

# Financial Health Assessments by People with Disabilities and Their Families during the COVID-19 Pandemic: Opportunities and Obstacles for Financial Planners

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## ABSTRACT

The current article presents the findings of a quantitative study of 3,886 adults with disabilities and family members of people with disabilities to examine their financial health during the COVID-19 pandemic (March 2020–March 2021). This study provides hard data to highlight how the first year of the pandemic has exacerbated long-standing obstacles in servicing potential planning clients with disabilities. Participants assessed their overall financial well-being by completing a web-based survey to provide information about the state of their individual or family incomes and financial planning behaviors. Two key findings are germane to financial service planners and the special needs planning (SNP) industry: (1) three quarters of individuals reported that their incomes were negatively affected by the COVID-19 pandemic; and (2) nearly a third of people with disabilities and their family members have no financial literacy education or training in SNP matters. Collectively, these findings identify both a knowledge gap and a means gap that must be addressed to provide financial planning services to a larger portion of the disabilities market. The vast majority of individuals with disabilities desire, intend to obtain, or are already obtaining some form of financial literacy education or financial planning resources.

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## Overarching Considerations for Financial Health Assessments by People with Disabilities

The COVID-19 pandemic (also known as coronavirus disease or SARS-CoV-2, hereinafter the pandemic or COVID) has caused additional financial stress on people with disabilities, a population that was already experiencing significantly higher levels of financial hardship in comparison to adults in the general population. There is an identifiable need for professional special needs planning (SNP) resources that has grown as a result of the pandemic.<sup>1</sup> This need creates new service opportunities for financial planners in the private sector.

The scope of this research focuses on the first 12 months of the pandemic, after some states implemented quarantine shelter-in-place orders. The data provide critical insight into a snapshot in time from March 2020 to March 2021. In March 2020, Americans faced the first wave of shelter-in-place orders and economic slowdown as a result of the COVID pandemic. At that time, the National Disability Institute (NDI) published multiple public service announcements focused on how the pandemic has “created uncertainty for Americans’ physical, mental, and financial health.”<sup>2</sup> In encouraging individuals with disabilities and their families to “maintain financial health” during the pandemic, the NDI stressed the importance of “vigilance in promoting healthy habits and resiliency.”<sup>3</sup> To facilitate this outcome, the

present study provides quantitative data about the relationship between the pandemic and its impact on the financial well-being of individuals with disabilities.

This research supplements the scant existing evidence about how adults with disabilities in the United States view their financial circumstances, both generally and in relation to the pandemic. While anecdotal reports from people with disabilities are available, there is very limited large-scale data that captures financial experiences of people with disabilities and their family members in relation to the pandemic.<sup>4</sup> This nationwide research is the first of its kind to delve into this knowledge gap and apply the results to the field of SNP in America.

Prior to the pandemic, people with disabilities and their families were already experiencing significant stress regarding their personal finances, posing a unique challenge for financial planners. People with disabilities are far more likely to experience financial stress than their peers in the general population.<sup>5</sup> Twenty-six percent of adults in the U.S. (one in four, over 61 million people) report having some type of disability.<sup>6</sup> Ample research documents that people with disabilities and their families experience higher rates of poverty and/or often struggle to make ends meet.<sup>7</sup> The NDI reports that people with disabilities are nearly three times more likely to have extreme difficulty paying bills.<sup>8</sup> They are almost two times more likely to skip medical treatments because of cost.<sup>9</sup> Likewise, they are almost two times more likely to have incomes of less than \$35,000.<sup>10</sup> NDI research also indicates that adults with disabilities are 55 percent more likely to report that they could not come up with \$2,000 if an unexpected need arose, as compared to 32 percent of adults in the general population without disabilities.<sup>11</sup> Poverty or living with low income significantly limits people's opportunities to save and secure their financial futures, resulting in people with disabilities and their families being less likely to engage in short- or long-term financial planning.<sup>12</sup>

