



Advancing Economic Security for People With Disabilities

By Azza Altiraifi July 2019

Center for American Progress



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Contents

- 1 Introduction and summary**

- 3 Defining disability**

- 6 Current barriers to employment and economic security**

- 10 Policy threats to the economic security of people with disabilities**

- 12 Policy recommendations to advance economic security for people with disabilities**

- 16 Conclusion**

- 16 About the author**

- 16 Acknowledgments**

- 17 Endnotes**

Introduction and summary

Author's notes: *This report is an update of a 2015 issue brief from the Center for American Progress titled "A Fair Shot for Workers with Disabilities."¹*

The disability community is rapidly evolving to using identity-first language in place of person-first language. This is because it views disability as being a core component of identity, much like race and gender. Some members of the community, such as people with intellectual and developmental disabilities, prefer person-first language. In this report, the terms are used interchangeably.

In recent years, lawmakers have increasingly recognized the urgent need to break down barriers to employment, upward mobility, and economic security for people with disabilities. Persistently high poverty rates and a shifting political climate have triggered a new wave of progressive legislative proposals to raise wages and integrate employees with disabilities into the workforce. While these practical solutions will do much to alleviate disproportionately high poverty rates for working-age people with disabilities, they are only a first step. In order to transform the U.S. economic system so that it meets the needs of all people with disabilities, policymakers must dismantle the structural barriers facing disabled workers and disrupt the myth of self-sufficiency on which the system is grounded.

The current economic structure was not designed to support people with disabilities who cannot and will never be entirely self-sufficient. As explained by Emory University Professor Martha Fineman, the "autonomy myth" has produced institutional arrangements that ignore the biological reality that all humans will be dependent at some point in their lives.² This ideological framework "treats dependency as private matters with which the state has no legitimate concern."³ A derivative of this myth is the long-held stereotype that people with disabilities, women and people with other marginalized gender identities, people of color, and those at the intersection of these identities are burdensome to society and, as a result, are only deserving of the full range of benefits available to their more privileged peers if they can prove their economic worth.⁴ These stereotypes lie at the root of federal policies that economically disadvantage disabled workers.

The Section 14(c) provision of the Fair Labor Standards Act (FLSA) is one of the most glaring examples of how the autonomy myth has been used to justify economic inequity. This provision permits employers who are certified by the U.S. Department of Labor to pay disabled employees at rates that are lower than the minimum wage set by Congress.⁵ Further, 95 percent of employees being paid subminimum wages are also employed in sheltered workshops, or segregated workplaces designed solely to employ people with disabilities.⁶ The intent of the 14(c) provision was to encourage the hiring of people with disabilities and facilitate their transition to fully integrated work settings where they are paid wages at competitive rates commensurate with their nondisabled peers.⁷ However, this purported goal is predicated on the presumption that disabled workers' labor is less valuable and therefore warrants what is fundamentally a separate and unequal pay structure.

In order to eradicate poverty for those with disabilities, society must work to disrupt the mythologies that have been used to justify inequity; it must also address the barriers facing workers with disabilities who, despite their labor, are unable to make ends meet. Moreover, lawmakers need to advance policies that pave the way for all people to have access to affordable and accessible housing, transportation, health care, and nutrition.

Defining disability

There is no uniform definition of disability. It is a multifaceted, complex, evolving, and often contested term. Generally, the term “disability” refers to physical or mental impairments that limit a person’s ability to participate in daily life activities. However, disability is also shaped by attitudinal and environmental barriers that limit people’s full social, political, and economic participation.⁸ Put another way, many people with disabilities only have trouble participating in daily life activities due to the inaccessibility of their social environments. The International Classification of Functioning, Disability and Health (ICF) provides the conceptual framework used by the World Health Organization (WHO) to study disability. This framework encapsulates the dynamic interaction between individuals’ health conditions and the features of the social and personal environments in which they live.

