

Public Assistance, Self-Sufficiency, and Housing Stability Among Families With Disabilities
Experiencing Homelessness

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Abstract

This study investigated the relationship between disabilities and Social Security Administration (SSA) disability income reported by families entering emergency shelter and later housing and self-sufficiency outcomes. It also examined how housing interventions affect Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) receipt. Participating families ($N = 1,857$) responded to two waves of interviews as part of the Family Options Study, a random assignment housing evaluation. Families entering emergency shelter were surveyed and randomly offered priority access to one of three housing interventions or assigned to usual care (i.e., not referred to housing interventions beyond emergency shelter). Families were re-interviewed 20 months later. We used logistic and linear regression to analyze housing, self-sufficiency, and disability benefit outcomes. At shelter entry, 34% of participating families reported a disability. SSI/SSDI coverage of families reporting disabilities increased from 25-30% at shelter entry to no more than 40% 20 months later. About 87% of families reporting coverage at shelter entry retained it 20 months later. Disabilities indicated greater housing instability, food insecurity, and economic stress and less work and income. Among families reporting disabilities, SSI/SSDI receipt was related to fewer returns to emergency shelter and more income despite less work. Offers of long-term housing subsidies increased SSI/SSDI receipt. Long-term rental subsidies, increased attention to disabilities, and assistance in securing disability income for families experiencing homelessness could yield public health benefits.

Keywords: disability, homeless families, SSI/SSDI, long-term housing subsidies

Background

Research on the nexus between homelessness and disabilities, defined here as physical, emotional, or mental health challenges, tends to focus on individual, childless adults over age 18 (e.g., Castellow, Kloos, Townley, 2015; Mares & Rosenheck, 2007; Tsemberis, Kent, & Respress, 2012). Forty-five percent of this group, termed “homeless individuals” in federal government reporting and comprising 63.5% of all people experiencing U.S. homelessness, report disabilities while in shelter. This figure is twice that of all individual adults (19.7%; Solari, Morris, Shivji, & de Souza, 2016). Less is known about disabilities among families experiencing homelessness with children under age 18. The federal definition of “chronic homelessness” requires not only a long-term or recurrent pattern of homelessness but also a disability (HUD, 2011). Until 2013, the Annual Homeless Assessment Report to Congress did not report chronic homelessness among families with children. The most recent Report discusses chronic homelessness only for individuals (Solari et al., 2016). However, an estimated 20.7% of adults in sheltered homeless families live with a disability, compared to 8.5% of all adults belonging to U.S. families, a ratio (2.4) similar to that for childless adults (Solari et al., 2016).

Much of the research on homeless family members with disabilities focuses on mothers’ mental health. One study comparing homeless mothers and housed, low-income mothers receiving public assistance found that both groups experienced more mental health disorders than the general population (Bassuk et al., 1996). Another study reported elevated rates of substance abuse and mental illness among both homeless and housed, poor mothers (Bassuk, Buckner, Perloff, & Bassuk, 1998). Other researchers found that mothers belonging to homeless families displayed more disability, depression, and anxiety than their housed counterparts (Park, Fertig, & Metraux, 2011). Meanwhile, limited information exists about the disabilities of others who belong to homeless families. For example, the Annual Homeless Assessment Report to Congress does not report disabilities among homeless children (Solari et al., 2016). However, small, local studies have found high rates of child disabilities among homeless families (Hayes, Zonneville, & Bassuk, 2013). Because Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility policies differ between adults and children, researchers need more information to understand the features of families experiencing homelessness with and without children.

Studying homelessness and disability highlights disability-based housing discrimination and the economic challenges of caring for individuals with disabilities. The National Fair Housing Alliance reports that 55% of all housing discrimination complaints in 2016 were based on a disability (National Fair Housing Alliance, 2017). Moreover, Stabile et al. (2012) note that caring for disabilities can limit families’ options for housing and employment. Assistance provided under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs offsets these challenges to some extent by (SSA, 2015a). SSDI provides benefits to individuals who work and pay Social Security taxes for a sufficient period of time before becoming disabled. SSI provides income assistance based on various disability and financial eligibility requirements (SSA, 2015a). The SSA (2015a) considers recipients disabled if they cannot complete the work they performed before becoming disabled, cannot adjust to new work because of their condition, or have a disability that has lasted or is expected to last one year or result in death. Children under 18 may receive benefits if a condition lasts more than 12 months and the child’s family lives below Social Security Administration (SSA) income limits (SSA, 2016).