Many people with disabilities and their families struggle to plan for their financial futures. This is due, in part, to legal requirements that limit how much income people with disabilities can save while maintaining their eligibility for needed government means-tested benefit

programs like Social Security income and Medicaid.<sup>13</sup> In addition, families face substantial time, emotional, and financial barriers to starting the SNP process.<sup>14</sup> A recent study found that less than half (44 percent) of parents and siblings of people with disabilities interviewed had even started to discuss future financial and legal planning; even fewer had started a formal planning process.<sup>15</sup> Given these many obstacles, many financial planners do not have a clear view of the disability community's thoughts or experiences during the pandemic. This study is the first of its kind to provide first-person reports from this potential market. This data identifies the impact of COVID on people with disabilities, their families, and their financial planning needs.

## Study Sample and Instrument

The study used responses from a web-based survey to obtain information about the financial health of individuals with disabilities and their families during the pandemic, referencing the start of the pandemic in the U.S. as March 2020. Data collection was from March 2020 through March 2021. Eligible participants for this study were at least 18 years of age and self-identified as either having a disability or being a family member of someone with a disability. To respond to the web-based survey on the Qualtrics XM platform, participants needed to have access to a computer and be able to read and comprehend English or have assistance doing so. All participants gave their consent to participate on the first page of the online survey.

The sample for this study included 3,886 total participants, 42 percent female, 57 percent male, and 1 percent identifying as nonbinary or preferring not to answer. More than half (53.2 percent) of survey respondents were family members of people with disabilities with the remaining 46.8 percent identifying as having a disability themselves. Almost three-quarters of participants identified as White (72.0 percent), 10.9 percent identified as Black or African American, 8.9 percent as Hispanic or Latinx, 3.6 percent as American Indian or Alaska Native, 1.6 percent as Native Hawaiian or Pacific Islander, 1.7 percent as Asian, .5 percent as multiracial,

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and .8 percent preferred not to answer. Respondents were from across the U.S. and the largest age group represented was 25-34 (41.6 percent). Almost half of all survey participants were employed full-time (47.5 percent), with another 10.6 percent having a part-time job in addition to a full-time job, 11.8 percent having just one part-time job, and 8.2 percent being on disability benefits and unemployed. Half of respondents (51.0 percent) were middle income, earning \$40,000-\$100,000 annually while 32.2 percent were low income (\$0-\$40,000), 14.5 percent were high income (\$100,001+), and 2.3 percent preferred not to answer.

## Study Methodology, Questions, and Key Findings

This study used a quantitative research design to

examine the financial health of individuals with disabilities and their families during the pandemic.<sup>16</sup> For purposes of this study, the term disability includes anyone who self-identifies within the following dimensions: (1) intellectual or cognitive disability, (2) developmental disability, (3) physical disability, (4) autism or ASD, (5) mental illness of psychiatric diagnosis, (6) deaf or hard of hearing, (7) blind or low vision/vision related disability, (8) brain injury, (9) learning disability (ADHD, dyslexia, etc.), (10) sensory disability, (11) chronic illness, or (12) other.<sup>17</sup> Family members respondents were primarily parents (40.3 percent) and siblings (26.2 percent), but also included individuals who self-identify as a family member of an individual with disabilities.<sup>18</sup>

Two key survey questions focused on examining any relationship between the pandemic and finan-

**TABLE 1**  
Overview of Key Survey Questions and Research Focuses

Item Number	Question	Available Responses	Research Focuses
1(a)	<b>Self-Report by People with Disabilities:</b> "Has your annual income gone down because of the COVID-19 pandemic?"	A. Yes B. No	Impact of the pandemic on individual and family incomes
1(b)	<b>Self-Report by Family Members Who Support Individuals with Disabilities:</b> "Has your annual income gone down because of the COVID-19 pandemic?"	A. Yes B. No	Impact of the pandemic on individual and family incomes
2(a)	<b>Self-Identification by People with Disabilities:</b> "Have you ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc."	A. No, never B. No, but I want to C. No, but I plan to in the future D. Yes, I receive ongoing help with my finances E. Yes, I get a lot of training F. Yes, but only once or twice	Prevalence of access to and/or desire to receive financial literacy service
2(b)	<b>Third-Party Identification on Behalf of People with Disabilities:</b> "Have you ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc."	A. No, never B. No, but I want to C. No, but I plan to in the future D. Yes, I receive ongoing help with my finances E. Yes, I get a lot of training F. Yes, but only once or twice	Prevalence of access to and/or desire to receive financial literacy service

cial well-being. In Question 1, participants indicated “yes” or “no” when asked, “Has your annual income gone down because of the COVID-19 pandemic?” In Question 2, participants were asked, “Have you ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc.” Question 2 allowed subjects to select from a 6-point Likert scale of responses. (See Table 1.)

