that worsen without timely care. Residents of the region need additional coverage options that would enable them to receive needed medical attention.

Increased priority for increasing the access and awareness of available resources.

28. A high priority campaign to make resources more available and accessible for residents of the 12CR will no doubt directly impact many areas of community need identified in this report. This alone may not be the complete panacea that is hoped for unless it is coupled with a campaign to increase awareness of services offered. While there is no denying the dire need for additional resources for alleviation of many community need areas, there is ample evidence that many of the now available resources are underutilized. Simply, put, current campaigns for delivery of services must incorporate a plan for increasing awareness of these services. Many residents describe such a lack of awareness of available help as a major barrier to receipt of the help they desperately need on a daily basis. It is recommended that continued effort be focused on an awareness priority. One example of such a campaign might incorporate the United Way information line (211) or other centralized information ports that are easily accessible by residents in the 12CR. It is in addition, part of the mission of this report to aid in this awareness effort.

Recommendations

1. Interventions to address poverty need to be at the forefront of issues related to Children and Youth.
2. The number of available childcare facilities and quality early childhood educational environments is insufficient for the number of children in the 12CR who need them. Children will benefit greatly from an increased priority on establishment of more quality childcare options for young children and their families.
3. Progress has been made in the area of teenage pregnancy. Current programs leading to the successes in this area need continued funding. Additional options should be explored and implemented.
4. Children in the 12 CR are experiencing alcohol and other drug issues at a younger age than in the rest of Texas. We recommend that alcohol and other drug interventions be strengthened at the middle school age and prevention programs be placed in elementary schools.
5. In Aransas and Nueces Counties, juvenile arrests are much higher than the state. Extra attention should be devoted to preventative and developmental interventions for aggressive behavior in these two counties.
6. School failure is a continuing problem in the 12 CR. Coordinated efforts between school districts, social service agencies, as well as businesses should continue to endeavor that students are properly prepared to enter adulthood with suitable skills.
7. Youth in the 12 CR are more at risk for suicide. Agencies need to consider interventions that promote emotional wellness for youth.
8. Over 11,000 children in the 12 CR cope with physical disabilities. A continuing priority needs to be placed on delivery of support services for these children and their families.
9. The 12 CR has a continuing gang problem that contributes to acts of violence. Not only is it necessary to eradicate the gang problem, effort should be expended in understanding and then targeting the dynamics that draw youth to gang involvement.
10. Children, particularly those at risk for academic underachievement, need more opportunities to receive academic enrichment outside of the normal school day. Many children are left poorly supervised during before and after school hours.
11. Many children in our region are victims of aggression or harassment. Programs should be implemented to combat and prevent harassment.
12. There were over 7,000 victims of family violence, including child abuse and neglect in the 12 CR. Efforts to ensure that children are appropriately supervised and parented should be increased.
13. Single parents than head many more families in the 12 CR than across the state. Previous research links this pattern with school failure and poverty, as well as undesirable developmental outcomes. Interventions should target the needs of single parent families.
14. Foster parents are responsible for the care of many children in the 12 CR. In Brooks and Kleberg counties, the proportion of children being raised by foster parents far exceeds the state. Interventions should focus on minimizing the conditions that lead children to be removed from their families.
15. There were over 2,000 divorces in the 12 CR in 2001. Since divorces lead to single parent households, efforts to maintain traditional family structures should be increased.
16. Many grandparents are raising children and also participating in childcare supervision. Many times this is out of necessity due to a lack of alternative childcare arrangements. Strategies for supporting grandparents in this role as well as increasing the availability of suitable childcare alternatives should be explored.

