

In the Forefront:

Public Housing Residents' Needs for Persons with Disabilities

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Abstract

Individuals living in public housing communities often experience access issues when it comes to advocating for community resources and services, especially services supporting people with disabilities (Anderson et al., 2021). Research has also pointed to the importance of stakeholder engagement in public housing communities (Mouratidis, 2020). Developing solutions with all stakeholders empowers individuals to help direct available resources towards new opportunities (Browne et al., 2017; Kennedy, 2018). Addressing the needs of diverse communities, including people with disabilities, needs to be in the forefront. There has been a paucity of disability research in a public housing environment. Furthermore, residents with disabilities may face even greater challenges acquiring services and advocating for their needs (Park, Cho, & Chen, 2019). This research employed a quantitative approach to understanding insights from community residents about their perceived needs. The research was conducted to understand the needs of residents with and without disabilities. For residents with disabilities, the programs that were ranked highest include: developing community projects, building age-focused programs, and addressing health related services. These findings offer suggestions for future programming, policies, and research.

Keywords: persons with disabilities, public housing, assessment, quantitative measures, advocacy, community empowerment, public policy

In the Forefront:**Public Housing Residents' Needs for Persons with Disabilities**

Encouraging public housing residents to participate in identifying their needs with the individuals who administer community-based programs and with their peers is important for enacting positive community changes affecting well-being (Browne et al., 2017; Kennedy, 2018). Participation in generating ideas for programming initiatives that community members want for themselves, their families, and their neighborhood is critical. In all settings, concerns about safety, personal health, food insecurity, and overall housing conditions are vital. These central issues are further amplified for public housing residents (Mouratidis, 2020). Furthermore, residents with disabilities may face even greater obstacles acquiring services and advocating for their needs (Park et al., 2019).

According to Barrie et al. (2019), forming solutions with all stakeholders empowers a community to help direct available resources towards new opportunities and professional development. People with disabilities may face even greater obstacles acquiring services and advocating for themselves due to barriers leading to social isolation from others (Park et al., 2019). It has been found that residents feel a deep sense of belonging to their communities, rating social connections and relationships as a major benefit of living in an urban area (Ciorici & Dantzler, 2019). Building upon this concern for others lends itself to a strengths-based approach that may be used to inspire residents to participate in needs assessment research. In turn, residents can be heard, and stakeholders can support program development and advocacy efforts on the residents' behalf. This research explores the programmatic and resource-based needs of public housing residents and how these may differ for people with and without disabilities.

Literature Review

Public housing residents, including those with disabilities, face systemic challenges when trying to voice their concerns and access necessary resources. While community centers are increasingly leveraging resident feedback to enhance their services, the distinct struggles of residents with disabilities often remain overlooked (Biederman et al., 2021). Anderson et al. (2021) demonstrated that residents deeply desired supportive relationships with community centers, emphasizing the need for regular programs that address all ages and service needs. To this point, a study by Adam and Donelson (2022) introduced reciprocity as a dimension of trust between generations, emphasizing its role in cooperative interactions and mutual benefits within health systems. Heyman et al. (2023) found that multigenerational programs are mutually beneficial for youths and older adults and can be a model for future programming. The aforementioned perspectives offer a framework for housing and community centers to deepen connections and responsiveness to their residents, especially those with disabilities.

Aspirations of residents are paramount for fostering an inclusive atmosphere. Hudson et al. (2020) explained that underrepresented youths, particularly those with disabilities, face a plethora of hurdles in transitioning into higher education. They emphasized the significance of participatory action research, which not only aids youths in navigating challenges but also actively involves them in shaping their community's future. This sentiment is mirrored by Zhong et al. (2020), who underscored the merits of intergenerational communities and improved well-being across diverse age groups, including for people with disabilities.

Older adults and other groups in public housing are often affected by a range of health challenges. Addressing challenges as they relate to service delivery is also important (Brown et al., 2019). According to Finlay et al. (2021), some of these challenges can be met when

residents with disabilities are engaged in community work and decision-making processes.

The desire for people with disabilities to share their concerns with the community provides a vehicle that galvanizes their voices to create change. In turn, people with disabilities who advocate for programs, services, and policy changes have reported personal benefits from their work, including positive self-perceptions, enhanced social networks, and a strong sense of belonging linked to their advocacy efforts (Fenn & Scior, 2019). Building inclusive community can foster relationships among generations and different population groups. Public housing and community centers can be a place where all groups can interact to improve quality of life (Generations United, 2020).

