



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

Final Report and Recommendations

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ABOUT GEORGE GUND FOUNDATION

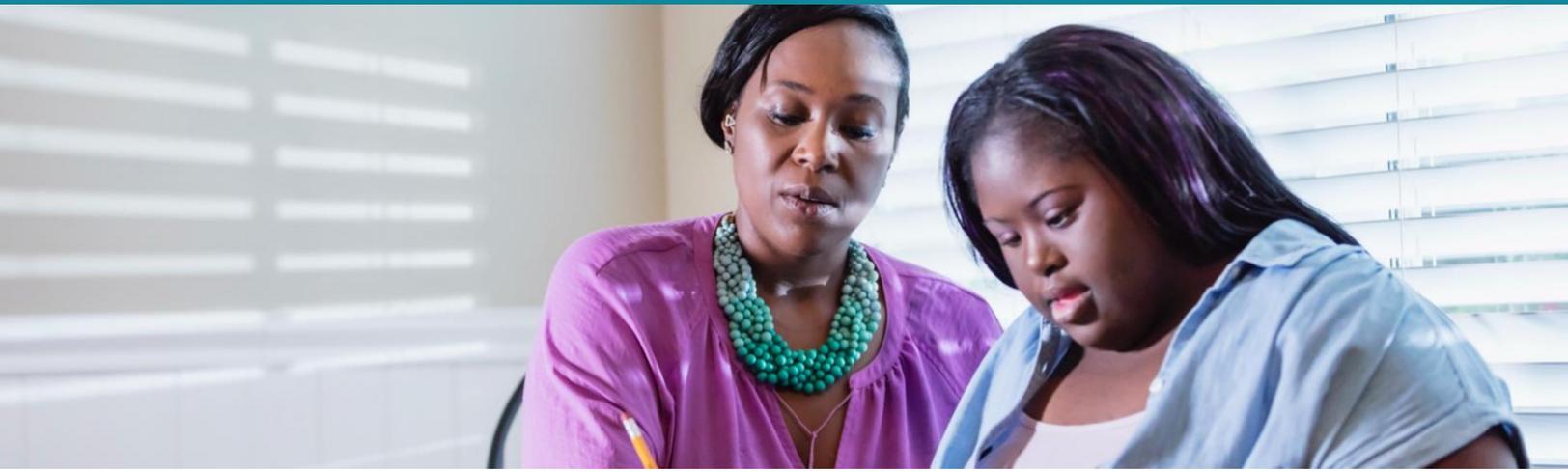
The George Gund Foundation is a private nonprofit institution that has been promoting human well-being and progress in the Northeast Ohio Region for over 71 years. Creating vibrant neighborhoods and inclusive economy is one of the program priorities of Foundation. This funding work aligns with priorities 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) has provided 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 more than 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.

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Executive Summary

■ **People with disabilities continue to face myriad challenges to economic participation and financial stability. People with disabilities are more likely to experience negative socioeconomic outcomes including less education, lower levels of employment, higher poverty rates, and the highest cost of living. This financial vulnerability persists across the lifespan and the intersection of disability race/ethnicity, and poverty creates compounding barriers to financial stability across more than 25 percent of people with disability live below the Federal Poverty Level (FPL).¹**

This one-year initiative employed qualitative and quantitative research methods within a community-based participatory research (CBPR) framework to discuss and develop community investment strategies and recommendations with people with disabilities and other key stakeholders living and serving in Cleveland, OH. The study convened a Community Action Research Team (CART) of eight advisors and hosted discussions with a total 128 individuals across the city, representing individuals and families with disabilities, disability service providers, policy advocates and representatives, and members of the small-business ecosystem.

¹ Drake, P. & Burns, A. (2024). Working-Age Adults with Disabilities Living in the Community. Kaiser Family Foundation. Available at <https://www.kff.org/medicaid/issue-brief/working-age-adults-with-disabilities-living-in-the-community/>

Data and findings focused on working-age (18 to 64 years) people with disabilities. Data analysis included descriptive quantitative analysis of a provider survey, reflexive thematic analysis of qualitative focus groups and interviews, resource mapping with disability service providers, and geo-spatial mapping and analysis across local wealth indicators.

- **Eight key indicators or pillars of financial independence emerged as pivotal areas for focus in advancing the economic lives of people with disabilities: (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.**

Individuals are found to fall across three levels of financial independence: (1) survival level which include individuals below FPL who are struggle to meet their basic financial needs, (2) growth level individuals have income above FPL but are challenged with the extra cost of living with disabilities, and (3) thriving or independent level individuals who are financially secure, may own major financial assets and have opportunities to engage in wealth building.

Findings indicate that for individuals living in Northeast Ohio, adverse economic outcomes resulting from living with disabilities are compounded by location-based systemic challenges related to transportation access, housing affordability, and access to broadband and other technologies. Despite this, people with disabilities have the potential to fully participate in society and make tangible economic contributions. For this to become a reality for more Northeast Ohioans with disabilities however, concerted efforts need to be made in ensuring inclusive access to competitive integrated employment (CIE), opportunities for wealth building, and access to financial education.



To accomplish greater levels of economic participation for individuals with disabilities across the region, a community investment approach should include focus on: (1) employment - integrating employment and workforce development systems, (2) small business/ entrepreneurship - creating and providing medium to long-term support for self-employment, small business and entrepreneurial opportunities; and (3) disability awareness and outreach - providing broad disability awareness education and outreach, mental health education to disability service providers, and financial capability education and outreach to individuals and families with disabilities.

Public/private partnerships are essential to achieving an integrated and inclusive system of services and supports for full participation of people with disabilities in the local economy. Of necessity, state partners across vocational rehabilitation (VR), in cooperation with county, and city organizations and partners, along with local private organizations and philanthropic partners. These entities must work together to ensure existing systems prioritize inclusion of people with disabilities, and that investors move beyond funding one-off efforts that do not provide long-term solutions, to provide a continuum of engagement for sustainable and measurable impact.

Importantly, this community investment approach should capitalize on the existing collaboration between Cleveland workforce development partners (such as the Cleveland-Cuyahoga County Workforce Development Board (CCWDB) and the Cuyahoga County Board of Developmental Disabilities Workforce Development Collaborative), successful self-employment (such as microenterprise models, startup and innovation hubs) and financial education models, as well as systems integration approaches that remove operational silos and expand opportunities for partnerships (for example, the “No Wrong Door Initiative” or the Ohio Regional Workforce Collaborative). In tandem, prioritizing existing programs and services and providing targeted disability and financial education and outreach to disability sub-populations most at risk for adverse economic outcomes is critical. Notably, system design and program implementation must consider the levels of financial independence across which individuals fall on the financial spectrum and meet those needs in program design and disability service delivery.

Project Overview

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 people with disabilities in a region, such as Northeast Ohio, starts with a deep understanding of the lived experiences and based on input from Ohioans with disabilities and other relevant stakeholders.

- **This one-year research initiative, conducted by National Disability Institute**
- **(NDI) and funded by the George Gund Foundation, aimed to create a**
- **framework for an evidence-based community investment strategy for**
- **improving the economic status of PWD in the region.**

NDI employed 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 accomplished the following objectives:

1. Identified concrete, shared definitions of inclusive economic development.
2. Increased understanding of the potential barriers and sustainable solutions for community interventions.
3. Shared evidence-based strategies for funders and communities to collaborate in creating sustainable economic outcomes for individuals with disabilities.

National Disability Institute implemented a multi-tiered approach to understanding the Cleveland/ Cuyahoga County subset of Northeast Ohioans through data, gaining insights from the citizenry, and mapping available disability services and supports available through state and local programs.

This approach included convening a **Community Action Research Team (CART)** to guide the study focus and implementation, primary research with various stakeholder groups, including individuals and families with disabilities, disability service providers, policy representatives and advocates and members of the local small-business ecosystem. Research dissemination efforts have included the publication of research briefs and presentations at local Cleveland service provider coalitions. The team continues to participate in additional community engagement efforts aimed at enhancing awareness and galvanizing support from community organizations and individuals who do not traditionally serve individuals with disabilities.

The project aligned primary research findings with policy and practice implications to present recommendations toward a community investment strategy that is both responsive to some of the most pressing needs across the disability community and that align with the Foundation's priorities for community advancement.



Research Methodology

The project implemented a CBPR program to gain insight into the lived experiences of Ohioans with disabilities through discussions and resource mapping exercises with various community stakeholders.

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

Primary research activities included discussions with over 128 individuals across Cleveland:

- Twelve (12) 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 where we met with 89 individuals;
- 2) Sixteen (16) key informant interviews to further explore unanticipated insights and geopolitical nuances of the region;
- 3) A service provider survey of 84 agency representatives, to understand how programs are meeting the needs of people with disabilities; and
- 4) Two resource mapping exercises with 23 service providers that explored the region's economic ecosystems and disability policies and practices.

The research exercises helped identify gaps in resources and opportunities for capacity building, with the city of Cleveland as the primary geographical focus of analysis.

(See Table 1 for a breakdown of research activities and participants)

Table 1. Community Research Activities and Participants

Research Activity	Participants
Community Action Research Team (CART)	8 members representing various sectors
12 listening sessions	89 participants: <ul style="list-style-type: none"> • 7 in person, 45 participants • 5 virtually, 44 participants
16 One-on-one interviews	Individuals and families, small business ecosystem partners, policy representatives and service providers.
Provider surveys	84 respondents
Community resource mapping and geo-spatial analysis	2 sessions, 23 participants: <ul style="list-style-type: none"> • 19 providers, including 3 CART members • 4 small business ecosystem partners <p>ArcGIS analysis across various national surveys and indexes.</p>

Community-Based Participatory Research

Community-based participatory research embeds the community as drivers of research who investigate existing systems and solutions relevant to economic advancement of persons with disabilities and disability serving stakeholders. An Integrated Knowledge Transfer (IKT) approach was employed that recognizes the disability community as a **unit of identity**, focuses on capitalizing on the community’s strengths and resources, promotes co-learning among community stakeholders and research partners and balances research and action in ways that are mutually beneficial to the scientific field, disability policy advocates, practitioners and persons living with disability.

In tandem, this community-research partnership laid a foundation that will foster long-term commitment to engaging in implementation and solutions-oriented work that meets the needs of the disability program participants and disseminating information to all stakeholders

Data Collection and Analysis

A review of secondary data was conducted that included exploring disability data across national and regional data collection systems, including the American Community Survey (ACS), Healthy Northeast Ohio, Department of Labor Bureau of Labor Statistics and United for ALICE. Data was also compiled from various reports and policy documents.

Twelve (12) **focus group/ listening sessions** were hosted with 89 participants, across seven groups in two in-person locations and one virtual location, that hosted five breakout groups. **One-on-one interviews** were conducted with 16 individuals. All sessions were recorded and transcribed and data coded and analyzed using NVivo qualitative software, via reflexive thematic analysis. Inter coder agreement was established across two coders and themes refined through an internal NDI team and Community Action Research Team review process.

Resource mapping data was collected via open discussion with 23 participants across two in-person sessions. Participants shared insights in small-group and whole group discussions and made notes on important themes, strategies and recommendations that emerged. Discussion facilitators also made discussions notes. All notes were coded and analyzed deductively using reflexive thematic analysis.

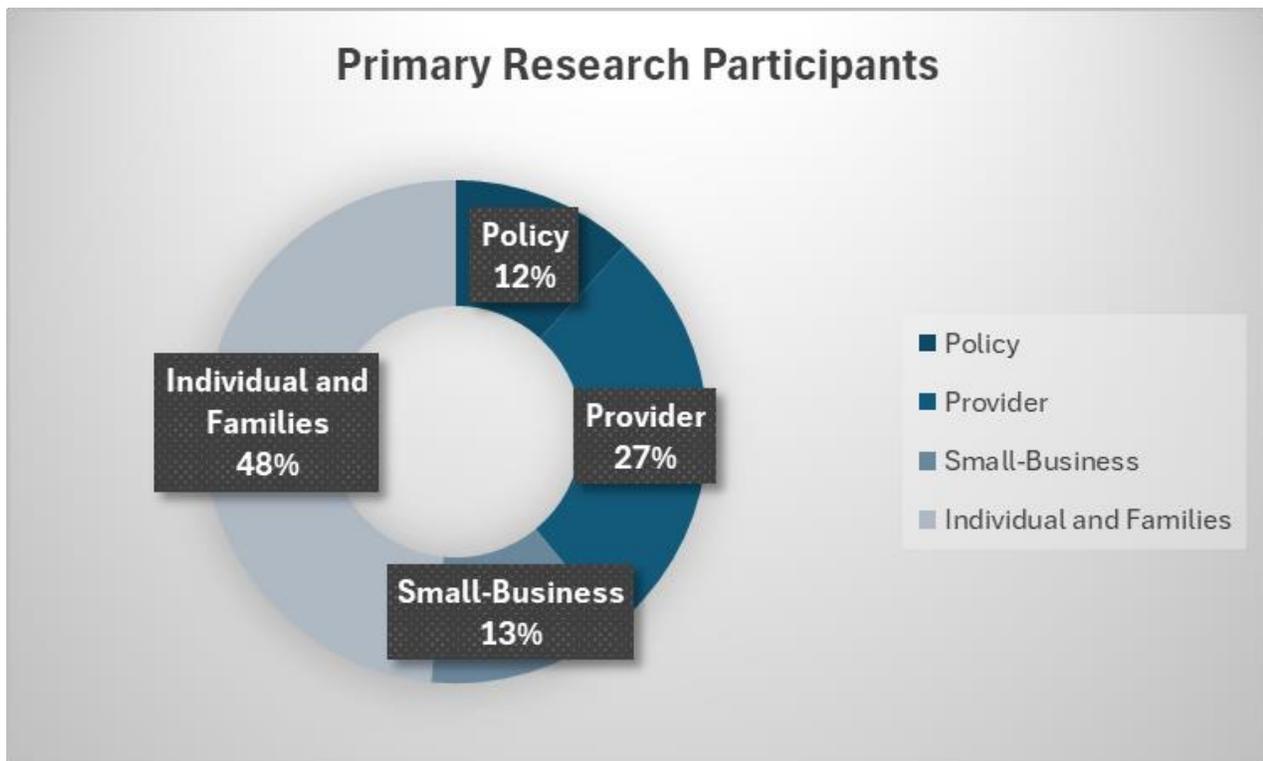
Disability services **provider surveys** were administered electronically and in-person and analyzed using Microsoft Excel Analysis ToolPak. Eighty-four (84) respondents completed the survey.

ArcGIS was used to conduct geospatial analysis of disability community resources in Cleveland, specifically to compare east and west sides of the city across various wealth indicators, including housing, transportation, income, employment, poverty and disability rates. The tool was also used to create data visualizations depicting comparisons across select measures.

Participant Demographics

A total of 89 participants participated in focus group and interview activities, representing 48 percent individual and family members living with disability, 27 percent service providers, 13 percent small business ecosystem representatives and 12 percent policy representatives and advocates.

Figure 1. Primary Research Participant Demographics, All Participants

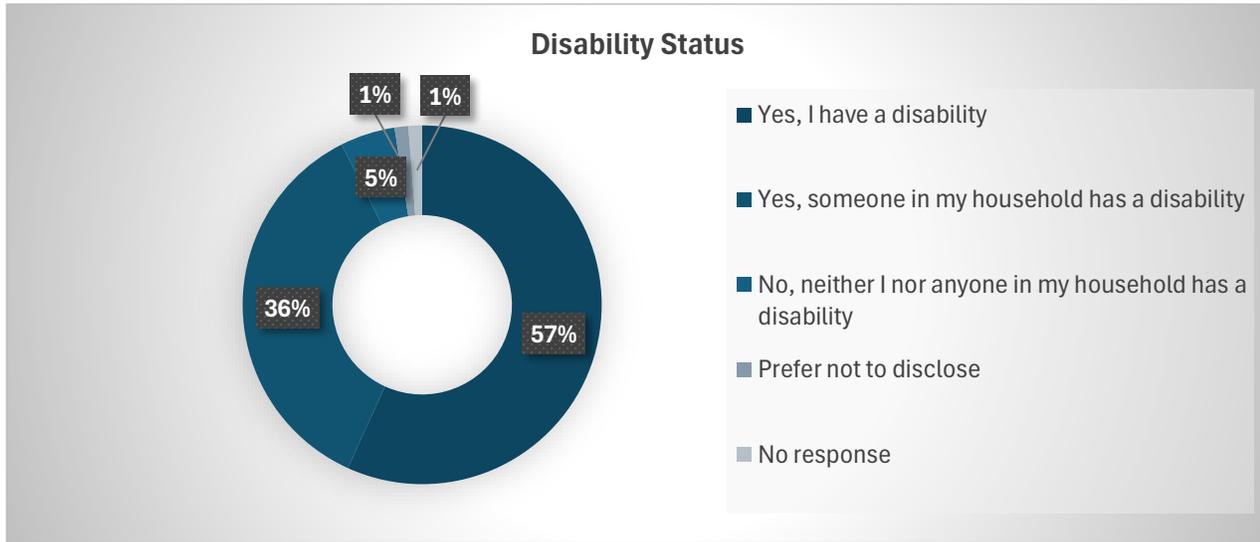


(See Appendix D for further breakdown of research participants)

Focus Group Participant Demographics (n= 89)

Eighty-five percent (75 total) of participants indicated that they or someone in their household had a disability.

Figure 2. Focus Group Participants by Disability Status



Physical disabilities were the highest represented among participants (27%), followed by mental or emotional disabilities (20%), visual impairment (19%), cognitive difficulties (18%), self-care challenges (7%) and hearing disabilities (3%). ‘Other’ disabilities indicated included autism, seizures and Down syndrome (4%).

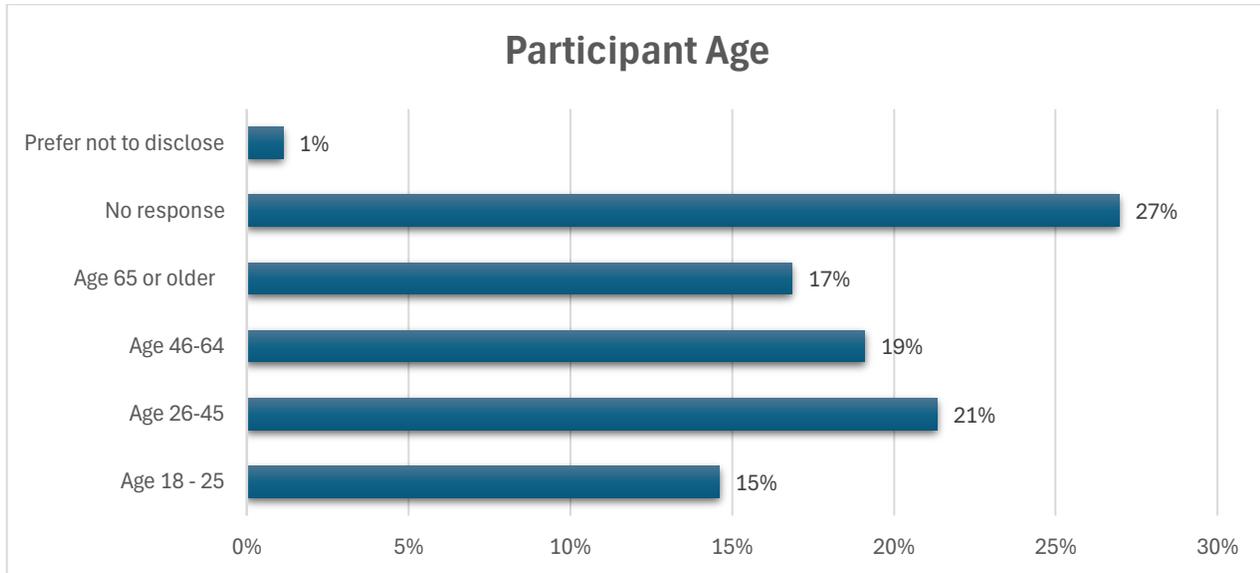
Table 2. Focus Group Participants by Disability Type

Type of Disability	N	Percent
Physical	30	27%
Cognitive	20	18%
Visual	21	19%
Mental or Emotional	22	20%
Self-Care	8	7%
Hearing	3	3%
Other: Downs Syndrome and Autism, Seizure	5	4%
Prefer not to disclose	3	3%
Grand Total²	112	100%

² Note: A total of 19 participants (17%) had two or more disabilities.

Sixty (65) of focus group participants provided data on their age, of which 15 percent were ages 18 to 25 years, 21 percent were ages 26 to 45 years, 19 percent were ages 46 to 64 years and 17 percent were 65 and older. One participant indicated they preferred not to disclose their age.

Figure 3. Focus Group Participant Age



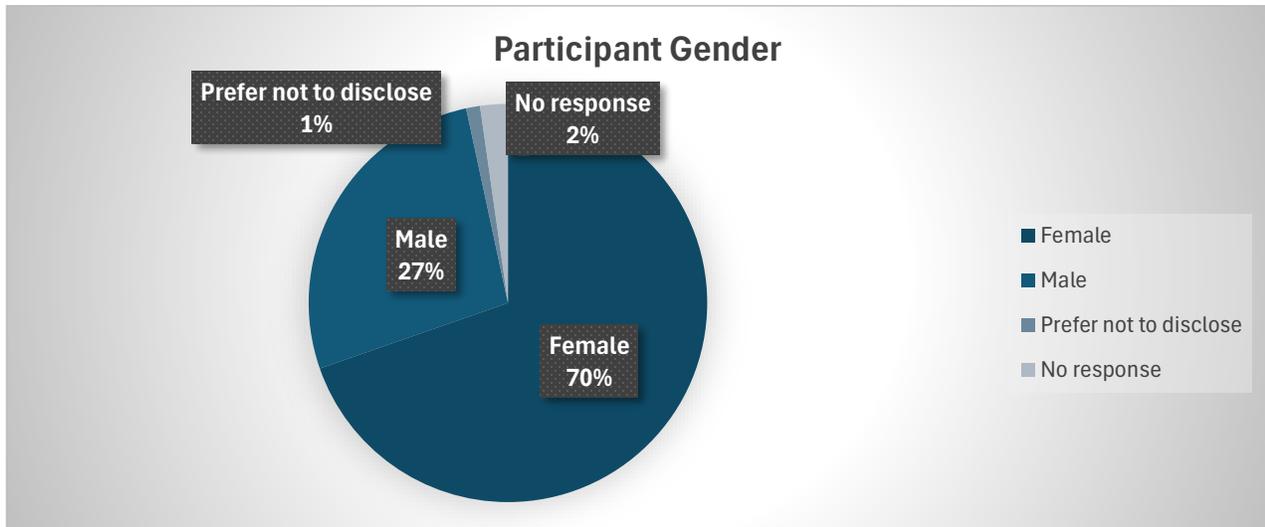
Just over half (52%) of focus group participants experienced disability onset before age 22.

Table 3. Focus Group Participant Age of Disability Onset

Age of Onset	N	Percent
Birth to age 17	33	37%
Age 18 to 22	13	15%
Age 23 to 25	3	3%
Age 26 to 45	7	8%
Age 46 to 64	7	8%
Age 65 or older	1	1%
No response	24	27%
Prefer not to disclose	1	1%
Grand Total	89	100%

The majority of focus group participants were female (70%).

Figure 4. Participant Gender



Over half of focus group participants were Black or African American (53%), while 31 percent were White, three percent were Asian or Asian American and two percent were Latin(e). Six percent of participants preferred not to disclose their race/ ethnicity.

Table 4. Participant Race/Ethnicity

Race/Ethnicity	N	Percent
Asian or Asian American	3	3%
American Indian or Alaska Native	0	0%
Black or African American	47	53%
White	28	31%
Latin(e)	2	2%
Prefer not to disclose	5	6%
No response	4	4%
Grand Total	89	100%

Participants came from several cities, including Cleveland (44%), which had the largest representation.

Other areas represented included: Euclid, Lorain, Columbus, East Cleveland, Cleveland Heights and Broadview Heights. (See Appendix G for a list of all areas represented)

Clients with Disabilities – Focus Group Providers, Small Business Ecosystems Partners and Policy Representatives

Most providers indicated that 75 percent or more of their clients had a disability. Individuals with disability served 21 percent White, 20 percent Black, 20 percent Latin(e), 19 percent Asian, 15 percent Native American and three percent American Native/ Alaskan Indian.

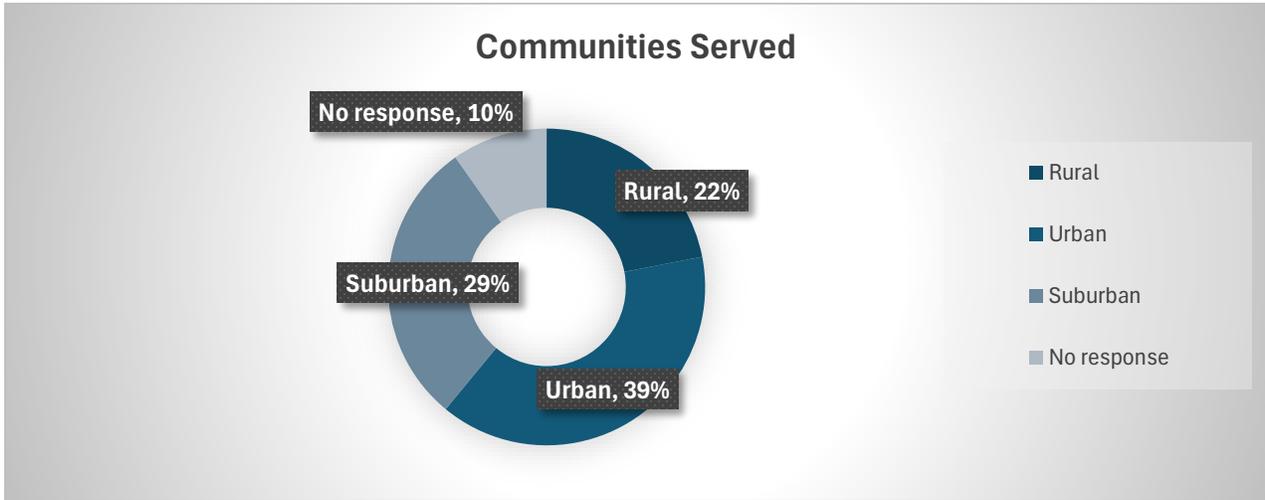
Table. Clients’ Race/ Ethnicity

Race/Ethnicity	N	Percent
American Indian or Alaska Native	2	3%
Asian American/Pacific Islander	14	19%
Black/African American	15	20%
White/Caucasian	16	21%
Hispanic/Latinx	15	20%
Native American	11	15%
No response	2	3%
Grand Total	75	100%



Participants indicated that 39 percent of their clients were from urban areas, compared to 29 percent from suburban areas and 22 percent from rural areas.

Figure 5. Communities Served



Participants reported providing a range of services including affordable housing, employment support, legal services, public benefits support and small business development services.

