



Systems Transformation Guide to Disability Economic Justice:

Food Insecurity, Housing
and Transportation

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national partnership
for women & families



Contents

Executive Summary	iii
Introduction	.1
Food Insecurity	.3
Housing	.11
Transportation	.20
Conclusion	.25
Acknowledgements	.27
Endnotes	.28



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Executive Summary



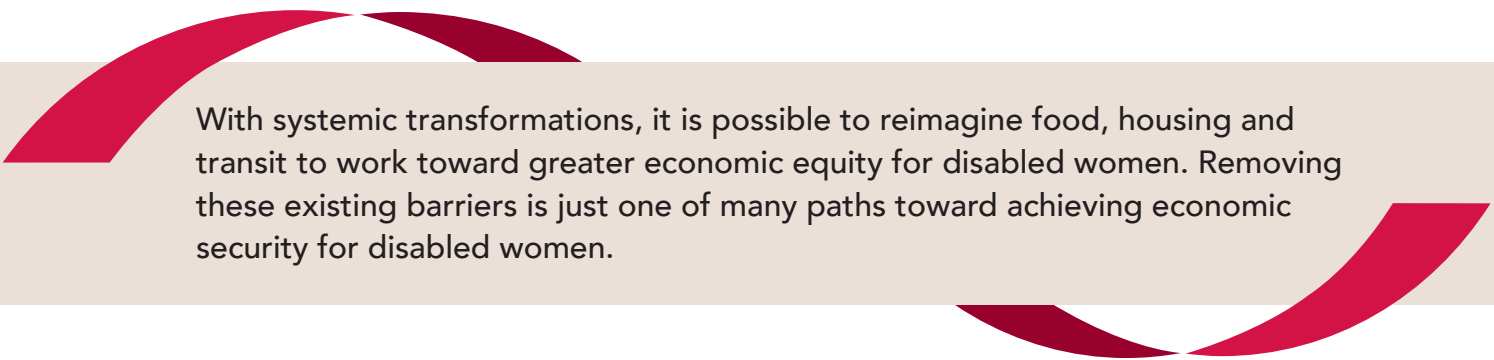
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The intersections of disability and gender justice have long been ignored in framing economic policy.

At the National Partnership for Women & Families, we recognize the deep history of interactions between disability, gender and racial justice through institutionalization, stripped autonomy and further

marginalization. Ultimately, ableism, racism, white supremacy, anti-Blackness, sexism, colonialism, imperialism and other forms of eugenic thinking have motivated policies that form the very basis of the United States economy.

The nation's economic system was not designed to allow disabled women, particularly disabled women of color, to survive and secure basic needs, let alone to thrive. Disabled women, particularly disabled women of color, are more likely to experience food insecurity. Policies and systems that have solidified disabled women's lower incomes on average, existence in food deserts and other factors have contributed to these disparities. The affordable housing crisis has established and exacerbated barriers to the health and economic security of disabled women, particularly disabled women of color. For disabled women, finding accessible housing that is also affordable is particularly difficult. Housing infrastructure and policy have been tainted by a history of redlining and racism that persists into today, impacting access to resources and generational wealth for disabled women of color in particular. Transit access and affordability also has a great impact on the economic health of disabled women. Inaccessible and unsafe design, transit deserts and difficulty accessing supports pose unnecessary barriers to disabled women's ability to live and work in their communities and care for their families.



With systemic transformations, it is possible to reimagine food, housing and transit to work toward greater economic equity for disabled women. Removing these existing barriers is just one of many paths toward achieving economic security for disabled women.

The National Partnership recommends that federal policymakers do the following:

- **Congress should pass the Improving Access to Nutrition Act** to eliminate draconian work requirements. At a minimum, no new work requirements should be added.
- **Congress should eliminate, or in the alternative, significantly increase, the asset limit for SNAP.**

- **Congress should expand SNAP eligibility requirements**, including by raising gross monthly income limits and repealing, or at a minimum, shortening, the waiting periods for lawful permanent residents that were established through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- **Congress should shift SNAP away from relying on the overly restrictive Thrifty Food Plan.** Shifting to a plan such as the Low-Cost Food Plan, as proposed in the Closing the Meal Gap Act, would allow for greater flexibility for those with dietary restrictions and better reflect the price of meals.
- **Congress should incentivize states to expand Double Up Food Bucks locations**, including to more grocery stores and accessible locations.
- **Congress must allow SNAP recipients to use their benefits** to order hot and prepared foods made for consumption on-premises at grocery stores.
- **Congress must expand access** to online SNAP purchasing options.
- **Congress must continue flexibilities** offered through the SNAP online purchasing pilot.
- **Congress must pass legislation** to prevent states from passing additional restrictions on certain foods SNAP recipients can purchase.
- **Congress must limit in-clinic requirements** to only those reasonably necessary, if any at all, including by passing the bipartisan More Options to Develop and Enhance Remote Nutrition in WIC Act (MODERN WIC Act) to permit telephone or video certifications and allow participants to retrieve benefits remotely.
- **Congress must expand eligible foods under WIC** to ensure flexibility for those with specific dietary restrictions.
- **Congress must increase SNAP benefits** to protect the health of disabled women and their families. For disabled, unhoused and aging beneficiaries in particular who rely on the Restaurant Meals Program and other prepared items, benefits are not increased based on need despite the fact that these items are more expensive. Disabled beneficiaries are not receiving the benefits they require to meet their needs.
- **Congress must fully fund WIC.** Data collected since the release of the President Joe Biden's proposed Fiscal Year 2024 budget, asking for \$6.3 billion for WIC, has demonstrated that more funding is necessary to ensure current recipients continue to receive WIC and prevent waiting lists. At the proposed \$6.3 billion, an estimated 600,000 postpartum women and children would be turned away.

- **Congress should increase funding for public housing** and housing choice vouchers to address the long waitlists.
- **Congress should create and expand incentives** for complying with accessibility standards.
- **Congress should pursue the Homes for All program** for which the federal government will invest in and construct affordable housing on publicly owned land. The Homes for All Act should be reintroduced and passed to allow the government to invest in public housing.
- **Congress should establish and expand grant programs** to modify homes for disabled residents.
- **Congress must expand down-payment assistance programs**, including generous grants, to redress the history of redlining and its continued impact on Black communities—particularly the Black disabled women living in those communities. The American Housing and Economic Mobility Act, if reintroduced, would address many of these concerns at the federal level.
- **Congress should pass the Fair Housing Improvement Act**, which would prohibit source-of-income discrimination by landlords and expand opportunities for housing choice voucher recipients.
- **Congress should adopt President Joe Biden’s proposed discretionary and mandatory funding increases for HUD.**
- **Congress should increase funding for paratransit**, the Section 5310 program on Enhanced Mobility of Seniors & Individuals with Disabilities program, the Coordinating Council on Access and Mobility interagency initiative, and other programs aimed at improving transportation for disabled people.
- **Congress should increase funding** to ensure that transportation systems are fully accessible.
- **Congress should increase infrastructure investments** to expand access to public transportation.
- **Congress should pass the Mobility Aids on Board Improve Lives and Empower All (MOBILE) Act**, which would, among other things, call on the DOT to look into the feasibility of allowing wheelchair users to board planes in their wheelchairs.

- **Congress must increase HCBS funding**, including investment in and training for the direct care workforce, by passing the Better Care Better Jobs Act and the HCBS Access Act.
- In line with the 2018 Farm Bill's mandate to evaluate the Thrifty Food Plan every five years, the USDA must 1) ensure that dietary needs continue to be met and that the disabled community is consulted while evaluating the plan; 2) recognize the higher cost of food for disabled people who may require more prepared options; 3) consult with different ethnic groups to ensure that cultural dietary needs are incorporated; 4) ensure that the impact of the Thrifty Food Plan on people of color, including women of color, is discussed through consultation with these communities; and 5) consult women, including mothers, about their specific needs.
- **HUD regulations must be updated** to ensure that a greater percentage of federally assisted housing is required to be accessible.
- **The administration, including HUD's Office of Fair Housing and Equal Opportunity, should expand enforcement of accessibility compliance concerns** under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Fair Housing Act, and other federal laws and regulations.
- **HUD should continue to expand enforcement under anti-discrimination laws** to ensure that disabled people, particularly disabled women of color, are able to obtain housing and live safely in their communities.

The National Partnership recommends that states do the following:

- **Participate in the Double Up Food Bucks program.** Those that already do should expand Double Up Food Bucks locations, including to more grocery stores and accessible locations.
- **Do not restrict any additional food items and ensure that SNAP participants have a full range of options.** This is especially important for individuals with dietary restrictions.
- **Continue participating in the SNAP Online Purchasing Pilot**, which has expanded access for disabled SNAP participants and disabled women serving as caregivers.
- **Participate in the Restaurant Meals Program** to expand access for disabled, aging, unhoused and other beneficiaries who benefit from this program. For states that have implemented the program, continue to expand the numbers of restaurants that participate to ensure maximum accessibility, accommodate

individuals with dietary restrictions and ensure individuals have healthier options. The majority of options at this time are fast-food options.

- **State Medicaid programs can leverage Section 1115 waivers** to provide home-delivered meals to older adults and people with disabilities who are food insecure due to functional limitations or challenges that make it difficult to go grocery shopping or prepare meals on their own.
- **Establish and expand grant programs to modify homes for disabled residents.**
- **Expand down-payment assistance programs**, including generous grants, to redress the history of redlining and its continued impact on Black communities—particularly the Black disabled women living in those communities.
- **Eliminate, or at least raise, Medicaid asset limits** to ensure that those who rely on home- and community-based service (HCBS) waivers can afford to live and work in their communities.
- **All state Medicaid programs should leverage Section 1115 waivers**—which allow states to test new, innovative approaches in Medicaid—including flexibilities to address health-related social needs (HRSN) (i.e., a person’s unmet, adverse social conditions that contribute to poor health). States should take this opportunity to provide housing-related supports and services that promote health and community integration, including home accessibility modifications, one-time community transition costs, and housing and tenancy supports.
- **Limit fines and fees that women may disproportionately not only struggle to pay but also may not be aware of due to homelessness.** They should also offer forgiveness or repayment options for unhoused residents and/or residents with low incomes.
- **Increase funding to ensure that transportation systems are fully accessible.**
- **Increase infrastructure investments to expand access to public transportation.**
- **Ensure that all stations and stops within their transit systems are well-lit and well-staffed, add stops, install cameras and emergency buttons and make other important infrastructure considerations.** These are important to limit harassment against disabled women. The DOT should incentivize these design structures.
- **Submit and implement Section 1115 demonstrations** that expand nonmedical transportation services for Medicaid recipients.