While the U.S. Department of Housing and Urban Development (HUD) offers assistance programs for residents who identify as persons with disabilities, oftentimes the services are not equipped to handle the enrolled individual's specific disability (Dawkins & Miller, 2017). Some suggestions that have helped foster engagement include performance arts training and creative endeavors that teach tangible skills (Monical et al., 2020). The power of self-advocacy is best found in an urban study where people with disabilities recorded images of the obstacles faced in achieving healthy lifestyles in their neighborhood (Weinstein et al., 2020).

Study Design

A cross-sectional study was used to capture public housing community residents' needs. This research received University Institution Review Board (IRB) approval. Quantitative methods of survey research were used to gain insights from residents about their perceived needs of the community.

A university research team actively engaged key resident members and leaders of a housing development project. Members of the university research team, staff from the

participating community center, and members of the housing development residents' associations met to develop, review, and refine the instrument. The instrument was then pilot tested with center staff who live in the community to address comprehensibility and content. The survey was translated into Spanish and back-translated.

In an initial mailing and follow-up, the research team sent letters in both English and Spanish to 600 randomly selected residents inviting them to participate in the research. The mailing consisted of colored paper flyers with the dates and locations of the survey research listed, and participants were asked to bring the flyer to the survey locations. Of the 600 mailed flyers, a total of only 21 were returned as undeliverable. Eligibility criteria were being (1) individuals at least 18 years old and (2) public housing residents. Flyers were also posted in all 14 buildings with the dates and location for individuals to "walk-in" and opt to complete the survey. All 14 buildings had dates and hours available for residents to participate in the needs assessment.

An informed consent information sheet explaining the research was provided, and the researchers reinforced this information verbally to participants. The survey was set up in Qualtrics and was provided in both English and Spanish. Residents were asked what language they preferred. The research team included four interviewers fluent in English and Spanish.

The research team administered the surveys in front of housing development buildings on different dates in spring 2019. To reach a cross section of residents, researchers were present in both afternoon and evening hours. Participants completed the survey on a tablet. Some asked the researchers to read out the questions, and responses were entered by researchers. A total of 303 residents participated. Three individuals were not included because they did not meet eligibility requirements. Participants were primarily walk-ins (86.3%), having been approached to participate on the day of the survey, whereas 41 or

13.7% of the participants had received a flyer in the mail about the survey.

Contextual Description of the Community

The community selected for study is a public housing development comprised of 1,259 units within 14 buildings. The community center is housed within the newest of the buildings (constructed in 1974). The community center serves a vibrant, resilient, and increasingly multicultural group of residents living in a large public housing project located within an affluent, highly gentrified, and expensive neighborhood. At the time of the survey, the community center was serving about 35% of the residents. The largest program provided social, health, cultural and case management services to older adults ages 62 and older. Specific services include an on-site nurse, fitness classes, workshops and classes in jewelry making and the arts, health management education, hot lunch served daily on weekdays for a voluntary contribution, case management and referrals as well as special events and trips. An early childhood center provides education and childcare year-round to 57 children ages 2 and 5 that is free or low cost. After school and summer day camp for children in grades kindergarten through 6 offers homework help and tutoring, art and fitness activities, trips, meals, and snacks. The center is open for teen services in the evenings during the school year and seven days a week during the summer. Through partnerships, the center also offers high school equivalency, English and Spanish adult language classes, weekly food pantries, and special events, including vaccination drives. The center is physically accessible to people with disabilities.

Thirteen of the buildings in the development were opened in 1948 and the center was established in 1956. In 1974, the newest of the buildings was constructed, at which time the center relocated. The center has a long history in the neighborhood with active members providing input and direction into the development of new programming. In 2015, the center

merged with a larger organization that has been stabilizing operations, building community relationships and developing new programs. In this context, the center leadership reached out to the nearby university to assist with capturing community voices. These housing developments and their immediate community offer a unique look at low-income households with disabilities in the shadow of wealth and resources just outside of reach. Understanding the historical context can offer insights into the changing community and its implications for residents, including people with disabilities. In line with our Institutional Review Board (IRB) protocol to protect the privacy and identities of participants and locations, specific names and identifying details have been eliminated from this study. This ensures the confidentiality of the participants and the community while allowing the research's core themes and findings to be communicated effectively.

