Poverty, Material Hardship, Financial Capability, and Quality of Life

in Adults With Disabilities

by

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ABSTRACT

This study examined poverty, material hardship, financial capability, and quality of life among residents of a subsidized housing complex for seniors and adults with disabilities in Phoenix, Arizona. Respondents (*N*-25) completed a 42-item questionnaire in March of 2017. Data analysis revealed reports of incomes as low as 200% of the poverty level, difficulty paying for food, medications, recreation, and transportation. The study found a positive correlation between the presence of a disability and obtaining sufficient food. In addition, the results indicated lowered financial literacy, reduced ability to keep up with monthly expenses, and a positive correlation between lower income and inability to come up with $2000 in the event of an unexpected expense. Respondents reported minimal use of non-mainstream financial services; most had checking accounts, while fewer reported savings accounts. Scores on financial literacy questions were low and respondents indicated interest in a financial literacy course. The study also revealed low perceived quality of life among the majority of respondents and a positive relationship with material hardship and lower quality of life scores. Implications include the need for further research within the population.

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Introduction

According to the US Census, there were 43.1 million people living in poverty in 2015; of these, over 15 million were working age adults (18-64) with disabilities (US Census, 2016). This number is more than likely low according to the Census website, because the study does not define disability status for respondents in the Armed Forces, and because prior research indicates veterans experience high rates of disabilities. Adults with disabilities face numerous economic disadvantages, including employment discrimination, reduced earning ability, and high costs related to their disabling condition, that contribute to disproportionate rates of poverty (Ball, Morris, Hartnett, & Blanck, 2006; Batavia & Beaulaurier, 2001; Brucker, Fremstad, 2009; She & Livermore, 2009; Soffer, McDonald, & Blanck, 2010). Batavia & Beaulaurier (2001) found that higher rates of poverty persist in this population despite the fact that close to half (48%) of adults with disabilities receives benefits under one of the two Social Security programs, SSI and SSDI.

Further, this group makes up a larger portion of people in poverty than any other demographic group, including racial, ethnic, and gender minority groups combined (Fremstad, 2009; Soffer et al, 2010). Members of this population are also more likely to experience high rates of material hardship and chronic difficulties meeting basic needs (Batavia & Beaulaurier, 2001; She & Livermore, 2009; Soffer et al, 2010). Additionally, researchers say those whose disabilities prevent them from working, and who must rely on SSI benefits for their income, experience the most significant levels of poverty and hardship because of low benefit rates and policy restrictions limiting people to no more than $2000 total in assets or savings (Batavia & Beaulaurier, 2001; McNeil, 1997; She & Livermore, 2009). Members of this group are thereby left with no options for escaping poverty or achieving financial self-sufficiency and stability as long as the inability to work continues.

Additionally, adults with disabilities have shown lower rates of financial capability and score poorly on questions addressing financial literacy (National Disability Institute, 2015; National Financial Capability Study, 2014; Parrish, Grinstein-Weiss, Yeo, Rose, & Rimmerman, 2010). Studies show a high number of this population has difficulty keeping up with monthly bills and planning for their financial wellbeing. They also make less use of mainstream financial services, with 40 to 50% reporting they do not have checking or savings accounts (Hartnett, 2010; NDI, 2015; NFCS, 2014); hence they are unable to benefit from financial services that could help them to plan for their financial wellbeing.

In view of the vulnerability of this group and the numbers of individuals impacted, this issue warrants further investigation. Members of this population are often marginalized in multiple ways because of their physical and/or mental impairments, added to which a significant proportion also experience the disparate conditions of poverty and hardship. The interaction of these adverse conditions and the lack of ability to improve their economic status can have significant negative impacts to overall wellbeing and quality of life for these individuals (Lombe, 2004, Morris, 2008; NDI, 2015; Sherraden, 2013).

This study explored these conditions among a local group of community-dwelling adults with disabilities in a low-income, federally subsidized Section 8 property, examining the extent to which individuals in this group experience poverty and material hardship, the degree of financial capability and engagement with mainstream financial services, and the perceived quality of life.

Definition of Terms

Material Hardship & Poverty

Poverty has historically been defined based on income levels and the US Department of Health & Human Services (2016) continues to use an income-based concept of poverty to set federal poverty levels. While income remains a fundamental factor in assessing poverty, many researchers find that measures focused solely on income underestimate the multiple life areas in which poor people are impacted by poverty. This has led researchers to a more broad understanding of poverty as a "deprivation of well-being" (Brucker, Mitra, Chaitoo, & Mauro, 2015, p. 273), that takes into account the individual's ability to meet essential needs in a range of economic, social, and other domains of well-being (She & Livermore, 2007; US Census, 2016).

Measures of *material hardship* have been developed to better assess areas of material well-being, or how people are impacted in their ability to meet basic needs, including keeping up with rent and utilities payments, having sufficient food, and access to medical and/or dental care. Hardship measures also often assess other sociopolitical factors such as computer/internet access, educational attainment, and social connectedness, including social support networks, such as friends, family, community (Brucker et al, 2015; She & Livermore, 2007; US Census, 2016). For example, the US Census adopted the Extended Measures of Well-Being to supplement its poverty surveys, which, in addition to assessing ability to meet basic needs, examines five domains of well-being. These include the ability to possess basic electronics and appliances, such as computers, cell phones or landlines, and refrigerators; quality and adequacy of housing conditions, as well as overall living conditions, the neighborhood and surrounding community, and available community services, including medical, emergency, and law enforcement services (2016).

Financial Literacy & Financial Capability

Financial literacy has been conceptualized in different ways by researchers and various government entities and organizations, with definitions ranging from basic financial knowledge, to having the ability to evaluate complex financial instruments (Huston, 2010). The President's Advisory Council on Financial Literacy states financial literacy is "the ability to use knowledge and skills to manage financial resources effectively for a lifetime of financial wellbeing" (2014, Recommendations, ¶ 11). This definition encompasses having financial knowledge and being able to apply that knowledge to take action, including being able to plan for the future and manage money effectively. Possessing this kind of knowledge and ability can help people to make good financial decisions and to have an understanding of things like interest rate charges on credit cards and debit card fees. It can also provide people with awareness of the risks of various types of costly financial behaviors, which is particularly useful to financially vulnerable individuals who lack a financial cushion and for whom poor financial choices can have detrimental consequences (Babiarz & Robb, 2014; Lusardi & Mitchell, 2014; Sherraden, 2013).

While financial literacy is important to achieving financial stability, there is increasing emphasis by researchers on the broader concept of *financial capability*. The US Treasury defines financial capability as "the capacity, based on knowledge, skills, and access, to manage financial resources prudently and effectively" (Executive Order 13646, 2013). This comprises the knowledge and ability to act, with *access* and the *opportunity* to act, taking into account external factors that impede individuals from acting in financially beneficial ways (Sherraden, 2013). Therefore, while financial knowledge may give individuals the ability to make good financial decisions, in order to put that knowledge into practice, they must also have access to affordable services and products. For example, some individuals may be unable to utilize traditional banking services because the fees are too high or their credit rating is poor, and thus they lack the opportunity to build savings and assets (NDI, 2015; Sherraden, 2013).

The National Financial Capability Study (NFCS), a comprehensive survey assessing utilization of mainstream financial services, savings behaviors, and financial knowledge, conducted at three-year intervals by the Financial Industry Regulatory Authority (FINRA), is a major source of information on the financial behaviors and capabilities of Americans (FINRA, 2016). The NFCS study focuses on four primary areas in order to assess financial capability: ability to make ends meet (keeping up with monthly bills); ability to plan ahead (having a rainy day fund, plans for retirement);

managing financial products (use of bank products and services, management of credit card debt); and financial knowledge and decision-making (FINRA, 2016).