Introduction

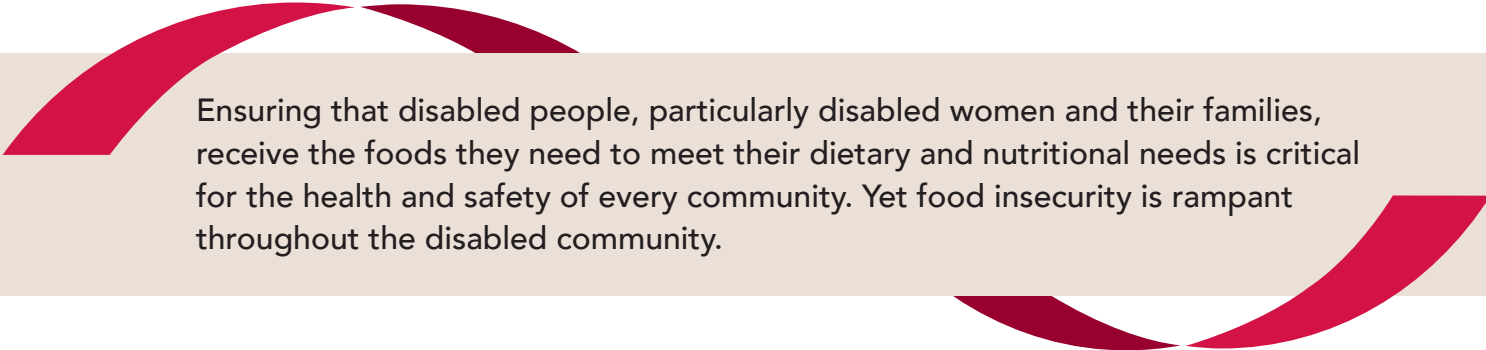


Photo: iStock.com/FG Trade Latin

This piece is the second in a series and focuses on food insecurity, housing and transportation.

The last report discussed barriers that disabled¹ women² face in obtaining and maintaining employment. Many of these barriers are exacerbated by a lack of safe, stable, accessible and affordable housing and transportation. Similarly, being unable to obtain or maintain employment can make access to safe and accessible housing and

transportation more difficult, as well as increase the risk of food insecurity. The United States' political, economic, justice and cultural systems create systems of oppression based on racism, white supremacy, misogyny, ableism, eugenics, xenophobia and classism. These systems have perpetuated structural forces that created and sustain inequities in housing, food stability, transportation and other social drivers of health and economic well-being. These structural systems intertwine in their acute impacts on the lives of disabled women, particularly disabled women of color.



Ensuring that disabled people, particularly disabled women and their families, receive the foods they need to meet their dietary and nutritional needs is critical for the health and safety of every community. Yet food insecurity is rampant throughout the disabled community.

In addition, access to safe, affordable and accessible housing is necessary for the health and economic security and stability of disabled women and families. It can affect employment, as well as health and financial outcomes and beyond. Finally, having access to safe, affordable and accessible transportation is key to being a part of a community. It can affect one's access to job opportunities, ability to attend doctor's appointments and to access food, or simply see family and friends.

For disabled people, access to the community is particularly crucial following a grim history of isolation, institutionalization, stripped autonomy and abuse. These disparities and access concerns are the result of deliberate policy choices that are designed to keep disabled people, particularly disabled women and disabled women of color, in poverty. As an organization committed to improving the lives of women and families by achieving equality and equity for all women and people of marginalized genders, the National Partnership for Women & Families believes that this equality and equity cannot be achieved without focusing on disabled women and families, particularly disabled women of color and multi-marginalized disabled women. These tenets are discussed at length in this guide. While this guide discusses a number of concerns and proposes many possible solutions, it is not exhaustive.

Food Insecurity



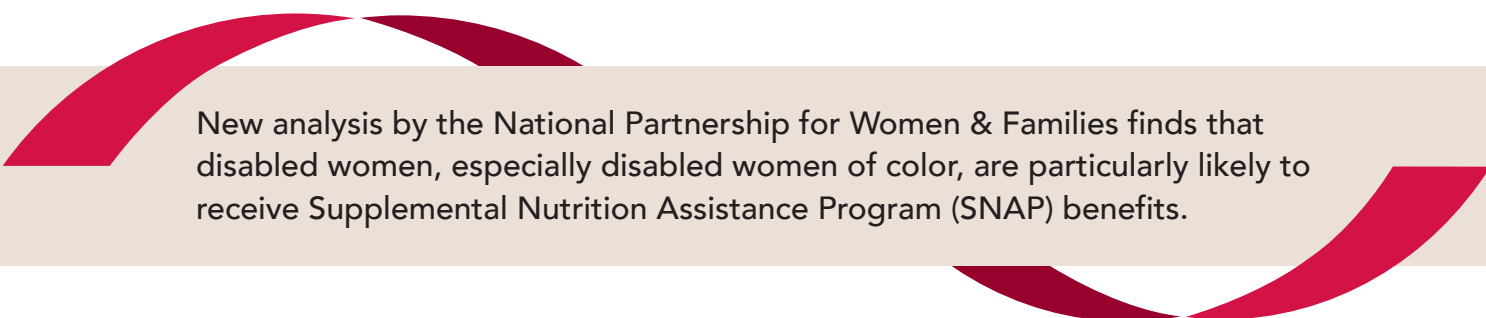
Photo: Artem Podrez/Pexels.com

Disabled women, particularly disabled women of color, are more likely to experience food insecurity.³

Food insecurity is “a lack of consistent access to enough food for every person in a household to live an active, healthy life.”⁴ Disability, specifically, is a risk factor for food insecurity.⁵ For Black and Latinx people with disabilities, the likelihood that they will lack access to the food and nourishment necessary to live is even greater.⁶ Among

households that include a working-age adult with disabilities, 22 percent were food insecure in 2018; for households with someone not in the labor force due to disability, this rose to 33 percent.⁷ These figures have remained stubbornly high, although overall food insecurity rates have decreased since the Great Recession. In 2021, disabled working-age adults were more than three times as likely to face food insecurity than were nondisabled adults.⁸

A range of factors lead to food insecurity, including a general lack of access to food. Food deserts are areas with low access⁹ to healthy and affordable foods.¹⁰ Food deserts are more likely to be in census tracts with higher rates of poverty.¹¹ Racial segregation also plays a role in supermarket or grocery access.¹² Black, urban neighborhoods in particular tend to lack access to supermarkets.¹³ A history of redlining,¹⁴ which continues to this day, has continued to fuel segregation and fetter access to necessities such as food, health care and other daily needs. Disabled women are more likely than white nondisabled men to live in poverty, with disabled women of color experiencing particularly high rates of poverty.¹⁵ Additionally, disabled people overall are more likely to work in lower-wage jobs, but disabled women in particular are more likely to work part time or in service positions.¹⁶ Disabled women, particularly disabled women of color, may also be reliant on income from public benefits. In 2020, about 55 percent of all adult Social Security beneficiaries were women.¹⁷ As of 2022, 45.6 percent of Supplemental Security Income (SSI)¹⁸ beneficiaries and 50.5 percent of Social Security Disability Insurance (SSDI)¹⁹ beneficiaries were women.²⁰ People who are Black and American Indian/Alaska Native are more than twice as likely to receive SSI as white people.²¹ African Americans are also more likely to receive SSDI benefits.²² The maximum SSI benefit in 2023 is \$914 for an eligible individual and \$1,371 for an eligible couple. The maximum SSDI benefit in 2023 is \$3,627 for an individual, but this amount is based on work history and other factors that may disadvantage women and people of color in particular,²³ who are more likely to have lower incomes.²⁴ Black and Hispanic individuals also report spending more time on caregiving than white or Asian individuals, which affects work history.²⁵ An estimated 96 percent of Temporary Assistance for Needy Families (TANF)²⁶ recipients are women, while an estimated 38.6 percent of recipients are Black.²⁷ Prior estimates have suggested that about one in four adults receiving TANF benefits has a disability.²⁸ TANF cash benefits are at or below 60 percent of the federal poverty level in every state.²⁹



New analysis by the National Partnership for Women & Families finds that disabled women, especially disabled women of color, are particularly likely to receive Supplemental Nutrition Assistance Program (SNAP) benefits.

Thirteen percent of people ages 16 through 59 in the United States live in households that receive SNAP benefits, compared with 33 percent of disabled women in that age group.³⁰ Among disabled women ages 16 through 59, 47 percent of Black women; 42 percent of Native women; 38 percent of multiracial women; 36 percent of Latinas; 28 percent of white women; and 19 percent of Asian, Native Hawaiian or Pacific Islander women live in households that receive SNAP benefits.³¹ Women are also more likely to face food insecurity.³² Households headed by a single mother and women living alone have particularly high rates of food insecurity.³³ Women are also more likely to skip meals so that their children have enough to eat, causing additional health and economic consequences.³⁴

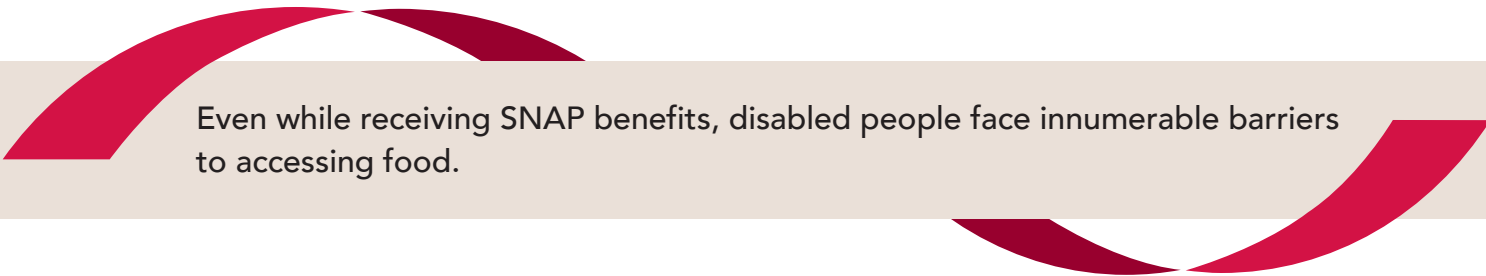
SNAP is a means-tested (based on need or certain eligibility requirements) federal program that provides nutrition and food purchasing assistance to low- and no-income households. The U.S. Department of Agriculture (USDA) oversees the program, but benefits are distributed by the states. In 2018, about 63 percent of non-aging (generally 60 or older) SNAP recipients were women.³⁵ SNAP has a very narrow definition of disability.³⁶ In general, the definition requires someone to receive other forms of disability benefits, to be perceived as obviously “unfit” for employment by the program caseworker at the state agency, or to have documentation from a qualifying medical professional stating they are “unfit” for employment.³⁷

