**2022 Tennessee Disability Scorecard**

Since the passage of the Americans with Disabilities Act (ADA) over 30 years ago, the United States has made great strides toward creating a country inclusive of all its citizens. However, a great number of roadblocks still diminish opportunities for full inclusion for Americans with disabilities.

For example, people living with disabilities in the United States have disproportionately high unemployment rates, higher rates of food and housing insecurity and are more likely to live in poverty than those without disabilities.

In Tennessee, these barriers are even higher, with higher poverty rates and lower rates of employment when compared to national averages for people with disabilities. These inequalities are both the cause and the function of perhaps the greatest barrier facing individuals with disabilities: it is very expensive to live with a disability in our state and country.

In fact, the cost of living with a disability in the United States requires 28% more income to achieve a comparable quality of life as those without disabilities. In Tennessee, that necessity is a staggering 51% greater income to live as well as the neighbors. In terms of average median income for the state of Tennessee, this equates to an additional $28,596 per year.

These costs limit opportunities for economic and social mobility for individuals with disabilities and ultimately diminishes quality of life. Tennesseans with disabilities are not fully included until we account for the causes and impacts of this barrier.

**Housing: F**

Safe, adequate housing is fundamental to human flourishing. Tennessee faces a substantial shortfall in the state’s ability to provide safe, adequate and reasonably affordable housing for all of its residents. This issue, faced by the majority of Tennesseans, is exacerbated for residents with disabilities, who earn less income and have additional disability-related expenses that limit access to housing.

Home ownership, long seen as a quintessential component of the American dream, has become more and more difficult for Tennesseans with disabilities to achieve. Given the extra cost of living associated with disability in Tennessee, 80 of 95 counties in the state are unaffordable for Tennesseans with disabilities to purchase a home. The effect of this unaffordability is to push Tennesseans with disabilities into housing further away from good jobs, adequate healthcare and community supports.

The Tennessee rental housing market is similarly unfriendly and unaffordable for people with disabilities. The state is short 127,102 housing units for people who are considered “extremely low income” renters, who are defined as earning less than $11,600 per year as an individual or earning 30% or less of the area median income. In Tennessee, 26% of renting households are considered extremely low income. Of those 26%, nearly half are living with a disability or seniors. This equates to 104,990 seniors or individuals with disabilities in the state who are extremely low-income renters vying for one of these scarce units.

Further, some individuals looking for housing also require that their place of residence be accessible to accommodate a physical or mobility impairment. A study of the US housing stock found that only 33.34% of housing units in the US were considered to be level-1 accessible, meaning they do not require a person to climb a step to enter the house AND have a bedroom and bathroom on the first floor. Only 3.76% of US housing units had level-2 accessibility features such as bathroom grab bars AND no steps between rooms. Holding true for the state of Tennessee, this would mean that only 35,410 minimally accessibly affordable housing rental units are currently available to the 104,990 seniors and persons with disabilities seeking rental housing.

This is an issue that is likely going to continue to worsen in Tennessee. First, the state is projected to grow by almost 1 million new residents by the year 2040, and new housing construction is lagging far behind. In February 2022, the state of Tennessee issued 4,150 permits to construct new housing units. Should permitting continue at this rate, and we simply took this number of permits issued as the average over the next 18 years, Tennessee is still only on pace to construct 896,400 new housing units, falling short of its projected population growth of 1 million.

We might also assume that only 3.4% of these newly constructed units will be affordable to extremely low-income renters, as this is the current affordable housing rate in Tennessee. This equates to only 29,560 newly-built affordable housing units in the next 18 years to accommodate the 233,311 extremely low-income renters currently residing in the state (which assumes that zero new extremely low-income individuals move here in the coming decade plus). We may also assume that only 33.34% of these are minimally accessible, meaning that Tennessee is only constructing 9,855 new, affordable and accessible housing units.

Not only is our state’s population growing, it is also aging. The number of Tennesseans 65 or older is expected to rise by 40% by 2040, increasing to 1.65 million. Older adults are much more likely to have a disability than younger adults. Over 35% of US residents age 65 or older are living with a disability. By the age of 75, that number is 48%. By 2040, there will be approximately 577,500 Tennesseans over the age of 65 living with disabilities in the state. Currently, 9.7% of Tennessee seniors live in poverty and are considered extremely low-income renters. This means that there will be at least 56,018 seniors Tennesseans with disabilities looking for affordable, accessible rental housing in 2040. Given the estimate that under 10,000 new, affordable and accessible units will be built by then, Tennessee is facing a rapidly worsening housing crisis.

There is also little being done to address this crisis. Since banning the voluntary use of zoning to incentivize housing developers to include affordable housing units in 2018, the Tennessee General Assembly has neither proposed, nor passed, any substantive affordable housing legislation.

**Transportation: C-**

Tennesseans with disabilities rely on adequate means of transportation for numerous critical functions. They are much more likely than their neighbors without disabilities to rely on public transportation to travel to medical appointments, go to the grocery store, access social services or participate in community life. Tennessee was ranked 39th in the availability of public transportation in 2019, based on level of connectivity, frequency of service and access to jobs.