However, families experiencing homelessness may face barriers to obtaining disability benefits for which they are eligible. To the extent that benefits improve self-sufficiency and housing stability, these advantages escape families as well (German & Latkin, 2012). The National Health Care for the Homeless Council (2011) argues that people experiencing homelessness may struggle to receive benefits due to limited access to application offices, difficulty establishing medical history, and difficulty maintaining documents. Evaluators of the SSI/SSDI Outreach Access, and Recovery program (SOAR), which works to improve access to disability benefits among applicants experiencing homelessness, note similar barriers (Dennis, Lassiter, Connelly, & Lupfer, 2011). If homelessness limits access to disability benefits, housing interventions designed to reduce homelessness may also increase families' access to those benefits. In turn, if disability income supports housing stability and self-sufficiency, policies that reduce barriers to this income could improve public health through these channels.

This study leverages data about housing and service interventions (Gubits et al., 2015) to address five issues:

- (1) the presence and nature of self-reported disabilities for adults and children in families using emergency shelter services;
- (2) access to SSI/SSDI benefits among sheltered families with self-reported disabilities;
- (3) the relationship between disability status and later housing stability and self-sufficiency outcomes;
- (4) the association between SSI/SSDI income and the aforementioned outcomes; and
- (5) the effect of housing interventions on later receipt of SSI/SSDI income among families reporting disabilities.

Methods

This study capitalizes on administrative and survey data collected as part of the Family Options Study, an experimental evaluation of housing and service interventions for families experiencing homelessness (Gubits et al., 2015). Researchers enrolled a sample of 2,282 families with minor children in 12 American communities following a one-week stay in emergency shelter between September 2010 and January 2012. Researchers chose communities with: 1) sufficient numbers of families entering emergency shelter; 2) representative examples of focal housing and service interventions; and 3) willingness to participate in a random assignment experiment. It is important to note that, whereas the SSA defines minor children as individuals under age 18, using Family Options Data required us to define them as individuals under age 16. This caveat should be kept in mind when interpreting results related to children. After administering a baseline survey, researchers randomly assigned each family to receive a referral for long-term housing subsidies, short-term rapid rehousing subsidies, project-based transitional housing, or usual care (i.e., no immediate referral to housing interventions beyond emergency shelter). The study detailed in this paper focuses on 1,857 families (81% of our original sample) who completed a follow-up survey 20 months later. We used non-response weights to match estimates from our follow-up sample to the participant characteristics of the full baseline sample. Family Options researchers developed nonresponse weights using propensity scores as outlined in Appendix C of Gubits et al. (2015). We provide unweighted characteristics for our original sample, 20-month follow-up survey respondents, and 20-month follow-up survey nonrespondents below.

Respondent Profiles

Original Sample (N = 2,282)

At shelter entry, adult respondents' median age was 29 years old. Ninety-two percent of respondents identified as female. Respondents identified as 40.9% Black non-Hispanic, 20.4% White non-Hispanic, 20.2% Hispanic, and 7.2% Asian or Pacific Islander. Approximately 11.2% of respondents identified as mixed-race or another race. At shelter entry, 27.4% of participants had a spouse or partner with them in shelter. Participating families reported a median annual income of \$7,410 (Gubits et al., 2015).

Follow-up Response Group (N = 1,857)

At shelter entry, median age for adult respondents who completed the 20-month follow-up survey was 29 years old. Ninety-two percent of respondents identified as female. Respondents identified as 41.8% Black non-Hispanic, 18.5% White non-Hispanic, 20.5% Hispanic, and 7.9% Asian or Pacific Islander. Approximately 11.3% of respondents identified as mixed-race or another race. In this group, 27.3% of participants had a spouse or partner with them at shelter entry. Median annual income for this group was \$7,440.