Other types of disability benefits have difficult application processes that last for months. The definitions of disability for benefits such as SSDI and SSI are also incredibly narrow. Accessing documentation requires access to health care and transportation, among other services and supports that a disabled person may need. It also assumes that specialists and diagnoses are readily available—and without waitlists.³⁸ Due to these barriers to disability certification and the narrow definition of disability, disabled people may be subject to strict work requirements in order to get the benefits they need. SNAP, in general, has work-reporting requirements for nondisabled people without dependents. Such a household would be unable to receive SNAP for more than three months without

complying with work requirements. These work requirements were recently expanded as part of negotiations to increase the federal debt ceiling, “able-bodied” adults subject to these requirements raised to 54. These work requirements are ineffective and unnecessary: Most SNAP recipients who can work, do—and the time limit does not substantially increase employment or earnings.³⁹

Asset limitations for SNAP eligibility also hurt disabled people’s ability to access benefits. There are asset limits, such as one’s bank account balance, for all SNAP recipients, although the limit for those who meet the SNAP definition of disability are higher. For disabled SNAP recipients, the limit is just \$4,250, which means that disabled people who want to apply for SNAP but have money saved or have worked, for example, could be denied.⁴⁰ Additionally, as discussed above, disabled SNAP recipients may fail to meet SNAP’s definition of disability. Households with disabled people may therefore exceed arbitrary asset limits, rendering them unable to access SNAP benefits. The National Partnership therefore recommends that Congress:

- **Pass the Improving Access to Nutrition Act⁴¹** to eliminate draconian work requirements. At a minimum, no new work requirements should be added.
- **Eliminate, or in the alternative, significantly increase, the asset limit for SNAP.**
- **Expand SNAP eligibility requirements**, including by raising gross monthly income limits and repealing, or at a minimum, shortening, the waiting periods for lawful permanent residents that were established through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

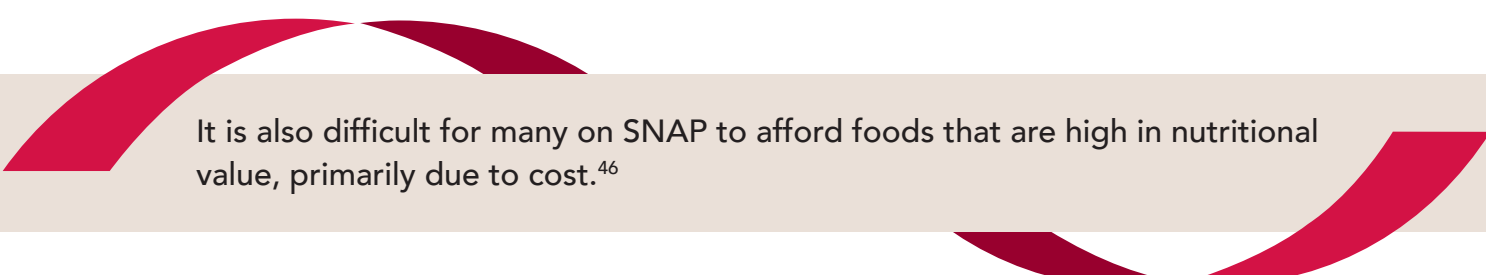


Even while receiving SNAP benefits, disabled people face innumerable barriers to accessing food.

Prepared and hot foods cannot be purchased from grocery stores with SNAP benefits. However, access to prepared and hot foods is important for disabled people who may have difficulty preparing meals themselves.⁴² The Restaurant Meals Program does allow

certain SNAP beneficiaries, including those who are disabled, aging or unhoused and meet certain eligibility criteria, to use their SNAP benefits to purchase meals from participating restaurants, but at this time, only eight states participate in this program.⁴³

States often attempt to further limit the types of foods SNAP benefits may be used to purchase. For example, a 2023 Iowa bill sought to further limit SNAP recipients from using benefits to purchase fresh meats, white bread and sliced cheese.⁴⁴ These types of restrictions disproportionately affect disabled women, who may have more limited diets. For example, individuals with certain types of gastrointestinal conditions may need to avoid whole grains or other types of foods. While anyone may experience these types of gastrointestinal disorders, they are more common in women.⁴⁵



It is also difficult for many on SNAP to afford foods that are high in nutritional value, primarily due to cost.⁴⁶

An Urban Institute report found that in the last quarter of 2022, a modestly priced meal cost \$3.14, on average, which was 15 percent more than the maximum SNAP benefit per meal.⁴⁷ For all women, but particularly for the disabled women who may experience a greater need for this nutrition, programs such as the Double Up Food Bucks program, which matches fruit and vegetable purchases up to a certain amount, provide some assistance, though imperfect. The USDA currently uses the Thrifty Food Plan to estimate the costs of a “healthy diet” and to determine SNAP benefit levels.⁴⁸ It is the lowest-cost plan of four USDA plans.⁴⁹ However, even after the most recent re-evaluation of the Thrifty Food Plan, it does not meet the needs of many SNAP recipients. The National Partnership recommends that Congress do the following:

- **Shift SNAP away from relying on the overly restrictive Thrifty Food Plan.** **Shifting** to a plan such as the Low-Cost Food Plan, as proposed in the Closing the Meal Gap Act,⁵⁰ would allow for greater flexibility for those with dietary restrictions and better reflect the price of meals.
- **Incentivize states to expand Double Up Food Bucks locations**, including to more grocery stores and accessible locations.

- **Allow SNAP recipients to use their benefits to order hot and prepared foods** made for consumption on-premises at grocery stores.
- **Expand access to online SNAP purchasing options.**
- **Continue flexibilities offered through the SNAP online purchasing pilot.**
- **Pass legislation to prevent states from passing additional restrictions on certain foods** SNAP recipients can purchase.

The National Partnership recommends that the USDA do the following:

In line with the 2018 Farm Bill's mandate to evaluate the Thrifty Food Plan every five years:

1. **Ensure that dietary needs continue to be met** and that the disabled community is consulted while evaluating the plan;
2. **Recognize the higher cost of food for disabled people** who may require more prepared options;
3. **Consult with different ethnic groups** to ensure that cultural dietary needs are incorporated;
4. **Ensure that the impact of the Thrifty Food Plan on people of color**, including women of color, is discussed through consultation with these communities; and
5. **Consult women**, including mothers, about their specific needs.

The National Partnership recommends that states do the following:

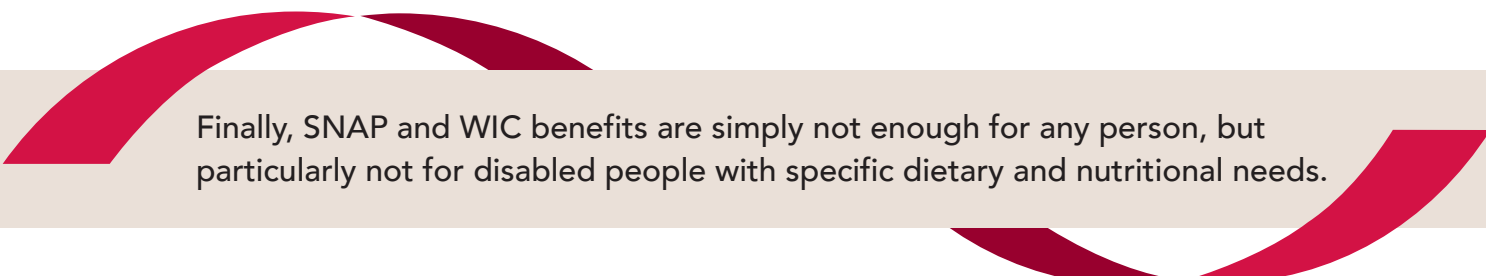
- **Participate in the Double Up Food Bucks program.** Those that already do should expand Double Up Food Bucks locations, including to more grocery stores and accessible locations.
- **Do not restrict any additional food items and ensure that SNAP participants have a full range of options.** This is especially important for individuals with dietary restrictions.
- **Continue participating in the SNAP Online Purchasing Pilot**, which has expanded access for disabled SNAP participants and disabled women serving as caregivers.
- **Participate in the Restaurant Meals Program to expand access for disabled, aging, unhoused and other beneficiaries who benefit from this program.** For states that have implemented the program, continue to expand the numbers of restaurants that participate to ensure maximum accessibility, accommodate

individuals with dietary restrictions and ensure individuals have healthier options. The majority of options at this time are fast-food options.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is another program established to address food insecurity. This program is for income-eligible pregnant, postpartum, and breastfeeding/chestfeeding people, as well as infants and children at nutritional risk. Medical and dietary restrictions may qualify as nutritional risk, including disabilities such as anemia, gastrointestinal disorders, diabetes, and food allergies, among others.

In many circumstances, WIC agencies require recipients to travel to in-clinic appointments to access WIC benefits—some as frequently as every three months.⁵¹ This is a particular barrier for disabled recipients—whose disabilities may contribute to their nutritional risk—due to inconvenient clinical locations and difficulty with transportation.⁵² For disabled women of color, these barriers may be even greater. Being unable to take off from work and a lack of access to reliable, accessible or affordable transportation to clinic sites are regular barriers.⁵³ There are also requirements for WIC-eligible foods, which create concerns similar to those about proposed SNAP restrictions for disabled individuals that the WIC program aims to assist, especially those with dietary concerns. The National Partnership recommends the following changes to WIC:

- **Limit in-clinic requirements to only those reasonably necessary**, if any at all, including by passing the bipartisan More Options to Develop and Enhance Remote Nutrition in WIC Act (MODERN WIC Act)⁵⁴ to permit telephone or video certifications and allow participants to retrieve benefits remotely.
- **Expand eligible foods under WIC** to ensure flexibility for those with specific dietary restrictions.



Finally, SNAP and WIC benefits are simply not enough for any person, but particularly not for disabled people with specific dietary and nutritional needs.

The programs themselves also require additional funding for existing services, to serve additional individuals in need of benefits and to absorb costs. The National Partnership recommends the following:

- **Congress must increase SNAP benefits** to protect the health of disabled women and their families. For disabled, unhoused and aging beneficiaries in particular who rely on the Restaurant Meals Program and other prepared items, benefits are not increased based on need despite the fact that these items are more expensive. Disabled beneficiaries are not receiving the benefits they require to meet their needs.
- **Congress must fully fund WIC.** Data collected since the release of the President Joe Biden's proposed Fiscal Year 2024 budget, asking for \$6.3 billion for WIC, has demonstrated that more funding is necessary to ensure current recipients continue to receive WIC and prevent waiting lists.⁵⁵ At the proposed \$6.3 billion, an estimated 600,000 postpartum women and children would be turned away.⁵⁶
- **State Medicaid programs can leverage Section 1115 waivers** to provide home-delivered meals to older adults and people with disabilities who are food insecure due to functional limitations or challenges that make it difficult to go grocery shopping or prepare meals on their own.