The incorporation of social environment in this definition of disability emerges from critical scholarship that has positioned disability in the United States as not only a medical designation but also a politicized social identity. As Sami Schalk, a critical disability studies professor at the University of Wisconsin-Madison, explains, disability refers to a socially constructed system that categorizes, values, and ranks bodies and minds as normative or marginal.⁹ As with social constructs such as gender, race, and sexual orientation, a person’s disability status shapes their access to various social, political, and economic privileges.¹⁰ This form of discrimination is called ableism—structural and interpersonal oppression experienced by people with disabilities or those presumed or determined to be disabled.¹¹ Critically, people do not have to identify as disabled to be victims of structural ableism. For those whose appearances and behaviors do not conform to social norms, the presumption that they must be disabled due to this lack of conformity is ableism. This also illustrates how the many oppressive structures that concentrate wealth and power among people whose social identities are deemed normative—those who are white, male, and nondisabled—do not operate independently but rather build upon and fuel one another.¹² Consequently, people living at the intersection of multiple marginalized social identities face compounded harm and oppression.

Within the U.S. legal structure, the term “disability” has different specialized meanings. Legally speaking, disability is functionally a designation by which civil rights, benefits, and eligibility for certain programs are dispensed. The most expansive definition of disability comes from the 1990 Americans with Disabilities Act (ADA), which states, “An individual with a disability is defined ... as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”¹³ In 2016, however, the definition was interpreted more broadly in favor of expansive coverage to “the maximum extent permitted by the terms of the ADA.”¹⁴ The ADA’s broad scope reflects its core purpose: to protect the civil rights of a category of people who have been historically marginalized due to their actual or perceived disability status.¹⁵

However, definitions of disability are much narrower when it comes to determining eligibility for government assistance. They use several stringent medical criteria to assess whether applicants qualify for disability benefits. For example, income support programs such as Social Security Disability Insurance (SSDI) limit eligibility to only those who, because of a physical or mental impairment that is terminal or expected to last at least a year, are unable to resume work at a level in which they could engage in “substantial gainful activity,”¹⁶ or work that results in monthly net earnings over a specific dollar amount.¹⁷

At its core, the government is narrowly crafting specialized definitions of disability to restrict access to critical support programs such as Medicaid and nutrition assistance, thereby cementing the myth of self-sufficiency by framing dependence as inherently destructive to the country’s economic interests. As a result, the government has also significantly expanded the definition of “ability” in these contexts, denying coverage to those who have a disability that limits their work but is not considered severe enough to qualify for benefits. For example, according to analysis by the Center on Budget and Policy Priorities, approximately 12 percent of working-age Supplemental Nutrition Assistance Program (SNAP) recipients have at least one physical, functional, or work limitation but are considered “able-bodied” under SNAP. As a result, many SNAP recipients with disabilities are wrongly forced to meet cumbersome work requirements to maintain eligibility. They are also prohibited from accessing needed accommodations that the program reserves for people who have received an official disability determination.¹⁸

Inconsistent governmental definitions of disability and criteria for eligibility can further marginalize people who live with disabilities or chronic illnesses that are not well-understood or easily measured. For instance, many people living with chronic pain or other invisible disabilities ultimately fail to qualify for Social Security benefits because of how difficult it is to receive clinical determinations that satisfy the stringent criteria for a state-sanctioned disability designation.¹⁹ This makes an already arduous and complex process even less accessible. Moreover, this lack of uniformity makes it difficult to study the disparate effects of various policies on the disability community more broadly, since the comparative research needed to identify and redress inequity requires disaggregation of data by disability status.²⁰

Current barriers to employment and economic security

Due to a host of varied and complex barriers, the 1 in 4 Americans with disabilities face unique challenges in securing gainful employment and establishing financial security.²¹

Despite the progress made through civil rights legislation such as the Americans with Disabilities Act, widespread ableism and stereotypes persist, and many employers continue to discriminate against workers with disabilities at every stage of employment.²² From job listings that wrongly weed out workers unable to lift heavy objects to workplaces that are unwilling or slow to provide reasonable workplace accommodations for disabled employees, the barriers are numerous. Cumulatively, these barriers illustrate why the unemployment rate for workers with disabilities was more than twice that of nondisabled workers in 2018²³—a rate disparity that has persisted over time.²⁴ This is critical because periods of unemployment are among the leading triggers of poverty in the United States. Any number of life events—from caregiving responsibilities to sudden illness to the birth of a child—can trigger periods of unemployment or put serious strain on a person’s finances.