Table 6. Provider Services for Disability

Services	N	Percent
Affordable housing	6	10%
Accessible transportation	4	6%
Assistance with in-home supports	1	2%
Career Fair for the Blind and more	1	2%
Connection to providers and payment direct service providers	1	2%
Community development banking/ capital	3	5%
Employment support	11	18%
Free White Canes, Braille	2	3%
Financial education/ coaching or counselling	5	8%
Healthcare support	6	10%
Legal services	6	10%
Public benefits support	4	6%
Recreation Therapy Programming	1	2%

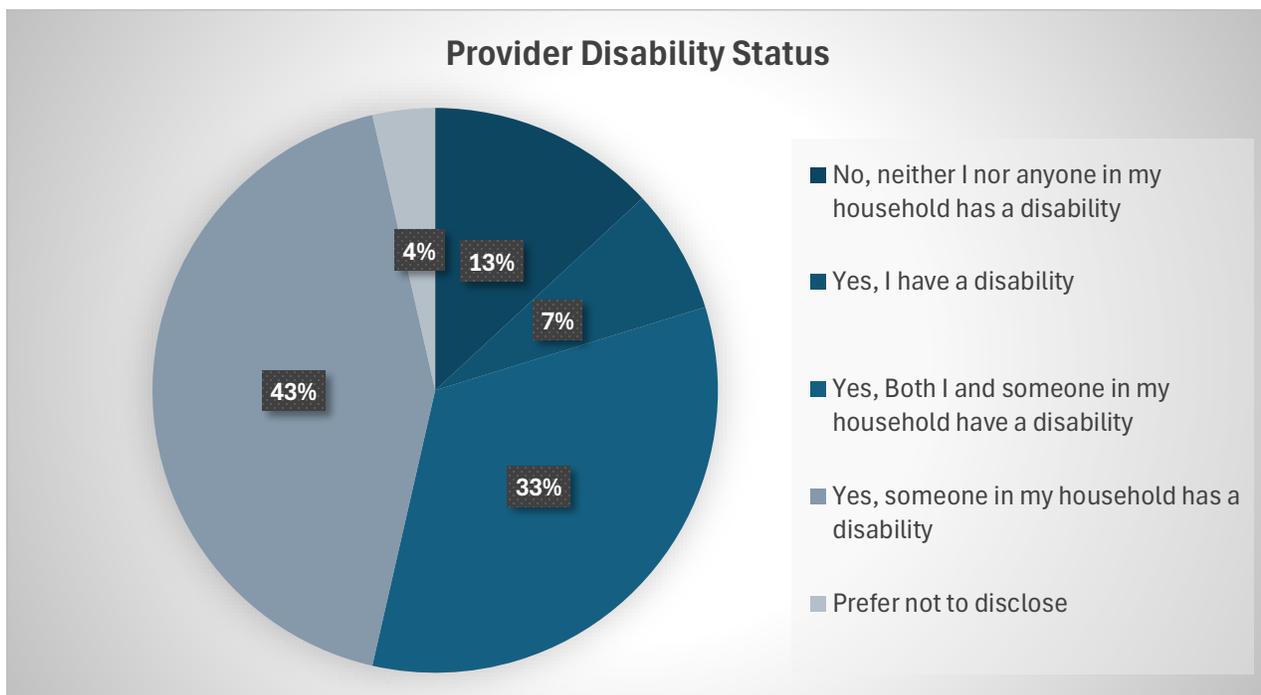
Services	N	Percent
Services to underserved groups	8	13%
Small-business development	2	3%
Youth/ After-school Programs Services	1	2%
Grand Total	62	100%

Survey Data Results

Provider Demographics

Eighty-four (84) providers completed the survey. Of this number, a significant number had a disability or someone in their household had a disability (70 or 83%). Eleven (11) providers did not identify as having a disability.

Figure 6. Provider Disability Status



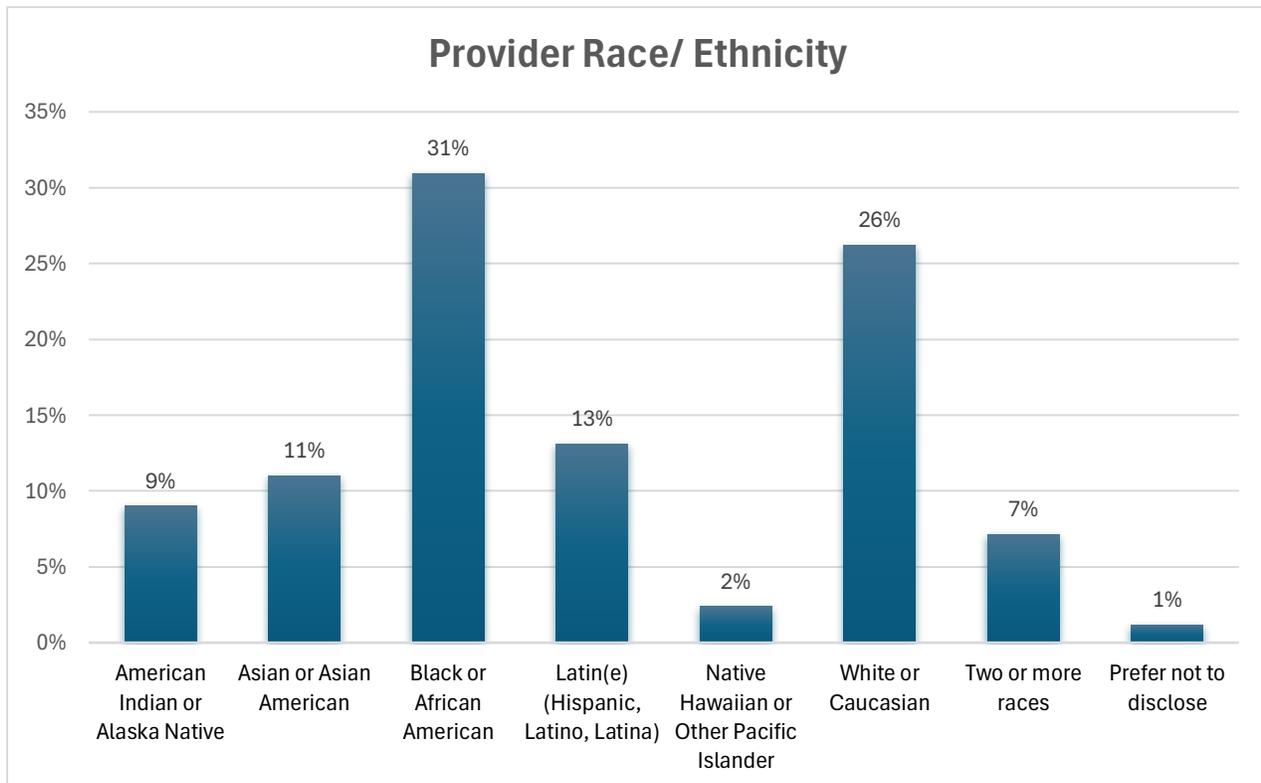
Just over half of all survey respondents were female (51%), while 48 percent were male.

Table 7. Provider Gender Identity

Gender Identity	N	Percent
Female	43	51%
Male	40	48%
Prefer not to disclose	1	1%
Grand Total	84	100%

Thirty-one percent of survey respondents were Black or African American, whereas 26 percent were White, 13 percent were Latin(e), 11 percent were Asian or Asian American, nine percent were American Indian or Alaska Native, seven percent were of two or more races and one percent preferred not to disclose their race/ ethnicity.

Figure 7. Provider Race/ Ethnicity



Disability Programs and Services

Respondents indicated that their organizations provide a range of services across affordable housing, community development banking, employment and vocational rehabilitation support, financial education (coaching and counselling), public benefits support, small business development and supplier diversity programs.

Just under 40 percent of participants offer financial education/ counselling or coaching services, whereas 14 percent offer healthcare support, 13 percent offer public benefits support and 11 percent offer employment/ vocational rehabilitation support and 11 percent offer small business development support.

Table 8. Disability Programs and Services

Services	N	Percent
Affordable housing	2	2%
Community development banking	1	1%
Employment support/ vocational rehabilitation	9	11%
Financial education/ coaching or counselling	33	39%
Healthcare support	12	14%
Public benefits support	11	13%
Small-business development	9	11%
Supplier diversity programs	3	4%
Other ³	4	5%
Grand Total	84	100%

Over two thirds (68%) of providers indicated that their organizations offer financial empowerment related services.

³ Note: 'Other' responses include: financial literacy, connecting individuals and families to services and providing information to the organizations that directly serve these clients.

Financial empowerment services include affordable housing, financial education, community development banking, public benefits support and small-business development. These services include business development and empowerment, computer literacy and social empowerment, community resource linkage and benefit counseling, financial education, coaching and job placement, loans, grants, direct financial support; Junior Achievement provides dozens of programs for K-12 students surrounding financial literacy.

(See Appendix for full list of financial empowerment programs and services).

Respondents noted that their organizations would like to provide additional and enhanced economic empowerment services by acquiring land assets, partnering with the county board of developmental disabilities to serve students or by identifying groups that have not traditionally been the target for wraparound employment services.

Some of the services include micro credit and other financial loan and grant schemes, tax preparation services, financial capability education and small business and entrepreneurial skills acquisition and support initiatives.

Majority of respondents indicated that the primary vehicle that would facilitate these additional offerings and their greatest need is funding, including federal and state government support, as well as fundraising support.

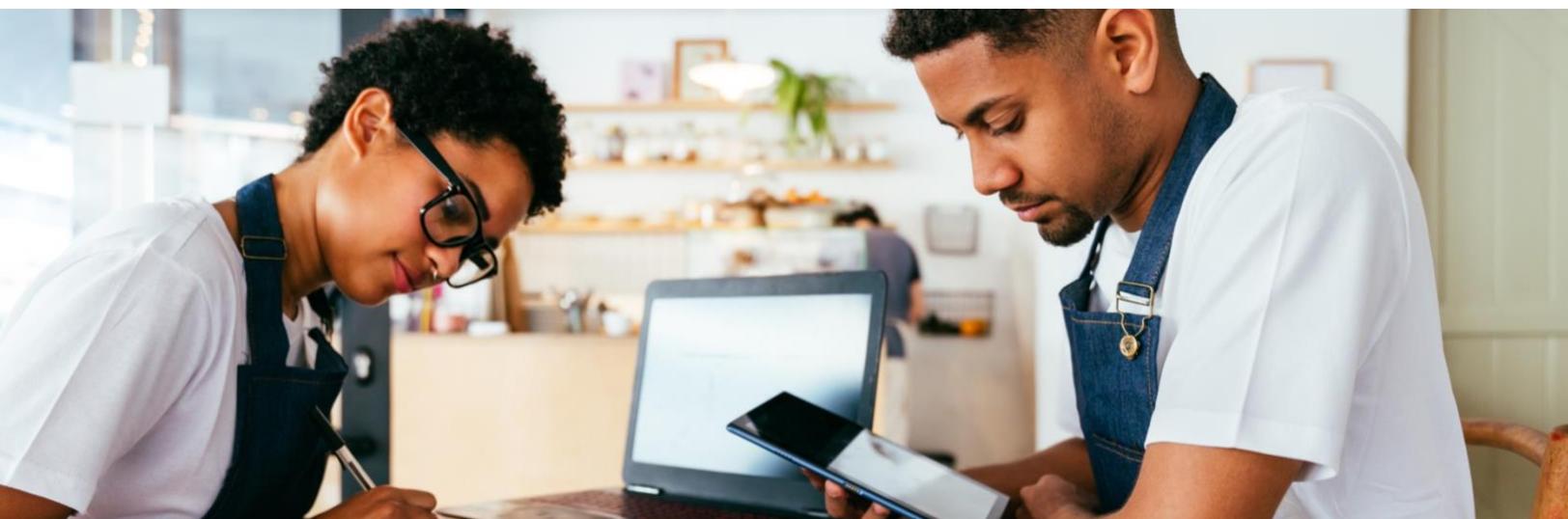
Other mechanisms for providing these additional services would include greater numbers of and dedicated staff to facilitate these programs and services and intentional partnerships between organizations and disabilities programs.

Several organizations noted that they offer information on small business and wealth development programs to their clients, most of which were related to work with the Small Business Administration (SBA) – 46 percent. Others were related to state funding opportunities (27%) or state and local small business certification programs (11%). Only seven percent of respondents said they offered support for Achieving a Better Life Experience (ABLE) accounts.

Table 9. Small Business and Wealth Development Information Provided to Clients

Information Provided	N	Percent
Achieving a Better Life Experience (ABLE) accounts	4	7%
Small Business Administration (SBA programs)	26	46%
State funds	15	27%
State or local small business certification	6	11%
Trust accounts (Special Needs Trust, etc.)	1	2%
Other ⁴	2	4%
None of the above	2	4%
Grand Total	56	100%

Agencies surveyed reported that their primary funding sources were state funds (45%), federal dollars (27%), private philanthropic investment (27%) and city money (2%). Their annual funding budgets for disability services ranged from zero to \$150 million. Half of respondents had budgets of up to \$10,000 (51%), another 23 percent had budgets between \$20,000 and \$50,000 and two percent had budgets between \$60,000 and \$100,000. Seven respondents (8%) had no budget allocations for disability-specific services.



⁴ Note: ‘Other’ small business and wealth development programs offered to clients include: financial literacy programming that offers an overview of these programs of services, but does not provide in-depth detail, and inviting speakers to provide information on the these topics.

Figure 8. Primary Funding Sources

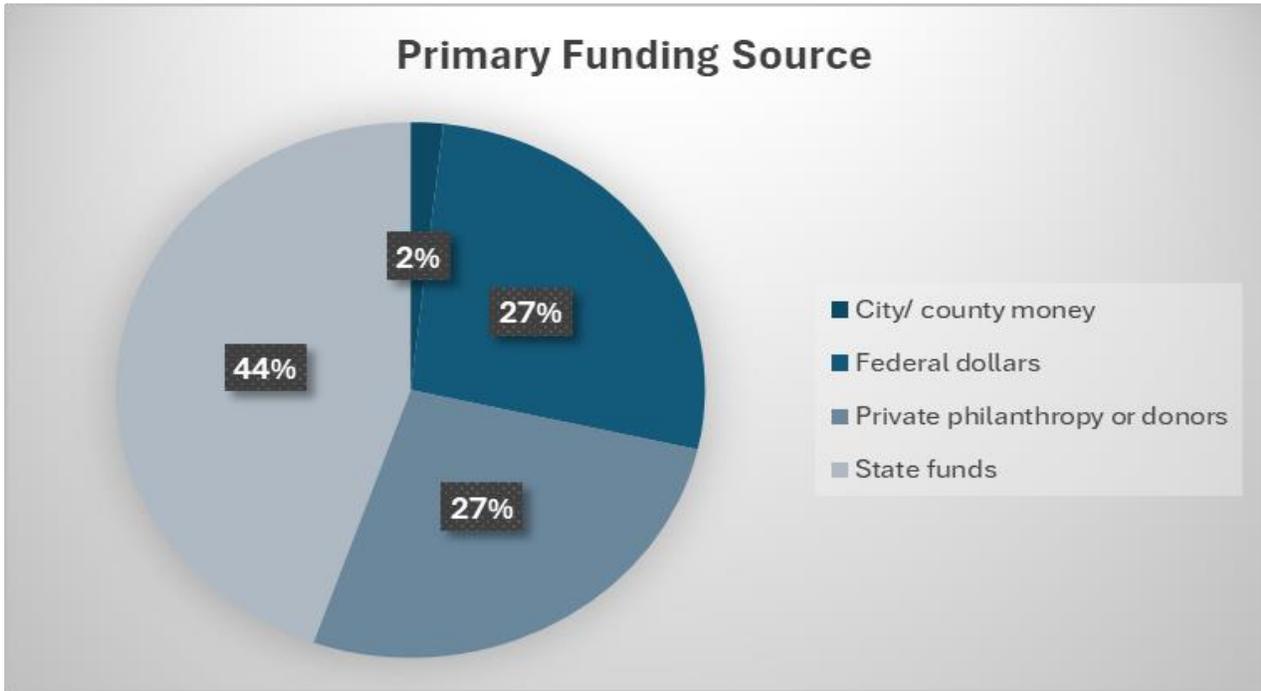


Table 10. Annual Budget, Disability Programs and Services

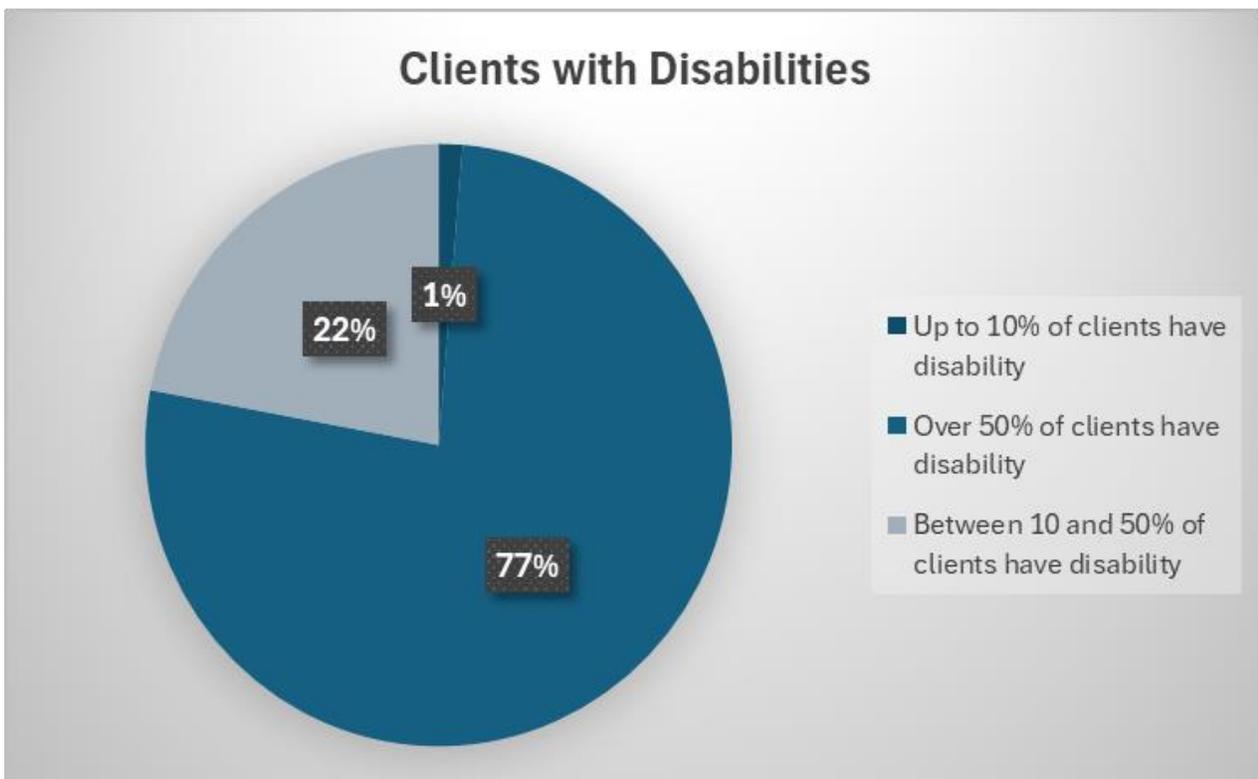
Annual Budget	N	Percent
Zero	7	8%
Up to \$10,000	7	51%
\$20-\$50,000	43	23%
\$60-\$100,000	19	2%
\$110-\$150,000	2	1%
\$300,000+	1	1%
\$500,000+	1	1%
\$ 5 million	1	1%
\$150 million ⁵	1	1%
Other: approx. 80% of annual budget	1	1%
Not applicable	1	1%
Grand Total	84	100%

⁵ Note: This funder is a hospital system.

Provider Clients with Disabilities (n = 77)

Seventy-seven (77) survey participants indicated that they have clients with disabilities. Of this number, 59 (77%) indicated that half of their clients or more had a disability. Another 17 (22%) said between 10 percent and 50 percent of their clients had disability and only one (1%) said less than 10 percent of their clients had disability.

Figure 9. Number of Clients with Disabilities



Most respondents (63%) indicated that they serve clients across all indicated races/ ethnicities.

Table 11. Clients Served, Race/ Ethnicity

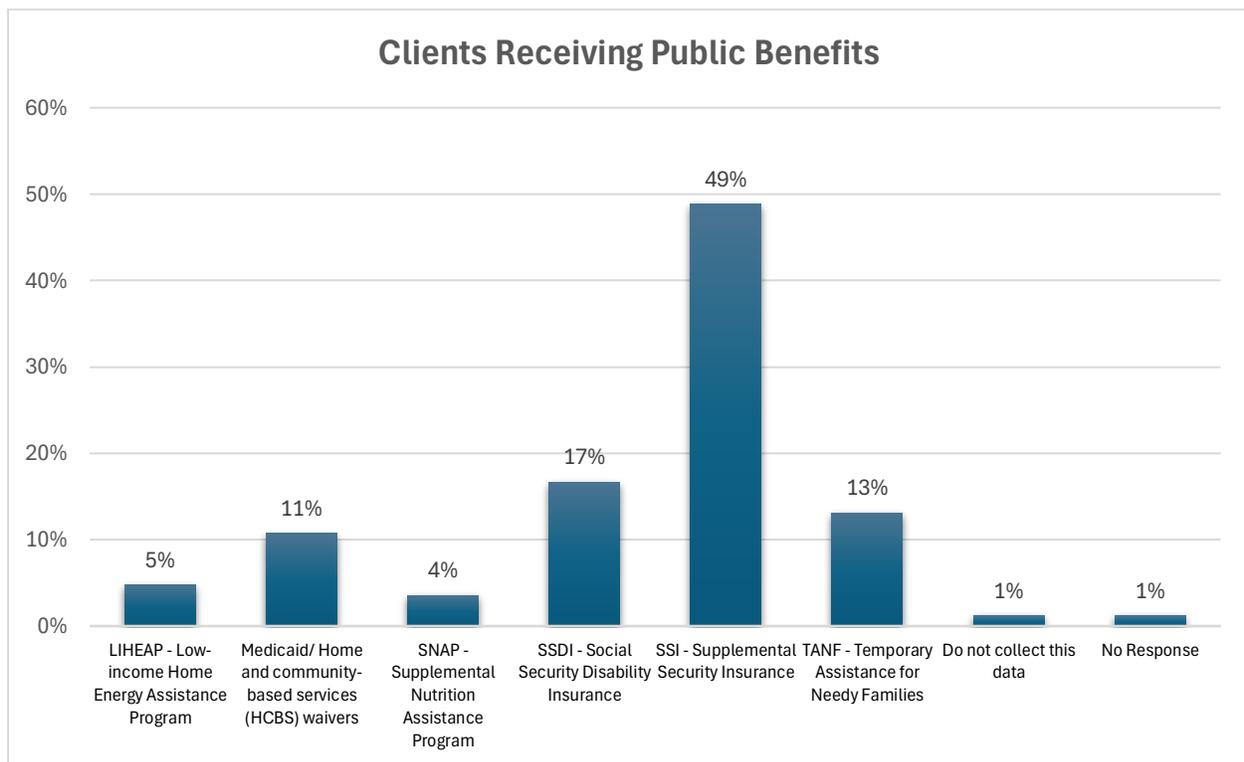
Race/Ethnicity	N	Percent
American Indian or Alaska Native ⁶	18	21%

Note: The American Indian or Alaska Native percentage of 21% is felt to not be representative of the populations served by Cleveland providers. However, one explanation for this high percentage is that the survey was fielded across Northeast Ohio and included representatives from organizations that serve these communities, including a large healthcare system.

Race/Ethnicity	N	Percent
Asian or Asian American	6	7%
Black or African American	4	5%
Native Hawaiian or Other Pacific Islander	1	1%
White or Caucasian	2	2%
All of the above	53	63%
Grand Total	84	100%

Eighty-two (82) of respondents (of 84 total) indicated that their clients receive some type of public benefit. Of this number, 49 percent said their clients receive Supplemental Security Income (SSI), whereas 17 percent receive Social Security Disability Income (SSDI).

Figure 10. Clients Receiving Disability Benefits



Limitations in the Data and Methodology

Study limitations included not having the ideal mix of participants, time and capacity, while resources utilized in the study were limited. There were particularly limited voices represented and participating in the focus group and resource mapping exercises with providers. This was due to challenges experienced to engage the disability provider community in the research, particularly soliciting the involvement of the state and local government-run organizations. As such, the recommendation is to have greater levels of public organization involvement going forward, particularly for mapping resources across services, with a focus on capturing voices missing from the conversation, to further illuminate the lessons learned with limitations to the process and to innovate around which steps can be taken to build on this data.



A Model of Disability Community Investment

Economic investment in people with disabilities is central to the economic justice agenda. People with disabilities experience multiple, compounding infrastructural, programmatic, cultural and systemic barriers to economic advancement. An inclusive and responsive strategy is therefore vital to supporting the more than 73,000 (20.5%) people with disabilities in Cleveland, Ohio.

- **Despite being the largest minority population in the United States, and the only group any one of us can become part of at any point in time, the disability community is often underrepresented in mainstream services for economic advancement, wealth building and efforts to improve the economic mobility of populations with low and middle incomes.**

In tandem, people with disabilities and intersecting identities may experience stigma and discrimination based on gender, race, ethnicity and/or sexual orientation, and so experience financial and economic barriers more acutely.

People with disabilities exist along the spectrum of socioeconomic status and fall along the lifecycle of wealth building. Some would benefit from programs and services that support their efforts to gain economic stability to cover basic needs, while programs and services that assist in transforming disposable income into savings and investments may be beneficial for others. Still yet, others may benefit from support to build wealth and protect assets.



Cleveland is uniquely positioned to design and invest in intentional and inclusive strategies that mitigate the multiple barriers to full economic participation faced by people with disabilities and respond to the need for systems level intervention to support sustained impact across advancing employment, small business development, entrepreneurship and financial education and outreach for people with disabilities.

Disability Community Investment

The International Finance Corporation (IFC) notes that good community investment is strategic, aligned, multi-stakeholder driven, sustainable and measurable.⁷

Strategic community investment is beneficial to local stakeholders and offers mutually beneficial, long-term impact for organizations and local communities when done well.

In addition to the economic contributions that organizations make by way of employment, contracts and taxes, voluntarily investing in the local disability community can support capacity building, support people with disabilities developing their livelihoods, fund skills transfer and expand access to social services and infrastructure.

A community investment strategy that responds to the need of individuals with disabilities living in Cleveland and its environs is pertinent, considering the high levels of poverty and other social risk factors, as well as the level of competition that exists among disability serving organizations for funding and other resources.

