



Crafting a Responsive Community Investment Strategy for People with Disabilities in Northeast Ohio

RESEARCH BRIEF

The Cleveland Disability Landscape

ndi | NATIONAL
DISABILITY
INSTITUTE

*Building a better financial future for
people with disabilities
and their families.*

This research brief is a publication of the National Disability Institute (NDI) ©2024

This project is funded by a grant from the George Gund Foundation.

AUTHORS:

Ramonia Rochester, Ph.D.
Project Director and Principal Investigator
Director of Research, National Disability Institute

Monika Krol, M.S.
Co-Investigator
Research Specialist, National Disability Institute

SPECIAL THANKS TO THE NDI PROJECT TEAM:

Kara Broadus, B.S. – *Project Coordinator*
Shajira Brown, M.S. – *Director, Diversity Equity, and Inclusion*
Nikki Powis, M.S. – *Director, Small Business Programs*
Caroline Bolas, M.S. – *Small Business Specialist*
Maria Jaramillo, M.S. – *Division Director, Financial Empowerment*

ABOUT GEORGE GUND FOUNDATION

The George Gund Foundation is a private nonprofit institution that has been promoting human well-being and progress in the Northeast Ohio Region for over 71 years. Creating vibrant neighborhoods and inclusive economy is one of the program priorities of Foundation. This funding work aligns with priorities for advancing urban economies of the Northeast Ohio region and expanding accessibility and economic self-sufficiency for traditionally underserved communities, including individuals and families living with disabilities.

ABOUT NATIONAL DISABILITY INSTITUTE

National Disability Institute (NDI) provides research, policy, technical assistance and comprehensive training support to public and private, federal, state and local entities to improve outcomes for and the inclusion of individuals with disabilities for over 19 years. NDI is a trusted advisor to the U.S. Departments of Labor, Education and Health and Human Services, as well as the IRS, FDIC, Treasury and the Office of the Comptroller of the Currency. The organization has successfully assisted a broad range of partners to align policies, resources and services to collaborate and coordinate across systems to foster effective and meaningful participation of people with disabilities in the workforce, and to increase the economic outcomes of people across the spectrum of disability, with special focus on those living at the intersection of disability, race/ethnicity and poverty.

Contact information: For more information, contact Dr. Ramonia Rochester rrochester@ndi-inc.org, or Monika Krol mkrol@ndi-inc.org.

ABOUT THE PROJECT	4
THE CUYAHOGA/ CLEVELAND DISABILITY LANDSCAPE	5
Intersections of Disability, Poverty and Race/Ethnicity	6
TOWARD A COMMUNITY INVESTMENT STRATEGY	8
Definitions of Financial Independence	8
Key Pillars of Financial Independence	11
Pillar #1: Disability Inclusion and Awareness	11
Pillar #2: Equitable Employment Opportunities	12
Pillar #3: Small Business and Entrepreneurship Development Support	15
Pillar #4: Financial Capability Education	16
Pillar #5: Access to Banking and Financial Services	17
Pillar #6: Affordable, Accessible Housing	18
Pillar #7: Reliable, Accessible Transportation	19
Pillar #8: Access to Technology	21
The Geographical Divide	22
Funding Priorities	23
PRELIMINARY CONCLUSIONS AND NEXT STEPS	25
RESEARCH METHODOLOGY	28
PROJECT NEXT STEPS	29

About the Project

The status of people with disabilities (PWD) across the United States is complicated by the inaccessibility of our physical world, public benefits rules that limit their income and assets and biases that create additional barriers to employment, housing, financial services and a host of everyday activities that the non-disabled population take for granted. Creating a framework for improving the status of PWD in a region, such as Northeast Ohio, starts with a deep understanding of the data on PWD based on input from Ohioans with disabilities and other relevant stakeholders.

This project is a one-year research initiative conducted by National Disability Institute (NDI) and funded by the George Gund Foundation. The initiative seeks to create a framework for an evidence-based community investment strategy for improving the economic status of PWD in the region. NDI is utilizing a community-based participatory research (CBPR) approach to define the exploratory goals and develop recommendations for a plan of action to address inclusive economic development for Northeast Ohioans with disabilities. The project will (1) identify concrete, shared definitions of inclusive economic development; (2) increase understanding of the potential barriers and sustainable solutions for community interventions; and (3) share evidence-based strategies for funders and communities to collaborate in creating sustainable economic outcomes for individuals with disabilities.



The Cuyahoga/Cleveland Disability Landscape

A person with a disability is someone with a physical or mental condition that substantially limits one or more major life activities and their ability to participate in the world. The American Community Survey (ACS) captures data across six areas of functioning that people with disabilities experience difficult in: hearing, vision, cognitive, ambulatory or physical, self-care and independent living.

There is a strong link between disability in early and mid-life, and disadvantaged economic, social, psychological and health outcomes, which demonstrates the need for public policy responses to reduce these inequalities across the lifespan. The rate of disability in Cleveland stands at 28.1 percent (inner ring of suburbs).¹ About 35 percent of PWD in the city are working age (18 to 64 years old).² This high percentage of working age PWD has serious implications for the financial stability of individuals with disabilities living in the region.

Across the United States, high rates of disability are typically commensurate with high rates of poverty. Cleveland ranked 49th (of 182 cities) overall friendliest U.S. cities to live with disability, with an average score of 51.61 (out of a possible 100 points). While the city ranked well regarding quality of life (13 of 182 overall), Cleveland ranked 155 in economic score and 60 across health care rankings.³ **Cleveland also ranked fifth highest in the number of people living with disabilities and a startling 181 out of 182 cities with the highest rates of PWD living in poverty.**

PWD are employed at less than half the rate of people without disabilities across the county, (25.3% vs. 66.8%) and city (22.4% vs. 62.4%) and are absent from the labor force at more than twice the rate of people without disabilities (2.5 times across Cuyahoga County and almost 2.4 times more across the city of Cleveland).⁴

¹ Adults with disabilities Living in Poverty, 2017-2021, Cleveland, Ohio. [Healthy Northeast Ohio :: Indicators :: Adults with Disability Living in -Poverty \(healthvne.org\)](https://www.healthvne.org/indicators/adults-with-disability-living-in-poverty)

² American Community Survey 2022, 1-Year Estimates [S1810: Disability Characteristics - Census Bureau Table](https://www.census.gov/data/tables/2022/census-bureau/s1810-disability-characteristics-census-bureau-table)

³ Adam McCann, September 27, 2023. [Wallethub. Best & Worst Cities for People with Disabilities \(wallethub.com\)](https://www.wallethub.com/insight/best-and-worst-cities-for-people-with-disabilities). Economic measures included cost of living, employment rate, median earnings, and annual cost of in-home services for people with disabilities. Quality of life measures included wheelchair accessibility per capita, effectiveness of state Medicaid programs, and share of accessible homes listed on Redfin.com. Healthcare measures included cost of doctor visits, average per person health insurance premium, and share of uninsured population.

