

Poverty Among Adults with Disabilities: Barriers to Promoting Asset Accumulation in Individual Development Accounts

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Abstract Adults with disabilities disproportionately experience poverty. We examine one novel strategy to promote economic well-being among adults with disabilities living in or near poverty, namely Individual Development Accounts (IDAs). IDAs are designed to help individuals save money and subsequently accumulate assets. Although adults with disabilities account for the majority of IDA participants, scant attention has been paid to their IDA saving performance. We describe the significance of accumulating assets, particularly as it relates to adults with disabilities. We then map the nature of IDA programs and analyze barriers to participation in IDAs and asset accumulation related to conflicting federal policies and a lack of sensitivity to disability-specific needs. We conclude by offering policy recommendations from our analysis, including the need to eliminate the means-tests used in welfare policies, de-linking participation in IDAs from employment status, and involving people with disabilities in designing and evaluating asset accumulation policies and programs.

Keywords Poverty · Asset accumulation · Individual development accounts · People with disabilities

Introduction

One in five Americans is classified as having a disability; that is, “a physical or mental impairment that substantially limits one or more major life activities of such individual” (Americans with Disabilities Act 1990). Approximately 54 million individuals have a disability in the U.S. today (McNeil 2001).

The enactment of the Americans with Disabilities Act (ADA) in 1990 signifies a salient socio-cultural shift in the way people with disabilities are perceived and treated (Blanck et al. 2009). The ADA challenged the biomedical model of disability, which frames disability as an individual deficit, instead by defining disability as a social construct and viewing individuals with disabilities as a minority group who face social barriers, marginalization and discrimination (Bickenbach et al. 1999; Brandt and Pope 1997; Hahn 1993; Nagi 1991; Pledger 2003; Rioux 1997).

However, two decades after ADA passage, Americans with disabilities still live on the fringes of society (National Council on Disability [NCD] 2008a, 2008b; National Organization on Disability [NOD] 2004; Ware et al. 2007). Compared with non-disabled individuals, people with disabilities are more impoverished, unemployed, less educated, and have a poorer physical and behavioral health status (cf. Baldwin and Johnson 2006a, b; Burkhauser and Houtenville 2006; DeJong et al. 2002; DeLeire 2000; Erickson and Lee 2008; Kruse and Schur 2003; Schur et al. 2009; McColl and Shortt 2006; Newman et al. 2009; NOD 2004; U.S. Department of Labor, Bureau of Labor Statistics 2009; Stapleton and Burkhauser 2003; Yelin and Trupin 2003).

Albeit commonly referred to as a heterogeneous but unified group sharing similar characteristics and needs,

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individuals with disabilities represent the largest and among the most diverse minority group (Ball et al. 2006; Hartnett and Blanck 2003; Schur 2002). This article focuses on the salient sub-group of working age individuals with disabilities (21–64 years of age), who are low-income or living in poverty (often termed “the working poor”); that is, with incomes 200% below the federal-poverty guideline (Fremstad 2009). This sub-group is considered a “special population” because of these characteristics (Sudman and Kalton 1986) and may be exposed to multiple marginalities. Although valid population estimates are difficult to obtain, due in part to differing definitions of disability and data collection strategies (Brault et al. 2007; Markesich et al. 2006), working age adults with disabilities who are low income or poor account for 13% (over 22 million) of non-institutionalized, working-age adults in the U.S. (Bjelland et al. 2008).

In the 1980s, the definition and consequently the measurement of poverty underwent an important change inspired by Professor Michael Sherraden (1988, 1990, 1991). He argued that income alone does not account for household economic development, but rather emphasized the role of saving and asset building as essential to such development. Comparative data on the poverty rate of working-age people with and without disabilities is striking. Over a fifth (28.3%) of working-age individuals with disabilities are reported to be poor compared with 9.1% in the non-disabled population (Burkhauser and Houtenville 2006; Erickson and Lee 2008). Households including individuals with disabilities have a median income of \$22,600 less than those without a disability (Erickson and Lee 2008; Parish et al. 2010).

