

ABSTRACT

Title of Dissertation: BARRIERS AND FACILITATORS TO
 HOMEOWNERSHIP FOR AFRICAN
 AMERICAN WOMEN WITH PHYSICAL
 DISABILITIES

Angel Love Miles, Doctor of Philosophy, 2016

Dissertation directed by: Professor and Dean, Bonnie Thornton Dill,
 College of Arts and Humanities

This dissertation fills an important gap in the literature by exploring the social, economic, and health characteristics and experiences of members of a social group that has been otherwise under-examined: African American women with physical disabilities. It raises questions about homeownership to facilitate a better understanding of the relational aspects of gender, race, class, and ability related inequalities, and the extent to which African American women with physical disabilities are, or are not, socially integrated into mainstream American society. It uses grounded theory and develops a *Feminist Intersectional Disability* analytical framework for this study of homeownership and African American women with physical disabilities. The study found that African American women with physical disabilities experience barriers to homeownership that are multiple, compounding and complex. It suggests a research and social policy agenda that considers the implications of their multiple minority status and its impact on their needs.

BARRIERS AND FACILITATORS TO HOMEOWNERSHIP FOR AFRICAN
AMERICAN WOMEN WITH PHYSICAL DISABILITIES

by

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Preface

As an undergraduate student attending Penn State University, I first chose to study employment inequality and people with disabilities during a summer research program in 2002. Much to my amazement, multiple academic disciplines had a lot to say about that topic. I spent the early part of the summer overwhelmed with the database results from literature searches based on only two key terms “work + disability.” I was thrilled! The lengthy results suggested to me that it was going to be an easy summer project.

Prior to that summer, I took some courses as a Sociology minor which influenced my interests in issues of social inequality according to multiple facets of difference. Thus, it seemed only fitting that I should raise questions about race, class and gender while examining people with disabilities and employment inequality during this summer research project. Yet, as I read the literature related to work and disability, I could not help but notice a trend towards the peculiar absence of demographic descriptors other than those related to disability. This observation led me to raise the question “What about women and minorities with disabilities, like me?”

The first simple step to learning about that group was to add the search terms gender+race to work+disability and...voila! My bibliography list would be complete! At least, that is what I thought at the time. More than ten years and two degrees later, I have moved on from my literature search into this topic and have now begun my literature contribution to it.

Much has changed in more than a decade. My interests have expanded from solely focusing on employment, to homeownership. This shift occurred because I was

troubled by the ways in which discourses about disability in the social sciences were dominated by concerns about the relationship of disability to economic loss or productivity. This discourse tends to construct disability as pathology or deficit and people with disabilities as valuable solely in terms of their association with financial advancement or economic burden.

Like employment, homeownership has meaning and value associated with identity, self-esteem, creativity, health, socialization and more. Studying the home helps us understand how and with whom people with disabilities live. In addition, homeownership provides the potential for social mobility in ways that few other American resources do. Not everyone with a disability has a job, but most have housing, and many have or desire to have their own home. With this knowledge, it soon became clear to me that if I wanted to know who African American women with physical disabilities were, I needed to know their relationship to homeownership. Thus began my journey into exploring the lives of African American women with physical disabilities as they experience and interpret the barriers and facilitators to homeownership.

Dedication

This dissertation is dedicated to the memory of my grandparents John Lyle Holton and Priscilla Browne Holton, my real-life angels of love.

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To title something acknowledgements suggests that I'm capable of expressing appreciation for something that I can never truly fully grasp; the enormity of my blessings and the depth of God's love shown through each and every one of them. To say that I am grateful suggests that there exists a word to describe the overwhelming feelings of joy and humility which come over me whenever I think about how many people helped to make this moment possible. There are no words. However, what follows is my very imperfect attempt at expressing my appreciation. It is my hope that my acknowledgements, however incomplete, demonstrate that it took the investment and support of countless people and resources to enable me to confront the tremendous odds against me as an African American woman with a physical disability from a low income family. Like the women in this study, the multiple barriers I experienced in my life were more than just overcome, they were strategically managed, resisted, negotiated, and confronted in a variety of ways, with the help of many others. Enabling me to reach my goals and meet my needs, often required that people be willing to do more than their job description or the law required. For instance, ensuring my equitable inclusion in university life frequently required that people and institutions become willing to accommodate me beyond ADA compliance. It truly did take a village to help me complete this dissertation. As outlined below, you will learn that I have been tremendously blessed to have one of the most loving, and brilliant villages there are.

I am sincerely grateful for the contributions of each and every one of the 32 African American women with physical disabilities who participated in this study. It is my hope that this dissertation affirms your experiences, encourages you to continue to

work towards your goals, and empowers you to work with others to resist any structures, reasoning, or individuals whom may try to get in the way of you reaching your full potential and gaining equal access to society. As an African American woman researcher with a physical disability, that is precisely what your stories have done for me. Thank you.

Special thanks to my graduate advisor and dissertation chair, Dr. Bonnie Thornton Dill. You have been equal parts advocate, critical teacher, mentor and friend. I'm deeply grateful for all the ways you have invested in me, and pushed me to reach my goals. Your work ethic, authenticity, humility, and commitment to students provided me with the best example of how to navigate the academy as a woman of color with integrity and strength. Thank you. I would like to also extend tremendous amounts of gratitude to my dissertation committee members, Drs. Bolles, Marsh, McRuer, and Rosenfelt. Thank you for remaining not only invested in but excited about my work. I'm so grateful for your patience and commitment to helping me complete this process by providing thoughtful and critical feedback, letters of support, kind words and so much more throughout the years. This dissertation is a product of your investment in me.

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In addition, I would like to express warm gratitude to the staff members in the University of Maryland Women's Studies Department past and present, especially Cliffornia Royals Pryor, Annie Carter, Laura Nichols and Catalina Toala. Thank you all for being as kind and caring as you are professional and proficient. Thank you for assisting me with navigating the various academic policies and overall university bureaucratic system successfully, and for being excellent listeners, advisors, and friends. I could not have made it through this program without you. I would also like to thank the staff of the Office of the Dean in the College of Arts and Humanities, especially Chanel Briscoe and Veronica Cotton, for all of their kindness, hard work and support. Many thanks the University of Maryland McKeldin Library staff, especially adaptive technology lab coordinator Dan Newsome and library services supervisor Michael Zeliff. Thank you both for always being kind, resourceful and happy to help in any way you could. To the members of the University of Maryland President's Commission on Disability Issues (PCDI) thank you for working to make sure the university is as inclusive and accessible to people with disabilities as possible. Special thanks to former PCDI chair Dr. Gay Gullickson, for her encouragement and advice and for providing a great example of what a successful scholar advocate with a physical disability is. Many thanks to the University of Maryland Office of Diversity and Inclusion (ODI), especially to Chief Diversity Officer Dr. Kumea Shorter-Gooden, for providing a safe space for me and students like me to study and form community with one another around issues of diversity, inclusion and social justice.

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In conclusion, I hope my experiences and acknowledgements exemplify that it is possible for people with disabilities and other underrepresented minorities to succeed when provided with appropriate and equitable resources, supports, and opportunities.

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Chapter 1: Homeownership at the Intersection of Race, Class, Gender, and Disability

1.1 Introduction

Homeownership is the primary resource used to obtain economic growth and social mobility in the United States (Dalton, 1999; Williams, Nesiba, & McConnenell, 2005; Sherraden, 2005; Di & Liu, 2007; Bolstic & Lee, 2009). In fact, home equity accounts for about 44% of Americans' total measured net worth, and 60% of the total wealth of the middle class. With 64.5% of its population as homeowners, the United States has one of the highest homeownership rates in the world (Shapiro, 2004). Homeownership is a significant facilitator of economic growth and social mobility, because it can enable access to various resources such as gainful employment, better schools, quality healthcare and greater control over the environment in which one lives (Massey & Anderson, 2004; Gordon Nembhard & Chiteji, 2006; Watson & Rohe, 2007). As such, social scientists consider homeownership to be both 1) an indicator of economic well-being, and 2) an indicator of the extent to which racial and other minority groups are or are not socially integrated into mainstream society (Wilson & Everson, 2000, Flippen, 2004, Oliver & Shapiro, 2006). For these reasons and more, homeownership has long been thought of as a major part of acquiring "the American dream" (Pitcoff, 2003).

However, since the collapse of the economy in 2007, for all too many citizens, owning a home has become an American nightmare (underwater mortgages and foreclosures) or out of reach. Research suggests that excessive housing debt and deflating prices, coupled with leveraged refinancing, overbuilding, and limited regulation of the market, created a collective recipe for disaster, which from 2007 to 2009 contributed to

unprecedented highs in home default and foreclosure rates. This weakening of the housing market triggered an economic recession, and highlighted the vulnerable, yet essential, role of homeownership in securing the economic security of the nation (Massey & Rugh, 2010; Immergluck, 2011; Huang, 2011).

Yet, for millions of Americans, accessing homeownership and its commonly associated benefits has long been an inequitable and barrier-filled process. As this country continues to work towards economic recovery, it is important to gain a clearer understanding of the role that homeownership plays in the life experiences of citizens who are members of groups whose access to the housing market has been restricted historically; and who have been disproportionately impacted by the housing crisis. Such an exploration may enable more equitable access to resources and help signal or prevent the onset of a similar crisis in the future.

African American women with physical disabilities, a group marginalized by race, class, gender and ability (Alston & McCowan, 1994; Beatty, 2003), are among the Americans whom we know least about in terms of their access to homeownership and the benefits commonly associated with it. Although current literature tends to identify certain social, economic and health variables thought to impact access to homeownership such as marital status, education level, and physical functioning, no known study includes inquiries or analyses regarding the relationship of race, class, gender *and* ability to homeownership (e.g., Dalton, 1999; Wilson & Everson, 2000; Robertson & Desfrene, 2000; Jackson, 2001; Sherraden, 2005; Oliver & Shapiro, 2006; and Nembhard & Chiteji, 2007). While past and current exclusionary practices based on race, class, gender and ability have significant implications for the social positioning of all groups in society,

they may have particularly adverse effects for those who are multiply marginalized by these social markers.

Hence, the purpose of this study is to gain a better understanding of the barriers and facilitators to homeownership by examining the social, economic, and health characteristics and experiences of members of a social group that has been otherwise under-examined: African American women with physical disabilities. It raises questions about homeownership to facilitate a better understanding of the relational aspects of gender, race, class, and ability related inequalities, and the extent to which African American women with physical disabilities are, or are not, socially integrated into mainstream American society. Its uniqueness and strength is that it is a mixed methods study which places the social locations of women of color with disabilities at the center of the research inquiry, methodological constructs, and analysis developed throughout. Drawing primarily from the fields of women's studies, disability studies, rehabilitation and sociology, it is an interdisciplinary endeavor. Because homeownership is a marker of economic stability and social integration, exploring homeownership as an indicator of wealth for African American women with physical disabilities is expected to provide greater insight into the social and economic realities impacting their lives.

1.2 Theoretical Framework

The research questions and data analysis for this study are informed by feminist, disability and critical race theories of power, difference and inequality. By drawing on these theories, I apply a *Feminist Intersectional Disability* analytical framework to the study. This analytical framework considers the ways in which experiences of disability are not determined by impairment alone, but are also mediated by an individual's social

location with regards to race, class, gender and other dimensions of difference (Stuart, 1992; Weber, 2001; Vernon & Swain, 2002, Thornton Dill & Zambrana, 2009). More specifically, in looking at questions of homeownership, I examine the intersections of race, class, gender and ability, as informed by the social model of disability and intersectional approaches to research inquiry. The application of this framework resulted in the construction of a feminist intersectional grounded analysis of the barriers and facilitators to homeownership for African American women with physical disabilities.

1.2.1 The Social Model of Disability

The social model, which grew out of the disability rights movement, strongly critiques traditional deficit model approaches to disability inquiry. Deficit models primarily focus on rehabilitation or cure of the body in order to alleviate negative social, physical and economic outcomes thought to be caused by impairment. Its focus is therefore on correction or adjustment to disability so that the individuals' body and behavior can conform as much as possible to a set norm. However, the major theoretical contribution of the social model is the way it distinguishes between disability and impairment. From a social model perspective, impairment is understood as physiological, and disability as the social outcome, which is culturally, historically and geographically contextual (Linton, 1998; Seiber, 2008). This distinction is parallel to the sex/gender distinction and the phenotype/race distinction made in feminist and critical race theories of power and difference. Such theories distinguish biological differences from social realities and challenge Neo-Darwinist and eugenicist ideas of biology as destiny (Rich, 1986; Weber, 2001; Harding, 2004). Thus, the social model suggests that disability is simultaneously a social construct, a minority identity, and a system of inequality. It

critically analyzes the social, political and material structures in society that are thought to “disable” people who have impairments or who are regarded as impaired. It suggests that the negative outcomes commonly associated with people with disabilities (such as low homeownership attainment rates) are not irrevocably linked to impairment alone, but are also the result of bodies interacting with people and environments that do not take the full range of human bodily variation into consideration, and that are un-accommodating and/or hostile as a result. Furthermore, the social model suggests that negative outcomes of impairment are not inevitable and that there can be positive social, physical, psychological, and economic outcomes associated with impairment as well. In this way, the social model considers the deficits in society that impose limitations on people who have impairments (Jaeger, 2005; Davis, 2006; Thomas, 2007). The deficits in society that contribute to homeownership disparities for African American women with physical disabilities are of particular interest to this study.

1.2.2 Intersectionality

Although disability studies and disability rehabilitation research suggest that disability is a major contributor to structural inequality, these fields have traditionally examined disability in isolation from other social identities. Such approaches to researching inequality are not suitable for exploring issues related to multiple systems of oppression and intersecting identities. For instance, significant criticism of the social model of disability has come from feminist disability scholars and activists, who suggest that the social model does not account for the embodied experience of being both female and disabled. In “The Politics of Disability and Feminism: Discord or Synthesis?” Margaret Lloyd (2001) argues,

[W]ithin each of the two axes primarily used to formulate the social model of disability, socio-economic discrimination and the medicalization of disability and its relationship with health care, the problems experienced by disabled women can be seen to be as much on account of their gender as their disability. (p.716)

Critiques such as this have led to the development of a subfield called feminist disability studies, in which scholars have expanded upon and critiqued feminist and disability studies to arrive at an analysis that incorporates both gender and disability. Feminist disability studies emerged primarily from women with disabilities who recognized that the male dominated focus of the Disability Rights Movement did not address issues of gender inequity within the disabled population, and that the needs and perspectives of women with disabilities were often marginalized or excluded from feminist movements. Feminist disability theory expands upon feminist and disability studies in a way that includes the particularities of being both female and a person with a disability. Hence,

feminists with disabilities examine many of the same issues that feminists without disabilities do, but often in different contexts.

Similarly, intersectional research has not traditionally included inquiries on disability and its relationship to other structures of oppression. Unfortunately, disability inquiry tends to be buried in the fields of disability studies, rehabilitation research, special education, and medical sociology, as if disability had no relevance for knowledge constructed in other fields or the experiences of able-bodied people. These tendencies suggest that, regardless of the model or framework used to examine social inequality, dominant concepts about race, class, gender and ability continue to reflect the perspectives of groups in power. The domination of groups with more power creates a social hierarchy and research divide which further marginalizes people with less power (Sherry, 2008). All too often, members of this less powerful group are disabled women of color (Alston et al., 2007; Washington, 2006; Mullings et al., 2006).

However, intersectionality's strength is that it challenges singular and additive frameworks of analysis, by suggesting that structures of inequality are actually interconnected (Crenshaw, 1991; Hill Collins, 2000; Thornton Dill & Zambrana; 2009). Intersectionality is an analytical framework specifically derived from the intellectual and activist contributions of women of color analyzing, resisting and critiquing multiple systems of oppression in the United States related to race, class, gender, and sexuality. These women challenged previous singular and additive frameworks, which were problematic because they suggested that people with multiple stigmatizing identities either experienced the primacy of one structure of inequality in their lives or the accumulation of disadvantage that produced double jeopardy or more. Intersectional

frameworks, however, resist the notion that disability should be studied in isolation from other constructs. Rather, applying an intersectional framework to disability inquiry and analysis suggests that exploring the historical, social and cultural context of disability in relationship to other constructs is essential to understanding the social and economic positioning of groups in society and for adequately addressing their needs. Intersectional theory assumes simply that inequalities based on race, class, gender and ability, influence people's social and economic locations.

The current study is specifically interested in exploring how race, class, gender, and ability influence the homeownership outcomes of African American women with physical disabilities. By applying a feminist intersectional disability framework, the study challenges research practices that exclude women and minorities with disabilities. It demonstrates that not only is disability related to other social constructs, but that not accounting for these relationships may result in research that is biased, partial, and inadequate.

1.2.3 Feminist Intersectional Disability Research

Practicing intersectional research requires that we recognize the distinctive aspects of systems of inequality, such as race, class, gender, and ability, as well as how they mutually constitute one another. In this way it demands integrative thinking of its practitioners throughout theory development and research production (Mullings & Schulz, 2007; Conner, 2008). This dissertation utilizes a feminist intersectional disability framework to guide its design and analysis. This framework is based on the following assumptions:

- Race, class, and gender collectively contribute to how disability is acquired, experienced and socially constructed.
- The intersection of race, class, gender and ability oppression contribute to disabled women of color's differential access to resources, opportunities and treatment in society.
- The marginalized status of disabled women of color within minority communities has implications for how they are treated by members within their own racial and ethnic groups as well as the white mainstream culture.
- Disability is commonly an unaccounted for predictor of structural inequality. Because many social problems examined by researchers, like homeownership disparities, exclude disability inquiry, the conclusions developed to rectify these problems are inadequate.

The above assumptions have varying implications not only for women and minorities with disabilities, but for all members of society.

Thus, in applying a feminist intersectional disability analysis of homeownership inequality to the experiences of African American women with physical disabilities, this study examines how systems of inequality based on race, class, gender, and ability interact to produce deleterious outcomes. Among these outcomes are higher rates of disability and of severe disabilities and chronic illness, less access to appropriate services such as vocational rehabilitation, and lower educational and employment outcomes than those for white Americans with or without disabilities (Alston, 1994; Napor & Pattee, 2003). This study examines how these trends affect the housing experiences of participants in this study.

1.3 Research Questions:

The major research question guiding this study is “For African American women with physical disabilities, what social, financial, and health characteristics distinguish homeowners from non-homeowners?” In addition, the following sub-research questions are raised:

- a) What are the selective social characteristics (i.e. marital status, education level, age), economic characteristics (i.e. income level, debt, insurance coverage), and health characteristics (i.e. functional limitations and emotional wellbeing) of African American women with physical disabilities by homeownership status?
- b) What are African American women with physical disabilities’ perceptions and experiences of barriers and facilitators to homeownership?
- c) What are African American women with physical disabilities’ visions of their ideal living quarters and how does homeownership relate to their future goals and aspirations?

1.4 Study Significance and Contribution to the Field

This dissertation seeks to answer the above questions through a mixed methods research design that examines whether, and how, the data support, refute and/or extend feminist intersectional disability theoretical assumptions as they relate to homeownership for African American women with physical disabilities. More specifically, this study explores how people and resources related to housing and disability are organized to either support or deny opportunities for homeownership to people with impairments who contend with multiple systems of race, class, gender and ability related barriers. It

examines how African American women with physical disabilities specifically experience and interpret this reality.

In conclusion, by focusing the research inquiry on the experiences and perspectives of African American women with physical disabilities, this study examines a central social phenomenon (Homeownership) while decentering historically privileged identities and highlighting the experiences of members of a multiply marginalized group. This decentering produces/or has produced knowledge and insights about the social and economic locations of a multiply marginalized group that are not available in studies focused on more mainstream populations. The knowledge produced from this inquiry led to the development of a feminist intersectional disability grounded analysis (Charmaz, 2004) of the barriers and facilitators to homeownership for African American Women with Physical Disabilities. This intersectional grounded analysis exploring the distinctive and interrelated systems of race, class, gender and ability inequalities as experienced by African American women with physical disabilities reveals some of the relational aspects of these constructs in ways that have implications for all.

Chapter 2: Homeownership and African Women with Disabilities: A Review of the Literature

2.1 Introduction

This review focuses on aspects of the barriers and facilitators to homeownership for African American women with physical disabilities. It begins with a section entitled Homeownership and Economic Inequality, which discusses the relationship between homeownership and race, gender, home composition, and disability related disparities. Next, I provide a synopsis of the limited scholarship specifically focused on the social and economic locations of African American women with disabilities, followed by a summary of the barriers to homeownership most likely to impact this population. The chapter closes with an assessment of the gaps in the literature and a conclusion which highlights the conceptual rationale for undertaking this study.

2.2 Homeownership and Economic Inequality

Several economists have argued that wealth (income, assets, debt to income ratios, etc.) is a more accurate measure of economic inequality in the United States than income alone (Wolf & Zacharias 2007, Sherraden, 2005). For instance, Wolff & Zacharias (2007) argue that wealth inequality is much greater than income inequality and has more severe consequences for economic security. They stress that conventional measures of household economic status, such as income, do not adequately demonstrate the financial advantages of asset ownership or disadvantages of financial liabilities. The results of their study suggest that the wealth gap between African Americans and White Americans for instance, is significantly larger than the income gap.

Few studies have explored the implications of wealth inequality for people with disabilities (Smith, et al, 2005; Porterfield et al, 2006; She & Livermore, 2007; Wolff & Zacharias, 2007). The research that does exist is found mostly in disability studies and counseling rehabilitation literature which tend to examine disability and economic inequality more broadly as it relates to income differentials. These studies stress that disability can be both a contributor to and consequence of poverty. They report national data showing that people with disabilities account for almost half of all working age adults experiencing poverty and that working people with disabilities (ages 15-69) have a considerably greater likelihood of experiencing material hardship than people without disabilities (Femstad, 2009; She & Livermore, 2007). This literature also suggests that people with disabilities in the United States are less likely to be able to afford purchasing a home without financing assistance and government subsidy programs than people without disabilities (Hoffman & Livermore, 2012; Cooper, et al., 2011; Klein, 2000).

Notwithstanding the research specifically focused on disability, research and policy development focused on poverty in the US largely ignores disability status (Femstad, 2009). In addition, most studies which explore homeownership as a vehicle for economic advancement for low-income and minority households not only exclude disability inquiry, but also have limited or no gender analysis. Finally, the literature that does specifically examine housing as it relates to disability tends to focus on people with disabilities as renters, not as homeowners (Klein, 2000; Robertson & Desfrene, 2000; Jackson, 2001).

This dissertation seeks to contribute to filling these gaps through its interdisciplinary and intersectional approach. It argues that because a large proportion of

American wealth is invested in the home, exploring homeownership as an indicator of economic security and economic potential for African American women with physical disabilities may provide greater insight about the economic and social realities of their lives than studies on income and employment alone.

Studies that have explored homeownership in relation to wealth and people with disabilities do suggest that they encounter multiple barriers to economic prosperity (Klein, 2000; Robertson & Desfrene, 2000; Ross, 2002; She & Livermore, 2007). Such research also reports that having access to wealth can significantly lessen the onset of a disability and/or better manage and rehabilitate it if a disability is acquired. In fact, Bostic and Ok Lee (2009) found that homeownership is associated with “life satisfaction, psychological and physical health, positive child outcomes, and greater civic engagement” (p.218).

However, there are disagreements within the literature about whether or not efforts to promote homeownership among those that are asset poor are viable projects. Some argue that such an attempt would do little to narrow the wealth gap among low-income people of color for instance, and could possibly worsen some low-income households’ financial stability (Shapiro, 2004; Sherraden, 2005; Watson & Rohe, 2007). Still, the implications of homeownership as an indicator of wealth for African American women with disabilities, the focus of this study, is currently unknown.

2.3 Race and Homeownership

African Americans’ experiences of slavery, segregation, red-lining, mortgage and loan refusals, white flight, and intimidation are just some examples of the ways in which their housing options have been limited by systematic patterns of institutional racism

(Dalton, 1999; Massey & Anderson, 2004; Gordon Nembhard & Chiteji, 2006; Oliver & Shapiro, 2006). Although legislation such as the Fair Housing Act of 1968 was initially developed to help counteract the history of race- and gender-based housing discrimination, the current socio-economic status of African Americans suggests that this population continues to struggle to recover from the negative effects of exclusionary practices.

Research suggests that racial segregation has declined minimally in many areas with the largest African American populations; despite civil rights protections prohibiting discrimination, African Americans remain the most spatially segregated racial ethnic group in the US (Allen, 2002; Massey & Rugh, 2010). Furthermore, race and ethnicity continues to be a significant determining factor in the home value and neighborhood quality a person is likely to attain (Woldoff & Ovadia, 2009). In fact, study after study has found that African Americans must have greater levels of wealth and social capital in order to have the same probability of owning a home as Whites. Even then, their average home equity remains lower than that of their White counterparts (Di & Liu, 2007; Woldoff & Ovadia, 2009).

A significant amount of wealth is often needed in order to acquire a home and maximally benefit from owning it (Williams et al., 2005; Di & Liu, 2007). Due to past and present economic discrimination based on race, non-whites are significantly less likely to possess wealth at any age, and less likely to receive or give generational transfers of wealth. As a result, generational transfers, which account for a large proportion of the wealth holdings in the US, are significantly less available to communities of color (Wolff & Zacharias, 2007; Oliver & Shapiro, 2006). African

Americans who inherit wealth tend to receive significantly smaller amounts compared to White Americans. This inequitable economic structure contributes to non-whites receiving lower returns on housing investments, and maintaining significantly lower housing values than their white counterparts, on average (Sykes, 2005; Gordon Nembhard & Chiteji, 2006). In addition, because segregation tends to concentrate the negative impact of an economic crisis, the rise in foreclosures during the recent economic downturn unevenly impacted the African American community (Massey & Rugh, 2010). Thus, the racial wealth gap is both a cause and a consequence of the housing disparities that African Americans experience.

2.4 Gender and Homeownership

Throughout US history, the intersection of gender and marital status has played a particularly significant role in determining who has access to property. Traditionally, women have acquired homeownership through a relationship with a man, especially through marriage or family inheritance (Allen, 2002; Sykes, 2005; Gordon Nembhard & Chiteji, 2006). Because women are more likely to retain custody of their children following separation from a man, they also endure heavier economic burdens, which create barriers to gaining, maintaining, and benefiting economically from homeownership (Allen, 2002; Sykes, 2005). Gender labor gaps make it more difficult for single women to keep up with mortgage payments or buy homes that will increase in value. Not surprisingly then, female headed households have been found to have lower levels of wealth than male headed households at every income level (Porterfield, Sanders & Rainford, 2006). In addition, most surveys that collect data on homeownership and

economic status include gender biased assumptions regarding the “head of household,” which create barriers to gathering data from women (Gordon Nembhard & Chiteji, 2006).

Despite growing evidence suggesting that women experience inequitable access to homeownership and home equity, women have been largely excluded from studies on homeownership and wealth inequality. Allen (2002) stressed that even “empirical research on race and homeownership remains gender biased and limited to urban places” (p. 64). Although feminist scholars have encouraged researchers to explore gender inequality in several areas, gender disparities in homeownership, especially for non-married women, have not been adequately addressed. For example, by 1998 two thirds of people living in the United States were homeowners. However, single women were significantly less likely to own their homes than married couples (Allen, 2002). Although gender and marital status impact access to homeownership across racial categories, they have an even greater influence on communities of color (Massey & Anderson, 2004; Nembhard & Chiteji, 2006; Oliver & Shapiro, 2006). Since African American women are much more likely to be single mothers, they face gender and race barriers to homeownership (Sykes, 2005; Allen, 2002). Women with disabilities are also less likely to be married than women without disabilities or men, regardless of disability status (Fine & Asch, 1988). Finally, because women, African Americans, and people with disabilities are disproportionately represented in low income brackets, one would expect that African American women with disabilities would have increased chances of confronting multiple barriers to obtaining, maintaining and optimally benefiting from homeownership than either their able or disabled white male and female counterparts.

2.5 Homeownership, Household, and Family Composition

Differences in household and family composition among women, racial ethnic minorities and people with disabilities, contribute to disproportionate homeownership outcomes. For example, Hourin, Herbert & Rosenthal (2007) explain that:

Differences in the rate of homeownership among various income, racial, and ethnic groups could be explained, in part, by differences in the amount of doubling up, marriage, divorce or separation, and living with parents or other relatives or by the share of the population living in group quarters.

