

HOUSING



Housing for Ohioans with disabilities encompasses many challenges and offers limited options for consumers that result in Ohioans with disabilities being subjected to poor living conditions. It is estimated that more than 7,000 Ohioans currently live in institutions, nursing homes, and residential care facilities with efforts to transition many of these individuals with disabilities out of these facilities and back into the community.² One of these efforts is a Rental Assistance Program that was developed to provide funding support for Ohioans with disabilities who are leaving these types of facilities to community housing.⁶⁹ Also, the State of Ohio Accreditation Resource Coalition's (SOAR) SOAR Ohio project specializes in helping Ohioans with disabilities who are preparing to leave institutions to obtain federal Supplemental Security Income/ Social Security Disability Insurance.⁵ However, Ohioans with disabilities experience long delays in receiving these monthly benefits, which makes access to housing in the community extremely challenging.⁵

Of the children and adults with disabilities served by the 88 Ohio County Boards of Developmental Disabilities, 75% (62,100 individuals) reside at home with their families.² In Ohio, it is estimated that 21.9% of all households have at least one individual with a disability living in the household.⁷⁰ According to information from the Residential Information Systems Project,⁷¹ more Ohioans with disabilities are living with family or independently as opposed to living in group homes in comparison to the national average. In Ohio, 10% of people with disabilities live in group homes compared to 38% nationally.⁷¹

There are still misconceptions that people with certain disabilities cannot live on their own.⁷² Among Ohio adults with IDD, an estimated 37.9% own or pay a mortgage on their own home and 44.2% live in housing in which they pay rent.⁸ Furthermore, among Ohioans who are Long-Term Supports and Services (LTSS) recipients, 15% own their own home compared to the 12% national average.⁷¹ However, housing options are very limited in Ohio. For example, not enough landlords are willing to rent to people with disabilities.⁷²

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Furthermore, it is estimated that it would take approximately 118% of the total income the average Ohioan with IDD makes to find decent and affordable housing, meaning that most people with IDD in Ohio simply cannot afford housing.² There is a need for support services to educate people with disabilities on how to navigate the public housing process and housing vouchers.⁷² Recent studies have shown that approximately 25,000 people who are income and/or disability eligible to receive Section 8 Rental Vouchers are not on the waiting lists for their local housing authorities,² further demonstrating the need to educate Ohioans with disabilities how to navigate this process.

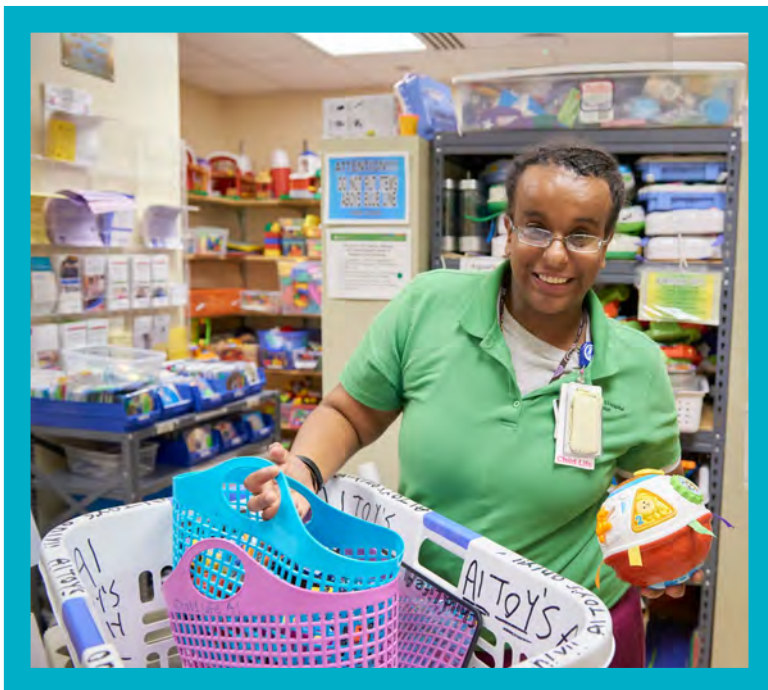
Ohio households with people with disabilities are more likely to live in poor or unsafe living conditions than Ohio households without people with disabilities. Ohio households with people with disabilities are more likely to report signs of mice or rats inside their home in the past year (16.2%) and signs of cockroaches in the past year (4%) than homes without people with disabilities (15.8% and 2.3% respectively).⁷⁰ Additionally, Ohio households with people with disabilities are also more likely to report open cracks or holes in the interior of their home (7.3%) than homes without people with disabilities (5%) as well more likely to report water leakage inside their home (10.7%) than homes without people with disabilities (7.6%).⁷⁰ Only 62.1% of Ohio households with people with disabilities have a carbon monoxide detector compared to homes that do not have a person with a disability living there.⁷⁰ Ohio households with people with disabilities are less likely to have air conditioning than homes without people with disabilities.⁷⁰ Furthermore, Ohio households with people with disabilities are more likely to live in neighborhoods with more than one building that is vandalized or abandoned within a half a block of their home (6.2%) than homes without people with disabilities (3.6%) and are more likely to agree that their neighborhood has a lot of petty crime (20.5%) compared to homes without people with disabilities (15.7%).⁷⁰

