TOWARD EQUITY FOR ALL:
FINDINGS FROM STAKEHOLDER INPUT ON THE CAPITAL AREA COMMUNITY AGENDA PROJECT

Executive Summary

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United Way
Capital Area
Executive Summary

United Way Capital Area envisioned the development of a Community Agenda encompassing the ten counties in its Capital Area service area: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson. The goal of the Community Agenda Project was to understand and prioritize critical health and human service issues, root causes and priorities for action for the ten counties.

In November 2005, United Way Capital Area requested that the Ray Marshall Center conduct research to assist and inform the development of the Community Agenda. Specifically, the Ray Marshall Center was charged with conducting research in two phases, as follows:

**Phase I:** Identify, collect and analyze existing regional data on the state of major health and human services issues, indicators and demographic trend; and

**Phase II:** Gauge the perspectives of major stakeholders across the ten-county area regarding major issues, root causes, solutions and prospects for health and human services.

The Ray Marshall Center’s Phase I work produced a report entitled *A Profile of the Capital Area Community: A Data Analysis Report for the United Way Capital Area*. The Phase I report synthesized existing information on demographic trends and community indicators and compiled major health and human services issues as reported by previous community needs assessment projects, issues studies and planning efforts.

Between February and May 2006, the Ray Marshall Center research team focused on the work of Phase II. The team conducted 37 focus groups and individual conversations in the ten counties with a total of 279 individuals including elected and civic leaders, social service providers, health and human services clients, volunteers and members of the general public. A cross section of the community was represented in the focus groups, including members of the Hispanic, Asian and Black communities, senior citizens, representatives of children, mentally ill, physically disabled and victims of violence. In order to solicit maximum input, researchers also surveyed over 2000 people online and received 302 responses, with 234 from Travis County.
The team developed a focus group protocol to guide the discussions, with the key questions as follows:

- What is your vision for a better community?
- What issues are in the way of achieving that vision?
- What are the most pressing issues?
- What are the root causes for these pressing issues?
- What are the actions would you suggest to address these pressing issues and root causes?

Based on the answers to these questions from the 279 participants, this report presents a summary of stakeholders’ views on pressing issues, root causes and recommendations for action. Responses to the online survey are also summarized here. In addition, key findings from recent community needs assessments are included when appropriate and available.

A Shared Vision

In most focus groups and conversations, stakeholders generally did not readily provide a statement about their vision for a better community, much less a shared vision. Most started with a list of things that they wanted improved, described the pressing issues (e.g. more affordable housing, better education) and discussed root causes (e.g. low wages, inadequate transportation). There is a general feeling among stakeholders in the region that the focus group process forced them to think about a vision, and during the process, most stakeholders contributed important aspects of a more coherent vision for their communities.

Across all the ten counties and stakeholders, there were repeated concerns about the prospects of those who are struggling with limited means and resources, who are left further behind and are falling through the cracks of the existing health and human services systems. The prospects of the poor and the working poor, who make too much to qualify for most forms of public assistance but too little to sustain themselves and their families, were the focus of most conversations. Stakeholders generally felt that the rapid growth in income and wealth in the region in recent years has not benefited a substantial portion of the population who face price increases in health care, childcare, housing and other categories of daily necessities. What is more, their situations get considerably worse as they deal with stiff restrictions and requirements for public assistance and cuts by federal and state governments.
in health and human services programs. Further, their needs are factored into the mix and lead to competition for increasingly scarce resources with low-income immigrants and victims of natural disasters (e.g. Katrina evacuees).

In summary, the region’s vision for a better community can be expressed simply as follows:

*A community where people are self-sufficient and have equal opportunities for good health and for quality of life.*

Patterns in Issues, Root Causes and Recommendations for Action

Overall, the patterns in pressing issues and root causes are very clear across the ten counties that make up the Capital Area region. Issues of job opportunities, health care, housing, transportation and other “typical” health and human services were heard in nearly every county and every focus group and conversation. Several issues and root causes were unique to localities, ethnic and language backgrounds.

However, one of the most important findings from the stakeholder input process was the wide consensus among stakeholders that many issues and root causes are intertwined and interconnected, that picking priorities does not make sense and that many issues are also root causes. For example, bad housing, mental health, drug and substance abuse, teenage pregnancy and lack of job skills are all intertwined issues, one compounding another.