(p.7)

Because US citizens who live in nursing homes and prisons are not counted as households by the census, homeownership rates may be affected in different areas (Hourin, Herbert & Rosenthal, 2005). For example, if US citizens living in group quarters are not counted in the total population of a statistical sample residing in a town, then the proportion of homeowners in some communities may appear to be greater than it would be if citizens living in group quarters were counted in the total population of each census tract. Since African Americans and people with disabilities are both overrepresented in group quarter living facilities that are not counted, estimates of homeownership rates for African American and disabled populations may especially be affected by this omission. Therefore, the homeownership disparities for women, people of color, and people with disabilities may be even greater than current statistics actually suggest.

Similarly, the presence of dependent adults and/or children in a home, places economic constraints on the household, which significantly contributes to a family's ability to gain and maintain a home. This is especially the case for low income

households, which are more likely to have a child with a disability than higher income households. In fact, some estimate that children in low income households are as much as 40% more likely to have a disability than other children. In addition, the presence of a child with disabilities has been found to significantly increase a household's risk for poverty. These trends demonstrate that disability can be both a cause and consequence of poverty (Porterfield, Sanders & Rainford, 2006). Households with children with disabilities are also more likely to have a parent with a work limiting condition (Porterfield, Sanders & Rainford, 2006). Some of the women who were interviewed for this study have early onset disabilities and/or children of their own; therefore, the economic literature on households with children with disabilities is especially relevant in assessing their current financial status in order to explore their interest in homeownership.

2.6 Disability and Homeownership

People with disabilities in the US have been historically denied the opportunity to live in communities with their families and friends, and generally to have control over their daily lives, due in part to negative attitudes (hereafter termed “ableist ideologies”) and the widespread exclusionary practices that ensue, such as forced institutionalization and community isolation (Kumari Campbell, 2009; Linton, 1998). The benefits of homeownership have largely been denied to people with disabilities because, historically, they were perceived by decision makers as undesirable members of society, lacking the ability to make choices for themselves (Linton, 1998). In addition, the housing options of people with disabilities were restricted because of social biases that included fears about their reproductive capabilities and perceived potential to give birth to other people with

disabilities (Fine & Ash, 1988). In fact, the denial of sexual agency and reproductive rights is at the heart of a great deal of the discrimination and exclusion that people with disabilities continue to experience in society (Siebers, 2008; McRuer, 2006). Such fears are largely influenced by attitudes promoted during the eugenics era, which viewed people with disabilities as undesirable citizens, and which led cultural and institutionalized practices that ensured their exclusion and/or death (Scheik, 2009; Ferri & Conner, 2006; & Evans, 2004).

Yet, these fears and restrictions have recently been challenged through civil rights legislation such as the Americans with Disabilities Act of 1990, the Olmstead Supreme Court Decision of 1999, and the growth and development of the Independent Living and overall Disability Rights Movement, leading to passage of this legislation (Jaeger & Bowman, 2005; Klein, 2000). Despite this legislation, however, people with disabilities continue to experience the negative effects of past and present housing discrimination in their daily lives (Ross, 2002; Jaeger & Bowman, 2005).

Currently, people with disabilities face a number of obstacles to accessible housing. It wasn't until 1988 that housing discrimination against people with disabilities became illegal under the Fair Housing Act. Since that time, claims to the U. S. Department of Housing and Urban Development (HUD) alleging housing discrimination against people with disabilities have increased, and disability discrimination has become the most common fair housing complaint received by the agency (Austin Turner et al., 2005; Souza, et al., 2011). People with disabilities also face age barriers, because much of the accessible housing in neighborhoods with low crime rates, limited architectural barriers and other socially, economically, and environmentally favorable conditions is

restricted to elderly populations with financial means (Nelson, 2008; Hoffman & Livermore, 2012).

According to Jackson (2001), non-elderly people with disabilities are more likely to be eligible for properties that are older, decrepit and less economically valuable. Although the most affordable housing for people with disabilities with low incomes includes Section 8 housing subsidized by the federal government, wheelchair-accessible housing units are not as available under those housing options. People with disabilities also confront housing discrimination, as landlords and real-estate agents commonly assume that applicants with disabilities will not be able to take care of themselves or their home (Austin Turner, Herbig, Kaye, Fenderson, & Levy, 2005; Jackson, 2001). These circumstances accumulate to force people with disabilities to live in restrictive settings, such as residential institutions, or to settle for housing that is substandard and/or that absorbs the majority of what tends to be very limited incomes (Souza, et al. 2011; Cooper, O'Hara, & Zovistoski, 2011).

Housing affordability is the primary barrier that people with disabilities experience in the housing market (Souza, et al. 2011; Cooper, et al., 2011). Although it costs the government and tax payers less to pay for housing and services for people with disabilities while living in the community than to keep them in institutions, nursing homes, board and care facilities, or homeless, an institutional bias still remains in disability assistance policies. However, most people with disabilities cannot afford to move back into the community without housing assistance. All too often people with disabilities have to choose between living in a segregated, restrictive, and often substandard board and care home, or homelessness (Cooper et al. 2011). In addition,

Livermore, et al. (2012) found that people with disabilities represent a disproportionate share of those who need housing and estimated that about 40% of people who are homeless and living in shelters have a disability. For these reasons and more, people with disabilities are significantly more likely to have *worst case housing needs* (residing in low-income households spending more than half of their income on rent and/or living in substandard housing) than people without disabilities (Hoffman & Livermore, 2012)

2.7 African American Women with Disabilities

According to the literature, African American women with disabilities face multiple barriers to resources and equitable treatment in society. Compared to their white counterparts, African Americans have higher rates of poverty, lower rates of educational attainment, and are more likely to be employed in dangerous jobs (Alston & McCowan, 1994; Smart & Smart, 1997; Beatty, 2003; Napor & Pettee, 2003). All of these factors contribute to limiting their access to homeownership, and make it harder to prevent the onset of a disability and/or rehabilitating a disability, if acquired. Considering this reality, it is not surprising that people of color in the US have significantly higher rates of disability and of severe disabilities than the white majority (Smart & Smart, 1997; Barnes et al, 1999; Beatty, 2003; Drum et al., 2011). Despite the fact that African Americans have one of the highest rates of disability (20%), second to Native Americans (21%) (Jans & Stoddard, 1999), more recent statistical data describing their social and economic characteristics is scarce.

The majority of African Americans with disabilities are female (53%), with an average age of 42 years. They are much more likely than whites (with or without disabilities) to have not completed high school education, and to be unemployed. Of the

African American women with disabilities that are employed, most earn an average of 22 to every dollar earned by non-disabled white men. African American women are less likely than white women to use legal or illicit drugs (which in some cases also constitutes a disability under the ADA). However, Black women are more likely to experience the worst consequences of drug use, such as HIV and AIDS, which also cause impairment (Beatty, 2003). Significant race and gender disparities exist among the disabled population. For example, Alston & McCowen (2003) reported that:

...African Americans with disabilities experience the most severe underemployment, unemployment, under-education and miseducation, compared to other disability groups. This reality makes the empowerment goals of the ADA even more vital for black Americans with disabilities.
(p. 349)

Despite this reality, very little has been written in the US about the multiple inequalities that disabled women of color experience in western societies, or about how disability is experienced in impoverished nations. The limited amount of literature which does address these intersecting issues is written primarily by and for service providers who aim to document the racial and gender disproportionality in the quantity and quality of services that women and minorities with disabilities receive (Alston & McCowen 1994; King, 1998; Beatty, 2003). As a result, these studies are more likely to focus on impairment prevention, cure, and the advice of experts; but less on societal change or capture the standpoints of black women with disabilities (Linton, 1998).

2.8 Barriers to Homeownership

Although legislation prohibiting housing discrimination based on gender, ability, race and ethnicity now exists in the United States, women, minorities, and people with disabilities continue to lag significantly behind the majority population in terms of their homeownership rates and housing values. In addition, this review of the literature suggests that African American women with physical disabilities are likely to encounter multiple, overlapping and/or competing barriers to homeownership, based on their multiple areas of marginalization. In summary, the literature suggests that the primary barriers to homeownership for women, minorities and people with disabilities include:

- Lack of information or misinformation about the rights, resources and responsibilities of potential homeowners among these populations.
- Limited supply of affordable, accessible, new or rehabilitated homes
- Low income, limited access to generational wealth, and a lack of funds for down payments
- Housing discrimination
- Residential segregation

Among the barriers described above, the primary ones for people with disabilities are related to economics and affordability. Klein (2000) reported that, because of their high rates of unemployment and poverty, people with disabilities often need financial mechanisms to bridge the gap between their low incomes and the actual cost of housing and housing appreciation (Pitcoff, 2003; and Flippen, 2004). In addition, location is a factor that operates as a barrier to homeownership. Place significantly impacts the likelihood of a person becoming a homeowner but does not reduce the effects of race. For

example, more rural non-married people tend to own homes than urban non-married people. However, blacks are less likely than whites to be homeowners regardless of location. All of these homeownership disparities strongly contribute to the race, class, gender and ability related inequalities in urban as well as rural areas (Allen, 2002).

In spite of the many barriers associated with housing for people with disabilities, rehabilitation research suggests that there are many potential benefits for people with disabilities who do manage to own their homes. Klein (2000), Robertson & Desfrene (2000) and Everson & Wilson (2000) argue that the following benefits may be associated with homeownership for people with disabilities and low incomes:

- 1) Economic gains;
- 2) Increased self-esteem;
- 3) Decreased social isolation and increased community integration;
- 4) Better educational and employment opportunities and;
- 5) More independence and greater control over one's life, such as where and with whom to live.

Yet, there are no known empirical studies with results that either support or refute any of these claims.

2.9 Conclusion: Addressing Gaps in the Literature

Despite the wealth of knowledge that this literature review has provided, it is limited by the reality that most generalizable empirical studies investigating homeownership disparities primarily focus on different rates of homeownership among racial ethnic minorities, and those with low to moderate incomes. These studies tend not to include inquiries or analysis regarding the relationship of gender or disability to

homeownership (Dalton, 1999; Sherraden, 2005; Oliver & Shapiro, 2006; and Nembhard & Chiteji, 2007). Similarly, disability related research in this area tends not to include race, class or gender descriptors in the development or analysis of their studies (Wilson & Everson, 2000; Robertson & Desfrene, 2000; Jackson, 2001).

Furthermore, research exploring housing options for people with disabilities tends to give very little attention to homeownership and the potential for wealth accumulation that it could provide. Despite the many claims given by researchers and advocates for people with disabilities, I have not found any nationally representative studies that have produced generalizable results in support of any of their claims regarding homeownership benefits for this population. Finally, there is very little literature on women of color with disabilities as they relate to any topic, much less homeownership. Indeed, women of color with disabilities have been lost in the ongoing traffic of intersectional interests increasingly explored in minority studies research. The omission of all of these interconnecting factors from various areas of research creates barriers to understanding what the homeownership characteristics are for African American women with physical disabilities. Despite these limitations, the literature that does exist provides significant insight on how homeownership affects either African Americans or people with disabilities and/or women.

The literature on racial, ethnic and gender disparities discussed above was primarily written by sociologists and economists who tend to argue that although homeownership gaps are beginning to close across various categories, significant gender, racial, ethnic, and socioeconomic disparities remain. The literature on disability and housing is primarily written by scholars in disability studies and/or rehabilitation

research. However, there is currently a disconnect between the literature on homeownership inequality and housing and disability research. A fuller and more accurate picture of housing disparities in America can be produced if these fields are put in conversation with each other. Noticeably absent from both qualitative and quantitative bodies of literature on homeownership in the disciplines of sociology, economics, women's studies, disability studies and rehabilitation is a focus on the needs, desires and social locations of African American women with disabilities, who are the focus of this study.

Based on the literature, the overall conceptual rationale for undertaking this mixed methods study is as follows:

- Homeownership can be 1) an indicator of economic well-being, and 2) an indicator of the extent to which minority groups are or are not socially integrated into mainstream society.
- Exploring homeownership as an indicator of wealth for African American women with physical disabilities may provide greater insight into 1) the social and economic realities that they experience, 2) the relational aspects of gender, race, class, and disability inequality, 3) The extent to which African American women with physical disabilities are socially integrated into mainstream American society.

Thus, by placing the social locations of women of color with disabilities at the center of the research inquiry, theory production and methodological constructs developed throughout this mixed methods study explore social inequality as it pertains to the intersection of race, class, gender and ability. More specifically, this dissertation

accomplishes an interdisciplinary inquiry on homeownership inequality by examining the homeownership characteristics of a small sample of African American women with physical disabilities.

Chapter 3: Methodology

3.1 Study Overview

This study contributes to gaps in the literature through quantitative and qualitative analysis of data about African American women with physical disabilities. It provides experiential insights and quantitative descriptors about how homeownership status relates to selective social, economic and health characteristics of African American women with physical disabilities. The research questions were examined through the development and implementation of an exploratory mixed methods research design. This mixed methods inquiry utilized a survey to collect quantitative data from a sample of 32 African American women homeowners (24) and non-homeowners (8) with physical disabilities, living in the mid-Atlantic region of the United States as well as in-depth follow-up qualitative interviews of a sub-sample (30). In addition, a closer examination of a subset of three out of the 30 follow-up interviewees is provided through case study analysis in Chapter 4.

3.2.1 Mixed Methods Research Design

A quantitative and qualitative research procedure was chosen for this study because it allows an examination of the research questions by collecting and analyzing multiple forms of data in order to compare and validate results from different perspectives (Creswell & Plano Clark, 2007). This mixed method study is exploratory in nature. Exploratory research uses data gathered throughout a study to identify patterns and details within it, which can lead to theory development about little known aspects of a phenomenon (Miller & Brewer, 2003; Teddlie & Tashakkori, 2009). The phenomena of

interest in this study are the barriers and facilitators to homeownership for African American women with physical disabilities.

A two-phase sequential approach was undertaken in this study, specifically, a detailed questionnaire in Phase One to capture demographic markers; and a qualitative in-depth interview in Phase Two to capture the relationship of participants' social, economic, and health characteristics to their housing related attitudes and experiences. More specifically, the data collected during Phase Two were used to construct a grounded theory of the barriers and facilitators to homeownership for this sample of African American women with physical disabilities. Grounded theory is theory developed directly out of the analysis of qualitative data (Chamaz, 2004; Corbin & Straus, 2008). Because this study is specifically interested in the perspectives and experiences of African American women with physical disabilities, analyzing the qualitative data to extend theorizing perspectives using a grounded theory approach is an important contribution of this study.

Finally, a mixed methods research design enabled the participants to share perspectives about the barriers and facilitators to homeownership by using different mediums (i.e. questionnaire and interview). I believe this strategy was especially useful for people with disabilities, some of whom may not have been able to express themselves as well verbally as through written text or vice versa. The benefit of mixed methods research is that it allows for the examination of research questions by collecting and analyzing multiple forms of data in order to compare and validate results from different perspectives (Creswell & Plano Clark, 2007).

3.2.2 Feminist Intersectional Disability Methodology

Traditional research paradigms have historically conceptualized research participants as a means to an end. The information they produce is not thought to generally belong to them, but to the researcher. This perspective assumes that participants are detached from the research process, other research participants, the research product, and ultimately themselves. However, critical research paradigms challenge these assumptions by constructing research practices which disrupt research/participant, subject/object, private/public and other binaries assumed necessary in order to maintain objectivity and fairness. A major goal of critical research models is to develop research methodologies that may ultimately benefit the researched and their communities (Oliver, 1992; Moore, 1998; Twine, 2000). Thus, this study's research design draws on feminist, intersectional and critical research methodologies.

Although intersectionality is a powerful analytical framework, it also presents many methodological challenges. For instance, the intersectionality literature tends to be highly theoretical and "fairly abstract: it is often difficult to pinpoint how the interaction, articulation, and simultaneity of race, class and gender affect women and men in their daily lives" (Mulling and Schultz, 2006, p. 6). Similarly, Thornton Dill et al. (2007) argue that:

More pathways need to be forged methodologically and theoretically to apply intersectional analysis of identities at the structural and political levels of analysis. This may mean using multiple methods in the same analysis, including ethnographic (and even auto-ethnographic) quantitative research. (p.631)

This mixed methods study attempts to address the above challenges by applying intersectional and critical methodological principles throughout the research process.

These principles include:

- A. Acknowledging the social location of the researcher and its implications for the study.

Principle A focused on self-reflexivity, which I practiced through methods such as taking notes and writing memos during data collection and analysis. This process helped me consider if the questions raised and the responses given were a reflection of personal bias. I also considered the embodiment of the participant and the embodiment of the researcher and their implications for how data would be collected and analyzed. The researcher for this study is an African American woman with a physical disability that has certain cultural assumptions about disability, race, class, gender and other spectrums of difference. These steps were taken to limit any imposition of researcher assumptions onto participants. However, I drew upon my experiential knowledge to raise questions.

- B. Recognizing that the research relationship occurs in a context where power is distributed unequally between the researcher and participants, and taking conscious and deliberate steps to minimize these power differentials.

To address concerns of power, Principle B, I made several small and more extensive decisions in the research design. As a disability theorist and an African American woman with a physical disability, I was sensitive to the potential needs and limits for my participants. However, I also was careful not to assume that my “insider” status meant that there no clear power differentials between me and my participants. While I was clear about their agency, I was conscious of my power as a doctoral student coming from the

academy into their homes and communities and asking them to share their lives with me. Hence, participants also chose the time, place and format in which they were given the research instruments. I met all accessibility needs and requests, including the use of assistive technology, breaks during interviews, accessible interview locations, reading and recording the self-administered questionnaire questions and responses, and enabling personal assistants and loved ones to be present during the interview.

C. Taking steps to maximize the benefits of the study to participants.

I sought to maximize the benefits to participants as much as possible, Principle C, by providing participants the opportunity to express their thoughts and opinions beyond the confines of the questions I raised. The semi-structured interview format specifically allowed participants to raise issues and to have more control over the conversation. The self-administered questionnaire also included a section for comments so that participants could choose to include thoughts beyond the confines of the structured questionnaire. Furthermore, after completing the study, participants were provided with the following material benefits:

- Self-administered questionnaire participants were entered into a raffle to receive a \$50 Visa gift card.
- Semi-structured interview participants received a \$10 Visa gift card
- All participants received a packet compiled by the investigator that described some of the housing rights and resources available to them as African American women with physical disabilities.
- All participants will receive a summary of the research findings for this study.

D. Including a mixed methods design to corroborate results.

Women, minorities and people with disabilities have historically been misrepresented, excluded, abused, and exploited by researchers (Washington, 2006; Evans, 2004; Morris, 1992). Thus this study explores a sample that may include participants who have had negative interactions with researchers in the past, or who belong to cultures that tend to be suspicious of researchers as a result of this negative past. Hence, I made every effort to construct a study that maintained rigorous academic standards to produce knowledge, but that strove to do so in partnership with participants and not at their expense. In the next section I provide more specific details about how each phase of this study was carried out.

3.2.3 Phase One

Phase One included the collection and analysis of quantitative data through the distribution of a self-administered questionnaire. This self-administered questionnaire is a 58 item cross-sectional survey. The 58 items that make up the questionnaire are derived from the following standardized sources:

- 1) A total of five unmodified items selected from the Medical Outcomes Study (MOS) and 20 Item Short Form Survey Instrument (SF 20)
- 2) 11 modified items selected from the US Census 2010 Long Form Questionnaire
- 3) 42 original items developed by the student investigator based on the results of a pilot study of three African American women non-homeowners with physical disabilities conducted in 2008 (See Appendix 3 for a copy of the self-administered questionnaire from that study).

The self-administered questionnaire was distributed to 42 African American women homeowners and non-homeowners with physical disabilities between the ages of 25-55 living in the states of Maryland, Pennsylvania, and Virginia, and in Washington, DC, namely, the mid-Atlantic region of the United States. Out of the 42 people who were recruited to participate in this study, 32 returned their questionnaires, resulting in a total sample size of 32 and a response rate of 76%. The purpose of Phase One was to capture the demographic and access characteristics of the women. This survey sought to address sub-research question (a) which was to describe the selective social, economic, impairment specific, and health access patterns of African American women with physical disabilities by homeownership status. More details about the self-administered questionnaire can be found later in this chapter.

3.2.4 Phase Two

Following the collection and analysis of the survey data, Phase 2 involved conducting in-depth interviews with a sub-sample of African American women with physical disabilities who agreed to a follow-up interview after completing the self-administered questionnaire. The sub-sample included 30 of the 32 women who participated in Phase 1, providing a Phase 2 response rate of 90%. The data collected during Phase 2 addressed research question (b) to explore African American women with physical disabilities' perceptions and experiences of barriers and facilitators to homeownership, and (c) to explore the visions of ideal living quarters for African American women with physical disabilities and how homeownership relates to their future goals and aspirations.

3.2.5 Sample Selection

A sample of 32 African American women with physical disabilities between ages 25-55 who resided in the mid-Atlantic region of the United States was obtained for this study (See Table 1). This is almost half of the sample size of 60 participants initially proposed for this study. Because African American women with physical disabilities are a small and hard-to-reach population, recruitment was slow and challenging. However, a total sample size of 30 has been shown to be sufficient for data saturation in similar mixed method studies using grounded theory (Thomson, 2011). Hence, given the difficulty with recruitment, once a sample size of 32 for the self-administered questionnaire, and a sub-sample of 30 for the follow-up interviews were obtained, data collection ceased. A sub-sample of eight homeowners African American women with physical disabilities (one third of the sample) allowed for the collection of relevant data about a group that is also particularly small in the mid-Atlantic region. African American women homeowners with physical disabilities were expected to be a small group because the literature exploring race, class, gender and disability related differences in housing suggests that the structural implications of being an African American woman with a physical disability significantly decreases the likelihood of also being a homeowner (Massey & Rugh, 2010; Oliver & Shapiro, 2006; Austin et al., 2005). Still, the fact that the overwhelming majority of the participants in this study are non-homeowners is a limitation. Future studies should oversample African American women homeowners with physical disabilities so that more can be learned about them in relationship to this, and other relevant study's findings.

Table 1

**Sampling Frame of African American Women
With Physical Disabilities by Homeownership Status**

| Research Phase | Homeowners | Non-Homeowners | Sample Size |
|---------------------------|-------------------|-----------------------|--------------------|
| Phase 1: Survey | 8 | 24 | 32 |
| Phase 2: Interview | 8 | 22 | 30 |

3.2.6 Sampling Technique

The participants in this study were recruited through a purposive sampling technique that included both homeowners and non-homeowners who were African American women with physical disabilities. Purposive sampling techniques (also called non-probability sampling) are methodological strategies used to select a sample with characteristics that are most appropriate for answering specific research questions. They are not used to achieve statistical representation of a population, as is typically the case with large quantitative studies that use probability sampling (Creswell, 2007; Creswell, 2008; Teddlie & Tashakkori, 2009). Study participants were identified and recruited if they met all the selection criteria: 1) Identify as being an African American; 2) female, 3) between the ages of 25-55, and 4) living in the mid-Atlantic region. These criteria were determined for several reasons. According to the US Census, the age group least likely to own homes, are adults under 25 years old (US Census, 2011); additionally, the cut-off age of 55 was chosen in order to ensure that the data included participants with both early and later onset disabilities. Although people over age 55 have the highest homeownership and disability rates (Damon & Woodward, 2001), they are more likely to have obtained their homes before the onset of their disabilities. Thus this study chose the age range of

25-55 to increase the likelihood of interviewing participants who had experienced barriers and facilitators to homeownership as persons with disabilities. The mid-Atlantic region was chosen because of its relative racial and geographic diversity as well as my familiarity with, and ability to access, the region.

The sampling process for this study began with the investigator contacting and informing disability rights organizations, disability related service providers, and local disability advocacy communities in the mid-Atlantic region about the purpose and goals of this study (See Appendix 5 for list of organizations and services). Familiar social networks such as neighbors, student organizations, and church members were also used to help identify key informants who could assist with participant recruitment.

Following the receipt of contact information for potential participants as provided through the above mentioned resources, a confidential email and/or letter requesting participation was sent to each potential participant (See Appendix 1, sample recruitment email/letter). After a potential participant expressed interest by responding to the inquiry of the investigator, she received a self-administered questionnaire to complete (See Appendix 3). To find additional participants, I used a snowball sampling technique. Each questionnaire included an item (See Appendix 3 item 56) which asked participants to provide the researcher with the names and contact information of others whom they knew would fit the eligibility criteria for participating in this study, or to share the investigator's information with those who they thought might be interested in participating. As necessary, a friendly reminder email or phone call was given to participants following their completion of the questionnaire, again requesting their help with the recruitment of others.

The in-depth interviews of participants which constituted Phase 2 of this study were drawn from a sub-sample of 30 of the 32 participants who also completed the self-administered questionnaire (See Appendix 4 for interview schedule). This sub-sample was identified by including an item at the end of the self-administered questionnaire (See item 55 in Appendix 3) which asked each survey participant if she was willing to be interviewed for approximately 60-90 minute. 30 out of 32 self-administered questionnaire participants agreed to participate in the follow-up interview, resulting in a response rate of 93% for the sub-sample.

3.2.7 Case Studies

In order to provide a more detailed and personal look into the lives of individual participants, case studies of the housing related experiences of a sub-sample of three women from this study were developed. The three women in the case studies were chosen because each provided multiple rich examples of several of the most prevalent themes expressed throughout the interviews and self-administered questionnaire data. Participants also were chosen because they held diverse social characteristics that spoke to the challenges and experiences of other women in the study. Samantha Washington (pseudonym) was a married mother of two adult children with full-time employment. She had an early onset disability from birth and was a non-homeowner. Dana Smith (pseudonym) was a never-married, underemployed woman without children who lived alone. She had an early onset disability from birth and was a non-homeowner. Finally, Sonia Small was a never married woman who worked full-time. She had an early onset disability that was acquired through a car accident. She was a homeowner who lived with her grandmother and brother.

3.2.8 Measures

The survey instrument for this study is a self-administered questionnaire. The items on this questionnaire collected data about the social (age, race, education, gender identity, marital and parental status); economic (employment, income, debt, housing, transportation and health related costs); and health (physical disability, functional limitations and emotional wellbeing) characteristics of the participants. The questionnaire and interview schedule for this study was an expanded and enhanced version of the research instruments developed for a pilot study conducted by the investigator in 2008 on African American women with physical disabilities. Although the pilot study was conducted with three participants, the results helped inform the final version of both the self-administered questionnaire used in this study, as well as the semi-structured interview schedule, and provided themes to guide qualitative analysis.

The self-administered questionnaire for this study contained 58 items, the majority of which were close-ended. The type of close-ended items used in this questionnaire included Yes/No binary response items, nominal categorical scale response items, ordinal categorical scale response options, as well as three to seven point Likert scale response options. Open-ended items made up a minority of the responses provided on this questionnaire and asked the respondent to give specific details, such as dollar amounts, age, or the type of disability (See Appendix 3 for the questionnaire).

In addition, several of the questionnaire items were derived from the US Census 2010, 5% Public Use Microdata System (PUMS) Long Form Questionnaire and from the Medical Outcomes Study (MOS) 20 Item Short Form Survey Instrument (SF 20). The items chosen from these well-known surveys were included in this questionnaire because

they are standardized measures of characteristics of interest to this study, such as the functional limitations and housing characteristics of respondents, and have been proven to be reliable measures of these variables in other studies (Stewart & Ware, 1992). More specifically, a six-option self-report scale for physical functioning that is included in the MOS 20 was used in this questionnaire. Because literature suggests that there may be health benefits to homeownership, and that people with specific health issues may experience barriers to homeownership attainment (Klein, 2000; Austin Turner et al., 2005; Smith, Langa, Kabeto, & Ubel, 2005) items from the MOS 20 were used to provide insight that could support or refute these claims.

The qualitative interview for this study was semi-structured, posing a series of open-ended interview questions. The questions in this schedule were constructed to gain greater first-hand knowledge regarding participants'

- 1) past and current housing experiences,
- 2) attitudes and desires towards homeownership,
- 3) perceived ability to own a home,
- 4) knowledge about homeownership, and
- 5) race, class, gender and disability identities and their relationship to the above

(for the interview schedule see Appendix 4).

All qualitative data for this study were gathered by recording approximately 90-120 minute interviews with each participant in the sample. Twenty-nine interviews were done in person, and one interview took place over the telephone.

The design of the survey and interview instruments for this study were based on the factors contributing to homeownership as identified in the homeownership literature

for women (Allen, 2002; Sykes, 2005), African Americans (Shapiro, 2004; Gordon Nembhard & Chiteji, 2006), and people with disabilities (Jackson, 2001; Turner, Herbig, Kaye, Fenderson & Levy, 2005). Data drawn from the quantitative phase of the project (Phase 1) informed the interview data by describing the social, economic and health context in which the participants lived and the qualitative responses are given. More specifically, Phase 1 results provided insight about the variables that contributed to any reported differences between the characteristics of African American homeowners and non-homeowners with disabilities and other observable patterns of interest. These findings were further explored in relationship to the themes that emerged from the qualitative interviews. (Details about confidentiality procedures and other protections for participants are outlined in the participant consent form found in Appendix 2).