Many Tennesseans with disabilities use paratransit, but this mode of public transportation can be inconsistent and unavailable to some. Governance of paratransit services is county-based in Tennessee, and usually involves a lengthy and thorough application and interview process to determine eligibility.

**Medical Debt: F**

Tennessee residents have the 5th most medical debt in the country. Studies show that a lack of Medicaid expansion, which Tennessee has refused to do, is strongly associated with increases in the number of people holding medical debt and the amount of debt that they hold. Tennessee, unlike many other states, also has no charity care protections, ensuring that low-income people must choose between financial calamity and health care.

**Home Health Care Worker Crisis: F**

Simply put, there are not enough in Tennessee to serve the number of people who need them. In 2019, home health care workers in Tennessee had a yearly turnover rate of over 50%, meaning that every year, half of the home health care workers available to people who need them quit their jobs. This turnover occurs for a number of reasons. First, most home health care workers do not earn enough money – the starting wage for a direct service provider in Tennessee was $9.87 per hour in 2019. The living wage in Tennessee is $10.10 per hour for a single adult. A home health care workers wage cannot adequately support a single person, let alone a family.

Home health care workers also have unreliable access to benefits. Only 8% of home health care workers agencies in Tennessee offer health insurance to all of their employees, according to a 2019 national survey of states. Fewer than a third of Tennessee agencies offer paid time off, and only 43% offer paid sick leave. Agencies in Tennessee support professional growth and credential attainment at a lower rate than the nationwide average. Combined with long hours, advancing complexity of work and little status or recognition, in 2017 the Department of Intellectual and Developmental Disabilities called the home health care workers crisis “critical” in Tennessee.

The Covid-19 pandemic exacerbated this crisis – staff vacancy was 26% higher in 2020. Nationwide, 73% of provider agencies had staff refuse to work, and 91% of home health care workers feared going to work because of the threat of Covid-19. Over 30% of agencies reported home health care workers contracting Covid-19, and over 30% of people they serve contracted the virus. As the home health care worker network has become increasingly unreliable, family members again stepped up to provide medical and support services to their kin.

**Sales Tax Burden: A**

Tennessee, like many US states, does not charge sales tax on the purchase of medicine, medical equipment and mobility devices. This supports the affordability of these vital aspects of health care in the state.

**Employment: D+**

Tennesseans with disabilities face numerous obstacles to achieving and retaining adequate employment. First, only 33% of Tennessee workers with disabilities are employed, compared to 78% of workers without disabilities. This ranks 44th in the country. Next, Tennessee workers with disabilities earn 71 cents for every dollar earned by Tennessee workers without disabilities. The difficulty getting a job in this state, combined with the unequal and inadequate compensation provided, make independence out of reach for many Tennesseans with disabilities.

Recently, the Tennessee General Assembly passed a law prohibiting the payment of subminimum wages to workers with disabilities in the state. While past due, this is an important first step to recognizing the inequality Tennesseans with disabilities face in the workplace.

**Affordability of Care: C+**

The AARP ranked Tennessee 35th in the affordability of care for Tennesseans with disabilities.

Tennessee had the 16th lowest home health care cost in the US, but ranked 49th in access to Medicaid services, given the state’s lack of expansion.

**Family Caregiver Support: F**

The AARP ranked Tennessee 49th for their policies supporting family caregivers. Given the substantial shortage of qualified home health care workers, family members have stepped up in support of caring for their loved one. Family caregivers face numerous challenges in this role. One study estimates that the opportunity cost for family providers, or foregone wages as a result of providing unpaid care services to family members, is $67 billion annually. This number is slated to rise to as much as $147 billion by 2050. This means that every year, providing unpaid HOME HEALTH CARE WORKER services for a loved one could cause a family member to lose out on $5,250 in lost employment and wages, on top of supporting the cost of living with a disability.

As the home health care worker crisis has worsened, uncompensated family service providers have suffered mentally and emotionally as a result of their increased workloads, with increased rates of depression and anxiety. Family members providing care services were also more likely to be unemployed as a result of their support duties. 38% of family service providers have taken on greater financial responsibilities related to providing HOME HEALTH CARE WORKER services to a family member and 29% of parents of children with disabilities are facing extreme financial problems. Family members providing unpaid HOME HEALTH CARE WORKER services spend, on average, over $5,500 out of their pocket in providing care themselves. The cost of Tennessee’s inadequate home health care worker network falls directly on those family members who fill the role of uncompensated worker.

According to AARP, Tennessee scores “zero” in the family caregiver support areas of protecting family caregivers from discrimination due to their caregiver status, greater family and medical leave than what is required by the federal government, paid family and medical leave, sick days mandated by the state, incentives to employers for flexible sick days and access to unemployment insurance for family caregivers. Further, at the height of the pandemic, when the federal Centers for Medicare and Medicaid (CMS) offered states the flexibility to choose to pay family caregivers in the absence of safe at-home medical care professionals, Tennessee chose not to participate.