In light of these data it is not surprising that people with disabilities are primary consumers of federal programs for low-income individuals. In 2007, about 17%, (almost 4 million) of working-age adults with disabilities received Supplemental Security Income (SSI) (Erickson and Lee 2008), a means-test based program that provides monthly income for low income persons with disabilities and others (Goodman and Stapleton 2007; Livermore et al. 2009; Social Security Administration [SSA] 2009). It is noteworthy that estimates of federal expenditures for working-age individuals with disabilities show that in 2002, \$22 billion dollars were spent for SSI (Goodman and Stapleton 2007).

Similarly, data on assets and wealth show more than 55% of people with disabilities are “asset poor” (Oliver and Shapiro 1995); that is, “their access to *wealth-type resources* is insufficient to enable them to meet their *basic needs* for some limited *period of time*” (Haveman and Wolff 2004, p. 6, emphasis in the original). Only 4% of persons with disabilities own homes compared with 70% of persons without disabilities; and approximately 80% of

persons with disabilities have negative assets or no assets (Law, Health Policy and Disability Center 2002; Parish et al. 2010). It is important to emphasize these economic disparities relate in part to the higher costs associated with living with a disability, including costs for assistive technology, physical and behavioral health care, accessible housing and transportation (NCD, 2008a), and indicate adults with disabilities need more financial resources to achieve the same life outcomes (Fremstad 2009).

The shift from income to assets or wealth in social thinking about poverty resulted in the formulation of legislation and policies in the mid 1990s (Lombe et al. 2008; Johnson 2000). Individual Development Accounts (IDAs) (Zdenek and Stein 2003; Mendelsohn 2006), a system conceived by Michael Sherraden (Johnson 2000), epitomize these novel venues.¹ However, while people with disabilities comprise the majority of IDA participants, little attention has been paid to these individuals and their IDA saving performance (Hartnett et al. 2008; Lombe et al. 2008).

This article examines IDAs as a central anti-poverty policy based on the notion of asset accumulation (Beverly and Sherraden 1999; Rohe et al. 2005; Zdenek and Stein 2003), specifically in regard to low-income working-age people with disabilities. First, we define assets and describe the significance of asset accumulation. Second, we provide an overview of asset accumulation policy, namely IDAs. Third, we account for barriers to asset accumulation and participation in IDA’s that individuals with disabilities face. We particularly address the policies that conflict with asset accumulation and IDA programs. We conclude with policy recommendations for change to IDAs so they better fit the needs of individuals with disabilities.

Assets and the Significance of Asset Accumulation

The common definition of “assets” entails property and financial possessions such as savings, financial securities and homeownership (Han et al. 2009; Mendelsohn 2006; Page-Adams and Sherraden 1997). The importance of assets and wealth to understanding social determinants of economic inequality is evident from studies of racial

¹ Other initiatives are currently implemented, or were recently implemented (time restricted projects), as part of a wider attempt to address economic inequality among persons with disabilities. These are relatively new and data collection is not complete. Moreover, IDAs are commonly a part of these initiatives (e.g., the Asset Accumulation and Tax Policy Project [AATP] at <http://disability.law.uiowa.edu/Lhpdc/projects/assetdevtaxpol.html>; the World Institute on Disability initiatives in California, see Leydord and Kaplan 2001).

stratification in the U.S. (cf. Grinstein-Weiss et al. 2007; Oliver 2001; Oliver and Shapiro 1995; Shapiro 2004, 2006). Oliver and Shapiro (1995) found African-Americans were less likely to hold certain financial assets (primarily stocks and transaction accounts) in comparison to other households when controlling for income, age, education, marital status and children. Similar findings supporting the racial-wealth gap are reported in contemporary studies (cf. Choudhury 2001; Grinstein-Weiss et al. 2007).

People with disabilities, like African Americans, are a minority group (Hahn 1993). The parallels between racial-economic injustices and disability-related economic wrongs suggest that similar historically-discriminating mechanisms may explain the wealth gap on the basis of disability and its generational nature (Logue and Blanck 2010, in press; Morris 2008). Hartnett (1999) and Morris (2008), for example, indicate early colonial law prohibited inheritance of land or assets to an individual found to be “without sound mind” (non compos mentis).