By 2024, it is estimated that Ohio may have 5 million residents with ambulatory difficulties.⁷² Houses with universal design features are needed in Ohio.⁷²

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Homes that can enhance independence and caregiving will lower costs incurred due to falls and injuries, lower Medicaid costs by allowing home care, and minimize tax expenditures by not requiring people to move to a nursing home or long-term care facility.⁷² Currently, the issue remains that Ohio lacks the process for incorporating the housing needs of people with disabilities in Ohio.⁷² It is an issue that could be improved by prioritizing the housing needs of Ohioans with disabilities and ensuring housing developments are built around accessible transportation.



Key Takeaways

- Ohioans with disabilities are more likely to live with family or independently than people with disabilities nationally.
- Housing options for Ohioans with disabilities are limited and often not affordable or accessible.
- Ohio households with people with disabilities are more likely to live in poor or unsafe living conditions than households without people with disabilities.
- Housing that is universally designed is needed in Ohio to increase access to community and independent living for Ohioans with disabilities.

TRANSPORTATION



Transportation is a necessary component of building healthy, safe, and sustainable communities. In Ohio, obtaining safe, affordable, and appropriate transportation options is very difficult for Ohioans with disabilities.⁷³ In the 2012 Ohio Mobility Improvement Study, transportation was the number one issue cited as a barrier to resource access and community integration for Ohioans with disabilities.² Lack of transportation accessibility and usability for people with disabilities impacts their ability to participate in and benefit from involvement in everything from community, social activities, to employment.⁷³ Ohio's lack of accessible transportation plays a major role in why people with disabilities report worse overall health outcomes, higher rates of poverty and earn lower wages in comparison to people without disabilities.⁷³

There are many contributing factors and concerns for Ohio's transportation issue. Some being that existing transportation options do not always operate at the times or in the locations they are needed, and transportation options often do not, or cannot, serve the diversity of disabilities present in the community.⁷³ Furthermore, households with Ohioans with disabilities are less likely to report that their neighborhood has good bus, subway, or commuter services (40.9%) in comparison to homes without people with disabilities (42.9%).⁷⁰ The current lack of funding and resources to improve transportation for people with disabilities continues to be an issue.² The 2015 Ohio Statewide Transit Needs Study, commissioned by the Ohio Department of Transportation, recommended significantly increasing funding for transit, and dedicating and growing transit resources for Ohioans with disabilities.² At the same time, federal funding for Mobility Management programs has shrunk, particularly in rural areas, and two of the three Federal Transit Administration (FTA) programs that supported specialized transportation, 5316 and 5317, were eliminated.²

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Key Takeaways

- Transportation is the main barrier for Ohioans with disabilities to be included in the community.
- Finding safe, affordable, and appropriate transportation is difficult for Ohioans with disabilities.
- Ohio transportation does not always operate at the times or locations needed and does not or cannot serve the diversity of disabilities in the community.

COMMUNITY LIVING



The importance of building healthy, safe communities where people with disabilities can fully participate continues to be a need in Ohio. Communities should be oriented for anyone who lives there. Under resourced and inaccessible communities result in poor health outcomes for people with disabilities.⁷⁴ Having limited data to measure aspects of community living between Ohioans with and without disabilities continues to affect how allocation for increased resources are prioritized. As described in the “Demographic Overview of Ohioans with Disabilities” section of this report, Ohioans with disabilities are more likely to fall below the poverty line than Ohioans without disabilities. As such, Ohioans with disabilities often live in low-income areas, where there are limited to no services and access to inclusive programming is a challenge.