Housing

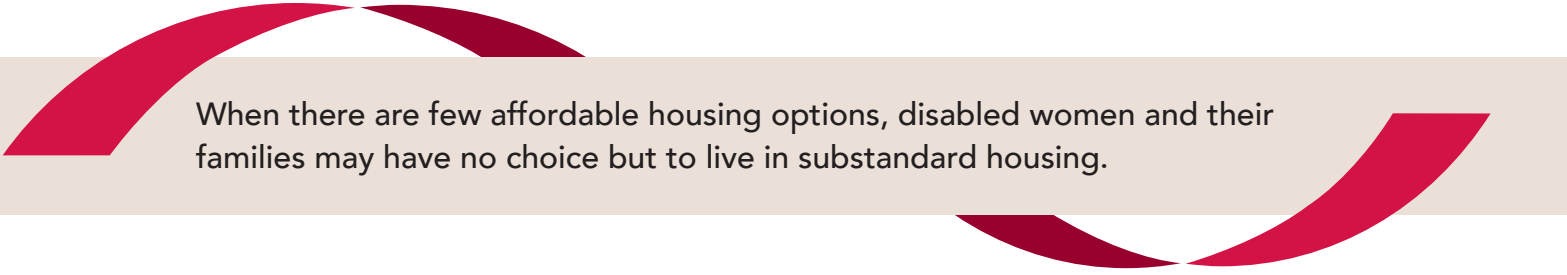


Photo: Jon Tyson on Unsplash

The affordable housing crisis is a barrier to the health and economic security of disabled women, particularly disabled women of color.

A 2021 Center for American Progress article noted that 7 million disabled renters are moderately or severely cost burdened, or spend 30 percent or more of their income on rent.⁵⁷ A recent Freddie Mac survey showed that 59 percent of homeowners with disabilities, as opposed to 25 percent of homeowners within the general public,

spend more than 30 percent of their income on housing.⁵⁸ Compounding this economic impact is that housing instability can be a barrier to stable employment.⁵⁹ Those with unstable housing are more likely to lose their jobs⁶⁰ and face continued barriers when searching for another role because employers may require potential employees to provide a current address. For unhoused, disabled women, being unable to provide a permanent and stable address to a potential employer is a barrier to employment.⁶¹



When there are few affordable housing options, disabled women and their families may have no choice but to live in substandard housing.

These housing conditions may lead to exposure to mold, pests, lead and other toxins that can exacerbate their disabilities or cause others, such as asthma, allergies and more.⁶² These conditions lead to additional medical expenses, missed workdays (which are particularly problematic for those without paid leave or paid sick days) and job loss—all of which add to the health and economic concerns disabled people face. People of color are more likely to live in substandard housing, exacerbating health conditions for disabled women of color and their families in particular.⁶³

Understanding how many disabled women are unhoused is difficult because of policy decisions, notably the McKinney-Vento Homeless Assistance Act and its accompanying regulations, that define “chronically homelessness” includes the following:

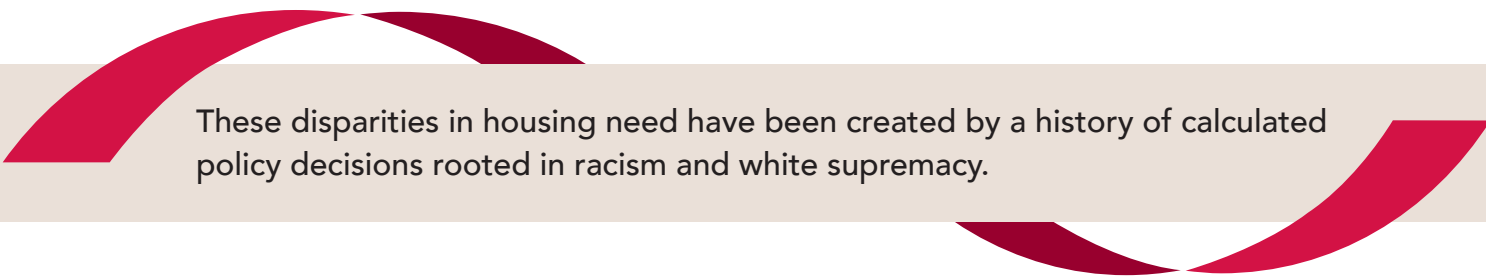
A homeless individual with a disability ... who:

- (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in

homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;⁶⁴

However, mention of disability outside this definition can be inconsistent, if discussed at all. A National Partnership for Women & Families analysis of the “2022 Annual Homelessness Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness” data, revealed that almost one-quarter (24 percent) of all counted unhoused people were chronically homeless.⁶⁵ Thirty-seven percent of all counted unhoused people are Black; 24 percent are Latino; and 3 percent are American Indian, Alaska Native or Indigenous.⁶⁶ Only 38 percent⁶⁷ of these counted unhoused people are women, though it is worth noting that women are not as visible in their experiences of homelessness.⁶⁸

Women, disabled people and people of color are more likely to receive assistance from the U.S. Department of Housing and Urban Development (HUD). For disabled women, particularly disabled women of color, access to HUD assistance is therefore critical. Women head 78 percent of HUD rental assistance households.⁶⁹ There are 407 people with disabilities for every 1,000 HUD-assisted households.⁷⁰ Only 35 percent of disabled people in HUD-assisted households are men, while 65 percent are women.⁷¹ New National Partnership for Women & Families analysis finds that approximately 42 percent of people in HUD-assisted households are Black, 19 percent are Hispanic, 4 percent are Asian or Pacific Islander, and 1 percent are Native American.⁷²



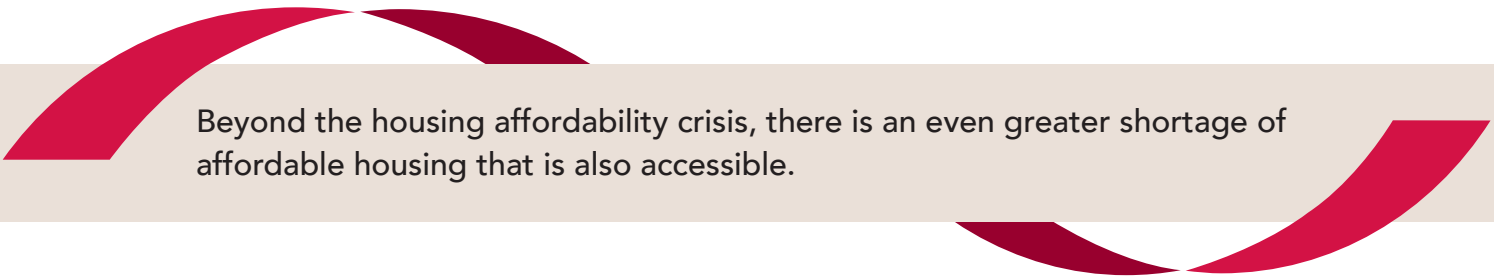
These disparities in housing need have been created by a history of calculated policy decisions rooted in racism and white supremacy.

Areas where there were higher concentrations of Black residents were marked with red ink to warn mortgage lenders of an “investment risk”—a practice known as redlining.⁷³ As a result, Black people faced significant barriers to building and maintaining generational wealth.⁷⁴ Redlining also led to a lack of investment in these communities overall.⁷⁵ It was

not until Congress passed the Fair Housing Act (FHA) in 1968 that redlining as a practice and racial discrimination in mortgage lending were outlawed. However, this discrimination persists, the repercussions of redlining continue to impact and disadvantage the health of and opportunities available to communities,⁷⁶ and the racial wealth gap and lower rates of Black homeownership remain unaddressed consequences.⁷⁷ There is also a strong connection between race and disability for a number of reasons, particularly structural racism driving health inequities and outcomes. Black adults are more likely to have a disability, with one in four living with a disability.⁷⁸

Despite the great need for affordable housing, HUD rental assistance is extraordinarily difficult to obtain: Out of all households that are eligible for assistance, only one in four households actually receive it.⁷⁹ That means about 18 million disabled people in the United States are eligible for federal housing assistance but not receiving it.⁸⁰ Disabled women, and disabled women of color in particular, are disproportionately harmed by the difficulty in accessing these services.

The two major HUD rental assistance programs are public housing and housing choice vouchers. The primary difference between the two is that public housing units are government owned, while housing choice vouchers provide more flexibility to rent from any landlord participating in the program. For those waiting for housing choice vouchers, the average wait time nationally is about two-and-a-half years, largely due to inadequate funding.⁸¹ The longest average wait time among large housing agencies is about eight years.⁸² When accounting for the housing authorities whose waitlists have been closed, that time frame is even longer.



Beyond the housing affordability crisis, there is an even greater shortage of affordable housing that is also accessible.

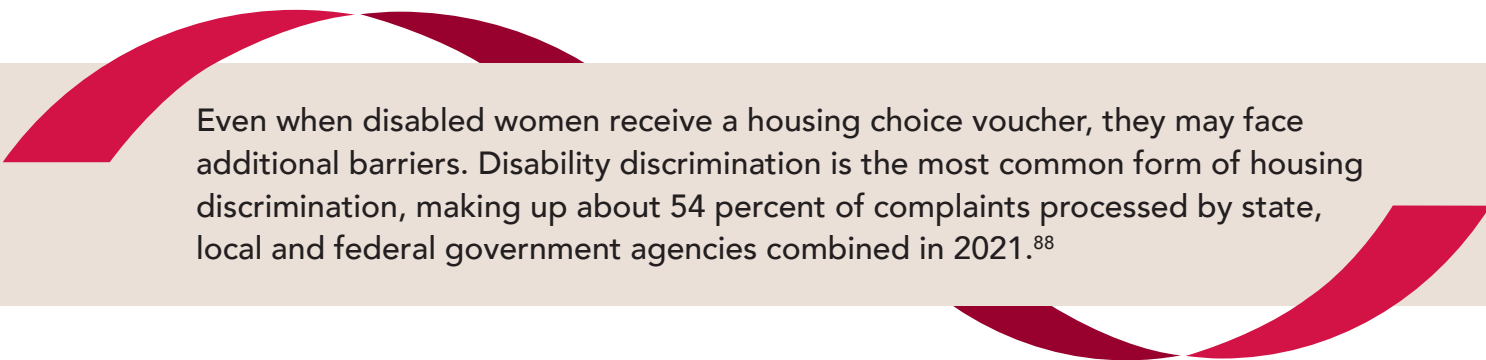
Federal regulations require that at least 5 percent of units in federally assisted housing units are accessible to those with mobility disabilities and that at least 2 percent are accessible to those with hearing and/or visual disabilities.⁸³ This low percentage is not sufficient to meet the high demand for affordable, accessible housing. A recent Freddie