Supplemental Security Income (SSI)

The Social Security Administration administers the Supplemental Security Income (SSI) program, which is intended to provide monthly financial support to aged, blind, or disabled individuals. SSI is a means-tested program, meaning that eligibility is restricted to those who can show they do not have the means to provide for themselves without help. SSI applicants must show they meet the financial requirements; a maximum of $2000 in countable resources or assets, which includes cash, and personal property and items that could be turned into cash, financial accounts, and life insurance. The program does have exceptions to the $2000 assets restriction, where certain resources are not counted; these include the home one lives in, and a vehicle if it is used for the individual's transportation, in addition to monies received to pay for education, such as grants, scholarships, and fellowships. These monies must be used to pay for educational expenses during the 9 months' school term (SSA, 2016).

In addition to the financial eligibility requirements, SSI disability applicants must also have a documented disability. Under the SSA, the definition of disability is based on the inability to work, or to participate in Substantial Gainful Activity (SGA) due to a "medically determinable physical or mental impairment expected to result in death or to last at least 12 months" (SSA, 2016).   SGA is described as work that "involves significant physical and/or mental activities" (SSA, 2016) that is intended to provide pay or profit. The SSA sets the rate of $1,130 per month in earnings as evidence of the ability to perform SGA, and therefore an individual earning $1,130 or more is ineligible for SSI benefits. Individuals approved to receive SSI benefits typically are also approved for Medicaid health insurance. The monthly amount individual SSI recipients receive is called the Federal Benefit Rate (FBR), which is currently set at $733.00 per month (SSA, 2016). The FBR does have cost of living increases and is slated to increase to $735 per month in 2017 (SSA, 2016). Some states provide a supplement to the FBR for which the amount varies from $10 to $200, but this may limit other benefits individuals are eligible to receive. For example, in Arizona, SSI recipients do not receive state supplement funds, however, they are eligible for SNAP benefits (food stamps), whereas in California, individuals receive a state supplement to their SSI benefits, making their total monthly income $889.40, but these recipients are not eligible for SNAP as a result of receiving the supplement (SSA, 2016).

The SSI program is distinct from the Social Security Disability Insurance (SSDI) program, established in 1956 and also administered by the SSA. The SSDI program is intended for individuals with disabilities who have previously paid into the social security system through employment and the SSDI benefit rates are based on the number of years the individual has worked and the amount of income received during those years. Individuals in the SSDI program typically receive a higher monthly benefit payment and are not restricted as to the total amount of savings or assets they are allowed to accrue. The monthly benefit amount varies from person to person since it is based upon lifetime earnings, but the maximum benefit for SSDI in 2016 is $2,639 per month. Some individuals may also be eligible to receive a certain amount of SSI concurrently with their

SSDI payment. This is the case when a person's work history is low enough that their SSDI payment would be less than the full SSI FBR at that time; the individual would then receive the difference in SSI benefits, the total benefit amount not to exceed the SSI FBR (SSA, 2016).

Disability

Notwithstanding the SSA's definition of disability, researchers often refer to the definition laid out by the Americans with Disabilities Act (ADA), which describes disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual" (ADA, 2016, Disability Defined, ¶ 1). Major life activities involve those activities that are paramount to daily life, including walking, seeing, hearing, tending to one's needs, learning, thinking, and working (ADA, 2016). Individuals might have physical impairments involving one or more of the body systems, including disorders such as cerebral palsy, epilepsy, multiple sclerosis, cancer, heart disease, to name a few. There may also be sensory impairments affecting vision and hearing, mental health impairments, including psychiatric disorders and drug and alcohol addiction, or intellectual or developmental disabilities (ADA, 2016).

Multiple factors, including health conditions and factors in the environment, are involved in determining the degree to which an individual's ability to function is impaired by their disability. Some may have functional limitations in their ability to perform basic tasks such as getting in and out of bed, bathing, getting dressed and eating meals, or tasks like grocery shopping, preparing meals, and doing housework. Further, while some individuals' impairments allow them to continue to work in some capacity, many have more severe and/or long-term disabilities that prevent them from being able to work (ADA, 2016; Fremstad, 2009; McNeil, 1997).

Theoretical Framework

In light of the systemic factors that contribute to poverty and lack of economic opportunity in this group, an empowerment framework informs this study. According to Sadan (2002), the "empowerment process aims to influence the oppressed human agency and the social structure…." (p. 44). Thus, viewing this problem through an empowerment lens shines light on the systemic factors that lead to the economic inequality and oppression that deprive this group of power, and highlights the necessity of access to resources to enable people to act in their own interest. In addition, since empowerment is about having power or influence over one's life, the goal of empowerment is to promote the ability and potential for people to gain influence over their circumstances (2002). Therefore, an important part of empowerment is for practitioners and/or researchers to promote understanding through dialogue and trust building between the practitioners or researchers and oppressed populations. This involves allowing the members of the community to tell their stories of disempowerment, and building community within the population based on their shared powerlessness. For example, in the case of the current study, the researcher might share the findings of the study with the population in order to bring awareness to their mutual oppression, and work to help the oppressed community to develop their skills and capacity to become part of a collective change effort (2002, p. 116).

Literature Review

According to the literature on adults with disabilities, the promise of the ADA to "assure equality of opportunity, full participation, independent living, and economic self-sufficiency" (Government Publishing Office, 2011, Findings, ¶ 7) has yet to come to fruition for many in this population (NDI, 2015). Research shows that members of this group continue to experience income inequality, with disproportionate numbers living in poverty and hardship (Batavia et al, 2001; Brucker et al, 2015; Fremstad, 2009; National Organization on Disabilities [NOD], 2010; She & Livermore, 2007 & 2009) with little means for achieving financial stability or having control over their own financial well-being (Parrish et al, 2010; Soffer, et al, 2010, NFCS, 2014). The section below will discuss the literature on the high rates of poverty and financial vulnerability in this population. It will then review the findings of financial capability studies and the research on asset building, and finally, discuss impacts to quality of life.

Poverty & Material Hardship

Reduced earning ability and the high costs of managing a disability have been discussed as major contributing factors to the disproportionate poverty rates in this group (Batavia et al, 2001; McNeil, 1997; She & Livermore, 2007). Incomes at 200% below the poverty level are reported by 28.3% of adults with disabilities (She & Livermore, 2007). The ability to earn a livable income can be reduced due to a combination of factors including inability to work, transportation challenges, and discrimination in employer hiring practices and in the workplace. According to the 2010 Survey of Americans with Disabilities (NOD, 2010), 73% of those who were not employed reported it was due to a disability; 42% said it was because they could not get the needed accommodations in the workplace; and 51% reported having trouble getting a job due to their disability (p. 42). In 2012, the employment rate of individuals with disabilities was 33% compared to 74% for non-disabled adults, and average earnings for those with disabilities who reported working was $10,000 less than other groups (NFCS, 2014). Poverty and hardship rates have been shown to increase in cases where disabilities are severe enough to prevent individuals from working (Batavia et al, 2001; McNeil, 1997; She & Livermore, 2007). This is particularly true for those who rely on income from the SSI program; at the current monthly FBR of $733 for individual recipients, the annual income totals $8,796, which is well below the current federal poverty level of $12,060 for a one-person household (US Department of Health & Human Services, 2017).