## Findings

The results of the study include two key findings that are germane to financial planning services. First, an overwhelming majority of survey respondents (77.4 percent) reported their individual or family incomes were negatively affected by the ongoing pandemic. (See Tables 2 and 3.) Second, nearly a third of individuals with disabilities reported having no fi-

ancial education or training whatsoever. (See Tables 4 and 5.) Nearly one-third of all respondents had not yet obtained training or help with saving or spending money; however, most either “wanted” or “planned” to do so in the future. (See Tables 6 and 7.)

## Emerging Evidence of the Impact of COVID on People with Disabilities

Multiple reports from the U.S. federal and state governments show that COVID is more likely to cause death or serious bodily harm to individuals with disabilities in comparison with the general population.<sup>19</sup> Shakespeare et al. suggest that the disproportionate negative effects of COVID on those with disabilities stem from three factors: an increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and

**TABLE 2**

Key Data Findings regarding Annual Income during the Pandemic: Self-Report by People with Disabilities

**Question 1(a):** “Has your [individual with disabilities’] annual income gone down because of the COVID-19 pandemic?”

**Total Responding Participants: 1,817**

Response Option	Total Responding Participants	Percentage of Table 2 Respondents
A. Yes	1,531	84.3%
B. No	286	15.7%

**TABLE 3**

Key Data Findings regarding Annual Income during the Pandemic: Self-Report by Family Members Who Support Individuals with Disabilities

**Question 1(b):** “Has your [family member’s] annual income gone down because of the COVID-19 pandemic?”

**Total Responding Participants: 2,069**

Response Option	Total Responding Participants	Percentage of Respondents
C. Yes	1,478	71.4%
D. No	591	28.6%

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**TABLE 4**

Key Data Findings regarding Financial Guidance: Self-Identification by People with Disabilities

**Question 2(a):** "Have you ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc."

**Total Responding Participants: 1,701**

Response Option	Total Responding Participants	Percentage of Respondents
A. No, never	79	4.6%
B. No, but I want to	190	11.2%
C. No, but I plan to in the future	192	11.3%
D. Yes, I receive ongoing help with my finances	319	18.8%
E. Yes, I get a lot of training	432	25.4%
F. Yes, but only once or twice	489	28.7%

Cumulative Total of "No" Responses: 461 (27.1%)

Cumulative Total of "Yes" Responses: 1,240 (72.9%)

**TABLE 5**

Key Data Findings regarding Financial Guidance: Third-Party Identification on Behalf of People with Disabilities

**Question 2(b):** "Has this person ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc."

**Total Responding Participants: 1,983**

Response Option	Total Responding Participants	Percentage of Respondents
A. No, never	247	12.5%
B. No, but he/she wants to	138	6.8%
C. No, but he/she plans to in the future	288	14.3%
D. Yes, he/she receives ongoing help with their finances	344	17.3%
E. Yes, he/she receives ongoing training	478	24.1%
F. Yes, but only once or twice	488	24.8%

Cumulative Total of "No" Responses: 673 (33.9%)

Cumulative Total of "Yes" Responses: 1,310 (66.1%)

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**TABLE 6**

Key Data Findings regarding Financial Guidance: Combined Third-Party and Self-Identification Figures

**Questions 2(a) and 2(b):** “Have you/Has this person ever had training or help with saving or spending money? For example, from a workshop, class, help from staff, etc.”