Key considerations for a community investment strategy that responds to the economic needs of persons living with disabilities in Cleveland and Northeast Ohio include:

- Assessing the projected social impact over the short- and long-term,
- Ensuring opportunities for social innovation,
- Weighing the benefits of one-time investment versus an ongoing program of support and
- Facilitating meeting entrepreneurial and skills requirements (for success) across the system of services and providers.

⁷ World Bank Group, International Finance Corporation. (February 2010). Strategic Community Investment. A Quick Guide. Highlights from IFC's Good Practice Handbook. Available at [577870WP0v201F00Box385287B00PUBLIC0.pdf \(worldbank.org\)](https://www.worldbank.org/publications/577870WP0v201F00Box385287B00PUBLIC0.pdf)

The Case for Economic Investment

Investing in greater economic access and inclusion for people with disabilities has benefits for the wider economy. Persons with disabilities remain an untapped pool of talent and innovation that has the potential to translate into community economic advancement.

Nationally, **workers with disabilities earned about \$27.7 million in wages and paid more than half its workforce's \$11.9 million in federal, state and local taxes in 2017.**⁸ This was pre-COVID and pre- the advancement of remote work and overall increases in employment which has greatly improved the labor force participation rate for people with disabilities post-COVID. Labor force participation rates for people with disabilities (i.e., the share of population working or looking for work) was 37 percent in August 2022, compared to 32 percent in April 2020.⁹

According to the Society for Human Resource Managers (SHRM), employment numbers have continued to increase due to the reality that remote work provides reasonable accommodation for both workers with and without disabilities.

People with disabilities are twice as likely to be self-employed. The 2022 Annual Small Business Survey notes that three percent of small business owners identified as having a disability while 14.9 percent of veteran business owners had a disability in 2021.¹⁰ Compared to wage and salaried employees (3.8%), people with disabilities are self-employed at higher rates. More are self-employed and have incorporated businesses (4.2%) or self-employed and have unincorporated businesses (which include sole proprietors and freelancers - 5.7%).¹¹

⁸ U.S. Commission on Civil Rights. (September 2020). Subminimum Wages. Impacts of Civil Rights of People with Disabilities. Available at <https://www.usccr.gov/files/2020/2020-09-17-Subminimum-Wages-Report.pdf>

⁹ Gonzales, M. (2022, October 21). Remote Work Helps People with Disabilities Land Jobs. Available at <https://www.shrm.org/topics-tools/news/inclusion-diversity/remote-work-helps-people-disabilities-land-jobs>

¹⁰ U.S. Department of Labor. (2024, May 14). Blog: Business Ownership, Self-Employment and Entrepreneurship Among People with Disabilities | U.S. Department of Labor Blog. Available at <https://blog.dol.gov/2024/05/14/business-ownership-self-employment-and-entrepreneurship-among-people-with-disabilities>

¹¹ U.S. Department of Labor. (2024, May 14). Blog: Business Ownership, Self-Employment and Entrepreneurship Among People with Disabilities | U.S. Department of Labor Blog. Available at <https://blog.dol.gov/2024/05/14/business-ownership-self-employment-and-entrepreneurship-among-people-with-disabilities>

Of note, veteran business owners report the highest rates of disability overall being 8.8 percent of wage-and-salary employees, 11.4 percent of self-employed incorporated businesses and 14.1 percent of self-employed unincorporated businesses.¹²



In 2021, Disability-owned Business Enterprises (DOBEs) employed people at 10 times the rate of non-DOBEs and had a combined national economic impact of \$32.4 billion, with \$1.26 billion in revenue, 6,414 jobs supported, \$358 million in wages paid and \$717 million in impact from wages.¹³

In Cuyahoga County, there were over 96,000 non-employer businesses (independent contractors and sole proprietors) in 2020 with just under \$4.5 million in annual revenue. In 2022, there were 31,728 businesses that employ people in the county (just 20 more than in 2020).¹⁴

The Problem

Traditional models of community investment often fail to achieve long-term impact due to a lack of understanding of complex local environments.

Cleveland has a confluence of geographically based socioeconomic conditions that complicate attempts at uniform investment for disability services across the city.

¹² U.S. Department of Labor. (2024, May 14). Blog: Business Ownership, Self-Employment and Entrepreneurship Among People with Disabilities | U.S. Department of Labor Blog. Available at <https://blog.dol.gov/2024/05/14/business-ownership-self-employment-and-entrepreneurship-among-people-with-disabilities>

¹³ Disability:IN (2022, July 12). The Economic Impact of Certified Disability-Owned Business Enterprises. (disabilityin.org). Available at <https://disabilityin.org/resource/the-economic-impact-of-certified-disability-owned-business-enterprises/>

¹⁴ U.S. Census Bureau (n.d.) Business Profile. Custom Industries - Cuyahoga County, Ohio. Available at <https://cbb.census.gov/cbb/#view=report&industries=00&clusterName=Custom+Industries&geoType=county&dataVariable=33&dashboardVars=15-17-33-64¢erX=-9017197¢erY=4869616&level=5&theme=default&dataVariable1=33&geoid=39035&dynHeader=Custom+Region>

This project conducted a research study as necessary for understanding the local context and engaging the community of stakeholders in devising a responsive investment strategy toward improving the economic lives of people with disabilities.

The study found that challenges converge across four primary areas:

- 1) The rate and state of disability,
- 2) The geographical divide that defines and adds complexity to location-based challenges of living with disabilities,
- 3) Intersecting identity issues that compound the challenge of living with disability and
- 4) Current funding structures that promote competition and scarcity mindset among disability service providers.

The Cleveland Disability Landscape

There is a strong link between disability in early and mid-life and disadvantaged economic, social, psychological and health outcomes, even in high-income nations.

This 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).¹⁵ Whereas there are almost as many men and women with disabilities as there are women in Cleveland, Ohio (19.4% versus 21.6%); just about 35 percent are working age (18 to 64 years old).¹⁶

This high percentage of working age people with disabilities has positive implications for the financial stability of individuals with disabilities living in the region.

¹⁵ Adults with Disability Living in Poverty, 2017-2021, Cleveland, Ohio. [Healthy Northeast Ohio: Indicators: Adults with Disability Living in -Poverty \(healthyneo.org\)](https://www.healthyneohio.org/indicators/adults-with-disability-living-in-poverty)

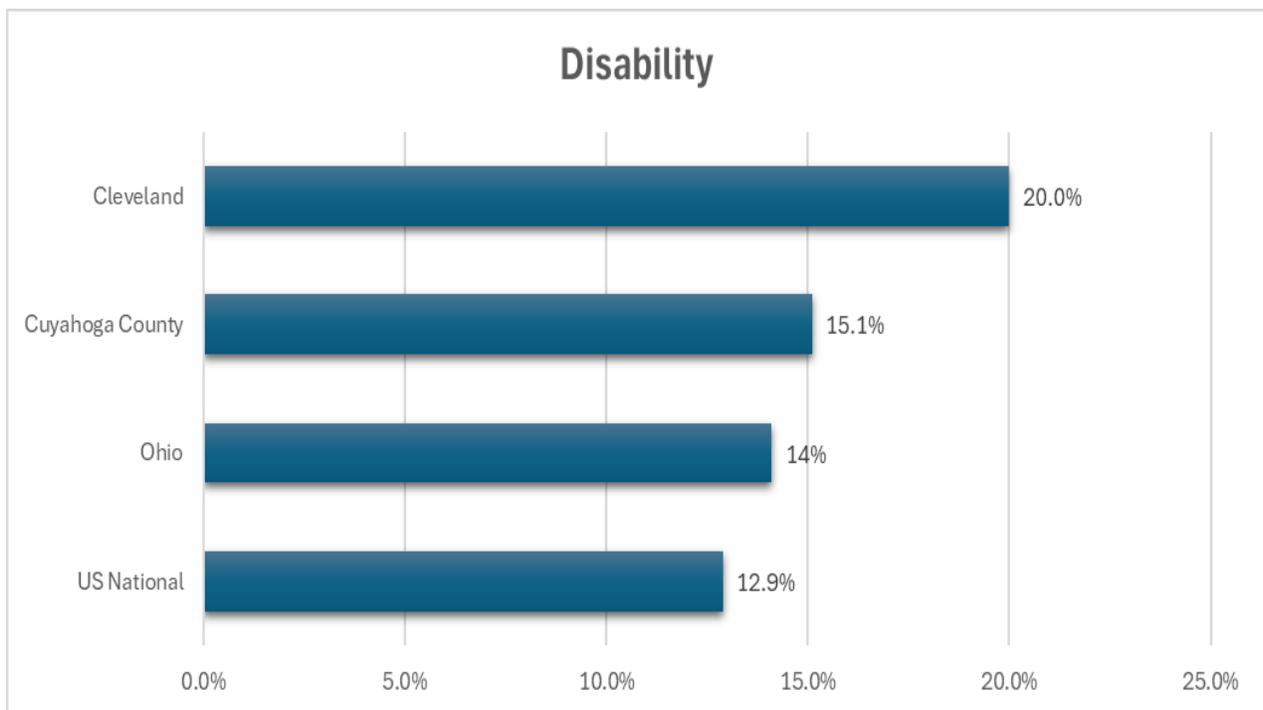
¹⁶ American Community Survey 2022 , 1-Year Estimates [S1810: Disability Characteristics - Census Bureau Table](#)



Cleveland exceeds the United States national, state and county averages for disability (20%). Cleveland has one of the highest rates of disability across large U.S. metropolitan cities.



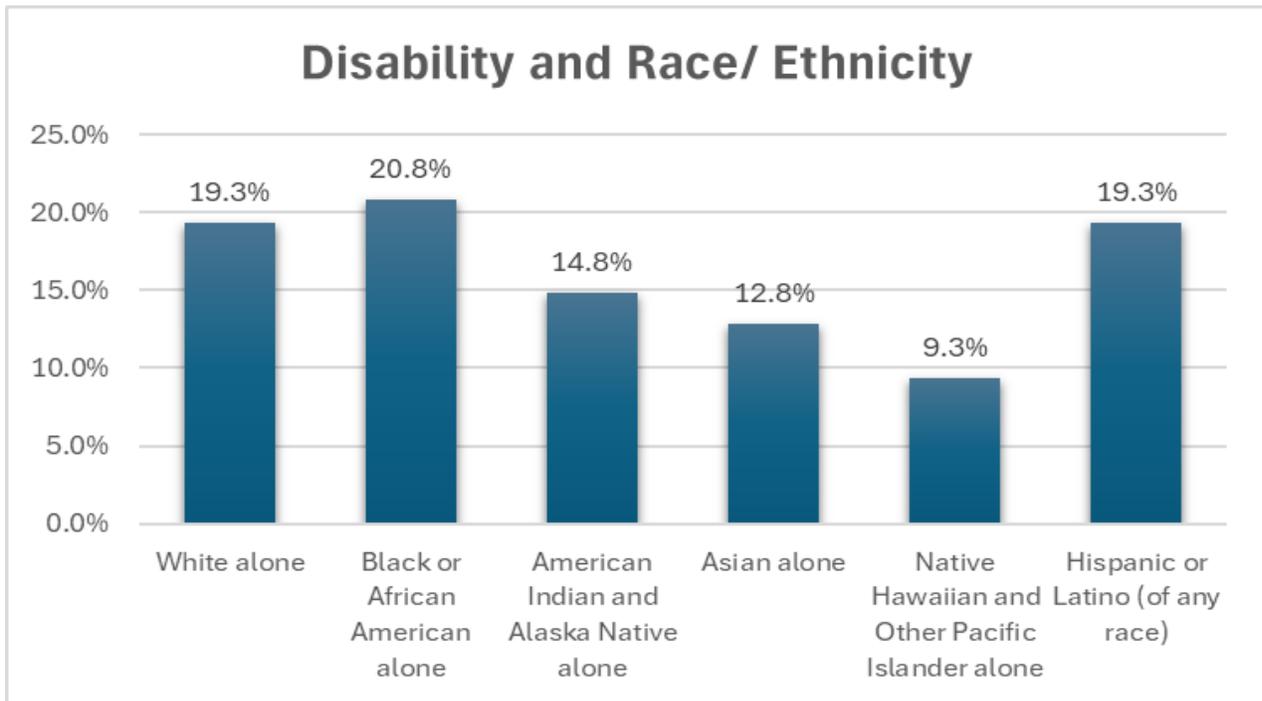
Figure 11. Disability Rates by Geographical Area



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Cleveland’s BIPOC (Black, Indigenous, and other People of Color) population also experiences high percentages of disability. However, Cleveland is one of the few places where disability is at similar levels across White and BIPOC populations.

Figure 12. Disability and Race, Cleveland



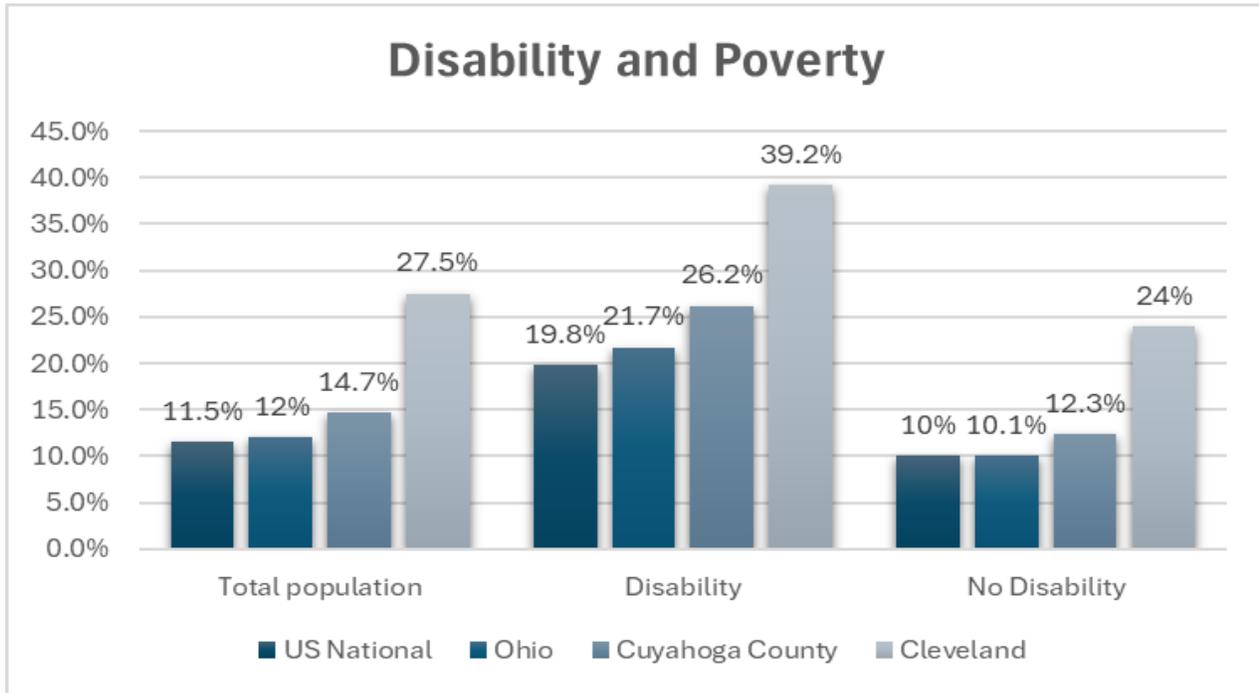
Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

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 overall), Cleveland ranked 155 in economic score and 60 across health care rankings.¹⁷

- **Cleveland also ranked fifth highest in the number of people living with**
- **disabilities and a startling 181 out of 182 cities with the highest rate of people**
- **with disabilities living in poverty.**

¹⁷Adam McCann, September 27, 2023. WalletHub. [Best & Worst Cities for People with Disabilities \(wallethub.com\)](https://www.wallethub.com). 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.

Figure 13. Disability and Poverty



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Twenty five percent (25%) of Cuyahoga households with disabilities were ALICE (Asset Limited, Income Constrained, Employed.) in 2021.¹⁸

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 live below FPL.¹⁹

This means that the average Clevelander making median income would already be above 100% FPL and be ineligible for several public programs and services (such as savings on marketplace health insurance for income-based Medicaid²⁰).

In addition, the average household with disability would need to be above 150% FPL in annual income to survive.

¹⁸ Ohio State Overview, 2021. Available at [Ohio | UnitedForALICE](#)

¹⁹ Ohio State Overview, 2021. Available at [Ohio | UnitedForALICE](#)

²⁰ U.S. Centers for Medicare and Medicaid Services, HealthCare.gov. (n.d.). 2024 Federal Poverty Level (FPL) - Glossary. Available at <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

Being at 150% FPL, however, would also mean that these households would be ineligible for several public programs and services that require you to earn below that level and which many rely on to offset their living expenses (such as Medicaid or CHIP²¹, LIHEAP²²).

- **Most households with disability already live way below FPL and median income thresholds, with an average median income of only \$20,068. For these households, meeting the extra cost of living with disability would require more than doubling their current income!**

Figure 14. Disability Income, Cleveland



Individuals who live at the intersection of disability, poverty and race experience these challenges more acutely and are at a significant disadvantage for achieving financial stability.

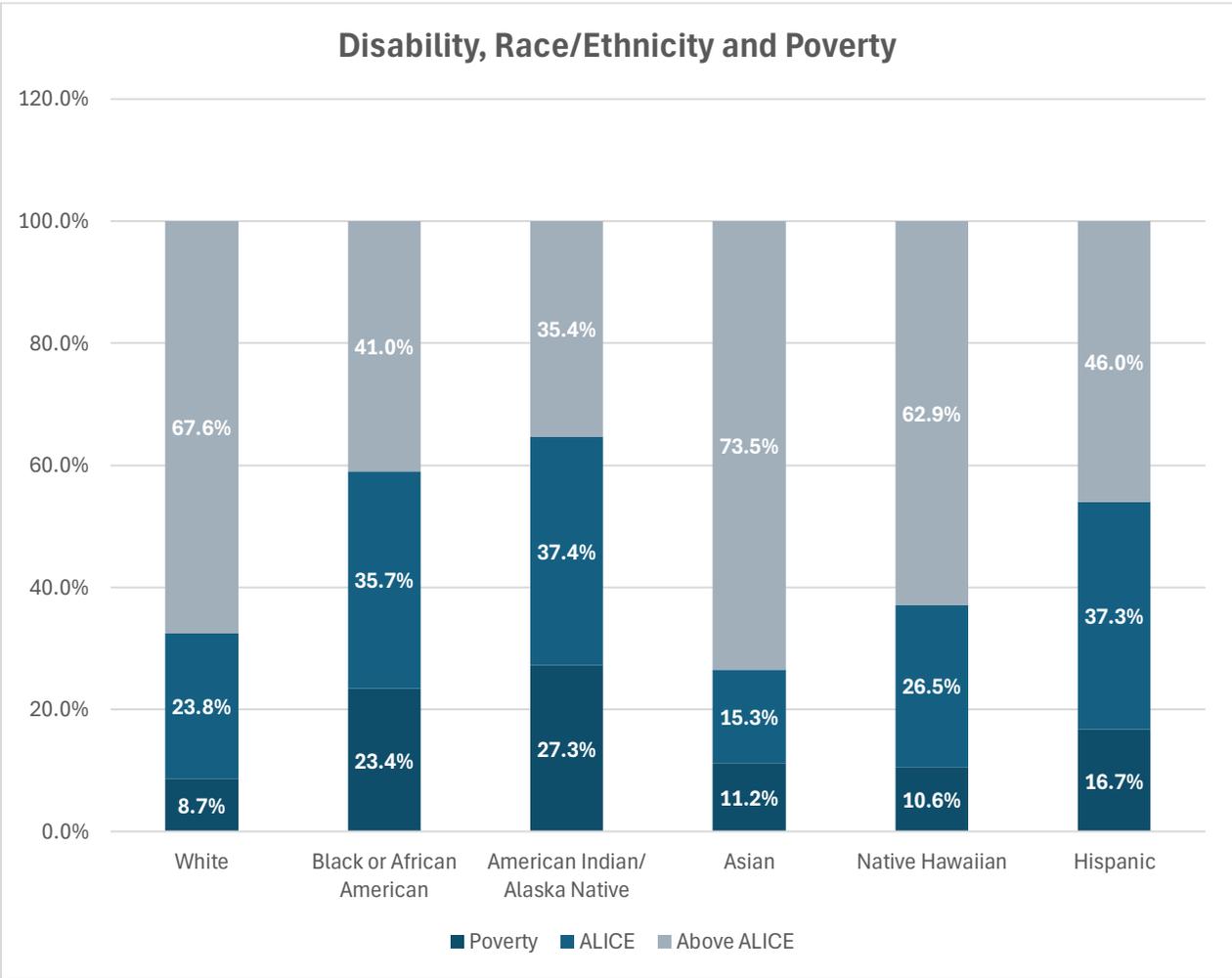
²¹ U.S. Centers for Medicare and Medicaid Services, HealthCare.gov. (n.d.). 2024 Federal Poverty Level (FPL) - Glossary. Available at <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

²² U.S. Department of Health and Human Services. (n.d.). Ohio. The LIHEAP Clearinghouse. Last updated June 18, 2024. Available at [Ohio | The LIHEAP Clearinghouse \(hhs.gov\)](https://www.hhs.gov/ohio/liheap-clearinghouse/)

According to Healthy Northeast Ohio, people with disabilities who have inadequate income are unlikely to be able to afford basic expenses such as rent or mortgage, utility bills, medical and dental care and food.²³

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.²⁴

Figure 15. ALICE Thresholds, Cuyahoga County, OH, 2017- 2021²⁵



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

²³ Adults with disabilities Living in Poverty, 2017-2021, Cleveland, Ohio. [Healthy Northeast Ohio: Indicators: Adults with Disability Living in -Poverty \(healthyneo.org\)](https://www.healthyneohio.org/indicators/adults-with-disability-living-in-poverty)

²⁴ Household by Race/Ethnicity, Cuyahoga County, Ohio, 2021. Available at [Ohio | UnitedForALICE](https://www.unitedforalice.org/ohio)

²⁵ Household by Race/Ethnicity, Cuyahoga County, Ohio, 2021. Available at [Ohio | UnitedForALICE](https://www.unitedforalice.org/ohio)

The Geographical Divide

People with disabilities face unique and compounding challenges based on where they live. These location-based factors have a significant bearing on their financial independence. Evidenced in employment outcomes and participation in the workforce and small business and entrepreneurial opportunities, access to banking and financial services, broadband and in home internet, reliable transportation, affordable and desirable housing, healthcare, inclusive public infrastructure and opportunities for social participation.

There was overwhelming consensus among participants that Cleveland is divided against east and west lines which impact access to disability programs and services in the city. “The one thing about the layout of our city is that it literally is bisected by the Cuyahoga River.” For the city of Cleveland, there are distinct regional differences between the east and west and an ingrained, cross-generational history that perpetuates a socio-demographic divide that has 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 more middle-income, White population west of the river. In tandem, fewer disability service agencies are accessible in the east, whereas greater housing stock, transportation and broadband access exist in the west of Cleveland.

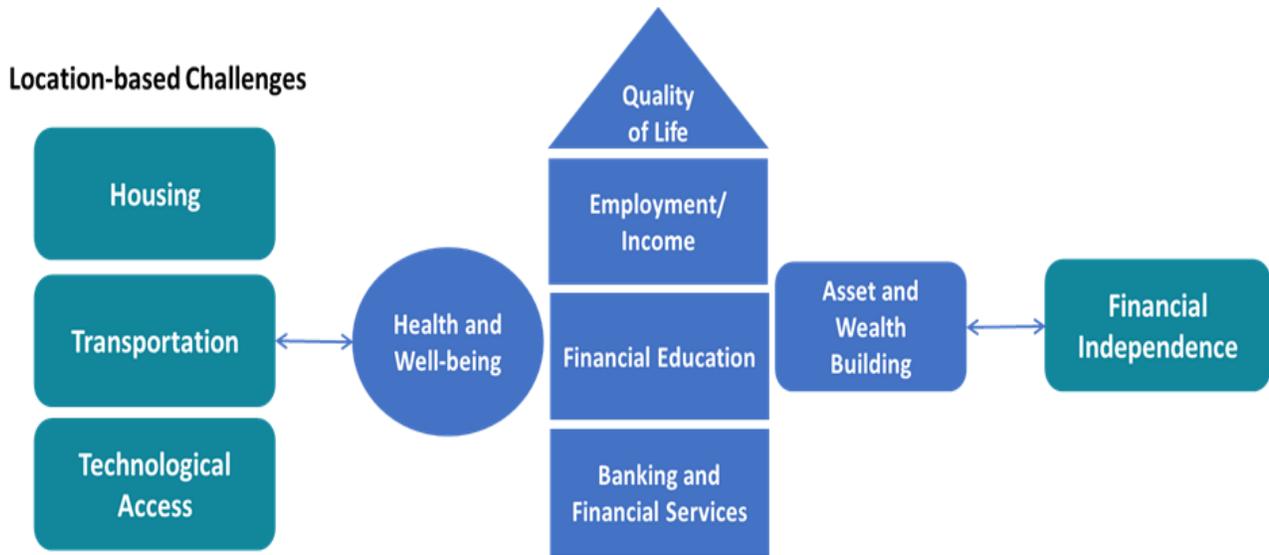
While there are affluent suburbs on either side of the river, the disability population is concentrated in the lower-income spaces and metropolitan areas across the city. These divisions correspond with higher rates of disability and poverty in the east.



The research findings indicate that the challenges with the east/west geographical divide coalesce around three primary areas for individuals with intersecting identities across disability, poverty and race/ ethnicity: digital equity, transportation and housing.

The next figure illustrates the relationship between the primary location-based challenges identified in this study (housing, transportation, technological access) and their relationship to overall health and well-being, quality of life and financial independence for people with disabilities

Figure 16. Systemic versus Individual Socio-economic Impacts



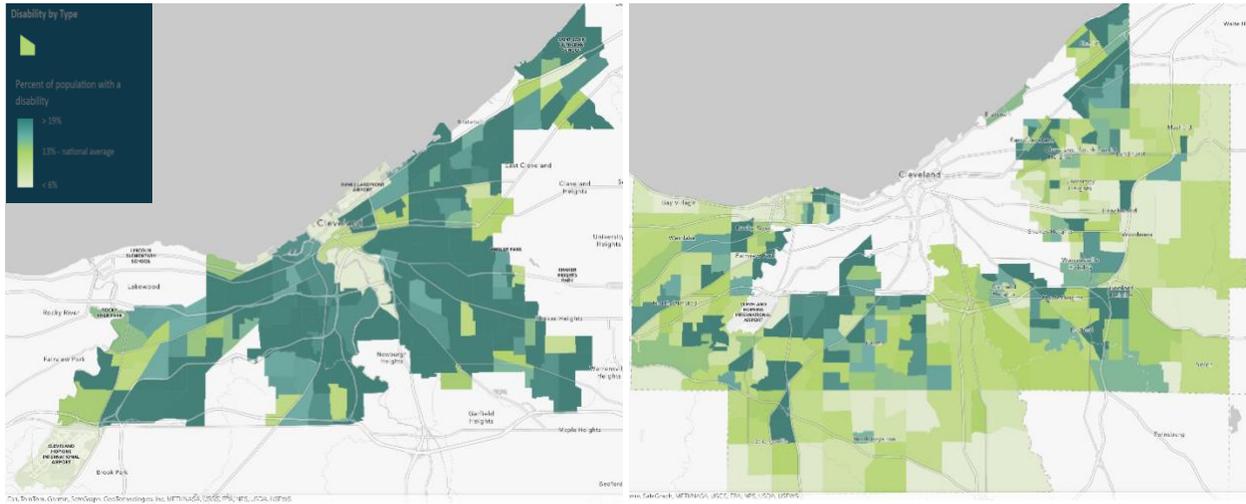
Disability and Poverty Across the River

Differences in both disability and poverty rates are stark when comparing the city of Cleveland (inner zip codes versus outer rings of suburbs) and east and west areas of the city.