Mac survey reports that 47 percent of renters with disabilities say their current residence is “not at all or minimally accessible,” while 36 percent of disabled renters would be unable to make the modifications they need to make their spaces accessible.⁸⁴

Under the FHA, a landlord must make reasonable accommodations in applying policies and procedures and structuring common areas. However, the FHA only requires that a landlord not prohibit a disabled person from making reasonable modifications within their own unit; the landlord may require that these modifications be made at the resident’s expense and that units be changed back before the resident moves out. These changes can be prohibitively expensive for disabled women—particularly disabled women of color, who are more likely to have lower incomes and fewer assets. The FHA does not require that single-family homes be constructed to be accessible for disabled residents. Making one’s own home accessible, even with the minimal existing tax credits, loans, grants and other resources that exist, can also be expensive. Federal regulations must be updated to ensure that disabled people, and disabled women in particular, have access to affordable housing that is also accessible. The National Partnership recommends the following:

- **Congress should increase funding for public housing and housing choice vouchers** to address the long waitlists.
- **Congress should create and expand incentives** for complying with accessibility standards.
- **HUD regulations must be updated** to ensure that a greater percentage of federally assisted housing is required to be accessible.
- **The administration, including HUD’s Office of Fair Housing and Equal Opportunity, should expand enforcement of accessibility compliance concerns** under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Fair Housing Act, and other federal laws and regulations.
- **Congress should pursue the Homes for All program**⁸⁵ for which the federal government will invest in and construct affordable housing on publicly owned land. The Homes for All Act should be reintroduced and passed to allow the government to invest in public housing.⁸⁶
- **Congress and state and local governments should establish and expand grant programs to modify homes for disabled residents.** Tax incentive programs do not provide individuals with the resources they need to make these changes, and requiring disabled people to pay back hefty loans due to their disability is an unsustainable financial policy.

- **Congress and state and local governments must expand down-payment assistance programs**, including generous grants, to redress the history of redlining and its continued impact on Black communities—particularly the Black disabled women living in those communities. The American Housing and Economic Mobility Act,⁸⁷ if reintroduced, would address many of these concerns at the federal level.

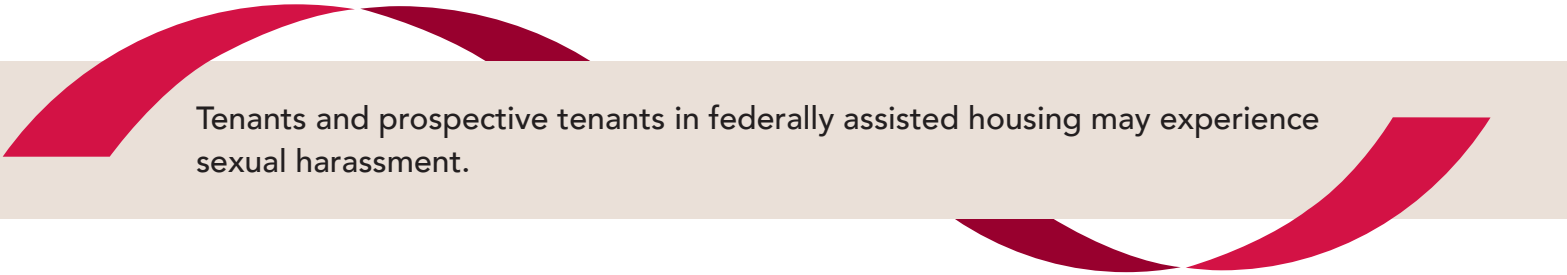


Even when disabled women receive a housing choice voucher, they may face additional barriers. Disability discrimination is the most common form of housing discrimination, making up about 54 percent of complaints processed by state, local and federal government agencies combined in 2021.⁸⁸

Racial discrimination was, in general, the second-most-common form of discrimination.⁸⁹ Sex discrimination was also quite frequent, making up about 7 percent of all claims.⁹⁰ While both disability and gender discrimination are expressly prohibited by the FHA, source-of-income discrimination is not. Disabled women, who are more likely to rely on public benefits, including housing choice vouchers, may therefore be denied housing opportunities based only on the source of their income and method of rent payment. For example, disabled people may be denied housing based on their source of income as housing choice voucher recipients (previously known as “Section 8”). While certain states prohibit this type of discrimination,⁹¹ the FHA does not.

Difficulties obtaining housing may also occur based on credit. Property owners are permitted to check voucher recipients’ credit histories. HUD guidelines outline specific requirements but state generally that, “Owners may reject an applicant for a poor credit history, but a lack of credit history is not sufficient grounds to reject an applicant.”⁹² Those who live in lower-income areas are more likely to have adverse histories on their credit reports, such as debt in collection.⁹³ Disabled people are more than twice as likely as nondisabled people to report that their credit record is “bad” or “very bad.”⁹⁴ As discussed in the first installment of this report series, women are more likely to be disabled and live in poverty. Further, majority-Black and majority-Native American communities have the lowest median credit scores and highest numbers of subprime credit scores (or VantageScores below 600) in the nation.⁹⁵ While income or source of income is not directly tracked through credit reports, income

can affect ability to repay loans, credit utilization rates, and other factors that do significantly impact a credit report or score. Moving or obtaining subsidized housing may therefore still be difficult for disabled women, particularly disabled women of color.



Tenants and prospective tenants in federally assisted housing may experience sexual harassment.

While women more broadly are more likely to experience this harassment, other identities compound to exacerbate these problematic power dynamics. Disabled women, particularly disabled women of color with lower incomes, are more likely to experience sexual harassment while both looking for housing and trying to remain safe in current housing.⁹⁶ Sexual harassment may include acts such as refusing to approve applications unless an individual complies with sexual demands, evicting tenants who reject sexual advances, or entering tenants' homes without notice and demanding sexual favors in exchange for necessary repairs.⁹⁷

Domestic violence survivors may also experience discrimination in housing.

Women, and particularly disabled women⁹⁸ and women of color,⁹⁹ experience domestic violence at higher rates. Landlord “zero tolerance” policies that lead to eviction after any criminal activity takes place in a unit—even domestic violence against a survivor—disproportionately affect these groups.¹⁰⁰ Even though the Violence Against Women Act provides clear protections for domestic violence survivors, disabled women still may face this discrimination.¹⁰¹ The National Partnership recommends that Congress do the following:

- **Pass the Fair Housing Improvement Act**, which would prohibit source-of-income discrimination by landlords and expand opportunities for housing choice voucher recipients.
- **Adopt President Joe Biden’s proposed discretionary and mandatory funding increases for HUD.**

The National Partnership recommends that HUD do the following:

- **Continue to expand enforcement under anti-discrimination laws** to ensure that disabled people, particularly disabled women of color, are able to obtain housing and live safely in their communities.

There is a bias toward institutionalization that is perpetuated through the U.S. housing and health care systems. Medicaid helps pay for room and board in institutions, but it does not pay for housing in the community. These room and board costs include portions of costs that a tenant may owe while living in federally assisted housing. Meanwhile, asset limits that affect eligibility for needed medical services in the community, such as Medicaid, as well as benefits including the Supplemental Security Income on which so many disabled people rely, make it difficult, if not impossible, for disabled people to save up for housing. Paying a security deposit, or even the last month's rent, may be cost prohibitive. Women also make up the majority of the adult population of Medicaid beneficiaries.¹⁰² As discussed above, disabled women are more likely than white nondisabled men to live in poverty, with disabled women of color experiencing particularly high rates of poverty.¹⁰³ Therefore, the inability to save has a particularly harmful effect on their finances and ability to obtain housing.

Being unable to access affordable housing can also be expensive. It may lead to more short-term costs such as hotel or motel expenses, more emergent health outcomes and other expenses—all of which become more expensive in the long term.¹⁰⁴ Increased fines and fees may also be a concern. For example, when a jurisdiction sends traffic tickets to a home address, being unable to receive notice can lead not only to increased fines but also to additional consequences, including booting or impoundment of the car and inability to renew registration. Benefit recipients may also miss important communications from agencies such as the Social Security Administration. As discussed in the first installment of this series, overpayments happen when benefits are paid to an individual but a government agency later claims the benefits should not have been paid. Women are more likely to experience an overpayment than men.¹⁰⁵ If disabled women are unaware of overpayments due to missed agency communications, overpayments can continue to occur over time and grow to larger amounts that are alleged to be owed. The National Partnership recommends the following:

- **States must eliminate, or at least raise, Medicaid asset limits** to ensure that those who rely on home- and community-based service (HCBS) waivers can afford to live and work in their communities.

- **All state Medicaid programs should leverage Section 1115 waivers**—which allow states to test new, innovative approaches in Medicaid—including flexibilities to address health-related social needs (HRSN) (i.e., a person’s unmet, adverse social conditions that contribute to poor health). States should take this opportunity to provide housing-related supports and services that promote health and community integration, including home accessibility modifications, one-time community transition costs, and housing and tenancy supports.
- **States and localities should limit fines and fees** that women may disproportionately not only struggle to pay¹⁰⁶ but also may not be aware of due to homelessness. They should also offer forgiveness or repayment options for unhoused residents and/or residents with low incomes.

Transportation

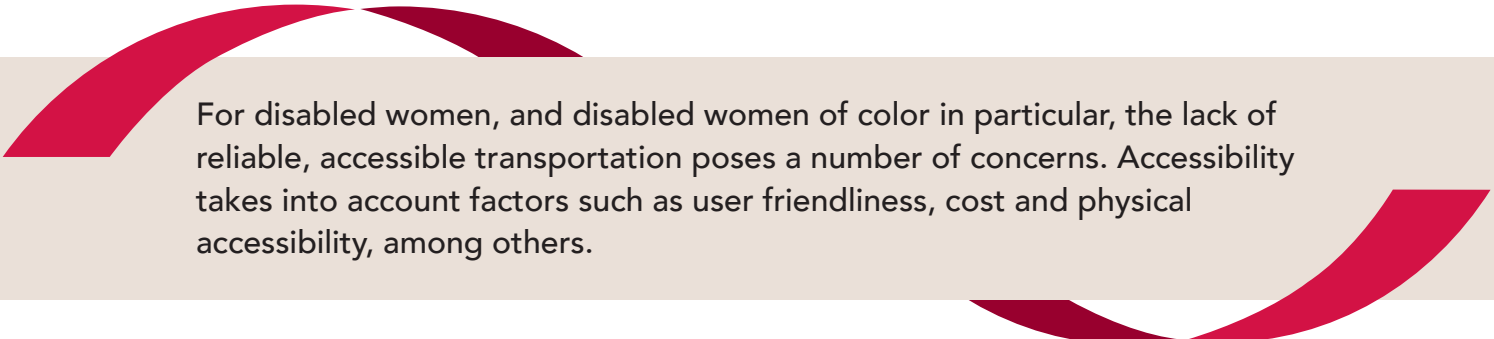


Photo: iStock.com/JordiRamisa

As discussed throughout this report, there is a lack of reliable, accessible transportation for disabled people.