Further contributing to poverty and hardship in this group is the added financial burden of costly out of pocket expenses often required to manage the needs of a disabling condition. These expenses might include accessible vehicles or personal care attendants, sign-language interpreters, or software programs that enable the visually impaired to access computers (Batavia & Beaulaurier, 2001; Brucker, et al, 2015; Drew, 2015; Mendelsohn, 2008) and can be as much as three times the costs that non-disabled groups experience, depending upon the degree of disability (Olin and Dougherty, 2006). In a study by the US Senate Committee on Health, Education, Labor, & Pensions (2014), participants took part in in-depth interviews sharing insight to the additional costs they face in managing their disabling conditions. Participants talked about paying costs that can add up to thousands per year even when they reported having insurance coverage.

Several respondents on Medicaid reported that while their basic equipment, such as walkers and wheelchairs, are covered by their health plan, there are many specialized items necessary to managing their conditions that are not covered. For example, one respondent had to pay for a particular type of padding needed for her chair headrest to prevent development of pressure sores on her head. She also had to pay for various special supplies that are used by her personal care attendant in tending to her needs. A respondent with cerebral palsy described having to pay the monthly maintenance costs for her motorized chair, as well as other supplies, such as special surgical gloves. She estimated her additional monthly costs to be about $150 per month (p. 10). Another respondent with cerebral palsy reported she wore her shoes out regularly due to her walking pattern and had to buy new shoes every month as a result. Another respondent with cerebral palsy talked about having to pay higher rent in order to be in an apartment building with an elevator (2014, p. 11).

Thus, as a consequence of factors over which they have little control, this group experiences poverty and hardship in a wide range of social and economic dimensions. Brucker and Houtenville (2015) found members of this group report chronic difficulties meeting basic needs, including difficulty acquiring sufficient food, meeting monthly expenses, including rent and utilities, and frequent inability to access medical and/or dental care, in addition to less access to transportation and computers and/or the internet. She and Livermore (2007) examined material hardship in working age adults, and after controlling for income and other factors, such as participation in government benefits, they found disability to be a significant factor in the occurrence of material hardship, with the likelihood of reporting hardship ranging from 40 to 200% higher in this group (p. 986). Their analysis found that among those with a work limitation, 62% reported food insecurity, 51% reported inability to meet expenses, and 56% reported inability to obtain prescription medications (p. 985).

Additional research by She and Livermore (2009) found adults with disabilities experience longer periods of poverty than other groups, many of whom stay in poverty for short periods of time. The authors use data from the SIPP (Survey of Income and Program Participation) spanning the period from 1996 to 1999 to look at differences in short and long term poverty in working age adults based on ability status. The longitudinal data allowed researchers to pay mind to the period of time the disability endured in relation to the period of time the conditions of poverty continued across the 48-month time span (p. 245). Their study found that of working age adults living in poverty for 12 months or longer, 47.4% have at least one disabling condition, and in people who stay in poverty for 36 months or longer, 65% have a disability. Poverty rates were shown to increase as the work limitations remained over time, so that individuals who were limited in ability to work for a period of 13 to 36 months were 25% more likely to stay in poverty for longer than 12 months, and this increased to 39% for those experiencing work limitations for more than 36 months (2009).

Financial literacy and capability

Studies have shown a connection between financial knowledge (literacy) and financial behavior, where lack of financial literacy was associated with poor financial decision-making, such as engaging in high-cost borrowing, including payday loans, and costly credit card behaviors that include going over the credit limit, making the minimum payment, or generating fees and high interest charges due to late payments (Lusardi & Mitchell, 2014). Moreover, financial literacy and/or financial education have been associated with an increase in savings behaviors (Hilgert, Hogarth, & Beverly, 2003; Lusardi & Mitchell, 2014) and improved ability to make wise financial decisions, to more effectively manage day to day finances, and to better plan for long term economic security (Babiarz & Robb, 2014; Lusardi & Mitchell, 2007).

Nonetheless, some researchers argue that the effectiveness of financial education is overstated (Sherraden, 2013; Willis, 2008), noting that financial education programs have garnered mixed results in studies showing the impact of financial education. While some studies show such benefits as higher savings rates in groups who attended finance courses, others show no changes following these courses. Furthermore, although researchers agree that financial literacy influences healthy financial practices, they argue that focusing on financial literacy alone blames the victim for experiencing poor financial outcomes that often result from the constraints of poverty. Individuals experiencing extreme hardship can be limited in their ability to practice long term financial thinking and to make better day-to-day financial decisions despite having financial knowledge. For example, people who are focused on survival, struggling to keep food on the table or a roof overhead, may not be able to afford to pay more than the minimum payment on their loans or credit card balances. Also, as a result of their financial status, members of this group are often unable to access the services and products that enable people in the middle and upper classes to benefit financially (Hartnett, 2008; Morris, 2008; Sherraden, 2013; Willis, 2008). As Sherraden (2013) describes it, economic inclusion is necessary to enable people to act in their best financial interest (p. 4). This includes access to affordable financial services and products that give people the opportunity to practice good financial decisions and the ability to build savings and assets (2013).

To be sure, research finds that adults with disabilities are disproportionately less likely to report utilizing mainstream banking services (Hartnett et al, 2008; Kessler, 2010; NDI, 2010; NFCS, 2014), and report the reasons for not having checking or savings accounts include not having enough money, unaffordable bank fees, and high minimum balance requirements (Kessler, 2010; NFCS, 2014). The 2014 NFCS, a state-by-state survey administered online to 25, 509 adults, found that less than half of adults with disabilities (47%) reported having both a checking and a savings account (p. 31); 34% reported having a checking account only, and of those with a checking account, 29% reported occasional problems with overdrawing their account. Only 4% reported having a savings account alone, and only 5% reported retirement accounts; 42% reported having any credit cards (p. 34). Additional reasons reported for not having bank accounts included not having bank branch locations nearby, poor credit history, and distrust of banks. Poor credit history and distrust of financial institutions were discussed as stemming from past financial difficulties and inability to keep sufficient funds in bank accounts and consequently facing repeated fees and charges, thus contributing to a poor credit history and negative relationships with financial institutions (Kessler, 2010; NFCS, 2014; Sherraden, 2005).

Many in this population also report using alternative financial services that are not secure and lack customer protections, including payday loans, check cashing outlets, and prepaid debit cards (Hartnett et al, 2008, Kessler, 2010; NDI, 2010; NCFS, 2014). They also report frequently using rent to own furniture and appliances, and purchasing money orders to pay their monthly bills, including utilities, cable, and phone bills. Dependent upon the survey, between 30% and 60% of adults with disabilities reported using these alternative services instead of mainstream banking services (Kessler, 2010; NDI, 2010; NFCS, 2014). Although the fees for alternative services are costly, for example, check cashing outlets charge 2% to 4% of the value of the check in order to cash it (Caskey, 1997), these types of outlets enable individuals to accomplish tasks that banks do not, such as providing cash instantly when a check is presented for cashing, whereas banks typically have a wait period before the funds are available. Also, outlets have more available locations and offer other convenient services, including processing of wire transfers, and selling stamps and envelopes (Caskey, 1997; Sherraden, 2005).

The NFCS (2014) also reported that adults with disabilities showed less overall financial capability than their non-disabled peers in the areas of making ends meet, planning ahead, and managing financial products, and scored lower on financial literacy questions (p. 37). The study found that 58% of adults with disabilities report difficulty covering monthly expenses; further, 32% of those with more severe disabilities reported worsening debt load each month (p. 13). In addition, 81% of respondents reported having no funds set aside for financial emergencies and 63% reported with certainty that they could not come up with $2,000 if an unexpected expense arose (2014).

