# Executive Report: Disability and Health in Southeastern Pennsylvania (2025)

## Overview

This report presents a comprehensive analysis of the health and social experiences of people with disabilities across the SEPA region, drawing on data from 140 survey responses, two focus groups, and four in-depth interviews. The findings reveal a population navigating significant physical, emotional, and systemic barriers to care—while also demonstrating resilience, advocacy, and a desire for greater inclusion and support.

## Key Survey Findings

### Demographics

- 14% of SEPA residents live with a disability.
- Survey respondents were predominantly over 40, white (70%), and highly educated (63% had a bachelor's degree or higher).
- 85% resided in the five SEPA counties.

### Disability-Related Needs

- 92% report permanent disabilities.
- Common limitations include:
  - Mobility issues (64%)
  - Cognitive challenges (41%)
  - Self-care difficulties (44%)
- Over half had lived with their condition for more than 5 years.
- 49% reported unmet needs for daily life activities and care.

### Health Status and Access

- 54% reported a mental health diagnosis.
- Only 47% rated their health as "good" or "very good."
- 60% could not get needed care in the past year—due to appointment barriers, inaccessible facilities, and lack of knowledgeable providers.
- 96% of those taking medications had reliable access.
- 50% faced insurance-related access issues; only 2% were uninsured.
- Telehealth and digital portals were widely used and valued, but not universally accessible.

### Social Determinants and Quality of Life

- 30% reported inadequate housing; 23% said transportation needs were unmet.
- 38% experienced food insecurity; 47% worried about food access.
- Financial instability was common—nearly 20% missed housing payments.
- Over half experienced social isolation, despite 80% reporting regular social contact.

### Experiences with Discrimination and Microaggressions

- High prevalence of disability-related microaggressions:
  - 67% reported being called "inspirational" merely for living with a disability.
  - 62% reported others assuming they needed help.
  - 44% experienced minimization of their condition.

# Qualitative Insights

## Access to Care

Participants described:

- **Barriers**: Inaccessible facilities, delayed appointments, poor provider communication, confusing insurance systems.
- **Facilitators**: Respectful treatment, competent providers, coordinated care, and advocacy.
- **Solutions**:
    - Disability-competent provider training
    - Expanded transportation and care navigation
    - Improved digital literacy and telehealth integration

## Emotional and Social Well-being

- High rates of depression, anxiety, and grief related to disability and systemic failures.
- Isolation often resulted from mobility limitations, social withdrawal, or feeling misunderstood.
- Caregiver burden and lack of respite support were major concerns.
- **Solutions**:
    - Expanded peer and support groups
    - Integrated mental health services
    - More inclusive community programming

## Intersectionality

- Participants described compounding barriers related to:
    - Race, immigration status, and linguistic needs
    - Incarceration history and reentry challenges
    - Gender norms and LGBTQ+ identity
- Cultural competence and tailored services were viewed as essential.

## Community Perspectives

- Non-disabled community members voiced concern about access and invisibility of the disability community.
- Expressed support for:
    - Improved transportation
    - Expanded inclusive programming
    - Community-level advocacy

# Recommendations

1. **Invest in Provider Education and Accessibility**
   Ensure training in disability-competent, respectful, and culturally appropriate care across systems.
2. **Expand Community-Based Supports**
   Fund inclusive programming, transportation, peer mentoring, and digital literacy resources.
3. **Integrate Health and Social Services**
   Streamline care coordination and navigation to reduce administrative barriers and improve continuity.

4. **Promote Inclusive Policy and Infrastructure**
   Elevate disability as a public health equity issue, not solely a clinical one. Engage people with lived experience in planning and evaluation.
5. **Build Social Connections**
   Foster connection and inclusion through support groups, buddy systems, and inclusive community events.

# Conclusion

Disability is not just a medical condition—it is a multidimensional experience shaped by access, respect, community, and identity. This report elevates the voices of people with disabilities in SEPA and urges systems, funders, and policymakers to act with urgency and inclusion. By addressing the physical, emotional, and systemic barriers identified, we can move closer to a region where all residents—regardless of ability—can thrive.