Those who are lower income, immigrants, Latinx and/or Black are more likely to rely on public transportation.¹⁰⁷ Disabled people often limit their travel patterns,¹⁰⁸ likely due to access concerns; an estimated 3.6 million Americans with disabilities do not leave their homes due to travel limitations.¹⁰⁹ Disabled people are also more likely

to serve as passengers, asking someone else for a ride or relying on transportation services that serve the disabled population.¹¹⁰ In 2017, about 13.4 million Americans ages 18 to 64 had travel-limiting disabilities.¹¹¹ Approximately 11.2 million Americans ages 65 and older also had travel-limiting disabilities.¹¹²



For disabled women, and disabled women of color in particular, the lack of reliable, accessible transportation poses a number of concerns. Accessibility takes into account factors such as user friendliness, cost and physical accessibility, among others.

More than half (55 percent) of public transit trips in the United States are taken by women,¹¹³ and in a study of major cities, women are 6 percent more likely to take public transit than men.¹¹⁴ Across the world, women are 21 percent more likely than men to use public transit to travel to work.¹¹⁵ Women are also more likely than men to take shorter and more frequent non-work related trips and trips with children or older relatives.¹¹⁶ A lack of access to public transit makes it difficult to secure employment, attend doctor's appointments,¹¹⁷ access reproductive health care and make reproductive health care choices,¹¹⁸ care for children and family members, and take care of other tasks, such as obtaining groceries, all of which are particularly critical for disabled women. Access to reliable, accessible and safe transportation is vital for economic security, food security and health care access, among other things. Reliable and extensive transportation may also expand housing options for disabled people who rely on public transportation, though it can be difficult to find affordable housing options near public transit based on current policies.¹¹⁹

Multiple experts interviewed for a 2021 Government Accountability Office report identified that a lack of access to transportation is one of several major barriers to competitive integrated employment.¹²⁰ Many disabled people rely on Medicaid HCBS waivers to access long-term services and supports, including supported employment services.¹²¹ Supports through this kind of program may include transportation assistance,¹²² which may include training to help a disabled worker travel to and from work or simply help arranging for transportation. Medicaid programs also offer rides to medical appointments for

emergencies, though each state defines what is necessary.¹²³ Due to barriers to accessing Medicaid and HCBS,¹²⁴ these necessary services may not be available to disabled workers. Yet several states have expanded transportation services available to Medicaid beneficiaries through Section 1115 waivers.¹²⁵ “Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.”¹²⁶ These waivers allow states to test innovative approaches for Medicaid recipients. Expanding transportation services through Medicaid is a critical tool for expanding access to the community for disabled people, particularly disabled women and disabled women of color.

In some cases, transportation is even necessary for maintaining and obtaining critical benefits. As previously discussed, due to barriers including a lack of transportation access to appropriate specialists and doctors, it may be difficult, if not impossible, to become certified as disabled to receive SNAP and other important benefits, including Social Security and other disability-related benefits.¹²⁷ Under SNAP in particular, disabled people may be subject to strict work requirements to access necessary benefits. But even meeting the work requirements frequently necessitates access to transportation. While remote work and flexibilities have expanded, they are not nearly as widespread as necessary for the full inclusion of disabled people in the workforce. As discussed with WIC, in many circumstances, WIC agencies require recipients to travel to in-clinic appointments to access WIC benefits—some as frequently as every three months.¹²⁸ This is a particular barrier for disabled recipients—whose disabilities might contribute to their nutritional risk—due to inaccessible or unaffordable transportation options.¹²⁹

Access to reliable and expansive transportation also impacts housing options for disabled people. The landscape allowing for transit deserts—which are often where more affordable housing is located—is largely based in deliberately racist and segregationist policies.¹³⁰ Approximately 24.6 million people live in transportation deserts across the United States, and about 18.5 percent of those individuals live below the poverty line.¹³¹ Disabled women are more likely to live in poverty, and poverty rates are even higher for disabled women of color.¹³² As long as affordable housing options near public transportation continue to be unavailable and transportation deserts remain widespread, barriers preventing community integration and employment and leading to social isolation will continue for those in transit deserts, particularly disabled women.¹³³

Disabled women may also be more likely to be concerned about their safety while using public transportation. Across the globe, women are 10 percent more likely than men to feel unsafe using metros and 6 percent more likely to feel unsafe on public buses.¹³⁴ Exposure to behaviors such as sexual harassment, aggression and other unwelcome behaviors contribute to this perception.¹³⁵ Disabled people also face sexual and other forms of harassment on public transportation from other passengers—and even sometimes from transportation workers themselves.¹³⁶ Feeling unsafe on public transit is a significant barrier to disabled women’s ability to travel.

Safety also means ensuring that transit staff are equipped to support disabled people with their mobility aids. One example of a significant failure in this area is the consistent damage of wheelchairs by airlines. In 2022, the U.S. Department of Transportation (DOT) received 11,389 incident reports related to mobility devices on U.S. airlines.¹³⁷ DOT estimates that more than one out of every 100 wheelchairs and scooters transported in the aircraft cargo compartment of domestic flights is damaged, delayed or lost.¹³⁸ This burden ultimately falls on disabled people, particularly Black women and women of color such as Engracia Figueroa.¹³⁹ Figueroa, a disabled activist and leader, developed a sore as a result of not having access to her custom motorized wheelchair after it was damaged by an airline.¹⁴⁰ Figueroa lost her life as a result of an infection caused by this sore.¹⁴¹ DOT has recently made efforts in rulemaking related to lavatory accessibility on planes and regulatory enforcement,¹⁴² which the National Partnership supports. However, more must be done to ensure that all forms of transportation, including air travel, are safe and secure for disabled passengers.

The National Partnership recommends the following:

- **Congress should increase funding for paratransit, the Section 5310 program on Enhanced Mobility of Seniors & Individuals with Disabilities program, the Coordinating Council on Access and Mobility interagency initiative,** and other programs aimed at improving transportation for disabled people.
- **Congress and state and local governments should increase funding** to ensure that transportation systems are fully accessible.
- **Congress and state and local governments should increase infrastructure investments** to expand access to public transportation.

- **Congress should pass the Mobility Aids on Board Improve Lives and Empower All (MOBILE) Act,**¹⁴³ which would, among other things, call on the DOT to look into the feasibility of allowing wheelchair users to board planes in their wheelchairs.
- **States and localities should ensure that all stations and stops within their transit systems are well-lit and well-staffed, add stops, install cameras and emergency buttons** and make other important infrastructure considerations. These are important to limit harassment against disabled women. The DOT should incentivize these design structures.
- **Congress must increase HCBS funding,** including investment in and training for the direct care workforce, by passing the Better Care Better Jobs Act¹⁴⁴ and the HCBS Access Act.¹⁴⁵
- **States should continue to submit and implement Section 1115 demonstrations** that expand nonmedical transportation services for Medicaid recipients.

Conclusion



Photo: iStock.com/skynesher

Barriers to food security; accessible, affordable and sustainable housing; and reliable transportation have one connection:

They are deliberate policy choices that are designed to keep disabled women, particularly disabled women of color, in poverty. However, this report has charted a path to address these systemic barriers. By addressing the inequities that target disabled and multi-marginalized women, policymakers will uplift everyone.

This series will continue to shine a light not only on the specific issues that disabled women and multi-marginalized disabled women face but also on the need to center the perspectives of disabled women and multi-marginalized disabled women in policy discussions and ensure that the National Partnership is prioritizing intersectionality in our work. The unique concerns that disabled women experience are often overlooked. However, we hope that this installment and the remainder of this series provide some helpful action items and initiate important and necessary conversations to ensure this work continues.

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Endnotes

1 Overall, the disability community has reclaimed identity-first language (i.e., “disabled”) to acknowledge disability as a critical part of identity in which to take pride. However, not all members of the disability community prefer identity-first language. Others may prefer person-first language (i.e., “person with a disability”). Preferences may also vary by disability. This report uses identity-first and person-first language interchangeably. However, the National Partnership will always honor the language a disabled person chooses for themselves.

There are also several definitions of disability. The Americans with Disabilities Act (ADA), for example, defines disability as “(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.” 42 U.S.C. § 12102. Major life activities include major bodily functions. 42 U.S.C. § 12102(2)(B). This definition is quite broad. Different models of disability also affect the ways in which disability is defined and viewed. The medical model, for example, focuses on disability as an impairment and prioritizes a cure. The social model views disability as something constructed by the barriers that society establishes. Other models of disability also exist to address the complexities of the disabled experience. Disabled World. (2010, September 10). *Models of Disability: Types and Definitions*. Retrieved 2023 May 5. No one definition or model is perfect.

2 The National Partnership often uses gendered language to acknowledge and communicate the disproportionate effect that specific policies have on women. However, gendered language has its shortcomings. Individuals of other marginalized genders, particularly nonbinary and transgender individuals, may also disproportionately experience the effects of certain policy decisions. This report recognizes those impacts and attempts to use both gendered language and language that is more inclusive of all marginalized genders. It is also important to recognize that data are not always inclusive of transgender and nonbinary individuals. We are therefore limited to the often binary data sets that are not reflective of the entire disabled population.

3 Goodman, N., Morris, M., & Boston, K. (2019, February). *Financial Inequality: Disability, Race and Poverty in America* (pp. 16–18). Retrieved 23 August 2023, from National Disability Institute website.

4 Feeding America. (n.d.). *Hunger and Food Insecurity*. Retrieved 23 August 2023.

5 Coleman-Jensen, A., & Nord, M. (2013, March). *Disability Is an Important Risk Factor for Food Insecurity*. U.S. Department of Agriculture. Retrieved 23 August 2023.

6 See note 3, p. 18.

7 Coleman-Jensen, A. (2020, June). *US food insecurity and population trends with a focus on adults with disabilities*. *Physiology & Behavior*, 220(1), 112865.

8 U.S. Department of Agriculture Economic Research Service. (n.d.). *Interactive Charts and Highlights*. Retrieved 23 August 2023.