Measures

The self-administered questionnaire developed for this study included two sections: (1) demographic data and (2) needs assessment of programs and services at the public housing development.

Demographic Variables

Demographic information was collected by asking participants questions concerning age; race; gender; marital status; whether they lived alone; whether they had children under age 18; education, measured by highest level of education completed; employment status; rating of physical health; primary language; and whether they self-identified as a person with a disability or if there was a person in their household with a disability. An acknowledged limitation of this question is that some people may not self-identify due to stigma, or their understanding of “disability” may only refer to very severe disabilities.

Needs Assessment

The research team engaged key residents and leaders in the housing development to create the assessment. The assessment was organized around 11 areas: assistance, community, adult education, youth programs, children's programs, employment, family support, health, social activities, community involvement, and age-focused programs. In each section, the respondent was asked to assess the extent to which community members believed there was need for the community focused on a particular area. The respondents used a four-point rating scale, from 0 meaning "not needed" to 3 being "very needed." Each category contained between three and eight items to assess needs for a total of 55 items. Respondents were given the option to complete the assessment in English or Spanish. Members of the research team were available to assist respondents in completing the survey. Four items in the assistance section asked respondents about the extent of the need for community members to receive help by accessing specific public assistance programs (i.e., SNAP, TANF, transportation, and a legal assistant program). Four items in the community section focused on physical and social aspects of the community, for example, the need for neighborhood cleanup and recreational opportunities. The five items that made up the youth programs section focused on respondents' perceived need for educational and recreational programs for primary and secondary school-age youth. The children's programs section has six items focused on academic, enrichment, and recreational programs for children and youth. One section consisted of six items asking respondents about the need for various adult education services. Four items are found in the age focus programs section to gather respondents' perceptions of the need for enrichment programs focused on different developmental stages. The three items in the employment section focused on the perceived need for job training and employment assistance. The four items in the family support section focused on services

appropriate for parents and caregivers with small children. Six items in the health section focused on general health and fitness services. Eight items found in the social activities section focused on recreational services appropriate for all ages. Five items in the community involvement section focused on the need for opportunities to access community service activities.

Data Analysis Procedure

Data were transferred from Qualtrics into SPSS. First, univariate analysis was conducted to assess each variable with respect to frequency and appropriate central tendency. To understand differences by group, bivariate analysis was conducted, including t-tests and chi-square analysis. Comparisons of the different ranking of identified needs was examined.

Results

Demographics

Table 1 contains the study participants' descriptive information. Of the 300 survey participants, 286 responded to the question on whether they had a disability. Fourteen people chose not to answer this question and were not included in the analysis. Of those responding, 28.3% (n=81) stated that they had a disability and 71.7% said they did not (n=205). There were significant differences in the demographics of these two groups. Overall, people with a disability tended to be older than people without a disability and were more likely to be female. Individuals who identified as having a disability had lower levels of education and were less likely to be working. People with disabilities had indicated their perceived health was fair/poor, which differed for people without a disability.

Table 1*Demographics*

Characteristic	People without disabilities (n=205)	People with disabilities (n=81)	Test
Age (M)	39.22 (SD=17.88)	58.8 (SD=14.54)	t=9.59, p=.00
Gender (%)			
Male	42.4	27.2	X ² =5.75, p=.02
Female	57.6	72.8	
Race (%)			
African American, not Hispanic	58.3	52.1	X ² =1.04, p=.79
Hispanic, Latino	28.9	32.9	
White	4.9	6.8	
Other	7.8	8.2	
Marital Status (%)			
Single/never married	66.8	45.2	X ² =17.19, p=.00
Married/partnered	19.5	21.9	
Widowed	4.9	17.8	
Other	8.8	15.1	
Living situation (%)			
Live alone	26.5	35.8	X ² =2.68, p=.26
Live with someone	73.5	64.2	
Children Under 18 in household (%)			
Yes	40.5	23.5	X ² =7.34, p=.00
No	59.5	76.5	
Education (%)			
Less than high school	11.8	38.8	X ² =26.58, p=.00
High school diploma	37.9	26.3	
Some college, associate degree	36	25	
Bachelor's degree or higher	14.3	10	
Employment status			
Full time	41.7	2.5	X ² =59.94, p=.00
Part time	19.1	8.6	
Not employed	39.2	88.9	