3.2 Procedures

Once identified, participants were contacted to determine the best way to deliver the questionnaire. As mentioned previously, upon completion of the self-administered questionnaire, participants were asked if they were willing to participate in a follow up interview and if they were willing to refer others to participate in this study. Depending on each participant's needs, the questionnaire was administered during Phase 1 in four possible ways:

- 1) delivered and returned through the mail,
- 2) delivered and returned via email,
- 3) delivered and/or returned in person, or
- 4) read and recorded over the telephone or in person.

Most questionnaires were delivered and returned through the mail.

During Phase 2, again depending on the needs expressed by the participant, each in-depth interview was conducted in 5 different types of locations: 1) at the participant's residence, 2) at the researcher's Maryland residence, 3) in a public place, 4) over the telephone and 5) at a wheelchair accessible Philadelphia apartment that was borrowed from a friend of the researcher to interview 3 different participants individually. All participants gave permission to collect data and be recorded by signing an informed consent form approved by the Institutional Review Board of the University of Maryland, College Park. Pseudonyms were used in substitute for the real names of participants in this study. This step and others were taken in order to maintain the confidentiality of the participants as outlined in the consent form in Appendix 2. Participants were permitted to have someone present while completing the questionnaire if they desired assistance or support that the researcher could not provide, such as assistance with signing consent forms, interpreting participant's responses to questions, or providing answers to some questions on the participant's behalf. Additionally, due to the diverse needs and abilities of my sample, I was prepared to accommodate respondents so that the research instruments were as accessible to them as possible. The more accessible the research instruments were, the more accurate and complete the data collected was likely to be. As previously stated, questionnaire participants were entered into a raffle which selected one random participant to receive a \$50 Visa gift card. In addition, each follow-up interview participant received a \$10 gift card. Finally all participants will receive an information packet summarizing this study's findings as well as information about some of the basic housing rights and resources available¹.

¹ As a reciprocal thank you gift for the participant's time, participants received the following: Self-administered questionnaire participants were entered into a raffle to receive a \$50.00 Visa check card. The raffle winner was

3.3 Analysis

Analysis was preceded by the creation of a code book of data collected through self-administered questionnaires and the creation of a data-entry spread sheet that indicated each participant's response to particular items (variables per case). After checking and identifying missing information, data was uploaded into SPSS. Using the statistical software, analysis first focused on producing frequency tables through a univariate analysis of variables. Thereafter patterns apparent in these tables were examined and used to generate tables describing the demographic, economic, and health profiles of this sample². These profiles were used to describe and contextualize interview responses during analysis in the qualitative phase (Creswell, & Plano Clark, 2007; Lunenburg & Irby, 2008; Teddlie & Tashakkori, 2009). The items derived from the MOS 20 and the US Census PUMS 5% questionnaire were coded and analyzed according to the standards already established by the creators of those questionnaires. For example,

determined after all submitted questionnaires were received. Each self-administered questionnaire participant was assigned an id number which was used to select a raffle winner randomly through use of SPSS. Once a raffle winner had been determined, all self-administered participants were notified if they won or not. In addition, each participant who completed an interview received a \$10 Visa check card. Furthermore, following the studies completion, will receive an information sheet which summarizes many of the rights and resources available to them as minority women with physical disabilities who are either homeowners or who may consider becoming homeowners in the future. Finally, a 3-5 page summary of the study will also be made available to all participants following its completion.

² After the self-administered questionnaires were returned, a code book was created. Each item in the questionnaire was coded according to the type of response option (binary, nominal, ordinal, interval, etc.). The codebook was then used to create a corresponding spreadsheet for data entry in the computer program Excel. Each individual cell represented a variable, such as age, homeownership status, and type of disability of a respondent. Thus, every data entry represented one response (or lack of response) from one participant, also called a case (Lunenburg & Irby, 2008; Miller, 2004). Once all the data in every questionnaire were appropriately coded and entered, the data spreadsheet was checked for errors and missing data. Missing data was coded 99 and skipped data was coded 97 in the spread sheet. If unsure of whether a skip was valid, I coded it 98 for "unsure skip". This signaled that I needed to double check that hard copy of the questionnaire and make sure I did not miss a data entry point, or that I might want to follow up with the participant about whether she overlooked, misunderstood or deliberately choose to skip a question. After errors such as these were identified and corrected, the Excel spread sheet of questionnaire data was uploaded into SPSS to begin calculations. Quantitative explorations began with univariate analysis of variables to generate frequency tables. These reports were reviewed and analyzed first to take note of any obvious patterns or missing data. Following this general overview of the data, any observable patterns in the frequency tables were further explored through a closer look at the descriptive statistics summarizing each variable's output, including median, mean, mode and the standard deviation (Finlay & Agresti, 1997; Miller & Brewer, 2003). These quantitative data were then recorded and summarized into tables which described the demographic, economic, and health profiles of the sample.

scales derived from the MOS 20 were coded from highest to lowest, with the highest codes indicating better health (Stewart & Ware, 1992).

The qualitative phase of this study (Phase 2) was used to enhance and extend the meaning of the quantitative findings by providing experiential details about individual participants, expressed both in their own words and systematically organized by themes within the data through a narrative analysis of interview transcriptions³ (Creswell, 2003; Teddlie & Tashakkori, 2009). Using the qualitative data analysis software ATLAS.ti. I created memos, and conducted thematic coding of the data and identified significant quotes. The first round was grounded coding, based on themes from the literature and the pilot study. The themes generated to guide initial data analysis are as follows:

Initial Qualitative Coding Themes

| Theme | Description |
|--------------------------------------|---|
| <u>Social Support:</u> | Perceived access to family, friends and services that can and will provide assistance needed to gain and maintain a home |
| <u>Economic Resources</u> | The amount of income, wealth and debt an individual has, and the availability of affordable and accessible homes in the geographic location of interest |
| <u>Accessibility/Mobility</u> | Home modification and maintenance, access and the ability to gain and maintain ease of mobility in and around the home |
| <u>Health Status</u> | The functional limitations and emotional wellbeing of an individual and its impact on homeownership access and maintenance |
| <u>Disability Status</u> | Type of disability and time of onset and their |

³ Most of the interviews, which included over 30 hours of audio, was transcribed by a professional company at a cost of \$2,500, and was covered by a graduate student research award. The remaining audio not covered by the award was transcribed by the researcher and a hired graduate student transcriber. The first interview I conducted, I transcribed myself to gain an idea of how long it would take and how to complete transcriptions most efficiently. On average, I was able to transcribe 5 minutes of audio an hour. Recognizing my limitations as a person with a physical disability, I found this particular part of the research process physically grueling. Thus, I sought out and was fortunate to receive external funding to assist with the cost and labor of interview transcriptions. The three other interviews I transcribed myself included audio of participants with significant speech disabilities. Because I was present during the interviews, took extensive notes, and felt very familiar with the participant's speech patterns, I decided to transcribe these 3 interviews in order to get the most accurate results. In addition, the cost of transcribing increases the more difficult it is to understand someone's speech.

| | |
|---------------------------------------|---|
| | relationship to attitudes towards and access to homeownership |
| <u>Homeownership Knowledge</u> | Understanding of how to gain, maintain and benefit from homeownership and/or where to obtain this information if desired |
| <u>Self Concept</u> | Confidence about self, identity and future |
| <u>Community Integration</u> | Social interaction with or isolation from neighbors, or segregation from the mainstream |
| <u>Dependence</u> | Sense of control over her own life and if and how she depends on others |
| <u>Safety</u> | Experiences, concerns or fears about violence, abuse, neglect, harm or illegal activity occurring in or around the home |
| <u>Discrimination</u> | Any perceptions or experiences of unwarranted or unlawful exclusion based on race, gender, disability or other dimensions of difference |

In addition to codes based on the literature review and the pilot study, I also allowed for any emerging themes to be coded or sub-coded as they arose in the data. I used both open coding (breaking down and defining data based on blocks of information) and axial coding (relating concepts and categories to each other) procedures (Corbin and Strauss, 2008). This occurred through memo writing, which helped to break down and define, in detail, the themes that emerged from the data (Charmaz, 2004). The strategy of constant comparison (regularly comparing cases) was used to interrogate and categorize the data throughout (Corbin & Strauss, 2008). Thus, I identified and analyzed codes, themes, categories, and quotations within individual interviews first and then made comparisons across interviews. Recurring themes and significant quotations were systematically coded and analyzed in order to extend or challenge the initial themes and include additional themes that appeared in the data. The purpose of this process was to ultimately develop a grounded theory that would help describe the barriers and

facilitators to homeownership attainment for this sample of African American women with physical disabilities.

Chapter 4: Resistance, Resilience, and Housing Restriction: Case Studies

4.1 Introduction

And just because I'm a person with disability and I'm in the chair, I have the same life as a woman that's not living with a disability, or who does not utilize a chair. I am a mother, you know? I have two grown sons that sometimes have they issues, and I have to be their mom. I do have a husband, a loving husband. We've been together for nine years, you know? But we have our problems, we have our issues, just like anyone else, you know? I go to work, I work my job. It's not like I'm there and I have been given this job because I'm a person with a disability. It's because I go to work, I do a good job and... I literally work from the time that I get into my office. My day go by so fast because I'm working, I'm busy. And I do deserve to be able to purchase a home, you know? –Samantha Thomas

Samantha Thomas articulated her life as one not unlike the lives of many other married women with children who are living and working in America. She asserted that her life is just as full and valuable as the lives of non-disabled women. As an employee, she also stressed that she is someone who worked hard and was not given her position simply because she had a disability, but rather because it was earned. As a mother and a wife, she too had to negotiate the joys and challenges associated with those roles, and she suggested that the problems and issues that sometimes came along with them were similar to those in many other families. Samantha's major emphasis was that she deserved to have an equal opportunity to become a homeowner.

Samantha made this key point after building a case that challenges some of the major attitudinal and ideological barriers associated with her disability status. It was as if

she is telling the audience, “Now before you tell me all the reasons why I cannot be a homeowner, let me tell you why you are wrong.” Her commentary identifies one of the greatest barriers to homeownership for African American women with disabilities: dominant attitudes which assume that by consequence of their disability, as well as their gender, race, and class, they cannot or should not own homes. Current housing and disability related policies and practices continue to be informed by these assumptions, which work to further marginalize and exclude African American women with disabilities from full inclusion in society.

The purpose of this chapter is to provide a detailed and in depth perspective on the lives of three African American women with disabilities, to provide a more detailed and nuanced picture of the experiences of being a woman, an African American, and a person with a disability in contemporary American society.

The women in these case studies were chosen because their stories enable an intricate analysis of some of the complex contributors to the housing status, social locations, and world views of the participants in this study. Their stories invite the readers to “get to know” the women in this study, by revealing more of their personality and individuality at the micro level, while allowing for connections and conclusions about the structures impacting their lives to be made at the macro level. The result is greater understanding of how African American women with physical disabilities interpret themselves and the world they live in, as well as how they negotiate various structures of inequality daily. The author suggests that such an understanding could help transform and improve housing, disability and civil rights policies and practices; constructing them in a

way that better reflects and responds to the realities of the lived experiences of disability at the intersections of race, class, and gender.

4.2 Samantha Thomas

Samantha Thomas was friendly and enthusiastic about our meeting. She was the first of thirty women to be interviewed for this study, and naturally I was quite nervous. However, Samantha's relaxed and cheery disposition helped to calm me immediately. We met in a Maryland suburb at her new and growing disability advocacy location. It is rented office space and she also employed a few other people with disabilities. After reviewing follow up questions to the questionnaire, we quickly transitioned to the semi-structured interview, where she opened up about her housing history and experiences, future goals, aspirations and more.

Samantha was raised by her mother and father in Washington, DC, where she grew up with four other siblings. Her father was a business owner and her mother was also employed. Samantha was just three years old and her parents were married and they were in their twenties when they purchased their first home in the Deanwood area of north east Washington, DC. Although her father is now deceased, more than forty-three years after it was bought, this is the home in which her mother still resides and where her family continues to meet for gatherings.

While her parents' four story house is where Samantha has experienced many fond memories, over the years, except for the basement, the structure has become inaccessible to her. Samantha was diagnosed with Limb Girdle Muscular Dystrophy when she was in her mid-teens. During the early stages of this progressive condition, she was able to walk into the house and upstairs with assistance. However, now at age 46, her

mobility has decreased and she currently relies primarily on her power wheelchair.

Although Samantha's mother had a ramp installed in the home, Samantha believed that it was not constructed properly. She expressed concern in the interview that the current inaccessibility of the home has limited her ability to visit and socialize with her mother and family. She also shared that this was an issue that she had raised repeatedly with her mother. However, because Samantha had expressed this concern so strongly over the years, she believed that her mother was beginning to work harder on modifying the home appropriately so that Samantha could have better access in the future. Throughout the interview, Samantha explained how she successfully managed her life while constantly being confronted with the need to advocate for herself effectively as an African American woman with a disability, not only in her community, but within her family. In addition, she shared some of her strategies related to gaining disability related services and modifications to her own home.

Since their marriage in 1998, Samantha and her husband have lived in what she described as a quiet working class family neighborhood in Prince George's County, Maryland. For 14 years her family has resided there, in a rambler which they rented for about \$1,100 a month. This rambler allows Samantha full access to its one floor, without having to negotiate stairs. In this home, the couple has raised Samantha's two sons from a previous relationship, who are now grown and have moved out. However, Samantha continued to rely on and employ her youngest son to provide her with personal care services throughout the work week. Although he had an apartment of his own, her son spent much of the work week with his mother in order to assist her with her bedtime and morning care routines. This care, which was funded through a Medicaid waiver, enabled

Samantha to maintain an active life and successful career as a government employee and entrepreneur, as it provided income for her young adult son.

On the weekends Samantha relied on her husband to assist her with her personal care assistance (PCA) needs. However, under the medical program she used to help pay for personal care assistance, spouses were not eligible to be compensated for the personal care they provide. Despite a growing trend away from privatized care and towards self-directed options for people with disabilities, whether or not a spouse or family member is eligible to receive financial compensation from publicly funded caregiving assistance programs continues to vary by state (Newcomber, et al., 2011). In addition to PCA services, over the years Samantha has managed, organized and financed multiple modifications to her rented home, including the installation of a ramp outside of the house, a stair lift inside the house, widened doorways for major entrances, as well as a roll-in shower and grab bars in the bathroom. If she were to purchase a home, these are the kinds of modifications she would need in order to access it fully.

When asked if she was satisfied with the disability related care, modifications and services she received inside her current home, Samantha stated:

Well, I mean, beggars can't be choosy really. I mean, when you look at people that don't have what I have, because of the programs that I have, the resources that I am able to take advantage of... That's why I am able to say that I am now a full-time federal government employee. That's why I'm able to be socially active. To be active in my church, active in my community and to be able to come over here and to go to school and to go... to go to work and do things. And because of

the support that I get from my family one, but two, having those resources available to give me the support.

The paper work, doctor's evaluations, and time it takes to request, and qualify for services like the ones Samantha has received, such as the Medicaid waiver program for PCA services and home modification grants from the state, can be lengthy, confusing and overwhelming. However, Samantha considered these application processes to be a worthwhile investment of her time. She believed that she could not lead a life as active or as independent as hers without the resources made available through these programs. In fact, Samantha argued that her ability to access resources, advocacy skills and what she referred to as her "professionalism" were so strong, that she would be less likely to experience housing discrimination than others. For instance, when asked if she anticipated encountering housing discrimination as an African American woman with a physical disability, she stated:

I don't think...because of me being an advocate, and being out in the community, and knowing and meeting people, and because of my job and different things, I don't think that I will be looked at or dealt with in a negative realm because of me being an African American woman with a disability who utilizes a wheelchair, because of my professionalism. But to say, will other people, other African American women with disabilities have problems? Sure. You know? As well as other Caucasian people with disabilities that they look at and stereotype; because they're not dressed a certain way; that they may not have money to purchase that home. But, I don't feel that a person will look at me and say she's broke, she

don't have any money or anything like that. But could it be done and has it been done? I'm sure it could and I'm sure it would have... it has been done.

Samantha suggested that if people with disabilities develop advocacy skills, become active members of their community, gain a strong social network and obtain gainful employment, as she had, it may be possible for them to avoid being stereotyped or experiencing housing discrimination. Samantha's statement also shows that she believed that she would not likely encounter housing barriers because she had adjusted her behavior and made choices to carry herself in a way that indicated to others that she was a desirable consumer, neighbor and member of society, capable of meeting the social norms and class expectations necessary to maintain a home.

Despite Samantha's statement about her decreased likelihood of facing housing discrimination, she did talk about instances in which she had encountered housing barriers:

No homes, to my knowledge, are already accessible, unless it's a home that someone (with a disability) was living in... one of the issues that I've had in the past is being able to go in the inside to see if I even like the home. And knowing that on the outside that I have to have a ramp put there for me to be able to one, get in. And once I get in the home, I may have to have a wall knocked down. Or I may have to have the bathroom... So, if those are some of the questions you're asking me then there are definitely barriers there. In being able to get into, even like the um, the offices to speak with an agent or to do paperwork and different things.

When asked if she had ever experienced or witnessed housing discrimination, Samantha provided an emphatic “No.” Yet, she also shared instances like this one, where she experienced architectural barriers to viewing potential housing and meeting with housing agents to complete paper work.

Samantha shared other examples of what she believed were some of the contributing factors to homeownership inequality for African American women with physical disabilities.

...no bank is going to loan you money if you don't have assets. If you don't have things for them to say, “If this individual is not able to pay me my money back, I can go get this, this, and that too.” You know? Get my money. And so, I would say that I'm in the minority...being less likely to be able to purchase a home.

Being a woman, you know, with a disability, one. And my income, I would say that, it's good, you know? But, I still have to live. So, I still have bills that I have to pay, and maintain, and trying to put money to the side because they wanna see that you can save x amount of dollars, you know, a month. And not to say that I can't do that, but in doing that I'm going to be taking away from something else. So that means that I'm going to be struggling to try to save money to purchase this home.

According to Samantha, the financial strain of being a single mother of two children for several years before she married her current husband, impacted her ability to save the money necessary to put a down payment on a house. In addition, while struggling to make ends meet as a single African American mother with a disability, she often relied on credit cards to help bridge the gap between her family's needs and her

limited income. This led to the accumulation of debt, yet another barrier to purchasing a home. However, despite the barriers she had experienced, Samantha expressed a desire to become a homeowner one day and she believed that there are several potential benefits to homeownership for African American women with disabilities.

An advantage to being a homeowner is... not having to pay someone else's mortgage. You're purchasing, you're paying money now on something that's yours. Opposed to you paying money on something that's someone else's and they can take out second mortgage loans and different things. If you're in a home and you're paying, you know, your money, you can take money out on the equity to fix that home up. Or even you have a choice on now, maybe renting that property and going and buying you another property and having that rental property to pay for both your present home and the rental property, or at least one of them. So, it's definitely an advantage there. And to be able to, for tax purposes, you now have, you know, tax right offs and different things that help you bring more money back into the household.

In the past Samantha had taken a first-time homebuyers class geared towards minorities and persons with disabilities. She shared quite a lot of knowledge she gained in that class about the home buying process. However, despite her general knowledge of the process and potential benefits of homeownership, she confronted multiple financial barriers which have limited her ability to purchase her own home thus far. Furthermore, she observed that the recent recession caused banks to become even more stringent and resistant to lending money. For these reasons and more, she argued that unless they

participated in a program geared towards their particular needs, people with low incomes and disabilities would not qualify to purchase a home.

Samantha also remarked that there are not enough homeownership assistance programs available that provide support. The programs that exist are either not advertised well or do not attract enough qualified people who can actually benefit from them. According to Samantha, it is hard for homeownership assistance programs to attract qualified African American women with disabilities, because there are simply not enough African American women with disabilities who can meet the economic standards and requirements needed to fully benefit from such programs, herself included. Furthermore, she suggested that for many African American women with disabilities, the excess income needed to put aside and save for a down payment for homeownership is difficult to come by without it becoming an undue financial hardship on their limited incomes. Despite the myriad of obstacles to homeownership Samantha described, she still desires to become a homeowner and considers it to be a distant, but possible future goal that she continues to work towards with her family, every day.

Samantha's story highlights several recurring themes throughout the study. By describing the impact of her decreasing mobility in her mother's home, she provides an example of the implications of inaccessible housing when bodies change over time. Her story also demonstrates how an inaccessible home can create barriers to interacting with family members, and how the family, in turn, can become another institution in which people with disabilities have to negotiate accommodations and advocate for their full inclusion.

The significance of access to home care supports and housing modifications were especially highlighted throughout Samantha's case. She believed that external funding for supports such as personal care assistance services led to her being perceived less negatively by others, while enabling her to maintain employment and remain active in her community. Even so, despite her significant interests in, and knowledge of, the home purchasing process and the resources available to her, she is not a homeowner. Rather, when exploring homeownership as a possibility, she was unable to enter homes of interest, to access realtors and paper work, and to identify already modified homes. She was also discouraged by the high likelihood that a home would have to be modified significantly or built from the ground up in order for it to meet her needs, and the costs associated with that reality.

Samantha's case compliments as well as extends the literature on the barriers and facilitators to the home purchasing process that place her, and others like her, at a significant disadvantage. Samantha's story reveals a number of the specific barriers to homeownership faced by African American women with physical disabilities. First is the lack of valuable assets and good credit necessary to receive a bank loan. When Samantha was a young single mother of two, she often used credit cards to supplement her limited income. The result was considerable debt and a significantly lowered credit. Although her children are now grown and she is married, she continues to work towards reducing this debt.

A second barrier is the inability to save enough money for a down payment and to demonstrate that the mortgage is affordable. Despite currently living in a two income household with no children, Samantha could not afford to save enough money to

purchase a home without it becoming a significant strain on family finances. After the recession, Samantha discovered that the eligibility requirements for mortgages were stricter, making it even harder to qualify. Third, there are few programs available to educate people with disabilities about the home purchasing process. Fourth, limited funding is available in the form of grants or awards, to help bridge the gap between the cost of homeownership, home modifications, and low incomes.

Despite the barriers that she experienced, Samantha believed that it was important that African American women with disabilities gain access to homeownership because of the potential benefits it could provide. These benefits include opportunities to grow financial assets in various ways, as well as the ability to become eligible for tax breaks. These are benefits that renting simply does not provide. Although she had taken homeownership preparation courses in the past, Samantha, like most African American women with physical disabilities, did not have the economic portfolio needed to make her eligible for a mortgage loan. She continued to work together with her husband towards that goal, and hoped that the bank loan requirements would become less stringent in the future so that more women like her can become eligible for mortgages they can afford.

4.3 Dana Washington

I don't want people to think I'm a pampered "bougie" princess, because I'd like to do more than I do. But, it's just getting my parents to let go.

I met Dana Washington at her apartment in suburban Maryland on a warm and sunny summer afternoon. Dana lives in a commercial high rise apartment building located in walking distance from a metro rail and bus station. Her neighborhood is a busy and popular destination for local residents and tourists participating in various

recreational and consumer related activities. There are several local restaurants, movie and performing arts theaters, clothing stores, and other active businesses also within walking distance from her home. The area is considered a welcoming environment by many families, students, and even pets. Not surprisingly, apartment living in this particular location is quite high priced, and Dana's rent is set at market value. During the interview, Dana discussed some of the reactions that she has received from some of her family members and friends with and without disabilities when they discovered where she lives.

Dana: I feel very fortunate that; and I guess kind of guilty at the same time that; I've been able to live where I live.

Angel: Why do you feel guilty? What do you feel guilty about?

Dana: Because a lot of times people think, "Your family must have a lot of money," or, "You have a disability and you don't live in Section 8? That's like unheard of!" Because I have somebody, a family member that can help me, some people look at that as, "Wow, you have everything you want, don't you?" That's not always the case. I'm fortunate that I have other options besides Section 8, because I know a lot of people don't and I admit that but it's also – there's a stigma in being able to do that, too. So I have to deal with that because people think I'm rich or my family must be rich and I'm not. I am middle class...

Angel: So you feel guilty about being middle class?

Dana: Sometimes yeah, because people look at you like, "Oh you just get everything you want."

Perhaps Dana feels guilty about living in a middle class environment because both African Americans and people with disabilities are overrepresented in low income communities. Those statistics become very real for her when she interacts with family members and friends who share her minority status, but not her middle class housing. According to Dana, she has experienced jealousy from other people, including friends with disabilities, who do not have the type of social and economic support from their families to enable them to live similarly.

Dana is 31 and was born with cerebral palsy and low vision. Although she could walk short distances inside her apartment using her canes, she primarily relied on a power wheelchair for mobility. Her parents divorced when she was a child and she moved quite a bit from state to state while they juggled their growing professional careers. Dana's mother is a retired university professor and her father is also a professor who continues to teach at a university in another state. As co-parents, both Dana's mother and father were able to support her financially as she was growing up. As a child she spent part of her education attending a public school for children with physical disabilities in Maryland. As she grew older, the economic differences in many of her disabled peer's family circumstances and those of her own became clearer. Somewhere along the way, Dana received the message that the social norm for African Americans and/or people with disabilities is to be a member of America's social and economic underclass. Because her lifestyle does not fit that social trend, she has experienced what she describes as "stigma" from some of her African American and disabled peers who have not been able to obtain middle class status. This "stigma" has meant that as a middle class African American woman with a disability, she does not fit into multiple communities.

Despite the assumptions that some of Dana's family members and friends have made about her class privilege, Dana has experienced many barriers to asserting her social and economic independence.

I want to get to (the) point where I'm more financially responsible for myself. But it's kind of because...since I'm disabled, my dad still claims me as a dependent on his taxes, which is a convenience and an inconvenience. He wants me to not need to do that, but then at the same time he doesn't because he gets a reduction in his taxes. So he kind of doesn't want to give that up. Like I said, that's a back and forth thing with me and my dad. It's like, "But dad, if I were financially independent then that would only help me because I'd be actually learning some more reality, even though it might be a slap in the face, but I think it's something that I need to do." But he doesn't want to – he kind of uses me in that way. I hate to put it that way but that's probably kind of a reality for a lot of disabled people, is that our families kind of use us. The thing is my parents, I don't think they realize that. I think they think they're helping me, but in a way they're not.

In some ways, Dana's apparent middle class lifestyle is a mirage as it is primarily her parents' income and not her own which allows her to live how and where she does. Despite the economic cushion that her parent's financial support provides, she believes that this support comes at a heavy cost because it deprives her of the opportunity to gain the economic independence expected of most adults her age, and that she so strongly desires.

Although Dana earned her bachelor's degree in performing arts in six years while attending college where her father is a professor, she has struggled to obtain steady,

gainful, full time employment. Currently, Dana is employed part-time in the customer service department at a local performing arts theater. She enjoys working in an area related to her field, and believes she is supported, accommodated and respected by her boss and colleagues there. However, this has not always been the case.

Dana has experienced significant barriers to employment since completing college. While her current part-time position does not provide adequate enough income for her to live economically independent from her parents, her past job search experiences have been so discouraging that she describes her current part-time position in a way that suggests that she is just happy to have any job at all.

I was just fortunate to find a situation and a place, and a person, my boss, that was willing to look past my disability, because I feel like – I don't want to be negative but I want to be truthful. So I feel like probably most people in society generally wouldn't be that accepting of us. I mean not that there aren't other people out there like my boss but I feel like maybe they're fewer and far between than the other kind of people.

Unfortunately, despite legislation prohibiting discrimination based on disability, employment statistics suggest that employers who are willing to accept and accommodate qualified employees with disabilities are few and far between (US Department of Labor, 2015). Dana lives this reality every day. However, it did not stop her from making repeated attempts at obtaining full time employment.

I once went on an interview and I had talked to the lady on the phone before the interview. So she had no idea I was in a wheelchair. She had no idea I was black. She had no idea of anything I looked like, whatever. I had no idea about her. As

soon as she saw me she's like, "I don't think you want this position, do you?" I was just so – it was a horrible experience and I don't want to go through the whole thing but basically – and she said to me, "Well you didn't say you were in a wheelchair on the phone. So how can you expect me to accommodate you or anything? So I'm not even going to let you do the interview because you..." – her attitude was this probably wouldn't work. So unfortunately I think that's probably the attitude we have to fight as disabled people more often than not. It's just hard to get people to give us a chance and see us for who we are and not our disability. The job that Dana was applying for was to sell magazines.