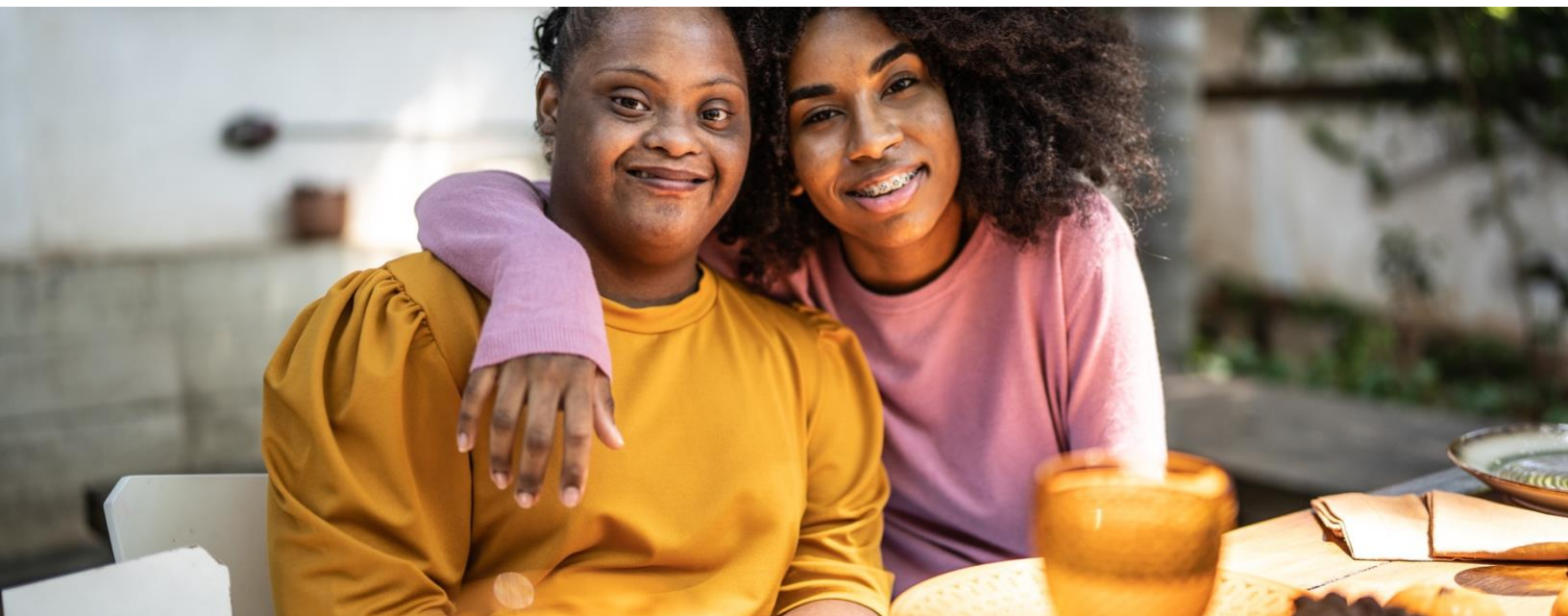
⁴ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](https://www.census.gov/data/tables/2022/census-bureau/s1811-selected-economic-census-bureau-table)

It follows that, **25 percent of Cuyahoga households with disabilities were ALICE (Asset. Limited. Income. Constrained. Employed) in 2021.**⁵ This means that, though these households were employed and earned above the Federal Poverty Level (FPL), they did not earn enough to meet their basis needs. Another 16 percent of Cuyahoga County households with disabilities live below FPL.⁶

Intersections of Disability, Poverty and Race/Ethnicity

Twenty-six point two percent (26.2%) of PWD live below FPL in Cuyahoga County and 39.2 percent of PWD live below FPL in the City of Cleveland,⁷ compared to 19.8 percent of PWD who live in poverty nationally (and 10.0% with no disability who live in poverty).⁸

Individuals who live at the intersection of disability, poverty and race/ ethnicity are at a significant disadvantage for achieving financial stability. Across Cleveland and Cuyahoga County, individuals who are Black (21.9%) and Hispanic (21%) experience disability at higher rates than their White (19.1%) counterparts.



⁵ Ohio State Overview, 2021. Available at [Ohio | UnitedForALICE](#)

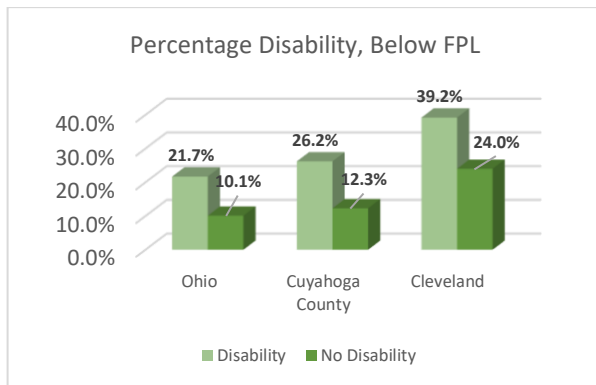
⁶ Ohio State Overview, 2021. Available at [Ohio | UnitedForALICE](#)

⁷ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

⁸ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

In tandem, BIPOC individuals with disabilities live in poverty at up to three times the rate of their White counterparts (American Indian/ Alaska Native 37%, Black 36%, Hispanic 23%, White 11%).⁹ BIPOC populations with disabilities living in the Cuyahoga area experience higher rates of household poverty and are up to three times as likely to be below ALICE/ live in poverty.¹⁰