This report will focus on some of the most intense and underexplored barriers to economic security facing people with disabilities. It will also highlight practical policy solutions that would help level the playing field for disabled workers and provide economic security for all.

Disabled adults experience poverty at nearly twice the rate of their nondisabled counterparts.²⁵ This inequity is compounded for disabled women.²⁶ In 2012, poverty rates were three times higher for women with work-related disabilities than they were for nondisabled women. Moreover, their poverty rate was more than double that of men with work-related disabilities.²⁷ People of color with disabilities similarly face intensified marginalization. For example, while the poverty rate for non-Hispanic whites with disabilities was 24 percent in 2015, nearly 40 percent of African Americans with disabilities lived in poverty during the same time frame.²⁸

Added costs of living with a disability

People with disabilities and chronic illnesses have numerous expenses that non-disabled people do not incur. A 2017 report by the National Council on Disability documents how these additional costs—from \$30,000 power wheelchairs to the steep cost of personal care attendants—can impede their access to employment and diminish their financial security. Put simply, these exorbitant costs often put the very accommodations and services people need to access employment out of financial reach.²⁹ Given these expenses, access to income support programs is critical for people with disabilities. Yet such programs often include restrictive asset limits that penalize low-income people for accumulating the very savings and assets needed to achieve economic security.³⁰

Lack of accessible, affordable transportation and housing

Housing and transportation are the two largest expenses for most households.³¹ According to a 2015 U.S. Department of Transportation report, transportation costs account for nearly one-third of after-tax income for the lowest-income earners.³² These costs are magnified for people with disabilities, many of whom are unable to drive or to use fixed-route transit options. While jurisdictions often improve access for those with disabilities by providing paratransit—door-to-door transportation services for people with disabilities that supplement public mass transit—these services do not meet demand. Since paratransit is considered by law to be a “comparable service,”³³ jurisdictions are only required to offer paratransit services if they also offer public transit options.³⁴ This means that paratransit is only required to operate on the same schedule as public transit and cover areas up to three-quarters of a mile from fixed-line services. Paratransit services are notoriously unreliable, and data on ADA compliance is limited.³⁵ However, even when they are reliable, utilizing paratransit requires advanced notice of travel, in addition to other restrictions. Lack of widely available accessible modes of transit for people with disabilities not only seriously curtails their ability to secure gainful employment or commute to and from work but also cuts them off from access to critical services and community.³⁶

Studies have confirmed that the scarcity of affordable and accessible housing near employment centers, coupled with the limited availability of accessible and affordable transit options to and from those centers, is a major obstacle to economic mobility for many people with disabilities.³⁷ According to a 2016 report on homelessness by the U.S. Department of Housing and Urban Development (HUD),

adults with disabilities were about four times more likely to experience sheltered homelessness than were adults without disabilities in 2016.³⁸ Additionally, nearly half—47.3 percent—of adults experiencing sheltered homelessness reported having a disability.³⁹ People with disabilities are also especially likely to live in precarious housing situations—that is to say, conditions that are substandard or unaffordable—further increasing their risk of becoming homeless.