**Combined Total of Responding Participants: 3,684**

Response Option	Total Responding Participants	Percentage of Respondents
A. No, never	326	8.8%
B. No, but I want/he wants/she wants to	328	8.9%
C. No, but I plan/he plans/she plans to in the future	480	13.0%
D. Yes, I receive/he receives/she receives ongoing help with my finances	663	18.0%
E. Yes, I get/he receives/she receives a lot of training	910	24.7%
F. Yes, but only once or twice	977	26.5%

Cumulative Total of “No” Responses: 1,134 (30%)

Cumulative Total of “Yes” Responses: 2,550 (70%)

**TABLE 7**

Comparison of Cumulative Data Findings regarding Financial Guidance

Survey Population Segment	Responding Participants	Cumulative No Responses	Cumulative Yes Responses
Individuals with Disabilities	1,701	27.1%	72.9%
Family Members of Individuals with Disabilities	1,983	33.9%	66.1%
Combined Individuals with Disabilities and Family Members of Individuals with Disabilities	3,684	30.8%	69.2%

the adverse social impacts of efforts to mitigate the pandemic.<sup>20</sup> In this same vein, 2020 reports from the Kaiser Family Foundation demonstrated that where people with disabilities live and receive services was critically related to the likelihood that people would be infected with and die from COVID.<sup>21</sup> People living in long-term services and supports (LTSS)

facilities made up 9 percent of the total cases in 43 reporting states, and 44 percent of the total deaths in 42 reporting states in July 2020.<sup>22</sup>

Amidst the crisis of the pandemic, the U.S. federal government provided limited legal actions to support individuals with disabilities and their families. (See Table 8.) COVID-related legislation contained emer-

gency relief provisions and offered numerous benefits to individuals nationwide (regardless of their disability status). These benefits include but are not limited to: funding for home and community-based services, federal economic stimulus checks for individuals and families, and funding for disability-related nonprofit organizations and public systems to “prevent, prepare and respond to the Coronavirus challenges.”<sup>23</sup> Nevertheless, it is imperative to note that to date, U.S. COVID relief laws contain no substantial provisions to assist with the unique financial planning challenges caused by the pandemic. The laws failed to address the long-term financial needs of people with disabilities and their families. In recognizing this void in services, financial planners have a unique opportunity for networking and growing their customer bases to provide much-needed future planning services.

### Serving the SNP Market during the Pandemic: Obstacles and Opportunities for Financial Planners

Financial planners should be aware of three key issues related to financial planning challenges caused by COVID: (1) the pandemic has caused additional financial stresses on a population that was already experiencing significantly higher levels of financial

hardship in comparison to adults in the general population; (2) the federal legal system has provided only limited resources to support individuals with disabilities during the pandemic; and (3) the vast majority of individuals with disabilities desire, intend to obtain, or are already obtaining some form of financial literacy education or financial planning resources.

In the longer run, an overriding finding of the survey is that a heavy majority of people with disabilities report a decline in household income during the pandemic. Such an outcome underscores the necessity for people with disabilities to engage in professional financial planning to provide them with a path forward during future health and economic disruptions.

Meanwhile, in the shorter term, a review of both the survey reported here and the literature on financial planning and disability identifies two strategic gaps in the disability financial planning marketplace: a knowledge gap and a means gap.<sup>24</sup> To leverage the findings of the survey, financial planners must address the opportunities and obstacles of both gaps.

The knowledge gap consists of the difference between what the market for people with disabilities knows about financial planning—their financial literacy—and what they need to know in order to be competent decision makers for financial services.

**TABLE 8**

Key Federal Economic Relief/Disaster Recovery Laws in Response to the Pandemic: March 2020 – March 2021

Date Passed	Full Title	Common Title(s)	Public Law Number
March 6, 2020	Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020	CPRSA Act	PL 116–123
March 18, 2020	Families First Coronavirus Response Act	FFCRA	PL 116–127
March 27, 2020	Coronavirus Aid, Relief, and Economic Security Act	CARES Act	PL 116–136
December 21, 2020	Consolidated Appropriations Act, 2021	Consolidated Appropriations Act	PL 116–260
March 11, 2021	American Rescue Plan Act of 2021	ARP or American Rescue Plan	PL No. 117–2