The inability to have savings contributes further to the financial vulnerability and instability of this population. Individuals without financial reserves are left unprepared for financial emergencies or unexpected expenses that could arise, placing them at risk for financial crisis, such as inability to pay rent or utilities, which could ultimately leave them homeless. Indeed, there is strong consensus among researchers that saving and asset building are essential to achieving economic stability and long term security (Ball et al, 2006; Birkenmaier, Sherraden, & Curley, 2013; Hartnett et al, 2008, Lombe & Sherraden, 2008; Mendelsohn, 2008; Parish et al. 2010; Sherraden, 2005 & 2013; Soffer et al, 2010). Assets consist of financial possessions, including savings, stocks and bonds, real and personal property, that can contribute to economic security because they provide a buffer, giving people resources to draw on in times of financial crises, and they can increase in value and generate income (Lombe & Sherraden, 2008; Parish et al, 2010, Sherraden, 2013). Accordingly, researchers say the ability to save and build assets is equally as important as ongoing income in allowing people to escape poverty and attain financial stability (Parish et al., 2010; Sherraden, 2013). Additionally, owning assets and being able to save money has positive psychological benefits, offering people the ability to imagine a more hopeful future, and is positively associated with improved subjective wellbeing (Shim, Serido, & Tang, 2012; Stoesz, 2013). Further, researchers propose there is reason to believe a positive relationship between social inclusion and asset building interventions, stating that when people are able to accumulate assets, they are able to view themselves as having a stake in society and thus may increase their participation in economic, civic, and political activities (Lombe, 2004, Morris, 2008; Sherraden, 2013).

However, individuals with disabilities face barriers to asset accumulation that are not experienced by other groups (Mendelsohn, 2008; Parrish et al, 2010; Soffer et al, 2010). Only 27% of adults with disabilities own homes, compared to 70% of those without disabilities, and 80% of adults with disabilities were found to have few or no assets (NFCS, 2014; Parish et al. 2010). Barriers to asset accumulation in this group include reduced earning capacity, reliance on government programs for income, and policy limits on asset accumulation. This is especially the case for SSI recipients, as they lose eligibility for their benefits, including coverage under Medicaid, if they acquire more than $2000 in assets (Mendelsohn, 2008; Parrish et al, 2010; Soffer et al, 2010; SSA, 2016).

Acknowledgement of the need for asset-building opportunities for low-income groups has led to programs such as Individual Development Accounts (IDAs). The US Department of Health Assets for Independence (AFI) program offers IDAs, which allow poor individuals to receive subsidies, or matched funds, when they use their savings for specified financial goals. These goals are primarily for purchasing a home, paying for education, or starting a business (AFI, 2016). IDAs have been described as having the potential to resolve poverty issues in adults with disabilities; however, only 6% of individuals with disabilities reported participating in an IDA (AFI, 2016; Soffer, et al, 2010). One known barrier is that eligibility to take part in IDAs requires earned income, making SSI recipients who cannot work ineligible for these programs (AFI, 2016; Ball, et al, 2010; Soffer, et al, 2010). Also, studies show that individuals with disabilities who do participate in IDAs save less on average (between $5 and $60 less per month) than individuals without disabilities (Soffer, et al, 2010, p. 380). Researchers suggest that other economic hardships experienced by this group, including the higher costs of living with disabilities, can hinder their ability to have funds available to apply to IDA accounts. Further, criticisms of IDA programs discuss the limited goals for which the savings can be used, and the lack of alternative savings options that might better address the needs of this group. For example, it might be more beneficial to this group to allow savings to be used to make adaptations in the home, purchase an accessible vehicle, or pay for expensive medical devices that are not covered by insurance (Soffer, et al, 2010).

Quality of Life

As a result of the confluence of disadvantages experienced in this population, they are at risk of having a significantly diminished quality of life. Satisfaction in life can be reduced for individuals who face chronic hardship and difficulty meeting their basic needs (Kessler, 2010; NDI, 2010; NFCS, 2014)). Likewise, people can feel socially disconnected when they are unable to be part of the workforce, feeling they lack value in society as a result of not being actively a part of something that is worthwhile and connects them to the larger society (Brown, Brown, & Turnbull, 2003; Lombe & Sherraden, 2008). Further, studies have shown this group experiences social exclusion and reports less participation in social and community activities. This includes less participation in activities outside the home, such as going to restaurants or movies, and less socialization with friends, relatives, and neighbors (Kessler, 2010; NDI, 2014).

While studies did not identify the reasons underlying reduced social participation, numerous factors could be involved, including financial constraints. People who are having trouble meeting basic needs may have little ability to afford the costs of such activities. There might also be transportation challenges, mobility challenges or accessibility issues in public spaces that make it difficult.

Furthermore, quality of life can be impacted when limited financial capability and economic exclusion prevent individuals from achieving financial wellbeing (Kessler, 2010; NDI, 2014). As the US Consumer Financial Protection Bureau (CFPB) describes it, financial wellbeing is "the ability to fully meet current and ongoing financial obligations, to feel secure about the financial future, and to be able to make choices that allow enjoyment of life" (CFPB, 2016). As the research shows, many members of this group have few options available to help them to improve their financial circumstances. This is especially the case for those who must rely on SSI as their sole source of income as they have no apparent pathway out of poverty as long as they remain unable to work. The lack of economic opportunities they experience, and the inability to have control over their own financial wellbeing is disempowering and ultimately prevents them from being a part of the mainstream system that other people benefit from, both socially and economically, limiting their ability to participate in community life and ultimately to enjoy satisfaction in their quality of life (Kessler, 2010; NFCS, 2014; Parrish, et al, 2010; Soffer, et al, 2010).

The literature thus provides substantial evidence of the disadvantages faced by adults with disabilities. Therefore, the purpose of this study is to provide insight to the experience of adults with disabilities in the local community with regard to poverty, hardship, reduced financial capability, and quality of life.

Methods

This descriptive study used a cross-sectional research design employing a survey questionnaire to explore the following questions:

Research Question 1: To what extent is poverty and material hardship experienced among this group?

a) How does the degree of poverty and material hardship differ among income subgroups?

Research Question 2: What is the level of financial capability and utilization of financial services and products among this group?

a) What factors are associated with differences in the use of banking services among the population?

Research Question 3: What is the degree of satisfaction with quality of life among this group?

a) What factors are associated with higher/lower rates of satisfaction with quality of life?

Sampling

A purposive sampling method was used to recruit residents of a 300-unit federally subsidized Section-8 property for low-income seniors and individuals with disabilities. The study investigator enlisted the assistance of the property manager to post a recruitment notice to bulletin boards inside the property. The recruitment notice asked potential participants to contact the study investigator. Additionally, the setting of the property includes an onsite student-run clinic in which some residents receive various services, and this provided an opportunity to recruit prospective participants from the clinic. Therefore, the recruitment notice was provided to staff and students working in the clinic for referral of clients. A snowball approach was also employed, where study participants provided referrals of other potential candidates. Due to the use of human subjects in this study, the research protocol was reviewed and approved by the Institutional Review Board (IRB) before data collection began. Informed consent procedures included the researcher reading a consent statement explaining there were no foreseeable risks or benefits to taking part in the study and that participation was voluntary. Data collection took place throughout the month of March 2017. As an incentive to participate in the study, participants were entered into a raffle drawing for a gift card.