A higher percentage of people with disabilities live in the city than in the outer ring of suburbs (20% versus 13.4%).

The disability population living in poverty is also higher in the city (14.7%) than in the outer ring of Cleveland suburbs (5.32%).

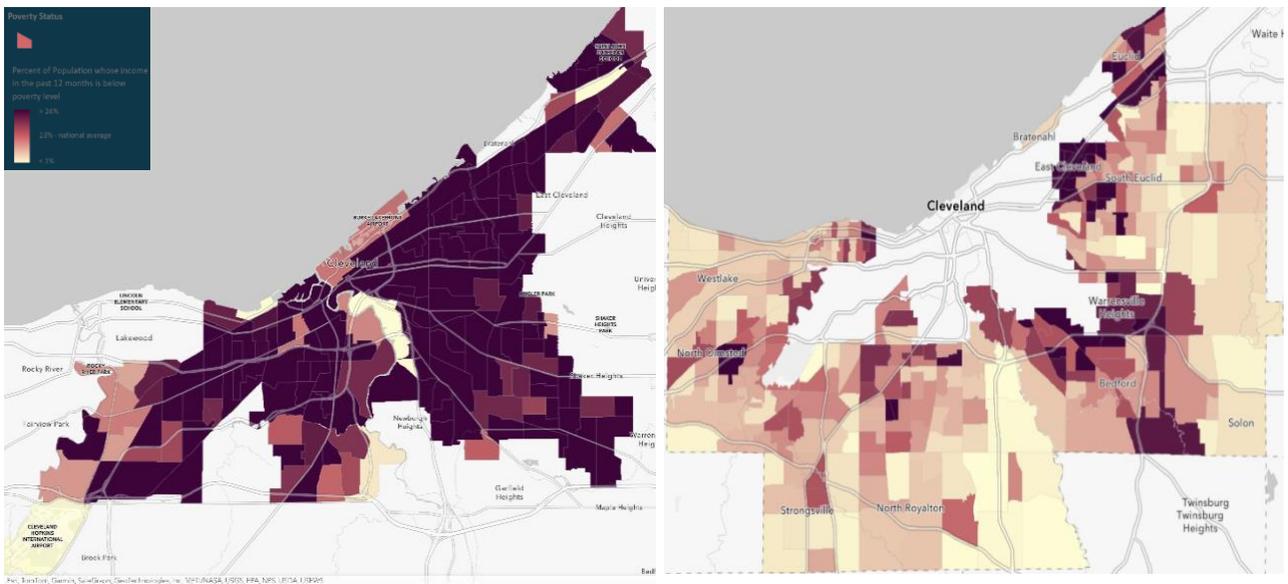
Figure 17. Disability Rate Cleveland, Inner Ring and Outer Ring of Suburbs



Disability and poverty rates are higher on the east side of the river than the west.

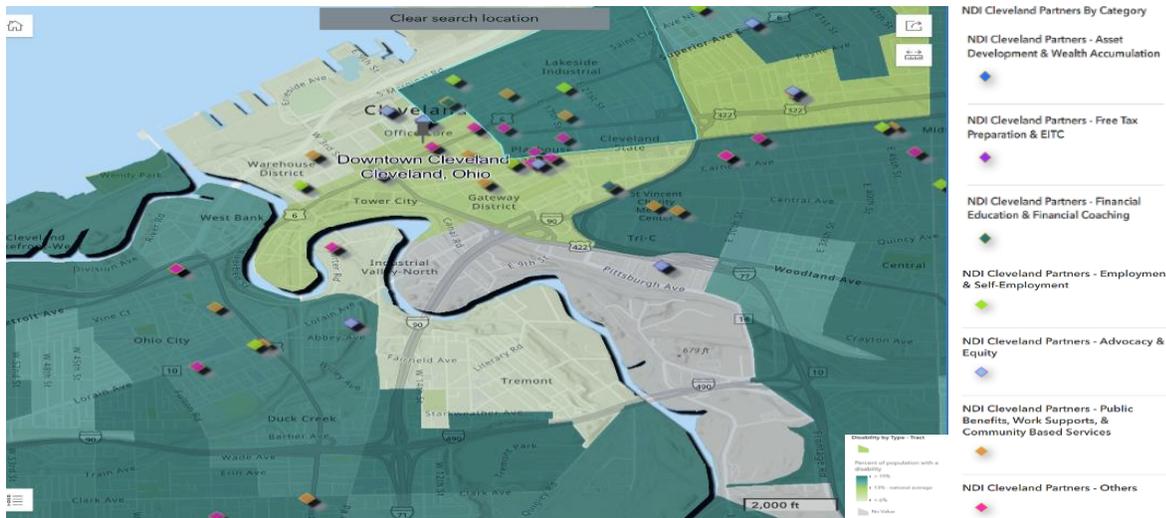
The disability rate is 16.9 percent in the east compared to 14.9 percent in the west, whereas the poverty rate is 11.3 percent in the east compared to 6.1 percent in the west.

Figure 18. Disability Poverty Rate Cleveland, Inner Ring and Outer Ring



Many disability service providers are clustered in the Downtown Cleveland area on the east side of the Cuyahoga River. Despite this, transportation challenges confound access to programs and services.

Figure 19. Disability Service Providers, Cleveland²⁶



Digital Equity

Disabled populations live at higher rates in urban areas due to greater levels of transportation access. However, home broadband access is often less available in urban cities and counties. In addition, those living without broadband connection in urban cities are largely people of color.

Better funded areas have wider access to important resources such as technology. In Cuyahoga County, 41 percent (over 33,000) of households are below 25/3 Mbps, which is the minimum required to work from home (based on February 2020 – August 2021 data).

Currently, nearly 30 percent of Cleveland households lack access to broadband.

²⁶ 'Other' partners include CDCs, CDFIs and other multi-service organizations, such as the Urban League.

If you remove data cellular plans from this equation, upwards of 46 percent lack broadband internet access. The prevailing sentiment among participants was that east Cleveland does not enjoy the same levels of access to broadband technology as does the west and this precludes access to employment and other important resources:

"In terms of access to technology, 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. I don't know if this is true. But I feel like the east side, like right outside or east Cleveland doesn't have the resources that west side does... 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?"

– Focus Group Participant

The Cleveland-Elyria, metropolitan statistical area (MSA) is the second least connected large metropolitan city in the U.S.²⁷

- Households with any internet access: 85.3%
- Households with high-speed internet access: 69.4%
- Households with a computer or laptop: 74.3%
- Households with a smartphone: 83.3%
- Households whose only internet is a cellular data plan: 8.7%

Cuyahoga County has the highest number of households without internet access in the state of Ohio – 161,000.²⁸ Sixty-three percent of low-income households across the state indicate that price is the main reason for not having home internet. Home internet subscription gaps disproportionately impact low-income households and among aging people and people with disabilities.

²⁷ Heacock, D. (2019). The Least internet-connected cities. Available at [The Least Internet-Connected Cities \(filterbuy.com\)](https://www.filterbuy.com/blog/the-least-internet-connected-cities/)

²⁸ Ohio Department of Development, BroadbandOhio. (April 2024). The Ohio Digital Opportunity Plan. Available at [04292024 Ohio Digital Opportunity Plan.pdf](https://www.broadbandohio.org/wp-content/uploads/2024/04/04292024-Ohio-Digital-Opportunity-Plan.pdf)

The Ohio Department of Development notes that, “While broadband expansion projects are increasing connectivity across Ohio and improving access to high-speed internet, gaps in access to affordable internet, internet-enabled devices, and digital skills training and technical support remain barriers”²⁹ to digital equity.

Programs such as the Affordability Connectivity Program (ACP) were vital to assisting low-income households pay for internet access. However, funding for the national Affordability Connectivity Program (ACP) ended in April 2024. The ACP program subsidized the cost of internet coverage for many Cleveland residents, including individuals with disabilities. Ohio is in the top five in the U.S. with just under 1.2 million ACP enrollees.³⁰ ACP if their income is at or below 200 percent of FPL, which means more than 36,000 (55%) of people with disabilities living in Cleveland qualified for ACP.

Digital Greenlining and Broadband Access

There are 35 internet service providers in Cleveland. However, fiber (optics) availability is largely dependent on the neighborhood where you live. “In Cleveland, fiber is synonymous with AT&T Fiber; its network is more widely available on the west side of Cleveland than it is on the east side.”³¹ Experts note that fiber becomes patchy as you move into the downtown area and outside of the city limits into areas such as Shaker Heights and Euclid.

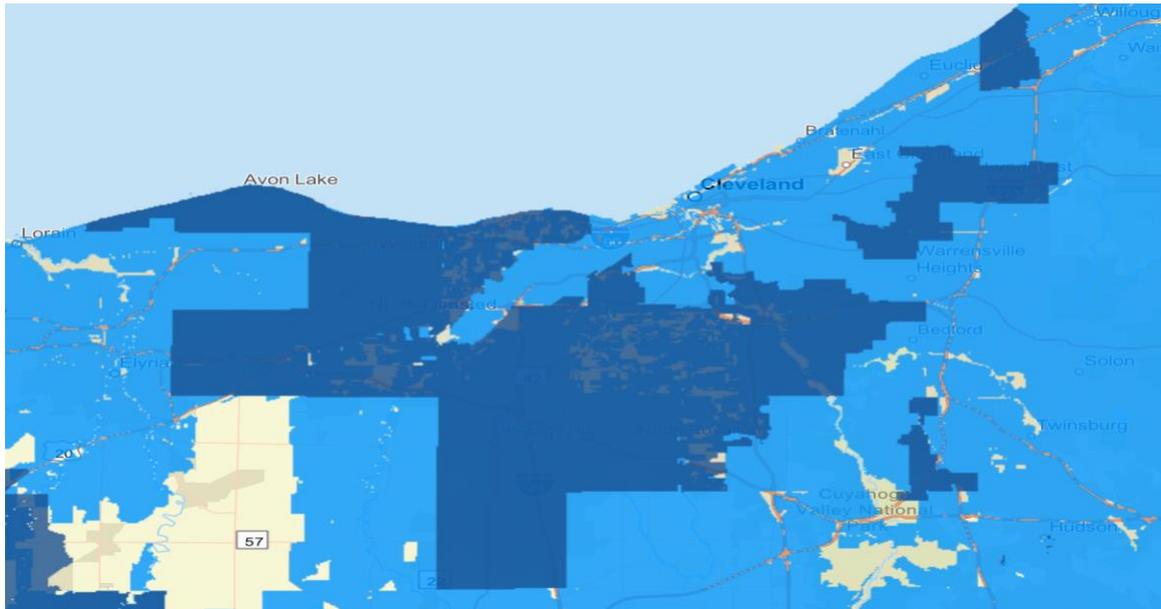


²⁹ Ohio Department of Development, BroadbandOhio. (April 2024). The Ohio Digital Opportunity Plan. Available at [04292024 Ohio Digital Opportunity Plan.pdf](#)

³⁰ [Brad Randall](#) | Mar 29, 2024 [Listing the top 15 states and territories with the most ACP enrolled households - Broadband Communities \(bbcmag.com\)](#) Broadband Communities

³¹ [Top 7 Internet Providers in Cleveland, OH \(Aug 2024\) \(broadbandnow.com\)](#)

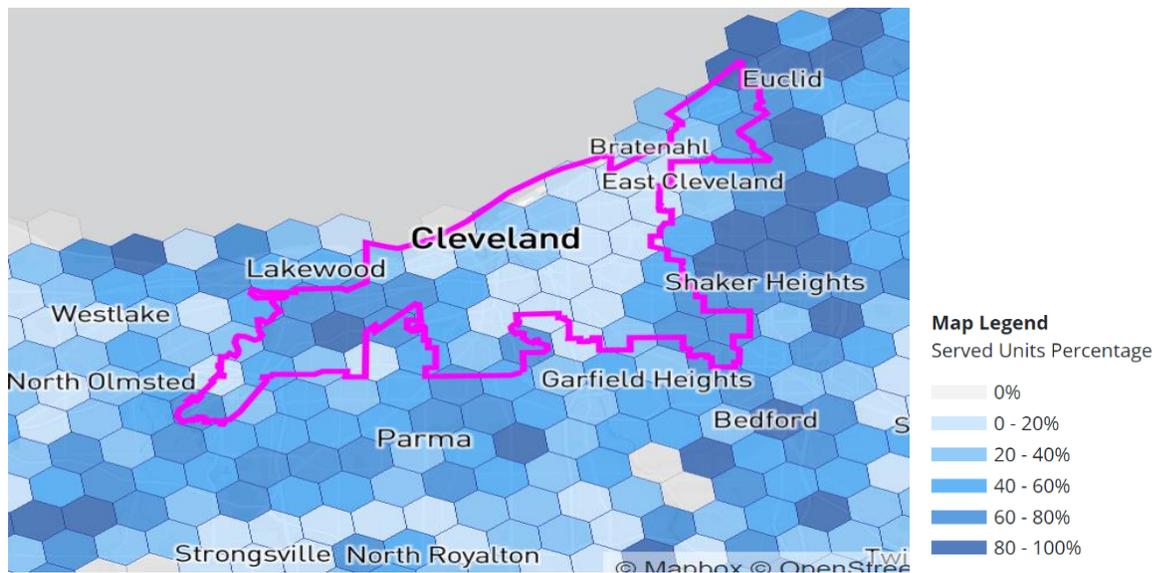
Figure 20. Cleveland Broadband Map



- Detailed Service Areas- 100 Mbps Download/ 10 Mbps Upload
- FCC Service Availability - 100 Mbps Download/ 10 Mbps Upload

Source: [Ohio's Broadband Map \(arcgis.com\)](https://arcgis.com)

Figure 22. FCC Fiber Map Cleveland, OH³²



Source: [Area Summary - Fixed | FCC National Broadband Map](https://www.fcc.gov)

³² Note: Download/ upload speeds of 100/20 mbps – average coverage 36.7% (79.8K units) as of December 31, 2023 (Last updated August 20, 2024)

Several initiatives have been undertaken to advance digital access to underserved communities in Cleveland.

In 2021, the **Cleveland Foundation (CF)** received funding toward advancing broadband access in Cleveland. As part of the Northeast Ohio regional digital inclusion alliance initiatives, CF subsequently launched the Greater Cleveland Digital Equity Coalition. The coalition comprises 70 cross-sectoral organizations that help to guide the fund spending and align local efforts to address the digital divide. The coalition has focused on meeting the most urgent needs of the community by distributing devices and hotspots to local schools to help students participate in remote learning; supporting virtual job fairs, digital skills training and low-cost computers and internet service for job seekers; and providing a technology resource guide, personalized digital navigator services and a senior-focused advocacy agenda for older adults.

The Coalition is working to ensure all households have adequate computing devices, competitive internet coverage available through Cuyahoga County and digital skills classes. CF also launched the Greater Cleveland Digital Equity Fund, a funding collaborative of organizations to support high-speed internet access during the height of the COVID-19 pandemic, that continues today.

The **Ohio Residential Broadband Expansion Grant (ORBEG) program** was created in House Bill 2 of the 134th General Assembly and signed into law by Governor Mike DeWine on May 17, 2021.³³ On March 18, 2022, the Broadband Expansion Authority authorized BroadbandOhio to award more than \$232 million in grants to 11 internet service providers as part of the program. In total, BroadbandOhio estimates around 230,000 residents will have improved broadband availability thanks to the 104 expansion projects made possible by ORBEG funding.

Grants were provided to internet service providers to help with the cost of expanding into unserved and underserved areas of Ohio. The grants are designed to help with the infrastructure costs of the project and help build the networks in areas that lack high-speed

³³ Ohio Department of Development (n.d.). [Ohio Residential Broadband Expansion Grant Program | BroadbandOhio](#)

internet. The grants will cover the “broadband funding gap,” which is the difference between the total amount of money a broadband provider calculates is necessary to construct the last mile of a specific broadband network and the total amount of money that the provider has determined is the maximum amount of money that is cost effective for the provider to invest in last mile construction for that network.

Fourteen (14) addresses in East Cleveland were identified among two-year-challenged-addresses (zip codes 44112-2444, 3804, 4308, 4204) as part of this initiative. Criteria for application is that available service meets the 100 Mbps download and 20 Mbps upload speeds. This East Cleveland initiative, launched in 2021, was meant to provide access for up to 2,000 families, and is a public/ private partnership initiative between BroadbandOhio and includes Case Western Reserve University, Connect, Cuyahoga County, Eaton Corporation, East Cleveland City Schools, GE Lighting- a Savant company, Greater Cleveland Partnership, InnovateOhio, Microsoft, OARnet, PCs for People, University Hospitals and the Urban League of Cleveland.³⁴ East Cleveland households will pay \$15 a month for internet speeds of 50 Mbps for download and 10 Mbps for upload (twice the minimum federal definition of high-speed internet).

A total of \$60 million has been earmarked to complete the \$53 million expansion project. The city has set aside \$20 million in American Rescue Plan Act monies and, in January 2024, the state awarded an additional \$10 million in BroadbandOhio funds to expand affordable broad access to every home in Cleveland over 18 months (by mid-2025). In addition, \$20 million was awarded by the Jack, Joseph, and Morton Mandel Foundation and the David and Inez Myers Foundation, plus \$3 million from the federal government toward the project. The contract was awarded to DigitalC, a local nonprofit who has underscored the need to counter digital redlining practices in the city.

Phase 1 of the project will cover a large swath of the city’s East Side. As of April 2024, infrastructure is in place to provide internet services to 17,000 Cleveland households. Most of these households are on the East side; Ward 7 has the highest level of coverage (80%),

³⁴ Ohio Department of Development. (April 7, 2021). BroadbandOhio’s Projects. News Release: [Governor DeWine, Lt. Governor Husted Announce Broadband Expansion Project in East Cleveland | Governor Mike DeWine \(ohio.gov\)](#)

whereas wards 4,5,6,8,9 and 10 have some level of coverage. DigitalC has stated that they will complete the infrastructure for the city by mid-2025 with expected internet speeds of 100 mbps for \$18 per month. An ambitious undertaking, the company is expected to enroll at least 3,500 new customers by the end of 2024, but had only 305 subscribers as of April 2024. Phase 2 of the project will complete the East Side and a large portion of the West Side, while the final phase will include downtown and any remaining areas.



While broadband expansion projects are increasing connectivity across Ohio and improving access to high-speed internet, gaps in access to affordable internet, internet-enabled devices and digital skills training and technical support remain barriers” to digital equity.



Affordable 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.³⁵ These considerations are especially important for renters with disabilities who need additional accessibility features for independent living.

People with disabilities are homeless and housing insecure at higher rates. Housing instability undermines PWD's access to healthcare services as well as their ability to live independently.³⁶

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 side.

"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."

– Focus Group Participant

"From my perspective there, you can, if you just do like a Zillow search of rentable houses, you're gonna find the affordable stuff on the east side. But if you're talking about quality of housing, I think there's a broader availability of like that mid-level housing on the west side. I feel like the Eastside had these pockets where they're building up... this is just my observation from helping people look for housing." – Focus Group Participant

Socio-cultural/racial factors include de-investment in the East due to White flight, and challenges PWD face finding housing because of racism, where White people will not live in

³⁵ National Low Income Housing Coalition. March 2024. The GAP Report. A Shortage of Affordable Homes. Available at [Gap-Report 2024.pdf \(nlihc.org\)](#).

³⁶ Anna Bailley, 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 \(cbpp.org\)](#)

Black areas on the East side even if it's affordable and safe, and Black and Brown people cannot afford to live in White areas on the West side. In tandem, there is broader availability of quality, affordable housing on the West side, despite recent developments on the East side. Also, in terms of cost, there is no in-between or middle-income priced stock on the East side. Houses on the East side are either affordable or too expensive.

Participants echo these sentiments in referring to **real estate redlining** and the corresponding impact on employment opportunities and access to housing, transportation and other amenities for daily living.

"That was one of the things that really sort of surprised me when moving to Cleveland is just how different like Cleveland, what I've learned over the years is that Cleveland is reckoning with long-term, very expansive racial past, it sort of stems from neighborhoods, like Shaker Heights, and Cleveland Heights on the East side. And you can see sort of redlining, really, but it was like, these neighborhoods really close to Cleveland Heights, used to be thriving. And then frankly, Black and Brown people started moving into those neighborhoods, and sort of influencing the changing the demographic, there was demographic shifts because of Black and Brown people moving into those neighborhoods and a lot of White flight in the 60s 70s. Cleveland just has not really recovered from that White flight in the east. It is a stark demographic difference, when you look at the impact of either jobs, the access to jobs, access to education, safety services. The focus groups even that I've done have been reflecting that. Like on the East side, people are even afraid to go outside their homes, they're not taking walks, I mean, that affects [people with] disabilities, too. The streets aren't paved, frankly, as well as East Side areas, their schools aren't funded as well because East Cleveland, it's like a separate entity from actual Cleveland. Cleveland Heights is more desperate for resources."

- Focus Group Participant

Speaking of the challenges to assisting white individuals with disabilities, one provider noted that internalized racism complicates the housing process, even in cases where housing stock is available in east Cleveland and mostly Black areas:

“There’s also really, really, really severe racial divides on the East and the West side” and the “disability world is not immune to racism. And so, while there might be more affordable housing, even housing, where older Black residents might have made accessibility modifications, because it’s in a Black area, like racist White people with disabilities won’t live there, even if it’s the affordable and safe option for them. So that’s a huge barrier there, like our own internalized racism is a huge barrier to getting them affordable housing.” – Focus Group Participant

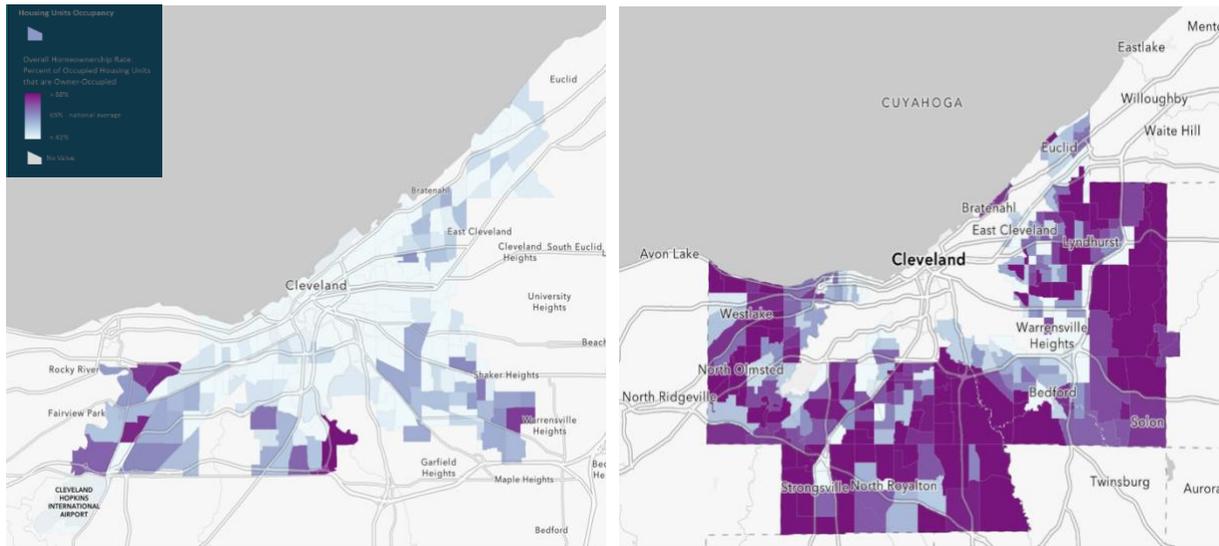
Victimizing zoning laws, and the reduction of housing stock available through private landlords, are some of the issues compounding the problem. **The Cleveland-Elyria municipal statistical area (MSA) has only about 38 rental units available for every 100 households at or below extremely low income, and 84 percent of extremely low-income households are cost-burdened.**³⁷ While there are state plans to leverage federal Low-Income Housing Tax Credit (LIHTC) dollars to respond to the rental crisis in Ohio,³⁸ there are no stipulations for disability accessible housing projects.



³⁷ National Low Income Housing Coalition, 2023. The Gap. A Shortage of Affordable Homes. Available at [The GAP | National Low Income Housing Coalition \(nlihc.org\)](https://www.nlihc.org/)

³⁸ 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/>

Figure 22. Housing Unit Occupancy, Cleveland and Outer Ring of Suburbs



Low-income individuals are disproportionately seniors, people of color and individuals with disabilities. Low-income individuals are also more likely to be renters. In 2024, among low-income renter households, 18 percent have a disability.³⁹ Black, Latino and Indigenous households are disproportionately extremely low-income and, as a result, more adversely affected by current housing shortages.

