

# Pittsburgh Listening Session:

## KEY HIGHLIGHTS



***Pittsburgh Coalition on the Intersection of Race, Disability and Poverty***

*The Pittsburgh Coalition was made possible with the generous support of JPMorgan Chase.*

## Overview

National Disability Institute (NDI) conducted listening sessions with Pittsburgh residents with disabilities and local disability providers on March 1, 2023, to discuss the financial inclusion needs and associated challenges faced by individuals living with disabilities and those at the intersection of race/ethnicity, poverty, and disability. The sessions were convened by the Pittsburgh Coalition on the Intersection of Disability Race, Ethnicity, and Poverty, in partnership with JPMorgan Chase.

## Key Data

Providers identified several **systemic challenges** to establishing and maintaining financial health for persons with disabilities including finding appropriate resources and a lack of fixed income and funding resources, a lack of education, too little community support and a lack of personal stability and access to resources overall. Asset and resource limits for public benefits programs, a lack of available and accessible transportation, a lack of affordable housing, fear of losing benefits, stigma, and a lack of education on benefits; a lack of access to technology and language barriers were also identified as significant barriers to financial health.

Some of the **challenges providers faced in meeting these needs** included: difficulty locating available resources and supports, particularly for men of color; a lack of success reaching and convincing clients of the advantages of working with a provider; a lack of accessibility and inclusion measures, including those that attend to the needs of invisible and other disabilities which are traditionally overlooked, and non-English-speaking clients; and a lack of long-term partnerships and funding to sustain programs. Other barriers to providing services for clients with disabilities included a lack of training, marketing costs to reach clients in rural areas and to educate families and connect them to care, resources and services.

Nine (9) **individuals and families** reported having a bachelor's degree or higher educational qualifications. Sixty-four percent (64%) of the sample earned \$35,000 or higher, with over a third earning between \$50,000 and \$74,999 annually. Most had not received or participated in employment support programs (91%), while 74 percent had benefitted from financial support services. Access to public benefits, affordable housing, gainful employment, and the Office of Vocational Rehabilitation were noted as helpful resources. Most participants had not engaged in any type of financial education for asset building, with only two indicating they had participated in homebuying and savings programs. Only 34 percent of the participants had an Achieving a Better Life Experience (ABLE) account, and 64 percent had never heard about ABLE accounts.

## Major Qualitative Themes and Insights

Participants defined the most important aspects of **economic independence** as having fair income and employment (livable wage), the ability to manage everyday obligations and plan for the future, and access to financial education, transportation, and technology supports. Participants also discussed the impact of generational differences in financial health behaviors and how living with intersecting identities related to disability, poverty, race/ethnicity, age or being elderly, and undocumented status impacts financial health and independence.

### *Intersection of Disability, Race/Ethnicity, and Poverty*

There are several **intersections** expressed in the data. Providers stated that there was vast inequity in available resources, especially for communities of color. For example, mental health disabilities are significantly higher among Black female youth. Communities of color also often find it challenging to commute to local providers who are outside of the city limits. Recommendations included mandatory services in all communities and innovations in social media outreach to communities of color, in addition to transportation assistance to reach people within geographies where public transportation is currently inaccessible.

## ***Financial Inclusion and Financial Health***

**Stable employment** is important to achieving and maintain financial stability the ability to acquire resources while on public benefits, the freedom to work without losing public benefits, equitable opportunities for promotion, greater access to diverse jobs and job supports, and employment that offers a living wage to meet standards of living, is critical.

Systemic issues affect ability to participate in employment. Many make **employment decisions based on their ability to maintain benefits**.

**Mistrust in vaccines, employer COVID-19 vaccine mandates, and higher incidences of long-COVID** are barriers to fulltime employment. The inflated costs of care for persons with long-COVID, in addition to the lack of uniformity around practices for diagnosing the condition, are especially challenging for people who can no longer work or are forced to work reduced hours yet are not able to access benefits without a medical diagnosis.

Generational **differences in financial and health behaviors** were noted. The current generation endorses “hustle culture” and having multiple streams of income, and younger people with disabilities are more likely to trust banks, use financial technology, and experiment with new tools and ideas. However, younger individuals with disabilities felt that certain financial stability markers, such as homeownership, are out of reach for their generation.

People who are **disabled, elderly, and a people of color** often experience a lack of savings and retirement income.

*“You can't afford to get older.” – Participant 6*

*“That's so important because it's done on purpose... I mean it's dealing with legacies here. You brought [up] too about people that went through all these civil rights and now they're 80 years old and you're like, well why don't they have money? Well, what the heck? They were left out for 40 years.” – Participant 3*

Existing financial literacy programs often do not target or cater to the needs of people with disabilities. As such, people with disabilities may have **gaps in their financial knowledge**, especially around investments and retirement savings.

Many people with disabilities rely on public benefits for financial security and stability. However, many face major **challenges to accessing public benefits**, including inability to prove their need for support, having too high an income or working too many hours, as well as a general lack of education around benefits and public resources.