9 “Low access is characterized by at least 500 people and/or 33 percent of the tract population residing more than 1 mile from a supermarket or large grocery in urban areas, and more than 10 miles in rural areas.” Dutko, P.,

Ver Ploeg, M., & Farrigan, T. (2012, August). *Characteristics and Influential Factors of Food Deserts*. Retrieved 23 August 2023, from U.S. Department of Agriculture website.

10 Annie E. Casey Foundation. (2021, February 13). *Food Deserts in the United States*. Retrieved 23 August 2023.

11 Bower, K., Thorpe, R., Rohde, C., & Gaskin, D. (2013, October). *The Intersection of Neighborhood Racial Segregation, Poverty, and Urbanicity and its Impact on Food Store Availability in the United States*. *Journal of Preventive Medicine*, 58, 33–39.

12 Ibid.

13 Ibid.

14 See pages 13–14 of this report for a more in depth discussion of redlining.

15 Author’s calculation using University of Minnesota. (n.d). *IPUMS USA: 2017–2021 American Community Survey*. Retrieved 25 August 2023, from *IPUMS website*. People are identified as having a disability if they responded that they have difficulty in one or more of the following realms: vision, hearing, cognitive, ambulatory, self-care, and independent living. This is a limited definition of disability that excludes a portion of disabled people. For more information on how disability is measured in the American Community Survey, please see U.S. Census Bureau. (2021, November 2). *How Disability Data are Collected from The American Community Survey*. Retrieved 23 August 2023.

16 U.S. Bureau of Labor Statistics. (2023). *Persons with a Disability: Labor Force Characteristics–2022* [Press release]. Retrieved 23 August 2023.

17 Social Security Administration. (n.d.). *Fast Facts & Figures About Social Security, 2021*. Retrieved 23 August 2023.

18 SSI is a means-tested program for children and adults with disabilities who have low incomes and minimal assets.

19 SSDI is a federal insurance program funded through a payroll tax.

20 Social Security Administration. (2022, December). *Annual Statistical Supplement to the Social Security Bulletin, 2022* (Table 7.E2 and Table 5.A1). Retrieved 23 August 2023.

21 Musumeci, M., & Orgera, K. (2021, June). *Supplemental Security Income for People with Disabilities: Implications for Medicaid*. Retrieved 23 August 2023, from KFF website.

22 National Academy of Social Insurance. (n.d.). *Social Security and People of Color*. Retrieved 23 August 2023.

23 Urban Institute. (2016, February 26). *11 Charts about the Social Security Disability Insurance Program*. Retrieved 23 August 2023.

24 Bleiweis, R., Frye, J., & Khattar, R. (2021, November 17). *Women of Color and the Wage Gap*. Center for American Progress. Retrieved 23 August 2023.

25 Novello, A. (2021, November). [Paid Leave Could Keep More Than 6 Million Caregivers Connected to the Labor Force by 2030](#) (p. 2). Retrieved 23 August 2023, from National Partnership for Women & Families website.

26 The Temporary Assistance for Needy Families program provides temporary cash assistance to families with children and very low incomes.

27 Hastings, J. F., & Snowden, L. R. (2019, July). Mental Health Treatment and Work among African American and Caribbean Black Welfare Recipients. *Cultural Diversity and Ethnic Minority Psychology*, 25(3), 342–349.

28 Barden, B. (2013, December). [Assessing and Serving TANF Recipients with Disabilities](#). Retrieved 23 August 2023, from MDRC website.

29 Azito Thompson, G., Azevedo-McCaffrey, D., & Carr, D. (2023, February). [Increases in TANF Cash Benefit Levels Are Critical to Help Families Meet Rising Costs](#). Retrieved 23 August 2023, from Center for Budget and Policy Priorities website.

30 Authors' calculations regarding living in households that received SNAP using University of Minnesota. (n.d). [IPUMS USA: 2017–2021 American Community Survey](#). Retrieved 5 September 2023, from [IPUMS website](#). Racial categories exclude women who identify as Latina and/or Hispanic, who are analyzed separately. These data, which come from a survey, may be lower than USDA administrative data of SNAP recipient rates. Ages 16 to 59 correspond to the ages eligible for SNAP work requirements.

31 Ibid.

32 U.S. Department of Agriculture Economic Research Service. (n.d.). [Key Statistics & Graphics](#). Retrieved 23 August 2023.

33 Hartline-Grafton, H. (n.d.). [The Impact of Food Insecurity on Women's Health](#). Food Research & Action Center FRAC Chat Blog. Retrieved 23 August 2023.

34 Jorss, M. (2019, March 22). [Beyond Missing Meals: How Food Insecurity Affects Women](#). No Kid Hungry Blog. Retrieved 23 August 2023.

35 Johnson-Green, M. (2020, October). [Gender and Racial Justice in SNAP](#) (p. 2). Retrieved 23 August 2023, from National Women's Law Center website.

36 U.S. Department of Agriculture Food and Nutrition Service. (2021, October 1). [SNAP Special Rules for the Elderly or Disabled](#). Retrieved 23 August 2023.

37 Burnside, A. (2023, April 25). [SNAP Time Limits Can Reduce Access for Disabled People](#). The Center for Law and Social Policy blog. Retrieved 23 August 2023.

38 Ibid.

39 Center on Budget and Policy Priorities. (2019, November 7). [Chart Book: SNAP Helps Struggling Families Put Food on the Table](#). Retrieved 23 August 2023. Wheaton, L., Baier, K., Vericker, T., Gasper, J., Schwabish, J., Sick, N., Anderson, T.,... Werner, K. (2021, June). [The Impact of SNAP Able-Bodied Adults Without Dependents \(ABAWD\) Time Limit Reinstatement in Nine States](#) (p. vii). Retrieved 24 August 2023, from Urban Institute website.

40 Center on Budget and Policy Priorities. (2023, March). [A Quick Guide to SNAP Eligibility and Benefits](#). Retrieved 23 August 2023.

41 Improving Access to Nutrition Act of 2023, S. 3425, 118th Cong. (2023); Improving Access to Nutrition Act of 2023, H.R. 1510, 118th Cong. (2023).

42 Ives-Rublee, M., & Sloane, C. (2021, December). [Alleviating Food Insecurity in the Disabled Community: Lessons Learned From Community Solutions During the Pandemic](#). Retrieved 23 August 2023, from Center for American Progress website.

43 U.S. Department of Agriculture Food and Nutrition Service. (n.d.). ["Restaurant Meals Program."](#) Retrieved 23 August 2023.

44 Khullar, S. (2023, January 20). ["It's a huge list": Iowa GOP bill would ban people on food stamps from buying fresh meat — and more."](#) Salon. Retrieved 23 August 2023.

45 American Physiological Society. (2015, March 30). [Why gastrointestinal disorders afflict women more often](#). Science Daily. Retrieved 10 July 2023.

46 Latch, A. (2023, May 17). [Expanding Double Up Bucks is Essential for Reducing Food Insecurity](#). The Center for Law and Social Policy Blog. Retrieved 23 August 2023.

47 Urban Institute. (2023, July 13). [Does SNAP Cover the Cost of a Meal in Your County?](#) Retrieved 23 August 2023.

48 U.S. Department of Agriculture Food and Nutrition Service. (n.d). [SNAP and the Thrifty Food Plan](#). Retrieved 23 August 2023.

49 Ibid.

50 Closing the Meal Gap Act of 2023, S. 1336, 118th Cong. (2023); Closing the Meal Gap Act of 2023, H.R. 3037, 118th Cong. (2023).

51 Henchy, G. (2019, May). [Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use](#) (p. 35). Retrieved 23 August 2023, from Food Research & Action Center website.

52 Ibid., p. 14.

53 Liu, C., & Liu, H. (2016, March). Concerns and Structural Barriers Associated with WIC Participation among WIC-Eligible Women. *Journal of Public Health Nursing*, 33(5), 395–402.

54 MODERN WIC Act of 2023, S. 984, 118th Cong. (2023); MODERN WIC Act of 2023, H.R. 2424, 118th Cong. (2023).

55 Neuberger, Z. (2023, June 12). [WIC Needs Additional Funding to Avoid Forcing New Parents and Young Children Onto Waiting Lists](#). Retrieved 2 October 2023, from the Center on Budget & Policy Priorities website.

56 [National Collaborative for Infants & Toddlers and the National WIC Association](#). (2023, September 25). [Re: Participation Estimates, The Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) [Letter written September 25, 2023 to the Honorable Patty Murray, the Honorable Susan Collins, the Honorable Kay Granger, and the Honorable Rosa De Lauro]. Retrieved 4 October 2023.

57 Lake, J., Novack, V., & Ives-Rublee, M. (2021, May 27). [Recognizing and Addressing Housing Insecurity for Disabled Renters](#). Center for American Progress. Retrieved 18 September 2023.

58 Freddie Mac. (2023, March 13). [Renters and Homeowners with Disabilities Struggle with Financial Security and Housing Accessibility](#). Retrieved 18 September 2023.

59 Desmond, M., & Gershenson, C. (2016). Housing and Employment Insecurity among the Working Poor. *Social Problems*, 63(1), 43–67. doi: 10.1093/socpro/spv025

60 Ibid.

61 Golabek-Goldman, S. (2017, April). *Ban the Address: Combating Employment Discrimination Against the Homeless*. *The Yale Law Journal*, 126(6), 1788–1868. Retrieved 18 September 2023.

62 Maqbool, N., Viveiros, J., & Ault, M. (2015, April). *The Impacts of Affordable Housing on Health: A Research Summary*. Retrieved 18 September 2023, from National Housing Conference website.

63 Opportunity Starts at Home. (n.d.). *Racial Inequities in Housing*. Retrieved 18 September 2023.

64 24 CFR § 578.3

65 National Partnership for Women & Families analysis using HUD Exchange. (2023, February). *PIT and HIC Data Since 2007*. Retrieved 24 August 2023.

66 Ibid.

67 Ibid.

68 Milaney, K., Williams, N., Lee Lockerbie, S., Dutton, D., & Hyshka, E. (2020, March). *Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care*. *BMC Public Health* 20(397). Retrieved 18 September 2023.

69 Opportunity Starts at Home. (n.d.). *Gender Equity & Housing*. Retrieved 18 September 2023.

70 U.S. Department of Housing and Urban Development. (2015, March). *A Picture of Disability and Designated Housing* (p. 14). Retrieved 24 August 2023.

71 Ibid., p. 15.

72 National Partnership for Women & Families analysis of 2022 U.S. Department of Housing and Urban Development data. Office of Policy Development and Research. (n.d.). *Assisted Housing: National and Local*. Retrieved 24 August 2023. Figures for Black, Asian and Pacific Islander, and Native people exclude Hispanics, who are counted separately.