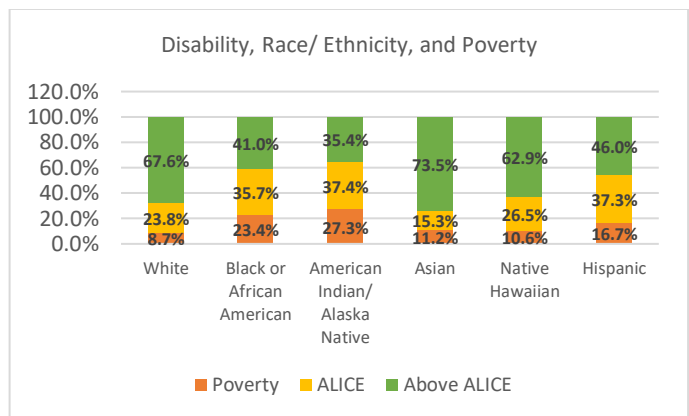
Figure 1. Percent with Disability Below 100% FPL, 2017-2022



Source: American Community Survey 2022, 5-Year Estimates

More than 39 percent of Clevelanders with disability are below FPL¹¹, which effectively places them outside of the realm of financial independence, despite public assistance. BIPOC communities on the east side of Cleveland are especially vulnerable as the average annual income in east Cleveland is \$37,800 and median household income is \$20,679.¹² This compared to a median household income of \$74,664 on the west side of the city,¹³ which surpasses state and county averages and is just above the U.S. national average.

Figure 2. ALICE Thresholds, Cuyahoga County, OH, 2017- 2021¹⁴



Source: UnitedforAlice.org 2017-2021. Based on American Community Survey 2021 data.

⁹ State Senate District 23, Ohio. Available at [Legislative District Tool | UnitedForALICE](#)

¹⁰ Household by Race/Ethnicity, Cuyahoga County, Ohio, 2021. Available at [Ohio | UnitedForALICE](#)

¹¹ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

¹² [East Cleveland, OH Household Income, Population & Demographics | Point2 \(point2homes.com\)](#)

¹³ [West Side, Greater Cleveland, OH Household Income, Population & Demographics | Point2 \(point2homes.com\)](#). Note: Cleveland east in one city with 14,000+ residents (one zip code), whereas the west side has several cities with 448,000+ residents (16 zip codes).

¹⁴ Household by Race/Ethnicity, Cuyahoga County, Ohio, 2021. Available at [Ohio | UnitedForALICE](#)

Toward a Community Investment Strategy



Overarching Solutions

A highly dignified, grounded network built on trust is essential for a community investment strategy to be sustainable. Some of the solutions proposed by the study include: (1) integrated support for customized integrated employment (CIE) and offer opportunities for small business ownership and self-employment as a viable employment option; (2) funding efforts that prioritize improving existing programs and respond to gaps in mental health services; and (3) efforts that foster person-centered program models, increase public awareness of disability and facilitate ongoing staff training and education to maintain a consistent flow of knowledge, information and resources, including for service referrals and partnerships.

Definitions of Financial Independence

For the research participants, definitions of financial independence coalesced around not having to depend on public benefits, freedom to manage one's own resource, the ability to maintain a financial cushion for unexpected emergencies and the ability to contribute to society, which amounts to being able to maintain personal dignity and self-respect. One policy maker defined this as, "***Having opportunities for as maximum amount of independence and autonomy, and with as minimal as possible financial control.***"

Having opportunities for meaningful employment emerged as one of the top vehicles for establishing financial independence as, "It's hard to be independent without an income."

It is important to note that, though the expectation has traditionally been that to achieve economic self-sufficiency means PWD do not need public benefits support, participants explained that social support income is important for maintaining financial independence, given the extra costs of living with disability.

About 29 percent more income (or an additional \$18,322 a year for a household at the median income level) is required for a household with an adult with a work disability to attain the same standard of living as a comparable household without a member with a disability. When this additional cost is factored into the calculation, the poverty rate for a household with disability rises from 24 to 35 percent.¹⁵

Part of the consideration for financial independence involves how individuals regard disability identity in the first place. Participants noted that **the decision to self-identify as a person with disability, even to family, sometimes comes at great personal and social cost.** In some instances, individuals with disabilities forego public benefits or needed accommodations to continue operating as ‘normal.’ One participant put it this way:

“I’ve never received any type of aid (SSI) for being a person who’s legally blind. When I could have used it as a younger person, had I known about it, I might have used it. I tried to live in a sighted world losing my vision and never shared with anybody that I was losing my vision. And when something became too difficult, I just stopped doing it and moved on to something else until it became too difficult. I worked.”

For BIPOC individuals living with disabilities protecting themselves from discrimination necessitates adopting ‘code switching’ behaviors to eliminate compounded bias and stereotypes associated with being both BIPOC and disabled:

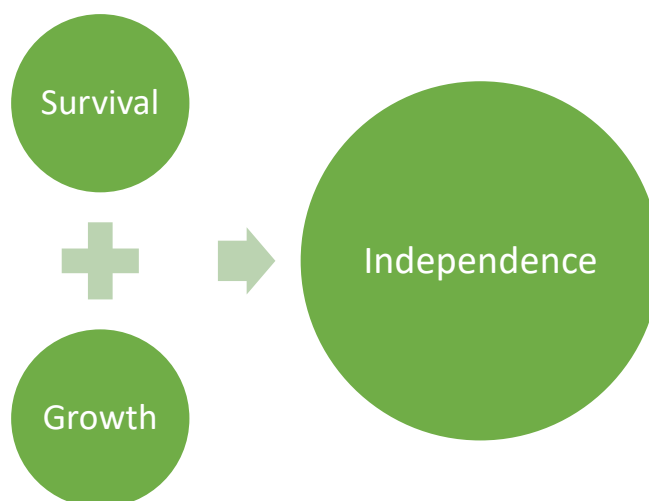
“A term that a lot of Black people do when you don’t ‘act Black’ in a professional arena. Code switching is putting on a personality that is acceptable in the society wherever you are. And people who have disabilities, a lot of times, are trying so hard not to let your disability inconvenience anybody else. So, you don’t do a lot of things you should do to make your life easier, you try to [make] others’ life easier by not being an inconvenience.”