Sherraden (1988, 1990, 1991) was the first to argue that savings and asset building are essential to personal economic development and security, as they enable investment in, among other areas, education and entrepreneurship (Sherraden 1991, 2001). The centrality of assets, instead of solely income, to economic security, represents, according to Sherraden (2001) changes in the structure and conduct of the labor market. Unlike income, wealth² or assets were argued to be a “special kind of money” since they signify “ownership” and “control of resources” (Shapiro 2006, pp. 53–54). In a qualitative study among African-American families, Shapiro (2004, 2006) found wealth or assets were perceived as “extra” money, a cushion to rely on in times of crisis, and a resource that facilitates social mobility and ensures future economic stability for present and future generations. Therefore, Shapiro (2006) proposes that wealth or assets are a means to passing on inequality across generations, a proposition supported by several studies (cf. Chiteji and Stafford 1999; Rohe et al. 2005).

Apart from signifying ownership, control, a cushion or buffer against generational inequality, Bourguignon (2006) stresses the significance of assets in promoting accessibility to markets and to public commodities. This approximates Mendelsohn’s (2006) reference to the centrality of “gateway assets” for persons with disabilities; that is, community assets that “consist of the value of access to family and social contacts, education, transportation and communications, health care and expert advice (including tax and financial advice)” (paraphrase 20).

Research on asset accumulation supports its significance for individuals, households and for community development

(Boddie et al. 2004; Page-Adams and Sherraden 1997). Studies show asset accumulation is positively correlated with education (e.g. Bernheim and Garrett 1996; Zhan and Pandey 2004), employment, particularly full time employment as it facilitates access to savings such as pension plans (Beverly and Sherraden 1997), with income and owning assets, well-being, and physical health (Beverly and Sherraden 1999; Page-Adams and Sherraden 1997; Grinstein-Weiss et al. 2007; Rohe et al. 2005; Sherraden 2001). Unfortunately, working age individuals with disabilities are disadvantaged as they have higher unemployment and part-time employment rates, lower income and enrollment in pension plans, less education, poorer health status, and report less well being and fewer assets, compared to the non-disabled (cf. Baldwin and Johnson 2006a, b; Burkhauser and Houtenville 2006; DeJong et al. 2002; DeLeire 2000; Erickson and Lee 2008; Kruse and Schur 2003; Schur et al. 2009; McColl and Shortt 2006; Newman et al. 2009; NOD 2004; U.S. Department of Labor, Bureau of Labor Statistics 2009; Stapleton and Burkhauser 2003; Yelin and Trupin 2003).

In sum, given the importance of assets on the one hand; and the poverty statistics, the structural economic inequalities deeply rooted in social institutions, and the vicious cycles of under-education, underemployment, and poorer health on the other hand: the need to address asset building among working age individuals with disabilities is a pressing social issue.

Asset Accumulation Policy: Individual Development Accounts

Asset accumulation (e.g. Beverly, McBride and Schreiner 2003), also known as asset ownership (see Rohe et al. 2005), asset building (cf. Sherraden 1988), or asset development (Hartnett et al. 2008), is a relatively new antipov-erty policy that emerged in the United States in the late 1980s (Beverly and Sherraden 1999; Rohe et al. 2005; Zdenek and Stein 2003). Asset development policy transcends traditional “income maintenance” and other charitable, medical, and social programs that historically have framed low-income and disability policy (Blanck 2008; Mendelsohn 2006; Page-Adams and Sherraden 1997). The stressing of resources rather than deficiencies aligns with the strength perspective in community psychology and similar professions (such as Social Work, see Page-Adams and Sherraden 1997).

The asset development approach recognizes owning assets is a core value of citizenship and fosters community inclusion and social participation (Boddie et al. 2004; Harrison et al. 2008; Mendelsohn 2006). Hartnett and colleagues (2008) note “[t]here is no single policy issue

² The difference in value between total assets and total liabilities or debt (see Shapiro, 2004, 2006).

that captures the promise of existing civil and human rights as does the emerging field of asset development for individuals with low incomes and with disabilities.” (p. 13).