The barriers to gainful employment that Dana described have pushed her into economic dependence on her parents as an adult. This reality has tremendously affected her sense of self. While young adults' dependence on their parents after college has become more common in America since the economic recession (Qian, 2012), the implications of this dependence for African American women with disabilities are unknown. However, we do know that this group of women is part of a social and economic system that not only assumes, but enables and encourages, their economic dependence on others, especially family members and government services. This contrasts significantly from the social expectations of most able bodied adults who receive resources and support in their youth which are meant to enable them to become independent adult contributors and consumers in society. As Dana's description of her relationship with her father suggests, resources that are meant to provide economic relief to families of people with disabilities can also be used to restrict disabled individuals. Trying to figure out how to negotiate and subvert this system in a way that meets their

best interests is expressed as a life long struggle for the African American women with disabilities in this study.

Bearing in mind the barriers to employment Dana described, I asked her if she ever used any resources available to her as a person with a disability to help her find a job, such as state disability rehabilitation services. She replied that she had used services from the Maryland Department of Disability Rehabilitation Services (DORS) for this very purpose, but was very dissatisfied with her experiences there:

I didn't go to college for six years to end up making popcorn in a movie theater, which was basically what they wanted me to do. Because to them – I feel like to them if they get you placed at all and after a month if you've been in a job, if you say you're happy with it then they're happy because they get to write that on a piece of paper.

Dana described herself as a “high functioning” woman with a physical disability. She believed that most of the services offered to her through DORS could not meet her needs and were primarily geared towards people with more severe disabilities. She also observed that the counselors she worked with either did not listen to her, or did not consider the kind of career she wanted when they provided support. Instead, she believed that DORS counselors imposed limitations on her abilities and appeared more concerned with meeting the minimal requirements needed in order for them to maintain their positions, than with helping her find a suitable position.

Throughout our interview Dana listed many examples of people, like her parents or rehabilitation counselors, who held some power over her, but did not listen to her, and/or had low expectations about what she could achieve. She expressed her frustration

and anger about this when she described the ways she tries to resist this treatment from others:

Just because I'm disabled doesn't mean I have to go along with everything, and just be happy with what people give me or what people say I have to do. I might still not get what I want but at least I get my opinion across and at least people realize that I am a person and I do actually have an opinion. I think in society that's still – it seems to me that's still the hardest thing for people to realize that people with disabilities are people with opinions and we don't just all smile and go along with everything because we need a place to live or we're not going to get the things we need if we say no to other things.

Dana's story challenges biased beliefs which suggests that she should settle for less than what she deserves or desires in life just because she is an African American woman with a disability. Instead, she asserted her personhood and her opinion, while recognizing how others often use goods and services that people with disabilities depend on to control and manipulate them. Throughout her interview, Dana, like many participants in this study, shared the tension she experiences when having to negotiate the personal goals and positive expectations she has for herself, with the limited expectations others often impose, in a society that tends to devalue the contributions of people who are African American, women, and people who are disabled. Resisting these messages and the discrimination and internalized oppression that come along with them calls for coping skills and social strategies not required of others. These resistance strategies are described by participants as a type of labor that, while invisible, is as time consuming, exhausting, and risky, as any other. Perhaps ignoring the capabilities and contributions of African

American women with disabilities makes it easier to control and disempower them. If that is the case then highlighting their stories, as this study does, may help to challenge that disempowerment.

Yea, if I ever had the chance I would love to own my own home. Who's going to say no to that? –Dana Washington

Considering the multiple barriers that Dana has encountered to employment and economic independence, it is not surprising that when I asked her if she had ever considered becoming a homeowner, she was enthusiastic, but also described it as 'pie in the sky'. Still, she expressed a deep desire to become a homeowner in the future and to pursue the "American Dream." For Dana, her American Dream included having a husband and starting a family. In fact, she did not want to pursue homeownership until she is married. She believed that homeownership is a responsibility that should not be held alone and felt that she would be more confident about her ability to purchase and maintain a home if she had a partner who could assist her with managing the maintenance and costs. However, Dana considered marriage and motherhood to be just as unlikely for her as homeownership.

Honestly most people, at least in America, the typical thing is that we grow up, we go to college, we get married, we live the rest of our lives. That's kind of sort of – in American society that's kind of the ultimate goal, but ... for disabled people, men and women, that can be harder to achieve...or take a lot longer than it will for non-disabled people. But I mean we want the same things as everybody, as most people in society collectively. I mean why not? The only

problem is we don't always get what we want when we want it and that's more true for disabled people than probably a lot of people.

For Dana, not getting "what we want when we want it" meant settling for a part-time job until she could find a full-time position with an employer willing to hire a qualified person with a disability. It also meant continued financial dependence longer than she would like and beyond what is expected of most adults her age. In a society where the full needs and desires of African American women with disabilities are rarely met or explored, not getting "what we want" often also includes not becoming a homeowner. Furthermore, these social barriers have impacted Dana's sense of self and outlook on her future. Throughout her interview, Dana suggested that she believed her life would be better if it were in some ways, more like Samantha's. She desperately desired to be a wife, a mother, and to have full-time employment. She seemed to have internalized many of the negative attitudes about women who have not met these gender role expectations by a certain age, and felt the sting of a society that views these as personal failures on her part. At the same time, she recognized and acknowledged many of the macro and micro barriers that prevented her from meeting these social/cultural expectations and personal goals.

Throughout the interview Dana consistently conveyed a thoughtful analysis of her personal situation and of the attitudinal and structural barriers to homeownership that African American women with disabilities encounter.

I have identified myself as a three-way minority being, in different situations, being disabled and African-American and female, because all those things put together could be looked at as disadvantages if society wants to.

All the characteristics that Dana used to describe her identities in the above quote could be said to reflect the social model of disability and an intersectional perspective about race, gender and disability. Dana described herself as someone who had multiple minority statuses. However, she suggested that being a minority was not synonymous with being disadvantaged when she argued that minority status was a disadvantage only if society constructed it that way. This perspective supports the social model argument that minorities are disadvantaged by society and challenges the belief that minority status itself causes disadvantage. Dana also described her minority status as context specific when she suggested that the way she was viewed by herself and others was not constant but situational. She further elaborated on her views on identity, minority status and inequality when she discussed the implications of privilege for white people with disabilities;

I feel like white Americans with disabilities, some of them would say they belong to a minority because of their disability, and I would argue that in some ways even if – yeah, being disabled does put you in a certain minority group but if you’re a white person with a disability you’re still a white person and, yeah – I don’t want to sound racist because I’m not but there are certain realities and a white person with a disability is still a white person and they still do have certain advantages that black people don’t have. I mean that is to put it bluntly.

While Dana was initially hesitant to share her thoughts on race, because she feared being perceived as racist, she managed to overcome that fear and expressed her thoughts on the subject quite clearly. While disability is a minority status, it is important to also recognize that the presence of a disability does not negate a white disabled

persons' ability to access white privilege. During the interview Dana shared more about some of the ways in which the barriers to homeownership for African American women with disabilities may be different from the barriers experienced by their white counterparts.

Well these are very touchy subjects and sometimes I try to avoid them and take people as people and not nitpick race or anything. But maybe, in a white family they might be more able to help their disabled family member because maybe they might have inherited more money from their relatives or – I don't think that's true of all white people because there are poor or less advantaged white people but I think society doesn't make assumptions about white people as they might of other minorities.

Dana highlighted the wealth gap between whites and African Americans and considered how this disparity could impact African Americans and white Americans with disabilities differently. While Dana acknowledged that significant class variance exists within the white community, she suggested that there are still negative assumptions typically made about African Americans across class levels which put them at a further disadvantage compared to their white counterparts.

Finally, Dana observed how the intersection of race and disability impacted her life in terms of how others viewed and responded to her difference:

...if I talk to somebody on the phone that's never met me, more often than not, because of the way I speak I sound more educated than your – what the stereotype might be of a black person. So if they see me in person and they say, "You don't look the way you sound," but that might be a prejudice in their mind that they

already – as a black person – they don’t expect me to do what I do. It’s like being disabled they don’t expect me to be able to put a full sentence together. When they realize I can do that they kind of don’t know what to say until they get used to me and then they realize, “Well that’s just Dana.” I mean there actually are black people that go to school and do things and don’t – I guess I’m trying not to sound insensitive. I guess that actually do get college degrees.

In this quote Dana described some of the stereotypes that she encountered in terms of her race and her disability. As a person with multiple marginalized identities, it was often hard for her to decipher which aspect of her identities others were responding to negatively. For example, as a college educated African American woman with a disability who used “standard” English, she challenged multiple stereotypes and negative expectations that are racist and ableist about African Americans and people with disabilities.

Because race and disability are relational social constructs, many of the stereotypes about African Americans and people with disabilities are similar. For example, both African Americans and people with disabilities were historically considered inherently inferior physically and intellectually to able bodied white males (Bayton, J. 2001). This belief contributed to denying African Americans and people with disabilities the right to equitable public education. This and other racist and ableist practices that continue to inform institutions like our current public school system, contribute to creating stereotypes which are used to help justify and preserve social inequalities (Ferri & Conner, 2006; and Conner, 2008). Based on this reality, Dana has had to learn how to negotiate multiple biased assumptions about her identities before

people actually get to know her. She stated that in time people learn to accept her, but first they have to reconcile their initial shock and confusion about the contrasts between dominant assumptions associated with the identities that Dana has, and the person Dana actually is. Dana's story tells us that far too many people meet her race, gender and disability, before they meet Dana. While Dana viewed herself as a proud African American woman with a disability who considered her race, gender and disability to be important parts of who she is, they are who she is only in part.

Dana's social location as an African American woman with a disability situates her as always simultaneously inside and outside multiple marginalized communities. This puts her at constant odds with ideologies and structures which perpetually construct her as other, along a single dimension. She is both penalized for not meeting certain race, class, gender and ability related social expectations, and for surpassing them. As a college graduate, she has defied dominant ideologies that construct disabled women as always and at all times tragic, incompetent and dependent. As a part-time low wage worker, like so many other disabled and/or African American women, she has benefited significantly less from her college degree than most non-disabled white college graduates.

Dana's story also demonstrates how race, class, gender, and ability related aggressions can be expressed through social interactions with family, friends, and service providers. Throughout her story, Dana noted instances in which she was treated as an anomaly by institutions like vocational rehabilitation, because she is a capable, assertive, and well educated self-advocate. Such positive attributes can serve to disadvantage people with disabilities in institutions based on traditional deficit models that assume clients will be more dependent and submissive to the will and interests of service

providers. Similarly, Dana described her parents as both caring and controlling; imposing restrictions on her independence by requiring that she relinquish much of her personal power, in exchange for some of their economic support. These social and economic barriers contributed to Dana's belief that homeownership was not a realistic goal for her at the time. Dana continues to work hard towards obtaining the social and economic independence she desires, and is hopeful that marriage and an owned home will soon follow. However, she also recognized the many barriers in her way to achieving those goals. Her story exemplifies clearly how biases about race, class, gender and disability create barriers for African American women with disabilities to gain independence, form relationships, and access resources like employment and ultimately, homeownership in our society.

4.4 Sonia Small

I think when you born, like, you're marked to do success. But if you pick failure, that's okay too, if that's what you want to pick. It's all about choices. But I think it was like a plan for me, so I've been doing what the Master say.

Like Dana, Sonia Small struggled with maintaining the balance between her personal independence, family, care and support. Sonia is a vibrant 42-year-old African American woman with a spinal cord injury. She is also a homeowner. Born and raised in Philadelphia, PA, she lived with her 83-year-old grandmother and 47-year-old brother in her newly purchased home in north Philadelphia. Although she lived in this new home for less than 2 years, she lived with her grandmother and brother on and off for most of her life. Following major back surgery when Sonia was 15 years old, her doctors recommended that she live in a more accessible home. Because Sonia's grandmother's

home had fewer steps than her mother's home, Sonia moved in with her grandmother. Yet, according to Sonia, her mother remained consistently present in her upbringing.

While Sonia was an adolescent, her mother and siblings lived just a block away from her grandmother. When Sonia made the transition to live with her grandmother, her mother assured her that this move did not mean she had given up her rights as a parent. Rather, she often reminded Sonia that she lived with her grandmother for accessibility purposes only. Sonia's mother promised to remain just as present in her life as ever, even when living a block away. According to Sonia, her mother kept her promise and came over to spend time with her daughter regularly. Even after she became ill and could no longer walk the one block it took to get to and from Sonia's grandmother's, Sonia's mother took the taxi there, just so that she could spend time with her daughter and remain present in her life.

Unfortunately, at age 43 Sonia's mother was diagnosed with lung cancer. During Sonia's first semester of college, her mother's condition deteriorated. Sonia decided to leave campus to be with her at that time. Sadly, her mother died from lung cancer within a year of being diagnosed with the disease. Sonia felt comforted and proud in knowing that her mother lived long enough to see her only daughter graduate from high school. Still, after her mother's death, Sonia never returned to college.

Since her mother's passing when Sonia was just nineteen years old, she and her grandmother have taken care of each other and developed a very tight bond. Sonia described her relationship with her grandmother as a sometimes interdependent, sometimes codependent one, which had both enabled, and at times stifled, her growth. For example, although her grandmother has been Sonia's primary care giver most of her

life, she was less than supportive when Sonia began to seek out external supports for her personal care needs. As an adult, Sonia became aware that there were resources available that could qualify her for paid personal care assistant services funded by the state and her medical insurance. After applying for these services, she waited quite some time to find out if her requests for supports were approved, only to learn that her grandmother had been intercepting her phone calls.

I didn't know my grandma was sabotaging the phone calls. 'Cause I was calling every day; 'cause there wasn't nobody callin' me back. And then I finally got a call, and she was tellin' me how she'd been callin' me, but my grandma' been tellin' her, "We ain't need no services, I take care of her very well!"

Sonia's grandmother was initially very resistant to Sonia accepting personal care assistance from anyone other than her or Sonia's brothers. Sonia's grandmother interpreted her attempts to gain independence to be a personal attack on the quality of care she provided. She did not trust others to provide Sonia the same level of care, believing strongly that her care could only be provided by trusted loved ones. Sonia further explained her grandmother's behavior in this way:

...believe it or not, the people that take care of you, especially if they a relative, like, they got a system. That's something they had to do, so they more dependent on us than we are on them! 'Cause she upset if she can't do something for me. And if I go out, she stay up until I get there. And I know that's a mom thing, but, it's like, they get so used to doin' it. And then if you try to get your freedom and independence a little bit, they lookin' like, "Well what's gonna happen to me if

you go?”... I’m like, “You’re supposed to have your own identity”... I told her, I can’t be responsible for that, cause everybody in charge for themselves.

In addition, Sonia described her grandmother as very overprotective of her compared to her other siblings. She attributed this behavior to the fact that she was the only girl, the youngest, as well as disabled. Sonia argued that even though she was the most responsible of all of her mother’s children, her grandmother consistently tried to impose greater restrictions on her. Sonia’s grandmother had tried to control not only how Sonia was cared for and by whom, but when, where, and with whom she decided to socialize. However, Sonia did not approve of her grandmother’s double standards and limited expectations. She regularly resisted her grandmother’s impositions, which she felt reflected her grandmother’s limited ideas about her capabilities. Sonia assisted both of her brothers multiple times by allowing each of them to move in with her at some point in their adult lives. At the time of the interview in 2011, Sonia’s 47 year old brother was unemployed and resided with Sonia and her grandmother in her newly purchased home.

Sonia’s grandmother was initially resistant to her receiving outside help for personal care services. However, since Sonia applied for and received funding, for the first time her grandmother began receiving financial compensation for the personal care she had been providing Sonia for most of her life. In addition, Sonia was able to hire a close friend to assist her more regularly, relieving her grandmother of the work load. Sonia’s earnings and her grandmother’s income are used to contribute towards household expenses, without any financial assistance from her brother. The major contribution Sonia’s brother brings to the household is his willingness to substitute for their grandmother when she is ill and assist Sonia with her personal care needs.

As her health waned, Sonia's grandmother struggled to assist her regularly. In Sonia's opinion, her grandmother was in denial about her limitations and really needed to quit, or significantly reduce the amount of labor that caring for Sonia entails. Over the years, Sonia's grandmother has struggled through breast cancer, three strokes, the loss of her daughter to cancer, and a heart attack, only to return to caring for Sonia immediately following her recoveries. Sonia stressed that her grandmother's health limitations as well as her over protective and restrictive attitude, were making it increasingly difficult for Sonia to continue depending on her grandmother for her care. However, threats of cuts to Medicaid and other services Sonia relies on makes her fear that she might become more reliant on her grandmother and brother in the near future, as they are the only ones willing to provide her with care without compensation, as they had before. Consequently, Sonia is uncertain if she will be able to implement a plan for making the difficult departure from receiving either paid or unpaid assistance from her grandmother any time soon.

When Sonia arrived at the interview location, her self-administered questionnaire was incomplete. She explained that she did not notice until she arrived that she missed so many questions. She admitted that there were some questions that she did not understand. Sonia did not identify herself in this study as a person with a learning disability. However, she described many of her educational experiences, including her brief attempt at college, as negative ones.

Sonia received most of her secondary education while attending a Philadelphia public school for children with physical disabilities, that for confidentiality purposes we will call "Tubman." All of the Philadelphia participants received some, if not all of their

education, primary and secondary education from the Philadelphia Harriet Tubman School for Children with Physical Disabilities. When discussing her experience at Tubman, Sonia said;

...when I graduated, I graduated at eighth grade level. And I still not enthusiastic about school, or like furthering my education or reading. I'd rather not know than read.

Similarly, when I asked Sonia if she did not finish the self-administered questionnaire because she did not like to read, she explained:

Sonia: Some of it, I didn't like, understand. 'Cause it asks you something and they go back, switch it, and then ask you again. And I'm like, "Well, it sounds like it's three questions in the one. How (am) I supposed to...?" And then you got a certain circumstances. So then like, "Well, how (am) I supposed to...? I don't know."

Angel: No, I understand.

Sonia: I can't put, "I don't know" on each one. So I'm like, "I'm just gonna ask her to help with the rest 'cause..."

Angel: I'm glad you asked me to help and you didn't just give up.

Sonia: Yeah. Did I tell you I used to be a quitter? So, now I got tired of that.

Angel: Okay.

Sonia: So if you don't know, ask. And then don't accept "No" as the first answer.

Sonia's persistence and unwillingness to accept "No" for an answer, have helped her cope with many barriers throughout her life; barriers like difficulties with reading and comprehension. This approach has clearly helped her develop the skills needed to combat

and negotiate obstacles successfully; such as determining when, how and whom to ask for help. Such skills are often taken for granted in mainstream society, but they are fundamental to the survival of the African American women with physical disabilities in this study. People with disabilities are especially dependent on the skills needed to best access communities that are not built with the full spectrum of bodily variation and human capacity in mind. Sonia has had to rely, more heavily than most, on a positive attitude and determination to help her manage the monumental barriers she has confronted on her road to homeownership, and throughout her life.

Sonia acquired her spinal cord injury at just three years old, when she was hit by a drunk driver while she was playing outside of her home in her Philadelphia neighborhood. Throughout her interview, Sonia often dismissed or deflected the gravity of her painful experiences by joking and laughing in the midst of retelling. This may be one of the ways that she managed stigma and controlled her own emotions about painful aspects of her past. For instance, when discussing how her mother described the car accident which led to her paralysis as a child, an accident she does not remember, she stated:

My mom told me. ‘Cause I was like, I kinda only wanted to know from her, like the actual story. And, I could listen to anything, see stuff on TV... but when she was tellin’ me what actually happened! I was like, “Okay, okay, that’s enough!” I’m like, “Wow!”. ‘Cause, he hit me, and I flew in the air, and hit the... hit another car and bounced off! And then he like backed up over me and drug me some distance. And I was like, *Are you sure he was drunk? Sound like he was*

anglin' for me, all that happened! And he lived in the next hundred on my block, and he never went to jail.

It is certainly reasonable for a young Sonia to conclude from that experience, that someone else was conspiring to harm her. What else could reasonably explain to a child why she experienced such a painful event in her young life, and why no one was held responsible? Since that fateful day, Sonia has had a spinal Cord injury at the T 4 level, and brachioplex in her legs. Over time the doctors also discovered that she is anemic. She also has scoliosis and has regularly experienced chronic migraines for the past 10-15 years.

Nevertheless, Sonia did not want to focus her entire interview on this difficult part of her life. She was much more enthusiastic about her experience of recently buying a house. Despite the challenges she had faced with asserting her personal desires and independence, one of the ways in which Sonia had been able to establish her autonomy successfully, was in becoming a homeowner. According to her the opportunity came at a time when she was just beginning to question whether renting was financially beneficial for her anymore.

My rent was like 6-something, and when I paid it that last time, the man told me, "As long as you work, your rent gonna keep goin' up!" And he was like, "I'm tellin' ya, next year it's gonna be \$815." I'm like, "Why I can buy a house for cheaper than that!" So when she called me she was like, "Are you still interested in being a homeowner?", "Yes I am!"

"She" was a coworker at the Center for Independent Living (CIL) in Philadelphia where Sonia is employed fulltime as an Independent Living Specialist. At the time, the

center had a housing program that trained and advised people with disabilities on the requirements and resources available for affordable, accessible housing, including homeownership. Unfortunately, like many other independent living centers throughout the US, this Philadelphia CIL struggled to maintain funding to support their homeownership program, and Sonia was the last client to benefit from it before it ended.

Sonia's house is a two story home located on the corner of a North Philadelphia street. Near Temple University, her neighborhood is considered to be a section of the city that is in transition. At the time of this interview, she had lived in her new house for less than two years with her grandmother and older brother. Although Sonia's home was newly built and considered by the housing program to be an "ADA" accessible home, i.e. built with wheelchair users in mind, Sonia has only seen her second floor through pictures. Currently, there is a flight of stairs blocking her access to it. She expects to receive a stair glide to access that aspect of the home in the near future, but has already been waiting over a year for one to be installed. She's also waiting for modifications to her bathroom, including widening of the door entrance, the installation of a higher toilet for transferring in and out of her wheelchair, and a roll in shower. Sonia expects that all of these modifications will be made through the "Independent Waiver Program" which provides government funded home modifications to those whose applications are approved. The Independent Waiver Program is managed by Home and Community Based Services, which also funds the salary of Sonia's personal care assistants.

Philadelphia's Home and Community Based Services offers a variety of programs that provide vital resources for people with disabilities, making it possible for them to live in their communities as healthily and independently as possible. However, according

to Sonia, accessing these resources takes time and patience as the paper work required to apply for them is extensive and the wait for their approval is long. In addition, Sonia's home purchasing process also involved a great deal of paper work. Despite her admitted aversion to reading, Sonia says that she was able to get through all of the paper work involved and buy her home successfully because of the help of her support system, including her real estate agent and her grandmother. When discussing the people who provided support to her while purchasing her home Sonia said the following:

Sonia: Yeah, the people I had, fortunately, they was all like women cuz I'm into girl power. So everybody I had was a female and they, you know, kept telling me what's what until I really got it.

Angel: Okay.

Sonia: So I like that about them.

Angel: So what do you mean you're into girl power? What's girl power to you?

Sonia: Cuz I think women give a lot to society.

Angel: Hm-hmm.

Sonia: And I just think we're cool. I'm glad I'm female.

Perhaps Sonia recognized that single women are underrepresented as homeowners and wanted more women to be a part of her homeownership process as a result. Perhaps Sonia just feels more comfortable receiving support from women. Whatever her reasons, Sonia was able to identify the type of support team she preferred. They in turn were able to provide Sonia the proper assistance needed while also reinforcing her personal desire to empower and to be empowered by other women.

Although Sonia's mortgage application was approved, homeownership related paper work was completed, and resources for housing modifications funding were identified, there was one thing she would change about her home purchasing process. Unfortunately, Sonia did not have the opportunity to attend any of the first time homebuyers' classes offered at the Center for Independent Living before she purchased her home. The colleague that informed Sonia about the home purchasing program for people with disabilities, waived Sonia's requirement for attending the first time homebuyer's course without Sonia's permission. According to Sonia, her colleague thought she was doing her a favor by excluding her from that requirement. Sonia's response to that decision; "Don't do me no favors." Because she missed out on the information provided in that course, Sonia believes that she was at a disadvantage during her home purchasing and maintenance process. As a result, she was forced to learn how to purchase, manage and maintain her home primarily by trial and error.

Sonia expressed her belief that if she had taken the first time homebuyers class, there were some mistakes that she made during the home purchasing process that she probably could have avoided. For example: to save money, Sonia hired a friend to build a fence around her house. Based on that experience she now believes that it is best to have a licensed professional work on maintenance and construction projects in and around the house, and that a start and end date should be agreed upon ahead of time. Because that is not the course of action she originally followed, the fence project she entrusted to her friend took longer than expected and, the job cost her a lot more money in the long run. This is the type of situation she believes a first-time homeowner's course could have helped her avoid.

Despite this and other challenges she's faced both during and since her purchasing process, Sonia believes that buying her home was a good decision and worthwhile investment. Greater control over her home, including its structure and surroundings, as well as who lives in it, were among the major advantages that she stated were especially beneficial to her as an African American woman homeowner with a physical disability. Sonia stressed that not only can you "paint your walls any color" as a homeowner, but you can also have greater control over what disability related access items and modifications are included throughout your home. This last point was especially important to her. She shared some of the barriers to renting that she experienced as a person with a disability, and those she witnessed as an independent living counselor and friend to others with disabilities. She stated that rental property owners tend to limit or forbid significant modifications to their rental units, especially changes in the foundation, even when these modifications are for disability access purposes. According to Sonia if changes are allowed, some or all of the modifications must be completed at the renters' expense. In addition, she stressed that tenants with disabilities are usually expected to pay for the cost of returning the rental unit back to its original form upon their exit from their lease.

Unfortunately, the literature confirms Sonia's assertions. While the Fair Housing Act enables the request of "reasonable accommodations" for housing by people with disabilities, the definition of reasonable accommodations and modifications remain unclear. In addition, landlords not receiving government funding are not required by law to cover the cost for disability related accommodations or modifications beyond federal housing accessibility standards, which are broadly defined (Pynoos and Nishita, 2003;

Widmore, 2007; Bazelon Center, 2011). These practices risk the financial, safety, and social wellbeing of renters with disabilities who need but cannot afford housing modifications. In addition, because public housing has a much firmer legal obligation to ensure the availability and affordability of accessible units than the private sector, the housing of people with disabilities has become further restricted to public housing. This concentration of people with disabilities in public housing is an outcome that is at odds with the fair housing and ADA objective that people with disabilities be enabled to live in the least restrictive and most socially integrated community possible (Allen, 2006). Both Sonia's experiences and the literature convey that people with disabilities often have to settle for housing that does not fully meet either their accessibility or their health related needs. Some are forced to enroll in nursing homes, where their accessibility and health needs *may* be met, but other restrictions on their lives are present, such as when they can leave and return, have visitors and who they can live with. For Sonia, owning a home has freed her from many of these restrictions commonly associated with renting.

Notwithstanding the multiple, complex and intersecting barriers she confronted along the way, becoming a single African American woman homeowner with a disability at age 40, gave Sonia a great sense of pride and accomplishment. In addition, Sonia's story makes evident the value of homeownership for the African American family. Her home serves as a support system for her entire immediate family, not just Sonia. This in turn allowed them to assist Sonia with her daily personal care needs. However, Sonia's story is also a cautionary tale which highlights the thin line between interdependent and codependent relationships for people with disabilities and their caregivers, especially when caregivers are family members. Because women and people with disabilities are

both socially constructed as weak and dependent, “women with disabilities” and “caregiver” are commonly thought of as contradictions that cannot exist in one person. Hence, ablest ideology might interpret Sonia’s story in a way that over-emphasized her reliance on her family. However, the reality is that she and her family members share a mutual relationship of caring for each other in ways that they all benefit from, and at times, Sonia benefits from least. In this way Sonia’s case clearly demonstrates that African American women with disabilities are both givers *and* receivers of care.

Dana’s case also speaks to the risk and benefits of receiving care from family. She argued that family members sometimes use the resources intended to assist people with disabilities, for their own personal gain. Similarly, Sonia suggested that sometimes care givers need to be needed more than people with disabilities actually need to rely on them. The politics of care is a significant theme throughout this study and is a major issue that participants have to consider when attempting to establish their homes, whether owned or rented. While homeownership did benefit Sonia in a myriad of ways, it still did not prevent her from encountering some of the same barriers that her non-home owning counterparts in this study encountered, such as the difficulties with balancing care needs and family expectations.