¹⁵ Zachary Morris, Stephen McGarity, Nannette Goodman, and Asghar Zaidi (2021). The Extra Cost Associated With Living With a Disability in the United States. *Journal of Disability Policy Studies*, 33(3). Available at <https://doi.org/10.1177/104420732110435>

PWD live across various socio-economic strata across Cleveland. **This study theorizes that PWD live across three levels on the spectrum of financial independence: Survival, Growth and Thriving/Independence.** ALICE data shows that, whereas 42 percent of the Cuyahoga population with disabilities are ALICE or below ALICE, another 58 percent live above the ALICE threshold.¹⁶

- **Survival level** individuals are chiefly concerned with meeting their immediate basic needs for daily living and are typically below FPL. The growth level involves increasing capacity for financial stability through expanded opportunities for economic participation.
- **Growth level** individuals may have income above FPL, but struggle to meet their basic needs due to financial constraints including the extra costs of living with disability.
- **Thriving or truly independent** individuals are financially secure, own major assets (such as a home or small business) and are best poised to engage in wealth building and asset protection. Individuals need different types of support across the spectrum and programs and services need to be designed and differentiated to meet these varying needs.

Figure 3. Zone of Economic Independence



**Figure is based on a theory that zones of economic independence align with ALICE thresholds*

¹⁶ State Senate District 23, Ohio. Available at [Legislative District Tool | UnitedForALICE](#)

Key Pillars of Financial Independence

Eight (8) aspects of financial independence emerged as focus areas for this study: (1) disability inclusion and awareness, (2) equitable employment opportunities, (3) small business and entrepreneurship development support, (4) access to banking and financial services, (5) financial education and empowerment, (6) affordable, accessible housing, (7) reliable, accessible transportation and (8) access to technology.

Pillar #1: Disability Inclusion and Awareness

‘Intentionality’ is the key requisite for successfully creating consciousness and inspiring action around gaps and opportunities in the disability community. Intentional conversations must include discussions about partnerships to expand asset and wealth building, expanding inclusion in defining financial literacy and prioritizing equity and inclusion as an overarching approach. It is essential that stakeholders continue to “internally to do a self-check and ask, what does diversity, equity and inclusion look like?” to them and from the perspective of persons with a disability. Participants noted that current disability inclusion efforts continue to isolate or create separate spaces for individuals with disabilities versus creating opportunities for true inclusion in everyday or ‘regular’ spaces. Despite this, there was a general feeling among participants that, “we are on the precipice of a social revolution in which people want to make, ‘regular’ spaces accessible and have that spontaneous human inclusion. But if we are experiencing that, we're in the infancy of it.”

Financial inclusion is a critical aspect of disability inclusion. Intentionality around financial inclusion must include having the important conversations to partner in expanding the ‘dignity of service’ model which includes providing tiered supports for people at various levels of financial independence. For example, individuals in the survival zone of financial independence may require a different level of financial coaching or counseling due to being low or no income or being a youth transitioning to independent living and employment, compared to someone who is already financially stable. This model of inclusion would necessarily include wraparound supports and mechanisms for continued supports.

Additionally, an important aspect of this work is ensuring that PWD are represented in decision making and leadership across public and private collaborating organizations, and that this translates into expanded access to resources to participate in social and economic spaces with maximum levels of autonomy and independence.

Pillar #2: Equitable Employment Opportunities

According to Healthy Northeast Ohio, PWD who have inadequate income are unlikely to afford basic expenses such as rent or mortgage, utility bills, medical and dental care and food.¹⁷ Opportunities for competitive integrated employment and to work a fair wage is regarded as one of the highest determinants of financial independence for PWD.¹⁸

Whereas the pandemic created increased opportunities for PWD to engage in remote work nationally,¹⁹ challenges persist with employers unwillingness to hire PWD. Participants felt that current incentives to hire PWD are inadequate.

Companies don't hire PWD for various reasons.²⁰ Participants cited safety, productivity and attendance, as top of the list for why companies are unwilling to hire PWD. Individuals with disabilities highlighted several employment and financially debilitating repercussions of being or becoming disabled. For example, participants noted being forced to resign due to incurring an unrelated disability, being passed up for promotions or not being hired in the first place or being relegated to low-income jobs or roles, because of disability.

There are also arguments in the field that PWD do not align with some company's brand image. Additionally, there is a perceived saturation point where companies decide not to hire more PWD despite growing staff needs and advertising open positions. To complicate matters, providers noted that, where successful relationships may have been established with employers who want to hire PWD, a pipeline of employees often does not exist to fill the workforce need.

¹⁷ Adults with Disability Living in Poverty, 2017-2021, Cleveland, Ohio. [Healthy Northeast Ohio :: Indicators :: Adults with Disability Living in -Poverty \(healthvneo.org\)](#)

¹⁸ Administration for Community Living. Research Supporting Competitive Integrated Employment. Last update July 2022. Available at [ResearchSupportingComplintEmployment.pdf \(acl.gov\)](#)

¹⁹ U.S. Department of Labor, Office of Disability Employment Policy (February 2022). Employment_for_PWD-Analysis_of_Trends_during_COVID_2022. Available at [Employment for PWD-Analysis of Trends during COVID 2022.pdf \(dol.gov\)](#)

²⁰ Source: [2018 ODEP for 2008 - 2018](#)

“The biggest barrier is like, once we get businesses on board we don't have candidates coming through the pipeline because back to the like systemic reasons like they go to the workshops or they go to the shelters or they go to the day programs from the residences, so I don't I don't find the community a problem at all. Businesses are willing to hire people.”

To the region's credit, vocational rehabilitation (VR) is considered to offer effective transition-age youth programs.

“And that's something Ohio Department of Developmental Disabilities is doing well, in Ohio, we've got the vocational apprenticeship program, run through vocational rehab, where you know, it's a partnership with state agencies to place transition aged adults with disabilities into temporary public employment jobs.”

However, challenges persist for other segments of the disability population who note that VR services often do not align with their individual interests and strengths or financial needs.

In a survey to assess VR participant experiences with employment or the VR program, 31 percent said services did not help them find, keep or get a job; for which the most common reason cited being that they were not happy with their service provider (26%).^{21 22}

Importantly, disability services are regarded as commodified help, where PWD are equivalent to payment incentives for providers. Existing funding approaches perpetuate a cycle of dependence on the system. For as long as PWD are dependent on the system for financial support, service providers will remain in business.