Non-response Group (N = 425)

At shelter entry, median age for adult respondents who did not complete the 20-month follow-up survey was 30 years old. Eighty-nine percent of respondents identified as female. Respondents identified as 36.9% Black non-Hispanic, 28.9% White non-Hispanic, 19.1% Hispanic, and 4.5% Asian or Pacific Islander. Approximately 10.6% of respondents identified as mixed-race or another race. In this group, 28.2% of participants had a spouse or partner with them at shelter entry. Median annual income for this group was \$7,200

Measurements

We organize our study variables into four categories: 1) disability status; 2) housing stability; 3) self-sufficiency; 4) SSI/SSDI income; and 5) covariates. Variables are listed in Table 1 and discussed in detail below.

Disability Status

At study entry, Family Options Study respondents reported whether anyone in the family had a disability and whether that disability limited the respondent's ability to work. However, that study prompted respondents to indicate any disability that was physical, emotional, or mental without differentiating between categories (Gubits et al., 2015). As a result, we could not examine physical and mental conditions separately. Given our data, we examined all physical, emotional, and mental conditions under a single disability umbrella. We developed three dummy variables indicating the following: 1) the respondent had a disability that limited their work capacity; 2) someone in the family (including the respondent) had a disability; and 3) some family disability (including the respondent's) limited the respondent's ability to work. Respondents who reported a child with a disability specified the nature of that disability. Following SSA standards, we coded as childhood disabilities as: congenital anomalies; endocrine, nutritional, and metabolic diseases; infectious and parasitic diseases; injuries; mental health conditions; neoplasms; and diseases of the blood and blood-forming organs, circulatory system, digestive system, musculoskeletal system, nervous system, respiratory system, and skin (SSA, 2015b). Data on disability type were unavailable for adult family members.

TABLE 1—Study Variables by Conceptual Category and Coding Method

Category	Dichotomous	Continuous
Disability Status		
Some disability in family	X	
Some disability in family limits respondent work	X	
Respondent disability limits work	X	
Housing Stability		
Returns to Homelessness	X	
Doubling Up	X	
Returns to Shelter	X	
Number of Places Lived		X
Self-Sufficiency		
Any work in last week	X	
Any work since assignment	X	
Weekly work hours		X
Total family income		X
Food insecurity		X
Economic stress		X
SSI/SSDI Income		
SSI/SSDI at Shelter Entry	X	
SSI/SSDI at Follow-up	X	
Covariates		
Race ^a	X	
Sex ^b	X	
Marriage-like situation ^c	X	
Education ^d	X	
Intervention	X	
Intervention Eligibility	X	
Site ^d	X	

a. Reference group is White non-Hispanic; b. Reference group is males; c. Reference group is respondents who are divorced, widowed, or single and never married; d. Reference group is less than high school education.

Housing Stability

We selected four housing stability measures. Three of our four housing stability measures come from self-reports on the Family Options follow-up survey. We coded self-reported homelessness (any episode of homelessness) and doubling up (living with a friend or relative out of economic necessity) in the six months before the follow-up interview as dummy variables. Episodes of homelessness did not include stays in transitional housing. We also measured number of places lived in the past six months. The fourth housing stability measure was a return to shelter in months 7 to 18 following random assignment (the last full year for which we had data for all respondents). Family Options researchers primarily based this measure on administrative records in local homeless management information systems, augmented by survey tracking information on families' current living situation (Gubits et al., 2015) Employing four measures allowed us to examine stability across housing situation (emergency shelter vs.

doubling up), reporting method (self-report vs. administrative records), and levels of mobility (number of places lived).

Self-Sufficiency

Self-sufficiency measures came from respondent self-reports on the follow-up survey and were chosen to reflect three key indicators of self-sufficiency—work activity, income, and economic security. Including variables representing all three indicators allowed us to gather a rich picture of self-sufficiency not offered by any indicator alone. Regarding work activity, respondents reported: 1) any work during the week before the survey; 2) any work between random assignment and the follow-up survey; and 3) number of hours worked each week. For income, respondents provided: 4) the family's total income for the calendar year preceeding the survey. Finally, respondents indicated level of economic security by reporting: 5) family food insecurity; and 6) economic stress at the time of the follow-up survey. The first two measurements were coded as dummy variables while the third through the sixth were continuous variables. Analyses of hours worked per week excluded unemployed respondents.