Another key theme that Sonia’s story speaks to is the implications of racialized health disparities for care givers and African American women with disabilities. Both Sonia’s mother and grandmother suffered from multiple chronic illnesses which are prevalent in the African American community. Limited incomes, lack of or inadequate health care coverage, stress and more can increase the risk for multiple types of health problems among African Americans. Being a care giver to persons with disabilities can

also be very stressful and can work to induce or exacerbate health issues. This reality can make care givers vulnerable to health risks and African Americans with disabilities more vulnerable to losing their care givers to death or disability. Thus, the significance of racialized health disparities for care givers and African American women with disabilities is an important topic to explore. These findings suggest that the homeownership process for African American women with physical disabilities must include a holistic approach which considers their home and health support needs and bridges financial gaps, in order to enable equitable access to social integration, economic advancement and maximum homeownership related benefits.

4.5 Conclusion

The case studies in this chapter introduce many of the themes and sub-themes in the study, while also highlighting the uniqueness of each individual story. Because there is so little representation of African American women with disabilities in the media, and research data provides very limited information about them, these stories provide a rare, personal glimpse into what it means to be an African American woman with a physical disability in America. Through detailed descriptions and analysis of their own housing related views and experiences, the stories of each of the women in this study reveal something new about this population.

Many of the multiple and intersecting barriers and contradictions that African American women with disabilities have to negotiate in order to access various opportunities and resources in society are exemplified here. Their stories suggest that when African American women with disabilities defy expectations, such as through becoming successful homeowners, they are likely to experience various kinds of push

back from multiple directions. Hence, they could use practical and theoretical tools to help resist these attacks on their free will and wellbeing. The grounded analysis of the barriers and facilitators to homeownership that this study creates may be used as one such tool.

The following chapter reports and examines the results generated from the self-administered questionnaire followed by a description of the themes developed from the semi-structured interviews. The quantitative description of the social, economic and housing characteristics of the sample helped to contextualize the stories depicted and the themes generated in this study. The themes developed demonstrate that ableism is a socially constructed and complex process of disempowerment, as well as a pervasive system of disadvantage that intersects with other systems of inequality.

Chapter 5: Study Participants and Their Experiences of Housing

5.1 Introduction

As a mixed methods study, this chapter responds to the major research questions in multiple ways. It first provides a demographic overview of the sample by describing the characteristics of the women by homeownership status as reported in the self-administered questionnaires. The items in the self-administered questionnaire that are highlighted and discussed in this chapter were chosen from the total 55 items because they revealed significant patterns in the quantitative data and were also related to recurrent themes appearing in both the literature and case studies. The description of the quantitative data is then followed by a discussion of the major themes found in the qualitative interview data and their relationship to each other. Qualitative themes were informed by the self-administered questionnaire findings and were expanded and elaborated on through analysis of the interviews. The chapter closes with a summary of the quantitative and qualitative findings and a summary of the barriers and facilitators to homeownership expressed by the study participants.

5.2 Describing the Sample: Characteristics of African American Women

Homeowners and Non-Homeowners with Physical Disabilities

In this brief summary of some of the most salient findings from the self-administered questionnaire, I present demographic information describing the participants, including their: area of residence, geographical location (urban, suburban, rural), age, marital status, parental status, homeownership status, type of physical disability, age of onset of disability, housing descriptors, economic indicators, among other characteristics. These findings are essential for understanding the context under

which the thematic findings were developed. For example, the descriptions of areas of residence and homeownership rates in the areas in which participants reside offer a glimpse into the socioeconomic health of the communities in which these women lived. When examining the lives of all marginalized people, especially those who are multiply marginalized like the African American women with disabilities in this study, context is vital to understanding their lived experiences.

5.2.1 Areas of Residence

Participants in this study resided in four areas in the mid-Atlantic region:

Maryland, Pennsylvania, Washington, DC and Virginia.

| AREA OF RESIDENCE | NUMBER OF CASES (N=32) | HOMEOWNERS (N=8) | NON-HOMEOWNERS (N=24) |
|-------------------|------------------------|------------------|-----------------------|
| MARYLAND | 14 (43.8%) | 4 (50%) | 10 (41.7%) |
| PENNSYLVANIA | 8 (25.0%) | 1 (12.5%) | 7 (29.2%) |
| VIRGINIA | 4 (12.5%) | 1 (12.5%) | 3 (12.5%) |
| WASHINGTON, DC | 6 (18.8%) | 2 (25%) | 4 (16.7%) |

The largest proportion of participants in the study resided in Maryland (14 participants, 43.8% of the sample). Out of the 14 participants in Maryland, 4 were homeowners, and 10 were non-homeowners. The areas in Maryland where participants resided; Prince George's County (7), Montgomery County (6) and Baltimore city (1), are among the most populous, racially and ethnically diverse areas in the state. With 60.1% White residents and 30.3% Black residents, the state of Maryland has higher rates of African Americans than the national average of 13.2%⁴. In addition, the Maryland

⁴ U.S. Census Bureau. (2015). *Quickfacts: United States and Maryland*. Retrieved March 31, 2016, from <http://quickfacts.census.gov>.

homeownership rate of 67.1%⁵, is slightly above the national rate of 65%⁶. Maryland is also home to one of the wealthiest majority African American suburbs in the United States, Prince George's County.

The second largest group of participants resided in the state of Pennsylvania (8 participants). The majority of Pennsylvanian participants resided in the city of Philadelphia (7) and 1 remaining participant lived right outside of Philadelphia in a suburb called Abington. Out of the 8 Pennsylvanian residents, 1 was a Philadelphia homeowner. For the city of population of 1,560,297, the Black White ratio is almost evenly split, with 45.3% White and 44.1% Black⁷. In addition, 12.8% of the Philadelphia population age 65 and younger had a disability during the 2010-2014 period, significantly higher than the 8.5% rate for the nation during the same time⁷. Housing in Philadelphia is also unique as it is one of the few major US cities where the majority of the residents are homeowners. However, in recent years the homeownership rate has significantly declined in the city, from 58% homeowners in 2006, to 52.2% in 2012⁸. As of 2015, the median price of a Philadelphia home was \$142,000⁹. With high rates of homeownership among African Americans and people with disabilities, Philadelphia is an exciting city in which

⁵ U. S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. The PRCS is part of the Census Bureau's ACS, [customized for Puerto Rico](#). Both Surveys are updated every year. <http://factfinder.census.gov>

⁶ Robert R. Callis & Melissa Kresin, US Census Bureau News. US Department of Commerce, Washington, DC 20233 January 28, 2016. Retrieved 3/16/2016
<http://www.census.gov/housing/hvs/files/currenthvspress.pdf>

⁷ United States Census Bureau Quick Facts Retrieved 3/17/2016
<http://www.census.gov/quickfacts/table/PST040214/4260000,42,42101>

⁸ A Report From the Pew Charitable Trusts July 2014 Homeownership In Philadelphia: On the Decline. Retrieved 3/17/16 from http://www.pewtrusts.org/~media/assets/2014/07/pri-homeownership-report_final.pdf

⁹ Philadelphia Housing's Recovery Gains Traction in Q3: Sales volume breaks new records, while price appreciation continues citywide. Oct 20, 2015 Lindy Institute of Urban Innovation at Drexel University, Meyers Research: A Kennedy Wilson Company. Retrieved 3/17/16 <http://drexel.edu/lindyinstitute/>

to examine the barriers and facilitators to homeownership for African American women with physical disabilities.

Washington, DC, is currently one of the most transient and dynamic geographic jurisdictions in the United States. Since 2000 its population has grown from 572,000 residents, to a whopping 658,893 in 2014, an increase of almost 100,000 people. The third highest group of participants, 6 (18.8%), resided in this location, 2 of which were homeowners. Once affectionately known as “chocolate city” after the majority African American population that grew to dominate the region following large Black migrations to the area after World War II, recent economic changes, including large scale gentrification, have altered the racial ethnic make-up of the city. In 2014, the city was 49% Black and 43.6% White, a notable shift from being 60% Black and 30.8% White in 2000. No longer overwhelmingly Black, a significant though shrinking African American population continues to be a crucial aspect of the city’s social and economic landscape.¹⁰ During the 2010-2014 period, 41.6% of the city’s residents were homeowners, with an average home value of \$454,500, and 8.2% of residents under 65 had a disability, slightly below the national average (US Census Quick Facts).

The fewest number of participants (n=4) in this study resided in Virginia, 1 of whom is a homeowner. Participants from Virginia resided in Arlington (2), Loudoun (1), and Richmond (1) counties. Arlington is a Virginia suburb neighboring Washington, DC. With a population of 226,908, 9.1% of its population is African Americans, 71.7% are White, and only 3.1% of persons under age 65 have a disability. During the 2010-2014

¹⁰ Morello, C. and Keating D. (2011) Number of Black DC Residents Plummets as Majority Status Slips Away. *The Washington Post* March 24, 2011 Retrieved March 31, 2016 from https://www.washingtonpost.com/local/Black-dc-residents-plummet-barely-a-majority/2011/03/24/ABtlqJB_story.html?postshare=3811458700125810&tid=ss_fb

period, 44.8% of residents in Arlington were homeowners and the median home value was \$594,800. Located further west of Arlington and over 45 miles outside Washington, DC is Loudoun County. With a population of 363,050 7.8% of Loudoun's residents are African American, 70.7% are White and just 3.3% of people under 65 have a disability. In addition, the homeownership rate in Loudoun County is a whopping 76.9%, with a median home value of \$443,100. Located further south, with a population of 217,853 is Richmond Virginia. 49.7% of its residents are African American, 44.7% are White and 12.6% are persons with disabilities 65 and under. The homeownership rate is 42.7% with a median home value of \$195,000.

Finally, all participants lived either in or close to a major city. Most participants (n=17) lived in an urban area, 15 lived in a suburban area, and no participants lived in rural areas. Homeowners were evenly split between living in suburban (4) and urban (4) areas and slightly more non-homeowners (n=13) lived in an urban area than in a suburban area (n=11).

In reviewing the national and local statistics, the following patterns were observed. Most areas with the highest home values, had lower rates of African Americans and people with disabilities. However, most participants in this study resided in areas where the rates of African Americans were higher than the national average. It is important to remember that the quality of disability services vary according to the economic well-being of a community. In addition, the extent of financial gains a participant can acquire from their homes are all connected to the home values, which are also associated with race, class, gender and disability.

5.2.2 Social and Economic Descriptors

The table below is a brief description of the patterns which seemed to be the most distinguishing factors between homeowners and non-homeowners. The social, economic, and overall housing characteristics for my participants mirror most of the patterns found in the general population. As the literature suggests, homeownership was heavily associated with employment, marriage, and educational status.

| SOCIAL CHARACTERISTICS OF AFRICAN AMERICAN WOMEN WITH PHYSICAL DISABILITIES | | | |
|--|---------------------|-------------------------|------------------------------|
| CHARACTERISTIC | Total (n=32) | Homeowners (n=8) | Non-Homeowners (n=24) |
| <u>DISABILITY TYPE</u> | | | |
| CEREBRAL PALSY | 12 (37.5%) | 2 (25%) | 10 (41.6%) |
| MUSCULAR DYSTROPHY | 5 (15.6%) | 0 (0%) | 5 (20.8%) |
| MULTIPLE SCLEROSIS | 3 (9.3%) | 2 (25%) | 1 (4.1%) |
| SPINA BIFIDA | 2 (6.2%) | 1 (12.5%) | 1 (4.1%) |
| SPINAL CORD INJURY | 6 (18.7%) | 2 (25%) | 4 (16.6%) |
| OTHER | 4 (12.5%) | 1 (12.5%) | 3 (12.5%) |
| <u>DISABILITY ONSET</u> | | | |
| AT BIRTH (YES ONLY) | 18 (56.0%) | 3 (37.5%) | 15 (62.5%) |
| BIRTH TO 3 | 21 (65.0%) | 4 (50.0%) | 17 (70.8%) |
| 4 TO 18 | 2 (6.0%) | 1 (12.5%) | 1 (4.1%) |
| 19 TO 30 | 5 (15.0%) | 1 (12.5%) | 4 (16.6%) |
| 31 + | 4 (12.0%) | 2 (25.0%) | 2 (8.3%) |
| <u>AGE</u> | | | |
| MEAN | 37.8 | 46 | 35 |
| RANGE | 25-58 | 37-58 | 25-55 |
| <u>EMPLOYMENT</u> | | | |
| PART-TIME | 6 (18.7%) | 1 (12.5%) | 5 (20.8%) |
| FULL-TIME | 13 (40.6%) | 5 (62.5%) | 8 (33.3%) |
| UNEMPLOYED | 12 (37.5%) | 1 (12.5%) | 11 (45.8%) |
| OTHER: RETIRED | 1 (3.1%) | 1 (12.5%) | 0 (0%) |
| <u>EDUCATION LEVEL</u> | | | |
| LESS THAN HIGH SCHOOL | 1 (3.1%) | 0 (0%) | 1 (4%) |
| HIGH SCHOOL | 3 (9.4%) | 0 (0%) | 3 (12.5%) |
| SOME COLLEGE | 11 (34.4%) | 2 (25%) | 9 (37.5%) |
| COLLEGE DEGREE | 10 (31.2%) | 3 (37.5%) | 7 (29.1%) |
| GRADUATE DEGREE | 7 (21.9%) | 3 (37.5%) | 4 (16.6%) |
| <u>MARITAL STATUS</u> | | | |
| NEVER MARRIED | 17 (53.1%) | 3 (37.5%) | 14 (58.3%) |
| MARRIED | 6 (28.1%) | 1 (12.5%) | 5 (20.8%) |

| | | | |
|--------------------------|------------|-----------|-----------|
| SEPARATED | 3 (9.4%) | 1 (12.5%) | 2 (8.3%) |
| DIVORCED | 4 (12.5%) | 2 (25%) | 2 (8.3%) |
| WIDOWED | 1 (3.1%) | 1 (12.5%) | 0 (0%) |
| OTHER: SINGLE | 1 (3.1%) | 0 (0%) | 1 (4.1%) |
| PARENTAL STATUS | | | |
| HAS CHILDREN | 12 (37.5%) | 3 (37.5%) | 9 (37.5%) |
| CHILDREN UNDER 18 | 9 (28.1%) | 2 (25%) | 7 (29.1%) |
| CHILDREN 18+ | 7 (21.8%) | 2 (25%) | 5 (20.8%) |

With 37.5% of respondents (n=12) identifying as having Cerebral Palsy, this was the most common form of physically disabling condition. Other conditions included participants that stated they had some form of Muscular Dystrophy (n=5, 15%), Multiple Sclerosis (n=3; 9.3%), Spina Bifida (n=2; 6.2%), or Spinal Cord Injury (n=6; 18.7%). The remaining 4 (18.7%) were classified under the category other. These participants reported that they had some other type of physically disabling conditions, including Arthritis and Lymphedema (n=1), Osteogenesis Imperfecta (n=1), Anthrogryposis (n=1), and Spinal Cerebellar Ataxia (n=1). There is at least one person represented in each of the above disability categories that is a homeowner or non-homeowner, except for Muscular Dystrophy. All 5 participants who had Muscular Dystrophy were non-homeowners.

Questionnaire respondents also used a number of different mobility, communication, and other types of assistive technologies to meet their daily needs. Many participants relied on more than one type of assistive technology regularly, while others only relied one or none at all. Participants were instructed to select all of the assistive technology options in the questionnaire item that applied to them, and/or insert the name of other assistive aids that they used which were not listed as an option in the questionnaire. Most participants reported that they used a wheelchair (29), a cane(s) (7), and/or walker (6). Less frequently indicated by participants were crutches (3), prosthetic

limbs (1), limb braces (1), and speech communicators (1). Only 1 participant reported that she primarily ambulated and communicated without the use of any mobility or other assistive technology devices.

As previously explained, to insure that the study included participants who encountered barriers and facilitators to homeownership while they had disabilities and not before their disabilities were acquired later in life, this study targeted an age group that would yield a younger cohort of participants. This resulted in the majority of the sample being participants with early onset disabilities. More than half (n=18; 56%) of the women in this sample acquired their disabilities at birth, and 23 participants (71.8%) acquired their disabilities at age 18 or younger. Similarly, the majority of homeowners (5, 65.2%) acquired their disabilities at age 18 or younger. However, a greater proportion of non-homeowners acquired their disabilities at age 18 or younger (18, 75%), followed by those who acquired their disabilities at age 19 and over (6, 25%).

Homeowners tended to be older than non-homeowners, with the average homeowner being more than ten years older (46 years vs 35 years old.) However, although they were younger than homeowners on average, almost half (11) of non-homeowners were unemployed, reducing their chances of becoming homeowners in the future. In contrast, only one (1) homeowner was unemployed, a married participant who was being financially supported by her husband as she pursued a Master's degree.

My sample also had a higher educational achievement rate than the national average for people with disabilities. More than half of all participants (n=17) had at least a college degree or more, and 11 participants had completed some college. However, all

homeowners completed at least some college or more, while only (83%) of non-homeowners did the same.

In the case of marital status, most homeowners (5) were either married or had been married in the past compared to the majority of non-homeowners (14) who had never been married. Finally, less than half of participants (n=12, 37.5%) had children. Most parents (9), had children that were under 18 years old, and 7 parents had children that were 18 years and over. All parents lived with their children under 18 and only 3 parents, lived with their adult children. Equal proportions of homeowners (37.5%) and non-homeowners (37.5%) were parents.

5.2.2 Housing Descriptors

The types of homes owned by women in this sample varied, though some preferences emerged.

| OWNED HOUSING (N=8) | | |
|----------------------------|---|-------|
| YES, OWN SOLELY | 6 | 18.3% |
| YES, OWN JOINTLY | 2 | 6.2% |
| TYPE OF HOME OWNED | | |
| HOUSE | 3 | 37.5% |
| CONDOMINIUM | 5 | 62.5% |
| AGE OF HOMES OWNED | | |
| <20 YEARS | 5 | 62.5% |
| 20-40 YEARS | 3 | 37.5% |

The majority of homeowners owned condominiums (5) and only 3 owned a house. Condos may be more attainable and appealing to own because compared to houses, they tend to be smaller, on one floor, and can include maintenance coverage and other amenities in their fees. Most participants owned homes that were less than 20 years old and no participants owned homes that were more than 40 years old. Younger homes may be more likely to be accessible or easier to modify.

Home modifications and/or accommodations make housing more accessible for people with physical disabilities.

| HOUSING MODIFICATIONS/ ACCOMMODATIONS | TOTAL CASES (N=32) | HOMEOWNERS (N=8) | NON- HOMEOWNERS (N=24) |
|--|-------------------------------|-----------------------------|---------------------------------------|
| YES | 23 (71.8%) | 5 (62.5%) | 18 (75%) |
| NO | 9 (28.1%) | 3 (37.5%) | 6 (25%) |

While most participants (71.8%) resided in housing that included some sort of disability related modifications or built-in accommodation, a larger proportion of homeowners resided in housing without modifications or accommodations than non-homeowners (37.5% homeowners vs. 25% of non-homeowners).

Rented Housing by Homeownership Status

| RENTED HOUSING | TOTAL CASES (N=32) | HOMEOWNERS (N=8) | NON-HOMEOWNERS (N=24) |
|---|-----------------------------------|-----------------------------|----------------------------------|
| APARTMENT | 17 (53.1%) | 1 (12.5%) | 16 (66.6%) |
| A ROOM IN SOMEONE ELSE'S HOUSE | 6 (18.7%) | 1 (12.5%) | 5 (20.8%) |
| A ROOM IN AN INDEPENDENT LIVING FACILITY | 1 (3.1%) | 0 | 1 (4.1%) |
| A ROOM IN A NURSING HOME | 0 | 0 | 0 |
| OTHER: RENTED HOUSE | 1 (3.1%) | 0 | 1 (4.1%) |
| OTHER: FREE HOUSING | 1 (3.1%) | 0 | 1 (4.1%) |
| TOTAL RENTERS | 25 (78%) | 2 (25%) | 23 (95.8%) |

Most participants resided in housing that they rented (25), including 2 homeowners, who leased the homes they owned to others. Those two homeowners had adult onset disabilities (both diagnosed with Multiple Sclerosis). They stated that because

the physical limitations associated with their condition increased over time, the homes they owned eventually became more and more inaccessible to them. Hence, they decided to find more accessible housing where they could live with family members who could assist them. Future studies should explore the social and economic cost of housing barriers for African American women with disabilities who acquire their disabilities after they have already purchased their homes.

Finally, when it comes to housing composition, most participants reported that they lived with others. Six homeowners and 17 non-homeowners reported that they lived with at least one other adult. More than half of these (n=12) lived with at least one other adult who was a relative, (4 homeowners and 8 non-homeowners). Only 1 out of 8 (12.2%) homeowners and 4 out of 24 (16.6%) non-homeowners lived with a spouse, and no participants reported living with someone that they would consider to be an unmarried partner or significant other. The low marriage and coupling rates of African American women with physical disabilities limit opportunities for shared incomes to help shoulder the burden of housing costs for both homeowners and non-homeowners.

5.2.3 Economic Descriptors

| THE ECONOMIC CHARACTERISTICS OF AFRICAN AMERICAN WOMEN WITH PHYSICAL DISABILITIES | | | |
|--|-----------------------|---------------------|-----------------------|
| CHARACTERISTIC | Total Cases (n=32) | Homeowners (n=8) | Non-Homeowners (n=24) |
| <u>MONTHLY INCOME</u> | | | |
| \$601-\$800 | 6 (18.7%) | 0 | 6 (25%) |
| \$801-\$1200 | 3 (9.3%) | 0 | 3 (12.5%) |
| \$1201-\$2000 | 6 (18.7%) | 1 (12.5%) | 5 (20.8%) |
| \$2001-\$3000 | 7 (21.8%) | 2 (25%) | 5 (20.8%) |
| \$3001-\$4000 | 3 (9.3%) | 2 (25%) | 1 (4.1%) |
| >\$4000 | 4 (12.5%) | 2 (25%) | 2 (8.3%) |
| MISSING | 3 (9.3%) | 1 (12.5%) | 2 (8.3%) |
| <u>FINANCIAL SUPPORT FROM SPOUSE/FAMILY</u> | | | |
| YES | 6 (18.7%) | 2 (25%) | 4 (16.6%) |
| NO | 26 (81.2%) | 6 (75%) | 20 (83.3%) |
| <u>SOCIAL SECURITY BENEFITS</u> | | | |
| SSI | 7 (21.8%) | 0 | 7 (29.1%) |
| SSDI | 10 (31.2%) | 0 | 10 (41.6%) |
| <u>MEDICAL INSURANCE</u> | | | |
| MEDICAID | 16 (50%) | 2 (25%) | 14 (58.3%) |
| MEDICARE | 11 (34.4%) | 1 (12.5%) | 10 (41.7%) |
| PRIVATE INSURANCE | 15 (46.8%) | 6 (75%) | 9 (37.5%) |
| VETERANS INSURANCE | 3 (9.3%) | 2 (25%) | 1 (4.1%) |
| NO INSURANCE | 0 | 0 | 0 |
| <u>PAID PERSONAL CARE ASSISTANT</u> | | | |
| YES | 15 (46.8%) | 2 (25%) | 13 (54.1%) |
| NO | 17 (53.1%) | 6 (75%) | 11 (45.8%) |

Not surprisingly, homeowners tended to have more economic advantages than non-homeowners. While homeowners had higher debt rates on average than non-homeowners, they also had higher incomes. Most homeowners earned more than \$2000 a month in income while most non-homeowners monthly incomes were \$2000 or less. The majority of participants were also financially independent; not receiving economic support from a spouse or close relative. While there were 7 non-homeowners who

received SSI and 10 non-homeowners who received SSDI, no homeowners received Social Security Benefits. In addition most homeowners did not have Medicare or Medicaid, while all non-homeowners did. The higher income and employment rates of homeowners likely made them ineligible for these government funded benefits. Surprisingly, the majority of non-homeowners had paid personal care assistants while most homeowners did not. However, homeowner's higher incomes made them less eligible for government subsidies that could assist with the funding of personal care assistants. Homeowners may not have been able to afford to cover the cost of personal care assistance on their incomes alone.

5.2.4 Health Descriptors

Participants were asked to describe their health.

| In general, would you say your health is: | Total Cases (n=32) | Homeowners (n=8) | Non-Homeowners (n=24) |
|--|---------------------------|-------------------------|------------------------------|
| Excellent | 4 (12.5%) | 3 (37.5%) | 4 (16.6%) |
| Very good | 10 (31.2%) | 2 (25%) | 7 (29.1%) |
| Good | 12 (37.5%) | 2 (25%) | 10 (41.6%) |
| Fair | 5 (15.6%) | 1 (12.5%) | 3 (12.5%) |
| Poor | 1 (3.1%) | 3 (37.5%) | 0 (0%) |

Most participants reported that their health was good, very good or excellent (26, 81.2%). The participants who reported the highest level of satisfaction with their health were non-homeowners. Five participants reported that their health was fair, and only one participant reported that her health was poor, a homeowner. Some participants raised questions about the items on the questionnaire requesting their health assessment. It became clear that some participants tended to distinguish their health status from their disability status. In other words, having an inability to walk for example, was not generally considered having poor health. However, other participants expressed that they

could not distinguish their health status from their disability. Sometimes the inability to walk was discussed as an outcome of poor health or chronic illness, and sometimes the inability to walk contributed to health problems and chronic illnesses, like bed sores or obesity. Hence, the implications of using standardized health questions on persons with disabilities may be different than for people without disabilities. Because both groups' relationships to health and disability are different, their interpretation of their meaning will likely differ as well. The results of the health items in the self-administered questionnaire suggests that most participants viewed themselves as healthy persons with disabilities.

5.3 Qualitative Interview Results: Disabling Inequalities, Intersecting Identities

Semi-structured interviews of a sub-sample of 30 participants yielded a range of perspectives on barriers and facilitators to homeownership. The most prevalent themes were Education, Self-Concept and Homeownership Beliefs. The section closes with a summary of the barriers and facilitators to homeownership described by participants in the qualitative and quantitative data and their relationship to the three broader themes.

5.3.1 Educated Black, Disabled, and Female

African American women and people with disabilities have been segregated or excluded entirely from educational institutions and opportunities throughout American history. Restricting access to knowledge is a major way in which groups in power assert and maintain their dominance. In this way schooling is a primary site where structures of race, class, gender and disability are solidified and maintained. Hegemonic ideologies about these social constructs are born, reimagined and redistributed there. Potential homebuyers often base their decisions about where they want to live, on the quality and

social make-up of the neighborhood schools available in an area. Consequently, school quality is associated with the race and class make up of a community. In addition, homeownership and housing quality is associated with educational attainment. The relationship of homeownership to educational access and the history of institutionalized education discrimination suggest that learning about African American women with disabilities' education experiences is essential for gaining an understanding of the barriers and facilitators to homeownership. The participants themselves seemed to recognize the significance of their educational experiences to the housing barriers they were confronting when sharing their stories as well. What began as a simple inquiry into the participants' educational backgrounds grew into significant testimonials regarding how various special education, mainstreaming and discrimination practices impacted their lives.

Like several of the participants from Philadelphia, Deadra Bowman attended the "Harriet Tubman" school for children with physical disabilities for all or part of her primary schooling. It is a public school that educates children with various physical and orthopedic disabilities. When asked how she felt about being educated in a special education environment, she argued that attending a school for children with disabilities gave her confidence. This confidence came from the resources for children with disabilities provided at Tubman, which enabled Deadra to participate in school in ways that she did not think were possible in most mainstream environments when she attended public school in the late 1980's to early 2000s. These resources included a playground, with swings for wheelchair users, an accessible swimming pool, adaptive sports teams, and accessible camping trips.

Amanda Avery also attended Tubman during that time period. Similar to Deadra, she stated that attending a school for children with disabilities gave her high self-esteem. Both Deadra and Amanda argued that they benefited from attending a school where they could learn from interacting with other children with disabilities in an environment that was accessible to them. Deadra specifically stated that at Tubman students with disabilities learned to “love yourself for who you are.” However, Deadra and Amanda also stressed that if Tubman’s strength was accessibility; its weakness was academic rigor. They argued that the academic expectations for students were low at Tubman and they believed that they would have received a better quality of education in a mainstream environment, had they been able to access one.

While Deadra and Amanda believed they gained self-confidence and acceptance of their disabilities from interacting with disabled peers in an accessible learning environment, Kelly Moore, who was mainstreamed throughout her primary and secondary schooling, interpreted her educational experience differently.

...not being instituted in a segregated, isolated environment, and seeing what others could achieve [who]... did not have a disability, I think that contributed to me, ahm, getting over those hurdles that other people don’t seem to be able to get over.