17. Family crises often require professional intervention. Many families in the 12 CR needing assistance (for example dealing with a death in the family) do not have access to professional resources. Increasing access to these family support resources should be a priority.
18. Domestic violence rates vary greatly among counties in the 12 CR. One consequence of domestic violence is that children are more likely to spend time in a shelter in the 12CR than at the state level. Prevention of domestic violence should be a focus of attention.
19. Poverty rates in the 12 CR exceed state levels by about 30%. A variety of resources for supporting impoverished families must be available to help them break the crippling cycle of poverty.
20. The senior population in the 12 CR is larger than at the state level. Because of the unique needs of this population, we recommend increasing attention on this group including adequate transportation, housing, homecare and the prevention of elder abuse.
21. The impact of poverty on Seniors in the 12 CR is disproportionately higher than at the state level. Accordingly, Seniors in the 12 CR will need extra resources for meeting their basic needs.
22. A pressing need for Seniors is adequate access to healthcare. Efforts to study the availability and affordability of healthcare for seniors, including prescription drugs, should be increased. Patterns of educational attainment indicate that continued efforts to increase high school graduation are needed in the 12 CR. Coordinated efforts between families, schools and communities must be a high priority.
23. A substantial portion of the population of the 12 CR have only minimal literacy skills and 40% of the region's adults speak English as a second language. Efforts to promote literacy should be increased.
24. Workforce development efforts should continue to align training efforts with local business needs.
25. Citizens in the 12 CR earn substantially less than citizens at the state and national levels. The availability of jobs that offer adequate wages for supporting a family must be increased. Citizens repeatedly mentioned this concern.
26. For many, housing is affordable in the 12 CR, however statistics on home ownership suggest that the affordability may reflect a depressed market and low-income families continue to struggle to purchase homes. It should be noted that 22% of citizens are paying more than 35% of their household income for rent and 13% of citizens are paying more than 35% of their household income for owning their home. We recommend citizens be made more aware of helpful resources for purchasing homes.
27. Transportation is a major barrier reported by many citizens. We recommend that viable options continue to be explored particularly in the rural regions of the 12 CR and for seniors and citizens with physical disabilities.
28. Cutbacks in services can be disproportionately devastating for citizens in the 12 CR because of the high rates of poverty. Recent budget cuts have resulted in fewer families receiving services from Children's Health Insurance Program (CHIP), TANF, and food assistance. This does not mean that the need has gone away. Community priorities should include efforts to address these needs.
29. Many citizens described a large number of abandoned buildings, accumulation of trash and poor street repair as indicators of the need for more investment in the community environment.
30. Most Key Informants believe that community members feel that they cannot influence decisions that affect their neighborhoods. Community empowerment initiatives might be a worthy priority for consideration in future efforts.
31. Community members continue to be concerned about crime in their neighborhoods and communities. This can be expected in areas that have amounts of poverty. Solutions must be multifaceted and include community based prevention efforts.
32. The 12 CR has increased incidence of several health problems that may be alleviated with proactive management, such as low birth weight, diabetes, hypertension and obesity. Increasing awareness of

lifestyle choices and access to preventative healthcare services (e.g., prenatal care, etc.) are key elements in combating these community issues.

33. Texas ranks 43rd in the nation for the number of children ages 5-20 with proper immunizations. Almost 10% of the households surveyed in this investigation reported being unable to immunize their children. Immunizations for children must be a community priority.
34. Over 81,000 adults in the 12 CR suffer from mental disorders and over half of these live in Nueces County. Citizens reported reluctance to receiving help for different reasons. Increases in access and delivery of mental health services are needed to meet the needs of this population.
35. Residents in the 12 CR have far fewer opportunities for access to qualified medical personnel (i.e., physicians and nurses). The community needs to place a high priority on attracting and retaining qualified physicians and nurses.
36. A high number of children and adults do not have adequate healthcare insurance coverage resulting in many unmet medical needs that worsen without timely care. Residents of the region need additional coverage options that would enable them to receive needed medical attention.
37. Citizens with disabilities in the 12 CR require additional assistance in their daily lives yet they often have a difficult time accessing and receiving services such as homecare, transportation, and medical attention. The majority of Key Informants reported contact with families who have an especially difficult time arranging care for both seniors and persons with disabilities. Increased priority should be given to support families with members who have special needs.
38. Many citizens report a lack of awareness of currently available help resources. Awareness initiatives such as the United Way 211 Information line might be increased to ensure that available resources are used to their fullest potential.