The IDA, a tool devised by Sherraden, represents the forefront of these policies (Johnson 2000; Zdenek and Stein 2003; Mendelsohn 2006; Morris 2008; Rohe et al. 2005; Sherraden 2001; Sherraden, Schreiner, and Beverly 2003), and therefore is the focus of our discussion. Since 1991, over 500 different IDA programs were developed in the United States. Over 40 states have IDA demonstration programs. Currently, it is estimated that 50,000 IDA accounts are in operation (Han et al. 2009; Lombe et al. 2008).

IDA programs began with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the “welfare reform” law). This Act in part allowed states to use block grant funds for the purpose of matched savings accounts for people who are poor, and exempts these savings from asset limits in some means-tested programs (Beverly and Sherraden 1999; Lombe et al. 2008). In 1998, the Assets for Independence Act (AFIA) authorized \$125 million for account matching as well as administrative funding for a five-year IDA demonstration (Lombe et al. 2008). According to the AFIA, the money that may be deposited by participants of IDAs must originate from “earned income” (Edwards 2005). In practice, the interpretation of earned income varies across states (Carpenter 2008). Earned income commonly means a paycheck from employment, however, also may refer to welfare benefits, unemployment benefits and disability benefits (CDEF 2009).

The focus of IDAs on poor and low income persons reflects an attempt to address the exclusion of the poor from asset-building benefits distributed through the tax system (Morris 2008; Rohe et al. 2005; Sherraden 2001). While tax benefits such as deductions for home mortgages may provide little assistance to low income households (Sherraden 2001; Sherraden et al. 2003), IDAs serve exclusively as an asset-promoting mechanism geared toward the poor. The exclusive focus on individuals living in or near poverty departs somewhat from Sherraden’s vision of IDA’s as a vast, universal, and inclusive asset-building system (Boddie et al. 2004; Johnson 2000; Lombe et al. 2008; Page-Adams and Sherraden 1997; Zdenek and Stein 2003).

IDAs today are reflected as a community-based program; that is, they are established and managed by community organizations responsible for recruiting participants, collaborating with financial institutions that take care of the savings, and providing client financial education. IDAs deliver a time-restricted service to participants (typically over three years) (Boddie et al. 2004; Johnson 2000; Lombe

et al. 2008; Page-Adams and Sherraden 1997; Rohe et al. 2005; Zdenek and Stein 2003).

When entering the program, participants determine a saving goal and a minimum amount for a monthly deposit. After the goal is achieved, the earned amount saved by the participant is matched by the program at a varied ratio (usually ranging from 1:1 to 1:2) that depends on the specific program and state law (Han et al. 2009; Rohe et al. 2005; Zdenek and Stein 2003). Commonly, the saving goal is restricted to purchase of a first home, post-secondary education or starting a business (Beverly et al. 2003; Clancy et al. 2001; Han et al. 2009; Johnson 2000; Lombe et al. 2008; Schreiner 2005; Sherraden et al. 2003).

The “American Dream Demonstration” was the first national policy IDA demonstration and provides the most complete empirical examination of IDA efficacy (Lombe et al. 2008). Research shows that contrary to prevailing perceptions, people who reside in poverty save and accumulate assets (see e.g. Grinstein-Weiss et al. 2007; Lombe et al. 2008; Schreiner and Sherraden 2007; Sherraden 2001). Findings indicate most IDA participants were women (80%), graduated from high school (80%), and were employed (80%). Approximately one-half received some form of public assistance (i.e., cash benefits, food stamps) (Schreiner et al. 2005). Lombe et al. (2008) summarized studies that examined determinants of IDA savings and found lower savings rates for persons receiving TANF (Temporary Assistance for Needy Families),³ who were unemployed (see also Grinstein-Weiss et al. 2007), and those with extremely low income. Married couples saved the most; single mothers saved more than single men or women. Finally, participants who began with more assets saved more than others who did not (see also Grinstein-Weiss et al. 2007).

Apart from individual socio-demographic factors, scholars emphasize the important role of social institutions in acquiring assets and saving (Beverly and Sherraden 1999; Sherraden et al. 2003). Moreover, Sherraden (1991) proposed “asset accumulations are primarily the result of institutionalized mechanisms involving explicit connections, rules, incentives, and subsidies” (p. 116).