Kelly believed that interacting with non-disabled peers in the classroom enabled her to strive to achieve the same things as other students who did not have disabilities. As an employed college educated African American woman with a physical disability, Kelly credited much of her success to receiving her primary and secondary education in a mainstream environment. She believed that learning to compete with non-disabled people

early on enabled her to learn how to manage and negotiate barriers in a largely inaccessible society as an adult. She also argued that being mainstreamed gave her an advantage that she believed people primarily educated in special education environments are not as likely to gain.

Most participants who had disabilities while attending primary and/or secondary school believed that compared to special education environments, mainstream education provided students with a better quality of education. These participants believed that mainstream schooling provided superior curriculum and instruction regardless of whether they received most of their education in a special education environment, a mainstream education environment, or some combination of both.

Yet, participants also argued that there were limitations with both approaches. While most participants believed that the quality of academic instruction was better, they described other social, instructional and institutional barriers that remained prominent for students with disabilities in mainstream schooling. These barriers made it difficult for students with disabilities to fully access or benefit from a mainstream educational experience, even if other superior educational resources were present. Participants often expressed that they felt they had to exchange the accessibility, inclusion and collective disability identity typically found in special education environments, for the higher academic expectations and resources more likely to be found in the mainstream environments. However, experiences of isolation, exclusion, discrimination, disability harassment, racism and more remained prominent in both mainstream and special education settings. As Ranetta Thompson explained,

...my sixth grade year when I got mainstream or inclusion, as we call it now, was a monster. After my first year, I tried to commit suicide. They always prepare you for the academic piece, but they don't prepare you for the social piece.

Students who were mainstreamed shared multiple experiences of attitudinal and institutional barriers to receiving an equitable education. These barriers created hostile learning environments that impacted the participants' sense of self, sense of safety, and access to resources and opportunities in school. According to Ranetta, in the 1980s when she was mainstreamed in grade 6, she experienced consistent verbal threats and abuse from her mostly non-disabled peers because of her disability. This included having to confront taunting and intrusive questioning about her disability, such as "Who dresses you?" and "How do you take a bath?" on a daily basis. Questions like these may seem reasonable when first considering the average group of 6th graders who likely had little or no opportunity to learn about disability. However, Ranetta and other participants described being asked such personal questions every day, in hostile contexts that othered and ostracized them. Ranetta particularly shared that when she grew tired of this harassment and simply stopped responding to her classmates taunts, students threatened to harm her:

"If you go to high school with the attitude you've got now, your first day of high school, you're going to get your ass beat!" That was common conversation. And I'm like, "Yeah, I'd like to see you try!" Because nobody is going to believe – I went to school with that threat every day and having to deal with stupid teachers, too. It was just not a good time for me.

As the above quote suggests, Ranetta did resist mistreatment from students who harassed her. However, a lack of appropriate accommodation and support from her school, enabled the abuse to continue. Eventually, Ranetta shut down and stopped talking altogether, leading her into a deep depression that contributed to her contemplating suicide at just 11 years old.

Several participants also described experiences with what Ranetta termed above as “stupid teachers.” This type of language was used by participants to describe faculty, staff and other professionals at their schools who were not knowledgeable about how to accommodate students with disabilities in the classroom, had low or unreasonable expectations of them, and/or were hostile, and unsupportive of their presence because of their disability, their race, or some combination of both. Participants rarely stated that gender was a mitigating factor for their mistreatment in school. However, further analysis of their stories suggests that gender and class also played a role in the treatment and expectations that their peers, parents and educators had of them.

Amanda provided an example of educator bias when she recalled one particular conversation between her mother and a state rehabilitation counselor while discussing her transition out of her special education high school during an Individualized Education Plan (IEP) meeting.

...one day she [the counselor] said, “Oh, Amanda isn’t going to be able to go to college.” My mom cursed her out! It was – it was epic! I was like, “Mom!” You know what I mean? She was like, “My daughter is going to go to fucking college...!” ...And [the counselor] wasn’t ready for that...that’s where it comes from. Like if you want something in life, you go get it.

Despite being educated in a special education environment that she said did not prepare her for or expect her to “go get it”, Amanda did earn her college degree. While participants described confronting barriers whether they were in mainstream or special education settings, the support of parents and guardians was often credited for what ultimately made the difference in their ability to resist those barriers and accomplish their goals. When structures in education placed limitations on what their children were expected to access and achieve, parents and guardians were often their most fierce and loyal advocates. Most commonly it was African American women: mothers and grandmothers-- who tended to be the primary care giver for their child, even when their fathers were present in their lives.

Dekeisha Andrews is an example of a participant with a mother who successfully advocated for her daughter’s inclusion. Dekeisha grew up in a housing project with her mother and father in Brooklyn, New York. In elementary school, she was placed in the special education section of a larger general education school. This school placed students with disabilities on the ground level floor, and children without disabilities on the floor above. But when Dekeisha tested at a 12th grade reading level while just in grade 4, school administrators were presented with a challenge. The special education and general education students were separated by one floor and an elevator did not exist in the building. According to Dekeisha, most children with disabilities were transported to school separately and generally did not interact with the non-disabled children at her school. Yet, before administrators decided how they might accommodate Dekeisha given her high test scores and the inaccessibility of the school building, her mother was called into school. Apparently Dekeisha’s teacher and other school administrators doubted her

ability to score so high on a general education test, and wanted her retested. After Dekeisha and her mother complied with their request, she once again tested at the 12th grade reading level, meeting the “mentally gifted” criteria for students who performed academically above grade level.

Despite testing “mentally gifted (MG)” in the 4th grade two times, Dekeisha was not mainstreamed into the mentally gifted classroom until the 5th grade. Instead, the school decided to “accommodate” Dekeisha by having the teacher in the MG class she was tested into, send her assignments down stairs for her to complete on her own. Once completed, her assignments were then sent back upstairs for that teacher to grade. Although, Dekeisha was actually physically present in her 4th grade special education classroom, she was not assigned to participate in that classroom’s instruction or agenda. Instead, she was given the same assignments of her mentally gifted peers, without the benefit of instruction from the MG teacher. Dekeisha stressed that if it was not for her mother, who insisted that an elevator be installed in the school, she would not have been able to eventually join her MG class later in her 5th grade year. Still, at no point did faculty or staff members attempt to bring Dekeisha’s MG classes and instructors to Dekeisha so that she could have equal access to the academic materials and an equal opportunity to succeed in school.

Dekeisha’s story provides a great example of institutionalized ableism and compulsory able-bodiedness. The accommodations that were provided to her were constructed by able-bodied administrators who prioritized their needs. The inconvenience or difficulty to the non-disabled that providing disability accommodations involves is better understood than the cost of not receiving those accommodations for people with

disabilities, because dominant ideology reflects the positionality of non-disabled people. Hence, the criteria for what is considered to be a “reasonable accommodation” for a person with a disability, as the ADA calls for, are primarily interpreted by able-bodied standards. This phenomenon was reflected in how the administrators used their power to accommodate Dekeisha in a way that provided the least amount of inconvenience for them. The late legal and critical race scholar Derrick Bell discussed his theory of interests convergence in the book “Silent Covenants: Brown V Board of Education and the Unfulfilled Hopes of Racial Reform” (2005). He argued that the interests of groups with less power will not be met unless they somehow converge with the interest of groups in power. This reality is certainly the case for people with disabilities. Unless able-bodied people are willing to relinquish their power to enable people with disabilities to participate in society equally, barriers will remain. The dilemma people with disabilities face is that they are structurally, economically, and often even physically heavily reliant on their oppressors to survive. This is true for most oppressed groups, but few groups are as directly dependent on their oppressors for survival as people with disabilities.

Participants often described childhoods where they confronted multiple attitudinal and structural barriers similar to this one, not only in education, but in housing, and social life. However, participants also shared examples of instances where they were able to learn from, resist, manage and/or adapt to those same disadvantages and find ways to use them towards their ultimate good. Dekeisha shared one such example when she described the conditions in her life that contributed to her early academic advancement.

I grew up in a New York City housing project in a timeframe before they were required to be accessible. There was no ramp, and the only way I could get in and

out of the building would be if my mother, my dad or my brothers, brought me up and down the steps. So, I couldn't really go outside a lot, unless I went outside with my family or one of my siblings. So, I sat in the house and I read a lot. I read and I watched TV...so if you're in the house and you're doing nothing but reading and you spend most of your time around adults... suffice it to say you develop a very solid vocabulary beyond the age that you are. Because most of my time was spent around adults, doctors, you know, that kind... I spent very little time around kids my own age. Because most of the time the kids around my own age either they wanted to play with me and their parents wouldn't let them, because there were still parents who thought my disability was contagious, or and-or they didn't want to play with me because I was different.

This quote demonstrates the stories of resistance and resilience exemplified by African American women with physical disabilities in every interview. Dekeisha demonstrates how she adapted to the isolation and exclusion that she experienced in her childhood, because of architectural, attitudinal and institutional barriers. She used the very conditions that restricted her social and physical mobility, to advance her reading, and other skills. In addition, she learned from observing and engaging the conversations with medical specialists and adults that controlled the decision making in her life. These conversations were not intended to include her or benefit her intellectually. In fact, much of medical language is created to be exclusively understood amongst specialists within specific fields. Such language often creates barriers for patients to receive comprehensive information from their doctors, especially patients of color and/or from low-income backgrounds. However, Dekeisha managed to negotiate these systems of exclusion in a

way that she was able to benefit from.

The fact that Dekeisha's advanced vocabulary and reading comprehension level resulted in part from the conditions created by the isolation and exclusion she experienced as a low income African American girl in the inner city, does not justify the presence of those barriers in her life, or similar conditions like this described in the lives of other participants. Had these barriers not existed Dekeisha would still have had the capacity to gain this knowledge in an accessible and inclusive home and school environment. The fact that participants consistently shared stories where they were able to achieve great things even in the presence of insurmountable odds, is a testament to the hard work and effort they put in to achieve them. This work includes developing survival skills and subversive strategies, both deliberate and subconscious, to cope with and transcend systems of oppression. However, there were also many stories shared where participants were overcome by the presence of barriers, despite the strategies they may or may not have enacted to resist them. Much can be learned about systems of oppressions from both outcomes. In both circumstances, it is important to resist the temptation to glorify traits that dominant ideology suggest are extraordinary when exhibited in people with disabilities, people of color, or other minority groups. Such practices serve to justify systems of oppression and blame other people with similar challenges who were not able to "overcome" those same systems of oppression. These practices tend to overlook other privileges or opportunities that may have been present which enabled the "exceptional" minority to overcome those social barriers. They also tend to ignore or minimize the other barriers or disadvantages that the "exceptional" minority and others like her continue to face, and the social cost they continue to experience in spite of their ability to

“make it”. Dekeisha said she experienced such costs. Despite graduating high school and starting college at 16 years old, she struggled throughout her young adulthood with depression and low self-esteem. Even after deciding to go back to school and earn her law degree, it took some time before she was able to strengthen her self-worth beyond those associated with her academic or professional achievement.

Regardless of their desire to support and advocate for their children, some participants also described having parents and guardians that lacked the knowledge and resources needed to protect their child from abuse and discrimination in school settings. Others had trouble accepting that their child had a disability at all. Both were certainly the case for Dianna Baxter.

Dianna’s parents worked regularly and were not only unavailable to advocate for her in the classroom but were unavailable to ensure that she was provided the consistent medical care typically recommended for children born with cerebral palsy and visual disabilities like hers in the 1960’s. Dianna’s parents both worked long hours; her father as a construction worker and her mother as a domestic worker for hotels. So when Dianna began her education in the Washington DC public school system in the 1960s, she had few allies to support her at home or at school. Dianna attended school before the Education for All Handicapped Children Act was passed, so public schools were not legally obligated to accommodate children with disabilities. In addition, she started school when Brown vs Board of Education and school desegregation mandates and regulations had just begun to be enforced. Dianna’s story highlights how intersecting systems of race, class and ability can work to disadvantage African American women with physical disabilities in educational and other institutions.

Dianna shared that one day when she was a little girl, a white principal came to visit her all black elementary school, to pick out students to help integrate his all white school. She believed that this principal picked black students from her school that he expected to fail because he did not want integration to be successful. She believed she was the first student from her school chosen to help integrate the white school because the principal noticed that she had a disability and thought that she would be easy to ignore and control. She was encouraged to attend the new school because that school had books and her former school had very few. However, once attending she learned that integrating a white school as a black girl with a disability was extremely difficult:

...there were a handful of Blacks that went to the school. The teachers really didn't want you there anyway, period. And a disabled child they really, really didn't want. But I guess they felt they could handle me better than they could handle the able-bodied kids, so they pretty much sat me in the corner. And it was like you sit in the corner and you get what you can get from whoever. So I used the other kids as my tutors to try to help me get some of the stuff that was going on. I did that for a number of years through elementary school and part of middle school.

Dianna described numerous barriers that she encountered when she was one of a minority of Black students who helped to integrate a White Washington DC elementary school in the 1960s. Despite having visual and physical disabilities, she received no formal classroom accommodations. In fact, because she was tall in stature, and teachers desired to ignore rather than accommodate her, she was seated in the back of the classroom. This practice made learning even more difficult, because Dianna could not see

the material presented and discussed on the Blackboard while seated so far away. She also had difficulties reading the fine print used in the new text books that were not available at her old school. These disadvantages made Dianna dependent on the kindness of her peers to help her keep up with course materials. Her Black classmates took time during lunchtime and after school to update her and explain the lessons that she was unable to access. Some White friends also helped her, but only in secret. Her older cousin, who attended another school, specifically took time after school to tutor Dianna and read the text that she was not able to see out loud to her. In addition, although penmanship was a major skill stressed in school, Dianna had difficulty hand writing because of limitations with her dexterity. Hence reading, writing and completing assignments took two to three times as long as it did most other students. Dianna shared that because she spent several hours each day practicing penmanship and completing assignments, she was not able to participate in any extracurricular or recreational activities after school.

Despite the multiple barriers Dianna confronted to receiving an education, she emphatically stated that she “loved school!” She worked hard to keep up with her classmates and was able to complete elementary and high school successfully. However, she also stressed that the barriers she experienced wreaked havoc on her self-esteem. Her school’s unwillingness to welcome or accommodate her, coupled with her parents’ unavailability and personal unwillingness to accept or acknowledge that she had a disability, lead her to internalize feelings of self-doubt and inadequacy.

Participants in this study encountered significant barriers to receiving equitable access to quality education, and these barriers influenced how they feel about themselves,

and impacted their propensity towards homeownership. Because homeownership is associated with educational attainment, it is important to consider the intersectional implications of educated Black disabled and female in order to better understand how to improve the homeownership outcomes for African American women with physical disabilities.

5.3.2 Sense of Self and African American Women with Physical Disabilities

Participants expressed that being an African American woman with a disability means having to confront multiple negative messages in society about your race, gender and disability. These negative messages can come from strangers, the media, service providers, and even those closest to them, such as parents and friends. Participants argued that these attitudinal barriers presented them with the choice to accept the negative messages, or learn how to negotiate and/or resist them in various ways. They shared moments when they had to struggle with that choice, and the constraints they continued to encounter towards developing a positive self-concept as African American women with disabilities.

Lesley Picket described herself as someone who has based her sense of self on her ability to help others and be financially and socially independent throughout her life. However, within the three years prior to this study, her physical limitations and chronic pain became more significant, threatening her sense of self. Despite having childhood onset arthritis, her disability did not significantly limit her mobility or become apparent to others until she was also diagnosed with Lymphedema and a heart condition in 2009. Since the moments leading up to those diagnoses, she struggled with accepting her new limitations and help from others. She emphasized throughout her interview that she did

not like to be dependent on others financially or otherwise, did not desire charity, and was hesitant to ask others for help. Her story suggests that she interpreted her disability as a character flaw that was in direct conflict with who she wanted to be; someone who is strong, independent, and hardworking.

Since Lesley's condition increased in severity, she described herself as more insecure and self-conscious about the physical limitations associated with her disability. She feared becoming a burden on the ones she loved and expressed that feelings of shame and embarrassment often prevented her from requesting help from others. This interpretation of her disability affected her personal relationships and her ability to advocate for herself at home and in the work place. For example, although she endured daily chronic pain at work, she was ambivalent about requesting work accommodations that could have helped to alleviate the physical difficulties she encountered at work. Despite working for her employer (a research firm that included disability policy research as one of its specialties) for over 20 years, she feared that her coworkers and employer would view her as a less productive and less valuable employee, and that they would not be supportive of her needs if she did request work accommodations. In addition, after learning that she was diagnosed with lymphedema, she decided to end her engagement with a man she loved. She said that her fear of being a burden and other feelings of insecurity about her disability were major contributors to the break up.

...I wonder whether it would be good that somebody want to commit to having to, you know, have to be so supportive of someone that was so limited. Because we talked about doing a lot of different things that was like, you know, really, you know, involved a lot of mobility.

Reflecting more on that decision, she added:

And you know what? That's a sense of pride too, Angel. You know, because sometimes you cut off something that might've been really good for you, but you have a sense of pride and insecurity because of your own condition.

Lesley's response to having a disability is a great example of the dilemma that the African American women with disabilities in this study often encountered. Participants described the ways in which they managed the role conflict associated with their race, class, gender and ability status as multiply marginalized women.

Black feminists have specifically documented the significant role that the controlling image of the "Strong Black Woman" (also called Black Super Woman) has played in the social construction of African American womanhood. (Wallace, 1990, Collins, 1990, Woods-Giscombe, 2010). This image grew out of the history of African American women's exploitation as unpaid laborers during slavery, and later as underpaid workers and service providers. Their positionality as laborers both inside and outside of the home conflicted with the traditional American family ideal that suggested that women's roles should be restricted primarily to wife and mother. Because their positionality did not allow them to conform to white standards of womanhood and femininity, African American women were ridiculed through stereotypical images such as mammies and jezebels. These images dehumanized African American women and constructed them as hypersexual, simple minded, and other (Collins, 1990).

The Strong Black Woman ideal acts as a counter narrative which celebrates characteristics in African American women that demonstrated their devotion to African American men, families and the African American community. These celebrated traits

include being selfless, nurturing, resilient and exemplifying a physical and emotional will to endure great difficulties. More specifically, Strong Black Women are glorified in the African American community for their ability to persevere in a racist and sexist society. Research suggests that for African American women, aspiring to conform to the Strong Black Woman image can be both empowering, and detrimental to their health and sense of self (Wallace, 1990, Collins, 1990, Woods-Giscombe, 2010)

If the characteristics of a Strong Black Woman are to be a self-sacrificing, hardworking, independent, caregiver, then the presence of a disability is in direct conflict with traditional ideals of African American womanhood. The women who participated in this study wrestled with controlling images that constructed women with disabilities as dependent, in need of charity, unproductive, asexual, romantically undesirable and unfit mothers. They also struggled to resist stereotypes about African American women that interpreted them similarly. For example, the common stereotype of African American women who are poor, unemployed, reliant on government aid, and/or single mothers is “welfare queens.” Stigmas such as these, based in the intersection of race, class, gender and ability significantly impacted participants’ sense of self.

Notions of race, class, gender and disability were also found to contribute to how African American women with disabilities’ needs, capabilities and desires were assessed and interpreted by disability services providers, who are more likely to be white, able bodied and male (Balcazar, 2010). For instance, the stories regarding sense of self, made evident that the social implications of being an African American woman with a disability who is reliant on social services due to disability, such as Supplemental Security Income, are different than white men and women with disabilities. Because of

the intersection of race, class, gender and disability related stigmas, the same social conditions that may (problematically) evoke feelings of pity, compassion, and altruism for a low income white woman with a disability, may also evoke feelings of anger, judgement and disgust towards an African American woman with a disability in need of the same services. Rachel Hampton, another participant in the study, spoke to this point when she discussed the underrepresentation of African Americans with disabilities in media and disability advocacy discourses. Rachel argued "...more white women with disabilities are, uh, they get more attention than we do...when they put a face on a disability it's typically not a black face, it's typically a white one." When asked how she thought this exclusion affected African American women with disabilities she responded:

Adversely, because we don't get as much help. What's that saying? The squeaky oil get—the squeaky wheel gets the oil, gets the grease? If you don't know we exist and you don't know what it is we need how can you help us?

Sometimes participants managed the stigma associated with their identities by accepting oppressive ideologies about African American women and/or people with disabilities, but simultaneously distancing themselves from those who shared their minority status by suggesting that they were somehow "exceptional", or model minorities. Yet, participants also expressed solidarity with African American women and/or people with disabilities in other instances. Oppressive ideologies were also challenged by participants described oppositional consciousness about what it means to be an African American woman with a disability and the various resistance strategies they used for managing the consistent attacks on their sense of self.

Thus, in discussing what it means to be an African American woman with a disability, several patterns were identified. Despite research that suggests that African American women with disabilities tend to prioritize their racial identity over their disability or other identities (Benjamin Darling, 2013), my study suggests that participants' interpretation of their identities varied. In sharing how they viewed themselves and how they believed they were perceived by others, most participants expressed that their multiple identities were complex, dynamic, and intersectional.

5.4 Homeownership: Why, or Why Not?

The various perspectives and experiences participants shared about homeownership highlighted its significance in understanding how complex structures of race, class, gender and ability impact their lives. This section discusses what participants believed were the advantages and disadvantages of owning a home.

The primary advantages to owning a home described by participants are greater opportunities for a) economic advancement, b) housing control, and c) pleasure. The potential for economic advancement was consistently emphasized as a major benefit to homeownership that distinguished it from rented housing. Renting was viewed as something that was solely financially beneficial for the landlord, with no return on the renter's investment. Homeownership however, was believed to enable multiple opportunities for profit such as through housing price appreciation, and renting or selling the home to others. Hence, participants viewed homeownership as an investment in their financial wellbeing in a way that being a renter could not be. Generational transfer of wealth was also regarded as a significant economic benefit of homeownership. Participants especially emphasized that the ability to pass their home down to their

children was a major motivating factor for becoming or for wanting to become a homeowner.

According to participants, another benefit of homeownership was the ability to have greater control over their housing. This control included a wide range of capabilities, such as control over who they shared close quarters with and how they choose to structure and decorate the home. Not having to worry about disturbing or being disturbed by your neighbors below or above was also considered a significant benefit. In addition, the ability to customize housing modifications for their specific needs was stressed as a major homeownership advantage. For example, as mentioned in the case study, Sonia Small argued that landlords often imposed restrictions on what modifications people with disabilities are allowed to make to their rental units. She added that renters with disabilities were often financially responsible for covering the cost of installation of the modifications as well as the cost of returning the unit to its original state upon leaving. Because of these barriers, participants often described having to “settle” for rented housing that did not completely meet their accessibility needs; restricting their ability to fully benefit from their unit. In addition, some participants complained that their rent included fees for amenities that were not accessible to them. For instance, participant Cheryl Tydings shared that the gym in her building is not accessible to her as a wheelchair user and does not include adaptive equipment that would enable her to use it. Participant Amy Howard added that her apartment building did not have a pool lift to enable her to enter the pool safely. In this way, the word “freedom” was often used to describe what homeownership meant to them. This freedom

was associated with the potential for homeowners to create a space that catered to their needs and enabled them to access every part of their property.

Control over who and what is welcome in your home was especially important to participants who reported restrictions in the rental housing they occupied at the time or in the past. For example, one of the major motivations for participant Tori Murphy to become a homeowner was the ability to start a family. Before purchasing her home with her then husband, they both lived together in a rented housing complex for seniors and persons with disabilities. Although she and her husband at the time were planning to start a family, children were not permitted to reside in their rented housing. Buying her condo provided her with the opportunity to start the family she desired.

The ability of rental staff to enter and exit their housing units with little or no notice, and the reliance on communal resources like shared laundry rooms, were some of the ways participants believed rented housing restricted their access to privacy. Hence, privacy was considered another benefit of owning a home. Homeownership was also considered a safer option than renting because of the ability to better control who enters and exits the home. In addition, control over how much space is available in the home and how that space is used was perceived as significant homeownership advantage. Participants argued that they often felt restricted by the living spaces typically available in rented housing units. Their wheelchairs, medical equipment and other adaptive technologies often required more space for them to maneuver safely and comfortably in their housing. For some this meant that they had to have less furniture or other items in their rented housing to make room for their access needs. Homeownership was believed

to provide an opportunity to have more space to maneuver and welcome more things, as well as more people, into the home.

Participants also argued that owning a home can provide more opportunities for pleasure; specifically greater opportunities to enjoy where you live. Ranetta O'Neil explained that a major benefit to owning a home is:

Having your own space and being able to throw a party whenever you want. I'm just a social person, and I don't like a lot of people in my space, but I do have my moods where I like to have parties...I think a benefit is also being able to share.

Being a homeowner allows you to share in a way that you can't share if you have an apartment, and I say that because you know, maybe one day I'll get my own yard and have a ramp, and people of all ages and abilities will be able to come and visit.

The ability to have friends and family over for gatherings and again, having the space to entertain was considered a huge homeownership benefit. The idea that as a homeowner they could have the ability to paint, decorate, organize and structure their homes the way they desired also gave participants a great sense of joy. In addition, an accessible home was viewed as something that would not only benefit homeowners with disabilities, but home "visitability" was considered something that others could profit from and enjoy as well. Other modes of enjoyment associated with homeownership included the potential to create a garden, or have a back yard in which to entertain, let the dog run free, or allow the children to play safely. Participants living in high crime neighborhoods especially associated homeownership with the ability to create safe spaces of their own for themselves and/or their children. The way that participants described

how they would like to use their homes suggested that they believed homeownership enabled an expression of individuality, creativity and enjoyment in a way that rented housing did not provide. Participants described their ideal owned homes as more than just a basic place for shelter and storage of things, but a place for personal pleasure and satisfaction that can hold their possessions, and be shared with the people, they choose. The following discussion with Amanda Avery exemplifies the types of characteristics that many participants desired in an owned home:

Amanda: my dream house, it would be one level, and... a lot of space. Spacious. Like I would be able to fit into every room. ..And then, you know, where people can go to the bathroom, I want that to be wheelchair-accessible. I just don't want to have no limitations to the house that I'm owning.

Angel: Right.

Amanda: You know what I mean? And like the cabinets, I want them to be at the right level that my chair is. You know what I mean? Just beautiful, spacious, but comfy at the same time, you know?

Angel: Mm-hmm.

Amanda: Yeah. A garden. Like-

Angel: A garden?

Amanda: Like gardening and stuff and just an area where the kids can play and don't have to worry about, you know, getting shot or other neighbors. I mean isn't so close in proximity, just somewhere they can run and be free.

Finally, participants stated that owning a home could positively impact how they are viewed by others. For instance, when Theresa Evans went on a tour of a home for sale she said she began to imagine herself owning that home.

I just picture myself living there and being like, “Oh, my God. This is an awesome space. I'd be able get my freak on!” I'm just kidding. Well, “while I'm living here, I'll have a whole different persona. People will see me differently”.

Kidding aside, freedom of sexual expression is an important part of the benefits associated with the privacy that can come with owning a home. Theresa lived with her mother, who provided her with the majority of her daily assistance with activities of daily living. While Theresa shared that living with her mother provided her with the security of knowing she has access to a reliable and caring person to assist her with her daily personal care needs, opportunities for sexual expression in the home are likely to be limited for participants who share their homes with parents. However, Theresa argued that because she worked full time, her income made her ineligible to receive significant funding from government agencies to help offset the cost of personal assistant care, yet she could not afford to pay for these services on her own. Lola Jefferson also added that one of the benefits of her becoming a homeowner would be:

Becoming an example that it can be done. That'd be the benefit. Definitely. And it would be encouraging to other people that might have been discouraged to do it because they're disabled or a woman. A disabled woman, rather. They see me do it, then they would want to.

Hence, participants argued that homeownership could positively impact how they viewed themselves and how they were viewed by others.

The homeownership and non-homeowning participants who made up this study also discussed multiple aspects of homeownership that they believed were disadvantages. Participants argued that the most prominent disadvantages of homeownership were having to manage greater a) responsibility, b) liability, and c) economic risk than renters.