73 Best, R., & Mejia, E. (2022, February 9). *The Lasting Legacy Of Redlining*. FiveThirtyEight. Retrieved 18 September 2023.

74 Ibid.

75 Ibid.

76 Ibid.

77 Ray, R., Perry, A., Harshbarger, D., Elizondo, S., & Gibbons, A. (2021, September). *Homeownership, racial segregation, and policy solutions to racial wealth equity*. Retrieved 18 September 2023, from Brookings website.

78 Centers for Disease Control and Prevention. (n.d.). *Adults with Disabilities: Ethnicity and Race*. Retrieved 18 September.

79 Acosta, S. & Gartland, E. (2021, July 22). *Families Wait Years for Housing Vouchers Due to Inadequate Funding*. Retrieved 25 September 2023, from the Center on Budget and Policy Priorities website.

80 Popkin, S., Hermans, A., Oneto, A., Farrell, L., Connery, M., & Cannington, A. (2022, October). *People with Disabilities Living in the US Face Urgent Barriers to Housing*. Retrieved 18 September 2023, from Urban Institute website.

81 Acosta, S., & Gartland, E. (2021, July). *Families Wait Years for Housing Vouchers Due to Inadequate Funding*. Retrieved 18 September 2023, from Center for Budget and Policy Priorities website.

82 Ibid.

83 U.S. Department of Housing and Urban Development. (n.d.). Section 504: *Frequently Asked Questions ("Physical Accessibility")*. Retrieved 18 September 2023.

84 See note 58.

85 Zonta, M. (2018, July). *Homes for All: A Program Providing Rental Supply Where Working Families Need It Most*. Retrieved 18 September 2023, from Center for American Progress website.

86 Homes for All Act of 2021, H.R. 7191, 117th Cong. (2022).

87 American Housing and Economic Mobility Act of 2021, S. 1368, 117th Cong. (2022).

88 Augustine, L., Chang, S., Cloud, C., English, D., Frost Brown, S., Owusu, N., & Williams, M. (2022). *2022 Fair Housing Trends Report* (p. 4). Retrieved 18 September 2023, from National Fair Housing Alliance website.

89 Ibid, p. 11.

90 Ibid.

91 Poverty & Race Research Action Council. (2023, July). *Expanding Choice: Practical Strategies for Building a Successful Housing Mobility Program*. Retrieved 3 October 2023.

92 U.S. Department of Housing and Urban Development. (2013, November). *HUD Handbook 4350.3: Occupancy Requirements of Subsidized Multifamily Housing Programs* (p. 4–23). Retrieved 18 September 2023.

93 Consumer Financial Protection Bureau. (2017). *Consumer Financial Protection Bureau Study Finds Consumers in Lower-income Areas are More Likely to Become Credit Visible Due to Negative Records* [Press release]. Retrieved 18 September 2023.

94 National Disability Institute. (2018, June). *Access to Credit for Adults with Disabilities* (p. 4). Retrieved 18 September 2023.

95 Urban Institute. (2022, March 8). *Credit Health during the COVID-19 Pandemic*. Retrieved 18 September 2023.

96 Morris, L., & Park, S., (2020, October 1). *Safe at Home: Fighting Against Sexual Harassment in Housing*. ACLU. Retrieved 18 September 2023; Park, S. (2018, April 11). *50 Years After the Fair Housing Act, Tenants Are Still Fending Off Landlords' Sexual Demands*. ACLU. Retrieved 18 September 2023.

97 Ibid.

98 Sanctuary for Families. (2022, July 28). *The Links Between Disability & Domestic Violence*. Retrieved 18 September 2023.

99 Harmony House. (n.d.). *DV and BIPOC*. Retrieved 18 September 2023.

100 ACLU Women's Rights Project. (n.d.). The Rights of Domestic Violence Survivors in Public and Subsidized Housing. Retrieved 18 September 2023.

101 Ibid.

102 Gomez, I., Ranji, U., Salganicoff, A., & Frederiksen, B. (2022, February 17). Medicaid Coverage for Women. Retrieved 18 September 2023, from KFF website.

103 Lee Maroto, M., Pettinicchio, D., & Patterson, A. (2018, September). Hierarchies of Categorical Disadvantage: Economic Insecurity at the Intersection of Disability, Gender, and Race. *Gender & Society*, 33(1). Retrieved 18 September 2023.

104 Yearwood, L. (2021, December 29). The Bill for My Homelessness Was \$54,000. New York Times. Retrieved 18 September 2023.

105 Hoffman, D., Fischer, B., Jones, J., McGuirk, A., & Loewenberg, M. (2019). Perspectives: Work-Related Overpayments to Social Security Disability Insurance Beneficiaries: Prevalence and Descriptive Statistics. Retrieved 18 September 2023, from Social Security Administration website.

106 Servon, L., Esquier, A., & Tiley, G. (2021, November). Gender and Financialization of the Criminal Justice System. *Social Sciences*, 10(11), 446. Retrieved 18 September 2023.

107 Anderson, M. (2016, April). Who relies on public transit in the U.S. Pew Research Center. Retrieved 8 September 2023.

108 U.S. Department of Transportation Bureau of Transportation Statistics. (2022, January). Travel Patterns of American Adults with Disabilities. Retrieved 8 September 2023.

109 Ibid.

110 Ibid.

111 Ibid.

112 Ibid.

113 Clark, H. (2017, January). Who Rides Public Transportation: The Backbone of a Multimodal Lifestyle—Passenger Demographics & Travel (p. 42). Retrieved 8 September 2023, from American Public Transportation Association website.

114 Goel, R., Oyebode, O., Foley, L., Tatah, L., Millett, C., & Woodcock, J. (2022, January). Gender differences in active travel in major cities across the world. *Transportation* 50, 733–749.

115 Ibid.

116 Legovini, A., Vandycke, N., Njoki Irungu, J., Borker, G., & Ngaratoki Fabian, M. (2022, March 8). All too often in transport, women are an afterthought. World Bank blog. Retrieved 8 September 2023.

117 Scott, D. (2021, November 18). Improving public transit makes it easier for people to stay healthy. Vox News. Retrieved 25 September 2023.

118 Marty, R. (2019, July 1). The Road to Abortion Is Paved With Bad Bus Routes. *TalkPoverty*. Retrieved 25 September 2023.

119 Local Housing Solutions. (n.d.). Expanding Access to Public Transit. Retrieved 25 September 2023.

120 U.S. Government Accountability Office. (2021, March). Subminimum Wage Program: Factors Influencing the Transition of Individuals with Disabilities to Competitive Integrated Employment (p. 30). Retrieved 8 September 2023.

121 Ditkowsky, M. (2023, July). Systems Transformation Guide to Disability Economic Justice: Jobs and Employment (p. 14). Retrieved 8 September 2023, from National Partnership for Women & Families website.

122 Ibid.

123 Centers for Medicare & Medicaid Services. (2016, April). Let Medicaid Give You a Ride. Retrieved 8 September 2023.

124 See note 121, pp. 14, 19–20.

125 Mehalick, K. (2020, September 2). Medicaid Transportation: Section 1115 Waivers and Care Delivery Transformation. Roundtrip Blog. Retrieved 15 September 2023.

126 Medicaid.gov. (n.d.). About Section 1115 Demonstrations. Retrieved 8 September 2023.

127 See page 5 of this report.

128 See note 51, p. 35. (JUST IN CASE: Henchy, G. (2019, May). Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use (p. 35). Retrieved 18 April 2023, from Food Research & Action Center website.

129 Ibid., p. 14.

130 Williams, J. (2018, April 24). Stranded Without Transit. *U.S. News & World Report*. Retrieved 8 September 2023.

131 Jiao, J., Conrad, J., & Azimian, A. (2021, April). Measuring Social Vulnerability Transit Deserts of United States Metro Areas. *International Journal of Geospatial and Environmental Research*, 8(1), 1–10.

132 See note 15. (JUST IN CASE: Author's calculation using University of Minnesota. (n.d.). *IPUMS USA: 2017–2021 American Community Survey*. IPUMS. Retrieved 29 June 2023, from *IPUMS website*. People are identified as having a disability if they responded that they have difficulty in one or more of the following realms: vision, hearing, cognitive, ambulatory, self-care, and independent living. This is a limited definition of disability that excludes a portion of disabled people. For more information on how disability is measured in the American Community Survey, please see U.S. Census Bureau. (2021, November 2). How Disability Data are Collected from The American Community Survey. Retrieved 29 June 2023.

133 Chen, A., Karagoel, I., Friedman-Biglin, N., & Nathan-Roberts, D. (2021). No Ticket To Ride: A Systematic Definition of Transit Insecurity (p. 1309). Human Factors and Ergonomics Society. Retrieved 8 September 2023.

134 Ait Bihi Ouaili, L., Graham, D., Barron, A., & Trompet, M. (2020, March). Gender Differences in the Perception of Safety in Public Transport. *Journal of the Royal Statistical Society*, 183(3), 1–34.

135 International Transport Forum. (2018). Women's Safety and Security: A Public Transport Priority. Retrieved 15 September 2023.

136 Das Neves, B., Unsworth, C., & Browning, C., (2022, October). 'Being treated like an actual person': attitudinal accessibility on the bus. *Mobilities*, 18(3), 425–444.

137 The Office of Aviation Consumer Protection. (2023, April). *Air Travel Consumer Report*. Retrieved 18 September 2023.

138 Ibid.

139 Dawson, B. (2021, November 6). *A disability activist died from body sores associated with the loss of her \$30,000 wheelchair that was 'destroyed' during a United Airlines flight, advocacy group claims. Business Insider*. Retrieved 8 September 2023.

140 Ibid.

141 Ibid.

142 Accessible Lavatories on Single-Aisle Aircraft, 88 Fed. Reg. 50020 (August 1, 2023) (to be codified at 14 C.F.R. pt. 382 (2023)).

143 Mobility Aids on Board Improve Lives and Empower All (MOBILE) Act, S. 1459, 118th Cong. (2023); Mobility Aids on Board Improve Lives and Empower All (MOBILE) Act, H.R. 3082, 118th Cong. (2023).

144 Better Care Better Jobs Act, S. 100, 118th Cong. (2023); Better Care Better Jobs Act, H.R. 547, 118th Cong. (2023).

145 HCBS Access Act, S. 762, 118th Cong. (2023); HCBS Access Act, H.R. 1493, 118th Cong. (2023).



The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to advancing gender and racial equity in the workplace, improving access to affordable, quality health care that authentically meets the needs of all women and families and reduces inequities in health, and promoting reproductive freedom and justice, access to contraception and abortion care, and elimination of the stigma associated with abortion.

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