We assessed food insecurity using the U.S. Department of Agriculture's six-item scale, with scores ranging from zero to six and higher scores indicating more insecurity (Nord, Andrews, & Carlsen, 2005). Respondents reported how often in the last 30 days they were unable to afford balanced meals or make food last, whether they ate less than they should or did not eat when hungry, or whether an adult in the family cut meal sizes or failed to eat for a day due to lack of money to buy food. Economic stress was measured using a scale that measured how often the family could not afford necessary medical attention, clothing, leisure activities, and rent (Pearlin & Schooler, 1978). Respondents also reported whether they typically had some money remaining at the end of the month, barely enough to make ends meet, or not enough to make ends meet. Because items were on different scales, they were re-scored on a scale ranging from -1 to 1, with higher scores indicating more stress. Re-scoring allowed us to assign responses from different scales a common midpoint (i.e., 0). Limiting the scale to a range of -1 to 1 also made changes from one point (e.g., 0) to another point (e.g., 1) easier to interpret than they would be given a larger range (e.g., 1 to 100).

SSI/SSDI Income

Respondents reported whether anyone in the family received SSI or SSDI income on both the baseline and follow-up surveys. Benefit receipt was a dummy variable at each measurement.

Covariates

We included several covariate dummy variables to increase our confidence that extraneous factors did not explain our results. These included: 1) a variable comparing participants from minority racial and ethnic backgrounds to White non-Hispanic participants (results were not sensitive to use of more specific racial/ethnic categories); 2) sex; 3) a variable indicating whether respondents were married or living in a marriage-like situation; 4) two education variables comparing respondents with a high school or a greater than high school education to those with less than a high school education; 5) three intervention variables comparing those randomly assigned to long-term housing subsidies, short-term rapid re-housing, and project-based transitional housing to those not assigned to each intervention; 6) three eligibility variables for those eligible for each intervention; and 7) eleven variables for study site. Respondents' age and number of children in shelter were measured continuously.

Results

Disability Status at Shelter Entry and SSI/SSDI Income at Shelter Entry and 20-Month Follow-Up

At shelter entry, about 34.1% ($N = 618$) of respondents reported some disability in the family, 9.2% ($N = 168$) reported a non-respondent adult with a disability, and 19.9% ($N = 360$) reported a child under age 16 with a disability. Among the non-respondent adults with disabilities, 20.0% were respondents' adult children, stepchildren, or grandchildren. Also, 26.0% ($N = 467$) of respondents reported a disability in the family that limited the respondent's ability to work. Specifically, 21.7% ($N = 390$) of respondents reported a personal disability that limited their ability to work. The most common childhood disabilities were mental health conditions (65.6%). Another 20.8% were diseases of the blood and blood-forming organs (3.3%); circulatory system (0.9%); digestive system (1.3%); musculoskeletal system (2.0%); nervous system (5.8%); respiratory system (7.1%); and skin (0.4%). The remaining 13.6% of childhood disabilities were endocrine, nutritional, and metabolic diseases (2.7%); neoplasms (1.1%); infectious and parasitic diseases (0.7%); congenital anomalies (0.2%); injuries (0.2%); and unspecified conditions (8.7%). Of respondents reporting some family disability, 27.9% and 36.9% received SSI/SSDI at shelter entry and at the time of the follow-up survey, respectively. These figures were 29.5% and 39.1% for respondents reporting a family disability that limited the respondent's ability to work. They were 26.9% and 36.7% for respondents reporting a personal disability that limited their ability to work. Among respondents reporting SSI/SSDI income at shelter entry, 87.4% continued to receive it 20 months later.

Association of Disability Status at Shelter Entry with Housing Stability and Self-Sufficiency Outcomes

To examine the relationship between disability status at shelter entry and housing stability and self-sufficiency outcomes 20 months later, we regressed all housing and self-sufficiency outcomes on each of the three disability variables separately (because of the large overlap among them). Tables 2 and 3 show logistic regression (PROC LOGISTIC in SAS 9.4) results for dichotomous outcomes and ordinary least-squares regression (PROC REG in SAS 9.4) results for continuous ones, respectively.

Among housing stability outcomes, disability status predicted only number of places lived. A family disability limiting the respondent's ability to work was associated with living in an additional place over the past six months for about one in five respondents. There were more relationships between disability and self-sufficiency outcomes. Disabilities, particularly ones that limited the respondent's ability to work, were strongly associated with reduced likelihood of work in the previous week or since shelter entry, more economic stress, and more food insecurity. Among respondents reporting some disability in the family, 19% had worked in the last week and 42% had worked since study enrollment. These figures were 14% and 34% among respondents reporting a family disability that limited their ability to work, and 38% and 69% among respondents not reporting any disability. Respondents with a personal disability that limited their ability to work had annual family incomes from all sources of nearly \$900 less than those without.