Beverly and Sherraden (1999) describe four institutional characteristics that may hamper or promote savings. These include institutionalized saving mechanisms (access), targeted financial education (information), attractive saving incentives (incentives) and facilitation. The latter was defined as “institutional arrangements whereby depositing is done for the participant, as in automatic payroll

³ Originates from The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and is “a temporary source of assistance for families who are without income, or have very low incomes, and was focused on moving recipients into new or better jobs within a few years, at which time assistance is terminated.” (Edwards, 2005, p. 4).

deduction, or occurs with some other form of assistance. Facilitation is a key feature of most contractual saving systems” (Sherraden et al. 2003, p. 97).

Sherraden et al. (2003) included other characteristic expectations and limits. The former is described: “[i]n IDAs, expectations are embodied in the monthly savings target and the social pressure of staff members and peers. Many IDA participants say they are trying to save the expected amount each month; thus, expectations may cause very low-income people to save more than would otherwise be anticipated” (p. 97). “Limits refer to fixed policy and program boundaries or constraints, such as match caps and withdrawal restrictions. Limits may have a negative connotation, and indeed they restrict options, but limits are necessary in any subsidized savings policy, and when they are present, they are very likely to affect saving performance” (Sherraden et al. 2003, p. 97).

The limited research suggests that incentives (such as match rates and monthly saving targets) and information (namely financial education) are central to promoting IDA savings (Beverly et al. 2008; Lombe et al. 2008). However, access to saving mechanisms embedded in the institution (such as retirement plans) and facilitation venues (such as direct deposit and having specific saving expectations), also positively correlate with savings (Beverly et al. 2008; Grinstein-Weiss et al. 2007; Lombe et al. 2008).

Though the majority of IDA participants are people with disabilities, little systematic attention has been paid to these individuals and their IDA saving performance (Hartnett et al. 2008; Lombe et al. 2008). To date, only one study addressed this population. The personal factors found to positively correlate with higher savings in IDAs among participants with disabilities were older age, a college education, higher income, and being part of a smaller household (Lombe et al. 2008). Among the two institutional characteristics examined—information (measured by hours of financial education) and facilitation (measured by hours of program and staff contact)—asset-specific financial education was associated with higher savings (Lombe et al. 2008).

While personal and institutional characteristics that promote savings among participants with disabilities may inform policy initiatives, comparative data may assist in unraveling the disability-specific hurdles to IDA savings. As compared to those without disabilities, IDA participants with disabilities tend to be about 4 years older and more likely to be women and to participate less in financial education (Lombe et al. 2008). The latter finding is troubling as this type of education was linked to increased savings among participants with disabilities. People with disabilities also were found to save approximately \$5–60 less per month than non-disabled participants. These gaps in savings prevailed even when comparing individuals with

and without disabilities who have similar employment and household incomes; hence, suggesting the effect of disability on saving is separate and in addition to employment and income (Lombe et al. 2008). These preliminary data suggest people with disabilities, though major consumers of IDAs, face specific barriers to IDA savings. These barriers are in addition to the commonly shared difficulties that low income and poor non-disabled individuals encounter.

Barriers to Asset Accumulation and Participation in IDAs for People with Disabilities

In this part, we discuss two categories of barriers to asset accumulation and participation in IDA programs involving people with disabilities. First, we address criteria that may conflict with other policies or exclude the participation of working age adults with disabilities. Second, we address concerns related to the needs of individuals with disabilities.

Disabling Criteria: Means- and Asset-Tests, Employment Status, TANF Receipt

The central and most cited barrier for asset accumulation among people with disabilities in the U.S. are means- or asset-tests applied by the majority of the states to determine eligibility for public assistance, such TANF and SSI (c.f. Beverly et al. 2008; Hartnett et al. 2008; Nam 2008; Rand 2007; Stapleton et al. 2006). As mentioned earlier, people with disabilities are major recipients of these cash benefits. Therefore, public assistance and asset accumulation programs are targeting similar populations, namely those who receive public cash benefits. However, the former program discourages what the later encourages. This creates a “policy paradox” (Beverly et al. 2008). Furthermore, the need to choose between means-test based benefits and savings may promote the belief that assets are a negative thing (Rand 2007) and may induce suspicion and lack of motivation to participate in asset accumulation initiatives among potential targeted populations.