Individuals and families with disabilities are **excluded from participating in the financial economy** including a lack of access to credit, and mortgages, a lack of understanding and trust of financial technology and lack of access to bank accounts.

*“You have a kid over there with autism diagnosis. You think in the future you want to buy a house, maybe. Because what is going to happen when you pass away? Who is going to take care of your kid? So, you want them to be safe, at least economically, in some way. Like if they can't have access later to some kind of benefits. But if you can't buy a house, what is going to happen with the kid? Now he's a kid, but later, he could be 30 years old. Who's going to take care of a guy 30 years old?” – Participant 12*

**Access to financial technology** is another barrier to financial inclusion and full participation in the modern financial economy. In failing to legislate requirements and/ or make their own platforms accessible, participants felt that government was culpable in perpetuating this barrier.

Latinx families experience significant barriers to financial inclusion related to accessing health insurance and public benefits, lack of employment and educational opportunities.

Undocumented Latinx families struggle with **stigma and negative cultural beliefs** about disability which is compounded by **fears of being incarcerated or deported**.

**Financial interdependence in families negatively** impacts financial stability. Participants reported using earned money to foster their relatives as well as how helping the family

prevents them from building credit. Others noted how a lack of autonomy and relying on family to obtain debit or credit cards prevents them from being financially stable.

## ***Disability Representation***

Many individuals choose not to self-identify as disabled due to **fears of employment discrimination**. A wage gap exists between employees with and without a disability.

*“I would say, for my job, I make under 60 [thousand] and I have two graduate degrees and it is very hard to get a livable wage, and so that is something that happens, and then also to have a job that covers medical benefits is difficult, because some places will give you a wage, but not the health insurance or health benefits.”* – Participant 15

## ***Redefining Disability Access***

Participants advocated for reframing the strategies and language ‘access.’ A lack of access to transit impacts education, employment, medical care, and community engagement, which are all important to financial health and wellness for individuals with disabilities. At the intersection of disability, race/ethnicity, and poverty, gentrification plays a significant role.

*“Safety, disability and racial identity tend to become these very violent, but unfortunately compatible bedfellows when it comes to making this perfect storm of inequality in Pittsburgh.”* – Participant 8

Physical accessibility as a focus does not equate to access across disability. Access includes meeting people where they are and enlisting support from organizations and policymakers. Considerations should also include **access to technology**, as well as access to driver’s licenses and other unique challenges faced by individuals with invisible disabilities.

Improving access for individuals with disabilities must also include **building advocacy and support and partnerships** around mitigating employment and other barriers. This must



include incentivizing and increasing the DSP workforce and stemming the attrition that continues to negatively impact people with disabilities.

Advocacy efforts must influence policy changes toward ensuring **fair wages and increased hiring** of people with disabilities. A recommendation was made to consider a **social workshops approach** to employing people with disabilities, where people are paid for completing a project or item versus by the hour.

## ***Change vs. Progress***

Participants advocated for **real progress rather than superficial change**.

*“Pittsburgh is a city that loves to masquerade as a progressive city. Pittsburgh likes change. They do not like progression. They love when things change.... Oh, they love that. They love gentrification. They love kicking [B]lack people out of places and putting Black Lives Matter signs up in place of the residents that used to live there. They like saying that we have a handicap route, but my building has handicapped parking, but no handicapped ramp. And, actually, the handicap ramp leads [to] the steps. And for a city, such as Pittsburgh, that says they're stronger than hate - don't lie to me. Because that's hatred right there. If you're literally leading a [disabled] person to steps, there's nothing else but hatred right there.” – Participant 1*

To mitigate ineffective policies and practices, providers underscored the importance of **basin solutions for bettering the lives of individuals with disabilities on their actual lived experiences**, and of stakeholders coming together to meet real needs. Changes should include **revising asset and resource limits** for social safety net programs, and **integrating a hyper-local approach with a more systemic policy approach** where relevant local changes take place first, followed by broader legislative change.

## Methodology

**Registration surveys** were completed by 14 providers and 17 individuals and family members with disabilities. Four **focus groups** were conducted with 12 providers (2 groups) and 12 individuals with disabilities (2 groups). NVivo analysis software was used to analyze transcribed audio recordings.

### Sample

**Providers** represented a cross-section of disability and minority-serving organizations including for children and adults with emotional and mental health needs, children with disabilities in the foster care system, adolescent female empowerment, support for parents of children with long-term medical conditions, and legal advocacy. The majority of the providers surveyed serve between 50 to 100 percent clients of color from zip codes across Allegheny County, Northern Allegheny, and the City of Pittsburgh. Four of the 14 participating providers lived in a household with disability.

**Individuals and families** represented a cross section of individuals with various disabilities, ages, and ages of disability onset. Seventeen participants completed pre-listening session surveys, and 12 individuals participated in the focus group sessions. Close to 70% of the participants were female. Individuals with disabilities participating were Black (9), Mixed race Latinx (1), and White (7). Fifty-nine percent had mental or emotional conditions, 41 percent had cognitive, 35 percent had physical, 20 percent had visual, 20 percent had self-care, and 18 percent had hearing disabilities.