Low-income renters spent a large share of their income on rent. Seventy percent of low-income renter households across the state of Ohio are severely cost-burdened⁴⁰. In 2021, 33.8 percent of Cuyahoga County renters were cost-burdened and 13.7 percent of homeowners were cost burdened.⁴¹ Cuyahoga County also had the second highest eviction filing rates across the state – 7.7 percent. According to the Coalition of Homelessness and Housing in Ohio (COHHIO), affordable housing became less accessible to Ohioans in general in 2023. There are about 40 affordable available homes per 100 renter households that are at or below extremely low income.⁴²

³⁹ [Gap-Report_2024-embargoed.pdf \(cohhio.org\)](#)

⁴⁰ National Low Income Housing Coalition, 2023. The Gap. A Shortage of Affordable Homes. Available at [The GAP | National Low Income Housing Coalition \(nlihc.org\)](#)

⁴¹ The State of Poverty in Ohio. Vulnerable to Disruption 2023 Report. Association of Community Action Agencies. Available at [State-of-Poverty-2023-web_FINAL-UPDATE.pdf \(oacaa.org\)](#)

⁴² Coalition of Homelessness and Housing in Ohio, March 16, 2023. Report Shows Ohio’s Affordable Housing Shortage Getting Worse.. [The Gap Report 2023 – COHHIO](#)

In tandem, shifts in the housing market have resulted in a reduction in private landlords and the intermediary relationships with advocacy and disability service organizations including a perception of increased risk in renting to PWD:

*“Because of how the housing market shifted, a lot of like mom and pop **private landlords got out of the business**. They sold the houses when you were selling houses sight unseen. Companies bought them up. And so we no longer have relationships with landlords that we used to and be able to communicate to a landlord to say, hey, this person's got a disability, but we're going to make sure their staff in there, we're going to help them and kind of tug on the heartstrings for lack of a better word. And now it's like these companies who were like, whatever, I got 50 people behind them who can pay the rent and our person drops to the bottom of the list.” - Interview Participant*

*“We have people who are often **forced financially to live with people**, when maybe they don't want roommates, because they can't afford it otherwise, which sometimes that's you know, we, I think, we've all been there in our lives, but they're not looking at this because I'm fresh out of college and I have to get on my feet. This is them on their feet for the foreseeable future having to live with people that they may or may not want to live with.”*

One challenge in finding an apartment to rent are the landlords themselves. “Landlords are a little nervous and don't want to take the risk to extend a vacant apartment or housing to somebody who maybe has a disability and who was, unfortunately, kicked out of the last place. There's no evidence that people with disabilities are better or worse than people without disabilities.”

Owning a home is a particular challenge for people with disabilities. Only about 31.9 percent of residents in east Cleveland, and 58.8 percent in west Cleveland, own their own homes of which homeowners with disability is a miniscule fraction.

Property tax delinquency and tax foreclosure has resulted in displacement, blight and a stagnant real estate market, as well as the erosion of generational wealth in Cleveland. In predominately Black neighborhoods, especially in Cleveland’s East side, this is also a racial equity and justice issue. Organizations such as the Cleveland Neighbor to Neighbor partners provide valuable information about existing programs to assist residents in achieving more stable housing outcomes through their door-to-door outreach efforts. These organizations continue to gather information and make connections toward designing additional solutions to prevent tax foreclosure, renter evictions and other situations of housing instability.⁴³

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 to all housing created or available; 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.

Reliable, Accessible Transportation

Transportation barriers disproportionately affect low-income households, such as the ability to find and keep work, access medical services and appointments and carry out essential activities for daily functioning such as shopping.

⁴³ [Rocket Community Fund Launches Flagship Neighbor to Neighbor Program in Cleveland in Partnership with Cleveland Neighborhood Progress and Cleveland Foundation | Rocket Companies](#)

For individuals with disabilities, this need is exacerbated by potential mobility challenges and overall accessibility to both public and private transportation options.

Between July and August 2024, 11 percent of individuals 18 years and over, across the United States, reported having unmet transportation needs due to having a disability that limits their travel options.⁴⁴

Ohio spends a measly \$6 per capita on public transit, compared to the national average of \$60 per capita.⁴⁵ People with disabilities work predominantly in the service and retail occupations (30.5% in Cleveland).⁴⁶ Individuals who are low-income, and or work in service and retail occupations, rely heavily on public transit. In Ohio, 21 percent of workers who use public transportation are below FPL. A total of 8.2 percent of workers in Cleveland (the largest city in the Cleveland-Elyria MSA) rely on public transportation.⁴⁷

A 2017 study, on the state of public transportation patterns of Ohioans with disabilities, 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 and 65 percent had difficulty walking a mile.⁴⁸ Across PWD and disability service providers, it is largely felt that clients' 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.⁴⁹

⁴⁴ U.S. Census Bureau Household Pulse Survey. (September 2024). Transportation Table 3. Reasons for Unmet Transportation Needs, by Select Characteristics: United States. Cycle 08. Phase 4.2 Cycle 08 Household Pulse Survey: July 23 – August 19, 2024. Available at

<https://www.census.gov/data/tables/2024/demo/hhp/cycle08.html>

⁴⁵ The State of Poverty in Ohio. Vulnerable to Disruption 2023 Report. Association of Community Action Agencies. Available at [State-of-Poverty-2023-web FINAL-UPDATE.pdf \(oacaa.org\)](#)

⁴⁶ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

⁴⁷ U.S. Census Bureau. American Community Survey Reports. Michael Burrows et. al. April 2021. Available at [acs-48.pdf \(census.gov\)](#)

⁴⁸ 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 \(osu.edu\)](#)

⁴⁹ 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 \(osu.edu\)](#)

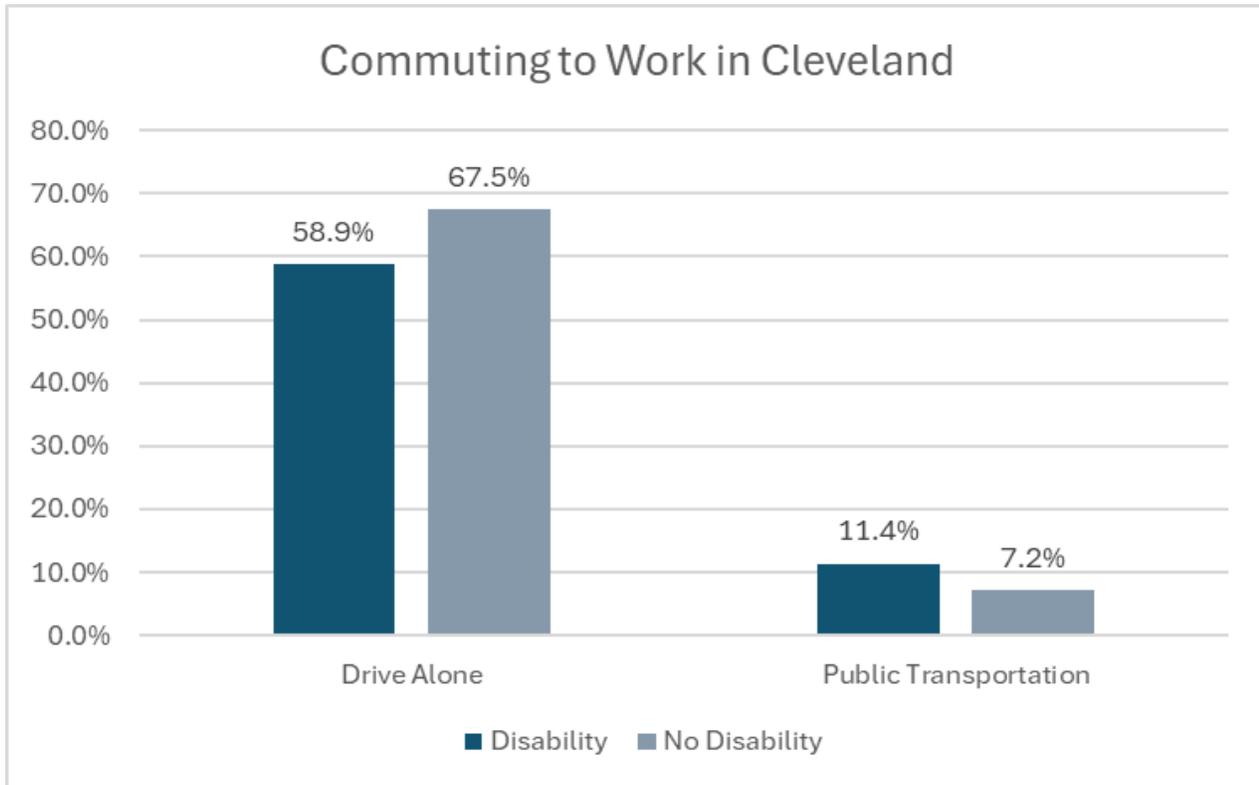
The study revealed the following:⁵⁰

- The elimination of Federal Transit Administration (FTA) programs that supported specialized transportation, 5316 and 5317, has resulted in resource gaps across Ohio.
- Seventy percent of the study respondents indicated they had difficulty operating a motor vehicle such as a car and 65 percent had difficulty walking a mile.
- Eighty-six percent of providers in the study were receiving public funding.
- Close to 64 percent of Ohioans with disabilities did not have access to a vehicle.
- Thirty-eight percent used para transit or were driven by a professional caretaker; 11 percent used standard public transportation.
- Transportation providers noted that it was most difficult to transport riders with a service animal or a wheelchair.
- Twenty-three percent of riders had difficulty getting to work; 42 percent going to school, 36 percent getting to human services and 25 percent running errands.
- Seventy-eight percent of agencies and 59 percent of people with disabilities felt access to transit would improve the ability of people with disabilities to participate in community.
- Sixty-seven percent of agency and advocate respondents disagreed or strongly disagreed that client's transportation needs were well served by currently available resources.



⁵⁰ 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 \(osu.edu\)](https://www.osu.edu/transportation-challenges-7-17-FINAL.pdf)

Figure 23. Commuting to Work in Cleveland



Source: 2018-2022 American Community Survey 5-Year Estimates. Table S1810

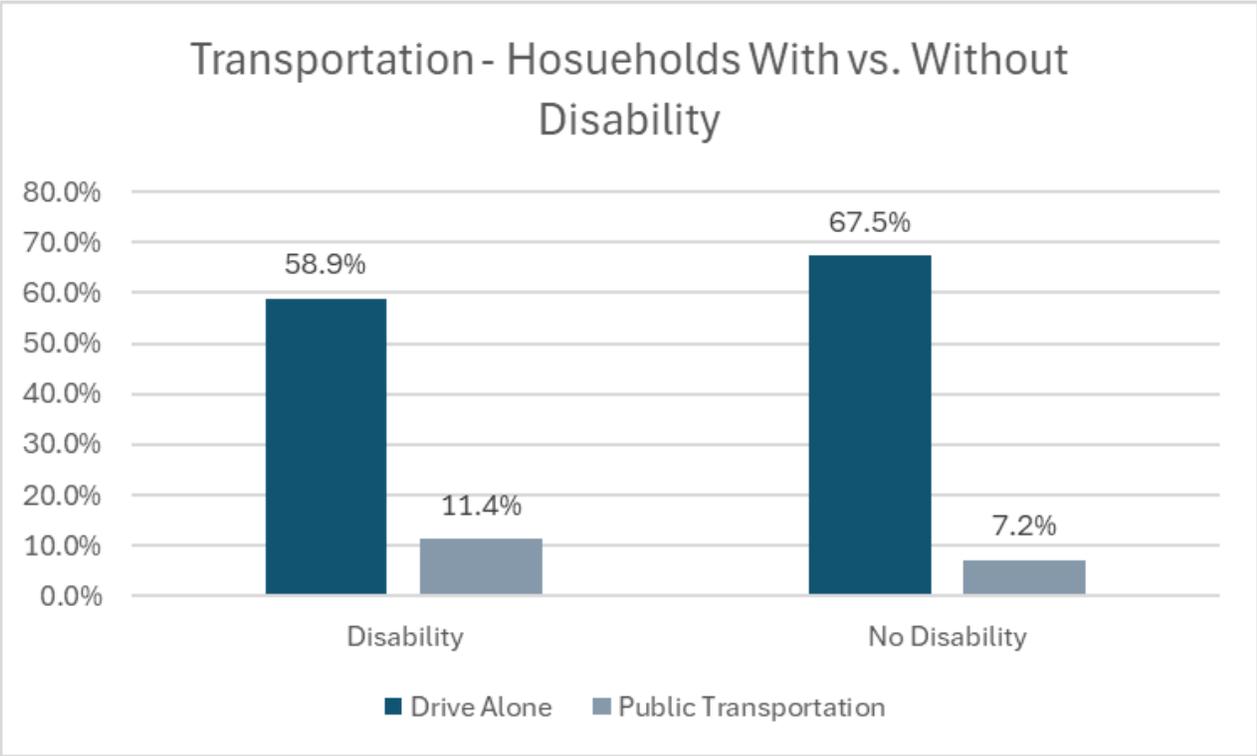
The study noted that improving communication between providers and between providers and users, as well as increasing coordination and cooperation among government agencies, transportation providers and other professionals, were key areas for improvement. Another recommendation was to facilitate on-demand transportation, primarily for non-medical travel. Respondents also expressed a need for expanded transportation schedules and broader geographic coverage.

A follow-up to the study, published by the Ohio Developmental Disabilities Council in 2021⁵¹, noted that recommendations from the 2017 study were not effectively implemented and that new transportation challenges have emerged because of the COVID-19 pandemic.

⁵¹ Transportation Accessibility for Ohioans with Disabilities, 2021. Ohio Developmental Disabilities Council. Available at [Transportation Accessibility for Ohioans with Disabilities | Ohio Developmental Disabilities Council](#)

Challenges emerging from the pandemic include loss of revenue, rising costs, staffing shortages and reduced overall capacity to provide transportation services, and challenges with accessibility, availability and scheduling of transportation for people with disabilities. The study recommended training for transportation providers who are reportedly unaware of the diverse needs and communication challenges faced by riders with disabilities.

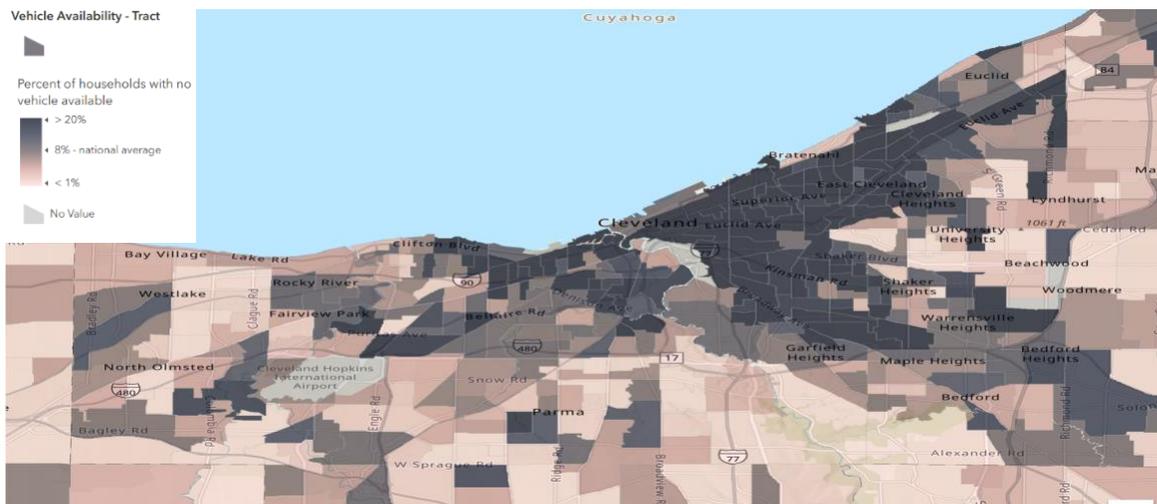
Figure 24. Transportation Modes Cleveland Households



Source: 2018-2022 American Community Survey 5-Year Estimates. Table S1810

Workers commute to work at near the same rates on East and West sides of the river, (74% versus 69%) individuals use public transport to commute to work on the East side at more than twice the rate of those on the West side (7% versus 3%).

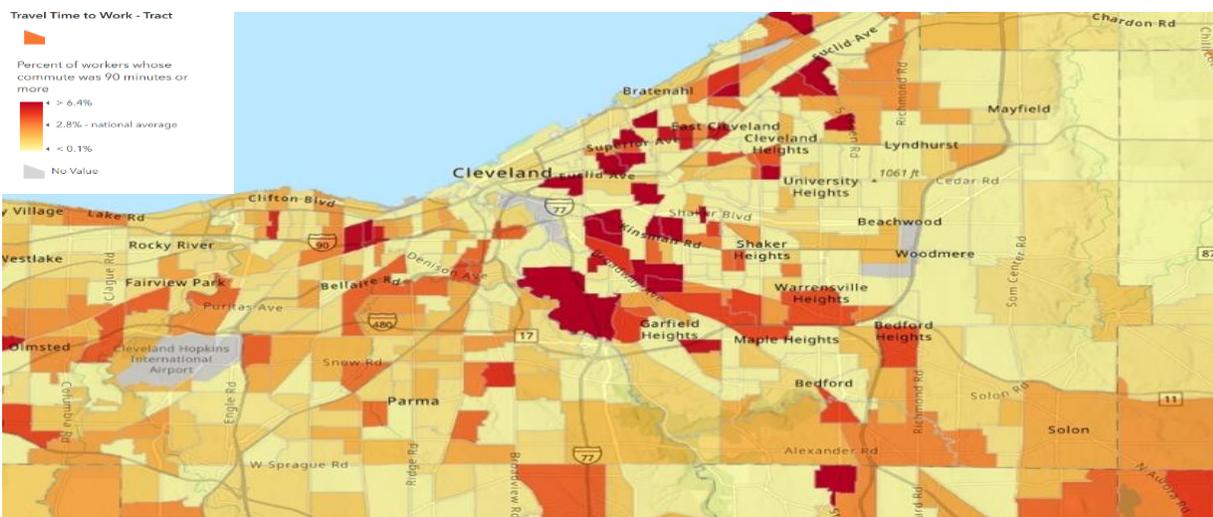
Figure 25. Vehicle Availability in Households



Source: 2018-2022 American Community Survey 5-Year Estimates. Tables B01001, B01002, B01002B, B01002C, B01002D, B01002E, B01002F, B01002G, B01002H, B01002I

There is a stark contrast of vehicle ownership on the West and East sides of the city. Whereas workers commute to work at near the same rates on the East and West sides of the river, (74% versus 69%) individuals use public transport to commute to work on the East side at more than twice the rate of those on the West side (7% versus 3%).

Figure 26. Travel Time to Work



Source: 2018-2022 American Community Survey 5-Year Estimates. Tables B01001, B01002, B01002B, B01002C, B01002D, B01002E, B01002F, B01002G, B01002H, B01002I

A 2021 follow-up transportation study of Ohioans with Disabilities found that transportation providers continue to cite regulation and reimbursement for transportation in Ohio as major issues, as well as the need for better coordination across agencies involved with transportation. Participants with disabilities report continued issues with the number of transportation options they have in their community and the reliability of some rides.



Finding affordable transportation that operates at the times and the locations needed in their communities, with transportation providers that can serve and accommodate the diversity of people with disabilities in the community, without long wait times, and the ability to make spontaneous or flexible travel decisions, all continue to be concerns or challenges for Ohioans with disabilities.⁵²

Challenges with para transit include the five-mile rule which relegates riders to spaces within a five-mile radius. “To supplement accessible fixed-route service, RTA offers persons with disabilities who qualify under ADA, special Paratransit service. RTA's Paratransit service is provided by specially trained operators using smaller, lift-equipped buses. Individuals who qualify for Category I and III are eligible for special Door-to-Door Service. Customers are provided service from point of origination to destination anywhere in the RTA service area, provided the trip origin and destination are within 3/4 of a mile of RTA fixed route service and at a time when fixed route service is available. Service will be provided to ADA eligible riders who reside more than 3/4 mile from a fixed route, but only within a five-mile radius (within Cuyahoga County) and on a space available basis.”⁵³

⁵² Whalen Smith CN, Robinson AC, Brown C, Jiang F, Ashmead R, Disman P, Howard K. Transportation Accessibility for Ohioans with Disabilities: A Follow-Up to the 2017 Report “Transportation Challenges for Ohioans with Disabilities.” The Ohio Colleges of Medicine Government Resource Center, Columbus, OH. December 2021.

⁵³ Greater Cleveland Regional Transit Authority (2004-2008). GCRTA Online ADA Services. Available at [Greater Cleveland Regional Transit Authority | ADA \(gcrtc.org\)](https://www.gcrtc.org/ada)

Category I riders are persons with disabilities who cannot navigate the transit system without, and category III riders are persons with disabilities who are unable to reach the transit stop on an established route.⁵⁴

Intersections of Disability, Poverty and Race/Ethnicity

Disability, poverty and race/ethnicity intersect to create compounding challenges for individuals with functional impairments.



There is an extra cost of living with a work disability, estimated to be anywhere between 24 and 35 percent, or an average of about 29 percent more than the average household income per year.⁵⁵ For individuals living in the city of Cleveland, this extra cost of living with disability amounts to an additional \$18,322 annually. The median income for the city (\$37,351) is just above 100% FPL for the state of Ohio (\$31,200 for a four-person household)⁵⁶. This means a household with disability would require \$48,200 in income on average, while still being barely above 100% FPL.

⁵⁴ Notes: Category 1, an individual under this category is unable, as the result of a disability, and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities [Section 37.123(e)(1)]. Examples of individuals who would qualify under this category include those with intellectual, cognitive, vision or psychiatric disabilities who cannot independently navigate the fixed route system for some or all of their trips. Category 2, an individual under this category needs the assistance of a wheelchair lift or other boarding assistance device and is able to use accessible fixed route service, but the available fixed route service is not accessible [Section 37.123(e)(2)]. Eligibility under this category is necessary when accessible vehicles are not being used to provide service on the fixed bus route the individual wishes to use, or if a boarding or disembarking location (i.e., bus stop) is inaccessible and the lift or ramp cannot be deployed there (more information is available in the Vehicle and Facility Accessibility section of this toolkit). Available at: [ADA Complementary Paratransit Requirements \(nationalrtap.org\)](#)

⁵⁵ Morris, Z. A., McGarity, S. V., Goodman, N., & Zaidi, A. (2022). The Extra Costs Associated With Living With a Disability in the United States. *Journal of Disability Policy Studies*, 33(3), 158-167. <https://doi.org/10.1177/10442073211043521>

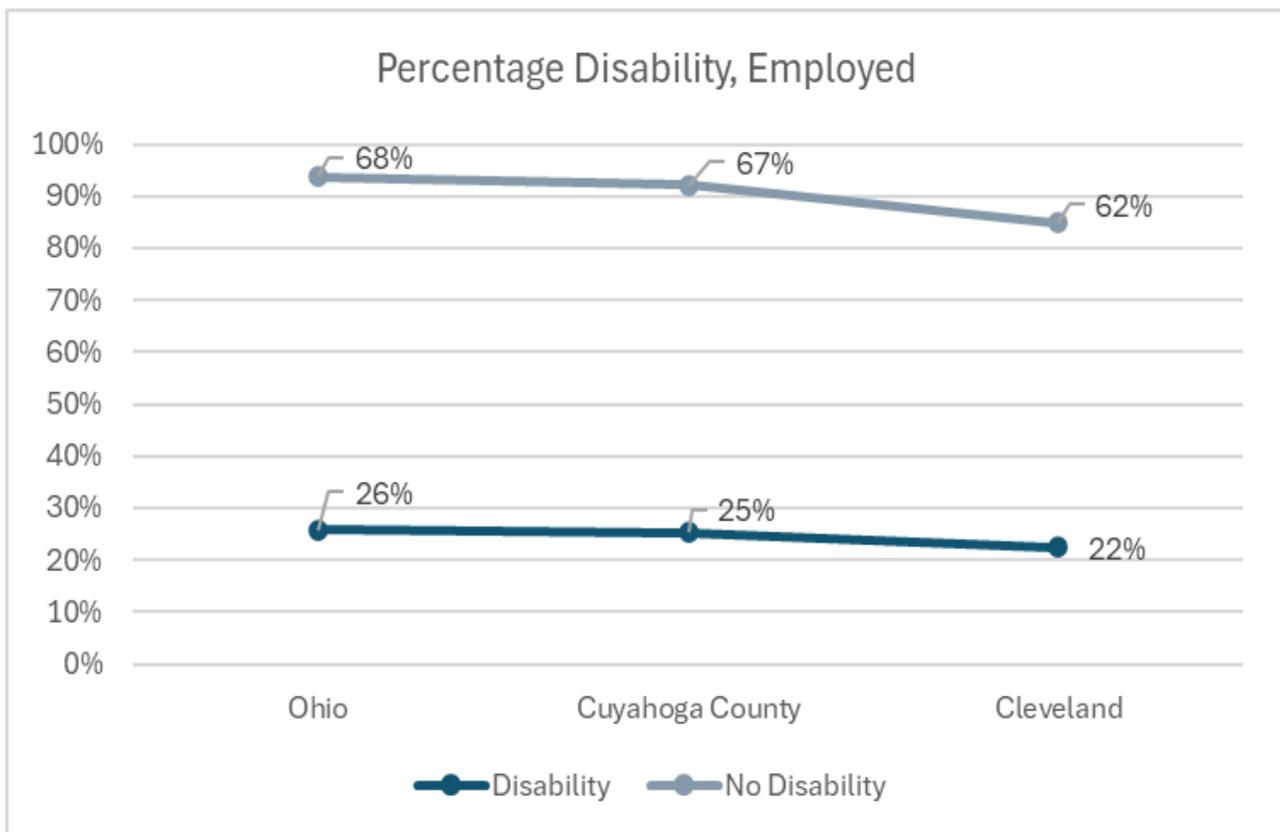
⁵⁶ Ohio Department of Children and Youth (2024). 2024-Federal-poverty-Guidelines.pdf.aspx (ohio.gov). Available at <https://education.ohio.gov/getattachment/Topics/Early-Learning/Early-Childhood-Education-Grant/Early-Childhood-Education-Grants-for-Administrator/2024-Federal-poverty-Guidelines.pdf.aspx?lang=en-US>

Income and Employment

People with disabilities are employed at almost the same rates as people without disabilities across all working classes, including self-employment. People with disabilities are employed at 2.9 percent, 3.0 percent and 1.6 percent across the state of Ohio, Cuyahoga County and the city of Cleveland, respectively.⁵⁷ A larger share of workers with a disability were self-employed in 2022 than were those with no disability (9.5 percent versus 6.1 percent).⁵⁸

People with disabilities are employed at less than half the rate of people without disabilities across the state, county and city.