Unfortunately, funding for HUD’s core rental assistance programs—public housing and the Section 8 Housing Choice Voucher Program—remains below 2010 funding levels, adjusted for inflation. As a result of this chronic underfunding, only 1 in 4 eligible households today receive federal rental assistance.⁴⁰ HUD’s most recent report to Congress tracking worst-case housing needs captures the extent of this crisis. Households with worst-case housing needs are defined as the population of low-income renters who live in woefully inadequate housing situations or who spend more than half their income on rent. Among the 7.7 million renters with worst-case housing needs, 14 percent were nonelderly people with disabilities.⁴¹

Lack of access to needed supports and services

The long-term services and supports (LTSS) system in the United States is deeply insufficient to meet the needs of people with disabilities who rely on some form of long-term care assistance. Personal attendant care and other services are not covered by most health insurance policies, making them inaccessible to low- and moderate-income people. Often, Medicaid is the only option through which those with disabilities can access LTSS, but the program restricts coverage to people with extremely limited incomes. As a result, low-income people with disabilities may risk their Medicaid coverage by entering or returning to the workforce.⁴²

The federal-state vocational rehabilitation (VR) program provides services to people with disabilities—particularly those with significant disabilities—that assist them in preparing for and obtaining competitive integrated employment, or employment that occurs in integrated settings alongside nondisabled peers and that pays disabled workers wages that are commensurate with nondisabled workers in comparable positions.⁴³ However, the program’s funding structure is woefully insufficient to serve the needs of all eligible individuals with disabilities.⁴⁴ As a consequence, numerous states have had to implement “Order of Selection” provisions, which allow them to withhold services or waitlist otherwise eligible people based on significance of disability when state VR resources are insufficient to meet demand.⁴⁵

Among those with disabilities, people living with serious mental illness (SMI) face some of the greatest barriers to employment and therefore have among the lowest employment rates in the United States.⁴⁶ In 2015, fewer than one-quarter of people receiving public mental health services had either part-time or full-time employment.⁴⁷ Strikingly, these disproportionately low employment rates persist despite research showing that most people with SMI have prior work experience and want to work.⁴⁸ Unfortunately, hostile workplaces, characterized by stigma and inadequate accommodations, continue to fuel high unemployment rates among people with SMI.⁴⁹

Policy threats to the economic security of people with disabilities

The policies of the Trump administration have disproportionately hurt low-income people—be it through cuts to nutrition assistance programs, Medicaid, or other critical social programs. Undergirding such policies is the traditionally conservative belief that food, housing, and health care are not rights but rather benefits reserved for those whose labor and economic output is most valuable.⁵⁰ This economic philosophy is clearly encapsulated in the U.S. Department of Agriculture’s stated justification for its recent efforts to restrict eligibility for the Supplemental Nutrition Assistance Program. On its website, the department states, “While SNAP is intended to ensure no one in our land of plenty should fear going hungry, it also reflects the importance of work and responsibility.”⁵¹ It is worth noting that the administration’s proposed rule change would threaten food assistance for 755,000 underemployed and unemployed people—a disproportionate number of whom are disabled—in the name of increasing “self-sufficiency.”⁵²

The draconian nature of such proposals is clear.⁵³ Lawmakers and national advocacy organizations fighting to preserve these programs have focused on ways these policy changes shortchange workers. It is easy to see why: An economic system that profits from workers’ labor but still denies them access to food, housing, or comprehensive health care is unfair and exploitative. However, the Trump administration’s proposed changes also underscore why disrupting the autonomy myth is necessary to advance economic security for all people.

Yet perhaps the most significant threat to the economic security of people with disabilities is the continued efforts to repeal the Affordable Care Act (ACA). After Congress failed to repeal the ACA legislatively, the state of Texas, joined by 19 other states, filed a lawsuit arguing that the ACA is unconstitutional. Should the lawsuit succeed in overturning the entire ACA, the number of uninsured people in the United States would increase by 19.9 million in 2019 alone.⁵⁴ This would result in drastic cuts to federal health care spending, causing a spike in the number of people with disabilities who are uninsured.⁵⁵

Underlying each of these policy threats is the foundational autonomy myth that positions people with disabilities as drains on the economy. The Trump administration has leveraged this deeply rooted mythology to restrict people with disabilities' access to needed services and supports, thus entrenching economic inequity.

Policy recommendations to advance economic security for people with disabilities

As discussed in this report, people with disabilities face numerous barriers to economic security that have only been made worse by the Trump administration's regressive policies. Poverty will persist among people with disabilities and other marginalized groups until policymakers level the playing field for disabled workers while also guaranteeing access to the services people need to make ends meet. Below are some practical steps that can be taken to address the structural inequities faced by people with disabilities.