The challenge is, this prevents these individuals from taking full advantage of employment services that are critical to them establishing and maintaining financial independence.

²¹ Opportunities for Ohioans with Disabilities, 2021. VR Services Portion of the WIOA State Plan-Council v.2. Available at [VR Services Portion of the WIOA State Plan-Council v.2.pdf \(ohio.gov\)](#)

²² Opportunities for Ohioans with Disabilities. 2021 Vocational Rehabilitation Comprehensive Statewide Needs Assessment. Available at [2021+OOD+VR+Comprehensive+Statewide+Needs+Assessment.pdf \(ohio.gov\)](#).

“So, the value for some of the providers that we pay... [is in how] dependent [PWD] are on them. So why would providers want to help people become independent? If that's money out of their pocket. Our system pays per hour per day per head. Why would you want more people working?”

CIE requires buy-in across several levels of organizational and societal leadership, as well as employees. “You have to engage the companies proactively and it has to be a top-level leadership decision.”

However, employee buy-in with management support is critical to effective adoption of inclusive practices.

Participants noted that one of the biggest challenges is that employees at the support or supervisory level of businesses don't adopt disability affirming practices “because they don't feel supported” to do so. The convergence of a top-down, bottom-up approach is recommended as the best way to ensure disability inclusion in the workplace.



Employment Solutions

Solutions to increase employment opportunities that lead to financial independence for PWD include: defining a person-driven, strengths-based approach to helping PWD identify and maintain gainful employment; further incentivizing businesses to employ PWD including organizing disability community support and resources to mitigate employer risks and enhance opportunities; providing an employee support networks and training opportunities such as apprenticeships, job coaching, and additional career and on-the-job support for PWD; and creating an employee pipeline from school to trades or higher education.

Pillar #3: Small Business and Entrepreneurship Development Support

Despite over 27 organizations providing startup capital, training and other support for small business development in the region, there remains a lack of education and resources on ‘finding startup capital and education on finances, budgeting and taxes to help start and maintain a small business.

There is also little to no network support to help ease the ‘fear of going out on your own’ and help to guide someone through the steps to establishing a viable small business.

Challenges that persist in the small business space include: limited access to small business and entrepreneurial opportunities due to increased risk in non-traditional business models, general fiscal conservatism and hesitancy around scaling up; difficulty accessing funding capital due to personal financial status and general lack of access to banking and financial services; silos between disability services and services to entrepreneurs due to a lack of disability provider knowledge and awareness of the entrepreneurial ecosystem and a corresponding lack of knowledge and awareness about disability from the entrepreneurial ecosystem; and a lack of self-employment and entrepreneurial opportunities being offered as viable employment options for PWD across VR and other providers.

The Center on Self-Employment notes that in 2018-2019 only 1.7 percent of successful VR case closures were for individuals exiting in self-employment.²³

In tandem, technological advancement has both removed some opportunities in the entrepreneurial space and become prerequisite for workforce participation:

“The Sight Center had a ServSafe program which went by the wayside. Although technology has helped to level the playing field for people, it has also gotten rid of those small business enterprises that people who are blind could establish. And now you really have to be high tech in order to get a job.”

²³ Katy Brady (August 2022). DETAC Self-Employment Brief. Disability Employment TA Center. Available at [DETAC-Self-Employment-Brief.pdf \(aoddisabilityemploymentcenter.com\)](https://aoddisabilityemploymentcenter.com)



Small Business Solutions

Solutions proposed by research participants include increasing access to small business development resources include creating a resource hub, financial literacy education, flexible capital programs and a network of specialized and technical supports around business functions such as accounting and tax preparation. These supports would include a disabled business owner resource group that would help simplify access. In addition, a flexible capital program for grants or low interest loans is needed.

"I'm a small business owner who wants to start a bakery, and I have this kind of disability, which equates to needing these kinds of supports, what resources are available to me, versus someone else where, you know, I'm starting something technological here, what I need, how can I plug in together all these resources, instead of right now? I feel like I have to go knock on 17 different doors all at once."



Pillar #4: Financial Capability Education

There is a gap in the availability of financial capability education services offered individuals with disabilities even in programs that have the capacity to offer these services.

Participants recommended employing the Financial Empowerment Center (FEC) model that integrates workforce with financial capability education, small business, entrepreneurship, education, public education or disability awareness and health as an effective strategy to provide holistic support for PWD.

"I definitely know that [when] I was our director of our community financial centers which provided high quality personal financial coaching, we were replicating the works philanthropies Financial Empowerment Center model."

Education in basic finances, as well as in small business financing, was felt to be important financial independence.

Pillar #5: Access to Banking and Financial Services

The need for PWD to be able to equitably access banking and financial resources cannot be overstated. Access to banking and financial services is a critical component of an effective financial empowerment model.

Participants notes that financial inclusion initiatives must address the impact of predatory lending among the banked, and the importance of including less mainstream financial institutions that can provide entry points to financial services as part of a larger conversation about providing financial inclusion supports, particularly for financially marginalized individuals.

"I found it as predatory you know... the payday loans... It's not about just those people [being] uninformed, you have to be banked [to] even get one of those. So, it's not like they weren't... But [what] were their options were the limitation of those options? So, to be able to provide financial counseling, [we have to also provide] access to consumer-friendly products or services that will [not] penalize them."

Pillar #6: Affordable, Accessible Housing

The U.S. has historically struggled with a shortage of affordable housing due largely to the development and operating cost of new housing and the lack of incentives for landlords to maintain older housing.²⁴

These considerations are especially important for renters with disabilities who need additional accessibility features for independent living. PWD are homeless and housing insecure at higher rates.

Housing instability undermines PWD’s access to health care as well as their ability to live independently.²⁵ The geographical divide between east and west Cleveland magnifies the affordable, accessible housing challenge.

Participants note that there has been a longstanding divide between affordable versus desirable housing on the east and the west sides of the city. “There [are] very few residential areas in Cleveland that people see as desirable. So, one of those areas that’s residential in the city proper is like the Ohio city, Detroit Shoreway area, and that’s on the near west side.”

Victimizing zoning laws and the reduction of housing stock available through private landlords are some of the issues compounding the problem.