Figure 27. Percentage Employed, 2017-2022



Source: American Community Survey 2022, 5-Year Estimates

⁵⁷ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

⁵⁸ [Persons with a Disability: Labor Force Characteristics - 2022 \(bls.gov\)](#)

People with disabilities are absent from the labor force at more than twice the rate of people without disabilities (2.5 times across the state and county and almost 2.4 times more across the city of Cleveland). ⁵⁹

Table 12. Percentage not in labor force, 2017-2022

Location	Disability	No Disability
Ohio	71.1%	28.9%
Cuyahoga County	70.5%	28.5%
Cleveland	71.8%	30.0%

Source: American Community Survey 2022, 5-Year Estimates

Across the state of Ohio:

- **70% of people with disabilities want to work** (Employment First Ohio, 2023)
- **Nearly 60% of this Northeast Ohio population benefits from one or more social assistance programs** (Orr, et al., 2023)
- Over 30 Ohio-based providers are listed on the Department of Labor (DOL) website as FLSA 14(c) certificate holders, which authorize employers to pay subminimum wage, with several others listed as pending approval.
- As of February 2024, the unemployment rate was 4.6 percent in the Cleveland-Elyria, OH metropolitan statistical area (MSA)⁶⁰, compared to 3.7 percent in the state of Ohio.⁶¹

People with disabilities predominate service occupations in the city of Cleveland (30.5%).⁶²

⁵⁹ American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

⁶⁰ U.S. Department of Labor, Bureau of Labor Statistics. April 12, 2024. Available at [Cleveland-Elyria-Mentor, OH Economy at a Glance \(bls.gov\)](#)

⁶¹ U.S. Department of Labor, Bureau of Labor Statistics. 2024. Available at [Ohio: Midwest Information Office : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

⁶² American Community Survey 2022, 5-Year Estimates. Table [S1811: Selected Economic ... - Census Bureau Table](#)

Unfortunately, **service occupations represent some of the highest percentages of workers living below the ALICE threshold across the state:** fast food workers (39%), cashiers (40%), customer service representatives (24%) and personal care aides (51%).⁶³

Median Household Income – 2022

The U.S. national median household income was \$74,580 in 2022.⁶⁴ For the same year, median household income was \$65,520 for the state of Ohio, and ⁶⁵ \$60,808 for Cuyahoga County.⁶⁶ For the city of Cleveland, this figure was almost half of the national median – \$37,271.⁶⁷ According to the 2023 state of poverty report for Ohio, the minimum amount of income a household needs to adequately meet its basic needs, with public or private assistance, was \$55,557.⁶⁸ The additional cost of living with disability put this figure at 28 percent more, or an additional \$17,690 per year.⁶⁹ The 2024 FPL for one individual is \$15,060.⁷⁰ **Over 39 percent of Clevelanders with disability are below FPL, 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 \$20,679.⁷¹

⁶³ Top Occupations, Employment, Wages, and Percentage Below ALICE Threshold, Ohio, 2021. [Ohio | UnitedForALICE](#)

⁶⁴ Real median household income - [Income in the United States: 2022 \(census.gov\)](#)

⁶⁵ U.S. Census Bureau, Real Median Household Income in Ohio [MEHOINUSOHA672N], retrieved from FRED, Federal Reserve Bank of St. Louis; [2022, Release Tables: Real Median Household Income by State, Annual | FRED | St. Louis Fed \(stlouisfed.org\)](#)

⁶⁶ [Estimate of Median Household Income for Cuyahoga County, OH \(MHIOH39035A052NCEN\) | FRED | St. Louis Fed \(stlouisfed.org\)](#)

⁶⁷ U.S. Census Bureau, Estimate of Median Household Income for Cuyahoga County, OH [MHIOH39035A052NCEN], retrieved from FRED, Federal Reserve Bank of St. Louis; [U.S. Census Bureau QuickFacts: Cleveland city, Ohio](#)

⁶⁸ The State of Poverty in Ohio. Vulnerable to Disruption 2023 Report. Association of Community Action Agencies. Available at [State-of-Poverty-2023-web FINAL-UPDATE.pdf \(oacaa.org\)](#)

⁶⁹ Goodman, et al. October 2020. The Extra Cost of Living with a Disability in the U.S. - Resetting the Policy Table. Available at [extra-costs-living-with-disability-brief.pdf \(nationaldisabilityinstitute.org\)](#)

⁷⁰ Office of the Assistant Secretary for Planning and Evaluation. January 12, 2024. HHS Poverty Guidelines. Available at [Poverty Guidelines | ASPE \(hhs.gov\)](#)

⁷¹ [East Cleveland, OH Household Income, Population & Demographics | Point2 \(point2homes.com\)](#)

This compared to a median household income of \$74,664 on the West side of the city,⁷² which surpasses state and county averages and is just about the U.S. national average. The East/ West geographical divide translates into employment issues/ willingness to hire PWD. Though sometimes more about rich versus poor areas (economics regardless of the side of the river), there are more affluent suburbs on the West side:

“There's some more affluent suburbs and more different things like that [on the West side]. And so, you will get a different flavor of like we have some high-end gyms that are like oh, we don't literally have said like, that [hiring people with disabilities] doesn't fit our brand... So, I think it's more of like city to suburb. So, like Westlake is on the West side of Cleveland and Beachwood is on the East side, but they're very similar. They're kind of hoity toity like richer suburbs. They have similar vibes, but like Lakewood West Park is closer to Cleveland and then you've got Euclid on the East side, they're kind of similar as well. So, it's more of like the economic landscape of what they do.” – Interview Participant

Funding Structures Impose Service Constraints

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. Cleveland has several positive factors that support financial independence for people with disabilities.

Participants pointed to the public funding structure for disability programs and services as a barrier to collaboration and cooperation between disability serving organizations and agencies, as well as to maximizing the effectiveness of these programs and services to support financial empowerment for people with disabilities.

⁷² [West Side, Greater Cleveland, OH Household Income, Population & Demographics | Point2 \(point2homes.com\)](https://www.point2homes.com)

There are several layers that contribute to this issue: **current funding structures impose competition and duplication of efforts, make it challenging to achieve and measure sustained impact, and developmental disabilities (DD) are well-funded, whereas vocational rehabilitation (VR) services are underutilized.**

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.”

One key informant noted however, that there is no intentionality to recruit, hire, train, support people with disabilities as part of this project.

Competition and Duplication of Efforts

The overarching challenge is that these funding mechanisms impose competition and duplication and obfuscate opportunities for systems integration. Participants noted that competing funding is a major issue:

“I mean, the competing funding, yeah, funding is a big problem at my job has been discussed for the better part of 10 years that we need initiatives around this and everything. Putting up the immediate priority always takes precedence.” – Interview Participant

This challenge affects the core of what services are offered and limits agencies’ abilities to support people with disabilities in areas of the most basic needs. Providers cite that:

"[It] is fortunate and that we do have some funding we can use to subsidize people's basic, basic needs. But it's really outside of our wheelhouse. And because the people we serve have disabilities, they kind of get shuffled from one entity to another... because of circumstances is completely out of their control." – Interview Participant

Public Workforce and Development Programs

Ohio's drawdown of state-matched maximum VR funds in for budget year FY2024 and FY 2025 represents unprecedented investment in the lives of Ohioans with disabilities. Like many others states across the country, the state has left federal funds on the table to support vocational rehabilitation services due to not being able to provide matching funds.⁷³ States can match \$3.69 of federal dollars for every dollar in general revenue or state tax dollars. However, over the past 20 years, the state has left over half a billion dollars in Washington.⁷⁴ Opportunities for Ohioans with Disabilities (OOD) (Ohio's VR agency) will use these funds to support employment through VR, making public spaces and agencies more accessible and inclusive for individuals with disabilities.⁷⁵ This is a major step taken by the state that will capitalize on expanding VR services to ensure that traditionally undeserved groups (high school and college students, people with mental illness and people with developmental disabilities) become part of the workforce. According to one informant, VR also has plans to decentralize its services.

The city of Cleveland has its own workforce region that is not part of the Cuyahoga County workforce development system. In 2023, however, both entities took steps to transform its workforce system into a nonprofit entity.

⁷³ Note: Maintenance of effort requirements decrease a state's federal VR funding amount if the state's VR funding drops substantively relative to previous years. Maintenance of effort requirements make some states cautious of temporarily increasing their VR funding because they do not wish to incur penalties when the state funding decreases to previous levels in the future.

⁷⁴ [More money available to assist Ohioans with disabilities pursue educational opportunities | The Statehouse News Bureau \(stateneews.org\)](https://www.stateneews.org/news/more-money-available-to-assist-ohioans-with-disabilities-pursue-educational-opportunities)

⁷⁵ Office of Opportunities for Ohioans with Disabilities (February 2023). Important Budget News from OOD Director Miller. Available at <https://ood.ohio.gov/information-for-providers/provider-news/important-budget-news-from-ood-director-miller>

This new nonprofit entity will become the Cleveland-Cuyahoga County Workforce Development Board (CCWDB). The CCWDB will fulfill the functions outlined in the federal Workforce Innovation and Opportunity Act (WIOA), including providing public policy guidance and exercising oversight of local programs of workforce activities delivered through OhioMeansJobs, Cleveland-Cuyahoga County.

While this is regarded as beneficial in some instances, participants expressed skepticism about moves by the local city and county council to transform the workforce system into a nonprofit entity that is funded by federal dollars and governed by federal rules and is expected to face a challenge of collaborating with hundreds of agencies that are already competing for funds.

“Or locally the workforce system is now becoming a nonprofit. And you know, I have... some trepidation if they're gonna continue to operate like a federal entity because... most of their money is still gonna be federal money that they have to comply with [federal rules]. How are they really gonna make a difference and how are they going to make a difference that is collaborative and complementary to all of the hundreds of agencies that already exist?”

– Interview Participant

Nonetheless, the successful adoption of this model in Columbus, Ohio (Ohio Regional Workforce Collaborative) and other areas provides hope for a more integrated workforce system that will benefit from increased investment through public/ private partnerships.

Despite the positive moves in increasing and expanding funding approaches, 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 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."

Though the Ohio Employment First⁷⁶ program has seen positive results, challenges persist. Only about 20 percent of people receiving services (5,553) are engaged in competitive integrated employment.⁷⁷ Wages are on average \$13 per hour.

However, another 3,440 people are still engaged in facility-based/ sheltered work at an average of \$6 per hour.⁷⁸ Ohio House Bill 716 to eliminate FLSA 14(c) subminimum wage for persons with disabilities was introduced in 2021 remains in the House Commerce and Labor Committee⁷⁹ as of the date of this study.

⁷⁶ Employment First is partnership between The Ohio Department of Developmental Disabilities (DODD) and Opportunities for Ohioans with Disabilities (OOD) and certified providers that offer Vocational Rehabilitation (VR) services to those eligible for DD services. Source: [Partners | Employment First \(ohioemploymentfirst.org\)](https://partners.ohioemploymentfirst.org)

⁷⁷ Notes: Competitive integrated employment (CIE) is defined by the Workforce Innovation and Opportunity Act (WIOA) as work performed on a full time or part time basis for pay that is at or above minimum wage and at a rate typically offered to individuals with similar duties, training, and experience who do not have a disability. CIE ensures individuals with disabilities receive the same level of benefits as employees with disabilities, that work occurs at a location where employees interact with individuals without disabilities, and that workers with disabilities receive similar opportunities for advancement as do workers without disabilities in similar positions.

⁷⁸ **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.

⁷⁹ [House Bill 716 | 134th General Assembly | Ohio Legislature](#)

In tandem, 18 percent of Ohio’s direct care workforce live below the poverty line. An estimated 44 percent of Ohio direct care workers receive public assistance, 25 percent receive food and nutrition assistance and 32 percent are on Medicaid.

*“It is estimated that by 2028, the anticipated demand for new direct care workers in Ohio will grow by 24%. Considering expected growth and projected separations due to workforce demographics, the total number of anticipated direct care job openings in Ohio is over 150,000.”*⁸⁰ Ohio Provider Resource Association (OPRA) providers in Ohio have had to turn away referrals and even discontinue services for existing clients due to a lack of staff.⁸¹

Developmental Disabilities Support

There is overwhelming funding support for Developmental Disabilities (DD) in the region and across the state. Ohio has a unique funding structure for DD services, where the state is one of few whose DD programs are governed by county boards (88 boards across Ohio).

The Ohio County Board of Developmental Disabilities Handbook defines a developmental disability as a severe, chronic disability that is characterized by mental or physical impairment or a combination of mental or physical impairment caused solely by mentation illness, that manifest before age 22 years and is likely to continue indefinitely.⁸² Ohio’s county boards of developmental disabilities receive their funds from county property taxpayers through voter-approved tax levies (majority), federal Medicaid waiver reimbursements and state funding streams. Every county board’s budget consists of a unique combination of these three funding streams.⁸³

⁸⁰ *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.

⁸¹ Testimony to Finance Subcommittee on Health and Human Services, March 14, 2023

⁸² Ohio Auditor of State Keith Faber. (July 2018). **Ohio County Board of Disabilities Handbook**. Available at <https://ohioauditor.gov/publications/docs/2018CtyBdDD%207-24-18.pdf>

⁸³ [How Are County Boards Funded? - Jefferson County Board of Developmental Disabilities \(jcbdd.com\)](http://jcbdd.com)

Despite this, policy analysts note that, across the state, there is a limited pool of funds that disability **service agencies compete for due to “variable access to local levy dollars.”**⁸⁴

As such, counties vary widely on the number of people they serve, the availability of local funding to support waivers, provider capacity and other factors; and “where you live is still an important predictor of what services are available.”⁸⁵

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 county waiting lists to zero⁸⁶), and client needs (increasing the number of individuals participating in competitive integrated employment⁸⁷), the primacy given to this area of disability services offers untapped potential. While this funding approach is not unique to Cuyahoga County, other health and human services programs, such as Mental Health and Addiction Services, receive significantly less funding (\$13.9 million in county funds in FY 2023, compared to the \$84 million budget for DD services).

One survey respondent noted that their organizations could expand services by partnering with DD to better serve students:

“As a nonprofit, we’d likely benefit by proxy with organizations such as our county board of developmental disabilities to utilize their tools and services as a means of better serving our students. Our biggest gap is twofold: 1) building a better understanding of who we’re not serving/able to serve who have disabilities, and 2) growing the resources necessary to

⁸⁴ The Center for Community Solutions. (May 2023). Progress and Opportunities in Ohio’s Developmental Disabilities System. Available at <https://www.communitysolutions.com/resources/progress-and-opportunities-in-ohios-developmental-disabilities-system>

⁸⁵ The Center for Community Solutions. (May 2023). Progress and Opportunities in Ohio’s Developmental Disabilities System. Available at <https://www.communitysolutions.com/resources/progress-and-opportunities-in-ohios-developmental-disabilities-system>

⁸⁶ [Progress and Opportunities in Ohio’s Developmental Disabilities System - The Center for Community Solutions](#)

⁸⁷ *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.

provide a supplemental reach. With this in mind, have a local resource that can actually be that tool for us would likely get us to where we need to be in a much more efficient period of time.” – Survey Respondent

Sustainable, Long-term Impact

Funding approaches impose time constraints that make it difficult to achieve and measure sustained impact and in areas of true need. One participant expressed that there is an ongoing challenge of doing quick turnaround work due to time-limited funding:

*“Because, whether it be time constraints, **funding constraints**, you're being forced to really look at things with a very limited framing, hitting this objective within this calendar year. 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 calendar cycle.” – Interview Participant*

Participants noted that this is particularly challenging around issues such as accessible housing support. Cleveland faces a unique rental crisis due to very old housing stock coupled with unprecedented inflation. Interview and focus group participants noted that current housing **support programs for people with disabilities treat the symptoms rather than fix the underlying issues, partly due to short-term, misplaced, un-sustained funding to support what is a long-term issue.**

“So well, it was treating some of the light symptoms, those like more visible symptoms, it was not treating any of the problem, which is that we don't have accessible housing. So, I'm giving funding to CMHA [Cleveland Metropolitan Housing Authority], 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.**" – Interview Participant

"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 people with disabilities. We had [several] properties, and those properties were always constantly full, it was not difficult at all to find people to live in HUD subsidized accessible properties. 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."- Interview Participant

One participant noted that, in cases where funding was meeting long-term housing accessibility needs for homeowners, the underlying challenge of creating additional affordable housing stock (for renters and homeowners alike) could not be met.

"But the funding ran out, and therefore, it was just done. So, and it didn't [allow us to] house more people accessibly. It made people who already had homes make their homes more accessible... it taught people who were building homes how to make those homes accessible for the people they're building them for. But it **did not provide any additional accessible housing.**" – Interview Participant

Toward a Community Investment Strategy

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 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 rely on public benefits support for financial independence, participants also explained that public support income as necessary, given the extra costs of living with disability. In 2024 dollars, 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.⁸⁸

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 in an attempt to eliminate compounded bias and stereotypes associated with being both BIPOC and disabled:

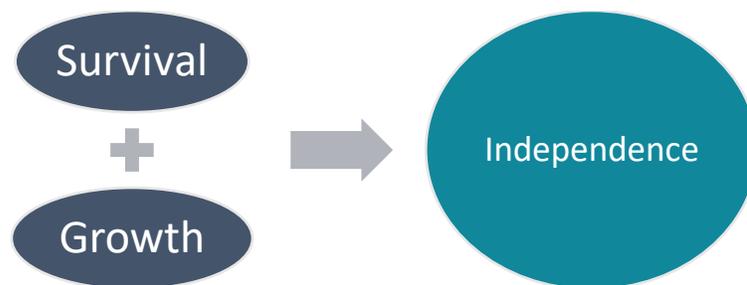
“A term that a lot of Black people do when you don’t ‘act Black’ in a professional arena. Code switching is putting on a personality that is acceptable in the society wherever you are. And people who have disabilities, a lot of times, are trying so hard not to let your disability inconvenience anybody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

⁸⁸ 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 in 2022, whereas 42 percent of the Cuyahoga population with disabilities are ALICE or below ALICE, another 58 percent live above the ALICE threshold.⁸⁹ These percentages have remained relatively constant since 2016 and have shown no improvement despite national increases in employment rates for individuals with disabilities during and post-pandemic.

- **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 cost 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 28. Zone of Economic Independence



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

⁸⁹ 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. *(See Pillars 6, 7, and 8 in Section “Problem. 2. Geographical Divide”)*

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 due to 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 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.⁹⁰ Opportunities for competitive integrated employment and to work a fair wage is regarded as one of the highest determinants of financial independence for PWD.⁹¹ Whereas the pandemic created increased opportunities for PWD to engage in remote work nationally,⁹² 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.⁹³ 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 companies' 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.

⁹⁰ Adults with Disability Living in Poverty, 2017-2021, Cleveland, Ohio. [Healthy Northeast Ohio: Indicators: Adults with Disability Living in -Poverty \(healthyneo.org\)](https://healthyneohio.org/indicators/adults-with-disability-living-in-poverty)

⁹¹ Administration for Community Living. Research Supporting Competitive Integrated Employment. Last update July 2022. Available at [ResearchSupportingComplintEmployment.pdf \(acl.gov\)](https://acl.gov/research-supporting-competitive-integrated-employment)

⁹² 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 \(dol.gov\)](https://dohp.dol.gov/employment-for-pwd-analysis-of-trends-during-covid-2022)

⁹³ Source: [2018 ODEP for 2008 - 2018](#)

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.

“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, 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 service 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%).^{94 95}

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.

⁹⁴ 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 \(ohio.gov\)](#)

⁹⁵ Opportunities for Ohioans with Disabilities. 2021 Vocational Rehabilitation Comprehensive Statewide Needs Assessment. Available at [2021+OOD+VR+Comprehensive+Statewide+Needs+Assessment.pdf \(ohio.gov\)](#).

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

“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:

- 1. Defining a person-driven, strengths-based approach** to helping PWD identify and maintain gainful employment.
- 2. Further incentivizing businesses to employ PWD** including organizing disability community support and resources to mitigate employer risks and enhance opportunities.
- 3. Providing employee support networks and training opportunities** such as apprenticeships, job coaching and additional career and on-the-job support for PWD.
- 4. 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 no to little 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 limited knowledge and awareness of disability issues across 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.⁹⁶

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.”

⁹⁶ Kate Brady (August 2022). DETAC Self-Employment Brief. Disability Employment TA Center. Available at [DETAC-Self-Employment-Brief.pdf \(aoddisabilityemploymenttcenter.com\)](#)



Small Business Solutions - Solutions proposed by research participants include increasing access to small business development resources include creating a resource hub, financial literacy education and 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...Financial Empowerment Center model."

Education in basic finances as well as in small business financing was felt to be important for 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 note 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."

(Pillars 6, 7, and 8 are discussed at length in Section "Problem. 2. Geographical Divide")



Assessment of Risks and Opportunities

The research team assessed the strengths, weaknesses, opportunities and threats (SWOT) of the Cleveland disability programs, services and policies.

Table 13. SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Collaboration with financial institutions ▪ There are enough programs ▪ Willingness to partner and share resources ▪ Good transition planning around youth IEPs and VR ▪ Organizations that have good programs ▪ A desire for system integration ▪ Community development funding models employ workforce integration strategies 	<ul style="list-style-type: none"> ▪ Siloed services and programs ▪ Barriers to equity ▪ Challenges defining disability ▪ Organizational challenges ▪ Lack of education and outreach ▪ Too short funding cycle to see real impact ▪ Systemic challenges: funding structure, accessible housing, integrated living, accessible transportation ▪ Lack of capital for small business/ self-employment opportunities ▪ Gaps in mental health services ▪ Geographical divide perpetuates inequitable access to resources
Opportunities	Threats
<ul style="list-style-type: none"> ▪ Potential for greater collaboration with CMSD, the Cleveland Metropolitan Housing Authority CMHA ▪ Workforce Development partnerships ▪ Small business education initiatives outside the disability community ▪ Overwhelming DD funding and support ▪ Untapped potential of VR programs 	<ul style="list-style-type: none"> ▪ Asset limits and policies ▪ Federal/ state funding models

Strengths, Weaknesses, Opportunities and Threats

STRENGTHS



Several strengths were identified that make Cleveland a prime candidate for collaborative, community investment work to support the economic advancement of people with disabilities.

Participants felt the city has a culture of cooperation, a litany of effective programs and services and employs tested, integrated models for successful community development that provide a strong foundation for future work.

Collaborative culture and partnerships with financial institutions:

There are several existing partnerships and coalitions, including **integrated partnerships** between Local Initiatives Support Corporation (LISC) Opportunity Centers Ohio and Cleveland and Urban League – for employment, financial coaching around small business supports and additional wraparound supports and expansive partnerships. Several of these programs also employ the Financial Empowerment Center model regarded as a viable service integration model that integrates workforce with financial capability education, small business, entrepreneurship, education, public education or disability awareness and health. Support for this approach was echoed through the professional experiences of participants across several areas of practice. Participants also regarded the prevailing business and services environment in Cleveland as overwhelmingly open and collaborative and eager to coalesce around disability issues.

“We're very fortunate to have those players there at the table, and they can individually be there (or) for those that are the senior leadership (who can't be there), that they have representation there and are constantly asking, who's missing? Whose voice are you missing? And (are) very mindful of doing more than just meeting to meet, but are trying to define and collaboratively work together to create, to build something together, but also to build something to which there's a level of accountability.” – Interview Participant

Challenges defining disability:

Participants noted that part of the challenge is disability is not well defined, nor acknowledged and stated to be part of the umbrella of Disability, Equity, Inclusion and Accessibility (DEIA) which precludes deliberated targeted response to disability issues. DEIA is intended to guarantee fair treatment, access, opportunity and advancement, with a focus to identify and eliminate barriers that prevent persons from fully participating in society. However, many organizations and systems have often paid scant attention to the accessibility portion of these efforts, which directly impact the personal and professional outcomes of people with disabilities. This is necessary to expand how inclusivity is framed and approached within existing systems. One participant noted that failure to acknowledge disability as its own area for inclusivity and accessibility poses challenges for even how, and for whom, the physical environment is designed.

"...We have a lot of language that speaks about diversity, equity and inclusion. I think that we're just merely scratching the surface... So, this is where, you know, I take this conversation, these learnings and the research and what you're doing back to my organization, and to our leadership to challenge us to be more inclusive and expand our framing of inclusivity. Because if you don't acknowledge (disability), we're just going to say, this is in this mass umbrella of inclusivity. If we can't own it, quite frankly, we will have challenges... we have had some challenges even with our (physical) space where we constructed our offices... we'd been there for eight years and did not have a designated handicapped parking space with the curb cuts. It wasn't until we had a staff person, one of the tenants in our building that needed that, that we had to make those changes, but we had no idea that we could when we went in, and we developed the building." – Interview Participant

Barriers to equity:

Challenges with defining disability inevitably leads to barriers in achieving equity. Initiatives such as the *Built Environment Workforce Initiative* are connecting to workforce, job training, construction and construction-related career pathways with the emphasis of elevating those opportunities for marginalized BIPOC communities. However, these efforts are focused on the built environment and do not prioritize providing workforce access for people with disabilities. As such, there is a need to strengthen the framing of intersectional work and to amplify BIPOC and other marginalized and diverse voices in the Cleveland disability space. Participants felt there was a need to:

"...connect people (with disability) 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." – Interview Participant

Participants also note that having representational voices in expanding how the community defines equity is important.

"Having those most marginalized, having a voice to put it on the forefront about expanding our framing of equity is important. Because if you don't know what to say, we'll say BIPOC and limit (those conversations and efforts). That's important, right? But then if it's a BIPOC woman with a disability opportunities plummet significantly... So that's where you... have to be (intentional) and that's where that type of awareness comes from - being in networks and being in settings that expand your network and awareness about things that weren't on your radar." – Interview Participant

“So, part of it is the system and the structure and some barriers to entry become complicated for people that (don’t) know how to navigate systems... specifically, ...people of color people in poverty, which we know have a higher propensity of having a disability. So, when you see, you know, or you hear of like a mom that can’t take off to take their kid to an assessment, we I think we have... And it’s like, how do we get them there? You don’t pay for transportation... can (they) even afford to take a day off of work? So, some of those barriers to get services can be really complicated... and make it difficult to connect the most needed people to the services and support.” – Interview Participant

Lack of education and outreach:

Challenges acknowledging and properly defining disability result in failure to engage in education and outreach for disability awareness. While some entities engage in more community-centered work that leads to focused outreach, participants opine a lack of concerted outreach efforts, particularly to organizations whose primary clients are not people with disabilities, as well as to individuals and families in need of disability services. The lack of outreach appears to stem from some areas of service, such as DD, having a very niche clientele or on the converse the resources available have already been expended on existing clients.

In the case of DD, this group’s clientele mostly qualified for services before the age of three years, with a very specific and small potential new audience. Despite this, organizations such as the Cuyahoga County Board of Developmental Disabilities (CCBDD) have a very active presence in the community with social media promotions and direct engagement with community organizations and community events, such as local libraries and the Cleveland Society for Human Resource Professionals. This underscores participant consensus that there is much outreach to schools and parents, with less efforts toward older adults.

The dearth of information and communication resources is comparable to water being available in a desert, but people with disabilities not knowing how to reach it or, having reached it, not knowing how to use it.

“Communication that lets everyone know what’s available in various forms (digital, flyers, billboards, community outreach programs). The water in the desert that we (people with disabilities) are looking for is information. And when we get the information, then we need to know how to use it.” – Focus Group Participant

Systemic challenges:

Key systemic challenges were highlighted across mental health services, housing, opportunities for social participation and competitive funding structures for disability programs and services.

The intersectionality of **mental health and homelessness**. In Cleveland, cognitive and emotional disabilities represent 10.3 percent of the disability population.⁹⁷ This group includes a significant number of homeless persons that comprise transitioning youth who have aged out of foster care (most within the 18 to 24 age group, 50% of which report having a disability⁹⁸). Homelessness continues to impact a disproportionate share of persons who are disabled and/or Black.⁹⁹ Persons of color and persons living with a disability are so much more likely to experience homelessness, with disabled individuals being twice as likely to experience homelessness in Cuyahoga County.