Measures

This study uses primary data obtained via a 42-item structured survey (Appendix A) with primarily closed-ended or partially closed-ended questions, with the exception of six open-ended questions. The survey questionnaire is comprised of four sections; the first section uses multiple-response questions to obtain demographic information, including gender, age, ethnicity, education, income and employment status, and binary questions identifying disability and chronic illness status. The second section addresses poverty, hardship, and financial capability using 13 questions from the NFCS (2014) that assess financial knowledge, financial practices, and ability to plan ahead, and two questions from the US Census (2016) basic needs module that measure ability to meet essential expenses and food adequacy. The questions are multiple-response or binary response with the exception of six open-ended questions. The open-ended questions include two asking for the primary reason if respondents indicated they do not have a checking or savings account, and four questions asking respondents to provide numerical figures: amount maintained in savings account, average monthly amount spent on equipment or supplies for a disability, approximate amount (if) owed in medical bills, and approximate monthly income. The third section contained the 16-item Flanagan's Quality of Life Scale (QOLS), a 7-point Likert scale (7-delighted, 1-terrible) that has been found to be a valid and reliable instrument (Burkhardt et al, 2003). It is a multidimensional measure that assesses quality of life in five domains including physical and material wellbeing, relationships with others, social and civic participation, personal development, recreational participation, and independence. The final section contains a binary question eliciting respondents' interest in a financial literacy course, and a multi-response question asking the financial topics that would be of interest. The survey questionnaire was intended to be self-administered; however, the study investigator assisted four participants at their request because of vision or other impairments that hindered their ability to read and/or write. In these cases, the investigator read the survey questions to the respondent and marked the answers on the questionnaire.

Data Analysis

Data analysis included descriptive statistics, including frequencies and central tendencies, in addition to several statistical analyses to address the research questions. Because of the very small sample size, exact tests were used to conduct statistical analyses, including Fisher's exact test, which was conducted in place of Chi-square to test associations of categorical variables, and exact logistic regression, which was used in place of a regular logistic regression to look at the influence of certain variables on a binary response variable. Thematic analysis was completed to categorize responses to open-ended questions for interpretation.

Results

Demographics

A total of 25 residents participated in the study. Participants were between the ages of 27 to 85 years, with a mean of 63.41, a median of 67.5, and a standard deviation of 13.30. Males constituted the majority of the sample (58.3%), while females comprised 37.5% of the sample, and one respondent reported as transgendered. Additionally, the majority of participants were Caucasian or White (66.7%), with the remainder reporting as African American or Black (12.5%), Native American or Alaskan Native (8.3%) or multi-racial (8.3%). Ethnicity was reported as primarily non-Hispanic or non-Latino

(91.7%). There were 83.3% of respondents reporting being diagnosed as having a disability, and 79.2% reporting a chronic illness. Only 8.3% reported not completing high school, while 25% reported a high school diploma or GED, 37.5% reported completing some college, 20.8% graduated from college, and 8.3% reported completing post-graduate education. All of the participants reported living alone. Regarding work status, 12 respondents reported being retired, 10 reported an inability to work due to disability, two reported part-time employment, and one reported being self-employed.

Poverty and Hardship

The minimum monthly income reported was $194 and the maximum was $1500, with a mean of $785.44, and a standard deviation of $259.41. Table 1 shows the number of respondents reporting in each category for income source and the monthly income amounts reported.

Table 1. Income Source

Income Source	Frequency (*N*=25)	Monthly Income
Retirement	9	$425 - $1500
SSDI	4	$728 - $1100
SSI/SSDI	4	$700 - $753
SSI/Retirement	4	$650 - $755
SSI	1	$733
Employment	2	$500 - $1000
Other benefits	1	$194

Difficulty obtaining enough to eat was reported by 64% of respondents, Table 2 shows frequencies across responses. Further, 68% reported money as the primary barrier to obtaining enough food to eat (Table 3).

Table 2.Difficulty Paying for Food

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	2	8.0	8.0	8.0
	None	7	28.0	28.0	36.0
	A little	1	4.0	4.0	40.0
	Moderate	10	40.0	40.0	80.0
	A lot	4	16.0	16.0	96.0
	Extreme	1	4.0	4.0	100.0
	Total	25	100.0	100.0	

Table 3. Reasons for Not Enough Food

	N				
	Valid	Missing	Mean	Median	Mode
Not enough money for food	25	0	0.68	1.00	1
Too hard to get to the store	25	0	0.24	0.00	0
No working stove	25	0	0.00	0.00	0
No working refrigerator	25	0	0.00	0.00	0
Not able to cook because of health problems	25	0	0.20	0.00	0
Not applicable	25	0	0.20	0.00	0

Additionally, while there was no relationship observed between type of income and difficulty paying for food, Fisher's exact test (Table 4) revealed a statistically significant relationship between having a disability and having difficulty paying for food (p-value=0.0446).

Table 4. Disability vs Difficulty paying for food

Disability	Difficulty paying for Food					
	None	A little	Moderate	A lot	Extreme	Total
No	2	1	0	0	0	3
	8.7%	4.35%	0	0	0	13.04%
Yes	5	0	10	4	1	20
	21.74%	0%	43.48%	17.39%	4.35	86.96%
Total	7	1	10	4	1	23
	30.43%	4.35%	43.48%	17.39%	4.35%	100%

P-value=0.0446

The majority of respondents reported no difficulty paying rent (72%), while 28% reported from a little difficulty to extreme difficulty paying rent. There were 32% of participants reporting difficulty paying their phone bill, and 40% reporting difficulty paying for medications, 48% reporting difficulty paying for transportation, and 76% reporting difficulty paying for recreation. Question 15b, pertaining to payment of a gas or electric bill, was determined not applicable as residents do not pay electric or gas because it is included in the cost of rent. Most participants reported having health insurance (84%), however, 40% reported having expenses related to a disability that are not covered by insurance. Only 4 of 10 respondents who indicated having monthly expenses related to a disability reported the average amount spent per month; these amounts ranged from $10 to $200, with an average of $80 per month. There were also 40% of respondents who indicated having unpaid medical bills. Amounts owed ranged from $130 to $5000, with a mean of $1896; a median of $1000; mode of $1000; and a standard deviation of $1946.

Financial Capability

Questions related to financial practices revealed that only 20.8% of respondents reported having a credit card, with 16% of those reporting being charged interest in some months due to carrying over a balance. Most reported no utilization of payday loan outlets (88%), pawn shops (72%), or rent-to-own stores (96%). The majority of respondents reported having a checking account (72%), while fewer reported having a savings account (36%), and only 28% reported having both a checking and savings account. Statistical analysis using Fisher's exact test found no statistically significant association between having a checking account and gender (p-value=0.3408), or white/non-white race (p-value=0.1288). Similarly, there was no statistically significant relationship between having a savings account and gender (p-value=0.3891), or white/non-white race (p-value=1.00).

Six responses were received to the question of how much money is maintained in their savings account; two respondents indicated a zero balance, one indicated $10; two indicated $20, and one indicated $100. Where open-ended responses were requested to provide reasons for not having a checking account, the following five responses were received: "never use checks"; "no money" (2); "just have prepaid green dot"; and "bills." Regarding not having a savings account, the following eight responses were received: no money (2); no money to save; not enough money; usually spend most of my money; cost of living is high; don't need; and bills.