The policy paradox not only lies in the existence of a means-test per se, but also in the inconsistent and consequently, unjust, usage of means-testing; some tests exempt various assets while considering others (e.g., disregarding some pension plans but not others). For example, the Social Security Act denies eligibility for SSI disability cash benefits from individuals who own \$2,000 in countable assets, and from couples who own \$3,000 worth of assets. However, assets acquired through IDA programs are not exempt from the means-test that establishes SSI disability cash benefits eligibility (Leydorf and Kaplan 2001). While

means-tests present difficulties to welfare recipients, differentiating between assets that count and those that do not, may create structural discrimination. This is particularly true if SSI disability benefits, received only by people with disabilities, are treated differently than other benefits.

Another important barrier to asset accumulation and IDA participation stems from the Assets for Independence Act. Section 408 of the act, dealing with eligibility to participate in IDAs, enables only those who have earned income to participate in the program (Leydorf and Kaplan 2001; Lombe et al. 2008). This barrier is especially pronounced in states and programs where earned income is equivalent to receiving a pay check. Although a significant restraint on many individuals, the linking of employment status to savings is particularly harmful to people with disabilities, given their poor employment status.

Comparative data on the employment status of working-age adults with disabilities is especially troubling. The employment-population rate for working-age adults with disabilities is 19.5% compared to 65% for adults without disabilities (U.S. Department of Labor, Bureau of Labor Statistics 2009). Moreover, 35% more adults without disabilities work full-time, and employed adults with disabilities earn less than those without disabilities (Baldwin and Johnson 2006a, b; DeLeire 2000; Erickson and Lee 2008; Hale et al. 1998; Kruse and Schur 2003; Schur et al. 2009; Stapleton and Burkhauser 2003; Yelin and Trupin 2003). In view of these data, linking IDA participation to employment conflicts with the acknowledged phenomenon of un- and underemployment for working age adults with disabilities.

Another less cited obstacle to IDA participation resides in the eligibility criteria for TANF participation. Participants must meet the criteria of being extremely poor and residing with a minor child. These terms therefore exclude many people who live in or near poverty as well as individuals with disabilities from participating in TANF sponsored IDAs (Ball et al. 2006; Edwards 2005).

Program Operations and Design: Savings Goals and Accessibility

There also are barriers that stem from the design and implementation of IDAs. A central restriction in this category of barriers lies in the nature of the three standard saving goals permitted in IDA programs (i.e. buying a house, post secondary education and starting a business). Apart from being seen as paternalistic in nature, that is dictating savings goals, these programs reflect the assumption that participants' other basic material wants and needs, such as furniture, appliances and a means of transportation, are met (Johnson 2000). Particularly criticized were the exclusions of buying a car (see Johnson

2000; Zdenek and Stein 2003), and making home adaptations and accommodations (e.g., building an elevator inside a home, adjusting the height of door handles, electric switches), which are essential to independent living and acquiring and maintaining employment for many people with disabilities (Leydorf and Kaplan 2001).

In addition, the fact that IDAs enable saving toward a single goal was also criticized (Edwards 2005). This is true for people with disabilities who have dual essential needs (Hartnett et al. 2008). These may include a universal need (such as a home) and a disability-related need (such as purchase of a wheelchair or medical expenses). A lack of awareness of disability-specific needs also is evident from the way IDAs are designed and operate, including the inaccessibility of IDA informational resources for person with visual or intellectual impairments (Leydorf and Kaplan 2001).

In addition, IDA programs operating today are segregated in that they serve a largely marginalized and excluded population, and as such may unwittingly promote stigma. People with disabilities who are poor are assigned two negative labels. The first encompasses the array of negative cultural meaning associated with poverty, while the second consists of stereotypes of individuals with disabilities as being unproductive, dependent on others and pitiful victims of tragic circumstances (see Bullock et al. 2001; Logue and Blanck, in press; Shapiro 1993).