Table 1*Demographics*

(continued)

Characteristic	People without disabilities (n=205)	People with disabilities (n=81)	Test
Rating of physical health (%)			
Excellent/very good	62.7	21.0	X ² =71.16, p=.00
Good	28.4	28.4	
Fair	7.8	35.8	
Poor	1.0	14.8	
Primary language spoken (%)			
English	89.3	75.3	X ² =9.12, p=.10
Spanish	8.8	21	
Other	2.0	3.7	
Does someone else in household have disability (%)			
Yes	13.2	48.8	X ² =40.93, p=.00
No	86.8	51.2	

Identified Needs

The top 10 items in terms of perceived need are presented for both residents with a disability and residents without a disability (Table 2). For respondents without a disability, the top items in terms of the highest average score, or highest perception of need, fell into various categories, although the most common were for employment programs, age-specific programs, particularly those for children and youth, and community programs. For respondents with a disability, the programs that were ranked highest in need were primarily community projects and health-related programs, along with some age-focused programs, both for older adults and young adults. The most identified community projects were neighborhood cleanup projects and crime prevention, the highest ranked health programs

were health education programs, mental health counseling services, and fitness classes for various age groups. The scores for these top-ranked items, which were between 2.0 and 3.0 for both groups, represented perceptions that these programs were somewhere between “needed” and “very needed.” For respondents without a disability, of the 55 items on the list, 45 had an average score of 2.0 or higher, signifying that it was “needed.” For respondents with a disability, however, just 29 of the 55 total items had an average score of 2.0 or higher. Programs and services that received the lowest scores for people without a disability were all with respect to assistance, such as help applying for social security, SSDI, WIC, TANF, SNAP, and assistance with food such as community food resources, pantry. Even though these items ranked the lowest among the 55 items, the scores still fell between “rarely needed” and “needed.” Moreover, the lower ratings for these items may be a reflection that needs of the residents have already been met in these areas. For example, at the time of the survey, the community center ran two food pantries used by residents (currently it is four), and about 300 older adults receive case management services through the center. Among the programs ranked as being of least need by people with a disability were youth programs, such as help applying to high school or middle school, as well as help applying for public assistance benefits, and some adult education language classes. However, these programs still ranked between “rarely needed” and “needed.”

Table 2 compares the top 10 needs of people with a disability and the top 10 needs of people without a disability. There were only two items that ranked in the top 10 for both groups: programs for teens and young adults, and recreational opportunities. Other programs that ranked high among people with disabilities, such as programs for older adults and health programs, ranked lower among people without disabilities. In addition, programs that ranked high for people without a disability, such as children’s programs and employment programs,

ranked lower for people with a disability. This indicates a difference in priorities for the two groups, which can be explained in part by the difference in their average age and health status.

Table 2

Comparison of Top 10 Needs

NEED	People with disabilities (Rank) ^b	People without disabilities (Rank) ^b	People with disabilities Mean (SD)	People without disabilities Mean (SD)
Community - Neighborhood cleanup projects	1	---	2.38 (.83)	2.26 (0.89)
Age-focused programs - Programs/activities for seniors (60+)	2	---	2.30 (.87)	2.18 (1.00)
Health education services	3	---	2.18 (.98)	2.17 (.97)
Health - Mental health counseling services	4	---	2.18(1.02)	2.21 (.98)
Health - Fitness classes, appropriate for different age groups	5	--	2.17 (.95)	2.24 (.92)
Community - Crime awareness or crime reduction	6	--	2.16 (.90)	2.00 (1.03)
^a Age focused programs - Programs/activities for teens/young adults (12-21)	7	2	2.16 (.97)	2.34 (.90)
Social activities – Low-cost space for special events	8	---	2.14 (.96)	2.25 (.88)
Family support - Classes on relationships, resolving conflicts	9	---	2.13 (1.00)	2.16 (1.04)
^a Community - Recreational opportunities	10	4	2.13 (.94)	2.31 (.82)
Employment - Job search assistance	---	1	2.08 (1.03)	2.34 (.91)
Employment - Help to improve job skills, training	---	3	2.05 (1.04)	2.33 (.92)
Adult education - Financial assistance to attend school	---	5	1.96 (1.12)	2.30 (.92)
Employment - Financial education/budgeting	---	6	2.12 (.96)	2.30 (.95)
Children’s programs - Arts and	---	7	1.96 (1.03)	2.29 (.91)

culture (dance, music, etc.)