Fortunately, the survey indicates that a majority of respondents have some level of awareness about financial planning in general, with affirmative self-reports of 72.9 percent, third-party reports of 66.1 percent, and combined reports of 70 percent. (See Tables 4–7.) While encouraging, the data do not identify the breadth and depth of that financial literacy beyond “saving or spending money.” As such, while it is important for financial planners to know that a majority of the market for people with disabilities reports some knowledge of financial planning issues, financial planners will need to explore that knowledge in more depth. That said, the survey also reports that nearly a third of respondents do not have much or any information about financial planning and closing this part of the knowledge gap presents a much greater challenge. Still, interest in obtaining more information about financial planning is keen among survey respondents. Recent research reports the effectiveness of peer counseling for improving financial knowledge across different subgroups.<sup>25</sup> Similarly, financial planners might reach out to local colleges and universities that have financial literacy programs to help them include disability planning content into their ongoing programs. Awareness of these trends can help financial planners develop strategies for closing the knowledge gap.

Considering people with disabilities and their caregivers as a population or market, the means gap consists of the difference between the market’s ability to pay for financial planning services and the cost of providing those services. Here too the survey and previous research present both reasons for optimism and obstacles to overcome to service this market segment. As reported in the survey, over half of respondents reported household income between \$40,000 and \$100,000, with another 14.5 percent of respondents reporting household income above \$100,000. As such, for many, financial planning services are within reach of their reported income levels. However, servicing the one-third of respondents at the lower end of this market who have household incomes below \$40,000 will prove challenging and require new

ways of delivering financial planning services. Financial planners may need to benchmark other programs already designed to help fund financial planning for people with disabilities.<sup>26</sup> For example, many state ABLE account websites include the ability to set up social media accounts, such as the GoFundMe model, to solicit contributions from interested parties for the recipients’ ABLE account.<sup>27</sup> Similarly, financial planners may advise clients to set up social media funding options to help close the means gap.

Another caveat for closing the means gaps may exist in the demographic makeup of the respondents to the survey. The respondents are predominantly White and male and wealth discrepancies exist across gender and racial lines.<sup>28</sup> In comparison, the respondents to the survey report higher levels of income and wealth than the population with disabilities as a whole. Still, in the least this may indicate that the “market for people with disabilities” is not homogeneous and the survey identifies both that there is a need for professional financial planning and, for many, the motivation and means to engage in the financial planning process.

The size of the SNP market for people with disabilities and their families is substantial and growing. The opportunity is a large and underserved population; the challenge is how to service this market segment profitably. Significant segments of the disability population lack income, educational resources, and the financial literacy to move forward with SNP. Perhaps new public-private partnerships with academic disability centers and for-profit planning firms can assist financial planners to qualify, prospect, and prepare this market segment to actively engage in long-term SNP. ■

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(1) “Special needs planning” is a legacy term that has recently been opposed by people with disabilities, who find their needs as citizens not “special” but simply needs. The authors support this change of nomenclature and use SNP in this article for continuity while working to change references in the future to “disability planning” and “disability needs,” respectively.

(2) National Disability Institute’s Center for Disability-Inclusive Community Development, “Promoting Financial Health and Resiliency for People with Disabilities and Their Families during the COVID-19 Pandemic,” March 2020; accessed at: <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/03/financial-resiliency-tips.pdf>.

(3) *Ibid.*

(4) See, generally, S. L. Choi, D. Carr, and E. H. Namkung, “Physical Disability and Older Adults’ Perceived Food and Economic Insecurity during the COVID-19 Pandemic,” *The Journals of Gerontology: Series B* (September 7, 2021); S. Negri et al., “Up to 2.2 Million People Experiencing Disability Suffer Collateral Damage Each Day of

COVID-19 Lockdown in Europe,” *European Journal of Physical and Rehabilitation Medicine* 56, no. 3 (2020): 361-365; accessed at: <https://doi.org/10.23736/s1973-9087.20.06361-3>; M. A. Gignac et al., “Impacts of the COVID-19 Pandemic on Health, Financial Worries, and Perceived Organizational Support among People Living with Disabilities in Canada,” *Disability and Health Journal* 14, no. 4 (2021): 101161; accessed at: <https://doi.org/10.1016/j.dhjo.2021.101161>.