In the area of financial knowledge, 44% of participants rated their overall financial knowledge as moderately high to very high, while 36% rated their knowledge as moderately low to very low. When asked whether checking accounts earn a higher rate of return than other investments from a bank, 56% of respondents responded correctly, and 40% indicated they did not know the answer to the question. When asked about how much money in a savings account would grow over a five year period with an interest rate of 2%, about half (48%) responded correctly, and 48% responded incorrectly or did not know the answer. When asked how an inflation rate of 2% might impact money in a savings account with an interest rate of 1%, 44% answered correctly, while 52% answered incorrectly or did not know the answer. No statistically significant association was shown between gender and financial knowledge (p-value=0.6802), or white/non-white race (p-value=0.0686).

Survey question 14 asked respondents how confident they were that they could come up with $2000 if an unexpected need arose in the next month. No respondents answered with certainty that they could come up with the $2000, while only one respondent indicated they could *probably* come up with $2000. The remaining respondents indicated being unable to come up with this amount. Table 5 reveals frequencies across response categories.

Table 5. Ability to come up with $2000

		N=25		Valid Percent	Cumulative Percent
		Frequency	Percent		
Valid	I could probably come up with $2000	1	4.0	4.0	4.0
	I could probably not come up with $2000	4	16.0	16.0	20.0
	I could not come up with $2000	20	80.0	80.0	100.0
	Total	25	100.0	100.0	

In order to test the probability that lower income was a factor, an exact logistic regression model with no intercept was used, and a new dichotomous variable was created. The new variable was coded as Yes if the respondent answered they could not come up with $2000, and coded as No if the respondent answered they could probably not come up with $2000. This test showed lower income to be a significant predictor of being unable to come up with $2000 for an unexpected need (p-value=0.0132).

Quality of Life

The Flanagan Quality of Life Scale (QOLS) is scored by summing up the score on all 16 items. The total score can vary from 16 to 112. In the current study, 73% of respondents scored below 80 on the QOLS. Scores ranged between 27 and 90, with a range of 63 and a standard deviation of 15.35. The mean was 70.33, the median was 74.5, and there were two modes, 66 and 75. One score was omitted from analysis due to having 11 missing values. Cross tabulation revealed that scores below 80 occurred more frequently with reported hardships (Table 6).

Table 6. Lower QOL and Material hardship

	QOLS Score	
Difficulty paying for:	Above 80 *(N=7)*	Below 80 (*N=18*)
Rent	0	7
Food	5	11
Medication	0	10
Phone	0	8
Transportation	1	11
Recreation	6	13

Financial Literacy Interest

The final two survey questions inquired whether respondents would have interest in attending a financial literacy course, and what financial topics they would be interested in hearing about. More than half (56%) of respondents answered yes, and indicated interest in the following: the basics of banking services (32%); money management and budgeting (32%); money safety and security (avoiding scams, fraud, and identity theft) (32%); understanding credit (credit scores, using credit cards and loans) (32%); understanding disability benefits (SSI/SSDI) (40%). Four respondents marked Other, and wrote in the following: ‘how to make more money’; ‘make your assets grow’; ‘none’; and ‘not really interested’.

Discussion

Previous research has shown disproportionate rates of poverty, material hardship, and reduced financial capability in adults with disabilities. Additionally, prior research indicates that these factors can contribute to a reduced quality of life. The current study examined these conditions in a local community of seniors and adults with disabilities. Although the sample was quite small, the data provides some interesting results with some alignment with findings from larger studies, as well as some findings that varied from past studies.

Poverty & Hardship

Research question one asked the extent of poverty and material hardship experienced among this population. The majority of the sample population (83.3%) report disabilities and data analysis does indicate a high rate of poverty was reported. When reported monthly incomes were calculated at annual rates, incomes range from $2,328 to $18,000 per year, with the majority (84%) of respondents' incomes falling well below the current federal poverty level ($12,060). While this appears to corroborate prior research that higher rates of poverty are found in adults with disabilities (Brucker, et al, 2015; She & Livermore, 2007), it is interesting to note that of the respondents (N=4) with incomes above the poverty level, only the one with the highest income ($18,000) reported having no disability, while three others, with incomes of $15,900, $13,200, and $12,000 reported having a disability. Three of the respondents in this group reported their income source as retirement benefits, while the fourth respondent (earning $13,200) reported the income source as part-time employment. The three respondents with retirement benefits are over the age of 72. Further, of the respondents reporting no disabilities (*N*=4), only one had income above the poverty level, while two had incomes below the poverty level. The fourth respondent who reported having no disability indicated having income from both retirement benefits and SSI, which is unlikely since a documented disability is required in order to receive SSI benefits, however, it is unclear whether this respondent was confused about the income source, or marked the disability status response incorrectly. In view of these findings, one could speculate that higher poverty will be observed among this population regardless of disability status as a result of the Westward Ho being a federally subsidized property restricted to low-income individuals.

Regarding material hardship, the current study found 48% of respondents reported difficulty paying for transportation, 40% had trouble paying for prescription medications, and 76% report difficulty paying for recreation, which aligns with earlier research (Kessler, et al, 2010; She & Livermore, 2007). Likewise, a significant number (64%) in the current study report at least some degree of difficulty obtaining enough food, and statistical analysis found a significant relationship between the presence of a disability and difficulty obtaining sufficient food. This is in line with the findings of She & Livermore (2009), who found disability to be a significant determinant of material hardship. Additionally, the current study found that 40% of respondents had monthly expenses related to their disability that are not covered by insurance, which supports previous studies by Batavia & Beaulaurier (2001) and Olin and Dougherty (2006). Also, 40% of respondents had unpaid medical bills with balances up to $5000, which reflects similar findings discussed by the US Senate Committee on Health, Education, Labor, & Pensions (2014).

At the same time, the majority of respondents in the current study reported no difficulty paying rent, with only 28% reporting hardship in this area, which does not corroborate previous research. It remains a question whether this might be a reflection of housing stability afforded by subsidized rental payments, since residents of the Westward Ho pay 30% of their income toward their rent.

Research question one also asked whether differences in poverty or hardship was present among income subgroups. While prior research indicates that SSI recipients fare worse financially (Batavia, et al, 2001), the current study was not able to show a significant relationship between SSI income and higher rates of poverty or hardship. However, there was only one respondent who reported SSI income as the sole source of income. In addition, there may be confusion about distinctions between social security retirement benefits and disability benefits, as mentioned previously, one respondent reported receiving both retirement and SSI, but reported no disability.

Financial Capability

Research question two asked about the level of financial capability and utilization of financial services among this population, and what factors are associated with differences in the use of banking services. The majority of respondents (80%) reported inability to come up with $2000 if an unexpected expense arose, and statistical analysis showed lower income to be a significant predictor of this condition. This finding aligns with previous research (NFCS, 2014) that showed 63% of adults with disabilities were unable to come up with $2000 in this scenario, which leaves people financially vulnerable and unable to maintain financial stability.

Regarding use of mainstream versus non-traditional financial services, the majority of respondents (88%) reported no use of payday loan outlets, pawnshops, or rent-to-own stores, while 72% report having checking accounts. This does not align with prior research (Hartnett et al, 2008; Kessler, 2010; NDI, 2010; NFCS, 2014) that showed high use of alternative services in adults with disabilities, and less use of mainstream services. However, it should be noted, following the data analysis process, this researcher became aware of two factors that might account for some differences in these findings. First, payday loans became illegal in this state in 2010 (Arizona Attorney General's Office, 2010), so that would account for low reports of use; second, the SSA began mandating direct deposit for recipients of social security benefits effective in 2013. For individuals unable to have a bank account, monthly benefits are electronically deposited on a prepaid debit card through Direct Express, issued via the bank of the US Treasury (SSA, 2017), and it is possible that some respondents might consider Direct Express to be like a checking account.