Community Access in General

The lack of services, recreation opportunities, and healthy activities available and accessible to Ohioans with disabilities in their own communities has caused an increased need for accessible transportation. Previous surveys indicate that over 40% of Ohioans with disabilities identified transportation as the most important issue related to community access.⁷² Addressing the need for equitable transportation is crucial as it directly impacts the daily lives of Ohioans with disabilities.⁷² An equitable transportation system will increase the visibility and participation of people with disabilities in all aspects of community life and have a greater impact on overall community inclusion for people with disabilities.⁷² The impact for Ohioans with disabilities living in inaccessible communities has resulted in isolation and lack of access to healthy food.⁷²

Accessible Playgrounds, Trails, Parks, and Active Transportation

In Ohio, we have witnessed progressive pilot programs to address making public spaces more inclusive for people with disabilities. An example of this is the installation of a wheelchair charging station added to The Ohio Statehouse.⁷⁵ Installing wheelchair-charging stations in various parts of the community help to achieve the goals of being more inclusive and encouraging citizens to participate in their community. Additionally, the Ohio Department of Health’s Creating Healthy Communities Program⁷⁶ has partnered with the Ohio Disability and Health Program (ODHP) to prioritize Ohioans with disabilities in their active living strategies for their communities to make the healthy choice the easy choice across 23 counties.

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ODHP staff engaged in targeted training and technical assistance for these 23 counties over a four-year period, which included presentations, phone calls, and email assistance on strategies for disability inclusion in communities.⁷⁷ As a result, the Ohio counties participating in the Creating Healthy Communities Program meaningfully and substantially prioritized the inclusion of people with disabilities in their community wellness activities, specifically their active living strategies.⁷⁷ Specifically, this partnership between ODHP and the Creating Health Communities resulted in a majority of counties constructing accessible parks, playgrounds, and trails in their communities with Ohioans with disabilities actively participating in the planning process.⁷⁷

Aging in Place

Ohio's older adult population (ages 60+) is expected to grow 30% by 2030.⁷⁸ The Ohio Department of Aging's State Plan positions Ohio to better meet the anticipated needs of older adults. It also provides continuing opportunities for our elders to contribute to their communities and across generations by sharing their wisdom, work ethic, and commitment to family and neighbors. Included in this plan will be "Standards that Promote Accessibility" to allow aging Ohioans to remain in their homes longer, instead of relocating to other housing.⁷⁸ Also included in the priorities of the Ohio Department of Aging will be more readily available funding to support housing improvements that are "readily accessible to and usable by" those with disabilities.⁷⁸

Civic Participation: Voting

The ability to vote in local, state, and national elections is an important component of community and civic engagement as well as a constitutional right. However, barriers exist that make it more difficult for people with disabilities to exercise their right to vote.⁷⁹ As a result, in 2000 Self Advocates Becoming Empowered (SABE) was established to provide training and technical assistance to increase the number of voters with developmental disabilities.⁷⁹ In 2018, SABE administered a Voter Experience Survey across the country. Ohio was among the top three states with the highest survey response (151 surveys out of the total 1,174 surveys collected across the U.S.). In terms of polling center accessibility, the survey found that transportation continues to be a barrier for voters with developmental disabilities as polling centers are not required to be on public transportation routes nor within walking or wheelchair distance from an individual's home.⁷⁹

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Most voters in this survey (65%) were transported to polling stations by their service provider, family, or friends.⁷⁹ Other barriers with accessibility experienced by voters included lack of accessible parking, lack of curbside voting, and problems with accessible entrances not being easy to use or find.⁷⁹ Additionally, once inside the polling station, physical accessibility continues to be a problem for voters with developmental disabilities and for some voters accessible voting machines have not been dependable or available.⁷⁹ Although, it appears in some locations that Poll Workers are improving their skills and knowledge to operate accessible voting machines.⁷⁹ From this survey, it was learned that voters with disabilities under the age of 50 years were not as aware of the availability of accessible voting machines as voters over the age of 50 and voters under the age of 25 are more likely to have a guardian help them vote.⁷⁹ Among those who had a guardian help them vote, 26% reported that their guardian told them who to vote for.⁷⁹ Most voters (76%) felt that Poll Workers treated them “professionally and with respect” when they registered to vote, however, nearly 90% of new voters with developmental disabilities reported feeling rushed to vote by Poll Workers.⁷⁹ Finally, in terms of ballots, many voters with developmental disabilities report that the wording on the ballots makes it difficult to understand what they are voting for and that the print on the ballots are too small.⁷⁹ SABE concluded from this survey that more work needs to be done to ensure accessibility of voting for voters with developmental disabilities from how individuals receive information about the candidates that is in an accessible format to casting their vote so that all citizens of the U.S. can exercise their constitutional right.⁷⁹

Key Takeaways

- Ohio is engaged in projects to make the community more accessible for Ohioans with disabilities.
- The Ohio Statehouse has installed a wheelchair charging station so Ohioans with mobility impairments can access the state capital.
- Ohio counties participating in the Creating Healthy Communities Program have prioritized the inclusion of community members with disabilities in projects to make physical activity and healthy eating more accessible to all community members, such as the construction of accessible parks and playgrounds.