Participants felt that the individuals who both have mental health disabilities and are homeless experience compounded disadvantages due to both groups being underserved,

⁹⁷ U.S. Census Bureau (2022). American Community Survey 2022, 1-Year Estimates. Table S1810: Selected Economic Characteristics. Available https://data.census.gov/table/ACSST1Y2022.S1810?t=Disability&q=040XX00US39_050XX00US39035_160XX00US3916000

⁹⁸ Doug Breehl-Pitorak (December 2022). How often do 18- to 24-year-olds experience homelessness in Cleveland? Available at <https://signalcleveland.org/how-many-18-to-24-year-olds-are-experiencing-homelessness-in-cleveland/>

⁹⁹ Housing Innovations. (January 2023). Cuyahoga County Strategic Action Plan for Homeless. Advancing Pathways to Housing Through Equity. 2023-2027. Available at <https://hhs.cuyahogacounty.gov/docs/default-source/homeless/homelessplan.pdf>

which also are largely comprised of BIPOC persons. In tandem, lack of demographic tracking by government organizations leaves these communities under resourced.

"We also don't always perceive people with mental health related disabilities as being disabled. And so, it's just a huge, huge barrier. That a lot of times these people are not being processed through any sort of social services before they're discharged (from the hospital) and then dropped off in a random location by the police. I don't think it happens as often on the East side because of the dip... We're in a hospital system, but on the West side for sure that happens. And the issues that it causes is pervasive homelessness."

-- Interview Participant

The Cuyahoga Continuum of Care is responsible for managing homelessness in the county and reports declines in the rates of homelessness between 2011 and 2020, despite the pandemic. Nonetheless, Cleveland Cuyahoga County has at best seen very small decreases in homelessness that warrants system response toward better outcomes. The Cuyahoga County Strategic Action Plan for Homeless 2023-2027 outlines an “equity analysis, inclusive of race, gender, disability and intersectionality across disadvantaged and underrepresented groups” as a goal to improve engagement and access.¹⁰⁰



¹⁰⁰ Housing Innovations. (January 2023). Cuyahoga County Strategic Action Plan for Homeless. Advancing Pathways to Housing Through Equity. 2023-2027. Available at <https://hhs.cuyahogacounty.gov/docs/default-source/homeless/homelessplan.pdf>

The plan also outlines in Goal 4 the intention to connect clients to public income and benefits including Social Security and disability benefits (SSI/ SSDI) through the expedited SSI/SSDI Outreach, Access and Recovery (SOAR)¹⁰¹ process and facilitates access to behavioral health services (substance use and/or mental health rehabilitation).

Housing.

Misconceptions about how the state houses or finds housing resources for people with disabilities and lack of accessible, affordable housing stock are severe weaknesses in the Cleveland disability arena.

Providers note that agencies outside the disability space do not give enough credence to the unique realities faced by people with disabilities who experience challenges with finding housing. In addition, support services are sometimes of the impression that agencies that primarily serve individuals with disabilities have ready access to housing facilities.

"There's this notion that there is this place we can put people. I work with people with developmental disabilities who often do have comorbid mental health diagnosis, but they have to have a developmental disability to qualify for our services. There's this belief that we have a place that people can go (but) those places don't exist, we just try to find places in the community. Some of our folks could possibly be supported with typical housing programs (but) they can't quite get them in or some of my folks could possibly do a homeless shelter... The shelter is available to me, but they're too easily victimized." – Interview Participant

The challenges with affordable housing stock in Cleveland are multifaceted and complex.

¹⁰¹ SOAR is a nation program aimed to increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for eligible adults who are experience or at risk for homeless and have a mental illness, medical condition, and/ or co-occurring substance use disorder. The program ensures all clients eligible for SSI or SSDI are supported in applying for benefits while living in emergency shelters.

There are issues of housing costs, infrastructural accessibility, negative perception of risk or undue liability to rent to people with disability (by landlords), which are connected to location-based factors. (See Section on “The Problem 2. Geographical Divide. Housing”)

“So technically, on paper, you can probably find a place that they could afford that they’re finding a landlord to rent to them, and they don’t have three times the income, like there’s all of these barriers in the way society is currently functioning.” –Focus Group Participant

The solution to many of these challenges appears to be to invest in developing new, accessible, affordable housing stock in spaces where people have ready access to employment, transportation and opportunities for social participation. One participant described a community-led initiative that proposes to offer such a housing option but noted that policy makers were not knowledgeable that housing tax credits exist for these types of housing solutions.

“We’ve been working on this inclusive housing and wellness community project. And there are other states that have accessed affordable housing tax credits to build accessible smart housing. And when we started that conversation with the policymakers here, we started almost a year ago and we were surprised to see the lack of knowledge that exists amongst policymakers on how this is feasible.” – Focus Group Participant

The result in not having enough communities that offer affordable options for people with disabilities is a lack of **integrated social settings** where disability is accepted or normalized. For individuals with disabilities, this leads to loneliness and boredom which has implications for their mental health. For the community, a physical and social environment that remains accessible to families with disabilities is the result.

Community integration is important for allowing people with disabilities to participate in society at the same levels as their non-disabled peers. Having a job or living in an environment without physical barriers is protective from social isolation and loneliness.¹⁰²

“You'll find that loneliness and boredom are two things that people with disability struggle with... And then they get in their heads, and then we have to deal with the consequences at that point because you can't take them to many places - they're not accepted because of their disability... if there's more often places where they could just go and be accepted, that'll probably make them feel a lot better. Make them feel like they're the same as everybody else.” – Interview Participant

A lack of funding and/ or competition for funding, and funding misalignment with client needs, is a major weakness highlighted by research participants. Participants also note that an increase in clientele or increased marketing efforts do not always translate into increased funding. This is a systemic issue that must be addressed to reforms to public funding mechanism in addition to private/ public funding partnerships that offer focused community investment in the areas of greatest need. (See Section on “The Problem 4. Funding structures impose service constraints”)

Research participants noted that the challenges associated with achieving **sustainable, measurable impact** are largely due to attenuated funding cycles and lack of long-term planning and efforts. (See Section on “The Problem 4. Funding structures impose service constraints - Sustainable, Long-term Impact”)

¹⁰² Gómez-Zúñiga B, Pousada M, Armayones M. Loneliness and disability: A systematic review of loneliness conceptualization and intervention strategies. *Front Psychol.* 2023 Jan 25;13:1040651. doi: 10.3389/fpsyg.2022.1040651. PMID: 36760915; PMCID: PMC9905422. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9905422/>

Participants also note that **small business education** is a city priority being undertaken by Junior Achievement Cleveland which is expanding services to age 18 to 24, beyond current K-12 ages. The program offers learnings on career readiness, entrepreneurship and small business and how to think about money today and tomorrow.

Overwhelming DD funding and support:

DD has an overwhelming presence in the region with regard to both funding and programming supports which leads to increased access for this cross-section of the disability population. A significant injection of resources into this sector has helped to mitigate direct care worker shortages and other issues that remain prominent in other sectors. Participants felt, however, that DD services could be expanded to serve people with intellectual and developmental disabilities across the county given the financial and other resources the Board has access to.

Untapped potential of VR programs:

Limitations of VR programs have seen positive results (Employment First). However, challenges persist with ensuring competitive integrated employment and eradicated sheltered workshops. VR also fails to offer self-employment and small business/ entrepreneurship as viable employment options.

One informant noted that plans are underway for the **decentralization of VR services** offered through Vocational Guidance Services (VGS), a community rehabilitation partner (CRP) funded by Ohio State Vocational Rehabilitation Agency (VRA), Opportunities for Ohioans with Disabilities (OOD). VGS plans to move into the community over the next three to five years.

This approach is being driven by a sense that meeting the needs of the community requires being with the community in place.

“When it comes to our programming, we're shifting everything to community-based. What drove this decision? There's a couple of different things. And there're some settings rules with

Medicaid that have truly set in. But I think if you really want quality, and you really want people to engage in your community, you have to be in their community. And not by saying, Well, I live on the West side and I get to provide this service over here, because that's what we're doing right now, if we have people who live on the West side, and their service providers (are) on the East side, well, then they're getting in a van, and they're driving in the East side. We need to support them on the West side. And we need to support them in their community with people that they know.” – Interview Participant

Evidence from other states also suggests that there are opportunities to advance public/private partnerships for VR services that would advance self-employment and small business ownership/ entrepreneurship as viable CIE options. Public/ private partnerships would facilitate state and local government leaders working together with industry leaders to identify best practices and opportunities for disability investment.



PROMISING PRACTICE: Hands on Hyatt Public Private Partnership

Program Partners: Hyatt Hotels and state vocational rehabilitation agencies funded by the U.S. Department of Education

The program began in 1998 at the Grand Hyatt in Tampa Bay. The Florida State Division of Vocational Rehabilitation (DVR) funded the program on a fee-for-service basis. DVR’s mission is to help individuals with disabilities get a job, keep a job or return to work.

Fear of losing social security (SSDI and SSI) benefits is one of the most significant barriers to employment for people with disabilities and their families.

This is because as beneficiaries' income increase, the causes SSDI recipients to lose 100 percent of their SSDI benefit at the point they earn as little as \$1,551 per month for nine months (or \$2,591 if an individual is blind). The complex processes for reinstating benefits and other complications create major disincentives for SSDI recipients to return to work which is pivotal to achieving and maintain financial independence.

Though Ohio eliminated asset tests in 1997 for state-run public benefits programs, SSI and SSDI are federally run programs that require congressional action to eliminate or reform asset limits. Senators Sherrod Brown (Ohio) and Chris Coons (Delaware) reintroduced the "Allowing Steady Savings by Eliminating Tests Act", or ASSET Act, to protect low-income Americans' access to vital benefits and boost their ability to save for the future.¹⁰⁸

Another policy that poses significant challenge to employment/ VR expansion is legislatures choosing not to allocate the needed state funds to draw down federal VR funding. This is compounded by the reality that some state VR agencies are unable to fully spend the money allocated to them in the time allowed and incur penalties as a result.¹⁰⁹

The Workforce Innovation and Opportunity Act also stipulates that at least 15 percent of federal VR dollars be used to provide preemployment transition services to students with disabilities. This can include job exploration counseling, work-based learning experiences, counseling on postsecondary education programs, workplace advocacy training and instruction in self-advocacy. OOD provides these services through the Ohio Transition Support Partnership (OTSP) with the Ohio Department of Education.

¹⁰⁸ United States Senate. (2024, July 26). Press release: Senators Coons, Brown reintroduce bill to strengthen social safety net for low-income Americans. Available at [Senators Coons, Brown reintroduce bill to strengthen social safety net for low-income Americans \(senate.gov\)](https://www.senate.gov/record/2024/07/26/press-releases/2024-07-26-senators-coons-brown-reintroduce-bill-to-strengthen-social-safety-net-for-low-income-americans)

¹⁰⁹ Mann, D. (January 2024). Blog: Promising Ideas to Address Unspent Vocational Rehabilitation Funds. Mathematica. Available at <https://www.mathematica.org/blogs/promising-ideas-to-address-unspent-vocational-rehabilitation-funds>

While these issues would customarily be a threat to disability services in the region, Governor Mike DeWine’s biennial Executive Budget for FY 2024 and 2025 earmarked funds that allowed the state to draw down on the federal maximum for the OOD Vocational Rehabilitation program.¹¹⁰ (See Section on “The Problem 4. Funding structures impose service constraints – Vocational Rehabilitation”)

The Investment Strategy

A strategic approach to disability community investment necessitates planning for long-term community impact. This research study helped the Foundation understand the complex local context, galvanize stakeholder input to foster ownership of the investment approach and define clear objectives that align with the organization’s priorities and with the community’s needs. This strategy provides a comprehensive, yet malleable framework via which the Foundation can respond to the needs of the disability community in an intentional manner, build in mechanisms for sustainability and potentially plan to exit or handover the implementation work to the community. Skills building is a key component of this strategy (versus a focus on infrastructural development) and measuring and communicating the results of the investment are paramount to tracking the success of future work.

The stakeholders recommended a long-term Disability Community Investment (DCI) approach that will build local capacity to enhance the economic mobility of persons with disabilities over time. The DCI approach will employ a three-pronged strategy of: increasing employment and workforce development opportunities through self-employment/ small business and entrepreneurial advancement, coupled with financial education (specifically, financial coaching/ counselling) and outreach for business, personal development and mental health services.

¹¹⁰ Opportunities for Ohioans with Disabilities (February 2023). Important Budget News from OOD Director Miller. Available at <https://ood.ohio.gov/information-for-providers/provider-news/important-budget-news-from-ood-director-miller>

Alignment with George Gund Foundation Priorities

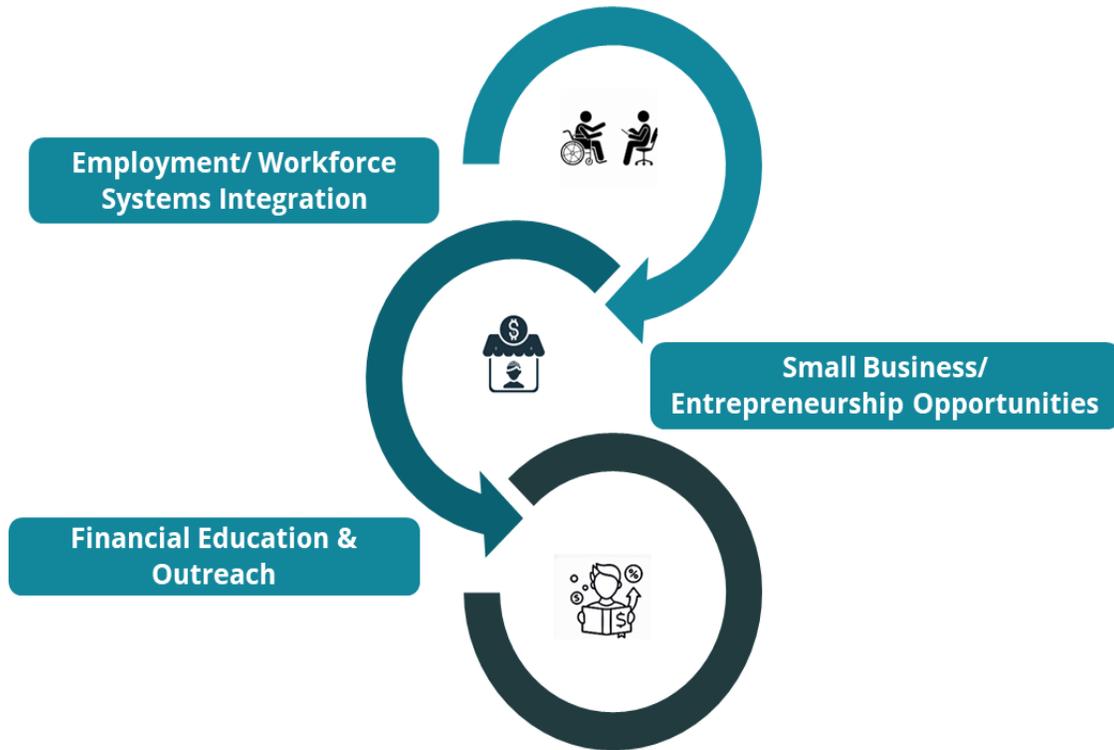
The proposed strategy aligns with the Foundation’s Vibrant Neighborhoods and Inclusive Economy priorities. These priorities aim to engage in collaborative economic and community development efforts for program implementation, advocacy and policy change that removes barriers to economic participation such as lack of quality jobs, racial segregation, concentrated poverty and underinvestment in diverse entrepreneurs.

Three areas of focus have been identified as key priorities for community investment for people with disabilities living in Cleveland, Ohio:

- 1. Systems integration** – to improve provider network collaboration across siloed system areas and design an integrated network of program and services.
- 2. Self-employment and small business/ entrepreneurship opportunities** – to amplify existing successful workforce development initiatives and models to offer opportunities for income generation and wealth building for individuals and families with disabilities.
- 3. Financial education and outreach** – to offer financial counselling/ coaching, business financial education and mental health services outreach to providers and individuals and families with disabilities.



Figure 29. Disability Community Investment (DCI) Framework



The areas of the investment framework are mutually reinforcing, have been informed by the community and are guided by equity.

Strategic Objectives

Table 14 delineates DCI strategic objectives to be implemented in the short-, medium- and long-term toward achieving greater economic participation and financial stability for people with disabilities in Cleveland, Ohio across the areas of system integration, self-employment, small business and entrepreneurial advancement; and financial education and outreach.

Table 14. Short-, Medium- and Long-term DCI Objectives

Areas	Objectives Short-term 6 to 12 months	Objectives Medium-term 12 to 24 months	Objectives Ongoing/ Long-term 24 months onwards
Overall strategy	<p>Recruit a stakeholder leadership group.</p> <p>Build coalition with key stakeholders.</p> <p>Identify and establish multi-stakeholder partnerships for implementation.</p> <p>Co-develop disability investment plan of action.</p>	<p>Ratify strategic approach for systems integration, small business work and financial education and outreach initiatives.</p> <p>Pilot test implementations across each area.</p>	<p>Develop sustainability plan, impact measures and evaluation criteria for progress assessment.</p> <p>Evaluate investment implementation progress and impact.</p> <p>Develop plan to communicate results and disseminate results.</p> <p>Develop exit/ handover strategy.</p>
Systems integration	<p>Develop partnerships for capacity building assessment and cooperation.</p> <p>Identify service gaps and resource overlaps and create tiers of services to support “No Wrong Door” service model.</p>	<p>Develop mechanisms to integrate VR through coalition building.</p> <p>Establish public/ private partnerships for focused work.</p> <p>Determine a continuum of grantee/ funder engagement.</p>	<p>Implement integrated service network.</p>

Areas	Objectives Short-term 6 to 12 months	Objectives Medium-term 12 to 24 months	Objectives Ongoing/ Long-term 24 months onwards
<i>Self-employment - small business/ entrepreneurship</i>	Establish public/ private partnerships for business development funding and support.	Design a (microenterprise) pilot project. Train VR counsellors on self-employment/ small business options available to clients with disabilities.	Develop support services plan for short, medium- and long-term business supports.
<i>Financial education and outreach</i>	Integrate financial empowerment into a broader conversation of services and workforce options. Develop a comprehensive plan to expand services for financial counselling/ coaching, business financial education and mental health outreach (with consideration for the three zones of independence).	Conduct outreach with non-disability focused organizations to improve their awareness and inclusive policies and practices. Develop a resource network and informational hub for disability programs and services generally and self-employment/ small business and disability partner support, specifically.	Train organizational staff and financial/ business development and mental health coaches/ counsellors who serve people with disabilities.

Strategic Areas of Impact

Focus Area #1 - System Integration

Stakeholder Recommendation: Capacity building investment to allow for greater levels of cooperation between systems. This must include VR.

Key considerations for creating an integrated system include building integrating support for competitive integrated employment, 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.

A key solution put forward by participants, to build integrated support for competitive integrated employment, involved leveraging existing community resources to create a support network of programs and services across the key pillars for financial independence, with employment as a central outcome.

One participant articulated it this way:

*"I think competitive employment and services like a benefits analysis and support through vocational rehabilitation and other community eligibility-based support, really, building a set of **integrated supports** are essential for a lot of people living with disabilities to be independent. But with planning and support integration, I think it's definitely possible [for people with disabilities to be financially independent]." – Focus Group Participant*

Another solution offered toward providing integrated support for CIE included **employing innovative and effective approaches such as the Financial Empowerment Center model that integrates workforce with financial capability education, small business, entrepreneurship, education, public education or disability awareness and health.**

"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. We did that for seven years. Until which I had a staff of four and we integrated that approach within workforce, small business and entrepreneurship, education, public education, and health." - Interview Participant

Several entities have taken steps toward **removing operational silos and expanding partnerships**, but even those efforts are somewhat 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." - Focus Group Participant

"It takes settings like this [resource mapping exercise] to get past the gatekeepers to actually speak to individuals who need to understand where you're coming from." - Resource Mapping Participant

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% of PWD work in skilled trades, with only 5.9% of the disability workforce is in construction sector,¹¹¹ which means PWD are overlooked in traditional brick-and-mortar efforts.

¹¹¹ 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 re-engage to see what worked and what didn't work.”

“And to have a level of accountability, but also providing building space and opportunity to reengage to see what worked and what didn't work, because oftentimes, things go do them. It's like, oh, that was great. They got the funding, but then to continue to build it and to have continued engagement so that you see, is it working? Do we need to pivot? And then when it's all said and done, it was very project specific. What worked well, and what didn't work well? And what might we do differently? If given an opportunity to continue this effort?”

– Policy Participant

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.”



STATE ROLE IN SYSTEMS INTEGRATION

Systems integration requires participation from the state leaders and players. Beyond funding, state organizations and systems play a pivotal role in serving people with disabilities across all areas identified as key points of focus for community investment. Targeted investments in these key areas are best achieved through public/ private partnerships.

Developing uniformed, consistent approaches across systems and organizations and fostering a culture of disability inclusion in funding, program development and implementation, evaluation and reform, requires policy change and funded mandates at the statutory level that facilitate sustainable change.

State workforce development and vocational rehabilitation systems are important for creating a culture and mechanisms that allow people with disabilities to participate in competitive integrated employment. Opportunities for Ohioans with Disabilities (OOD) must work with local organizations including the business sector to promote, pilot test, innovate, and implement self/ employment programs that meet the needs of Northeast Ohioans with disabilities.

Creating accessible and inclusive communities is a key role of the state. Creating and updating physical infrastructure, including community buildings, public spaces, and government workplaces is an important role in the community investment process. In tandem, mandating and enforcing disability requirements in design of these spaces is vital.

Importantly, integrating benefits planning across employment, small business/ entrepreneurial services, and financial education is key to people with disabilities achieving financial independence and engaging in wealth building.

SUSTAINABILITY

Research participants also felt it was important that funding **prioritize existing programs** - Existing programs should be funded rather than new short-term projects. Philanthropy should fund existing programs to ensure continuity of services or stop gaps where public funding excludes people based on various thresholds or criteria.

"We spent a lot of time looking for resources that may or may not be there... I like [the idea of] adjusting thresholds for income, however... broadening a little [is important as] there's always a way to exclude somebody [from the publicly funded programs]."

If there's private funding coming in and they say no, we're not excluding based on this or whatever [other criteria], that would be extraordinarily helpful.” – Focus Group Participant

*“In my mind, it would be to not create any new programs, but rather **identify programs that are working and improve them with funding.**” – Interview Participant*

“I think their role is to identify programs that already exist and would be improved with additional funding. And I think we see a large problem in the disability world... where in people will start and end programs by the funding, even if the program is wildly successful, or it is has a lot of positive return... so identifying long running programs that would [benefit from having] additional funding... is the ideal role of philanthropy...”

– Focus Group Participant



PROMISING PRACTICE: No Wrong Door Initiative/ DC Support Link

Partner Agencies: Department on Disability Services, DC Office on Aging, Department of Behavioral Health, Department of Human Services and the Department of Health Care Finance.

DDS's No Wrong Door Initiative (also called DC Support Link) is a network of government and nonprofit organizations focused on enhancing the front door experience for District residents in need of Long-Term Services and Supports (LTSS) and their families.

The District created a network of government and nonprofit organizations that will engage in person and family-centered planning and provide responsive and comprehensive information about and referrals for LTSS.

The information received enables people with disabilities, seniors and their families to make informed choices regarding the LTSS they need to live with dignity in their homes and be fully included in their communities for as long as possible. The major areas of focus for its goals and objectives — Governance and Administration, Person Centered Counseling, Outreach and Engagement, Cultural and Linguistic Competency and Streamlined Access to Public Programs.

DC Support Link is an example of system integration achieved through public/ private partnership.

Focus Area #2 - Self-employment, Small Business, and Entrepreneurial Opportunities

Stakeholder Recommendation: Microenterprise pilot project, including systems level training and TA, small business owner support (navigation including medium- to long-term support), and seed grants.

There is a gap with respect to the number of individuals who are offered self-employment/ small business/ entrepreneurship as a viable employment option across programs and systems such as VR. The proposed strategy considers **existing, successful models for self-employment** that can be amplified and contextualized to meet the needs of Clevelanders. This localized approach would be integrated into a broader systems approach that would merge workforce, financial education (counseling/ coaching) and mental health outreach.

While current efforts at expanding workforce in the region are focused on brick-and-mortar – type efforts, self-employment and business develop must include a measure of technology upskilling and innovation that are better suited for **virtual services and strategies**. Remote work is enabling higher levels of employment among workers with disabilities and online e-commerce businesses have ballooned in revenue over the last 10 years.

Projected to be \$1.2 billion in revenue for 2024 the e-commerce market revenue is expected to reach \$1.9 trillion by 2029.¹¹²

Microenterprise, cooperative, start-up models are touted as the self-employment model for individuals with limited income as they need smaller start-up capital investments. In 2022, new businesses in the east north Central census region (Illinois, Indiana, Michigan, Ohio and Wisconsin), a significant portion of which are micro businesses, had a 77.3 percent first year success rate.¹¹³

“But it ends up coming more of like, you know, a self-serving organization or agency where I often have some issues with it of like, how many moms can open up coffee shops to employ their kids when we have enough coffee shops in Cleveland to just convince them to hire people with disabilities? We don't need you to buy another coffee shop, or a carwash. So I think some of those stories are encouraging but I think for many families are like I can't do that. That sounds like way too much work as opposed to like, you know, cutting grass like things like that. Like a smaller business that doesn't take that type of capital or even like some of the gig economy technically, like a gig economy is really owning your own business, you're kind of a self-contractor, whether it's Uber or Lyft, or some of those things, we wanted to try a pilot with somebody like the dog walking for, like apps. And a lot of individuals that love. Animals don't have transportation. So we're like, Well, how can we help them like, basically start their own businesses as a WAG or rover person, and then promote that app out in their neighborhood to get people to sign up where they can then like, Well, I live down the road. But we have not attempted that.” – Interview Participant

¹¹² Statista Research Department (August 2024). TED: The Economics Daily. Revenue of the e-commerce industry in the U.S. 2019-2029. Available at <https://www.statista.com/statistics/272391/us-retail-e-commerce-sales-forecast/>

¹¹³ U.S. Department of Labor, Bureau of Labor Statistics. (March 2024). 1-year survival rates for new business establishments by year and location. Available at <https://www.bls.gov/opub/ted/2024/1-year-survival-rates-for-new-business-establishments-by-year-and-location.htm>

Startup models and innovation hubs, while the financially riskier model, they have a lower first year failure rate than small businesses (20% according to the Small Business Administration) perhaps due to the ongoing injection of capital and how rigorous the business idea needs to be before going to market. Some participants felt that the start-up business model provides a better option for people with disabilities to achieve financial success, whereas others differed to the more traditional small business models with slower sustained growth and less perceived financial risk.