TABLE 2—Odds Ratios for Dichotomous Housing Stability and Self-Sufficiency Outcomes at Follow-Up by Disability Type at Baseline ($N = 1,857$): 12 U.S. Communities, September 2010-October 2013

Disability Variable	Returns to Shelter <i>OR</i> [95% CI]	Returns to Homelessness <i>OR</i> [95% CI]	Doubling Up <i>OR</i> [95% CI]	Any Work in Last Week <i>OR</i> [95% CI]	Any Work Since Assignment <i>OR</i> [95% CI]
Some disability in family	1.06 [0.84, 1.33]	1.11 [0.88, 1.40]	1.12 [0.91, 1.40]	0.39 [0.32, 0.49]	0.34 [0.28, 0.41]
Some disability in family limits respondent work	0.96 [0.75, 1.23]	1.23 [0.96, 1.57]	1.14 [0.91, 1.44]	0.28 [0.21, 0.36]	0.24 [0.20, 0.30]
Respondent disability limits work	0.97 [0.74, 1.26]	1.18 [0.91, 1.53]	1.10 [0.86, 1.40]	0.26 [0.19, 0.35]	0.23 [0.18, 0.28]

Notes. Bolded odds ratios significant at $p < .10$. Communities include: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; the New Haven and Bridgeport regions of CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. Analyses control for housing intervention, intervention site, intervention eligibility, race, sex, age, marital status, number of children, and education. Results weighted for survey nonresponse. Analysis of work hours includes only respondents working in the previous week ($n = 116$ for some disability in family; 63 for some disability in family limits respondent work; 48 for respondent disability limits work).

TABLE 3—Coefficients for Continuous Housing Stability and Self-Sufficiency Outcomes at Follow-Up by Disability Type at Baseline ($N = 1,857$): 12 U.S. Communities, September 2010-October 2013

Disability Variable	Number of Places Lived <i>b</i> (<i>SE</i>)	Weekly Work Hours <i>b</i> (<i>SE</i>)	Economic Stress <i>b</i> (<i>SE</i>)	Total Family Income <i>b</i> (<i>SE</i>)	Food Insecurity <i>b</i> (<i>SE</i>)
Some disability in family	0.10 (0.06)	-0.22 (1.16)	0.07 (0.02)	-75.43 (391.49)	0.41 (0.10)
Some disability in family limits respondent work	0.19 (0.06)	-2.97 (0.84)	0.11 (0.03)	-722.37 (422.36)	0.53 (0.11)
Respondent disability limits work	0.17 (0.06)	-4.18 (1.63)	0.12 (0.03)	-886.72 (448.40)	0.54 (0.12)

Notes. Bolded betas significant at $p < .10$. Communities include: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; the New Haven and Bridgeport regions of CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. Analyses control for housing intervention, intervention site, intervention eligibility, race, sex, age, marital status, number of children, and education. Results weighted for survey nonresponse. Analysis of work hours includes only respondents working in the previous week ($n = 116$ for some disability in family; 63 for some disability in family limits respondent work; 48 for respondent disability limits work).

Association of SSI/SSDI Income at Shelter Entry with Later Housing Stability and Self-Sufficiency Outcomes Among Families Reporting Disabilities

To examine the relationship between SSI/SSDI income and later housing stability and self-sufficiency outcomes for families with disabilities, we regressed all housing and self-sufficiency outcomes on disability income at shelter entry among families reporting each of the three disability variables described above. Tables 4 and 5 show results for dichotomous and continuous outcomes, respectively. Receipt of SSI/SSDI income at shelter entry was associated with fewer returns to emergency shelter for respondents reporting some disability in the family or a family disability that limits their ability to work. The odds ratio was similar, but only marginally significant among families where respondents reported personal disabilities that limited their ability to work. SSI/SSDI was associated with less work in the previous week and since shelter entry among respondents reporting family disabilities that limit their ability to work, though it showed no relationship with weekly work hours among working respondents. For all disability variables, families receiving SSI/SSDI income at shelter entry reported annual family incomes about \$3,000 to \$4,000 higher than those not receiving such income at follow-up.