While the majority of respondents reported having checking accounts, fewer respondents had savings accounts, and fewer still reported having both checking and savings accounts, which is more in line with previous studies (Hartnett et al, 2008; Kessler, 2010; NDI, 2010; NFCS, 2014). Regarding financial knowledge, 40% to 52% of respondents scored poorly on financial literacy questions, which is similar to previous research (NFCS, 2014). Further, past research by Lusardi and Mitchell (2014) showed lower financial literacy to be associated with increased risky behavior, such as use of alternative financial services, which was not supported by the findings of this study. The study did not identify any factors related to differences in use of banking services. It is of interest that the current study's sample population had higher rates of education attainment, with 62% reporting either a high school diploma or GED, some college, graduation from college, or post-graduate education, which differs from past research where lower levels of education were identified among individuals with disabilities, including fewer high school and/or college graduates (NDI, 2010). One could speculate whether there is a relationship between higher rates of education and possession of checking accounts or less use of alternative financial services.

In the current study, the few respondents reporting savings accounts balances reported maintaining very small amounts, under $100 in their accounts. Open-ended responses regarding the reasons for not having bank accounts echo some of those described in previous studies (Kessler, et al, 2010; NFCS, 2014) which center on not having enough money. However, it is harder to discern the intent from some responses, such as "never use checks" since there is no reason given to explain why the respondent never uses checks. In the current technological age when bills can be paid online, many people may no longer use checks, however, most still maintain checking accounts. Similarly, the response "just have prepaid green dot" indicates use of a prepaid debit card rather than a checking account, but does not state why the respondent uses this instead of a checking account. Given the context of this study, it seems likely that the reasons could be related to financial difficulties that perhaps prevent the ability to maintain a minimum balance, or factors related to poor credit or distrust of financial institutions, but a more in-depth conversation would be needed to elicit this.

This study also asked respondents about their interest in attending a financial literacy course, and more than half (56%) indicated interest in such a course, and reported the most interest in learning to better understand disability benefits. In line with the empowerment approach, the development of a financial literacy course for this group should not follow a traditional 'top-down' design, but should be informed by the members of the community, which might be facilitated by sharing the study data with the population to show what was learned and to enlist their input to 'co-develop' the course.

Quality of Life

Research question three asked about the degree of satisfaction with quality of life among this group, and what factors are associated with higher or lower ratings of quality of life. The majority of the sample population (72%) scored below 80 on the Flanagan QOLS, with an average score of 70.33. This is low considering that 90 is the average score for generally healthy groups, and 83-87 is average for those with various chronic illnesses, dependent upon the illness (Burkhardt, Anderson, Archenholtz, & Hagg, 2003, p. 5). While 60% of respondents with disabilities had total scores below 80, the four highest scores (84-90) were reported by respondents with a disability, and the four respondents with no reported disabilities scored relatively low (75-83), making the relationship between disability and lower QOL less strong. A positive relationship was observed between material hardship and lower QOL scores; respondents who scored below 80 had higher reports of hardships in all six categories, while those with QOL scores higher than 80 had hardships in only three areas (food, transportation, and recreation). This finding seems to be in line with prior research showing that quality of life can be significantly diminished when individuals experience chronic hardship and continual struggles to meet basic needs (Kessler, 2010; NDI, 2010; NFCS, 2014). Prior research also attributes lower QOL to reduced participation in social and community activities; however, the current study did not identify a strong relationship in this area, although close to half of respondents (48%) indicated less satisfaction in the area of family relationships.

Limitations

Small Sample size

The small sample size of this study makes it difficult to draw conclusions or identify significant relationships in the data, and thus the results cannot be used to generalize to the larger population.

Measure and Survey Design

The study questionnaire was quite lengthy, with 42 questions, which may have been a lot to ask of this population to complete this in one sitting. Participants might have liked to have more time to ponder the questions, or since two of the financial knowledge questions require doing some basic math, some individuals might have preferred to have a calculator. They also may have liked to refer to some of their financial documents to answer questions about income and bank account balances. It might be that a qualitative approach, in which the researcher and participant can meet on multiple occasions to complete sections of the survey, would be more conducive to obtaining more clarity and better context in the responses. For example, it might provide better insight where one respondent reported they could probably come up with $2000 in the event of an unexpected expense, yet also reported not having a checking or savings account due to not having enough money. A more in-depth interview could elicit whether there is a support system in place for this individual, such as a family member who would be helping the respondent to come up with the $2000. Additionally, many respondents could find the survey questions to be intrusive, particularly those questions requesting detailed financial information. Here again, a qualitative interview, that takes place over time, could build rapport and trust between the respondent and the interviewer, which could result in improved data gathering. It might also be useful to involve the community members themselves in the design of the research study and questions.

Self-reported data

The study relied on self-reported data for which the accuracy cannot easily be confirmed. Respondents may have memory challenges, or mix up facts, or change facts for various reasons. As mentioned earlier, one response in this study suggests the participant may be unclear of their actual income source since SSI and social security retirement are both reported, but no disability is reported. Similarly, there was one respondent who indicated the sole source of income to be social security retirement benefits, but marked work status as being employed rather than retired, which suggests employment may also be a source of income. Additionally, the study investigator was aware of the presence of hardship and food scarcity problems for many of the participants in the study who frequently receive services in the onsite clinic and often request assistance with obtaining food. However, survey responses for these participants, some of whom were assisted in completing the survey, seemed to minimize the degree to which these hardships were present. Given the somewhat intrusive nature of some of the survey questions into sensitive areas, such as inability to meet basic needs, respondents may experience embarrassment or wish to keep their challenges private. Some individuals may experience a degree of offense at being the subject matter of a study scrutinizing their financial status and they may perceive this as casting them in a negative light. These factors might be mitigated by having members of the population serve as participants in the development of the study and the survey questionnaire.

Sampling Error

The sample population for this study may not be truly representative of the larger Westward Ho population. This is due to the fact that most of the study participants are residents who frequently visit the onsite clinic, and this represents a small group out of 289 residents. It may be that tenants who never come into the clinic share different characteristics than the group that comes in regularly, and this could contribute to less variability in the sample. Allowing a longer period of time to conduct the study and recruit participants could help to increase the sample and alleviate some of this concern.

Implications

Despite its limitations, the results of this small study show that further research within this population would be beneficial. Particularly when viewing the current findings within the context of past research, the results indicate many members of this population may experience significant poverty and hardship, with difficulty obtaining food and even prescription medications. Future research with this population might be more effective by utilizing a qualitative approach, with minimal time constraints, in order to take the time necessary to build trust. Especially in light of the topic, and the depth and breadth of information needed to fully address this problem; the qualitative approach could help the researcher to better elicit some of the underlying context and thereby get a clearer picture of the hardships and economic disparities experienced in the population. Furthermore, from an empowerment perspective, it may be far more effective to include members of the community in the research process, allowing them to offer their knowledge and expertise as members of a disempowered group. Through such a process, members of the community may become motivated to participate collectively in political action using the data revealed through the research to work toward developing solutions. In addition, the study results suggest a financial literacy course could be beneficial for this population, and this might be best approached through an empowerment approach, by involving members of the population in the design and content of the course.

Conclusion

The current study provides evidence that the respondents experience poverty and hardship, reduced financial capability, and lower perceived quality of life. The presence of these conditions for adults with disabilities has been established in many studies cited in this paper. Members of this population are economically marginalized and lack access to resources that could help to improve their economic status. Continued research of these populations can help to increase our understanding of the complex set of factors that lead to such disparate conditions, and contribute meaningful insight to devising solutions to this important problem.