The Cleveland-Elyria municipal statistical area (MSA) has only about 38 rental units available for every 100 households at or below extremely low income, and 84 percent of extremely low-income households are cost-burdened.²⁶

While there are state plans to leverage federal Low-Income Housing Tax Credit (LIHTC) dollars to respond to the rental crisis in Ohio,²⁷ there are no stipulations for disability accessible housing projects.

²⁴ National Low Income Housing Coalition. March 2024. The GAP Report. A Shortage of Affordable Homes. Available at [Gap-Report_2024.pdf \(nlihc.org\)](#).

²⁵ Anna Bailey, Raquel De La Huerga and Erik Gartland, July 6, 2021. More Housing Vouchers Needed to Help People with Disabilities Afford Stable Homes in the Community. Center on Budget and Policy Priorities. Available at [More Housing Vouchers Needed to Help People With Disabilities Afford Stable Homes in the Community | Center on Budget and Policy Priorities \(cbpp.org\)](#)

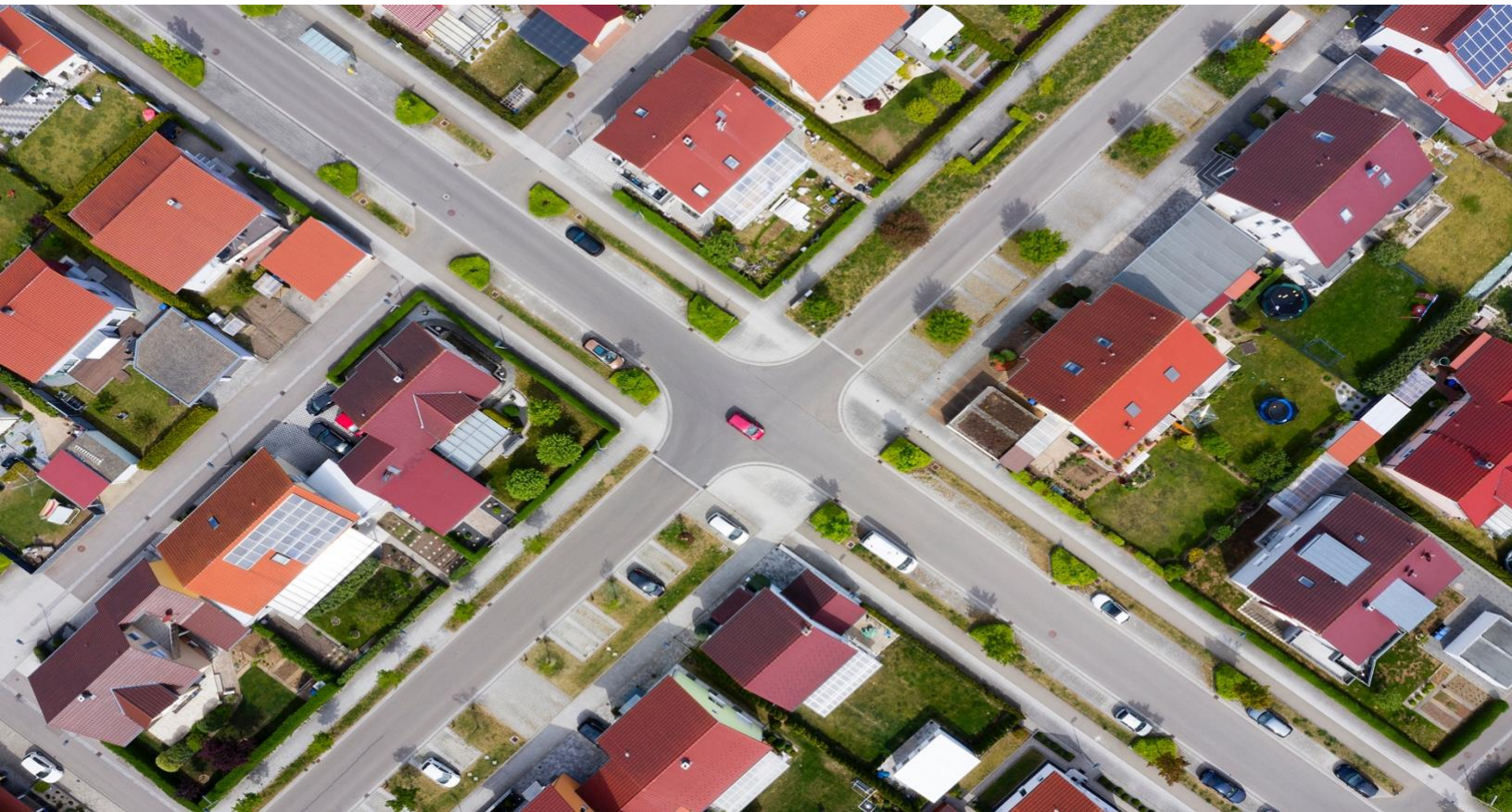
²⁶ National Low Income Housing Coalition, 2023. The Gap. A Shortage of Affordable Homes. Available at [The GAP | National Low Income Housing Coalition \(nlihc.org\)](#)

²⁷ Ohio Housing Council. February 17, 2022. The Ohio Affordable Housing Tax Credit Program: Creating Jobs While Solving Ohio’s Affordable Housing Crisis. Available at <https://ohiohousingcouncil.com/the-ohio-affordable-housing-tax-credit-program-creating-jobs-while-solving-ohios-affordable-housing-crisis/>



Affordable Housing Solutions

Proposed solutions to the challenge of providing accessible, affordable housing for Clevelanders with disabilities include: expanding framing of what constitutes a ‘neighborhood’ or service area that exceeds geographical boundaries and spatial limitations (in providing programs and services); creating a simplified and a common, centralized application for individuals to apply for housing; subsidizing renters’ insurance or bond programs as insurance/ assurance for landlords who rent to PWD; and providing development grants to assist landlords in updating older housing stock or implementing buy-back programs similar to those in climate impacted areas so that housing stock can be redeveloped altogether.



Pillar #7: Reliable, Accessible Transportation

A 2017 study noted that close to 64 percent of Ohioans with disabilities did not have access to a vehicle and 70 percent of the study respondents indicated they had difficulty operating a motor vehicle such as a car; 65 percent had difficulty walking a mile.²⁸

Across PWD and disability service providers, it is largely felt that client's transportation needs were not well served by currently available resources.

