

## The Confluence of Poverty and Disability

Dan Atkins & Christie Guisti

The connection between poverty and disability is complex and multi-directional. Throughout the world and in Delaware, the disabled constitute a disproportionate number of the poor. In 1996, the United Nations estimated that as many as 300 million people in the world are severely or moderately disabled and, according to the World Bank, as many as two-thirds of those individuals live in poverty. In a 1999 study, 9.2 percent of Delawareans lived below the poverty threshold. Based on the 2000 census, almost 9 percent of Delawareans aged 5 to 20 years had a disability, representing over 15,000 children. For those aged 21-64, the percentage rises to 18 percent, representing over 79,000 Delawareans. With such overwhelming numbers of disabled individuals living in poverty, one cannot help but wonder whether one causes the other.

It is relatively simple to make the causal connection between disability and poverty. Individuals with disabilities are often excluded from the labor market. Fears of increased costs, inflexibility in considering necessary accommodations, and outright prejudice, all contribute to an artificially small job market for people with disabilities. Even when included, people with disabilities often work fewer hours and in lower-paying or lower-skilled positions.

In some instances, individuals with disabilities are unable to work in the competitive marketplace. For those who are so disabled that competitive work is an impossibility, Social Security Disability Insurance and Supplemental Security Income are most often relied upon. However, federal benefits do not provide a living wage, making poverty an inevitability. The United States Census Bureau reports that, in 2000, Delawareans had a yearly mean income of approximately \$59,000 per year. Those Delawareans receiving Social Security as their source of income averaged \$12,000 and those with Supplemental Security Income averaged only \$6,500 per year. Those disabled who do not qualify for Social Security and rely on public assistance averaged a mere \$2,500 per year.

The extent to which people with disabilities are segregated also contributes to their marginalization. Hundreds of Delawareans with disabilities remain institutionalized,



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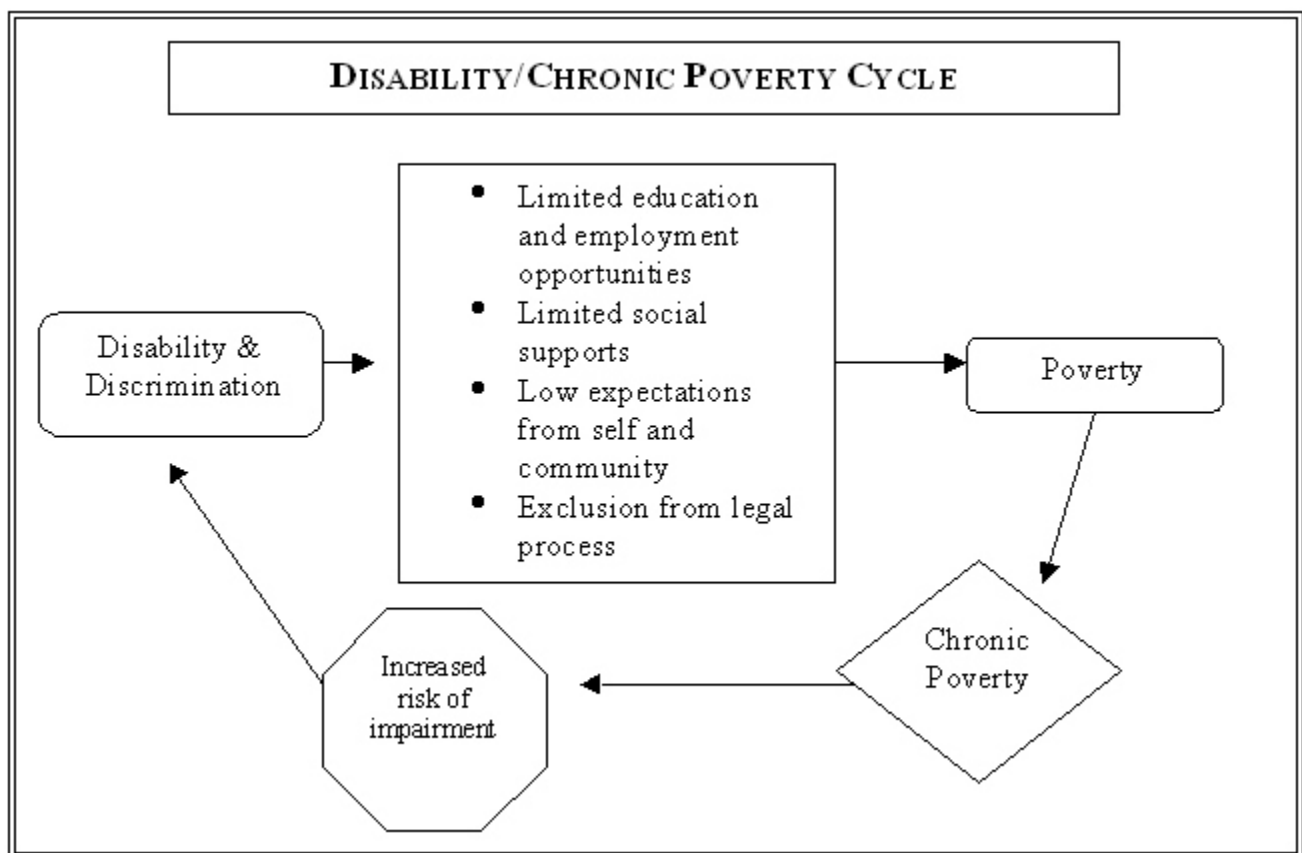
unable to participate in society in ways that others take for granted. For these individuals, voting, having a family, and working are illusory promises. For other people with disabilities living in the community, the array of options is similarly limited. People with physical disabilities may only be able to access a fraction of the housing that people without disabilities may access. People with cognitive disabilities are often congregated in group housing, or supervised apartments, where their only neighbors are others with similar disabilities. Living in the community of one's choosing—a basic American right—thus has a different meaning for people with disabilities.