Effect of Assignment to Housing Interventions on SSI/SSDI Income 20 Months Later Among Families Reporting Disabilities

Last, we regressed SSI/SSDI income at the 20-month follow-up on referral to three housing interventions. We examined the experimental effects of random assignment to offers of long-term housing subsidies, short-term rapid re-housing subsidies, and project-based transitional housing at shelter entry, comparing families offered each intervention to the subset of usual care families who were eligible for that intervention. We restricted analyses to the subset of families reporting each disability variable at study entry and controlled for site, eligibility, race, sex, age, marital status, number of children, education, and baseline SSI/SSDI. We weighted all results for survey nonresponse. Assignment to offers of long-term housing subsidies more than doubled the odds of receiving disability income among respondents reporting some family disability, $OR = 2.31$, 95% CI [1.13, 4.73]. Long-term housing subsidies marginally increased odds of receiving disability income among respondents reporting a family disability that limited their ability to work for pay ($n = 246$), $OR = 2.07$, 95% CI [0.97, 4.44]. Relative to usual care, neither assignment to short-term rapid re-housing ($n = 292$) nor to transitional housing ($n = 186$) altered the likelihood of receiving SSI/SSDI among families reporting a disability ($n = 313$).

Discussion

Disabilities were common among families sampled in emergency shelters in 12 communities across the country and were associated with lower work levels. About 34% of families reported at least one member with a disability, just over 20% reported that a personal disability limited their ability to work, and nearly 20% reported living with a child with a disability.

However, many families never received SSI/SSDI income despite reporting disabilities. Twenty months after shelter entry, fewer than 40% of respondents reporting a family disability that limited their work had qualified for disability benefits. More specifically, 20% of such families received SSI only, 11% received SSDI only, and 8% received both. This finding is troubling given the challenges associated with disabling conditions, including housing instability, food insecurity, economic stress, and low incomes and work levels. The noted finding is also concerning because of the positive associations of SSI/SSDI benefits with lower shelter re-entry, greater family incomes, and lower economic stress.

TABLE 4—Odds Ratios for Dichotomous Housing Stability and Self-Sufficiency Outcomes at Follow-Up Given SSI/SSDI Income at Baseline Among Families In Disability Groups: 12 U.S. Communities, September 2010-October 2013

Disability Group	Returns to Shelter <i>OR</i> [95% CI]	Returns to Homelessness <i>OR</i> [95% CI]	Doubling Up <i>OR</i> [95% CI]	Any Work in Last Week <i>OR</i> [95% CI]	Any Work Since Assignment <i>OR</i> [95% CI]
Some disability in family (<i>n</i> = 618)	0.50 [0.32, 0.78]	0.98 [0.64, 1.51]	0.71 [0.47, 1.08]	0.65 [0.41, 1.03]	0.57 [0.40, 0.82]
Some disability in family limits respondent work (<i>n</i> = 467)	0.52 [0.31, 0.87]	1.12 [0.70, 1.80]	0.87 [0.55, 1.37]	0.50 [0.27, 0.95]	0.49 [0.31, 0.76]
Respondent disability limits work (<i>n</i> = 390)	0.57 [0.32, 1.03]	0.99 [0.58, 1.68]	0.79 [0.47, 1.32]	0.37 [0.17, 0.81]	0.33 [0.19, 0.58]

Notes. Bolded odds ratios significant at $p < .10$. Communities include: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; the New Haven and Bridgeport regions of CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. Analyses control for housing intervention, intervention site, intervention eligibility, race, sex, age, marital status, number of children, and education. Results weighted for survey nonresponse. Analysis of work hours includes only respondents working in the previous week ($n = 116$ for some disability in family; 63 for some disability in family limits respondent work; 48 for respondent disability limits work).

