# The Intersection of Disability and Food Insecurity: Challenges and Solutions

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## Introduction

Did you know that food insecurity rates are significantly higher among adults with disabilities compared to those without disabilities? In 2021, 28% of households where an adult could not work due to disability were food insecure. The food insecurity rate was 24% for households with employed adults with a disability compared to 7% of households without disability.1 Very low food security rates were also much greater for households where an adult was unemployed due to disability compared to those without disability, 13% compared to 2%, respectively.1

Low food security is defined by the United States Department of Agriculture (USDA) as a situation where individuals report a reduced quality, variety, or palatability of their food options. Very low food security occurs with people having multiple indications of disrupted eating patterns and reduced food intake.2 Food insecurity is associated with lower levels of physical and mental health status, as well as higher rates of emergency room visits and hospitalizations.3

Food insecurity rates among adults with disabilities vary a lot based on the type of disability, age, and gender of a person.4 People 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.5 Some people won’t qualify for food assistance programs because their disability isn’t considered severe enough to make them eligible.4 Younger adults with disabilities tend to have higher food insecurity rates when compared to older adults (6.7% vs. 6.4%). This is partly due to younger adults having lower employment rates and less stable financial situations, while older adults have exclusive access to retirement benefits and specific food assistance programs.5 Women with disabilities are more likely to experience food insecurity than men. In 2021, 6.5% of women lived in families experiencing food insecurity, compared to 5.2% of men.5 This difference can be attributed to gender wage gaps, higher rates of single parenthood, and caregiving responsibilities. These imbalances highlight the need for specific interventions that address the particular challenges faced by different groups of individuals within a community.

## Access and Barriers in Acquiring Food for Individuals with Disabilities

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination towards individuals with disabilities.6 The ADA can impact addressing food insecurity in a few different ways. Title II of the ADA prohibits discrimination based on disability by state and local governments, which includes state and local food and nutrition services.7 A recent final rule updated Title II of the ADA which requires state and local governments to ensure web content and mobile apps are accessible to people with disabilities, including state and local food service programs.6

Title III of the ADA requires businesses and public facilities to make reasonable efforts to provide access to people with disabilities, including establishments such as food banks.6 8 Despite protections of the ADA, barriers exist to accessing food and nutrition services including: physical, economic, information and digital, social, and policy/program barriers.4 9 10 11 12 13

* Physical Barriers

Title II of the ADA requires public transportation to be accessible for people with disabilities, but limited services and poor compliance continue to be a problem.14 Difficulty with transportation is significant for people living in rural areas because public transit options are limited. Inadequate access to reliable and accessible public transportation can make it hard to travel to grocery stores, food banks, and food service programs.

Although Title III of the ADA requires businesses and public facilities to be accessible, many grocery stores are not designed with accessibility in mind. This can make it challenging for people with disabilities to browse aisles, reach items on shelves, or use checkout counters.

* Economic Barriers

Individuals with disabilities often face a higher cost of living due to medical expenses, which can limit their budget for food. Accessible food options, such as prepared meals, can also be more expensive.11

Title I of the ADA prevents discrimination in employment based on disability.11 Regardless, employment rates of individuals with disabilities as compared to people without disabilities are 22.5% and 65.8%, respectively.15 Lower employment rates and wage gaps contribute to financial instability for individuals with disabilities, making it harder to afford nutritious food.

* Information Barriers

Information about food assistance programs, nutrition guidelines, and food delivery services may not be available in accessible formats, although information in braille, large print, or accessible digital formats compatible with screen readers are requirements of Title II and III of the ADA.10 11 Limited access to the Internet or digital devices, along with inaccessible formats, can also hinder the use of online grocery shopping and delivery services.

* Social Barriers

Individuals with disabilities face stigma and discrimination, which can affect their ability to access food assistance programs or receive help from community resources.10 11

Social isolation, especially for those with severe disabilities, can also limit their ability to seek help or access community food resources. This can also impact their motivation to shop for, prepare, and eat food.10 11

* Policy and Program Barriers

Existing food assistance programs may not fully address the unique needs of individuals with disabilities. Programs may have eligibility criteria that exclude certain types of disabilities not considered severe enough to qualify for federal programs or temporary/episodic disabilities. Programs also may not provide sufficient support to those with greater food and nutrition needs.12 13

## Current Nutrition Interventions and Support Systems

SNAP provides money to low-income households for food, and participation in this program has shown to reduce food insecurity by 30%. Individuals with incomes less than 130% of the poverty income level can apply to this program.16 17 A recent study found 4.2 million low-income US households were food insecure and included someone with a disability.17 Of those, 1.4 million were not participating in SNAP, and the other 2.8 million were food insecure despite participating in SNAP.17 Inadequate benefits to cover all food costs, high living expenses, limited access to nutritious food, and other barriers to getting healthy foods are reasons why people may experience food insecurity despite participating in SNAP. Another study investigated barriers that may prevent individuals with disabilities from participating in SNAP. The findings suggest SNAP programs should begin to provide increased flexibility in the enrollment process, less difficulty finding information on SNAP websites, and better accessibility of SNAP websites to meet the needs of individuals with disabilities.18

Application processes for food assistance programs can be complex and difficult to navigate, especially for individuals with cognitive or intellectual disabilities. Title II of the ADA requires that public services, such as food assistance programs, be accessible to those living with disabilities. However, lengthy applications and inaccessible formats can make it difficult for individuals with disabilities to navigate systems like SNAP (Supplemental Assistance Nutrition Program) and WIC (Supplemental nutrition program for Women, Infants and Children).16 17

## Addressing Food Insecurity Amongst Individuals with Disabilities Recommendations

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

Individuals with disabilities should be part of the discussion around food access needs, instead of assuming needs without involving them in the process.4

Emergency food assistance programs, like food pantries and soup kitchens, can request assistance to improve physical access to buildings, which are often not organized to accommodate mobility disabilities.10

Streamline processes of food assistance programs to meet the various needs of individuals with disabilities.18 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.10

Increase knowledge among legislators and policymakers regarding the effect public policies have on addressing food insecurity for individuals with disabilities.10

## Call to Action

It is an urgent need to address food insecurity of individuals with disabilities within the Rocky Mountain region. Providing information regarding individuals with disabilities’ food insecurity levels would assist with developing trainings (e.g., how to apply for different food assistance programs) and ultimately influence policy/public health solutions to assist individuals with disabilities in meeting their food access needs. It is critical to understand the access barriers that exist within the region related to food support programs, food banks, etc. A needs assessment investigating these issues would assist in identifying current barriers and future opportunities.

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