The trail from poverty to disability may not be as clear as the road from disability to poverty. However, a critical examination of the issue demonstrates that those living in poverty are exposed to a variety of risk factors that increase the possibility of impairment and disability.

Poverty almost necessarily leads to insufficient nutrition, sub-standard or crowded housing, and inadequate physical and mental healthcare. These factors alone or in combination lead to an increased risk of impairment which

in turn may lead to disability. Moreover, that 20% of Americans lack health insurance, the risk of disability is surely increased. The World Health Organization estimates that one hundred million people worldwide have impairments which are caused by malnutrition and poor sanitation. For example, children living in low income housing disproportionately are exposed to lead paint. The deleterious health consequences of lead are well known, yet people who are poor do not have meaningful access to more adequate housing.

The effect of poverty on disability is apparent when the plight of children living in poverty is examined. As in the rest of the world, children represent a disproportionate share of the poor in the United States. In 2001, 16.3 percent, or 11.7 million, American children lived in poverty. Representing just over 25 percent of the population, children account for over 35 percent of the United State's poor. When we examine children under the age of six, the percentage living in poverty jumps to 18.2 percent and if that child is living with a single female head of household, the rate of poverty is 48.9 percent, over five times the rate for children under six living in married



SSI and Affordability (2002)

	SSI Monthly Payment	% of SSI for 1-Bedroom	% SSI for Efficiency Apt.	SSI as % Median Income	SSI as an Hourly Rate	Housing Wage
Dover	\$550.00	105.3%	95.1%	18.1%	\$3.17	\$11.13
Wilmington-Newark*	\$550.00	117.3%	89.1%	12.4%	\$3.17	\$12.40
Non-Metro Areas	\$550.00	88.9%	83.6%	19.0%	\$3.17	\$9.40
<b>State Average</b>	\$550.00	111.1%	89.3%	14.0%	\$3.17	\$11.75

\*indicates a housing market area that crosses state boundaries

Source: *Priced Out in 2002*.

Technical Assistance Collaborative, Inc & Consortium for Citizens with Disabilities Housing Task Force.

couple families.

Delaware’s statistics are no different. The United States Bureau of the Census indicates that 69,000 children in Delaware live at less than 200 percent of the poverty line. Thirteen percent of those children, almost 9,000 Delaware children, live without health insurance. Similar to children at risk in third world countries, these local children are at risk of the “diseases of poverty” which result from malnutrition, sub-standard living conditions, decreased access to effective education, etc. As researchers continue to assess the effects of poverty on American children, the direct link direct causation between poverty and disability may be established. Take chronic hunger, for example. Individuals who live in poverty are likely to be food insecure (defined as having limited or nutritionally inadequate food as a result of lack of money or resources to gain access to it). Recent medical studies have demonstrated a strong association between children who are chronically food insecure and physical and mental health problems. School aged children with severe hunger were more likely to have low birth weights, chronic health problems, and stressful life events. They were also more likely than non-hungry children to have developmental

delays, emotional problems including anxious and depressive symptoms, and learning disabilities. The authors also postulated that hunger may have had a negative impact on the children’s psychosocial functioning, increasing the risk of behavioral problems. This relatively simple example of inadequate nutrition demonstrates the profound impact of poverty on child development and the resulting increased risk of impairment and disability.

The incidence of disability is often seen as a natural phenomenon—one beyond the control of the individual. We don’t often blame individuals for being born cognitively disabled, or developing a chronic health condition. However, when one considers the causal connection between poverty and disability, blame could be attributed if we wanted to do so. We could, with considerable evidence, point a finger at ourselves for not paying living wages, for not providing a truly open and accommodating labor market, for not providing safe and affordable housing, and for not providing adequate and affordable health care for all of our fellow citizens, even those with physical or mental disabilities.