TABLE 5—Coefficients for Continuous Housing Stability and Self-Sufficiency Outcomes at Follow-Up Given SSI/SSDI Income at Baseline Among Families In Disability Groups: 12 U.S. Communities, September 2010-October 2013

Disability Group	Number of Places Lived <i>b</i> (<i>SE</i>)	Weekly Work Hours <i>b</i> (<i>SE</i>)	Economic Stress <i>b</i> (<i>SE</i>)	Total Family Income <i>b</i> (<i>SE</i>)	Food Insecurity <i>b</i> (<i>SE</i>)
Some disability in family (<i>n</i> = 618)	0.02 (0.11)	5.07 (3.11)	-0.08 (0.04)	3141.36 (714.81)	0.25 (0.20)
Some disability in family limits respondent work (<i>n</i> = 467)	0.09 (0.13)	2.92 (5.80)	-0.07 (0.05)	3447.79 (692.68)	0.18 (0.23)
Respondent disability limits work (<i>n</i> = 390)	0.03 (0.15)	5.93 (8.80)	-0.10 (0.05)	4037.70 (779.54)	0.23 (0.26)

Notes. Bolded betas significant at $p < .10$. Communities include: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; the New Haven and Bridgeport regions of CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. Analyses control for housing intervention, intervention site, intervention eligibility, race, sex, age, marital status, number of children, and education. Results weighted for survey nonresponse. Analysis of work hours includes only respondents working in previous week ($n = 116$ for some disability in family; 63 for some disability in family limits respondent work; 48 for respondent disability limits work).

Findings suggested receiving disability income was associated with less work. However, this may reflect income restrictions placed on many federal benefits. Recipients may forego paid work to avoid losing income assistance. For example, a recent study examined employment among adults with disabilities in states that expanded Medicaid under the Affordable Care Act and states that did not. Results indicated that participants in expansion states were more likely to be employed than similar adults in non-expansion states (Hall, Shartzter, Kurth, & Thomas, 2017). The authors argued that expanding Medicaid eligibility to higher-income recipients allowed individuals to enter the workforce without losing coverage.

Because respondents self-reported disabilities, some families reporting disabilities may have gone uncovered by SSI or SSDI because their disability definitions differed from that of the SSA. However, families with long-term housing subsidies were twice as likely to receive disability income at follow-up regardless of how they defined disability. This suggests that housing circumstances may have barred some families from realizing their legitimate claims on disability benefits. Offers of project-based transitional housing did not increase the likelihood of receiving SSI/SSDI benefits despite this intervention's focus on support services.

There are several possible explanations for why families receiving long-term housing subsidies were more likely to receive later disability income than similar families receiving usual care. First, families using subsidies may have secured housing near opportunities to establish medical histories. Second, housing subsidies may provide families with the stability and community ties needed to complete the lengthy SSI/SSDI application process. Also, if SSI/SSDI applicants experiencing homelessness face bias in the disability evaluation process, as the National Health Care for the Homeless Council (2011) suggests, families with addresses may avoid such bias. Alternatively, housing authorities may encourage families with long-term subsidies to obtain disability income. When housing a family with a long-term subsidy, housing authorities pay the difference between 30% of that family's income and fair market rent. It is therefore in the interest of housing authorities to encourage subsidized families to seek any source of income that reduces the difference.

Public Health Implications

Disabilities among families who experience homelessness are an overlooked concern. Although this study considered only families who were already homeless at the outset, disability and associated low incomes may have contributed to homeless entry in the first place. Moreover, not receiving SSI/SSDI income was associated with shelter re-entry. Because children's environments affect many neurodevelopmental and mental conditions, policies designed to reduce time spent in emergency shelter could improve the health of children with disabilities and their families (Hackman, Gallop, Evans, & Farah, 2015; Massaro, Rothbaum, & Aly, 2006).

Increasing support for the SSI/SSDI Outreach, Access and Recovery program may improve access to income assistance. Evaluations of this program suggest SOAR increases receipt of SSI/SSDI benefits for which individuals are eligible, including those with unstable housing circumstances (Dennis et al., 2011). Future research should examine whether SOAR's successes among individuals can be replicated among families with children. Findings also suggest that long-term housing subsidies support access to disability benefits for which individuals are eligible. Future research should attempt to replicate and identify potential mechanisms behind this finding. Uncovering the element through which long-term subsidies support access to disability income, be it reduced discrimination, housing authority incentives, or

some other factor, may help increase that access even in the absence of subsidies. The Family Options Study showed that access to housing subsidies improved multiple aspects of family well-being, including reducing psychological distress, alcohol or substance dependence, and domestic violence (Gubits et al., 2015). Given our findings, successful attainment of SSI/SSDI benefits may be another public health benefit related to long-term housing subsidies.

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