FAMILY SUPPORT

Similar to Ohio adults without disabilities, the most prevalent household composition for Ohio adults with IDD is to either live alone with no kids (37%) or to live with one or more adults with no kids (36.1%).^{8,12} Around 7% of Ohio adults with IDD live alone with one or more children, which is slightly higher than the estimated 6% of Ohio adults without disabilities.^{8,12} Additionally, more than 20% of adults with IDD live in a home with two or more adults and with one or more children.^{8,12} In terms of marital status for Ohio adults with IDD, 37.5% are currently married, 18.1% are divorced, 11.2% are widowed, 9.4% live with a partner, 5.5% are separated from their spouse, and 23.2% have never been married.⁸ In terms of childcare needs, approximately 33.3% of families of children with IDD and 30.2% of families of CSHCN need help in coordinating their child's care.⁸ Among those families who needed help, only about half of families always received the help they needed in coordinating their child's care. Over 20% of families of children with IDD and almost 19% of families of CSHCN reported they rarely or only sometimes received the help they needed.⁸

Family support is a critical service for improving the health outcomes for people with disabilities. It is an essential service that is often critical for avoiding more segregated placements in costly and inappropriate institutions for family members with IDD.⁸⁰ Ohio families caring for family members with disabilities experience higher levels of family stress and limited employment opportunities than families without disabilities.⁸⁰ Needed family supports in Ohio are frequently insufficient and research shows the need to strengthen this support.⁸⁰ Comprehensive, accessible family support must be provided in order to enhance the quality of life of all family members.

Ohio's residential treatment system often becomes the placement for people with disabilities. Often, placement in residential facilities is preventable and the result of families not being able to access high quality community-based services.⁸¹ Residential Treatment Facilities (RTFs) are intended to provide short-term, intensive services to youth in order to identify and address the focal problem necessitating out-of-home care and return them to their homes and communities.⁸¹ Ohio currently licenses 23 Children's Residential Centers and 11 Certified Group Homes, which offer residential treatment services for youth.⁸¹ The types of services provided vary across RTFs and can include individual therapy, group therapy, medication management, recreation therapy, substance abuse treatment, and a variety of other services and supports.⁸¹ In 2016, over 1,900 youth were in Ohio's RTFs.⁸¹



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These youth are disproportionately boys and African American. Over 65% of youth in RTFs were boys and over 35% were African American, while only 13.7% of Ohioans are African American.⁸¹ Nearly one-third (32%) were under age 15.⁸¹ Families must also relinquish custody of their child in order to access intensive mental health services.⁸¹ Private health insurance plans may cover outpatient treatment and acute hospital care, but not intensive community-based services and residential treatment services.⁸¹ Families who cannot afford to pay for such services either forgo needed care or relinquish custody to the state so the child will become eligible for Medicaid and receive the treatments that they need.⁸¹ Custody relinquishment only complicates the system more by eliminating families' involvement with overall care.⁸¹

Ohio's approach to improve home and community-based services is essential in providing high quality family support. A survey by the Ohio Developmental Disabilities Council found that there are over 160 family advocacy programs in Ohio which help families of people with disabilities to both access and navigate services and systems related to education, disability, mental health, safety, and other issues.⁵ However, this survey also found that 44% of families of Ohioans with disabilities do not understand how to access these services despite the number of advocacy programs dedicated to this work.⁵ Ohio has also increased investment in programs such as the Strong Families Safe Communities Program, which provides grants to local communities for crisis intervention and care coordination services.⁸¹ Ohio's Family and Children First Councils have also been effective in providing service coordination and other services and supports for families and children who are at risk of out of home placements.⁸¹ Family and Children First Councils reported that in 2015, the families who were able to access service coordination resulted in 95.9% of children being able to remain in their own homes.⁸¹ Included in the process of improving Ohio's family support services is providing Trauma Informed Care (TIC), which is a framework that will benefit all those that undergo its support to decrease injury risk behaviors and negative health outcomes.⁸¹ Furthermore, the Ohio Department of Developmental Disabilities (DODD) is investing in strategy-based learning sessions for Ohioans with disabilities. These sessions aim to educate Ohioans with disabilities and their families on how to navigate stress, how to build social networks and reduce social isolation, and how to engage in local projects.¹⁴