(5) National Disability Institute, “The Financial Challenges of Disability,” (Infographic), 2018; accessed at: <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2018/12/finra-infographic.pdf>.

(6) U.S. Centers for Disease Control and Prevention, “Disability Impacts All of Us,” (Infographic), 2020; accessed at: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>; C. A. Okoro et al., “Prevalence of Disabilities and Health Care Access by Disability Status and Type among Adults—United States, 2016,” *Morbidity and Mortality Weekly Report* 67, no. 32 (August 17, 2018): 882-887; accessed at: <http://dx.doi.org/10.15585/mmwr.mm6732a3>.

(7) N. Goodman and M. Morris, “The Extra Costs of Living with a Disability in the U.S.—Resetting the Policy Table,” National Disability Institute, October 2020; accessed at: <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/10/extra-costs-living-with-disability-brief.pdf>; N. Goodman and M. Morris, “Banking Status and Financial Behaviors of Adults with Disabilities: Findings from the 2015 FDIC National Survey of Unbanked and Underbanked Households, 2017,” National Disability Institute, April 25, 2017; accessed at: <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2018/12/banking-stat-fin-behav-2017.pdf>.

(8) National Disability Institute (2018), endnote 4.

(9) *Ibid.*

(10) *Ibid.*

(11) *Ibid.*

(12) A. Hewitt et al., “Parental Caregivers’ Desires for Lifetime Assistance Planning for Future Supports for Their Children with Intellectual and Developmental Disabilities,” *Journal of Family Social Work* 1, no. 5 (2010): 420-434; accessed at: <https://doi.org/10.1080/10522158.2010.514678>; Washington State Budget & Policy Center, “How Eliminating Asset Caps in Public Programs Could Reduce Administrative Costs and Help Participants,” n.d.; accessed at: <https://budgetandpolicy.org/resources-tools/2018/11/asset-building-fact-sheet-2017.pdf>.

(13) *Ibid.*

(14) C. N. Marsack-Topolewski and J. M. Graves, “‘I Worry about His Future!’ Challenges to Future Planning for Adult Children with ASD,” *Journal of Family Social Work* 23, no. 1 (2019): 71-85; accessed at <https://doi.org/10.1080/10522158.2019.1578714>; C. N. Marsack-Topolewski, “A Snapshot of Social Support Networks among Parental Caregivers of Adults with Autism,” *Journal of Autism and Developmental Disorders* 50, no. 4 (2020): 1111-1122; ac-

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(15) J. Lindahl et al. (2019), endnote 13.

(16) Before the start of this study, the authors obtained Institutional Review Board approval from the host institution, a large research university on the East Coast. Various local, state, and national agencies/organizations were instrumental in helping recruit potential participants through the use of email, newsletters, flyers, websites, social media, and/or word of mouth. To further recruit potential participants, information was distributed by disability sector professionals who interfaced with individuals with disabilities. The authors used face-to-face recruitment strategies via videoconferencing to distribute study information within various organizations, such as nationwide disability-related support groups.

(17) The study criteria are comparable to surveys conducted by the U.S. Census Bureau in its American Community Survey. See U.S. Census Bureau, “American Community Survey and Puerto Rico Community Survey 2020 Subject Definitions” (2020); accessed at: [https://www2.census.gov/programs-surveys/acs/tech\\_docs/subject\\_definitions/2020\\_ACSSubjectDefinitions.pdf](https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2020_ACSSubjectDefinitions.pdf) (defining the scope of disability according to self-identification under the conceptual framework of disability described by the Institute of Medicine (IOM) and the International Classification of Functioning, Disability, and Health (ICF). It states that “disability is defined as the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play.” It adds, “Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community.”).

(18) Note: For purposes of this study, family member respondents were classified within seven categories: sibling, parent, grandparent, cousin, aunt/uncle, son/daughter, and other.