Children's programs - Sports and physical activity	---	8	1.95 (1.03)	2.27 (.93)
Children's programs – After-school programs	---	9	1.96 (1.12)	2.27 (.94)
Youth Programs - Recreational activities	---	10	2.01 (1.05)	2.27 (.89)

^aPrograms ranked among the top 10 needed programs for both people with disabilities and people without disabilities. The rankings beyond 10 are not displayed.

^bThe rank is based on the priority identified by residents. The rankings range from 1 to 55.

Discussion

Urban public housing has long been dominated by conversations centered around economic considerations and the availability of resources. Public housing residents are no stranger to such aspects that affect their daily lives. Our exploration into this urban context illustrates the intricate relationship between disability and public housing residents. The physical structures and environments participants live in is only one aspect. Persons with disabilities may face a range of issues. Identifying effective methods for ensuring connection with and tending to the additional needs (e.g., health needs) of individuals with disabilities (Valdez et al., 2021) becomes paramount to elevating the entire community.

Diverse demographics within public housing environments communicated their aspirations and concerns. For instance, respondents without a disability highlighted employment programs and age-specific initiatives as their top needs. In contrast, people with disabilities prioritized community projects and health-related programs. This divergence in perceived need between the two groups underscores the challenges faced by decision-makers. Our study's findings shed light on the broader urban context in which disability needs to be viewed. While addressing immediate health concerns for disabled individuals is pivotal, the urban context adds another aspect regarding service delivery. The socioeconomic changes,

for instance, place greater barriers to access for those with disabilities, exacerbating challenges (Mouratidis, 2020). Park et al. (2019) stressed that, as cities evolve, people with disabilities might find it even more difficult to acquire essential services and advocate for their needs. Thriving in diverse communities has challenges often faced by public housing residents, especially for residents with disabilities. To this point, Fainstein and Lubinsky (2020) emphasize the complexities of urban environments, underscoring the need for policies that address an environment for all residents.

Based on the findings relating to need, community centers may emerge as powerful change agents. Our results highlighted that at the time of the survey, the community center ran two food pantries used by residents, emphasizing the significance of such centers in addressing immediate needs. These centers have the potential to enhance experiences for residents with disabilities. The collaborative atmosphere within these centers fosters multigenerational interactions, which Generations United (2020) noted as pivotal in enhancing the quality of life across diverse populations.

In light of our findings, it is important to prioritize direct outreach to individuals with disabilities and ensure their involvement in decision-making, including the insights from disability research on empowering persons with disabilities to promote a justice-based, holistic, and equitable approach (Barrie et al., 2019). In addition, grassroots community and feedback mechanisms ensure that the community voices of people with and without disabilities help shape urban strategies around housing, health, community resources, etc. (Browne et al., 2017; Kennedy, 2018). It is also paramount to address the socioeconomic disparities faced by public housing residents (Ciorici & Dantzler, 2019). Recognizing the importance of social determinants of health is critical in future planning.

In the context of public housing, disability justice and housing justice are inextricably

linked (Christensen & Byrne, 2014). The intersection between disability rights and housing rights is central to the work of many community-based organizations that work with residents of public housing. Parker and Fisher (2010) suggest that in providing housing support to persons with disabilities, the following must be considered: human rights, quality of life, and independent living. A range of support services for residents of public housing by community organizations can help address these goals.

Conclusion

Our exploration provides further information on the complex dynamics of urban public housing. The voices of residents, particularly those with disabilities, challenge us to think beyond conventional paradigms for serving communities. Voices are not just a collection of needs and requests; they form a mosaic of experiences, aspirations, and challenges.

The responsibility lies with stakeholders such as community residents, urban planners, policymakers, and leaders to transform these insights into tangible actions. Future research needs to prioritize continued resident collaboration. Only through sustained dialogue can we ensure that change focuses on being adaptive and responsive to the ever-evolving needs of public housing residents. The intersection of disability studies and the situation of public housing residents offers a new roadmap, one that champions inclusivity, community, and well-being.

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