In the public child welfare system in the U.S., there is great variation in outcomes for parents with disabilities with respect to child placement within the adoption and foster care system. For example, DeZelar et al.⁸² looked at how states in the U.S. may differ



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in their use of parental disability as a reason for child removal in the Adoption and Foster Care Analysis and Reporting System (AFCARS). They found that Ohio had both the highest rate in the U.S. of parental disability being the sole reason for child removal (20.1% of cases) and the highest rate in the U.S. of parental disability being among at least one removal reason for child removal in more than half of child welfare cases (54.0% of cases).⁸² DeZelar et al.⁸² found a high degree of variability between states in the rates of child removal with parental disability being the sole reason in child welfare cases and suggests that this is due to a wide variation in how states are collecting data on parental disability. DeZelar et al.⁸² further points out the ethical issues in using parental disability as a reason to remove a child in a child welfare case. This removal reason is the only reason that is focused on a parental demographic characteristic rather than a parental behavior.⁸² When parental disability is used as a sole reason for child removal, this can lead to biased assumptions about disability, such as that parents with disabilities are unable to parent children, and thus lead to inequitable treatment of parents with disabilities.⁸² Given that Ohio has the highest rates for parental disability as the sole reason for child removal in child welfare cases, it is important that Ohio work to address and prevent inequitable treatment of Ohio parents with disabilities in the child welfare system.

In terms of caregiving, there is a shortage of Direct Support Professionals (DSPs). DSPs work directly with individuals with IDD to assist with activities of daily living and independent living. As of 2019, there were more than 9% of DSP positions unfilled across the state, which creates additional work and stress for the currently employed DSPs and results in lower quality care for Ohioans with disabilities who need DSPs.⁵ As outlined from COVID-19 data in the “Health and Wellness” section of the report, the pandemic has further exacerbated this DSP shortage, which puts additional stress on family members of people with disabilities who often need to fill this role. Furthermore, both Ohioans with disabilities and their families report that more training is needed for DSPs to improve the level of service they provide to families.⁵ The Ohio Alliance of Direct Support Professionals and DODD are collaborating to develop a statewide tiered system for Ohio DSPs that establishes various levels of DSPs to build a career path to address the DSP shortages and training needs in Ohio.⁵ Furthermore, in 2020, DODD worked with the Ohio Center for Autism and Low Incidence (OCALI) to develop virtual reality simulations to train DSPs in four different scenarios to improve their competence in working with Ohioans with disabilities.¹⁴ Additionally, among the in-person and webinar trainings for DSPs offered by DODD in 2020, there were over 21,000 attendees.¹⁴

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Finally, in Ohio, there are approximately 1.5 million family caregivers who provide care and assistance to their family members or friends with disabilities as of 2017.⁸³ These Ohio family caregivers represent around 1.3 billion hours in unpaid family care that saves the state an estimated \$16.8 billion annually in economic value.⁸³ In Ohio, there are efforts to improve more support for family caregivers such as helping family caregivers navigate financials, tax credits, and increased access to home and community-based care.⁸³



Key Takeaways

- Ohio families caring for family members with disabilities report high levels of stress.
- Only half of Ohio families who need help in coordinating the care of their child with a disability report receiving the help they need.
- In cases where families can access service coordination for their children with disabilities a large majority of children are able to remain in the home with their families.

CONCLUSION



Overall, this report provides an overview of Ohioans with disabilities across the lifespan in terms of their demographics, health and wellness, safety and security, integration within the community, family support, as well as educational, employment, housing, and transportation options. We recognize that this report is limited by the current publicly available data on disability in Ohio and that lack of consistent definitions of disability across data sources makes it difficult to measure the true extent of experience for Ohioans with disabilities. However, from the data that is available, it is clear that there are still large gaps in the level of access and full community integration for Ohioans with disabilities in comparison to those without disabilities. There are numerous opportunities to improve the full inclusion of Ohioans with disabilities in all aspects of life. This report outlines the various gaps in outcomes and barriers experienced by Ohioans with disabilities, particularly those with intersecting identities, such as people with disabilities who are also people of color. From recognizing and understanding these significant gaps, self-advocates with disabilities and professionals across Ohio are better positioned to have informed discussions about the issues and to make action plans to address these gaps and barriers. The UCCEDD exists to provide education, research, community service and information around these issues for Ohioans with disabilities. The true value of this report will be measured by the extent to which it is read, talked about, and used to advocate for positive changes in the lives of Ohioans with disabilities and their families.



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