(19) National Council on Disability, “The Impact of COVID-19 on People with Disabilities,” October 29, 2021; accessed at: [https://ncd.gov/sites/default/files/NCD\\_COVID-19\\_Progress\\_Report\\_508.pdf](https://ncd.gov/sites/default/files/NCD_COVID-19_Progress_Report_508.pdf). (These figures align with many other global reports, including those from the United Kingdom Office for National Statistics (ONS) stating that, when compared with the general population, COVID deaths for people with disabilities is 3.1 times higher for men and 3.5 times higher for women. See, generally, D. Ayoubkhani, “Updated Estimates of Coronavirus (COVID-19) Related Deaths by Disability Status, England: 24 January to 20 November 2020,” Office for National Statistics. February 11, 2021; accessed at: [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsby](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsby)

[disabilitystatusenglandandwales/24januaryto20november2020](https://disabilitystatusenglandandwales/24januaryto20november2020).

(20) T. Shakespeare, F. Ndagire, and Q. E. Seketi, “Triple Jeopardy: Disabled People and the COVID-19 Pandemic,” *The Lancet* 397, no. 10282 (2021): 1331-1333; accessed at: [https://doi.org/10.1016/S0140-6736\(21\)00625-5](https://doi.org/10.1016/S0140-6736(21)00625-5); Note: Emerging data from the U.S. closely align with emerging research from the United Kingdom and other nations that the pandemic may have a greater financial impact on people with disabilities, particularly those who are employed, than the general population. See, e.g., E. Emerson et al., “The Impact of Disability on Employment and Financial Security Following the Outbreak of the 2020 COVID-19 Pandemic in the UK,” *Journal of Public Health (Oxford, England)* 43, no. 3 (2021): 472-478; accessed at: <https://pubmed.ncbi.nlm.nih.gov/33429436>. Emerson et al. state that “during the first three months of the introduction of the COVID-19 lockdown in the UK, respondents with disability were more likely than their peers to be working reduced hours and experience higher levels of financial stress.” The same study further notes that “these differences were attenuated, but not eliminated, when estimates were adjusted to take account of pre-lockdown financial status.”

(21) KFF, “State COVID-19 Data and Policy Actions,” [kff.org](http://kff.org), February 10, 2022; accessed at: <https://www.kff.org/coronavirus-covid-19/issue-brief/state-covid-19-data-and-policy-actions/#long-term-care-cases-deaths%20Report%20from%20July%2030,%202022>.

(22) *Ibid.* (This figure includes people with disabilities, people with chronic conditions, and people who are older living in nursing facilities, assisted living facilities, adult care centers, intermediate care or institutional facilities, and/or other long-term care facilities.)

(23) H.R. 748 - 116th Congress (2019-2020): CARES Act, March 27, 2020; accessed at: <https://www.congress.gov/bill/116th-congress/house-bill/748>.

(24) Gap analysis refers to the business planning tools designed to identify the difference or “gap” between the current state of one or more business functions and their desired state. For an early article on the adaptation of gap analysis to professional services, see, for example, S. W. Brown and T. A. Swartz, “A Gap Analysis of Professional Service Quality,” *Journal of Marketing* 53, no. 2 (1989): 92-98.

(25) See J. E. Gallardo, C. M. Moore, and A. Scott, “Changes in Financial Knowledge Post Peer Financial Counseling,” *Journal of Financial Service Professionals* 76, no. 2 (2022): 65-75.

(26) As reported earlier, 32.2 percent of respondents identified as low income (\$0 – less than \$40,000) and 2.3 percent preferred not to answer.

(27) Per law, the ABLE act requires states to provide their citizens with accounts for saving for disability expenses sponsored by the state. Most of these accounts are accessed online via a DIY registration and management interface. See, for example, Annemarie Kelly and Lewis Hershey, “A 50-State Review of ABLE Act 529A Accounts,” *Journal of Financial Service Professionals* 72, no. 2 (2018): 69-84.

(28) See the NDI citations earlier, especially endnotes 7 through 10.