While homeownership was believed to be associated with more benefits than rented housing, these benefits were understood to come with an increased responsibility for the physical and economic wellbeing of the home. This concern alone led many to argue that rented housing was preferable to homeownership. Many non-homeowning participants were especially concerned about their ability to manage the cost and physical labor related to maintenance and upkeep of the home. Because their disabilities often restricted the type and amount of physical labor they could do, many argued that the cost of maintenance and upkeep of the home could be greater than most homeowners without disabilities. Some homeowners chose to buy condos that included maintenance fees to help cover the cost of basic repairs in their condo fees. Other homeowner's relied on friends, family, neighbors or hired specialists to help with basic home upkeep such as mowing the lawn, shoveling snow, taking the trash out or even changing a light bulb. These are common tasks that are minimal when compared with the amount of labor and cost associated with plumbing maintenance, repairing water damage, roofing problems, and any of a myriad of circumstances that can go wrong in a home. For these reasons, some non-homeowners like Shante Knight, stated that they'd rather live in public housing, where they knew that their housing costs were manageable and controlled based on their income. Because the cost of utilities and repairs can fluctuate drastically, Shante argued that living in subsidized housing was preferable to homeownership. However,

Amanda Avery, who also lived in a subsidized housing complex, disagreed. She argued that subsidized housing was intended to serve as temporary assistance to families in need and she did not plan to live in her low income housing complex long term. Amanda was finishing up her senior year of college after returning back to school following the birth of her children. She envisioned a future where she and her husband (who was also born with cerebral palsy) would be employed and able to financially provide for their family without the need of government subsidies.

This chapter opened with a description of the social, economic, and health characteristics of the sample. The description of the sample noted a number of distinguishing patterns among homeowners and non-homeowners; including the following:

1. Higher proportions of non-homeowners had modified housing or housing accommodations created to fit their accessibility needs.
2. Homeowners had lower rates of paid personal care assistant services
3. Homeowners did not receive any SSI or SSDI benefits from the Social Security Administration.
4. Non-homeowners had the highest level of satisfaction with their health.

In addition, the themes generated from the follow up interviews highlighted the participants perceptions and experiences of the barriers and facilitators to homeownership. It demonstrated that African American women with disabilities experience differential treatment in society and that as a result, the barriers and facilitators to homeownership are multiple, intersectional and complex. The final chapter summarizes the overall barriers and facilitators to homeownership for this group of women and suggest future possibilities for research and policy.

Chapter 6 African American Women with Disabilities: In Search of Home

6.1 Summary of Primary Homeownership Barriers

A synthesis of data from the self-administered questionnaire and data resulting

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|------------------------|--|
| Economics: | Debt (largely education and health related), low incomes, underemployment and unemployment |
| Architecture: | Limited supply of accessible or modifiable homes, additional cost of modifications. |
| Discrimination: | Lack of awareness of realtors, mortgage brokers etc. to the needs of people with disabilities, assumptions about their capabilities and value to the neighborhood etc. |

from the themes generated in the semi-structured interviews suggests that the primary barriers to homeownership for African American women with physical disabilities in this study are: economics, architecture, and discrimination. Below is a description and discussion those primary barriers. A description and discussion of the primary facilitators to homeownership immediately follows.

6.1.1 Economics

Both homeowners and non-homeowners agreed that the primary barrier to homeownership is the limited affordability and availability of accessible homes. Despite the potential benefits of homeownership training, participants argued that there is a significant gap between the typical economic portfolio needed to become a homeowner and the social and economic locations of most African American women with physical disabilities. Some suggested that the economic eligibility criteria for receiving a mortgage needed to be reformed to reflect the lower incomes and higher living costs associated with being an African American woman with a disability. For instance, when discussing her experience with homeownership and financial wellness training, Carol Milton argued that the system needed to change:

Well, you're expecting people that have not had a chance to earn a livelihood, to come to the table with money and buy something. It's like anything else. You're not going to the Cadillac dealership and buying an Escalade with Escort money or whatever. You just can't do that. So some kind of way, they need to figure out how to target the people they want to target to get housing, and help them from the ground up. Not, "We've got this handicap housing out here. You can't make more than this, and you've got to have this much money to get it." It was crazy.

As highlighted by Samantha Thomas' case study in chapter 4, Carol Milton also argued that homeownership and financial wellness training will not help African American women with disabilities become homeowners if most do not have the economic portfolio needed to meet mortgage eligibility requirements, closing and other homeownership costs. While the majority desired to become homeowners, most non-homeowners did not believe they would be able to afford to purchase a home in the near future.

6.1.2 Architecture

Many participants reported experiencing, or expecting to experience architectural barriers to viewing potential homes of interests and to accessing the buildings where resources related to purchasing homes such as real estate agents, mortgage lenders, or other services are located. For instance, some non-homeowners were discouraged from participating in the homeownership process after having negative experiences with real estate agents who did not value, understand, or prioritize their client's accessibility needs. Homeowners, as well as non-homeowners who inquired about or attempted to purchase homes in the past, reported that most real estate agents were not knowledgeable about disability housing policy or how to best locate accessible or modifiable homes. They also

argued that there was a limited availability of accessible homes in the housing market, reducing their options for housing choice. Although participants stated that a primary advantage to homeownership was the ability to customize the accessibility of the home, lower proportions of homeownership participants actually had housing with built in accommodations or added modifications, than non-homeowners. The limited disability housing policy knowledge of realtors coupled with the scarce availability of accessible and/or modifiable homes may have contributed to this gap.

6.1.3 Discrimination

Most homeowners and non-homeowners reported that they experienced or knew someone who had experienced housing discrimination. Housing discrimination practices included instances where a leasing office canceled an initially approved application after learning that the applicant had a disability and/or after the applicant with a disability requested modifications to the unit. Discrimination practices like this one were discovered when leasing offices offered the same housing unit to someone else without (an apparent) disability, immediately after rejecting the applicant with a disability. Experiencing housing discrimination as renters often discouraged non-homeowners from inquiring about homeownership or believing they could be homeowners in the future. However, past experiences of discrimination in housing, employment and other areas of their lives also motivated some participants to become as knowledgeable as possible about their housing rights. Homeowners especially reported that, before purchasing their homes, they asked their realtors, mortgage lenders, and the builders and/or owners of the properties of interests a lot of questions. Homeowners asked members in their social networks about their homeownership experiences, sought out advice from disability and

civil rights advocates, researched housing policy, and located homeownership preparation courses, and financial resources online in preparation for the home purchasing process.

6.2 Summary of Primary Homeownership Facilitators

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|------------------------|--|
| Support System: | Friends and family, neighbors, coworkers, faith communities (especially churches), disability advocacy groups, and disability service providers. |
| Training: | Courses (free or affordable) provided to inform potential homeowners about the home-buying process. |
| Grants/Funding: | Provided to help reduce or supplement the cost of mortgage payments and/or home modifications |

6.2.1 Support Systems

In order to gain and sustain their homeownership status, participants used multiple types of support systems that included various members in their communities. The groups that were most frequently identified as sources of homeownership support were: Family members, coworkers, church members and friends. Homeowners with disabilities in their support networks were said to provide an example of what was possible regarding housing accessibility. Homeowners with disabilities also provided especially valuable insight about what to expect from the home purchasing process as a person with a disability, and helpful suggestions for how to manage homeownership related problems and responsibilities.

Lesley Pickett is a good example of someone who used her social networks to help recover from housing discrimination. One day while watching the TV she realized that she was the victim of a predatory lending scheme after seeing the person who sold her home to her, on the news. She learned during a news segment that her realtor targeted African American women who could not afford the homes they purchased. The predatory loan she received also included high interest rates that she could not afford. This resulted

in her house going into foreclosure. However, she was able to eventually pay down her debt and get her home out of foreclose thanks to the financial help from members of her church, and another unusual social network: inmates in prison.

At the time of the interview Lesley's son had been serving a sentence in prison for an undisclosed crime for several years. Since his sentencing, she frequently corresponded with her son and eventually became a source of support to several of his friends in prison as well. After providing years of advice and encouragement to her son and his fellow inmates through letters, visits and sending care packages, her son and a group of his prison mates pulled a significant financial collection together which covered the majority of the money needed to get her house out of foreclosure. Lesley stressed that if it had not been for their help and generosity, she would have lost her house.

6.2.2 Training

According to homeowners, independent living centers, churches, and other non-profits or local government agencies were the most useful institutions that helped them meet their homeownership goals. These institutions often provided homeownership and financial wellness training for low income people, minorities and/or persons with disabilities. This training came in the form of courses or events which were designed to inform participants about typical mortgage eligibility requirements, the grants available to help reduce the cost of the home and/or home modifications, credit management, and housing rights.

In addition to training the potential homeowner, the training of housing agents and services providers was also vital. Homeowners who had realtors who were knowledgeable, or were willing to take the time to learn basic information about

disability housing policy and accessibility, also had the most satisfying home purchasing experiences. These participants reported that realtors who were knowledgeable about disability housing rights paid greater attention to their housing needs and desires. It is essential that realtors, mortgage lenders, home builders and other actors in the homeownership process, become trained and knowledgeable about the ways that disability housing policy impacts the specific work that they do so that they can meet the needs of clients with disabilities.

6.2.3 Grants and Funding

Several homeowners benefitted from the receipt of government funding opportunities provided through agencies such as the US Department of Housing and Urban Development. These funding opportunities were designed to help reduce the cost of purchasing and/or modifying a home for persons with disabilities and/or with low incomes. However, several participants argued that the eligibility criteria for this funding is too strict, that the amount of funding offered per homeowner is too little, and that the need for such funding is far greater than its availability. Some participant's incomes were too high to qualify for homeownership subsidies, yet were unable to come up with the money needed for the down payment of a home and/or for home modifications on their own. Many suggested that the income eligibility criteria for government funded homeownership subsidies should consider the added cost of having a disability. For instance, if a participant earned \$40,000 a year, but spent \$20,000 annually on personal care assistant services, then they really have less spending power than their gross income suggests.

6.3 African American Women with Physical Disabilities and The Future of Housing

This dissertation identified several of the mitigating factors contributing to the barriers and facilitators to homeownership for African American women with disabilities. Through the description of social, economic, and health differentials among this sample of homeowners and non-homeowners, it suggested several areas for future engagement and exploration, including the following:

- Homeownership Status and Accessibility:

Most of the sample lived in housing that had accessibility related accommodations and/or modifications. However, while most participants expressed in the interviews that a major benefit to homeownership was the ability to customize the accessibility features of homes, the quantitative questionnaire revealed that most homeowners did not have homes with disability related modifications or built in accommodations, while most non-homeowners did. Perhaps the cost of including accessibility features in an owned home is greater than it is for renting? Future studies with a larger sample size and equally comparable amounts of homeowners and non-homeowners should explore this area further.

- Housing Preferences:

What are the amenities, accessibility features, and neighborhood characteristics that African American women most value and need? Most participant's lived in or near an urban center. While most participants lived in predominantly black neighborhoods, how much personal preferences or social constraints contributed to this pattern is unknown. Several participants also expressed in that they preferred to live in areas where public transportation, medical institutions, and retail were most available and accessible.

Knowing the housing preferences of this group can help inform policy and contribute to the creation of markets that can respond to their needs

- Housing and Disability Onset:

2 out of 8 of the homeowners did not live in their homes because their homes were inaccessible to them once they acquired their disabilities. Future studies should explore the social, economic, and health costs of housing barriers for African American women with disabilities who acquire their disabilities after they have already purchased their homes.

- Housing and Personal Care Assistant Services

A lower proportion of homeowners had PCA's than non-homeowners. Homeowners were more likely to have incomes that disqualified them for subsidized PCA care. Perhaps most homeowners could not afford to pay the cost of PCA services on their own. Another possibility is that homeowners may tend to have less severe disabilities on average, and less likely to have disabilities that require PCA services. This area deserves further exploration.

The themes developed throughout the qualitative interviews especially demonstrate that ableism is a socially constructed and complex process of disempowerment, as well as a pervasive system of disadvantage that intersects with other systems of inequality. This understanding resulted from a feminist intersectional disability analysis of the data, suggesting its value and utility. Moving forward, the following feminist intersectional disability agenda is suggested:

- African American women with disabilities need housing and policies that respond to their multiple and intersectional barriers and social locations.

- Fund and invest in independent living centers and other community organizations to train and educate people with disabilities about the housing rights and resources available to them.
- Provide funding and infrastructures that can help bridge the gaps between the cost of homeownership, the cost of disability, and income.
- Provide opportunities and funding for women and minorities with disabilities to become realtors and researchers.

In closing, I would like to bring you back to opening quote in chapter 4, where Samantha Thomas argued that “I have the same life as a woman that’s not living with a disability, or who does not utilize a chair.” When discussing their future, most of the women in this study did not express anything extraordinarily different from what most citizens say they desire...the American Dream. African American women want to live a long, healthy life, with their loved ones, in communities that are safe and accessible to them. They want to be financially stable, and as independent as possible. That’s all. Race, gender, class, ability, sexuality, religion and other markers of difference should not get in the way of anyone’s ability to have these basic needs,, met, and yet they do. Thus, we need the creation of a *feminist intersectional disability social justice agenda* that includes a research and policy focus which centers the needs, perspectives and contributions of disabled woman of color and other minorities with disabilities. We need a space where our needs are not lost in single dimension agendas. Only then can African American women with disabilities finally have an academic, cultural and political space to truly call “home”.

Epilogue

Simi Linton argued in *Claiming Disability*, that the validity of research agendas, which are influenced by the absence of people with disabilities should be questioned. She suggested that researchers consider “the consequences of constructing a knowledge base within which that social positioning is deemed rational and morally sound.” She also problematized the absence of people with disabilities as researchers; arguing that due to limited educational opportunities, employment and promotion discrimination, and inadequate research accommodations, “one seldom finds in one person the expertise of the trained researcher combined with the expertise of the disabled subject” (p.73).

One of the most celebrated phrases used in the disability rights movement is “Nothing About Us without Us”. It is a phrase used to rally people with disabilities to fight against ableist systems that were produced with limited or no contributions by people with disabilities and without prioritizing our interests, diverse perspectives and needs: systems like academic research production and dissemination. Yet, despite this rallying call intended to unite all people with disabilities, disability research and policy continues to be constructed largely without “us”; women and people of color with disabilities. This research project is a unique contribution to the literature in housing and disability research not only because it is about an understudied group, African American women with physical disabilities, but also because it was produced by a member of that understudied group; an African American woman researcher with a physical disability.

I was born with Spina Bifida, a birth condition causing limited motion in my legs and spine. I grew up in a predominately black subsidized housing complex for low-income families in Germantown Philadelphia. At age two I was enrolled in Easter Seals preschool of Philadelphia. Easter Seals is a national charity for children and adults with

disabilities. There, I received onsite physical, occupational, and speech therapy, and was taught by teachers specializing in early childhood education for children with disabilities. Easter Seals had a yearly telethon that I appeared in as a little girl on at least one occasion. I enjoyed school and learning with other children with disabilities. By age four (4) I made what was at that time a common transition for children with disabilities. I left Easter Seals and entered kindergarten at a public school for children with disabilities. I attended this school from kindergarten-12th grade. As a student, I participated in the Philadelphia Special Olympics, athletic competitions for children with disabilities. My sport was track, and I won several medals. For many summers, I attended Variety Club, a camp for children with disabilities outside of Philadelphia. By age eight (8), I was chosen to be one of the Ambassadors for the Philadelphia chapter of the March of Dimes. As an ambassador I attended fund raising events, and encouraged people to financially support the March of Dimes mission to prevent birth defects like mine, and help children with disabilities and their families. I did some commercials and met a lot of famous people as a March of Dimes ambassador among them, all of the Philadelphia 76ers, including Charles Barkley, rapper/actor Will Smith, and former mayors of Philadelphia Wilson Good, and Ed Rendell.

I liked being disabled as a kid. I was socialized in environments where it was normal to be disabled, and we got a lot of good attention for being so. I was special, and I knew it. How? My school bus said so. It read: "School for children with special needs." But, I also got a lot of negative attention. I was stared at regularly when I went out in public, in any place that was not made for "special" kids like me. Adults and children alike stared regularly. However, adults who asked me random questions about my

disability in public scared me the most because they were usually strangers and so much bigger than I was. I was scared that if I did not answer them, I would get into trouble. “What’s wrong with you?” “What happened to you?” “Were you hit by a car?” “Why do you walk like that?” “Why do you look like that?” Those were the questions that greeted me every time I went on public transportation or tried to go outside and play in my neighborhood. “You can’t play with us,” was a common response from the neighborhood kids. So I learned to play alone. I did not understand why the other children treated me that way. Didn’t they know I was “special?”

By the time I turned 7 my older brother also figured out that I was not special. He was annoyed by all of the “special” attention I was getting just for having a disability. He also noticed the stigma associated with me based on how other kids were treating me in the neighborhood, and he did not want to be affected by that. So he slowly distanced himself from me. He often told other kids that I was his cousin, or denied knowing me at all. Sometimes I would run to him for protection as my big brother, to defend me when being teased by other kids on our block. “Cripple! Cripple!”, they would yell. I was chased, and even spit on by other children on more than one occasion. But my brother would just respond that I probably did something to provoke them, and usually ignored me.

I do not blame him. He was trying to survive. In our house, I had the upper hand. I had a physical disability, but did well in school and got lots of attention for just being myself. He was diagnosed with a learning disability and attention deficit, hyperactivity disorder. He, like a lot of black boys, was labeled as a bad, misbehaving kid, who did not do well in school. I did not have those labels, so the playground is where he had the upper

hand over me. That's where he could be normal and I could be the one with "the problem". I understand that now. He did not have the type of disability that telethons were made of. We were both very much alone in our own way.

My complex life history informs my research interests in multiple ways. I was raised in multiple institutions that were segregated by ability. I also grew up in a predominantly African American low income neighborhood and was raised by a black mother, her college educated parents, and a white step-father. Questions of class, race, disability and belonging came almost naturally to me as a college student at Penn State main campus. When I entered college, I experienced an intense culture shock. "Where in the world did everybody go?" I thought. I went from an educational environment where all students were people with disabilities and at least half were black and/or Latino, to a predominately white, able-bodied institution. The public school I attended for children with disabilities included about 400 students in the entire school, and there were less than 20 in my graduating class. Penn State had over 40,000 students. To say I experienced culture shock is an understatement. My public school was like a small town where everybody knew each other. It was also a school made for students with disabilities. So, if your wheelchair had a flat tire, you could get it pumped back up in the physical therapy department. If your crutch tip broke, you could get a hall pass to go to physical therapy to get it replaced. If you broke your leg brace during recess, like I often did, you could get some new straps for your leg brace at brace shop. I did not know what an accommodation was. I only knew that everyone had different needs and there were different places I could go for mine to be met.

Everything changed in college. Suddenly there was a disability support services department. I was supposed to go there to request “reasonable accommodations,” whatever that was. That department instructed me that there was a letter I had to give to my professors at the beginning of the semester outlining what my accommodations were. I did not understand how to negotiate with my professors when they said “No, I don’t want to accommodate you,” and sometimes they did. Worst of all, I did not have a single disabled friend at the university to talk to about how to manage this new responsibility. Even stranger still, most of my brilliant and capable peers with disabilities that I grew up with, were inactive since high school. Few of my disabled friends from high school went to college, and even fewer finished. Others struggled to obtain steady, gainful employment. By my senior year of college, most still lived at home with their parents, were unemployed and remained financially dependent on Social Security. I felt very alone in college, and I missed my disabled communities back home very much.

In addition to adjusting to a “mainstream” educational environment as a person with a disability, I also experienced intense racial tension at Penn State as a student of color. White students often openly expressed in class their displeasure with what they believed to be unfair affirmative action policies that enabled otherwise unqualified minority students, to attend the university, “practically for free,” they believed. Hate mail and hate speech occurred on multiple occasions, leading to several campus wide protests. These protests demanded that Penn State honor its own diversity plan, and criticized the university for having one of the lowest rates of tenured faculty of color for any Big 10 university at the time. Although I was comforted and affirmed by communities of color and white anti-racist allies who organized events and activities on campus, these events

were often not wheelchair accessible. I was regularly patronized, excluded, or just ignored by both my able-bodied white peers and my able-bodied peers of color, when trying to participate in the very same activities frequented by most students. The expectations of people with disabilities most had were so low, that I was regularly congratulated for just showing up to class. Often I was told I was inspiration for being at party, while doing the same things that most other party participants were doing; dancing and trying to have a good time. I felt isolated on campus both because I was a student of color and because I was a person with a disability.

As I began to take classes about social inequality in Sociology, and African American Studies, I gained a better understanding of systems of oppression according to race, class, and gender. However, I noticed that disability was rarely ever mentioned in class. So, I took it upon myself to read more about disability. I read about the Americans with Disabilities Act. I learned about the disability rights movement. I learned about disability policy, and I was amazed! Hence, my personal journey into trying to understand the disparities affecting my life initiated my inquiry into the intersection of race, class, gender and disability as they pertain to the housing experiences of African American women with physical disabilities. I did not know when I began exploring these issues that there were so few African American women with disabilities who were researchers. In fact when I went to college, I did not intend on a career that had anything to do with disability, or race, or social justice, at all. I just wanted to be a journalist, because I liked to write. I was also interested in marketing and advertising. It was only after experiencing intense instances of discrimination, and feelings of marginalization while in college, that I considered otherwise. Reading about people with disabilities

helped soothe my longing to be around them, in a space where they were largely absent or hidden. Learning about oppression, helped me understand my own. I became empowered, and I wanted to learn how to empower others. What better way to empower others than to become a researcher and professor?

I strove to develop a dissertation research project that was empowering to the women I studied and to other women like them. Before ending each interview, I asked participants why they decided to participate in the study. Here's what some participants said:

"I'm hoping that your study will lead to a collective because I appreciate your work, and I just wish there were more people to go to bat for these issues because really, when it comes to rights for persons with disabilities, especially women, the power is in numbers, and we just need to make it happen."

-Ranetta O'Neil

"I think it's important that we participate in studies like this 'cause it's gonna make things easier in the long run. We might not see the progress today, but in the future I'm sure it's gonna turn out to be something great. And me coming—working in a research department, it's just something that we need to be doing. 'Cause if we don't do it, who is?"

-Stacey Russel

Dana: I'm glad I did this because it makes me think about myself. This has been kind of like being in a counseling appointment because sometimes you don't realize certain truths unless you tell yourself the truth.

Angel: What's some of the truths that you realized with this conversation?

Dana: That everything I want is attainable. It's just going to take me longer to achieve those things than able bodied people. That's something I do realize. It's just hard and it's also that I have to actually do something if I want to instead of sitting here wishing. I have to do something to get it. So it's been good.

Dana Washington

"Because I've never seen—nobody's ever brought a study like this to my attention before. Everybody was like, "Would you like to do a study?" And I'm like, "For what?" "Well you could get paid for it." I'm like, "Well does it benefit me? I mean I get money for it but is it going to help me in the long run?" "It might not. You might not see it until you're gone." This study is about women. I said I'd never really participated in anything in a long time so I was like, "Let me try and see."

-Liegha Lamount

"...it would [be] my hope that, yeah, that pulling together this kind of information, this kind of data, this kind of qualitative and quantitative data would ultimately improve conditions for people with disabilities."

-Amy Howard

"I decided to participate in the study because I do feel it's important to get the different opinions of people with disabilities and how we feel about the sensitive issue of housing because housing is important for all of us, whether or not we have a disability. But I think society oftentimes discredits disabled persons and count us out of the housing market before they even give us a chance."

-Danielle Cole

Finally, when discussing what it meant to her, to be interviewed by another black woman with a physical disability for a research project, Ranetta O'Neil said the following:

“Sociology studies [have] proven about modeling, people do and learn from what they see...If another woman with a disability can see you doing something positive, or a little girl, she would look at you as a person, or another young lady with disability would look at you as a person to model herself after...Yes, you're giving them good modeling behavior. You're setting the example there for giving them the message, giving them an example of what to do, how to be.”

-Ranetta O'Neil

These responses suggest that the African American women with disabilities in this study valued research and believed that it had the power to help educate others and ultimately improve people's lives. Throughout the study, participants also expressed an invested interest in helping me, another African American woman with a disability, succeed. They expressed excitement about the topic and were encouraged to learn that I was pursuing a PhD. They saw my success as a part of their success and wanted to help me reach my educational goals. Because the study is about African American women with disabilities, and by an African American woman with a disability, participants anticipated findings that reflected their experiences and therefore saw a direct benefit in participating. Participants also benefited from the opportunity of self-reflection that interviews and surveys helped to enable. I hope this study's findings help to dispel misconceptions about African American women with disabilities' desire and willingness to participate in research, and lead to future studies that include more disabled women and people of color as researchers and research participants. I am invested in building a

career that produces research and enables scholarship and activism, which contributes to doing just that.

Appendix 1

Sample Email to Recruit Research Participants

Email Subject Title: Housing Study Participants Needed

Dear -----,

I am conducting a study about homeownership and African American women with physical disabilities as part of my research to complete my PhD in Women's Studies. I am writing to you because I am seeking to recruit African American women with physical disabilities between the ages of 25 and 55. I am seeking women who are homeowners and non-homeowners and live in the states of Maryland, Pennsylvania, Virginia and Washington, DC. As a thank you for their participation, self-administered questionnaire participants will be entered into a raffle to receive a \$50 visa check card. In addition, a \$10 visa check card will be provided to each person who participates in a follow up interview. If you or someone you know fits the criteria for participation in this study, please contact me for more information about this research project, the purpose of which is to learn more about the experiences, barriers and contributors to homeownership among this population. I look forward to sharing more information with you about this exciting new study! Thank you.

Sincerely,

Angel Miles

Email: amiles3@umd.edu

Phone: 240-988-3587

Women's Studies Doctoral Candidate

University of Maryland, College Park

Appendix 2 Consent Form

| | |
|-----------------------------|---|
| Project Title | Characteristics of African American Women With Physical Disabilities by Homeownership Status |
| Purpose of the Study | <i>This is a research project that is being conducted by Angel Miles (Student Investigator) and Dr. Bonnie Thornton Dill (Primary Investigator) at the University of Maryland, College Park. We are inviting you to participate in this research project because you are an African American woman with a physical disability between the ages of 25 and 55. The purpose of this research project is to learn about the experiences of and attitudes related to homeownership among members of this group. Specifically, we want to learn more about your perceptions of the benefits and/or disadvantages of homeownership and the resources which may make it available or unavailable to you.</i> |
| Procedures | <i>The procedures for this study involve you completing a self-administered questionnaire which collects information about your current housing, economic, medical and social background. The expected time required for you to complete the self-administered questionnaire is 60 to 90 minutes. When you complete and submit a self-administered questionnaire, as a thank you for your participation, you will be entered into a raffle to receive a \$50 visa check card. The \$50 visa check card will be distributed to the participant selected through the raffle within 1 week of receipt of the final self-administered questionnaire conducted for this study. Each self-administered questionnaire participant will be notified when a winner of the raffle has been identified. After completing and submitting the questionnaire, you may also choose to later participate in a follow up in-person interview with the student investigator either at your home or at a place of mutual convenience for both you and the student investigator. The interview will be tape recorded and will include a series of questions about your past and current housing experiences, your opinions about homeownership and how these relate to your personal goals and sense of self. If you choose to participate in a follow up interview, as a thank you, you will receive a \$10 visa check card. Your \$10 visa check card will be distributed to you within one week of the completion of your interview. The expected time for completing the follow up interview is approximately 60 to 90 minutes.</i> |

| | |
|--|---|
| | <p><i>Thus, the total expected time commitment of a participant who agrees only to complete the self-administered questionnaire is 1.5 hours. The total expected time commitment for a participant that chooses to take part in both the self-administered questionnaire and follow up interview is a total of 3 hours to be completed at two separate times.</i></p> <p><i>Please initial below if you agree to the following:</i></p> <p><i>____I agree to participate in the self-administered questionnaire</i></p> <p><i>____I agree to participate in a tape recorded follow up interview</i></p> |
| Potential Risks and Discomforts | <p><i>The risks for participating in this research study are minimal. It is possible that you may experience some emotional discomfort as a result of reflecting upon and sharing personal information and experiences. Please understand that your participation in this study is entirely voluntary and you may stop the interview or withdraw from the study at any time.</i></p> |
| Potential Benefits | <p><i>There are no direct benefits to you; however, possible benefits include sharing your experience with someone who can document it through research that could possibly benefit others in the future. A summary of the final research project will also be made available to you. In addition, as a thank you, you will receive a packet of information, informing you of your rights as a current or potential African American homeowner with a physical disability. We hope that, in the future, other people might benefit from this study through improved understanding of the barriers and facilitators to homeownership for African American women with physical disabilities.</i></p> |
| Confidentiality | <p><i>Maintaining the confidentiality of any information you share is our highest priority. To do this we will take steps to insure that we do not reveal any information that would make it possible to identify you to others. This will be accomplished through a series of steps including: 1) assigning a pseudonym or number to all recorded information, including completed questionnaires, field notes, and transcripts of in-depth interviews, 2) keeping all transcripts password protected and stored on the student investigator's computer, which will be kept securely in her place of residence, and 3) storing any handwritten notes or other confidential information in a locked file cabinet within the student investigator's residence.</i></p> <p><i>Additionally, if we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i></p> |

| | | |
|--|--|--|
| Medical Treatment | <i>The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</i> | |
| Right to Withdraw and Questions | <p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the principal investigator Dr. Bonnie Thornton Dill at University of Maryland College Park, College of Arts and Humanities 1102 Francis Scott Key Hall, College Park, Maryland 20740 ; telephone: 301- 405-0949; or email: btdill@umd.edu.</i></p> | |
| Participant Rights | <p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;"> University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678 </p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p> | |
| Statement of Consent | <p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p> | |
| Signature and Date | NAME OF SUBJECT [Please Print] | |
| | SIGNATURE OF SUBJEC | |
| | DATE | |

Appendix 3

Self-Administered Questionnaire

A Survey on Homeownership and African American Women with Physical Disabilities

By: Angel Miles
Women's Studies PhD Student
University of Maryland, College Park

This survey asks about your current housing, work, finances, and health. This study focuses on African American women with physical disabilities. If you **are not an African American woman age 25 to 55, please do not complete this questionnaire.** Thank you for your time and interest. Please contact Angel Miles (cell: 240-988-35987 or email: amiles3@umd.edu) if you have any questions.