As of 2021, recommendations to improve access to reliable, affordable, accessible transportation for Ohioans with disabilities have not been fully implemented, while new challenges continue to emerge due to the COVID-19 pandemic and other factors.²⁹

"Some communities have the luxury of having the ability to contract with one of our (RTA) contractors, Senior Transportation Connection, who's providing that service, either at a discount or for free for that community because that committee has the financial means to do so. The [public transportation] need is greater than probably what is able to be provided. And I think the real challenge is those cross-county trips. You know, it's hard to get people from a county, that's contiguous to Cuyahoga County, for a medical appointment. I mean, some of them were able to do it, but others, they can't. And then also, you know, the Cleveland Clinic changed their boundary for the area in terms of would they allow people to have this care use. I think there was like a thing before that, I can't remember what the previous boundary was, but then they made it like 100 miles or something like you have to be within 100 miles, like, live within 100 miles of clinic or something. My understanding was that they had actually decreased it."

²⁸ Ohio College of Medicine Government Resource Center. Transportation Challenges for Ohioans with Disabilities. A Report to the Ohio Developmental Disabilities Council, July 2017. Available at [transportation-challenges-7-17 FINAL.pdf \(osu.edu\)](#)

²⁹ Ohio College of Medicine Government Resource Center. Transportation Challenges for Ohioans with Disabilities. A Report to the Ohio Developmental Disabilities Council, July 2017. Available at [transportation-challenges-7-17 FINAL.pdf \(osu.edu\)](#)

Pillar #8: Access to Technology

Digital equity is paramount to being able to participate fully in modern society. Access to technology is critical for PWD to participate in gainful employment and education. In Cuyahoga County, 41 percent of households are below 25/3 Mbps³⁰, which is the minimum required to work from home. For the city of Cleveland, the geographical divide between east and west has an impact on access to this important resource. One participant's feedback summarized the issue in this way:

"Certain areas just aren't a priority. It was like, oh this community can pay for it, so we'll take care of them first. Right outside downtown. I think the west side has changed a lot... but I feel like the east side, like right outside or east Cleveland doesn't have the resources that [the] west side does. I don't know if it's like, if the west side or if east Cleveland politics is their own worst enemy. If a side isn't connected to the internet, how are they going to find jobs easily online that they could do, but they might not know about? If I don't have the internet, how am I going to work remote[ly]?"

Only individuals with the requisite education technology skills, access to the internet, accessible computing devices and the necessary work accommodations can work remotely. As such, the majority of PWD continue to for service jobs that do not require access to technology and the associated technical skills and for work that cannot be done remotely.

³⁰ Ohio Department of Development. Cuyahoga County Broadband Profile. Data from February 2020 to August 2021. Available at [Cuyahoga County BBOH.pdf \(ohio.gov\)](#)

The Geographical Divide

During our research, we learned about the distinct regional differences between the east and west and the ingrained, cross generational history that cuts across the east and west sides of the city of Cleveland. “The one thing about the layout of our city is that it literally is bisected by the Cuyahoga River.” This geographical divide has socio-demographic implications for where PWD live, work, attend school and access services and supports.

Historical racial divisions have resulted in an underserved and mostly, low-income, Black and Brown population east of the river and a more middle-class, White population west of the river. In tandem, fewer disability service agencies are located in the east, whereas greater housing stock exists in the west of Cleveland. While there are affluent suburbs on either side of the river, the disability population is concentrated in the lower-income spaces and metropolitan area across the city. These divisions correspond with higher rates of disability and poverty in the east.

Figure 4. Disability/ Poverty Population, City of Cleveland



Source: American Community Survey 2018-2022, Table B18101. Created by ArcGIS.

Funding Priorities

Funding mechanisms within the Cleveland disability landscape have a huge bearing on all aspects of disability programming, from how and where services are provided, to how provider networks are established and maintained, to the level of emphasis on financial independence as a key life outcome for people living with disabilities. **Overall research findings suggest that current funding structures impose competition and duplication and obfuscate opportunities for systems integration.**

Cleveland has several positive factors that support financial independence for PWD. Current community development funding models support the expansion of workforce development programs in the city.

“Most recently, the city of Cleveland and Ohio Means Jobs, Cleveland City Council, [introduced] the Built Environment Workforce Initiative, which is receiving \$10 million of our public funding to create this workforce pipeline in the built environment, which encompasses construction, both residential and commercial, land... infrastructure, transportation, sewer water.”

Despite the positive moves in increasing and expanding funding approaches, however, research participants noted that, in some cases, disability service agencies have become industrialized systems of commodified help. One participant expressed this concern in the following way:

“I also think this system itself is very reliant in an industrial complex in its own, like the military industrial complex. [Organization name redacted], for example, runs a program, let's say they have a program where five or six individuals come to train on how to work a job. They get paid overtime [when] that person comes into their door. Well, what happens when I walk in and go you three, I have a job for you at [organization name redacted]. Let's go. Now three dollar signs just walked out the door.”

Participants also cited the constraints imposed by current public funding approaches as a barrier to achieving and measuring sustained impact in areas of greatest need. Affordable accessible housing is regarded as one of the areas of greatest need, but where programs lack the longevity to address underlying issues, such as the prevailing crisis of rising rent prices and a lack of affordable, safe, accessible housing stock.

Funding and time constraints result in limiting the framing of programs to meet goals for programs only funded for 12 months.

“And oftentimes, that is also a challenge to working with some of the most difficult populations to serve, as [it requires] funding that extends beyond a 12-month calendar year, because we're not seeing impact, or that particular group's needs don't [allow you] to achieve that type of quick turnover, [of] what success looks like within a 12-month cycle.”

“Even being inside of one of the ‘flash in the pan’... organizations... I previously worked for [name redacted] and, and we did HUD subsidized housing for PWD. We had [several] properties, and those properties were always constantly full... The really sexy things that we did, though, were home modifications, home accessibility assessments, things that were unsustainable because they were completely dependent on the funding. Now [that's where] there was a huge need.”

“... giving funding to CMHA, to create a homeless shelter or to create public housing that's entirely accessible, would solve a huge need. Whereas giving money to that nonprofit to provide 24 ramps is not going to have that long-term impact.”