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APPENDIX A

QUESTIONNAIRE

Thank you very much for participating in this research. Please be assured that all of your answers will be completely anonymous. Therefore, please try to answer these questions as openly and honestly as possibly.

1) Have you ever been told by a health care provider or mental health professional that you have a disability?

- ☐ Yes
- ☐ No

2) Do you have a chronic illness?

- ☐ Yes
- ☐ No

3) What is your gender?

- ☐ Female
- ☐ Male
- ☐ MTF / FTM Transgender

4) What is your date of birth?

_____/_____/_______
MM DD YYYY

5) Which of the following best describes your race and ethnicity? (Mark all that apply)

- ☐ Caucasian or White
- ☐ Black or African American
- ☐ Asian/Pacific Islander
- ☐ Native American or Alaska Native
- ☐ Multi-racial
- ☐ Other
- ☐ Hispanic or Latino/a
- ☐ Non-Hispanic or Non-Latino/a

6) What was the last year of education you completed?

- ☐ Did not complete high school
- ☐ High school graduate – regular high school diploma
- ☐ High school graduate – GED or alternative credential
- ☐ Some college
- ☐ College graduate

- ☐ Post graduate education

7) Which of the following describes your current living arrangements?
- ☐ I am the only adult in the household
- ☐ I live with my spouse/partner/significant other
- ☐ I live with other family, friends, or roommates

8) Which of the following best describes your working status? (Mark all that apply)
- ☐ Self-employed
- ☐ Work full-time for an employer
- ☐ Work part-time for an employer
- ☐ Full-time student
- ☐ Unable to work due to illness or disability
- ☐ Unemployed or temporarily laid off
- ☐ Retired
- ☐ Other

9) Check all sources of income listed below that apply to you:
- ☐ Employment
- ☐ Social Security retirement benefits
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Other federal or state benefits (unemployment, TANF)
- ☐ Veterans Pension
- ☐ Payments from other pension plan
- ☐ Other___________________________

The following are some questions about financial issues. Please answer to the best of your knowledge.

10) Do you have a credit card? (Please include store and gas station credit cards but NOT debit cards)
- ☐ Yes
- ☐ No

a. If yes, which of the following describes your experience with credit cards in the past 12 months?
   - ☐ In some months, I carried over a balance and was charged interest
   - ☐ In some months, I paid the minimum payment only
   - ☐ In some months, I was charged a late fee for late payment

- ☐ In some months, I was charged an over the limit fee for exceeding my credit line
- ☐ In some months, I used the card for a cash advance
- ☐ I always paid my credit cards in full

11) Do you have a checking account?
- ☐ Yes
- ☐ No

If no, what is the primary reason? ____.

12) Do you have a savings account?
- ☐ Yes
- ☐ No

If no, what is the primary reason? ____.

a. If you have a savings account, how much do you typically maintain in the account?
$______________

13) In the past five years, how many times have you:

a. Taken out a payday loan?
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times
- ☐ Never

b. Used a pawn shop?
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times
- ☐ Never

c. Used a rent-to-own store?
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times
- ☐ Never

14) How confident are you that you could come up with $2000 if an unexpected need arose within the next month?

- ☐ I am sure I could come up with the full $2,000
- ☐ I could probably come up with $2000
- ☐ I could probably not come up with the $2000
- ☐ I could not come up with $2000

15) In the past 12 months, how much difficulty have you had paying the following?

	None	A little	Moderate	A lot	Extreme
A. Rent	☐	☐	☐	☐	☐
B. Gas or electric	☐	☐	☐	☐	☐
C. Phone	☐	☐	☐	☐	☐
D. Food	☐	☐	☐	☐	☐
E. Medication	☐	☐	☐	☐	☐
F. Transportation	☐	☐	☐	☐	☐
G. Recreation	☐	☐	☐	☐	☐

16) Here are some of the reasons why people don't always have enough to eat. For each of these, please indicate whether it applies to you. (Mark all answers that apply)

- ☐ Not enough money for food
- ☐ Too hard to get to the store
- ☐ No working stove
- ☐ No working refrigerator
- ☐ Not able to cook or eat because of health problems
- ☐ Not applicable

17) Do you have health insurance?

- ☐ Yes
- ☐ No

18) Do you have regular expenses for a disabling condition that are not covered by your insurance company? (Such as equipment and supplies)

- ☐ Yes
- ☐ No

a) If yes, average amount spent per month $____________.

19) Do you currently have any unpaid bills from a healthcare or medical services provider?

- ☐ Yes
- ☐ No

a) If yes, what is the approximate amount owed? $____________.

20) Counting all sources of income, what is your approximate monthly income?

$____________________.

21) On a scale of 1 to 7, where 1 means very low and 7 means very high, how would you assess your overall financial knowledge?

Very high						Very low
7	6	5	4	3	2	1

22) A checking account normally earns a higher rate of return than other types of investments purchased from a bank.

- ☐ True
- ☐ False
- ☐ Don't know

23) Suppose you had $100 in a savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow?

- ☐ More than $102
- ☐ Exactly $102
- ☐ Less than $102
- ☐ Don't know

24) Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, how much would you be able to buy with the money in this account?

- ☐ More than today
- ☐ Exactly the same
- ☐ Less than today
- ☐ Don't know

We would like to learn about your satisfaction with your quality of life. Please read each question below and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

Questions	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
25. Material comforts of home; food, conveniences, financial security *(includes having sufficient food, a desirable home, conveniences, an increasing income)*	7	6	5	4	3	2	1
26. Health – being physically fit and vigorous *(includes having effective treatment of health problems; freedom from sickness, anxiety, and distress)*	7	6	5	4	3	2	1
27. Relationships with parents, siblings & other relatives – communicating, visiting, helping *(having a feeling of belonging, sharing, and understanding with them)*	7	6	5	4	3	2	1
28. Having and rearing children	7	6	5	4	3	2	1
29. Close relationships with spouse or significant other	7	6	5	4	3	2	1
30. Close friends	7	6	5	4	3	2	1
31. Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
32. Participating in organizations and public affairs *(voting, being involved in local or National government or political activities)*	7	6	5	4	3	2	1
33. Learning – attending school, improving understanding, getting additional knowledge	7	6	5	4	3	2	1
34. Understanding yourself – knowing your assets and limitations – knowing what life is about (*having a clear sense of your purpose/ and the guiding principles in your life; accepting your own*	7	6	5	4	3	2	1

strengths and weaknesses)							
35. Work – job or in home	7	6	5	4	3	2	1
36. Expressing yourself creatively *(in music, art, photography, writing, making crafts)*	7	6	5	4	3	2	1
37. Socializing – meeting other people, doing things, parties, etc. *(or entertaining at home)*	7	6	5	4	3	2	1
38. Reading, listening to music, or observing entertainment	7	6	5	4	3	2	1
39. Participating in active recreation *(sports, hunting, fishing, vacation travel, dancing, playing an instrument)*	7	6	5	4	3	2	1
40. Independence, doing things for yourself	7	6	5	4	3	2	1

Please answer the final two questions below.

41) Would you be interested in attending a financial literacy course?

- ☐ Yes
- ☐ No

42) What topics would you be interested in hearing about in a financial literacy course?

- ☐ Basics of banking services (checking and savings accounts, etc.)
- ☐ Money management and budgeting
- ☐ Money safety and security (avoiding scams, fraud, and identity theft)
- ☐ Understanding credit (credit scores, using credit cards and loans)
- ☐ Understanding disability benefits (SSI/SSDI)
- ☐ Other ____