Driving Factors

A few overarching forces emerged as the driving factors behind the pressing issues and root causes and appeared to have significant impact on life outcomes and community wellbeing. These factors go beyond the realm of typical health and human services and tend to across county boundaries as well.

The first driving factor is rapid growth in population and high-skill, high-paying jobs, which has created a core of economic strength along the Austin-Round Rock corridor, with decreasing demand for those with fewer skills and low earning capacity. This pattern sends a ripple effect, raising the cost of living for communities all around.
Secondly, the increasing devolution of social service responsibilities from the federal and state government to counties, cities and communities is driving up the demand for local resources and volunteerism.

The third driving factor stems from drastic cuts in funding for social service programs, which has made it much harder for the people in need to get assistance, to achieve self-sufficiency or to attain a decent quality of life. Funding cuts have also created competition among social service providers, making them more protective of their turf.

The “Ring” Effect

Uneven growth has created a “ring” effect with significant ripples throughout the region. Communities on the first ring beyond Travis County — Bastrop, Hays, Burnet, parts of Williamson – send over fifty percent of their employed residents to work in Austin/Round Rock area. There are also some smaller “rings” within a county (Williamson) and between Hays and Caldwell counties. This work/residential pattern creates bedroom communities that have lower economic bases, lower-paying jobs, few sources for tax revenue, but increased needs for health and human services.

The second ring — Blanco, Caldwell, Lee, Fayette, Llano, rural and east parts of Williamson – has experienced increased costs of living and growing population, while the rural service infrastructure has remained largely unchanged or is even diminishing.

Cross-cutting Issues and Recommendations for Action

In the backdrop of these important demographic and economic changes, many issues and root causes identified need solutions that require concerted regional efforts, and collaborations outside the artificial boundaries of issues, and geographic, institutional and political divisions. Stakeholders brought forward the following key issues and recommendations that have implications for the region as a whole or, at the very least, for multiple counties. Any consideration for regional actions should incorporate and build on on-going efforts already underway in the communities.

Issue 1: Regional growth is increasing the equity gap. Declining demand for people with few skills, stagnant wages and lack of health insurance make it a constant
challenge to keep up with the cost of living. Local governments and communities are challenged with fewer resources and exploding demands for services.

**Recommendation:** A regional collaborative effort is needed to have a common vision and strategy for balanced growth and development. Be less Austin-centric. “Bedroom” communities need to attract businesses and jobs to enhance their tax base. Jobs that offer living wages and benefit, especially health insurance, should be part of the bargain in business recruitment in the region.

**Researchers’ note:** The City of Austin Mayor’s Equity Commission in 2001 produced its *Improving the Odds* report on major issues regarding social equity in the Austin/Travis County area. Stakeholders repeatedly said that most of the issues and recommendations are still pertinent today. CAPCOG, whose membership is drawn from communities of the Capital Area region, developed a “Comprehensive Economic Development Strategy: 2005-10” under the auspices of the Capital Area Economic Development District. This document outlines data analysis on key issue areas and a strategic plan to achieve “region-wide prosperity and economic equity through diversified business development, balanced growth and improved mobility.”

**Issue 2:** Public and private funding strategies for health and human services are simplistically tied to the number of people served without factoring in location, geographic size or underlying community needs. This undermines service organizations’ sustainability, and has negative impacts on the people they try to serve. While most service providers are in a “survival mode,” this problem is particularly evident in rural counties (Caldwell, Lee, Fayette, Blanco, Llano and Hays) where the population is spread over large geographic areas.

**Researchers’ note:** No specific recommendations were made by stakeholders on this issue. However, this issue was discussed at length in a Travis County focus group as more of a root cause. Participants said that a funding strategy tied to
short-term outcomes harbors issue silos and hinders holistic approach to problem-solving.

**Issue 3:** The state’s cutback on health and human services, especially the outsourced integrated eligibility call system, is a detriment to low-income individuals and families. This issue came up in every county.

*Recommendation:* Local one-stop shops are needed for eligibility determination and service provision to reduce bureaucratic red tapes and provide timely services. This is particularly a need in rural areas where service accessibility is more of a problem.

*Researchers’ note:* There were a few “one-stop shops” mentioned by stakeholders as good models, including Good Samaritan Center in Fredericksburg, El Buen Samaritano in Austin, and the Family Services Center in Marble Falls.

**Issue 4:** Mental health services have been cut and the criminal justice system has taken over as the alternative. As a result, this has the adverse effect of putting the mentally ill through revolving doors between jails and streets. This issues runs across many counties.