Conclusions and Policy Recommendations

Asset accumulation fosters autonomy and social status beyond individual survival needs. It represents a shift from pity and charity—embodied in the medical model of disability and welfare policies—to that of a social model that advocates for rights and entitlement, and aligns with the ADA's framing of disability (see also Stapleton et al. 2006). However, to date, implementation of asset accumulation programs falls short of the vision. Although the approach has shown potential in aiding individuals with disabilities, barriers remain for persons living in or near poverty that are not fully reflected in the design of these programs. IDAs are targeted in many cases at the employed, are restricted in their targets of savings, and presume basic needs are met. In view of the scant research on saving needs and barriers to asset accumulation of people with disabilities, future research will need to map and assess these areas to fully address these needs.

The policy paradox between welfare-based policies and the asset accumulation approach addressed here suggests continued ambivalence toward individuals with disabilities in American society. On the one hand, asset accumulation policy facilitates and promotes the participation of people

with disabilities in the economic arena. On the other hand, welfare policies assure individuals with disabilities are kept at arm's length by excluding the poor from the mainstream economy. Forced to choose between receiving a basic income from the state and accumulating assets, many choose the former, and thus remain bound to the fringes of the economic sphere. In an era of civil rights, where disability is viewed as a social malady rather than an individual infliction (Bickenbach et al. 1999; Hahn 1993), policy makers must ask whether means-tests are still an appropriate tool in policy implementation.

Additionally, the linking of employment status to the right to build assets is not only a hurdle in IDA participation for people with disabilities, given their lack of equal opportunities to employment, but also may promote negative perceptions of people with disabilities. The emphasis on employment as a criterion for inclusion reflects the centrality of notions of productivity in society. Indeed, it has been argued that in today's co-modified societies, employment is the embodiment of individual productivity (Russell 2002).

Moreover, employment is no longer (or perhaps always has been) conceived merely a means for livelihood per se, but also a moral virtue; that is, a social marker for defining entitlement, citizenship and inclusion (Levitas 1998; Logue and Blanck, in press). Since one central misconception of disability, therefore, is that of an exemplar for non-productivity, dependency, or non-deservingness (see Clapton 2003), policies adopting employment status as a criterion of eligibility perpetuate such negative misconceptions. We suggest employment status be reconsidered or not consider as an entry criterion for IDA participation.

As for the shortcomings in design and function of IDAs, there is a need for developing disability-centered interventions that address the costs, needs and consequences of living with a disability (Magaña et al. 2008). It is not enough to address the label of poverty. Policy makers must acknowledge the label of disability and its implementation for asset building. Disability thus affects and is affected by the experience of poverty and the hardships that persons living in poverty face. Allowing a variety of saving goals, enabling more than one saving target and assuring IDAs are fully accessible to all, are key factors for meaningful social change.

We call particular attention to the need to include individuals with disabilities in designing and changing asset accumulation efforts. Including disabled stakeholders as partners signals respect for the expertise they bring about living with a disability (Charlton 1998; Soffer and Ben-Arieh, in press; White, Nary, and Froehlich 2001). This group may also consider the negative consequences of creating segregated programs targeted at individuals across the spectrum of disability. Labeling and segregating

disadvantaged groups additionally hampers their participation in programs, thereby decreasing the likelihood of achieving stated goals. Alternatively, generic policies and programs may attempt to be inclusive of and attentive to individuals with disabilities by identifying effective outreach strategies and providing necessary supports and accommodations.

In view of the limited research on asset accumulation and individuals with disabilities, the federal government needs to ensure adequate resources to promote program evaluations and research to provide ongoing, real-time feedback to policymakers. Such efforts shed important light on how to successfully implement well-intended legislation. These evaluation efforts should engage people with disabilities in all stages of the process. Creating partnerships with individuals with disabilities signifies respect and provides a means for eliciting views from those who know most about their lives (Balcazar et al. 1998; Soffer and Ben-Arieh, in press; White, Nary, and Froehlich 2001). These efforts to eliminate policy paradoxes and program barriers, while promoting IDAs as an inclusive policy tool, will help establish IDAs as an important means to address poverty facing millions of Americans with disabilities.

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