



**ROCKY MOUNTAIN
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The Intersection of Disability and Food Insecurity:

Challenges and Solutions - Fact Sheet

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Definitions

The Americans with Disabilities Act (ADA) -

A federal civil rights law that prohibits discrimination towards individuals with disabilities.

Low food security- Defined in 2006 by the United States Department of Agriculture (USDA) as a situation where individuals report a reduction in the quality, variety or desirability of their diet.

Very low food insecurity- Having multiple indications of disrupted eating patterns and reduced food intake.

Background

Title II of the ADA prohibits discrimination on the basis of disability in access to state and local government programs.

A recent final rule updated Title II of the ADA requiring state and local governments to ensure web content and mobile applications are accessible to people with disabilities, which applies to web content, applications. Title III of the ADA requires the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation.

Title III of the ADA requires businesses and public facilities to make reasonable efforts to accommodate people with disabilities, which include social service establishments such as food banks.

Most food assistance programs will be covered under Titles II and III of the ADA.

Food insecurity has been found to be associated with lower levels of self-reported health status and mental health, as well as higher rates of emergency room visits and hospitalizations.

Food insecurity rates are significantly higher among adults with disabilities compared to those without disabilities.

28% of households that included an adult out of the labor force due to a disability were food insecure in a 2006 survey.

The food insecurity rate for households of employed individuals with disabilities was 24% compared to 7% if no one in the household was disabled.

The rate for very low food insecurity was 13% for households that included an unemployed person with a disability compared to 2% for households without disability.

Food insecurity rates among adults with disabilities vary significantly based on the type of disability, age, and gender.

- Individuals with physical disabilities often face higher rates of food insecurity due to mobility issues and higher medical expenses.
- Those with cognitive disabilities may experience even higher rates of food insecurity due to challenges in managing finances and accessing food assistance programs
- Some people fail to qualify for food assistance programs because their disability is not considered significant enough to make them eligible.
- Younger adults with disabilities tend to have higher food insecurity rates compared to older adults (6.7% vs. 6.4%) partly to lower employment rates and less stable financial situations among younger adults, along with access to retirement benefits and specific food assistance programs exclusive to older adults.
- Women with disabilities are more likely to experience food insecurity than men (6.5% vs 5.2%) attributed to gender wage gaps, higher rates of single parenthood, and caregiving responsibilities.

17%
higher food insecurity
rate for households
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disabilities

Access and Barriers in Acquiring Food for Individuals with Disabilities

Food accessibility includes physical, economic, information and digital, social, and policy/program barriers.

Physical - Limited access to reliable and accessible transportation to grocery stores, food banks, and food service programs. The layout of grocery stores and meal kitchens not setup with independent access for people with disabilities in mind.

Economic – Generally higher cost of living for individuals with disabilities. Lower employment rates, 22.5% compared to 65.8% for those without disabilities, and wage gaps contribute to financial instability.

Information - Information about food assistance programs, nutrition guidelines, and food delivery services may not be available in accessible formats required by the ADA. Access to online grocery shopping and delivery services are potentially restricted by limited access to the Internet or digital devices.

Social - Stigma and discrimination experienced by individuals with disabilities can lead to social isolation, particularly among those with severe disabilities. This can also limit their ability to seek help or access community food resources, and affects motivation to grocery shop, prepare meals, and eat.

Policy/Program - Food assistance programs may not meet the needs of individuals with disabilities. Eligibility criteria that exclude disabilities that are episodic or not considered “severe enough.” Individuals with higher food and nutritional needs may not have these needs met. Application processes for food assistance programs can be lengthy/complex, difficult to navigate, or inaccessible to people with disabilities.

Current Nutrition Interventions and Support Systems

SNAP, the Supplemental Assistance Nutrition Program, provides money for food to low-income households. Individuals with incomes <130% of the poverty income level can apply to this program. Participation in SNAP has shown to reduce food insecurity by 30%.

A study found 4.2 million low-income US households which included someone with a disability were food insecure.

- 1.4 million were not participating in SNAP
- 2.8 million were food insecure despite participating in SNAP

Reasons why individuals might experience food insecurity despite participating in SNAP include:

- Insufficient benefits to cover all food costs
- High living expenses
- Limited access to nutritious food

Reasons why individuals with disabilities may be prevented from participating in SNAP include:

- Inflexibility of the enrollment process
- Inefficiency in finding information on SNAP websites
- Inaccessibility of SNAP websites

Meals on Wheels (MOW) is another program, which provides food access for populations with restricted mobility.

MOW may not provide culturally desired food preferences and providing nutritious foods may be cost prohibitive to the program.

"4.2 million low-income US households which included someone with a disability were food insecure."

Recommendations to Address Food Insecurity Amongst Individuals with Disabilities

Below are public health implications or policy recommendations based on the current literature to address food insecurity individuals with disabilities face:

- Including individuals with disabilities, instead of assuming needs without involving them in the process, when considering food access need policies.
- Emergency food assistance programs (e.g., food pantries, soup kitchens) can request assistance to improve physical accessibility of that are not often organized to accommodate mobility disabilities.
- Streamline processes of food assistance programs to meet the needs of all individuals with disabilities.
- Understand that the health of individuals with disabilities may be affected by food availability or lack of food if they need to take medicine with food or follow a specific diet.
- Legislators and policymakers should have up-to-date and detailed knowledge of what public health implications exist to enact policies to address food insecurity for individuals with disabilities.

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Call to Action

It is important to determine the food insecurity of individuals with disabilities within the Rocky Mountain region.

Fully understanding individuals with disabilities' food insecurity levels would assist in developing:

- Trainings, such as 'how to apply for different food assistance programs.'
- Policy/public health solutions to assist individuals with disabilities in meeting their food access needs.

It is critical to better understand accessibility barriers that exist within the region related to food support programs, food banks, etc.

A needs assessment would assist in further identifying current barriers and future opportunities for individuals with disabilities experiencing food insecurity in the Rocky Mountain region.

For the full report with citations visit <https://rmad.ac/dfs>



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