*Recommendation:* A regional task force should be convened to examine the root causes and the solutions carefully, and in conjunction with issues on drug and substance abuse.

*Researchers’ note:* A number of initiatives are in practice in Travis and Williamson counties to address various aspects of the mental health issue including providing for prescriptions, counseling, and reentry services. There may be others. Should this be a regional priority for action, regional stakeholders should share information about best practices and community resources.

**Issue 5:** Lack of health insurance, inadequate services to the indigent and lack of service providers and health care infrastructure were identified as the most acute
problems in health care. Health and health care were a pressing issue in all focus groups in all the counties. Dental care needs were often mentioned.

**Recommendation:** A coherent regional strategy is needed for health and wellbeing, to encourage physical movement, nutrition and preventive care and job creation with built-in health insurance.

**Issue 6:** Lack of information about what services are available and who may be eligible for them is a barrier to access services.

**Recommendation:** An information clearinghouse or a central location for information is needed locally, to allow service providers and potential clients to access accurate and current information about services in their communities.

**Researchers’ note:** The 2-1-1 Texas information and referral system collects and updates information on an ongoing basis. There needs to be better understanding about how service information can be updated, accessed and utilized from a local community.

**Issue 7:** A regional public transportation system is needed to allow people to access services and be independent. Seniors and the indigent population are particularly stranded in the dichotomy of being most in need for services and inability to access them. Local good will and volunteerism is being taxed to the extreme. This issue runs across all the ten counties.

**Recommendation:** Partnerships and collaboration among the existing transportation providers needs to happen to provide a seamless linkage in routes and schedules.

**Researchers’ note:** CAPCOG is addressing this issue in the region through its Capital Area Regional Transit Coordination. Local communities should make sure that their voices are heard in this process and that their unique needs are being addressed.
Issue 8: Affordable housing, both rental and owned, is seriously lacking, especially for seniors on fixed income, and for people in transition from less agreeable conditions to self-sufficiency. These people in transition include young adults just aging out of foster care, women in transition from shelters or young people starting a career. The definition of “affordability” needs to be meaningful to the low-income, disadvantaged population. This issue is a top concern in all counties.

Researchers’ note: No specific recommendations were suggested by stakeholders other than “make more affordable housing available.” However, affordable housing should be part of a regional strategy for sustainable growth.

Issue 9: Senior isolation and needs for services, lack of supervision and constructive activities for young people were constant themes and were regarded as wearing away community fabric. Many young people are engaged in drugs, especially methamphetamine, with demand from Travis County and manufacturing bases in surrounding counties. These young people are from both poor, low-income families and from affluent backgrounds.

Recommendation: Create community centers and public spaces where people of all ages can gather; have organized activities for both seniors and youth; find ways to foster community involvement and civic responsibilities among young adults. Many stakeholders shared the belief that “creating something constructive for the kids” would alleviate the drug and isolation problems for young people. In the meantime, a regional effort is needed to disrupt the supply and demand chain in drugs between rural and urban areas.
Final Observations

The Community Agenda Project started a positive step to encourage dialogs within the ten counties and to look at issues, root causes and solutions holistically. The stakeholder input process was especially energizing to the communities in the outlying counties, where many participants only looked at the interrelated issues of their communities together for the first time. In some counties, participants appreciated the process so much that they wanted to do a focus group “once a month.” Others started scheduling a planning meeting among themselves at the end of the focus group discussions. Participants showed a high degree of consensus about pressing issues, root causes and even ideas for action.

Travis County community leaders and service providers focused a great deal on systemic issues in focus groups, instead of repeating the many issues that have been identified in numerous community assessment projects. Their insights about political and institutional barriers that hinder community progress should be useful to the development of the Community Agenda.

In conclusion, the research team wishes to emphasize three critical points for consideration for the next steps.

1. A regional community agenda with a focus on priorities would require community stakeholders to coalesce, to share responsibilities, and to have a sense of joint ownership. Meaningful engagement of stakeholders from all the counties is critical to foster a regional partnership.

2. The findings outlined in this report may be important baseline information, but much exists in the counties to be explored. It would be necessary to further understand community resources and strengths, establish goals and outcome measures, and build on initiatives already underway.

3. Break issue silos; reach across artificial boundaries of geographic, institutional and political divisions for solutions that have long-lasting community impact.