Developmental Disabilities (DD) are overwhelmingly well-funded, in comparison to other disability types and areas across Cuyahoga County and the state in general. The Department of Developmental Disabilities budget received a major injection of state funds - \$1.3 billion for FY 2024/25.

While DD funds have historically been used to successfully address various administrative challenges (increasing number of people served by Medicaid waivers and reducing waiting lists³¹), and client needs (increasing the number of individuals participating in competitive integrated employment³²) the primacy given to the area is both a strength and weakness for the region.

While these challenges are not unique to Cuyahoga County, the fiscal gaps are apparent across health and human services programs that receive significantly less funding such as Mental Health and Addiction Services, which received \$13.9 million in county funds in FY 2023, compared to the \$84 million budget for DD services.³³



³¹ [Progress and Opportunities in Ohio's Developmental Disabilities System - The Center for Community Solutions](#)

³² [Employment First Outcome Tracking System \(OTS\), 2021. Data was only submitted for 72 percent of individuals through the outcome portal](#); therefore, the data is incomplete in reflecting all outcomes across the state.

³³ Ohio Legislative Service Commission, 2023 Fiscal budget. Available at [fy-2023-state-spending-by-county-cuyahoga.pdf \(ohio.gov\)](#)

Preliminary Conclusions and Next Steps

System integration, while a desire for the Cleveland disability community, remains a fleeting reality considering current fiscal and organization structures. Nonetheless, the participants agreed that system level change is warranted and possible. **Key considerations for creating an integrated system include removing operational silos and strengthening partnerships in the region, connecting PWD beyond the transformative physical landscape, fostering a continuum of engagement between grantees and funders and applying a multi-perspectival approach to meeting the needs of various stakeholders.**

Several entities have taken steps toward **removing operational silos and expanding partnerships**, but even those efforts are separated from the larger system. Several providers noted that:

“We [Cleveland providers] are a fairly connected community. And we used to be very siloed or like, very segregated into our different disability spheres. But I think that we've been becoming more and more connected in that way. At least our organizations have, even if the employees don't necessarily know about each other, it's [creating] resources.”

Participants noted, for example, that the Ohio Department of Developmental Disabilities works relatively well across their own provider network of organizations they oversee, to help drive conversations about employment, but could do better at “having conversations outside of... [the] DD silo, in terms of working with chambers of commerce, working with centers for independent living [and] working with traditional job skill development workshops.”

Though constantly changing resources pose a challenge to coordinated services, the community sees value in systems collaboration for improving quality of life outcomes for PWD. These collaborative approaches must be built on aligned goals and trust.

Personalized, individual support is also critical to establishing a battery of programs and services that prioritizes individual dignity and ongoing support.

Strengthening partnerships amongst Community Development Corporations (CDCs) and job training providers, service providers and employers is regarded as a key area of opportunity for the region.

Systematic change is more feasible at the local level and can be accomplished in a shorter time. While a significant portion of the current funding for disability programs and services in the region is supported by federal and state dollars, local dollars provide a significant portion of disability funding for public organizations.

An improved system would necessarily include moving beyond traditional funding models which prioritize brick and mortar investment to investing in people through employment and self-employment opportunities for individuals with disabilities. Participants noted that “working more closely and engaging those organizations that do help provide workforce support for those with disabilities” would be beneficial to developing a more coordinated approach and effective workforce strategy overall.

“[It is important to] connect people beyond just transformative physical landscape, because by reinvesting in the people that occupy that space, by enhancing connectivity to job training and employment opportunities, that pay sustaining wages, and additionally providing access to affordable capital for those most marginalized, in particular BIPOC women.”

Part of this reorienting must include **revisiting traditional community development or revitalization funding efforts that have been focused on brick-and-mortar initiatives** for workforce and employment and prioritize construction and construction-related careers.

Nationally, about 25.1 percent of PWD work in skilled trades, with only 5.9 percent of the disability workforce is in the construction sector,³⁴ which means PWD are overlooked in traditional brick and mortar efforts.

³⁴ Source: [Employment of People with Disabilities in Skilled Trade Professions | U.S. Department of Labor Blog \(dol.gov\)](#)

An effective community investment strategy must also **engage funders on a continuum of engagement** to achieve sustainable outcomes and measurable impact. Participants noted that a continuum of engagement may include professional development and other enhancements, as well as promote “a level of accountability, but also providing building space and opportunity to reengage to see what worked and what didn't work.”

In tandem, a **multi-perspectival approach** that involves identifying areas of benefit across various ideological persuasions and positions on disability and disability employment as related to financial independence is key. For example, “if you're a liberal, you want to see people be included. If you're fiscally conservative, we take people from tax [funded] programs to becoming taxpayers. And from an economic perspective, the business community really needs people so then they hire someone that they love.”

Research Methodology

The project implements a CBPR program aimed at gaining insight into the lived experiences of Ohioans with disabilities through discussions and resource mapping exercises with various community stakeholders.

This includes convening a **Community Action Research Team (CART)**, comprised of eight member representatives from key disability stakeholder groups, who guide the project implementation process and inform the recommendations for a community investment strategy.

Research activities include: (1) community listening sessions/ focus groups with individuals with disabilities and their families, community providers, small business owners, policy makers and advocates to capture the lived experiences and sociopolitical concerns unique to the region; (2) key informant interviews to further explore unanticipated insights and geopolitical nuances of the region; and (3) resource mapping exercises that explore the region's economic ecosystems and disability policies and practices, including a service provider survey to help identify gaps in resources and opportunities for capacity building, with the primary focus geography for analysis being the city of Cleveland.

Table A. Community Research Activities and Participants

	<i>Sessions</i>	<i>Attendance</i>
<i>Focus groups</i>	7	46
<i>Virtual focus groups</i>	5	44
<i>Interviews</i>	-	*17
<i>Community Resource Mapping</i>	2	23
<i>Surveys</i>	-	*in progress

**Survey administration and key-informant interviews is ongoing.*

Project Next Steps



Resource mapping exercises were hosted in Cleveland in March 2024. A disability services provider survey is also being administered.



Data from both these research activities will be analyzed and incorporated into the research findings and final recommendations report.



NDI will also conduct geospatial analysis of how existing resources meet the current needs of the disability population. A final recommendations report will be published in August 2024.