Directions: Please choose the options that best describe and apply to you by using a ✕ or a ✓, or by circling or inserting the appropriate answer. All underlined and italicized words or terms are defined throughout this survey in parentheses. If you have any questions or concerns about this survey, please contact Angel Miles at 240-988-3587 (cell) or through email: amiles3@umd.edu. Remember that at any time you may choose to: 1) skip or not completely answer any question or 2) not participate in the survey. All information that you may provide in this survey will be kept confidential according to the terms outlined in the consent form.

Housing: In order to learn more about African American women with physical disabilities' circumstances, this section asks questions about your **housing**. Please follow the directions carefully, make sure you consider all options, and that you respond to the questions that best relate to *your* circumstances. **Remember that *all* of your responses will *always* be kept confidential according to the terms outlined in your consent form.**

1. How would you describe the type of area you live in?

- | | |
|----------------------|---------------------|
| a) ___ Suburban area | d) ___ Other: _____ |
| b) ___ Urban area | e) ___ I don't know |
| c) ___ Rural area | |

2. Do you own your home?

- a) ___ Yes, I am the only owner of my home.
b) ___ Yes, I own my home jointly with one or more other people.
c) ___ No (Skip to question 14)

d) ___ I don't know

3. What type of home do you own?

- a) ___ House
b) ___ Condominium (an individually owned unit within a multi-unit housing complex)
c) ___ Mobile Home
d) ___ Other: _____
e) ___ I don't know

4. How old is the home you own? (Please indicate *months* or *years*)

- a) My home is _____ (months / years; **choose one**) old
b) ___ I don't know

5. How was your home purchased?

- a) ___ With a mortgage (a loan from a business used to buy property)
b) ___ Through a personal loan
c) ___ Free and clear (Completely paid for outright)
d) ___ My home is property I inherited
e) ___ Other: _____
f) ___ I don't know

6. How much is your regular monthly mortgage or loan payment on this property?
Include payment only on first mortgage or contract to purchase.

- a) My monthly mortgage/loan payment is \$ _____
b) ___ I don't pay a mortgage or loan

7. If you own a condominium, what is your monthly condominium fee?

- a) My monthly condominium fee is \$ _____
b) ___ I don't own a condominium

8. What were the real estate taxes on this property last year? Please enter "\$0" if you own a house or condominium but did not pay any real estate taxes last year.

- a) ___ My real estate taxes were \$ _____
b) ___ I don't own a house or condominium

9. Do you currently have fire, hazard, and/or flood insurance on this property?

- a) ___ Yes
b) ___ No, I don't have insurance for this property
(Skip to question 11)
c) ___ I don't know (Skip to question 11)

d) ☐ I don't own a house or condominium (Skip to question 14)

| |
|---|
| Please skip to question 14 if you do not own your home |
|---|

10. What was your average monthly payment for fire, hazard, and flood insurance on this property? Please enter "\$0" if you own a house or a condominium but do not pay any insurance.

- a) My monthly insurance payment is \$ _____
- b) ☐ I don't know
- c) ☐ I don't own a house or condominium

11. How much are your average monthly maintenance cost for this property? Please enter "\$0" if you own a house or a condominium but do not pay any maintenance costs.

- a) My monthly maintenance cost is \$ _____
- b) ☐ I don't know
- c) ☐ I don't own a house or condominium

12. What is the approximate value of the home you own? That is, how much do you think your house, condominium or mobile home and lot would sell for if it were for sale today?

- a) ☐ less than \$25,000
- b) ☐ More than \$25,000 but less than \$50,000
- c) ☐ More than \$50,000 but less than \$75,000
- d) ☐ More than \$75,000 but less than \$100,000
- e) ☐ More than \$100,000
- f) ☐ I don't know
- g) ☐ I don't own a house or condominium

13. How long have you lived in your owned home? (Please indicate *months* or *years*)

- a) ☐ I have lived in my owned home for _____ (months / years; **choose one**)
- b) ☐ I don't know

| |
|--|
| Please skip to question 17 if you own your home |
|--|

14. What type of home do you rent?

- a) ☐ Apartment
- b) ☐ A room in someone else's house
- d) ☐ A room in a Nursing Home
- e) ☐ Other: _____

- c) ___ A room in an *Independent living facility*
(housing that provides assisted living services for
people with disabilities)
- f) ___ I don't know

15. If you rent your home, how long have you lived in your rented home? (Please indicate *months* or *years*)

- a) ___ I have lived in my rented home for _____ (months / years; **choose one**)
- b) ___ I don't know
- c) ___ I don't rent my home

16. How much money does your rent cost each month?

- a) My rent cost \$_____ each month
- b) ___ I don't know
- c) ___ I don't rent my home

17. How much are the average monthly costs of utilities and fuel for your house, apartment, condominium or mobile home? Your best estimate is fine.

- a) Electricity: \$_____
- b) Gas: \$_____
- c) Water and sewer: \$_____
- d) Oil, coal, kerosene, wood: \$_____
- e) ___ Utilities are included with rent
- f) ___ I don't know

18. Does your home (House, apartment, condominium or mobile home) include any disability related accommodations or modifications? These may include: grab bars, lowered light switches, ramps, elongated shower heads, automatic doors, brail signs etc.

- a) ___ Yes, these accommodations/modifications are (please describe):

- b) ___ No
- c) ___ I don't know

Finances: In order to learn more about African American women with physical disabilities' circumstances this section asks questions about your **finances**. Please follow the directions carefully, make sure you consider all options, and that you respond to the questions that best relate to *your* circumstances. **Remember that *all* of your responses will *always* be kept confidential according to the terms outlined in the consent form.**

If you have a personal care assistant (*An aid who helps people with disabilities accomplish their daily needs in and/or outside of the home*) **please answer questions 19 to 21. If you do not have a personal care assistant, please skip to question 22.**

19. Do you have a paid personal care assistant? (*An aid who helps people with disabilities accomplish their daily needs in and/or outside of the home.*)

- a) ☐ Yes
- b) ☐ No (Skip to question 22)
- c) ☐ I don't know

20. How do you cover the cost of personal care assistance? (Please choose all that apply).

- a) ☐ Medicaid (*A state insurance program for low income people who are; pregnant, children 19 and under, and/or disabled.*)
- d) ☐ I self pay \$_____ a month.
- e) ☐ Other:_____
- b) ☐ Medicare (*A federal insurance program for people age 65 and over and/or people with certain disabilities*)
- f) ☐ I don't know.
- c) ☐ Vocational rehabilitation services
(*A state agency created to help people with disabilities meet their career goals*)

21. Do you receive unpaid personal care assistance from your family members or friends?

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

22. How much are your total estimated monthly disability related costs (such as medical visit co-pays, medical bills, prescription drugs, medical supplies, assistive technology, mobility aid purchases and repairs, home modification installations and upkeep, etc.)?

- a) ☐ My total estimated monthly disability related costs are \$_____
- b) ☐ I don't know

23. What type of medical insurance do you have? Please select all that apply.

- a) ☐ Medicaid d) ☐ I do not have medical insurance
b) ☐ Medicare e) ☐ Other: _____
c) ☐ Insurance through a private company f) ☐ I don't know

24. Do you receive any monthly financial assistance from a parent, spouse, sibling, or child and if so, how much?

- a) ☐ Yes, and I receive \$_____ a month from this person/persons to assist me with finances.
b) ☐ No
c) ☐ I don't know

25. Are you currently employed and earning wages?

- a) ☐ I am employed part-time
b) ☐ I am employed full-time
c) ☐ I am unemployed, (Skip to question 28)

**If you are *employed*, please answer questions 26 and 27.
If you are *unemployed* please skip to question 28.**

26. If you are employed, how do you usually travel to work? *Select all that apply.*

- a) ☐ I work at home (skip to question 31) g) ☐ I walk to work (or roll in a wheelchair)
b) ☐ I drive myself using a car, truck, or van h) ☐ I rely on friends and family
c) ☐ I take the bus or trolley bus i) ☐ I carpool with colleagues
d) ☐ I take the subway or elevated train j) ☐ I take para-transit (public transportation)
e) ☐ I take the train services for people with disabilities)
f) ☐ I take a taxicab k) ☐ Other: _____

27. If you are employed, how many minutes does it usually take you to get from home to work each day? _____ minutes

If you are *employed*, please skip to question 31.

28. If you are unemployed, how long have you been without work? (Please indicate weeks, months, or years)

_____ (weeks/months/years; **choose one**)

29. If you are unemployed, have you been looking for work for 4 weeks or more?

- a) ☐ Yes
- b) ☐ No

30. If you are unemployed, could you start a job this week if offered one, or return to work if recalled?

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

31. How much is your average total income (including wages if you are employed) each month?

- a) ☐ My total income is \$ _____ a month
- b) ☐ I don't know

32. Not including mortgage, how much is your estimated debt (money that you owe to credit cards, unpaid bills, student loans, banks, etc.?)

- | | |
|---|--|
| a) <input type="checkbox"/> \$ 0.00 | f) <input type="checkbox"/> \$5,000 to \$9,999 |
| b) <input type="checkbox"/> less than \$100 | g) <input type="checkbox"/> \$10,000 to \$14,999 |
| c) <input type="checkbox"/> more than \$100 but less than \$500 | h) <input type="checkbox"/> \$15,000 to \$19,999 |
| d) <input type="checkbox"/> more than \$500 but less than \$1,000 | i) <input type="checkbox"/> Over \$20,000 |
| e) <input type="checkbox"/> \$1,000 to \$4,999 | j) <input type="checkbox"/> I don't know |

33. How much are your total transportation costs a month (including employment, medical and recreational transportation costs)? Please choose the letter that best summarizes your costs.

- | | |
|--|---|
| a) <input type="checkbox"/> \$0.00 | d) <input type="checkbox"/> \$50.00 to \$100.00 |
| b) <input type="checkbox"/> \$1.00 to \$20.00 | e) <input type="checkbox"/> Over \$100.00 |
| c) <input type="checkbox"/> \$21.00 to \$50.00 | f) <input type="checkbox"/> I don't know |

34. How do you usually travel to non-work related outings? *Select all that apply.*

- | | |
|---|--|
| a) <input type="checkbox"/> I don't travel | g) <input type="checkbox"/> I walk (or roll in wheelchair) |
| b) <input type="checkbox"/> I drive myself using a car, truck, or van | h) <input type="checkbox"/> I carpool with others |
| c) <input type="checkbox"/> I take the bus or trolley bus | i) <input type="checkbox"/> I take <u>para-transit</u> |
| d) <input type="checkbox"/> I take the subway or elevated | j) <input type="checkbox"/> I rely on friends and family |
| e) <input type="checkbox"/> I take a taxicab | k) <input type="checkbox"/> Other: _____ |
| f) <input type="checkbox"/> I take the train | |

**35. Do you receive any of the following benefits? If so, how much and for how long?
Please choose all that apply by completing the blank sentences below.**

| | During the past month, did you receive any of the following benefits? | | How much money, in total, did you receive last month? Your best estimate is fine. | | |
|----|---|--------------------------|---|---------------------------|--------------------------|
| | YES | NO | AMOUNT | DON'T KNOW | |
| a. | Cash assistance, also known as <i>TANF</i> , <i>Public Assistance</i> , or <i>Work First</i> : Financial assistance provided by local and federal governments to help supplement people's low incomes. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| b. | <u>Food Stamp benefits</u> : Financial assistance provided by local and federal governments to help supplement the cost of food for people with low incomes..... | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| c. | <u>SSI</u> (Supplemental Security Income): A federal program that is funded by general tax revenue to provide cash benefits for qualified low income persons with disabilities to meet their basic needs. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| d. | <u>Social Security Disability Insurance (SSDI)</u> : A federal insurance program funded by payroll taxes which provides cash benefits to qualified persons with disabilities who are limited in their ability to work, regardless of their income. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| e. | Unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| f. | Child support | <input type="checkbox"/> | <input type="checkbox"/> | \$ _ , _ _ _ _ . _ _ _ | <input type="checkbox"/> |
| g. | Any other money such as veterans benefits, alimony payments, child support, housing or energy assistance? | | | | |

(Please Specify)

If you selected item 35c and/ or 35d above indicating that you receive SSI
and/or SSDI,
please answer questions 36 and 37.

36. Do you have a payee? (*A person appointed by the Social Security Administration (SSA) to receive Social Security benefits on behalf of someone with a disability who needs assistance managing his or her finances.*)

- a) ☐ Yes
- b) ☐ No
- c) ☐ I don't know

37. If you know you have a payee, how much does this person provide you a month for your personal spending?

- a) I receive \$_____ a month
- b) ☐ I don't know

Personal Characteristics: To put your responses in context, I'd like to collect some personal information about you. The following section asks questions about your **personal characteristics**. Please follow the directions carefully, make sure that you consider all options, and that you respond to the questions that best relate to *your* circumstances. **Remember that *all* of your responses will *always* be kept confidential according to the terms outlined in the consent form.**

38. What is your age?

I am_____ years old.

39. What is your gender?

- a) ☐ Male

b) ___ Female

40. What is your marital status?

- | | |
|------------------|----------------------|
| a) ___ Married | d) ___ Divorced |
| b) ___ Separated | e) ___ Never Married |
| c) ___ Widowed | f) ___ Other: _____ |

41. What level of education have you completed?

- | | |
|--|--------------------------|
| a) ___ Less than high school education | d) ___ A college degree |
| b) ___ High school diploma/GED | e) ___ A graduate degree |
| c) ___ Some college | |

42. Do you have any children? If so, how many?

- a) ___ Yes, I have ___ children over 18 years old.
b) ___ Yes, I have ___ children under 18 years old.
c) ___ No (Skip to question 44)

43. Do any of your children live with you?

- a) ___ Yes, _____ of my children 18 and over live with me.
b) ___ Yes, _____ of my children under 18 live with me.
c) ___ No

44. Do you live with other adults?

- a) ___ Yes I live with ___ adults(s).
b) ___ No (Skip to question 46)

45. Who are the adults that live with you? Please select all that apply.

I live with my:

- | | |
|-----------------------|-----------------------|
| a) ___ Relative(s) | d) ___ Spouse |
| b) ___ Friend(s) | e) ___ Partner (Adult |
| Boyfriend/Girlfriend) | |
| c) ___ Roommate(s) | f) ___ Other (Please |
| explain): _____ | |

46. You identified yourself as having a physical disability (Significant limitation(s) performing basic life activities such as walking, eating, communicating, and/or carrying heavy loads, as a result of having a long lasting visual, hearing, mobility and/or orthopedic impairment) **Please describe your disability below.**

- a) My disability is (please specify in your own words):

47. Do you use any of the following mobility, communication, or other assistive technology devices? Please select all that apply.

- | | |
|--|---|
| a) <input type="checkbox"/> Cane | g <input type="checkbox"/> Other: _____ |
| b) <input type="checkbox"/> Communicator | _____ |
| c) <input type="checkbox"/> Crutches | _____ |
| d) <input type="checkbox"/> Guide Dog | h <input type="checkbox"/> No |
| e) <input type="checkbox"/> Hearing Aid | |
| f) <input type="checkbox"/> Walker | |

48. At what age did you become physically disabled?

- a) ☐ At birth
b) ☐ At age: _____

Health: In order to learn more about African American women with physical disabilities' circumstances this section asks questions about your **health**. Please follow the directions carefully, make sure you consider all options, and that you respond to the questions that best relate to *your* circumstances. **Remember that *all* of your responses will *always* be kept confidential.**

49. In general, would you say your health is:

- | | |
|---------------------------------------|----------------------------------|
| a) <input type="checkbox"/> Excellent | d) <input type="checkbox"/> Fair |
| b) <input type="checkbox"/> Very Good | e) <input type="checkbox"/> Poor |
| c) <input type="checkbox"/> Good | |

50. How much bodily pain have you had during the past 4 weeks?

- | | |
|---------------------------------------|---|
| a) <input type="checkbox"/> None | d) <input type="checkbox"/> Moderate |
| b) <input type="checkbox"/> Very mild | e) <input type="checkbox"/> Severe |
| c) <input type="checkbox"/> Mild | f) <input type="checkbox"/> Very Severe |

51. Does your health keep you from working at a job, doing work around the house or going to school?

- a) ☐ Yes, for more than three months
b) ☐ Yes, for three months or less
c) ☐ No

52. Have you been unable to do certain kinds or amounts of paid work, housework or schoolwork because of your health?

- a) ☐ Yes, for more than three months

- b) ___ Yes, for three months or less
c) ___ No

53. For how long (if at all) has your health limited you in each of the following activities? Please indicate option 1, 2, or 3 with a ✕ or a ✓ in one of the boxes next to each corresponding statement to the left.

| | 1. Limited for more than three months | 2. Limited for three months or less | 3. Not limited at all |
|--|--|--|-----------------------------|
| a) The kinds or amounts of <u>vigorous</u> activities you can do, like lifting heavy objects, running or participating in strenuous sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The kinds or amounts of <u>moderate</u> activities you can do, like moving a table, carrying groceries or bowling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Walking uphill or climbing a few flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Bending, lifting or stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Walking one block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Eating, Dressing, Bathing or using the toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. For each of the following questions, please select the one answer that best describes the way you have been feeling during the past month by indicating option 1, 2, 3, 4 or 5 with a ✕ or a ✓ next to each corresponding statement to the left.

| | 1. All of the time | 2. Most of the time | 3. A good bit of the time | 4. Some of the time | 5. A little of the time | 6. None of the time |
|---|--------------------------|---------------------------|---------------------------------|--|-------------------------------|---------------------------|
| a) How much of the time during the past month has your health limited your social activities (like visiting with friends or close relatives)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b) How much of the time, during the past month, have you been a <u>very nervous person</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) During the past month, how much of the time have you felt <u>calm and peaceful</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) How much of the time, during the past month, have you felt <u>downhearted and blue</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) During the past month, how much of the time have you been a <u>happy person</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) How much of the time, during the past month, have you felt so <u>down in the dumps that nothing could cheer you up</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

55. We would like to know more about you and your story as it relates to housing and disability. Are you willing to allow Angel Miles to contact you for a follow up interview (approximately 60 minutes) about this topic? As a thank you, those who participate will receive a \$10 visa check card!

- a) ___ Yes
b) ___ No

56. Are you willing to assist Angel Miles with recruiting more participants for this study?

a) ___ Yes! You can assist with recruiting more people to participate in this study by sharing Angel Miles' contact information with other African American women with physical disabilities ages 25-55. Please tell your friends, colleagues, family members and acquaintances about this study by sharing my contact information and/or the following statement with others:

*We are inviting you to participate in this research project because you are an African American woman with a physical disability between the ages of 25 and 55. The purpose of this research project is to learn about the experiences, circumstances and attitudes related to homeownership among members of this group. We want to investigate what African American women with physical disabilities may perceive to be the contributors, barriers, benefits and/or disadvantages to obtaining homeownership. If you would like to participate in this new and exciting study, **please contact Angel Miles at amiles3@umd.edu or by phone: 240-988-3587.***

b) ____ You can also help by sending me the name and contact information for anyone you know who may be interested in participating. Just fill out the information below if you would like for me to contact someone you know about this study. Remember their information, as well as yours, will be kept confidential.

1. Name of person to contact:

Their Phone Number:

Their Email Address:

Their Mailing Address:

Other contact info:

2. Name of person to contact:

Their Phone Number:

Their Email Address:

Their Mailing Address:

Other contact info:

3. Name of person to contact:

Their Phone Number:

Their Email Address:

Their Mailing Address:

Other contact info:

c) ____No, thank you.

57. If you answered Yes to question 56, may I inform this person(s) that you referred me to contact her?

a) ____Yes

b) ____No

58. Please share any comments, feedback or other information related to this survey that you would like to add. For additional space, page 13 is provided.

--Thank you for your participation--

Appendix 4

Semi-Structured Interview Schedule

Thank you for agreeing to participate in the interview part of this study. As you know, the purpose of this study is to learn more about the attitudes and experiences of, as well as the barriers and contributors to, homeownership for African American women with physical disabilities. I will conduct the interview by asking you a number of questions. Please say as much as you'd like in response to the questions. There are no right or wrong answers and I'm interested in everything you have to say. Feel free to stop me at any time if you have any questions or concerns. Although your full participation is appreciated, remember that you may skip any question you'd like or stop the interview at any time. As a reminder, I will take notes and tape record your responses throughout the interview to make sure that your responses are recorded in this study as accurately as possible. May I have your permission to turn on the tape recorder?

(Note: Questions with an asterisk* are directed at homeowners only.)

Knowledge About and Attitudes Towards Homeownership

The first questions ask you to share with me what you think and know about homeownership.

1. Have you ever considered becoming a homeowner? Why or why not?
2. What do you know about the procedures and processes for going about buying a home? For example, if you wanted to buy a home today would you know how to go about it? If so, what would you do?
3. Where and how did you learn this information about homeownership?
4. What might be some of the disadvantages in owning a home?
5. What do you think some of the advantages are in owning a home?
6. Are you aware of any disability specific or diversity incentives for buying homes? If so, what do you know about them?
7. Are you interested in learning more about homeownership? If so, where do you think you can go to find out more information?
8. Do you think that your disability, race, gender, ethnicity, or other identity marker has or could in any way limit your ability to gain or maintain your own home? If so why, or why not?
9. Do you think that there are any challenges or benefits that you have experienced or

expect to experience as a black woman with a physical disability accessing housing that may be different from other groups? Please share with me your perspective.

Housing History

The next questions I am going to ask you are about your past housing experiences. Please answer them as you are able.

10. Describe the type of housing you lived in while you were growing up. What was your housing like and where did you live?
11. Did your parents ever own their home in the past? If so, what happened with that home?
12. Have you ever experienced or witnessed housing discrimination? If so, please tell me about that experience.
13. Have you ever owned a home in the past? If so, please tell me about it. What was it like and what happened with that home?
14. *What was your home purchasing experience like? For example, why did you choose to buy the home you purchased? Do you think you were prepared for the home purchasing process? Why or why not?
15. *When you think back on your home purchasing experience, do you think that your race, gender, disability or other identity marker has contributed to it? Please explain to me why you think any of these identities may or may not have contributed to that experience.

Neighborhood Descriptors

The next questions ask you to describe your neighborhood and housing environment in a number of ways. Again, please answer these as you are able.

16. Please describe your current neighborhood to me. What is it like?
17. Is the public transportation in your neighborhood accessible to you? Please describe to me the type of transportation available in your area and your experiences with it.
18. Have you experienced or observed a significant amount of architectural or environmental barriers, such as excessive amounts of litter or missing curb cuts in your neighborhood? Tell me a little bit about any difficulties you might have getting around in your neighborhood day to day.
19. Please share with me examples of past interactions with your neighbors. Do you feel satisfied with the social interaction you have with others where you live? For instance, do you find any of your neighbors to be friendly or trustworthy? Do you spend any personal time with any of your neighbors or consider any neighbors

friends?

20. Do you currently feel safe in your neighborhood? Please share with me your experiences related to safety and any concerns you may have had.

Housing Conditions

The next questions ask you to describe the conditions inside your home.

21. Are there any disability related modifications that you currently have in or around your home such as a wheelchair ramp, lowered kitchen counter and/or lowered light switches? If so, please tell me a little bit about them and how they help you.
22. Are there any modifications that you currently need? If so, please share with me what modifications you need, why they are absent, and if you plan or expect to obtain them in the future.
23. What type of support from others do you have to help you maintain your home?
24. Do you also have help in meeting your daily needs?
25. Are you satisfied with the type and amount of personal, medical or social support that you may receive from friends, family and/or employees on a regularly basis? Why or why not?

Housing Visions

The last questions ask you to tell me about your future goals and aspirations.

26. Tell me about your dream home. What is your ideal housing situation and environment and why?
27. Where and how do you want to live in the future? How do you plan to get there?
28. Is homeownership related to your future plans or goals? How so or why not?

Closing Remarks and Reminders:

Thank you for your time and consideration. You will be contacted if for any reason I need to clarify a response you gave. In addition, as a thank you gift, you will receive a packet that summarizes many of your rights as a minority woman with a disability who is a homeowner or who would like to become one.

Appendix 5

Disability Related Organizations and Services Targeted for Recruiting Participants

Disability Power & Pride: <http://mypowerandpride.org/>

Hidden Army: http://groups.yahoo.com/group/Hidden_Army/

Independence Now: Center for Independent Living <http://www.innow.org/>

Liberty Resources: <http://www.libertyresources.org/>

Maryland Department of Disabilities: <http://www.mdod.maryland.gov/>

Maryland State Department of Education Division of Rehabilitation Services (DORS)
<http://www.dors.state.md.us/dors>

National Council on Independent Living: <http://www.ncil.org/>

National Minorities with Disabilities Coalition: <http://www.nmdc.us/>

National Youth Leadership Network: <http://www.nyln.org/>

Virginia Department of Rehabilitation Services (DRS): <http://www.vadrs.org/>

Glossary

African American/Black: refers to respondents who self- identify as people of African descent currently residing in the continental, regardless of ethnic background or generational status.

Assets: Real (tangible) or financial (intangible) goods possessing market or exchange value contributing to the wealth or property of the owner. Examples of real goods include; land, buildings, and homes. Examples of financial goods include money, bonds, and equity's, as well as human, social and cultural capital. Assets can be converted into income and potentially lead to the accumulation of wealth (Sherraden, 2005).

Citizen: For the purposes of this study this term refers to a person born in the continental U.S or who identify as naturalized US citizens (US Census, 2003).

Cultural Capital: In the case of communities of color, cultural capital refers to “...the ability to navigate two cultural systems: one's own community and the mainstream institutional, social, and market systems” Gordon Nembhard & Chiteji, (2006) p. 261.

Group Quarters: The US Census defines group quarters as places where people who do not reside in households live. Rather, they live in group living arrangements which are owned or managed by an organization or entity which provides housing and/or services for its residents. Citizens living in group quarters can be a part of the institutionalized or the noninstitutionalized population (US Census, 2008). Group quarters for institutionalized populations are places where the residents are classified as patients and/or inmates such as: prisons, nursing homes and schools or wards for people with disabilities (US Census, 2007).

Homeownership: A person who possesses a housing unit with a mortgage, loan, or free and clear (without a mortgage) (Damon & Woodward, 2000).

Housing Unit: A house, condominium, apartment, mobile home, group of rooms or single rooms that are occupied or intended to be occupied as separate living quarters (US Census, 2007).

Material Hardship: Material hardship is an alternative poverty measure commonly used to examine the well-being of populations with low incomes. For instance, She and Livermore (2007) describe material hardship as the measure of one's ability to meet the financial needs of: rent or mortgage, utility bills, obtain medical and dental care, and food security.

Medicaid: Medicaid is a means tested health insurance program which is meant to cover the health care needs of the poor/and or disabled and receives combined funding from federal and state governments (Parish & Ellison-Martin, 2007).

Olstead vs. LC. Decision: Refers to the 1999 US Supreme Court ruling that unnecessary institutionalization of people with disabilities is a form of discrimination prohibited under the American's with Disabilities Act of 1990. It requires that public mandates be used to integrate people with disabilities in their communities in the least restrictive environments possible (Burnim & Mathis, 2009).

Physical Disability: A person that identifies herself as having significant limitations performing basic life activities such as walking, eating and carrying heavy loads, as a result of having a long lasting visual, mobility or orthopedic impairment.

Section 8: A rental voucher program for people with low incomes that provides assistance for renting privately owned housing (**US Department of Housing and Urban Development, 2016**).

Wealth: For the purposes of this study wealth refers to net worth; the value of marketable assets minus the value of debts. (Sherraden, 2005; Gordon Nembhard & Chiteji, 2006).

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