- **Ensure adequate housing that is both affordable and accessible:** The federal government should adopt a Homes for All program through which it would engage in widescale construction of accessible, affordable, and good-quality homes in order to address the growing rental housing crisis.⁵⁶ Moreover, the U.S. Department of Housing and Urban Development must mandate that all federally assisted housing units meet accessibility standards that allow aging in place and address the shortage of available units for low-income people with disabilities. Until they do so, people with disabilities will continue to face some of the greatest barriers to housing security.⁵⁷
- **Ensure adequate accessible transportation:** Funding for Federal Transit Administration programs such as paratransit, the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities program,⁵⁸ the United We Ride interagency initiative,⁵⁹ and other vital transportation programs should be increased to enable more people with disabilities access to basic mobility. For the many people with disabilities who live in rural areas and therefore must rely on private transport, autonomous vehicles provide an opportunity for greatly increased independence.⁶⁰ However, without regulatory or legislative guarantees requiring that autonomous vehicles are affordable to people with disabilities, easily outfitted to accommodate disabled passengers, and available to people who are unable to obtain a driver's license, they would do little to increase mobility.

- **Guarantee universal health coverage for all that incorporates long-term services and supports and mental health care parity:** Policymakers should implement Medicare Extra for All, which outlines a new system that would strengthen, streamline, and integrate Medicaid coverage with guaranteed quality into a national program ensuring universal health coverage for all Americans.⁶¹ In the interim, it is critical to expand Medicaid coverage to as many states as possible in order to improve health outcomes and quality of life for people with disabilities. While Medicaid eligibility is restricted only to people with extremely limited incomes, Medicaid buy-in programs provide a workaround by allowing people with disabilities to buy Medicaid coverage. This frees people with disabilities to seek and obtain employment without risking their coverage due to their earnings.⁶² The benefits of expanding Medicaid extend far beyond coverage and access to care. As detailed in a recent CAP report, Medicaid also saves lives, significantly reduces the likelihood of families facing bankruptcy, and increases access to opioid addiction treatment.⁶³
- **Raise the minimum wage and phase out subminimum wages for all:** Raising the minimum wage to \$15 per hour or higher would boost the incomes of many workers with disabilities, who are especially likely to work in low-wage jobs, and would help reduce the disability pay gap. Additionally, phasing out the use of sheltered workshops and subminimum wages for people with disabilities is necessary to boost the economic security of workers with disabilities. The Raise the Wage Act would raise the minimum wage to \$15 by 2024 and phase out Section 14(c) of the Fair Labor Standards Act. Additionally, the Transformation to Competitive Employment Act would include a graduated phaseout of subminimum wages by adding financial incentives to assist employers in transitioning to competitive and integrated employment.⁶⁴
- **Strengthen the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC):** Existing research has long shown that the EITC and the CTC are the most effective tools in the U.S. tax code for boosting incomes and reducing poverty.⁶⁵ Doubling down on the benefits of these tax credits, the Working Families Tax Relief Act and the American Family Act (AFA) would further strengthen the EITC by expanding it to include workers without dependent children, thus boosting the incomes of approximately 46 million households.⁶⁶ Additionally, the AFA would bolster the CTC by making it fully refundable.⁶⁷
- **Create a Jobseeker's Allowance:** Only about 1 in 4 unemployed workers today are served through the current unemployment insurance (UI) system. A recent report from CAP, the Georgetown Center on Poverty and Inequality, and the

National Employment Law Project proposed a Jobseeker’s Allowance (JSA), a new complementary program that would protect workers who do not receive UI against the risks of employment.⁶⁸ This would include workers with permanent and temporary disabilities, workers transitioning from full-time caregiving, individuals entering the labor market for the first time, and independent contractors and so-called gig economy workers. The JSA’s modest weekly benefit, coupled with strong employment services, would help workers bridge the gap between jobs, connect to new and better-quality employment opportunities, obtain the wraparound services needed to secure work, and maintain a base level of financial security.