"I'm talking about a start-up and not necessarily a traditional small business. It's very outside the traditional mold..." - Focus Group Participant

Sustainability in this instance considers the needs of sustaining support services for new and potential self-employment/ entrepreneurship candidates, but also the medium- and long-term supports existing clients need to maintain successful businesses. Participants noted that most **small business/ self-employed persons with disabilities need medium and long-term/ ongoing support in order to be successful.**

Part of building this self-employment prong would involve offering **financial capability education** and training for personal and business purposes and promoting success stories through targeted outreach and marketing efforts.

Focus Area #3 – Disability Outreach and Education for Mental Health and Financial Education

Stakeholder Recommendation: Provider training and TA to offer financial counseling/ coaching to individuals and families in tandem with information dissemination campaigns.

Disability outreach and education for including mental health services and financial capability education.

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

Though organizations are heavily resourced (Mental Health Drug and Alcohol Services Boards) there are **gaps in mental health services** across available programs, provider knowledge and an effective referral network for services to people with disabilities. This is particularly challenging for BIPOC individuals due to cultural stigma and discrimination around mental illness.

“Cleveland has zero, not one agency, not one department that deals with mental health, the county does it all. Here’s the thing about being mentally disabled, our culture is very ignorant about it, honestly. Black people say, oh, she’s crazy, but (people of) other colors say, I’m just going to see my psychiatrist - saying they saw it on TV. And it’s more acceptable.”

– Focus Group Participant

There are two distinctive types of **education and outreach** initiatives that are necessary to fulfil this agenda:

1. Awareness of the availability of resources for individuals and families with disabilities
2. General public awareness of issues and considerations for living, working and serving individuals with disabilities.

Target audiences will vary based on nuances within disability spaces. For example, most individuals who qualify for intellectual and developmental disability services would have qualified before the age of 18. As such, the target demographic for public awareness campaigns would be parents/ guardians.

Community presence, in addition to media, is an important vehicle to spread awareness.

“The water in the desert that we (people with disabilities) are looking for is information. And when we get the information, then we need to know how to use it.” – Focus Group Participant

"From what I hear from people is that no matter how well intentioned the agencies are that oversee employment supports, the information is not clearly understood. It is not in clear language. It is very, very, very complex. And we're thinking will be for people with developmental disability, that it's overwhelming to navigate". - Focus Group Participant

Financial capability education program models should foster person-centered resources and needs. There's no one size fits all. **Funds should go toward resources and services tailored to individuals' needs.** Program approaches must also consider the zones of financial independence where people fall and seek to meet their needs accordingly.

"Some people might need financial literacy classes, some people might need workforce training, some people might need, you know, help with just how to present themselves at an interview, some people may need help with transportation. Again, disability is very, very broad or it encompasses a lot of different types of individuals." - Focus Group Participant

Mental health efforts should include preventive education and outreach around where resources are available and how providers can assist clients to connect to these resources through referrals.

More **general financial education and outreach** should consider increasing marketing and public awareness to stem ableism, stigma and discrimination.

Increased marketing/ public awareness to create awareness of programs and services. Participants indicated that **education and awareness** can inspire change and mitigate **ableism**. "Infinite empathy can be taught" through "more testimonies," sharing lived experiences and intentional efforts to create inclusive environments.

"Education is key, if they don't understand what it is a person needs as a person with a disability policy is not going to help. They have to have that understanding and they have to be willing in order to make the change." - Focus Group Participant

"There's a perception that people with disabilities are incapable of doing things. If we could change the perception that would be so wonderful. It's like racism, and it's sad. We're just people that just do things differently... I'm sure we have come a long way, but there's still so much work that could be done to be more inclusive." - Focus Group Participant

"People don't know all the resources that are out there. And if there would be a way for us all to know about them, then we could develop a benefit ourselves or and also recommended to other people. I'm working with a program at the Cleveland Sight Center called Share the Vision and you partner up with other people that have recently lost their sight. And a lot of them just don't have a clue of what all the resources that are available are so that's where I come in to help with that. So I think that just lack of knowledge is probably the main thing." - Focus Group Participant

In tandem, “**normalizing disability** would do a great job of reducing some of that stigma and by osmosis help people into more competitive employment options.”

However, a **trusted vehicle to spread this information** is just as important as the information itself. Who people trust and go to get reliable information from is just as important to be mindful of as the information itself.

*"I feel like using **social media**, like putting money into that in terms of like helping people learn about this stuff. Repetition of the message that like these spots are available. It's just people promoting it on their (personal) channels. Social media, Instagram." – Focus Group Participant*

"There's no message and educational message and TV's trying to keep people with disability safe. Educating about the ADA laws...". – Focus Group Participant

Sustainability requires **ongoing staff training and education is pivotal** to maintaining a continuous, consistent flow of knowledge, information, support and resources, including referrals and partnerships for programs and services. Several factors impact the need for ongoing training and education for disability staff, including high rates for service provider turnover. In turn, staff attrition impacts the ability of programs to be sustainable and collaborative.

"I think so, I think staff turnover is a key [issue]. I think competing priorities is a problem." – Focus Group Participant

"Everyone is so understaffed. So, I think part of why they get siloed is they don't have enough staff so that if they have more people that are coming to them, it's so that may be where the funding needs to come in. Like if there's funding to build everyone together, have it not be as siloed, then that's actually sustainable." – Focus Group Participant

Keys to Planning and Implementation Across Focus Areas

INTENTIONALITY

Participants underscored the importance of being intentional in designing, implementing and evaluating programs and services for disability. This necessitates including people with disabilities in decision making and designing solutions. Consideration of the cost-benefit of having people with disabilities participate fully in the local economy supports the drive to ensure that everyone has ample opportunities to establish and maintain financial independence. This is in keeping with the value and economic benefit for people with disabilities to have a better quality of life overall.

COMMUNITY INVESTMENT MODEL AND APPROACH

Model considerations and existing work include:

- **LISC (Local Initiatives Support Corp) community investment model** - LISC mobilizes corporate, philanthropic and public capital from local and national sources to fund a diverse toolkit of support – including loans, tax credit equity (through affiliates), grants, training, technical assistance and public policy support – to improve the quality of life for low-wage people and places. LISC takes a double bottom line approach, promoting social impact while also requiring strong financial performance of its investments. LISC’s community investment model aims to improve conditions in some of America’s disinvested communities while seeking to minimize displacement in places where gentrification has taken hold.
- **Financial Empowerment Center model** - Financial Empowerment Center (FEC), which plays a pivotal role in helping low- to moderate-income households achieve financial stability, establish economic self-sufficiency and build wealth through expert financial coaching and workshops



POTENTIAL NEXT STEPS:

This research study has laid the groundwork in identifying key focus areas and considerations for the development and implementation of a disability community investment strategy. Further analysis, assessment and input across the areas below is key to successfully executing the recommendations proposed in this document. Regardless of the approach to the investment strategy, the next steps in the process should include doing economic analysis impact research and/ or laying the groundwork for systems change and collaboration through capacity building and planning efforts. The next step suggestions are listed below according to areas of impact for policy and areas of impact for practice.

APPENDIX

Appendix A. Community Action Research Team



Dianne Depasquale-Hagerty
Chief Executive Officer
Medina Creative Housing



Melanie Hogan
Director of Public Policy and External Affairs &
Former Executive Director, Linking Employment,
Abilities, and Potential



Natalie Leek
Board President, Rising Heights Inc.
Owner, Leek Pipe Organ Company



Lisa Marn
PCA Program Contractor/LTSS Supervisor
Services for Independent Living



Meg Matko
Director, Community Relationships
Assembly of the Arts



Donna Prease
Member Emeritus
Greater Cleveland Regional Transit Authority
Community Advisory Committee
Member, Transportation and Accessibility
Subcommittees and Cuyahoga County Advisory
Council for Persons with Disabilities



Anthony Reynolds
Head of Entrepreneurship and Disability Inclusion
JP Morgan Chase



Keri Zipay
Director of Business Development TeamNeo

Appendix B. Disability Service Provider Survey

SURVEY QUESTIONS

Screeners Question(s):

1. My organization serves persons with disabilities
 - A. Yes
 - B. No [**TERMINATE, does not qualify**]

Organizational Questions:

2. What is the name of your organization?
3. What is your role in your organization?
4. In one or two sentences, describe the primary service(s) your organization offers.
5. Do you collect data to identify clients with disabilities?
 - A. Yes
 - B. No
6. What percentage of your clients are individuals with disabilities?
 - A. None
 - B. 1 to 10%
 - C. 11% to 30%
 - D. 31% to 50%
 - E. 51% to 75%
 - F. 76% to 90%
 - G. 90% or more
 - H. I don't know
7. What percentage of your clients have the following disability(ies)?
(Select all that apply)

	None	1% to 10%	11% to 30%	31% to 50%	51% to 75%	76% to 90%	90% or more
Physical							
Hearing							
Visual							
Cognitive							
Mental or Emotional							
Self-Care							
Other							

8. My organization serves the following communities: (Please select all that apply)
- A. American Indian or Alaska Native
 - B. Asian or Asian American
 - C. Black or African American
 - D. Latino(e) (Hispanic, Latino, Latina)
 - E. Native Hawaiian or Other Pacific Islander
 - F. White
 - G. Other, specify
9. How many clients you estimate are from **communities of color**?
- A. None
 - B. 1% to 10%
 - C. 11% to 30%
 - D. 31% to 50%
 - E. 51% to 75%
 - F. 75% to 90%
 - G. 90% or more
10. How many of your clients with disabilities have the following roles?

	None	1% to 10%	11% to 30%	31% to 50%	51% to 75%	76% to 90%	90% or more
Small business owners with disabilities							
Self-employed persons with disabilities							
Employed, full time or part time for pay							
Enrolled in vocational rehabilitation or other training programs (internships, apprenticeships, etc.)							
Students							
Unemployed							
Other categories of occupation: specify							

11. How many of your clients do you estimate receive public disability benefits?
- A. None
 - B. 1% to 10%
 - C. 11% to 30%
 - D. 31% to 50%
 - E. 51% to 75%
 - F. 75% to 90%
 - G. 90% or more
12. Which of the following benefit programs do your clients currently participate in?
(Select all that apply.)
- A. None
 - B. SSI – Supplemental Security Insurance
 - C. SSDI – Social Security Disability Insurance
 - D. TANF – Temporary Assistance for Needy Families
 - E. SNAP – Supplemental Nutrition Assistance Program
 - F. TCA -Temporary Cash Assistance
 - G. LIHEAP – Low-income Home Energy Assistance Program
 - H. Medicaid/ Home and community-based services (HCBS) waivers
 - I. Other environmental or weatherization program
 - J. Other, please specify

Service Questions

13. What programs/ services do you currently offer to individuals with disabilities?
(Select all that apply.)
- | | |
|--|---|
| <ul style="list-style-type: none"> A. Financial education/
coaching or counselling B. Employment support/
vocational rehabilitation C. Public benefits support D. Small-business
development E. SCORE (mentoring and
education for startups) F. College courses in
entrepreneurship G. Business mentorship or
navigator program H. Community development
banking | <ul style="list-style-type: none"> I. Supplier diversity
programs J. Capital investment and
loans K. Taxes and tax preparation L. Accessible transportation M. Affordable housing N. Healthcare support O. Access to technology P. Legal services Q. Benefits counselling R. Services to underserved
groups S. Other, please specify
_____ |
|--|---|

14. Does your organization provide financial/ economic empowerment-related services? (for example, financial education/ coaching, job placement, small-business development, etc.)
- A. If yes, briefly describe any economic empowerment-type services that your organization currently offers?
 - B. If yes, what enhanced economic empowerment could your organization provide and what would it take for your organization to provide these new and improved services to people with disabilities?
 - C. If no, what would your organization need to provide financial education or economic empowerment support to people with disabilities?
15. Does your organization provide information to clients on any of the following programs and services for small business and wealth development?
(Select all that apply.)
- A. Small Business Administration (SBA programs)
 - B. Disability:IN Supplier Diversity for Disability Owned Business Enterprises (DOBE)
 - C. State or local small business certification
 - D. Federal procurement preferences
 - E. Achieving a Better Life Experience (ABLE) accounts
 - F. Trust accounts (Special Needs Trust, etc.)
 - G. Assistive Technology funding support entities
 - H. Other, specify
16. What are the primary sources of funding for your economic support programs?
- A. Federal dollars
 - B. State funds
 - C. City funds
 - D. Private philanthropy or donors
 - E. Other, please specify
17. How much on average do you spend on disability-related programming and services on an annual basis?
18. What are some of the economic development programs and services that are positively impacting the financial lives of people with disabilities in Northeast Ohio region?

Demographic Questions (Optional):

19. Do you or someone in your household have a disability?

- A. Yes, I have a disability
- B. Yes, someone in my household has a disability
- C. No, neither I nor anyone in my household has a disability
- D. Prefer not to disclose

20. How do you identify?

- A. Female
- B. Male
- C. Transgender
- D. Non-binary / gender non-conforming
- E. Other, specify: _____
- F. Prefer not to disclose

21. What is your race/ ethnicity? (Please check all that apply)

- A. American Indian or Alaska Native
- B. Asian or Asian American
- C. Black or African American
- D. Latino(e) (Hispanic, Latino, Latina)
- E. Native Hawaiian or Other Pacific Islander
- F. White or Caucasian
- G. Other, specify: _____
- H. Prefer not to disclose

Appendix C. Focus Group Discussion and One-on-One Interview Guide

Individuals and Families – DISCUSSION QUESTIONS – 1 hour

Preamble: As you talk about where the gaps in resources or the challenges are, please also discuss or propose possible solutions to each of these issues so that we can map the problem with the solution.

1. What does financial independence mean to you/ for people with disabilities?
2. How would your life/ the life of your loved one change if you/ they had enough money to cover their living expenses without having to depend on other people or public benefits?
3. Do you think it is possible for people with disabilities to be financially independent or not need public benefits?
 - a. Why or why not?
4. What are some of the most important resources and supports that people with disabilities need in order to achieve financial stability/ independence?

Prompt: Share examples of the resources people need to be financially independent [e.g., employment, housing, small-business development, policy]

5. Do people who live in the city need different resources than people who live in the suburbs or in rural areas?
 - a. If so, please share examples of how people may need different resources based on where they live
6. What are some of the community programs and services that do a good job of supporting people in Cleveland and Northeast Ohio (including any you have personally benefitted from)?

Prompt: [Examples are below – allow participants to organically talk about what they feel is most important]

- i. Employment and workforce development access and resources for people with disabilities (competitive integrated employment)
- ii. Small-business development/ entrepreneurship
- iii. Financial empowerment/ financial literacy (savings, retirement planning, investments, benefits planning)
- iv. Access to technology
- v. Housing/ independent living
- vi. Healthcare

Announcement: Please be reminded that you can write any ideas they did not have a chance to share in the parking lot.

7. What are some of the community programs and services that could be better or are missing?
8. Do you think people with disabilities are using all the programs available to them?
 - a. If not, can you give me some examples of what you think might stop people from using some of these programs and services?
9. If you were to create a program to help people with disabilities become financially independent, what areas would you focus on or what support would you give to individuals with disabilities, including youth and young adults 18 to 25 years old?
 - a. Who do you think should be partners for this program?
10. How do we get everyone in the community to be on board with helping (or how do we convince them that this is important for) people with disabilities to be financially stable?
11. Are there any important areas that we have not covered or considered in this discussion today?

Post-session Instructions: (for service providers only)

Thank you for participating in this focus group discussion hosted on behalf of National Disability Institute and George Gund Foundation.

We had a truly rich discussion today and will review this data as we develop a community investment strategy to support financial independence for people with disabilities.

We invite you to complete the service provider inventory to help us to continue mapping the resources in Cleveland and the region. We will send the surveys to your emails. You will be paid \$30 for completing the survey.

Appendix D. Primary Research Data

Table 15. Primary Research Participants

	Policy	Provider	Small Business	Individual and Families	Total
Listening sessions	9	12	8	60	89
Interviews	4	6	4	2	16
Resource mapping	2	17	4	n/a	23
Total	15	35	16	62	128

Appendix E. Disability Statistics

Table 16. Disability by age, 2022¹¹⁴

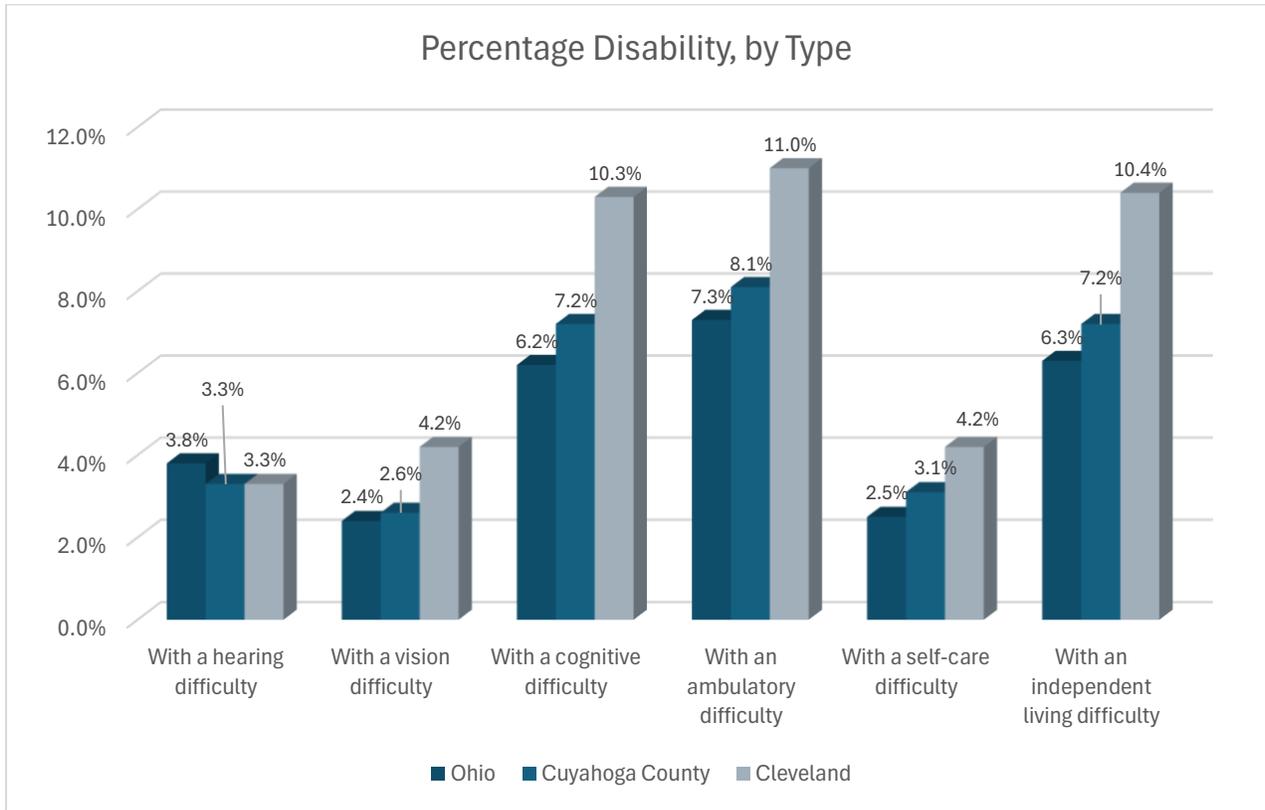
	Ohio	Cuyahoga County	Cleveland
Under 5 years	1.0%	1.1%	1.5%
5 to 17 years	6.9%	8.8%	17.0%
18 to 34 years	9.2%	10.4%	10.5%
35 to 64 years	14.0%	15.4%	24.5%
65 to 74 years	24.6%	23.5%	32.4%
75 years and over	44.8%	40.5%	50.0%

Source: American Community Survey 2022, 1-Year Estimates

In Cleveland, most of the disability population experience ambulatory (11%), independent living (10.4%) and cognitive difficulties (10.3%).

¹¹⁴ American Community Survey 2022 , 1-Year Estimates [S1810: Disability Characteristics - Census Bureau Table](#)

Figure 30. Percentage of disability by type, 2022 ¹¹⁵



Source: American Community Survey 2022, 1-Year Estimates

¹¹⁵ American Community Survey 2022 , 1-Year Estimates [S1810: Disability Characteristics - Census Bureau Table](#)

Appendix F. Provider Survey Data

Table 17. Financial Empowerment Programs and Services Offered

Program or Service
Business Development
Business Empowerment Program
Cleveland Economic development
Community resource linkage and benefit counseling
Computer literacy and social empowerment
Education Coaching
Education empowerment for families of infants, toddlers, children and youth with disabilities, educators, agencies
Education Support
Entrepreneurial skill
Financial credit scheme and incentives
Financial Education
Financial Education, coaching and job placement
Financial education, upward mobility
Financial stability for the disabled
Finding a place for volunteers
Finding opportunity for volunteers
Free food supplies to the disabled
Fund support to the disabilities
Grants
Housing support (infrastructure)
Assist businesses which includes small business development centers and international trade assistance centers
Support for professionals, individuals with disabilities, families and other community members to learn about and gain skills to address barriers faced by the disability community
Job development to link individuals to local employers: identify local employers, hold job fairs and work with support administrators that know of individuals looking for jobs
Job training

Program or Service

Junior Achievement programs for K-12 students: financial literacy, entrepreneurship and work and career readiness

Loans

Loans and grants

Mainly financial support for the persons with disability

Mental health rehabilitation

Nonrefundable loans

Nonrefundable loans and grants

Occupational therapy for clients to build their job/ careers

Skills training, farming, metal fabrication

Small and medium scale enterprise

Small business and entrepreneurship development and support for artists and creatives, workshops and training/connection to resources. Direct funding to individual artists. Coaching and support in applying for grants

Small Business Development

Small Business Empowerment

Small scale enterprise empowerment

Social empowerment services

Some free health services for physical challenge individuals

Students with disabilities support

Supplemental Security Insurance program

Support for small business establishment

Temporarily Assistance for Needy Families

Career Planning, Job Exploration, Job Development, Benefits Analysis through wavier authorizations to providers

Treatment plan, social empowerment, skills acquisition

Using a playhouse model, rendering career-based development program

Vocational training, job placement assistance

Women empowerment services and support for children with disabilities

Appendix G. Focus Group Participant Data

Table 18. Geographic Areas Represented, Focus Group Participation

Area	N	Percent
Akron	2	2%
Ashtabula	2	2%
Bedford	1	1%
Broadview Heights	1	1%
Brook Park	1	1%
Cleveland	39	44%
Cleveland Heights	2	2%
Columbus	3	3%
Dayton	2	2%
East Cleveland	1	1%
Euclid	3	3%
Lorain	1	1%
Lyndhurst	4	4%
Maple Heights	1	1%
Mayfield	3	3%
Medina	1	1%
North Olmstead	0	0%
Parma	2	2%
Wadsworth	1	1%
Westlake	1	1%
Willoughby	1	1%
No response	17	19%
Grand Total	89	100%

Appendix H. Disability Community Investment Framework

THE GEORGE GUND FUND FOUNDATION

DISABILITY COMMUNITY INVESTMENT FRAMEWORK

The George Gund Foundation Disability Investment Framework is a key component of our approach. The approach focuses our community investment in three key areas:

DISABILITY SYSTEMS INTEGRATION



Goal: To improve provider network collaboration across siloed system areas and design an integrated network of program and services.

- Develop partnerships for capacity building assessment and cooperation.
- Identify service gaps and resource overlaps and create tiers of services to support “No Wrong Door” service model.
- Develop mechanisms to integrate VR through coalition building.
- Establish public/ private partnerships for focused work.
- Determine a continuum of grantee/ funder engagement.
- Develop sustainability plan, impact measures and evaluation criteria for progress assessment.

Strategy: A whole systems approach.

Expand cross-sector collaboration efforts to a whole system to further align the work of partners to accelerate financial independence for people with disabilities for Cleveland and Cuyahoga County. Create a provider network and informational hub to strengthen service integration.

SMALL BUSINESS/ ENTREPRENEURSHIP ADVANCEMENT



Goal: To create self-employment and small business/ entrepreneurship opportunities by amplifying existing successful workforce development initiatives and models to offer opportunities for income generation and wealth building for individuals and families with disabilities.

- Establish public/ private partnerships for business development funding and support.
- Design a (microenterprise) pilot project.
- Train VR counsellors on self-employment/ small business options available to clients with disabilities.
- Develop support services plan for medium- and long-term business supports.

Strategy: Invest in Small Business/ Entrepreneurship Development. Establish a small business/ entrepreneurship seed fund for planning and concept development of self-employment small business solutions and public/private partnership fund for vocational rehabilitation.

FINANCIAL EDUCATION AND OUTREACH



Goal: To offer financial counselling/ coaching, business financial education and outreach to providers and individuals and families with disabilities.

- Integrate financial empowerment into a broader conversation of services and workforce options.
- Develop a comprehensive plan to expand services for financial counselling/ coaching, business financial education and mental health outreach (with consideration for the three zones of independence).
- *(continued on next page)*

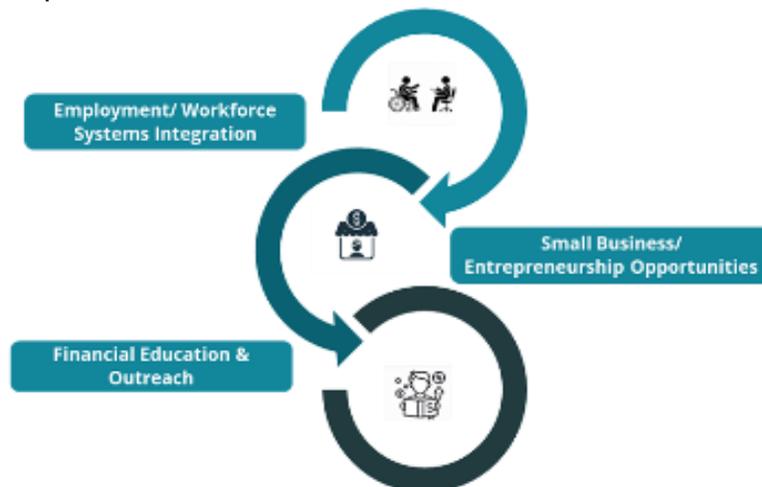
- Conduct outreach with non-disability focused organizations to improve their awareness and inclusive policies and practices.
- Develop a resource network and informational hub for disability programs and services generally and self-employment/ small business and disability partner support, specifically.
- Train organizational staff and financial/ business development and mental health coaches/ counsellors who serve people with disabilities.

Strategy: Train experts to serve the disability community.

Train and develop financial coaches/ counsellors and business financial education and medium- and long-term support professionals for small business development and support individuals and families.

The areas of the investment framework are mutually reinforcing, have been informed by the community and are guided by equity.

- ⇒ **Our commitment:** Support community-identified and community-driven strategies and solutions.
- ⇒ **Our mechanisms:** Grantmaking, social impact investing, advocacy, convening and partnerships.



Presented by:

The Research Directorate, National Disability Institute