- **Ensure comprehensive and inclusive paid family and sick leave and guarantee access to accessible and affordable child care:** According to a nationally representative survey conducted by CAP, 42 percent of people with disabilities reported taking time off from work to care for chosen family—people with whom they have developed a relationship akin to that which is typically ascribed to “family members related by blood or legal ties.”⁶⁹ The high percentage of disabled workers who take leave underscores why guaranteeing access to comprehensive paid leave and paid sick days that accommodate diverse family structures is so crucial. LGBTQ and disabled workers are most likely to report taking time off to care for their chosen families.⁷⁰ The recently reintroduced Family and Medical Insurance Leave (FAMILY) Act would expand access to comprehensive paid leave,⁷¹ benefiting both workers with disabilities and the 1 in 6 workers who care for family members with disabilities.⁷² Furthermore, requiring states to provide affordable, inclusive, and accessible child care programs is necessary to advance the economic security of parents with disabilities.
- **Institute a disabled worker tax credit:** Implementing a disabled worker tax credit would reduce hardship and make it possible for more people with disabilities to work by counteracting the additional costs associated with their disabilities. Making the disabled worker tax credit refundable will maximize its benefits for low-income workers. Yet it is also important for policymakers to explore which eligibility criteria to use and whether to structure the credit as a flat amount for all workers who qualify or to tie its value to verifiable costs.
- **Adequately fund vocational rehabilitation and supported employment programs:** The vocational rehabilitation system must be adequately funded to ensure that VR services are accessible to all eligible individuals who need them. The U.S. Department of Education should examine ways to ensure that differences across

states are accounted for to ensure more equitable funding based on the costs of services or the number of clients. Because the current funding formula neither considers the differences across states' disability populations nor the cost of providing these services, funding levels and state capacities can vary considerably.⁷³ Research has also shown that Individual Placement and Support (IPS), a supported employment program tailored for people living with serious mental illness, has resulted in substantially better employment results for this population.⁷⁴ This is crucial because, as discussed earlier, people living with SMI face significant and unique barriers to employment and therefore suffer from disproportionately low employment rates.⁷⁵ Supported employment programs facilitate accelerated entry into competitive work while also providing integrated mental health services and the ongoing supports that many people with mental health disabilities require.

- **Create a partial or temporary disability program:** The Social Security disability programs provide crucial supports to people with severe and long-lasting disabilities. Given that this population is especially vulnerable to economic hardship, the Social Security system serves as an essential lifeline. However, the criteria for eligibility in their current form are extremely restrictive. Only people with terminal illnesses or disabilities severe enough to preclude substantial work for a year qualify for Social Security. In order to extend these benefits to workers whose disabilities do not meet Social Security's strict eligibility criteria, policymakers should create a complementary program that provides temporary income support and services in order to assist disabled workers in returning to or remaining at work.
- **Reform asset limits:** Proposals to reform asset limits have recently grown in popularity. Extensive data have shown that federal asset limits impede economic security by penalizing low-income people for accumulating savings and wealth, thereby undermining their purported goal of encouraging self-sufficiency.⁷⁶ The Achieving a Better Life Experience (ABLE) Act seeks to address the burdens such limits place on people with disabilities by allowing them to open tax-advantaged special saving accounts without risking their eligibility in several government income support programs.⁷⁷ Lawmakers should reform asset limits, if not lift them altogether, to provide people with disabilities and their families increased financial security that does not risk their health care.

Conclusion

Taken together, the policy directions outlined in this report provide a road map for boosting the economic security of people with disabilities. They help redress the deep inequities facing disabled workers who, despite their labor, are unable to make ends meet. Moreover, they disrupt the foundational myth of self-sufficiency by expanding access to affordable and accessible housing, transportation, health care, and nutrition.

About the author

Azza Altiraifi is a research associate for the Disability Justice Initiative at the Center for American Progress.

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